

12. Kevin Jones

(1) Tell me about your family background.

Well, I was born in Plymouth, and my father, as the name might suggest, was a Welshman, who joined the Navy, having worked for not very long in the mines in South Wales, but joined the Royal Navy. He was a sick berth attendant, so he had a foot in the medical profession in the Navy. And he ended up. . . I mean, he did extremely well in the Navy and spent a lot of time overseas, so I was left pretty much with my mother while he was serving overseas with the Royal Navy, but he ended his career as a lieutenant commander MBE, so I guess you might call him a success. We were pretty much, and certainly in the early days, working/middle class family, living on an estate five miles or so from Plymouth, a place called, in fact the estate was called Woodford estate; new houses and bungalows - we lived in a bungalow. And it was an estate with young families, lots of children of my own age, and it was a great community. I had an extremely happy childhood living in Woodford, and went to a Church of England primary school, which was about a mile's walk away. And invariably, the kids from the estate caught the bus, which I think was something like a penny fare, and walked home afterwards in the evening. I came home for lunch as well, so I caught the bus both ways. And I enjoyed a very happy education in Plympton St Mary Church of England primary school.

(2) How did your diagnosis of diabetes come about?

In 1943, prior to starting primary school, when I was four years old, diabetes was diagnosed by a Dr Shaw. Now, he was my GP, and I imagine the family had called on him for minor ailments since I was born, and, I mean, my only recollections of the "suffering" involved was excessive loss of weight and chronic thirst, and generally feeling out of sorts and with no energy. And fortunately, Dr Shaw was able to put his finger on the problem and referred me to a diabetic consultant in a hospital in Plymouth - a Dr Shaw, who said "yes, you've got diabetes", and immediately advised that I should move on to - after a series of blood test and various other tests - move on to insulin twice a day, quite minor amounts of insulin, soluble insulin. And this, of course, as a child of four, was fairly traumatic, and possibly even more traumatic for my mother, who was alone at that time because my father was overseas. So you can imagine my mother with a child of four, her only child, how she must have felt when he had contracted this terrible disease called diabetes, which she'd never heard of before, and was condemned to have insulin injections for the rest of his life.

Were you admitted to hospital at the time of diagnosis?

No, I didn't go into hospital, I was part of the walking wounded from day one, but it meant very regular visits to the Greenbank Hospital in Plymouth, since demolished, and now a building estate. I used to go, as far as I can recall, something like every month, and the visits used to entail a visit to the path lab, where a prick in the thumb or finger produced the requisite amount of blood, which went off for testing. My mother and I then

- (3) took a walk down into either the park or to do a bit of shopping and have some lunch. And in the afternoon - and the early appointment would be some time about ten o'clock - so some five hours later we might get in to see the great man, Dr Shaw, who would look at the results of the blood tests and mutter to himself and change the insulin dosage, and say "come back and see me in another month". And this was fairly disruptive, especially when I started school. But I don't recall having any bad experiences, from a diabetic point of view, as a young child. In fact, I can't recall having bad experience of hypos for some long period, certainly not until I got into teen age. And I led a perfectly active and normal life. I ran with the gangs on the estate, played football with them, and did all the things that young tearaways do living on estates.

Back to the time of diagnosis, can you remember being taught to do injections or your mother being taught to do injections?

In the early days, at start of injections, my mother did them, and she did them for some fairly long time. And I would - and this is very much a guess on my part - it would be somewhere when I was maybe seven or eight that I tentatively tried my first injection. And then gradually, my mother, you know, got me used to the idea that I could do them and it wasn't a problem, and after that, I suppose, you know, when I was seven or eight or maybe a bit beyond that, I carried on doing them in the usual way, just before breakfast. And I remember at the time, the rule was, quarter of an hour before breakfast, quarter of an hour before tea or the evening meal as it was, but as I say, the insulin dosage was very small. But I can't recall having any hypos resulting from over dosage, or indeed I didn't show any of the symptoms of under dosage - loss of weight, or pimples, boils and whatever that one gets when you tend to under dose yourself.

Was all

- (4) monitoring done by these monthly blood tests or were there any urine tests?

Yes, we were taught - unlike today when technology has moved on a bit - the method of testing was to take a urine sample. And as I recall, you actually added some water and dropped in a tablet and the urine sample turned - in to a test tube - and the urine sample changed colour. If it remained blue, your sugar was too low. If it turned yellow-orange, that indicated high levels of sugar, which enabled one, of course, to increase the insulin dosage to drop the sugar content, but not to overdo it, because that would then create a hypo situation. So all of this was managed by my mother and myself, and increasingly myself, with no major effects in terms of 'found under a hedge with a hypo' at that stage; that came later.

Was your mother given any instructions about diet?

Yes, forever, but chose to ignore them! We had lots of advice from people who called themselves dieticians, the doctors, apart from the usual strictures about

not eating sugar and sweets and all of those things, which we did take notice of. I mean, I didn't take sugar - I've been a saccharin freak since day one and don't take sugar. I suppose just the sheer fatigue of trying to avoid sweet things, the incredible expense of buying diabetic chocolate and diabetic products was a deterrent, but increasingly, as I got older, I controlled my blood sugar and urine tests by increasing or reducing insulin, and that seemed to do the trick. I didn't put on excessive amounts of weight, and I kept very active. I mean, at no stage in my life have I been chair bound, apart from now, but as a young child I was as active as anybody else in the area and played all the sports going. So yes, we paid lip service to the dieting

- (5) idea, but didn't really take it seriously. And it was later, in my teen age I think, when I started visiting, on my own, diabetic clinics that I was conscious of the fact that they were full of rather elderly portly ladies and gentlemen sitting round discussing how many calories there were in three potatoes and things like that, and that wasn't for me. If I wanted potatoes, I had potatoes, and my mother just abandoned the idea of calorie control and the like, and, thank god, it seemed to work.

Were you aware that you were breaking the rules?

Vaguely, yes. I had minor feelings of guilt, but not anything that caused me to wake up at night! I was fairly relaxed about it, and I suppose, in a rather macho way, I sort of thought that I could lead a normal life and to hell with it, you know, to hell with the consequences. Now I, not realising at the time in taking that view, which I guess was probably born out of bit of laziness, bit of male flexing of the muscles as I grew into a teenager, and a recognition that the regime didn't seem to be doing me much harm, I suppose it was then that... well, I hadn't realised that in later years, the "normal life" became the accepted means of controlling diabetes, and as long as one didn't go completely mad in terms of diet, and now I guess in terms of exercise, and fairly regularly checked blood sugar and adjusted insulin, then the whole thing was a balance between those three things: insulin, diet, activity, and once you got those three things in balance then you could lead a pretty normal life. And I guess I was more fortunate than other diabetics I'd met, in terms of being warned well in advance about the onset of a

- (6) hypo, such that, you know, the symptoms of a hypo might be deterioration in coordination, sweating, talking rubbish. And I was fairly acute at recognising these symptoms coming up and taking appropriate remedies, glucose - I always carry Dextrasol with me wherever I go. And the onset of any of these things, the danger has always been that - and I don't know whether this applies to diabetics across the piece - but the danger in my case has always been to say "I don't have a problem, ignore it, forget it, don't do anything about it". And I think certainly I've been through periods where my wife, who's fairly acute at recognising the symptoms as well, has said "hey, have a cup of tea with some sugar" or "have a Dextrosol".

It's probably hard to remember the hospital visits with your mother as you were so young, but was there any sense that the doctors were telling your mother she should be more strict about diet, was there any conflict?

No, I say the, what I can recall of the visits to Dr Shaw, he was a white-haired guy, and the thing I remember most about him, not the words of wisdom he came out with, but he had a gold Parker pen which used to intrigue me. But no, certainly not... there was no lecturing at all. In fact, the whole thing seemed to me, in retrospect, to be, you know, each time you went he doled out the same common sense - common sense in diabetic terms - advice, which I was pleased to take on board and be reminded of. But since no progress in treatment was being made as such, you know, apart from this balancing, take your insulin, watch your diet. I mean, you know, the progress in treating a disease like diabetes isn't measured on a weekly basis, it's measured over a long period of time with advances in technology, and during the, you know, four, five years that I saw Dr Shaw, and indeed subsequent doctors, yes there were changes

(7) in insulin, but no changes in the basic control of the disease.

Can you remember any diet sheets around the house or scales for weighing food?

Yes, we went through... following a visit to the hospital - I'm just trying to remember - I mean I can't truly remember my chat with the dietician, but certainly diet sheets, no question about we would have had diet sheets, and my mother certainly had scales with weights. But it was rather like "here's a good idea, we must get the equipment and the diet sheets", and when you get them home, they're put on the shelf and put to one side, and you carry on with life as you've practiced it before you actually saw the dietician. So we paid lip service to the idea, rather than took it very seriously. Because, as I say, the regime that we'd adopted over, what was then, a growing length of time - a considerable time, six or seven years - appeared to be working all right, with no ill effects, and, you know, why should I get into weighing how much potato I was going to eat, or, you know, shall we have half a scrambled egg or a whole one. Just do it sensibly and, you know, avoid cream cakes and lashes of sugar and whatever else. But now, you know, if you want a pint of beer, have a pint of beer.

When you started school, have you got any memories of the attitudes of your fellow pupils or teachers to you being diabetic?

I think at school, I wasn't personally aware of my fellow pupils, students, even being aware that I was diabetic. Now, my mother would have made it known to the school authorities, the headmaster or even my form master or mistress, but I certainly wasn't aware of any special treatment. I never ever used diabetes as a reason for not doing a cross country run or whatever, so no, I wasn't aware that there was any special treatment. As I say, I think I - I'm not sure whether I mentioned it earlier,

(8) but, and whether this applies to all diabetics - but in my case, I've always been predisposed to hiding the fact that I'm a bit different to some other

people, although as more and more people are found to be diabetics that's becoming less and less true. But at that stage, I was a bit of an oddity, and I didn't much care for that status in life. And right up to even starting work and having had several jobs, I mean they only found out that I was a diabetic when I had some terrible hypo and be found slumped over my desk in the morning, and all hell would break loose, and they'd cart me off to the nearest hospital.

You said your mother hadn't heard of diabetes. Do you think there was any shame attached to having diabetes in those early days?

Not, I mean, I wasn't aware of it. I mean, I was never teased by the children, you know, on the estate or at school, and I can't recall it ever being mentioned to me. Because, as I say, I was quite keen to give any indication that I wasn't any way different to the other children with whom I was playing at that time, so it was only when it manifested itself in the ways that diabetics have, like they pass out totally, they get to be carried home, and even then it was all done with "he's had another one Mrs Jones", that sort of routine. And my mother would sort of take me in and feed me with some Dextrasol or some sugar or whatever, and five minutes later, I mean, I'd be up and playing again. I mean, with some conditions, I know people take days to recover, but, you know, an infusion of sugar or glucose of some sort was an immediate cure for the problem, and then I got out and got on with it again. So it never was a problem.

At what sort of age would you have begun to pass out?

I think there are a number of stages in a diabetic's life. When one is a, perhaps not a child so much, but when one is a teenager, and especially in

- (9) late teen age when one is trying to lead a full and adventurous life, meaning - and in my own case I can recall... I mean, sometimes on a Saturday, I'd play two games of hockey and I'd go out dancing all evening and I'd walk home three miles from wherever I happened to be. Now whether I was, well, I wasn't aware of the fact that I was underdosing insulin, in other words whether I had sufficient sugar in the system to carry me over all that activity without passing out, I don't really know, but I did it for a large number of years. And yeah, there were occasions when I had to take Dextrasol because I felt a bit weak half way through the evening, but for the most part, you know, so I took some Dextrasol, and everything was okay. So it was never in any way a handicap. I've had, well there've been a number of instances where I've had what I would call major hypos, major meaning ones I either hadn't been able to head off by taking sugar or Dextrasol. And just sort of calling them to mind in a fairly random way, I can recall... I was commuting at the time from Gillingham in Kent to Charing Cross or Victoria every day, and I remember well, one day travelling up to London, and I just do not remember arriving. I do not remember walking up St Martin's Lane to the shop at the top of Shaftesbury Avenue, and moving into the Phillips building, which happened

to be in Shaftesbury Avenue at that time, passing out, and taken to the Royal Middlesex Hospital. I don't remember any of that at all, apart from when I came round having had a glucose shot, so how I actually got there is still a mystery to me. Coming the other way, travelling back on the train from London, I felt a hypo coming on before the train left Charing Cross or Victoria and not having any glucose or any means to treat myself, and gradually sitting through the hypo, sweat pouring off me, until I reached my destination Gillingham, and then finding the nearest coffee bar and stuffing dozens of chunks of sugar down me. So, I mean, those are the two extremes. And there have been others as well, when I've passed out at work and been taken into the hospital, and people coming up to me and said "I didn't realise you were a diabetic, how long have you been a diabetic?", so I didn't mention it, yeah. But I had, of course, mentioned it in applying for the jobs, as one must do.

(10) But what age do you think the hypos began?

I think when... well, to use the jargon, puberty, I suppose, might be the right answer. It was about that sort of age; I don't know whether there's any connection. But that was associated with, I suppose, moving into a more educationally stressful environment - the grammar school, disciplined sport, both at the weekends and during the week, homework in the evenings, and occasionally, usually associated with excesses of activity, one would have a hypo. And if one was out enjoying oneself, that invariably meant one's friends literally carrying me home and saying, "he's had another one Mrs Jones".

How did your mother react?

Well, she was a fairly worrying sort, worrying meaning she wasn't a sort of totally relaxed person, certainly not as relaxed about it as I was. And she used to get fairly fraught, but, you know, head screwed on the right way and knew the right thing to do if there was a problem that she couldn't cope with, you know, either ask the neighbours or got hold of the doc' or whatever and took advice. So, in those days I don't think we had a telephone in the house, so she'd probably have to go a couple of houses down to talk to someone who was wealthy enough to sport a telephone so that they could phone the doc' to get some advice. And invariably that would be "well, you know, just give him some glucose, check sugar content urine, and bring the insulin down gradually when he's back to normal". And I used to make a note of those occasions if I'd had a hypo when I was, you know, seeing the GP or whatever, and there would be a grunt and a nod, but as if to say, quite rightly, it goes with the territory. So, yeah, it was around that time. And my mother was fairly... you know, increasingly, of course, as I grew to manage the condition on my own, went to the doctors, of course, on my own, but, of course, my father also was back in the UK by that time, and as I mentioned right at the start that he had - medical background is overstating it - I mean, he was a sick berth attendant, so he'd seen some blood and gore during the war and knew a little bit about medicine. But I think what he had was access to solid information from, you know, senior people in the

Navy, and he kept a watching brief, I think; no stronger than that. But I felt like, if I had problems, I could ask him and he'd come up with a, you know, "why don't you see so and so and get some advice?", but I can't remember very many occasions when that was the case.

- (11) What are your memories of the attitudes of pupils and teachers at secondary school?

Again, not wildly different to those of sort of junior school. The school... well I went to a number of grammar schools, because my father moved around in the Navy quite a bit, so predictably we lived in the Navy ports, Plymouth - or what were then the Navy ports - Plymouth, Portsmouth, Chatham. Yes, and in each of those schools, the authorities, the head and I guess the senior teacher, would have been made aware of the fact that I was a diabetic, but they never ever referred to it, that I can recall. And it wasn't generally known to my classmates, and I never gave them occasion to even ask the question "was there anything wrong?". I mean, it may well have been that they were completely and utterly discrete about it, but young kids aren't like that, are they?! I mean, they'd be calling me a cripple - the ones I hung out with! But that didn't happen, and so I wasn't aware, apart from when I gave them cause to be aware, in that... I can recall, I think I was in the lower sixth form at Gillingham Grammar School, and my father, who was still in the Navy, had arranged, because I was a keen swimmer, to have me use the Royal Navy swimming baths in the Naval barracks in Chatham. And I used to go in there once a week during the evening, whether there was snow on the ground or what it was, to do lengths, a bit of diving. And I went in and said to the PTI, who was sort of in charge that evening - I was the only one there because there was snow on the ground, and I'd cycled in - I said "I'm going to do my lengths", so I got in, did some lengths. And he saw that I could swim all right, so he pushed off and did other things and left me alone in the pool. So I thought "I'll do some diving", and did some diving on a spring board, and came down too close to the board, caught my head on the back of the board, and by the greatness of good fortune, he came in to find me on the bottom, dived in and pulled me out. Anyway, I ended up in St Bart's Hospital in Rochester, and, you know, I soon got over the trauma of being on the bottom of the pool and whatever else. But they then decided to rebalance the insulin, which had gone haywire as a result of this shock. And it was then, I think, as I recall, that I moved from the twice a day soluble insulin, that I'd been taking hitherto, to this revolutionary new Lente insulin that only required me to have it once a day, the effect of which would last for twenty four hours. So they rebalanced me onto Lente, and kicked me out after three weeks.

- (12) This change to Lente was around 1957, and I got on fairly well with this. But by that time, such controls that I was using in my earlier years, and albeit they were fairly rudimentary, was as and when I felt like doing them. And initially, after being in hospital, I went back to fairly regular testing of urine and being concerned about the condition, mainly that to ensure that I could get on to a stable basis with the new insulin, which I did

without any problem - there was no major incidents as a result of changing to the new insulin. I want to move on now to, well, I left school in, I suppose it must have been '58, and I got three A Levels, I think. The mood at the time, and the mood amongst my close friends, was to... it just so happened that we were fairly heavily into the accounting game, or were keen - there was a thing called commercial apprenticeships that Ford used to run for instance. And one of my friends had a commercial apprenticeship at Ford, which enabled him to have time off once a week to study at technical college for his accounting examinations. I joined Phillips Electrical in London, and they gave me a day off a week to study at Maidstone Tech and others elsewhere, passing up the opportunity to go to university as a deliberate choice. And of course we were... I think my starting salary was, from which I paid my season ticket to London, was just over six pounds, six or seven pounds a week. And the weekly season ticket was something like thirty shillings to London, and, of course, you had to stand up for that privilege as well - frequently I stood both ways, and, of course, got home at, when the trains permitted, six, seven in the evening.

(13) Did you pay any rent to your parents out of that?

No, my mother never did ask for any rent, and I couldn't seriously have paid her anyway, because I had plenty of other things I wanted to get in to with my two or three pounds left, which I had to pay lunches and whatever. But I was frequently asking her for subs, and, I mean, she never ever said no. So, it was difficult, but obviously as time went by, and I made more progress with Phillips and with my exams, things got better, and I then did start paying her rent. I can't recall when that was, but my mother was always fairly relaxed about - very generous with her money, even to the point, well after my second son was working and whatever, she'd still send him twenty or thirty pound a month as pocket money. So there was never any hardship in that respect. But I did get, predictably I suppose, well, I got fed up with commuting, as one does, and I needed shop floor experience. It was all very well working in Phillips Head Office in London, although I did visit factories in the London area periodically. I wanted factory experience, and I joined an engineering company in Rochester in Kent, and I got lots of shop floor experience and I enjoyed every minute of it. I mean, nothing I like more than being up to my ankles in castings taking stock, and having a laugh with the guys on the machines; I mean, that's my scene. And that got me out of the commuting game. I thought then that I'd better do something about improving my qualifications, so I think I became a Fellow of my Institute in 1971, and the career took off from then, necessitating quite a lot of moving around. I had quite a number of jobs, progression, mainly with large companies, and that would include, say, Phillips Electrical to start with, this smaller engineering company in Rochester, then to Bowater, as was, now Rexam, in Kent, and then Courtaulds - I worked for Courtaulds for ten years.

(14) So, I've had quite a number of different jobs with different companies,

and different jobs within the same company. And have moved around quite a lot - this is our seventh or eight house, I think, this one we're living in at the moment. And they've been from Kent, Essex, Hexham in Northumberland I lived for five years, working in Gateshead, South Wales, Leicester; so we've moved around quite a bit.

When you applied for your first job and all subsequent jobs, can you remember any reactions?

Yes, the first job, the Phillips job, when I went in applying for a commercial apprenticeship, I recall the interview was with Phillips' chief personnel officer, who was a man called Les Jarrett, God rest his soul, because he was a jazz trumpeter. And I was a jazz freak, even at that age, and to meet Les Jarrett as a jazz trumpeter. . . The interview was two hours, and one and three quarter hours of which was talking about jazz. And we'd both seen Louis Armstrong at the Earls Court Olympia, so we talked about that for almost all the interview, and as a sort of an afterthought at the end, he said "you can have the job". So, that's when I started my commuting career to and fro to London. And as I say, I worked for Phillips for five years, with some part of which I got a day release, as I said before, to study in Maidstone.

Can you remember any reactions in the different job applications to your having diabetes?

Never any problem with it at all. I mean, predictable questions "is it well controlled?", "of course it is", and, you know, it was, of course, until one had one's first hypo. And then, you know, it was the marvel of the moment and the talk of the moment, but soon forgotten, and it was never a big issue. Say, I recall the occasion when I made it somehow to Phillips, having had a hypo on the train. I walked all the way up St Martin's Lane to the top of Shaftesbury Avenue, into the Phillips building, to the sixth floor, and whereupon they called the ambulance. I remember, sort of, ending up in the Middlesex Hospital, Royal Middlesex Hospital. Anyway, I just don't remember anything about the journey or getting there. How I did it, I just do not know.

(15) Now, you said that people at work really didn't react to you having diabetes. What about in your social life, girlfriends?

Yes, well, no. The answer is I don't imagine that any of them knew that I had a problem. I mean, the one good thing about diabetic control, of course, if you can anticipate activities for the evening, if you want to go out dancing or drinking or whatever or socialising, you realise that you're going to use up amounts of sugar, so you give yourself a little less insulin, and you're normal! And so I was normal as far as everybody was concerned, socially, and girlfriends and the like. My wife, I think, or my girlfriend at the time who later became my wife, she knew at a very early stage, because she in turn was very severely epileptic when I met her, and she used to pass out all over the place and without any warning. And, you know, that was fairly tough for a while, but. . . So there was no way that I withheld my diabetic condition from my wife, nor she her condition from

me. And, I mean, the good news was.., well she was offered some surgery in one of the hospitals in London. It was a hospital for nervous diseases, one of these things where they keep you conscious and take chunks out of your brain and hope that that helps the epilepsy will go away. We declined! And a year or so later it went. I mean, it was quite severe, her epilepsy. I mean, she used to have seizures, if not, well yes, usually monthly, usually around times of periods and things like that, times of stress. But the problem went away, which of course - and I'll come to it later - but it opened up all a totally new vista as far as she was concerned, 'cause hitherto she was unable to drive and there were all sorts of restrictions. And suddenly her world opened up, which was extremely good news, but that's another story.

Was that before or after you got married?

Oh, I knew about the problems, you know, from the day I met

(16) her, which was... I think we were probably, we were engaged for well over a year, and I probably knew her a year or so before that. She claimed I gatecrashed her twenty first birthday party, but I don't believe that; I'm sure I got an invite! But we got married in 1963 and we moved into a small bungalow. She continued to work and I worked locally, and life was sweetness and light; there were no problems. She then gave birth to our first son in 1967, Giles. I was still working, and we were both working and living in Kent. Social life, obviously, had calmed down a bit then; I mean, still playing a lot of sports - hockey in particular was taking up a lot of time. I played hockey until I was into my thirties, and then I umpired a lot after that as well. So, you know, weekends were fairly relaxing, except that I'd go off in the afternoon to play my sport. And we'd do the shopping and all the rest of it. We had one car, and we used to have our weekly shop, and do the things that most normal families do. There were a number of house moves in the area, but not out of the area. We moved a couple of times to, especially when Giles was born, we moved to a bigger house, slightly bigger house. And fortunately, I mean, despite my wife's epilepsy and my diabetes, Giles is absolutely one hundred percent solid and fit, although a little stupid at times! No, he's sales development manager for Hamleys, the toy people, and he travels all over the place, all over the world. So, he's not married; he lives in Teddington. Then my second son was Hugh. He was born in 1970, again fit, healthy, a little dimmer than Giles; he's not married either. He's got a job in Hove, for a record company in Hove. And, I say, the good news is that they're both fit, well and don't have any silly habits.

(17) What contact were you having with the medical profession during this period that your children were growing up?

Precious little is the short answer. I had sort of settled in to a routine where I was, well yes, coping with my diabetes - it wasn't giving me any problems and I wasn't giving it any problems. I mean, I seldom took blood tests or checked

anything. I saw GPs as little as possible, and that was usually for anything other than to do with diabetes. I did, really because I was prevailed upon from the GP of the time - and we were moving around quite a bit - the GP would say “hey, why don’t you visit the diabetic clinic? It’s in the local hospital”, and I’d go along with that. I mean, I had no way of saying no.

Which hospital?

Well, there would be a number. When I was working in... I first moved from Kent would be, was to... well, I was working in Braintree in Essex, so there was a diabetic clinic in Braintree that I visited, and, I mean - and this isn’t only about Braintree, it’s all other clinics that I’ve visited, and I visited a lot of them. There is a different doctor on every occasion. He starts at square one with my notes, and my notes were growing by the foot! So, he starts at square one with remarks like “and how are you, today?”, and so... And I’d been waiting at least, maybe, you know, the appointment would be for nine o’clock. I’d maybe get in to see whoever it was at nine, ten, eleven, whatever - totally unsatisfactory. And the more unsatisfactory it became, the more disinclined I was to actually go, so I just stopped going and I didn’t bother the GPs. And I think I went for a fairly long time, ten or fifteen years, without going anywhere near a GP, and certainly not a diabetic clinic. And I think I then rejoined for a short while after several job moves. I paid a couple of visits to the one in

- (18) Hexham. We moved to Hexham in 1980, and I suppose it was a couple of years, no, a year or so after moving there that I would have gone to the diabetic clinic in the Hexham Hospital. I didn’t have a problem there with continuity of service, in that invariably it was the same doctor. But again, the treatment... well treatment, like I said a little earlier, the treatment of diabetes doesn’t progress in leaps and bounds, it’s rather snail like, and, you know, it was sort of as God said to Moses, “keep taking the tablets” type treatment, and so I just kept taking the tablets. And because there were no problems and I wasn’t giving him any cause for concern, I just stopped going; or either stopped going or moved somewhere else. And life was too busy to get involved with taking days out for, not days out, half days out for diabetic clinics and whatever to get nothing out of it. I mean, if it had been a moving situation and I was getting benefit, yeah, I could have got excited about it, but it all seemed to me pretty much a waste of time. Now I do, I mean I do... I’m not sort of being blasé about this, because I do appreciate the fact that by the greatest of good fortune, you know, I have a whole lot less problems with my diabetes than many other people, most other people I would think, and that may have given the impression that I’ve been sort of cavalier in the treatment of it. I mean, I’m very much aware of, you know, what I need to give myself in terms of insulin dosage, what I need to do if I’m running high on sugar content, and I do react immediately - I detect those things, especially in later years where the technology, of course, had moved on way beyond the find your... pass your urine sample, get it into a container, stick in a pill,

watch it change colour. Nowadays, of course, it's fully automated: take a blood test, put it on a strip. It will actually tell you in numbers, you know, what you've clocked

- (19) up in terms of blood sugar content, so it's become much easier to control. And I do that at least once a day before going to sleep, to enable me to avoid any prospect of a hypo during the night, which is the very worst time, because the alert signals that I'd mentioned hitherto, which enable me to keep it under control during daytime, aren't quite so evident when you're dead asleep. So I've found in recent years that it's absolutely key to take blood tests before going to sleep, and in the event my blood sugar reading is low, then my wife will give me some sandwiches or a sandwich or a biscuit, depending on what the blood sugar reading is. And that's a long way from, you know, from the heating up the urine in a container and watching it change colour. You can actually do that sitting on the side of the bed; the rest is a bit more difficult.

Who taught you to use these new technologies over the years?

Oh, well, visits to docs who said "let me take your blood sugar", and he'd get out the latest contraption, and I'd say to him "how much are they, then?" and he'd say "fifty pounds". Or initially, this one cost five hundred pounds, and I'd go "good-o, hope you enjoy it". But when they became fifty pounds or a hundred pounds and much more within my reach, then, I mean, the using them is absolutely very simple, and obviously I was able to copy what he was doing to me, and it's simplicity itself. So, the technology has certainly assisted diabetic control and made it much easier. And there is a modest investment, but you can get blood tests kit now for twenty pounds, twenty five pounds, and the test strips, which are very expensive, are on prescription anyway, so it isn't expensive to do. It's just doing it is the key thing, and recognising the vulnerable points in one's day and then anticipating, if one can. I mean, now that I'm retired, if I'm going to cut the grass, even though sitting on a tractor doesn't take much energy, but the peripheral things you do, like even just getting off the mower, walking up, pushing over a molehill or whatever, all take energy that one doesn't use if one is sitting in a chair all day, so you should give yourself just a touch less insulin. If you're not going to cut the grass and you're going to sit watching the television, then give yourself a bit more insulin. But just check periodically with the blood test kits that you're on the right lines. If you find, of course, that you're full of sugar all the time, get to your GP or your diabetic consultant immediately, because the regime you're operating has gone adrift somewhere.

Have you always paid for the new technology or have you been offered some on prescription?

No, only the disposable materials I suppose you'd call them. In the case of the little - size of a cigarette packet I suppose - they'd be little electronic gadgets that give you the blood sugar reading and keep the readings in a memory so you can recall them if you wish - that you had... I have always bought... well,

always bought them - I only bought one and I'm still using it. As I say, the disposable materials, which are expensive as I understand it, the test strips that one inserts into the machine with the touch of blood that you put on them, they can be quite expensive, but they're dispensed, the National Health Service says okay to that. I'm not sure what it would say if you went along and said "can you get me a fifty pound test set". Yes I know, I know exactly what they'd say!

(20) When did you first buy this new equipment?

Well, this would be around circa 1983 when Dr Lloyd, who was the diabetic consultant whom I was seeing privately every six months or so, used to use one of these, which greatly impressed me. And I said to him "how much can I get one of those for?", and he had, I think, one that made tea - it was an all singing and dancing one, and it was, you know, I thought, out of my reach. But I did make some enquiries and discovered a company that made one which is called an Accutest, I say, which is about the size of a large, perhaps a bit bigger than a cigarette packet, into which you insert a strip, glucose test strip, on which, having drawn the little bit of blood from your finger and dropped it on the pad on the strip, insert it into the machine, it comes up with a number. Now, blood test readings can range - I'm not sure quite what the range is - but if you're down, in my case - this is not for all diabetics, because, and I'll come back to this - I'm happy if my readings are seven, eight, nine, even above nine or ten. Other people I've spoken to shudder with horror when I tell them that my readings are seven, eight, nine - "goodness me, they say. We're looking at three and four". I'm saying "well, your lifestyle is obviously totally different to mine, and I've coped with it for sixty years, so I'm happy to carry on the way I am". But they've sort of said "goodness me, three or four is what you should be aiming at". But if I was aiming at three or four, I'd be walking around, sort of, almost comatose; I'd be so out of sugar it wouldn't be true. And McNally understands, my doctor, Dr McNally, understands this. And the acid test with these things, while these Accutest readings are a good indication of... it gives you an idea as to whether you should increase or reduce your insulin or modify your diet, the overall check on your blood situation is what's called HbA1c, which tests the haemoglobin in the blood, and the numbers are very...

(21) the number range is very similar to those on the Accutest, although one mustn't try and correlate the readings on the Accutest machine with the HbA1c. But my average HbA1c is around, I don't know, seven or eight. And people again would shudder, perhaps that that is too high by a few points. I'm happy with it. So, as I say, the technology has advanced to the point where diabetic control is a whole lot easier than it used to be in the good old days!

You mentioned that you saw Dr Lloyd privately in 1983. When did you begin private medicine?

It was on that occasion. I eventually got, in fact I had a medical at... I was working in Essex, we were still living in South Wales, I was commuting

on Mondays and Fridays between South Wales and Essex, and it was a works medical. And they suggested, the guy doing the medical - and I explained my diabetic condition - and he said “well, why don’t you get some private advice”. And I thought, “well look, I’m working in Essex. If I get private advice locally, I can have a day off, instead of traipsing up and down to Essex, and especially if it was on a Friday or a Monday!” So, anyway, I got in touch with Dr Lloyd, and I can’t recall quite, I must have made some enquiries that “who was the man to see?”. And a super guy, a Welshman, ran a practice in... yes, well he had a practice in Newport. He also worked for the National Health Service, I think, at the Royal Gwent Hospital. But I used to see him in a private hospital, St Augustine’s in Newport, and that’s how, I say, I got to know him. And he... Really, the contrast between the treatment I got from him, and what I was getting at a much earlier stage from the diabetic clinics, was so extreme that I couldn’t believe my good fortune. I mean, it was a thorough medical. I mean, it was like a ECG, blood tests, the whole shooting match, and an hour’s consultation, a thorough medical check-up, some solid advice about insulin changes,

- (22) all for seventy pound an hour I think, or it may even have been sixty pound an hour in those days, which I thought was very good value. And even better was, your appointment’s at two, “come in Mr Jones, it’s one minute to two”, and I spent an hour, “goodbye, it’s three o’clock”. I mean, it was just my scene, you know, no waiting and personal treatment directly relevant to my condition. No “oh, I haven’t read the notes”, or “let’s start from the beginning”. Continuity is everything. And I was very sorry to leave Monmouth, from that point of view, and move up to Leicester. But then, the greatest good fortune, my GP in Billesdon, which is near Leicester, actually knew Dr Lloyd who worked in Newport. They’d been, apparently, on some visit to the US to do with medicine, so they knew each other and were able to talk on the telephone about my condition. So there was some measure of continuity, even though I’d moved a hundred and fifty miles from one part of the country to another. I then, moving on, I was working in Corby, living in Tugby, which is where I live now, and I’d... people say to me “did you suffer any angina?” and, I mean, I couldn’t recall. I used to think I used to get a bit of indigestion in the morning whilst driving to work, and I explained this to Dr Austin, and she said “I think you’d better go and have a check-up in one of the private hospitals”, because, of course, I was insured at work - I had medical care. And so I went to the Nuffield Hospital in Leicester, which just happened to be the place where they did the tests, and anyway, they said, you know, “you’ve got problems with the heart - you need some bypass surgery”. So, you know, again I was... I said to the guy, you know, “can I bring some work books in with me, you know, while I’m...” and “I’ve got quite a lot on at work at the moment”!
- (23) “When can I come in?” - “no, I can’t make it that week, I’ve got a meeting” sort of thing. And he said “don’t bring any books in, you won’t read them

anyway". And anyway, they did the job, in the BUPA hospital in Oadby, which is part of Leicester; Mr Schmidt, triple bypass.

What year?

That was done in 1995, I say, in the BUPA hospital in Leicester. Now the only... I mean, when I came out of that, there was no... yeah there was a bit of discomfort, but, I mean, it wasn't any big deal. And I was quite a heavy smoker at that time as well, up to that point, but I progressed from cigarettes to cigars, and about... quite a few cigars. And I remember saying to one of the nurses in the BUPA hospital at the time, she said "is there anything I can get you?", and I said "oh, well I couldn't half do with a cigar", and she said "well have one", 'cause I actually had my cigars with me, so I said "you don't mean it". She said "look, the price you're paying for this operation, if you want a bottle of champagne - it isn't a problem. If you want to smoke a cigar, smoke a cigar". I didn't, and I haven't smoked from that day to this, not because anybody had told me not to, but I just thought maybe it's time to call it a day on the cigars and the cigarettes. But that was the BUPA hospital in Leicester. I had no problems with the bypass at all, but when I came round I had major problems with my right leg. They said "well, we better get somebody in to have a look at this", another specialist, and Mr Naylor came over from the Royal Infirmary in Leicester, and he said "yeah, you've got some problems which we'll have to sort out. Sounds as though you've got some blockage, but it's not a problem at the moment" - this was in October of '95 - "not a problem at the moment, let's leave it till after Christmas, and then we'll have you in and take a look at it". So I came home, and that very weekend I was sitting in, not that chair, but the chair that was there at the time, and I said to Wendy, my wife, "my toe's turning black", so she said "oh yes, so it is". So we both phoned up

- (24) Dr Austin, my GP, get her to come along and take a look. So, she came along, she said "pack your gear, you're going into hospital, into the Royal Infirmary. You're going to have a real problem there otherwise". So I got into the Royal Infirmary; wasn't able to go into the BUPA on that occasion, because the BUPA hospital - this was the week after I'd left it - had been fully booked the following week with, they were either a load of Maltese people or Gibraltarians who'd booked the hospital, and there was no room to have the job done in there. But Naylor, the guy who was looking at my leg, said "come into my ward in the Royal Infirmary, National Health Service ward. No problem with that. Went in there, he took a look, he said "we're going to bypass the problem". And so I had, just before that Christmas, a bypass operation on my right leg, which was a six hour operation which, well he said to me afterwards, Ross Naylor, he said "I should have had a bigger breakfast the morning I started on your leg. I didn't believe it would take two of us six hours to do that job!". And I had eighty seven stitches taken out of it - it was quite a big job. And it took me months and months to recover from it, by the time I had the stitches out, and there were problems, and I couldn't walk. That was

about the worst part of my medical career!

Was it a result of the heart bypass operation?

No, no, not connected in any way. It's just that, you know, sixty years, or a little less at that time, of diabetes.

(25) The main reason, I suppose, was, you know, I'd suffered from diabetes for the best part of sixty years at that time, I'd been a heavy smoker for almost all my life. Arteries do fur up, harden, circulation deteriorates, and this was a result of all of those. So one couldn't attribute a single cause to the problem with my leg. It was progressive, sparked off, I suppose, by the rather strange effects you get from bypass surgery. I mean, there are many and varied, and perhaps it's just worth mentioning those that... I mean there was, in my case... I mean, they said to me beforehand - and this backs up the "don't bring your books about work in, because you won't read them" - you can't concentrate. You can't even concentrate on a simple novel; more than one page is a trial. In my case, my emotions were absolutely thrown into the air. I remember when I was in hospital for this bypass on my... on the leg rather, the work on the leg. When I was able to get around, went to the day room on one occasion and started talking to a fellow patient, who strangely enough had had some shared experience with my father. I mean, he'd been on a ship in the Far East and whatever else, and, you know, recollections of my father brought back. Dear, dear, I was in tears. I couldn't stop crying, and I'm just not an emotional person, and I couldn't understand it. But they'd forecast all of this, you know, your emotions will be fraught. Apparently, disengaging you from your heart and putting you on a, you know, a machine does these things, and all of the things they said will happen did, and I was intrigued by the whole process. And then, of course, the good old thing did happen when I was in there with the bypass. I was in the dayroom one day, they forgot I was in there and I had a hypo, which panicked the staff in the... 'cause I was on a ward, of course, that dealt with dealing with surgery and things, and diabetes - better look that up in the textbooks! They didn't know how to cope with diabetes, and I woke up to find my wife, my boss from work who was visiting at the time, and about four

(26) doctors standing round staring at me. But, say, some glucose took care of that problem, but it was quite amusing at the time!

What about the leg?

The leg was a problem. I mean, it recovered, and I was able to get about and drive and whatever else, and I was able to use it, but I started to develop ulcers round the ankles. And then, what really sparked off the problem was, I used to go regularly to a chiropodist, who took off a corn, and I didn't think any more about it. He said "it's fairly deep", and I said "well okay, fine, it's not a problem, get on with it", which he did, and it never healed. It just got worse, it spread, it spread round the edge of my foot. And we tried, I mean, it went for... I don't

know how long it went on, probably till well into 2002. I'd been visiting the GP's surgery. The nurse tried every known treatment, or every treatment known to man, every dressing, pressure dressings, iodine dressings, seaweed dressings, every, and, you know, there was no... And in the end I got desperate and said to the nurse "look, nothing's working, I'm going to go somewhere else". So I took myself down to the hospital foot clinic at one of the local hospitals, and they looked at it and said "don't like the look of this, go and see the people who deal with foot problems in the general hospital". Made an appointment, went in there, they said "don't like the look of this, you need to get back to your cardiovascular surgeon, get him to take a look". Went back, and he said "you see the black bit on the side of your foot, which they've been putting plasters on and all these fancy treatments?", I said "yep", he said "that's dead bone"! So, I said "well that's not going to grow back then, is it?", he said "no, can't do anything about that". He said "what we're going to have to do is, you've got a choice, we can do another bypass on your right leg -

- (27) six hour job. Difficult, because the graft may not take, and if it fails there's no second chance, you've got to have your leg amputated. And it may be a problem because you've had bypass surgery, so you'd need to have plenty of checks before I do the job, a heart man will need to do some tests. Or, of course, you can go the cheap and more effective route: forty five minutes, have it off!". So I said "well, let me think about it over the New Year", by which time, of course, I got to know Ross Naylor, then Mr Naylor, now Professor Naylor, like he was a mate of mine, because he cut me about a bit. So over the Christmas, I 'phoned him up once and asked him a few questions, which he kindly was able to answer. And, you know, I just thought in the end, well, with the risks and the problems, I might as well have it off. So he said "I've got a slot for you January the 14^(th)", so I went in. And I had the heart tests, and the heart guy said "oh, you'll come through a six hour operation all right - heart's very sound". I said "oh, I've made my mind up to have it off now", "oh", he said "okay, we'll carry on with that". So, they took it off and I've never felt fitter! No ulcers, no problems, but, you know, all the... it was a little traumatic at the time, but I must say, I didn't feel any pain from the minute I went in to the hospital till now, never had any pain with it at all.

Which hospital?

Yes, I had the job done in the Royal Infirmary in Leicester, Professor Naylor who did the job, and I was in the hospital for I think three weeks. And, I mean, I am a fan of the National Health Service. I found them extremely helpful. I mean, they made, you know, they did silly things. Because I was taking a lot of medication, as prescribed by people outside the hospital - I'd brought it with me, they'd do things like run out of it, even though we get down to, you know, one shift would say "oh, we're running out of these pills, I'll order some more", the next shift came on and say "no, we haven't got any of those". Then I'd kick up a fuss and say, "look", you know, "I take these things on a daily basis, surely

to god it's simple to see whether you're running out or not". They'd say "yeah, but we can't do this and we can't do that, and

(28) it won't be a problem", you know, so causing anxiety where it wasn't necessary. And things like, I mean, the organisation of the National Health Service is vertical. There seems to be no sort of cross meshing of departments, so that if you're in a surgical ward, diabetes is a foreign word, so they know nothing about diabetic control. And if, as I was used to, I was getting... well, if you superimpose on that the diet that you have in a hospital compared with what you have at home. For instance, in a hospital you have a light breakfast, your main meal midday and a light meal in the early evening. My routine had been a breakfast, a light meal at midday, and an evening meal. You know, changing that in the hospital caused absolute havoc. Now, I knew, 'cause I was asking them to give me blood tests every so often, regularly, that my blood sugar was way, way too high. I was saying "don't worry, when you bring the insulin round, I'll just give myself a bigger shot; bring it down". "You can't do that, we've got to get a doctor's permission", "where is the doctor?", "he's three wards away" or "he's not on until four o'clock this afternoon" or something. In the end, I said "look, I want to see Dr McNally, and I want you to give me permission to do my own insulin dosage, because you don't know anything about it", and they said "you're right, we don't"! So anyway, Paul McNally and myself, between us, got me back on the straight and narrow. But it's to do with this, you know, having to call in a specialist into a surgical ward for some reason just seems difficult. I don't know why it's difficult, but it is. Anyway, having said all of that, what really impressed me was the, not contact, but the arrangement whereby, when you're discharged without your leg from surgery, you aren't home for more than a few days before the limb centre are 'phoning up to say "when are you coming in to, you know, work towards your prosthesis?", and you're saying, "well, hang on a minute, it hasn't even healed up yet". And then there was all the routine of getting regular ambulance trips in to

(29) the General. And I was keen to get back to driving, so I drove a lot and cut the grass on my mower with just one leg until I had the other one fitted. And then I went through the trauma of, having made the limb, a lot of blistering where the amputation had taken place. It's called tethering, where the skin actually attaches to the bone, doesn't move, and consequently you get blisters, and then you're grounded - you can't actually use the leg for three weeks until that heals up. But I'd set myself a three months target - amputation to walking again, unaided. And the physios in the limb centre used to pass out, because they had me parading up and down between these bars in the gym. Then, of course, I'd say "to hell with the bars, I'm going to do it without the bars!", and they'll say "you can't do that, you catch hold of the bars". And anyway, I mean, I was very happy about the balance and able to walk again, but I couldn't cope with this blistering. And I kept saying to them "look, I'm not the first guy

to have his leg off. Thousands of people must have had this problem - there must be a solution to it". "Everybody's different, Mr Jones. The reaction to amputations in people are different". I said "oh, come off it, there must be standard treatment". But I don't know how it went away. I think it was due to, probably, a girl called Penny in the limb centre teaching me to walk properly on it. That's the only thing I can attribute it to, the disappearance of the blisters. Anyway, I was then able... say, my car had been converted by that time, I was able to drive, I was never ever unable to drive, and even though... had a fairly amusing experience parked in an Asda car park once, when the battery on my car failed. Wendy 'phoned the AA. I said to him when he arrived, the man, "look, I don't know what you've got to do, but I've got to sit in the car because I haven't got a leg to get out on!". But he only fixed the battery, and we got home okay. So, interesting.

You've expressed some criticisms of the NHS and also said you're a fan of the NHS.

Yes, bits of it are super. I mean, I think bits of it are absolutely super in that, yeah, they work incredibly hard, and, yeah, one just couldn't criticise the staff in any way, shape or form. It just needs proper management, where you get

- (30) situations... mine was a case in point. One example, and there were dozens, I had the amputation, and the nurse would say "I think we probably need to change the dressing", so I'd say "well, fine". They'd take the old dressing off, and then there would be a panic, you know, the emergency bell, and apparently the rule is that when that happens, everybody drops everything and heads for wherever the problem is. And then an hour later, they may come back and take care of the problem, or finish off the job that they first started, ie dressing my leg. Now when I... you know, I mean, that wasn't a problem for me 'cause I had all the time in the world, but when I now hear about this terrible virus, I can't help but feel that people sitting around with open wounds is just inviting trouble. And that is just organisation, you know, that whether they don't have enough people or whether they all need to rush off to some point when there's a panic; maybe a case of too many cooks spoiling the broth. So it needs organising, and like I say, you need to do something about the strange organisation. I mean, the physiotherapists report up through the hierarchy of physiotherapy. Presumably somewhere up there somewhere is a chief physiotherapist, but they never talk to the surgeons. Now it's vital that they should do so, because the way the surgeon makes the cut can have a major impact on the construction of prosthesis. Now, if you said to, and I said it to them so many times, Ross Naylor, the guy who did my surgery, even Paul, I said "why don't you get down to the limb centre, show your face, show an interest, find out what's going on down there? It will give them a huge boost and you might actually learn something". But there's no way that Professor Naylor will belittle himself and go down and talk to

the physios in the limb centre, it just doesn't happen, 'cause it's all this way and none of that.

Was all your chiropody on the NHS?

No, all paid for. Only right at the very end. No, I've never had chiropody on the NHS, I've always paid whatever the going rate is. In fact I'm due to see... and I get it at... I said to Darren, the guy who does my stuff in Billesdon, I said "look, I've had my leg off, it's half price from now on!"

- (31) It's not, well actually it's two thirds of the price, but since I've got problems with one of my toes I'm really cutting down his work. But he's still charging me ten quid, which I think is overcharging!

Do you blame anyone for the delays over diagnosis and treatment?

No way, not in any way, shape or form. I don't blame anybody for any of my situations. Like I say, I'm, if not the biggest fan of the NHS... I mean, it's like any large organisation, isn't it? They all have their faults - they aren't perfect. Generally, the people are super people, they're caring people, and you meet some absolutely lovely people in there, and you wonder how the hell they put up with the aggro that the patients give them. I mean, you get some people in hospitals who do nothing but moan, and, you know, sometimes with good reason because they're in discomfort or whatever else. But they really are tried to the very limit, some of the nursing staff in hospital wards, and my sympathies are with them. But I think it could be organised better.

Talk about your life now - your regime, as regards diabetes.

Yes, the loss of the leg has been fairly restrictive, restricting rather, although yeah, I mean, I drive, I shop, I get about. I don't exercise because I just can't. My fear is now is that... my wife and I have been extensive travellers, and we've had our laughs and amusing times, especially with leg problems. I mean, you know, you try changing bandages on a leg with ulcers in a train travelling between Chicago and Los Angeles, two nights on the train! Those sort of... you know, we had some amusing times in terms of travelling. Time changes play havoc with your diabetes treatment, but soon overcome; they're not things to put you off going abroad. But as I say, we've travelled extensively, and certainly in North America - we have a lot of friends over there. Unfortunately my left leg, left foot - one of my toes on my left foot is giving cause for concern.

- (32) And indeed, the nurse who was treating it, I wasn't going to let her have a good year at it with different bandages this time, and if it didn't show any signs of improving, I was going to get second opinions! So, the nurse, in the end, I said "look, I need to see somebody else about this", she said "why don't you 'phone Professor Naylor - go to the top?". So I 'phoned his secretary and said "look, I've got problems with my toe". She said "well get your GP to send a fax to Professor Naylor and he'll consider it". But, I say, I put the 'phone down, and within ten minutes - he, Professor Naylor, apparently was just about to leave the country on a, you know

things that Professors do, lecture tour or whatever - she 'phoned me back. She said "Professor Naylor 'phoned up just before he was about to board the plane to see if there were any messages, so" she said "I mentioned your toe to him"! And he remembered me, and I thought "oh well, that's good, remembered my toe". So anyway, his advice was "see Paul McNally and have him take a look at it, and have him give me a report when I get back". So I did, saw Dr McNally, who saw me - I mean, you know, marvellous - this was on a, sort of eleven o'clock, whatever day it was, and I saw Dr McNally at two o'clock in the afternoon. And he said "yeah, you've got a problem there, the toe. Get yourself an x-ray, take these antibiotics". And I'm still taking them; I've got three months to take of them. The x-ray identified some osteomyelitis, mild, but the antibiotics are due to take care of that. And it's been a revelation, well, a revelation to me, tremendous improvement. The toe has healed up and it's much better now, although it's still being dressed each day by my wife. Not inhibited me in anyway, I mean, walk around all right, not a problem. But it caused me to cancel my, for the second year, cancel my holiday in the States. I was due to go to San Diego and spend some time in Chicago, so we cancelled that, and having cancelled it, we're having the back of the house rebuilt!

- (33) You've been retired now since 1996. Looking back, how big a part would you say diabetes has played in your life?

Well, I've been ever conscious of it, of course; one can't avoid that. And, I suppose, in a "normal" life, one is constantly being reminded of it by things like life insurance questionnaires, driving licence questionnaires, and various things like that, part of the system. One has to, even if one is reluctant, one has to admit to suffering from diabetes, so one is ever conscious that one has the problem. But, you know, sure you have to think about it on those occasions, but I guess I don't think about it for ninety nine point nine percent of the day. You know, I have my insulin jabs twice a day, that's not a problem - I've been having them for sixty years so it ain't a problem, so. I think it can become a cross that people choose to bear, and it can rule your life if you're not careful. And my advice to fellow sufferers would be, first of all, find yourself a GP who is fairly young and has modern ideas about the treatment, 'cause I would guess, but I can't speak with any experience, that some GPs may well know the theory and may well have a lot of patients, but not be up-to-date with what's going on. But don't let it rule your life. Just take their advice and do the sensible things, like I say, and don't let it rule your life. And don't live life at the extremes. I mean, if you're a person who likes a drink and gets drunk every night, you'll have problems with your diabetes, because that's living life at the extremes. If you like a drink once a week, have a drink once a week, and enjoy life.