

7. Margaret Williamson

(1) Can you tell me about your background?

I was born in North Yorkshire, the daughter of an industrial chemist who worked at ICI in Billingham. And we lived in a village called Yarm, which had quite a long established history going back to Roman times, and we had a modern house there. My father would go in to work each day from Yarm.

What kind of work did he do?

He was an industrial chemist and he managed a factory.

And for the record, what year were you born?

I was born in 1928.

Can you talk about the rest of your family?

I'm an only child, so I was brought up as an only child obviously. The only other thing of interest, perhaps, is that my mother was also a diabetic and had been ever since I was two years old.

Which type of diabetes did she have?

In both cases, type one.

Can you talk to me about how the diagnosis of diabetes for you came about?

My mother spotted it, as simple as that! They took me up to Newcastle-on-Tyne, to a child specialist I suppose he was, James Spence, he later became Sir James Spence, and he put me on to a modern treatment. And then after he got me on the straight and narrow, he then took my mother in hand and put her on to a more modern treatment.

When you say a more modern treatment, what had your mother's regime been before?

Huge quantities of insulin and no carbohydrate. Why she wasn't permanently faint with hypoglycaemia I shall never know, but she seemed to keep going.

So what was the modern treatment prescribed for you?

What they then called a high carbohydrate diet, which was two hundred grams of carbohydrate a day and, of course, insulin. The insulin has changed over the years since then, and I've no recollection I'm afraid of the different kinds I've had over the years.

(2) The then modern treatment was two hundred grams of carbohydrate a day and insulin, of course. I can't remember what types of insulin at the time.

And how were the grams of carbohydrate rationed out?

Divided during the day with something of the order of thirty-five or forty grams at breakfast time, probably a buffer meal at elevenses time, another thirty-five

or so at lunchtime, and then I seem to recall forty grams at teatime, and another thirty-five at supper time, and probably ten grams at bedtime. I haven't added all that up so I don't know how it... , it was about that anyway.

Do you think it was grams or ounces in those days?

Definitely grams, yes, of carbohydrate that is. . . They were grams of carbohydrate contained in, let us say, an ounce of bread.

How did you measure that?

Weighing it. Yes, I would weigh a piece of bread and then learn what the number of grams of carbohydrate there would be in an ounce of bread, or whatever. But I had a fairly wide choice, I was never confined to Lines or any of those things that Lawrence devised, but I did it entirely knowing what the number of grams of carbohydrate there were in a biscuit, piece of bread, an apple, and so on.

Did you weigh each time or did you guess after a while?

I probably weighed for about two years, and then after that, I wouldn't say guess - judge.

What are your memories of James Spence?

He was a quiet aloof man, frightening to a child of eleven. He would obviously discuss my condition with me and my mother,

- (3) and then he would ask me to put my arms forward with my elbows straight and would stare at my finger ends. I've never known why, and no one has ever done it since.

Do you feel he gave you a good beginning for managing your own diabetes?

Most definitely so, oh yes, and then when he had put me on the straight and narrow, he took my mother in hand and helped her, and she lived the longest of our four parents, and she died when she was seventy nine, about ten years ago.

We'll just continue with some more details of the weighing, how did you do this weighing?

I still have the little letter scales that I used at the time, and they served me well.

Do you still use them?

Nowadays for letters.

What other kind of training or education did you get at the hospital in Newcastle?

I never went to the hospital at Newcastle. My mother did all the tuition and training that was appropriate. I was taken to Newcastle-on-Tyne, don't forget it was 1939 and already the war had broken out, went up by train from Darlington to Newcastle and talked to him in his private consulting rooms in Newcastle, not

at the hospital. I've never been in hospital for diabetes; I have been on other occasions.

What other training was provided for you, for example in testing of blood sugars or injections?

My mother taught me how to inject. There was no judgement of blood sugars then, it was all done with urine analysis. It wasn't until relatively recently that we found out how to do blood sugars fairly simply.

What are your memories of urine testing?

It was no big deal. My father, as I said, was an industrial chemist, and juggling with Fehling's solution and other ways of testing urine was no problem.

This was nine years before the creation of the National Health Service, so can you describe how you were treated?

Well speaking of 1939, which is nine years before the establishment of the National Health Service, I don't know how the finances worked out because my parents never discussed it with me, but the monitoring was done at home by my parents, and I suppose they discussed it with the GP, but I don't know about that.

So your main memories of medical treatment are entirely James Spence in those early years?

Yes, I was taken up to see him, I suppose probably maybe twice a year, and remember him as an aloof man, silent in a lot of ways, frightening to an eleven year old, but he nevertheless put me on the right lines, and here I am to tell the tale.

(4) How did people react to diabetes when you were first diagnosed?

I had a family of particular friends who lived nearby, and I remember telling them that I'd been diagnosed as diabetic and they just took it in their stride, didn't seem to be any big deal at all.

Did people know about diabetes?

Not a lot, and I don't think at that time there was ever any discussion about type two diabetes, I had type one of course. I think that perhaps elderly people who had developed it were just thought to be in a decline, or not too well, you know.

How did your school react?

The first school, the grammar school, I've no recollection of any reaction at all. Then I was sent away to boarding school, and I learnt afterwards, from my friends who told me, that the house matron was overheard by the girls saying to her colleague that she was going to have a diabetic child in her house, and what a pain it was going to be, and how inconvenient it was going to be, and how it was going to involve her, and a lot of extra work! I don't think it did!

How did you manage your diet when you were away at boarding school?

The kitchens, of course, knew about it, and they were asked if they would provide fruit for pudding each day, each meal, whereas a lot of the other girls were all having stodgy suet puddings and that kind of thing. And I remember one term having unsweetened rhubarb every meal for every day for a whole term.

Because this was the only fruit available in the war?

Probably that and lack of imagination, I think! There were apples and that sort of thing locally,

(5) you see.

How else were you affected by rationing during the war?

Very generously. The Ministry of Food had made arrangements for diabetics to forfeit their sugar ration, and in place of that we had, I think I'm right in recalling, three times the amount of meat on ration, three times the amount of cheese, and more butter than normal, and it was really very generous indeed.

What about eggs?

I don't think there were many more eggs than normal, but that was taken care of, because my mother kept hens and she would send me parcels of eggs that she wrapped up and posted each week to the school, and they would very often give me a boiled egg instead of whatever other things the other girls were having.

This seems quite remarkable, to send eggs in the post. Was this quite a common occurrence?

Every week she sent them and never was there one broken.

How did you manage your injections while you were at school?

I just had to keep my syringe and so on in a separate place in the matron's cupboard, and I used to go each time, twice a day or whatever it was, to do the injection myself. She was supposed to check the dose. Looking back on it, I don't think she had the least idea what the dose was supposed to be. The school in question was Harrogate College, and it was evacuated to Swinton Castle in the North York Moors, very lovely place if it hadn't been school. And it's been in the news fairly recently actually, Swinton Castle, which is the home of the Cunliffe-Lister family. And we were evacuated there, and it was excessively cold, I remember that.

- (6) It was excessively cold in Swinton Castle, no heating of course, and again, remember it was wartime. We used to wear our school uniform and our overcoats and heavy serge cloaks at all times - in class, when we were sitting in our rooms, it was very cold indeed. And if we had a glass of water by our bed at night, it would freeze solid by morning.

What was your physical education?

The school continued to play, we were a lacrosse school so we played lacrosse, and netball in the winter and cricket in the summer. There were two tennis courts, but only those girls who could play tennis were permitted to use the tennis courts, so I never really learnt to play tennis there.

Was it considered in anyway a problem for you as a diabetic to take part in sports?

No I don't think anybody ever thought a thing about it, I just did.

Did you notice yourself any effects of physical exercise on your diabetes?

No, I don't think so. I made sure that I was not going to go into a hypoglycaemic condition, but then that was up to me to take care of that.

Did you have many hypoglycaemic experiences?

No, very few. The only problem was, there was a girl in my class and house, and therefore quite often bedroom, and she had a very sweet tooth, and she used to steal and eat my emergency glucose tablets.

But this never caused any problems for you?

I managed without, yes.

Did James Spence induce a deliberate hypo to show you what it would feel like? Did you have any experience of what it would feel like?

That would have been a good idea. No, no he didn't think of that.

(7) What are your memories of urine testing while you were at school?

That was very embarrassing. I was asked to use a chamber-pot that was placed in a loo that was used only by senior people, and that was just something you didn't do, you just didn't go into a bathroom that was used only by senior people. Most unimaginative on the part of the school. Extraordinary.

And then can you remember how you tested your urine?

I didn't test it, it was sent off to somebody or other. It would just be a twenty four hour sample, and looking back on it, of very little use I should say.

You've no idea where it was sent?

Something to do with the school doctor, but I don't know where.

Were there any problems with regard to insulin supply during the war?

We didn't suffer any problems. The manager of the local Boots made sure that we always had a supply of the type of insulin that we used. I say we - my mother, who you recall, was also diabetic, and she always made sure we had about a three months' supply at home so that we never suffered without it. I think there will have been some hiatuses in the supply, but because we had the pharmacist's buffer and our own buffer we never suffered.

Can you remember any anxiety on your part about what might happen, say in the case of an invasion?

- (8) We never really felt a threat of invasion because we lived in the north of England, as I've mentioned, and the chances of there being an invasion up there were fairly small. There will have been bombs, because it was an industrial area where my parents lived, not so much where I was at school. And if there was an air raid warning, which there was quite frequently because we were in the same catchment area as Leeds which had quite a lot of warnings, we had to get dressed - at night this is - get dressed, go downstairs and outside, perhaps we would put our eiderdowns round our shoulders, and crouch in the ha-ha which was round the grounds of the school estate, very cold it was, and we had to stay there until there was an all-clear. But there was no suggestion that there was any kind of invasion up there in the wilds of Yorkshire.

How did you manage to measure your food while you were away at school?

By that time, I had already learnt to judge the weights of a slice of bread, potato and other carbohydrate foods. It was no problem. I didn't do any weighing at school, I relied on my judgement.

So you didn't take these little scales with you away to school?

No, no I didn't take the scales to school, no, there was no need.

Would you have made any adjustments to your insulin intake depending on what you were doing, how you were feeling?

No, I never made any insulin adjustments myself, no. Food possibly, but not the insulin.

In what ways would you have adjusted your food?

If I knew I was going to go for a long walk, I would probably take an extra sandwich.

- (9) What did you do after you'd taken your school certificate?

I changed schools at that stage and spent my sixth form years at another school, which was also evacuated to Keswick in the Lake District, very nice it was, and I was much happier at that school. For some reason, being different didn't seem to be quite such a problem. That's been the thing that fazed me all through my youth was being different.

How did that manifest itself?

Well, girls ignore you if you're different - difficult to make friends.

Can you spell that out a bit more then, this is at the first boarding school you went to?

Yes. Sort of ways it manifests itself is that in those days, if perhaps the weather wasn't suitable for games and you had to go for a walk in the afternoons, and then you had to go two by two when you were walking in a crocodile, and somehow there would never be anybody for me to have a partner, to partner me. That's the sort of way it manifests itself.

And did you relate that directly to your diabetes?

Yes, I think it was - not so much the diabetes, but that I was different.

Talk about the change then when you moved on to the sixth form?

I then changed schools, to another school that was evacuated to Keswick in the Lake District, and somehow differences of that kind didn't seem to matter, there was no problem there.

Had you become better at managing your diabetes more discreetly?

That's possibly true. Maybe I didn't have to keep my injection things with the matron, who was never there to produce them out of her cupboard when I needed them, you know. I think I had them in my own charge at that stage, so that was altogether better.

(10) Talk about leaving school.

I left school when I was eighteen, and I went up to London to a business college. I was there for a year, and first of all I stayed for just a few weeks with an aunt of mine, and then I found some digs of my own and lived there. Looked after things, stayed in London - never again, I don't like London, but it was the appropriate thing to do at that time of my career. And I went on to get a job, first with the, as director's secretary in the British Iron and Steel Research Association, again mixing with scientists, which was fine, and then I got a job at the University of London. I was the principal's secretary, and really rather enjoyed that job, it was a good and responsible job. And by then, I'd had enough of London and I took up a job in Cambridge.

Before we move on the Cambridge, can you talk about London in these immediate post-war years, when I imagine rationing was even more strict?

I'm just trying to think about rationing. You had to be fairly careful about catering for yourself in those days. The actual college was quite interesting, because there were a lot of ex-service people, women as well as men, coming back from the war, and quite properly they had privileges that we school leavers didn't have, so we had to fit in with those arrangements.

What sort of privileges?

They were the senior students at the time, and so of course they were the ones that got seats in the preparation rooms, and they did divide us into different classes. We school leavers were together in one class and the more senior people were taught separately in a more senior situation. They, I think, went through

their business college days more quickly than we school leavers did. I think we took a year and they took, perhaps, six months.

(11) How did you manage feeding yourself in your own digs?

That was no problem really. I was at a sort of residential club for a while, but it was always possible to get hold of apples, which we could do for puddings, and I think my mother went on sending me eggs, as far as I remember!

Talk about moving to Cambridge and give the year.

I spent about five years in London, and then decided I didn't really want to live in London any more, and I got a job at Cambridge in a scientific laboratory. I was the director's secretary there, and it was there that I met my now husband. He was a research student, and so we enjoyed the Cambridge life together and then got married.

In which year?

We were married in 1954.

How did he react to your having diabetes?

Well, it was a non-event really, he took me as a package! We were married in 1954 and two years later our first son was born. By that time, my husband was doing his military service as a scientist at the atomic energy establishment at Harwell, and so our son was born in the Radcliffe Infirmary in Oxford.

What are your memories of your pregnancy and birth?

I had a caesarean section, which was expected. It was generally believed at that time that diabetics' babies got rather too big for comfort, all that extra sugar floating about I think, and so he was born a fine bouncing child.

Did you have any problems during pregnancy?

No, no, I don't think so, no, it seemed to go quite smoothly. And then two years later, we had already moved to Cambridge, where my husband took up his original job again which was a research scientist, having done his military service at Harwell, and then in Cambridge, at the Addenbrooks Hospital, our daughter was born in 1958. Again, no problems with the pregnancy or the delivery - another caesarean section, which was no problem.

Can you remember if the medical profession had any anxieties about pregnancy for a diabetic in either 1956 or 1958?

They didn't discuss them if they had.

How did the medical profession treat you in those days?

Just another patient, I don't think there was anything special.

(12) Were there any differences between having a baby in Oxford in 1956 and Cambridge in 1958?



At the Radcliffe, they had a gloomy, sunless ward where the lying-in mothers were supposed to be. It was a very unpleasant experience. There was always somebody in tears, simply because things weren't going quite according to plan, and I think they probably weren't taught enough. So those of us who weren't in tears spent a lot of time trying to cheer up those that were! It was a gloomy experience that was, but once you'd got your baby then you were moved up to a more sunny ward, which was altogether nicer.

Can you remember if the nurses on the ward knew much about diabetes?

Very little. I've always found that in any hospital situation, I've been more knowledgeable about diabetes than the people who are looking after me.

Can you remember any instances of that?

What was it like in Cambridge?

Well by then I was not, by Cambridge I was not lying-in for so long, just a week or so, so that was not quite so much of a problem, and also the ward was a little sunnier. I think that the, again there was more experience in diabetic mothers. I can't think of any particular examples of those times, merely that it seemed to go quite smoothly.

What was your contact with the medical profession while you were at home bringing up your children?

By now we'd moved to Malvern and the children were teenagers. I signed up with the diabetic clinic at Worcester, and they were the ones that were supervising my treatment. And at first, the insulin was such that we could, the long-acting insulin, I could do it just once a day in the morning, but later we decided, the medical people and I decided, better control would be achieved if I took a morning injection and then an evening one as well. So that's what I'm doing at the moment.

Can you remember when that change took place?

No, I can't remember when that was.

(13) As the children were growing up to teenagers, we had holidays abroad which were very enjoyable, and I've always managed to cope with the diet and the insulin requirements as necessary.

You'd have gone by boat in those days rather than plane I suppose?

A bit of both really, yes both.

And how did you manage with completely different food in foreign countries?

By guesswork and judgement; seems to have worked out.

Did you take your scales with you?

No, no by that time, I was quite able to judge.

(14) As the years have gone by, have you experienced any complications?

I don't know whether this is associated with diabetes or not, but my eyes are looked after by Rodney Grey of Bristol, and I have had two cataracts removed and I've got lenses in place. That can happen to anybody, so I don't know whether it's associated with the diabetes or not. Could well be, of course. I've never had any problems with my feet. They still seem to take me around all right.

What about your heart, blood pressure?

I think that seems to be all right, I've not experienced any problems as far as I know.

You've had diabetes for sixty-five years. What are your memories of the ways in which you've been treated by the medical profession of changes in that?

I don't think many of them realise that I have had diabetes for sixty-five years, and probably their longest serving diabetic on their books. I think that's probably not occurred to them, they just treat the patient as a patient today.

Have there been any changes in the way that doctors or nurses treated you as a person over those sixty five years?

No, I don't think so, no, as always with kindness and concern.

(15) I think it's probably not really recognised that I've had diabetes for longer than these people have even lived.

Is that because they're just concerned with immediate problems?

Probably so, yes, okay.

Can you reflect on what effect being diabetic has had over your lifetime?

I think the principal effect it's had is that it's meant I've always had to be rather precise in what I do and how I think of things. I have to lead an ordered life and know what the next step is going to be, so I can make preparations for it. Looking back over my youth and my life, I think that I've been able to do very little spontaneously, it's always got to be thought through and prepared for. Perhaps that makes me a rather dull person, I suspect it does.

But you've had far from a dull life, as you say, you've done a lot of travelling.

I can never say that I was athletic, and I certainly don't feel the urge to sail the Atlantic in a small yacht, but I do enjoy mountain walking, and I do frequently travel abroad for both business and pleasure by more conventional means. I've recently had the opportunity to go with my husband on a business trip round the world.

But you've had far from a dull life because you've managed to travel a great deal, I think.

Yes, I have had the opportunity to travel with my husband when he goes on business trips abroad, and of course for pleasure. Back in 1981, I did write an article for *Balance*, *Balance* the magazine of the Diabetes Association. It's now called *Diabetes UK*.

Would you like to read a bit from the article?

Yes, I'll read a bit here if you like.

- (16) This was an article I wrote for the magazine, which I think was not printed, but I still think it has some relevance. It's called "Across the time zones with insulin". I'm describing here a method of insulin management on a long journey across the time zones. It can, of course, be adapted to a patient's own requirements. "Long distance flying", I'm quoting now, "can present quite a challenge to a diabetic on insulin, particularly Lentard or the long acting insulins that are available now. Let us consider, for example, the flight to San Francisco. We're given the information that the aircraft leaves London at 12:45 and arrives at San Francisco at 15:30 local time. If pressed, the travel agent will be able to state that the expected duration of the flight is ten hours and forty five minutes, and that lunch and a snack will be served on board. If the travel agent can't help here, write direct to the airline. These rather bewildering statements can be made easier to visualise by transferring the ideas to a time chart", and I've devised a way of writing a time chart which gives you the lines of insulin and food and flight hours. "You've to find out how many hours your destination is behind or ahead of London. San Francisco, for example, is eight hours behind London, GMT minus eight, then you must map out the hours of the two days for San Francisco, starting day one eight hours later than London". This is all rather dreary isn't it?
- (17) "In the gap between the two charts, draw a line which represents the hours of the flight leaving London at 12:45 and arriving ten hours and forty five minutes later at San Francisco, 15:30. Now mark another line to indicate the insulin, in our case twenty four hours long for a dose of Lentard taken at 8am on day one in London. This shows the effect of the insulin will begin to peter out at 8am on day two in London, which is by then only midnight in San Francisco. So a small extra dose of soluble or short acting insulin will fill this eight hour gap. Lunch is a bit of a gamble, because the main meal is typically served on an aircraft about two hours after takeoff. A substantial mid morning snack, therefore, would be wise, before getting involved with the boarding procedures at the airport, as lunch will be rather late, say 14:30 or 15:00 hours GMT. The snack is served on board and it's most likely to be about two hours before landing. Dinner will not be easy until well after arrival at the airport, perhaps 18:00 hours in San Francisco. It's important to be as self sufficient as possible. Take with you the necessary injection equipment and insulin for the entire trip, plus several spares. Disposable syringes are excellent but they're apt to be faulty and unusable. This is difficult to check before leaving home because

the writing on the pack hides the fault. Picture being faced with a useless syringe when you're scrubbed up and balanced in an aircraft toilet with a queue of people hammering at the door. It's difficult or impossible to obtain injection equipment in some countries, it is therefore important to carry with you all you need. Further, carry survival kits on your person and in each piece of luggage. Lost or delayed luggage is a common hazard of air travel. Pocket size urine or blood testing sticks are available and are very convenient. Carry enough carbohydrate with you to last at least twenty four hours. For this, sugar lumps are preferable to chocolate, which is apt to melt in a hot climate. Fairly plain biscuits travel well and are a welcome change from sugar. In-flight meals are an irregular feast. Also, I have known a snack to be interpreted as a cup of coffee and breakfast as a glass of orange juice.

- (18) On a recent visit to New Zealand we, along with some fifteen hundred other travellers, were held up by a strike for thirty six hours at Auckland airport. The airline thoughtfully issued the passengers with complementary meal tickets, but these were of limited value as the cafeteria ran out of food. The aircraft catering arrangements had also been affected by the strike, so that when the flight finally took off there was no provision for either food or drink on board. All these problems paint a rather gloomy picture - far from it. International travel is adventurous, stimulating and often essential. To enjoy it to the full we must be independent, we must know or guess what to expect".

You wrote that in 1981. How has travel changed since then?

I think the adventurous side of it has not changed. It is a little easier now that blood testing is more convenient and there's better equipment to do it.

What do you use now?

The blood testing strips are a lot simpler to use nowadays and they carry conveniently in the pocket.

What about syringes?

Long ago, you used to have to carry with you a metal and glass syringe, which was held in a stainless steel container with surgical spirit in it - rather a heavy device, heavy in the pocket or handbag. But now the disposable syringes are a lot more convenient and much more reliable. Now, that's all that one needs to worry about.

Is there anything else that you'd like to mention looking back over sixty five years?

We have followed a policy of not mentioning that I'm diabetic until we know a friend well. It's very embarrassing to be asked if you're feeling any better and you have to say "well actually, I shall never be any better"! And then if people know you're diabetic and have got this feeling in the back of their mind that

you mustn't eat any bread or any sweet things, so you're then provided with a delicious meal with no carbohydrate in at all, so you then have to beg for a bit of bread. People don't know about the modern treatment, and no reason why they should. They've just got this feeling that diabetics don't eat anything sweet.

- (19) Looking back, I suppose I can say that my youth wasn't a great deal of fun. That may have been partly to do with the fact that it was during the wartime years, but my adult life has been adventurous and greatly enjoyed, and I brought up a lovely family and have now four lovely grandchildren. And I'm also a proud possessor of first a Nabarro medal for having coped with diabetes for fifty years, and a Lawrence medal for having coped for sixty years.

Would you have any message for someone who was diagnosed with diabetes now?

Find out as much as you can about the condition and learn to understand it, and to live with it, and build your life round it.

Would you say that your life has been dominated by having diabetes?

I hope not dominated, but it's always in the back of my mind.

And can you describe your present regime in a typical day?

Now I take twenty six units of isophane insulin in the morning and eight units in the evening before the evening meal of 30/70.

And what exercise do you take?

I have an acre of garden to look after, and that is exercise enough. We do go for walks on the Malvern Hills from time to time, and I look after the house and garden, and keep fairly energetic I think.