Full transcript of an interview with

MEREDITH CHARLES

on 7 August 2003

By Karen George

Recording available on CD

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This is an interview with Meredith Charles being recorded by Karen George for the Diabetes SA 50th Anniversary Project. The interview is taking place on the 7th August 2003.

So first of all I’d like to thank you very much for responding to the ‘SA Alert’ article –

That’s fine, Karen.

– and getting in contact with us.

Yes. Well, it was very interesting.

Good. What I’d like to do is follow up – you’ve written a letter which is sort of some of your memories, and I’d like to follow up on some of those things.

Yes.

But perhaps we could start with you just telling me your full name –

Certainly.

– and when and where you were born.

Well, my name is Meredith Mary Charles. I was married (laughs) for twenty years, but sadly that ended in divorce, so I was then Meredith Mary McDonald. But since the marriage break-up my daughters and I decided, for a number of reasons, to revert to my former name, so that’s why I’m back to Meredith Mary Charles. But I was born on the 10th October 1944 in Adelaide, South Australia.

What about your parents? Just tell me a little bit, perhaps, about your parents, the background of your Mum and Dad.

Yes. Well, my Mum was Esther Emily – Tess, she was known as – and Dad was James Keith – known as Keith – Charles. They were both lovely people, I had lovely parents. And Mum was born in Queenstown, South Australia, and brought up in a large family – she was the eighth child, the last of the eight – and she went on – left school early, naturally, which they did in those days. Born in nineteen
hundred and seven. She was a tailoress at what was Charles Birks, which is now David Jones, and so that was her trade. My Dad was actually born in Port Lincoln and his parents were bakers, owned a bakery, but they did move back over to the Adelaide area and went on with the bakery, so my Dad was a baker, brought up as a child working hard. (laughs) And they did eventually – my grandparents did eventually sell the bakery, sell out to Golden Crust. And my Dad had gone to the War, he was in the Middle East, one of the ‘Rats of Tobruk’, and I was the third child which was born when he got back from the Middle East.

So was there any history of diabetes in your family prior to yourself?

No, not that I – not that anyone’s aware of, no.

Can you tell me a bit about – you were talking as we were just having a cup of tea about –

Yes.

– how you sort of were aware, I guess, now, in hindsight, that you were perhaps already suffering from diabetes when you were about seven.

Well, I was actually diagnosed, it was the 18th March 1953, so it’s actually the same year as this South Australian Association – oh, the same month, I believe – the South Australian Association was developed. So I was eight years, five months then. And I had been – well, my mother realised that I had probably been sick for about twelve months before, because I had – I was a small child, but I started to eat a lot, drink, void, sleep – I’d go to school each day, but I’d come home very tired, I’d eat a lot, then I’d go to sleep, then I’d wake up and sit down for a meal the same size as my Dad. And she knew that that wasn’t good, but she did mention it to a local doctor and he just felt that it was because I’d started school and it was all new and I was getting tired and maybe eating more because I was a small child anyway, and that was how it was thought to be. And he just thought I was a bit of a weakly child that was getting tired. However – as I’ve mentioned to you a little while ago, Karen – a neighbour had a niece and a nephew who were both diabetic, and she eventually said to my mother, ‘Look, I think she could have diabetes.’ And so she took a urine specimen to the other family to be tested, and sure enough it had a large
amount of sugar content in it. So my mother contacted our local doctor, who then put me in to the Children’s Hospital, which is when I went in under John Covernton as my diabetic specialist. So that was March.

Tell me a little bit about him, what do you remember about [him]?

I love the man – I must admit at first I was a bit scared of him.

Why?

Because he had an eye that rolled out when he looked at you, one eye, so as a child – and at certainly the young age that I was – it was a bit scary. And he wore glasses, and I think – this is just my recollection, looking back now – but he didn’t suffer fools gladly, (laughs) I don’t think, so you could never put anything over him, and I guess that came across as a bit scary. But my recollection of him is that he was a beautiful man – very caring, very kind, and very good at what he was doing. And at that time, you know, I was a diabetic, and he certainly had the grips on that and looked after me very well. So I have nothing but praise for the man, as an adult looking back. Even as a child, I liked him with a bit of fear, I guess. (laughter)

Tell me about that first stay in hospital.

Yes. Yes, that was March 1953. So the reason – apart from the fact that I do remember – ‘Oh, brother,’ you know, no sugar – ‘Oh, gee,’ you know – weighed diet, insulin, needles – all very, very strange. But the other recollection that I have that is very outstanding is that the Earthquake, the Adelaide Earthquake, happened1 while I was in there and I still remember, I actually remember the bed I was in, the part of the ward I was in – Princess Ward in the Adelaide Children’s Hospital – and I was woken up because my bed was rolling across the floor. And that was very strange, you know, very, very strange, being woken from a dead sleep with your bed rolling. But everyone else’s beds were rolling as well. And I was in a bed, so it was a bed-bed - a bed on wheels, but we had toddlers and perhaps babies that were in the higher cots, so their legs were higher off the floor than what mine were, these little

1 Meredith later corrected herself. The Adelaide earthquake occurred in 1954, during her second stay in hospital.
high cots. They were also on wheels. So we’d all gone skewiff, we were in all directions. And then babies were crying and I’m not quite sure what I was doing, but certainly it was very scary. I can remember the nurses coming out, and the poor nurses – I mean, I went back and I nursed, I did two years of my general training at the Children’s, so then as a nurse I realised the horror that it must have been to have —. They were only young, most of them were just trainees like I would have been, and to have this horrible, horrific earthquake – not only deal with that, but also deal with however many kids there were in the ward – and there had to be, I reckon, about at least thirty, I just forget the quantity, but it was quite a large number – and to try and pacify crying babies and kids, all who were sick as well, so you had a few things to deal with.

**You mentioned the reaction to – can you remember how you felt, learning that the problem was diabetes, and how that would change your life?**

No, not at that stage. The biggest thing, I think, is that – I think the memory I have is that I think Easter was coming up – I don’t think it had already been, I think it was coming up – and I had been given, of all things, a lolly Easter egg, and I’d actually started eating it and then all of a sudden I wasn’t to eat it any more. (laughs) And so I think that was perhaps the biggest thing at that age and that stage that came upon me. And I really don’t know, but I guess I may have even thought it was just a passing thing and it wasn’t forever, because I don’t think you take that in. And certainly not in those days, because I think children are probably more aware today, we have more facilities to make them aware, and more is talked about everything, where in that day diabetes particularly, I think, was not – you know, people just didn’t know about it. And I suppose for the adults they may have thought that this was a death sentence, which it would have been not many years before that. So yes, from a point of ‘Am I going to be a diabetic forever?’ it wouldn’t have come into my mind, no, not at that point.

**You mentioned in your letter that your Mum was the one that was going to do the injections —.**

Yes. Well, parents were – I mean, my Dad and my Mum. My Dad was still baking. In fact, when Golden Crust took over from his parents at their bakery, their bakery
was made – it was in, it was called Grassmere then, but I guess it’s the Kurralta Park area now, down from where K-Mart at Kurralta Park is, it was just inland a bit from there – but their bakery was actually made a delivery area and the main bakery, of course, was in North Adelaide, so my Dad was baking in at North Adelaide doing the baking shift, which is very early, but he and Mum, he had to come into the hospital with Mum to be taught to inject into an orange. They were both taught, but of course Dad was going to have none of that – not that it really would have involved him all that much, because working a night shift he would have come home and gone to sleep – but it was up to Mum. And she was the most beautiful, caring Mum, and she in fact had – her father had worked in St John Ambulance for forty years, I believe, her sister was a doctor’s receptionist, not a nurse but a doctor’s receptionist – but Mum didn’t really take to nursing, but she was the most wonderful mother and caring mother, and I mean she nursed all of us kids with all the illnesses, but giving injections was a different thing altogether. (laughs) She thought she’d mastered the art, but when I got home the first day I cried and she cried, and she just couldn’t do it. But during the period of time when I was in hospital, which I think from memory was about three weeks’ stabilisation, she had found a neighbour, a lady neighbour, had diabetes and the neighbour had – very, perhaps, unwisely – said, (laughs) ‘Oh, if you need any help call on me.’ So Mum went round early that morning and so she came, the neighbour came, and gave me the injection and she tried to get Mum a bit braver by showing, just being there, anyway, but Mum never got brave and so the neighbour – I don’t know how long, it wasn’t that long, but I don’t know how long – but she said, ‘Look, you know, I can’t really keep doing this forever,’ and so she taught me. And I just did it. And because – I’m not sure, but ever since I dread anyone else coming at me with a needle. I mean, I’ll have my vaccinations and things, you know, I don’t quibble, but I’d much prefer to give my own injection. That’s what happened.

So how many injections per day – – –?

At least two, I think, at least two. That’s from my recollection.

Where would you inject yourself then?
Mainly leg, leg, yes. In those days I think it was mainly my leg, and certainly that’s where I started to do it.

**Can you describe the equipment that you would be using? I assume it would have been a big glass syringe – – –.**

Yes, yes, glass syringes. Yes, glass syringes. I’ve actually got (laughs) a syringe and some of the needles. They were just the stainless steel and the glass, and they had to be boiled up in boiling water and then we kept them in methylated spirits in a container, but they were – when I look at them now and think about them, the needles were thicker than what we use now, so it was all quite different, yes, those needles.

**What about the testing – – –?**

The testing was horrible!

**Can you describe that?**

Well, yes. You had to – although, in those days, I really didn’t do much of the testing, my mother did that – but you had to, you know, put your urine in and then your – look, I just forget, but you had to put other liquids into the test tube and boil it over your Bunsen burner and wait so long for it to change colour or not change colour. And so that was another thing that the test tubes had to be kept clean, you had to have a utensil, a very clean utensil, to put the urine in, and do your testing however many times a day you did it, and that was one thing Dr Covernton was really strict about, it had to be done a fair few times. And I really don’t know, I haven’t kept records myself and my Mum’s no longer with me, but it was a fair few times, and my memory going back is for her, with four children – I was the third of four – and my Dad had come back from the War and he had lost a lot of his hearing, so he needed a bit of extra help, perhaps, from her – it must have been just horrific.

When we look at our lives today and our syringes we can dispose of, our testing, the blood testing, which is far more efficient because you’re getting a far better quality, quicker test, so you’re keeping a better watch on your sugars, which the old urine test really didn’t do. While they were useful, that didn’t really tell the picture as it is
right at the present time. So thinking about the urine testing, the injecting, the weighed diet – – –. (laughter)

Tell me a bit about the weighed diet.

Yes, well, we had the scales and she used to have to weigh, certainly, vegetables and meat and cheese, she weighed just about everything I ate, and so she looked after all of that, my Mum did, and again, when you’ve got the rest of the family and then you’ve got to pay all this particular attention to a diabetic child, it must have been just something you can’t even bear to think about. And remember that, back in those days, your cleaning was far more laborious, I’m sure, because we didn’t have all the modern cleaning aids that we have now. And shopping, for Mum, must have been much more difficult than what it would have been for me.

So with your diet, did you eat the same as the family, and then in a sense would the family join in your meals, or how did that work?

No. Initially it was sugar-free, so the rest of the family would have almost certainly had puddings and things that I couldn’t eat, and I guess – I mean, I had to have my dry biscuits and my cheese, and only so many pieces of fruit a day. She wouldn’t have bought meat or vegetables, that would have been normal family-type things, but for me things had to be weighed, specifically. But I did eat dry biscuits, which probably the family were not into having. I mean, Mum liked to cook, and so she probably would have cooked other biscuits. She liked to cook scones – and I’ve gone on, I like to cook scones, too (laughs) – but in those days I’m not even sure that I would have had the scones.

Did she make things with saccharine as a replacement for sugar at all, or – – –?

Yes, she did. She did. Yes, saccharin was definitely used in the early times. So yes, she would have made things for me with the saccharine, the sweet type custard, I guess. You know, but you had to be very cautious with any carbohydrates in those days. It was high protein. I can remember going to – I loved cheese, I loved cheese, and I love nuts, I like – I used to eat peanuts from the shell, I guess because they were sugar-free, but I can remember cheese became a mainstay for me, and it still is to this day, and for some reason meat, cold meat. Mum used to cook up a roast, a
lamb roast, and I can remember going to the ’fridge and cutting myself off a chunk of meat to have with a tomato and a bit of cheese, something like that, which was my snack. So it was a healthy diet, but it was very restricted, which I eventually discovered later – would you like to tell me to tell you about that? (laughs)

Yes.

Because I was in hospital, it was yearly, for re-stabilisation. And I didn’t know, and my mother wouldn’t have known, probably the doctors didn’t know, but when I was in first year – and I can remember first year high, at Adelaide Girls’ High, and I was in the top class, I’d got into that because obviously I had a few brains – but I was hauled off to hospital. In fact, I refused to go. Mum wasn’t happy with my blood tests (laughs) and she went to see Dr Covernton, and came to the school and told my teacher that I had to go to the hospital, my doctor wasn’t happy with my diabetes, and if I didn’t come for my mother he would come and get me himself. (laughs) So that’s what I mean, I don’t think he suffered fools gladly. So there was me, I had to go to the hospital again, didn’t I, for stabilisation, and I was very unhappy. I was very angry, it was – well, the whole class knew, basically, that I’d been dragged out of school, and I was so upset. But again, I believe that Dr Covernton came to the rescue, and I can still remember, as a result of that, that I guess he sat me down and Mum down, and maybe we had – I’m not sure, maybe people from the hospital, a dietician obviously – but he came to a decision, and for me that was – 1957 was my first year at Adelaide High – he said, ‘Look, I think we’ll forget the weighed diet, she’ll just have a free diet, sugar-free, sugar-free diet, but she can eat basically what she wants.’ And I never looked back after that. It really – for me, and I don’t know about any other diabetic at a similar time of a similar age, you know, whether they found the same thing, but the sugar-free and not the weighed diet worked better for me, and I believe obviously kept my sugar levels better for whatever reason. Because I was an active child, I had done what they call callisthenics now, but it was gymnastics then, I’d done that. I did try and take up a bit of tennis – I think after we’d had the American tennis star speak to us at the meeting. I wasn’t very successful at that; the gymnastics was my main like in those days. So it’s not that I was – I didn’t sit down and do nothing, and I liked school.

Since you’ve raised the Association, perhaps we can talk a little bit about that.
Yes.

**What was your first contact with the Diabetic Association — — —?**

Look, I don’t remember, but it was obviously in the very early times, and I do remember Mr Baldwin, about whom I’ll speak in a moment, I distinctly remember him. I remember that we used to go to meetings at the – and I’ve got a feeling, it was in Gawler Place and it was obviously where the Diabetic Association was, it was from memory an upstairs room in Gawler Place. So I do remember it was an auditorium there, I remember that. I remember Mr Baldwin, of course, who did ask me to have my photo taken.

**That’s the photograph we have here, just you and — —.**

Yes. Myself and Ray Bristow, and I call him Little John Horner, because in those days he was smaller than me and you know Little Johnnie Horner, but his name was John Horner. They came to my place and we had a photo taken to be put in *The Advertiser* to advertise the upcoming diabetic camps, showing us children with a syringe drawing up insulin – that was one of the things we either did or had to learn to do – and Mr Baldwin was so kind about that. He said he was thrilled with how the photo turned out, and in fact it was put on the Association letterhead for – I don’t know for how long, but I did receive a letter myself with the photo on it. But Mr Baldwin was, to me, my biggest recollection is, of those early days, is of him. He was such a kind man, and a true gentleman, and I can still remember that. Just a lovely, caring man whose wish was to encourage us children to do everything we could do. And in fact he’s written in a letter to me, he knew that I could do well at school, and he encouraged me to keep doing well to really show other people that diabetics had ability, full ability, and capabilities. And so, for a child, it’s lovely to have that instilled into you, that you don’t have to – because you’ve got diabetes you don’t have to be a second-class citizen; you can be up there with the best.

**Was that an attitude, did you feel, then?**

It was ignorance. Not that people did it knowingly, it was an unknowing thing; but in the years before I became a diabetic, that’s for sure, certainly we’ve got to go back to insulin being discovered, which I believe was in the 1920s, but even
probably in the early days – prior to insulin children would have died, but even
probably following on from that, to try and sort out insulin, growth, food, family
commitments in most families, because they would often have a lot of children, it
would almost have been impossible, I believe, looking back now, to have kept
children healthy. And so I believe people probably looked on diabetes as a death
sentence and that the person wouldn’t survive for much longer, or for very long, say,
even if they did survive it wouldn’t be for long and it wouldn’t be a useful life. And
so I think there was that about it. And, well, life, as I said, even myself, being kept
on a weighed diet, which for me didn’t seem to be the answer, to then come around
in 1957 – well, that wasn’t too bad because I was discovered in ’53 – to just give me
a different routine which kept me better controlled, I believe. And also, I mean,
what we must remember is that my mother had obviously been told – I wasn’t, but
my mother was obviously told that I would never have children, that I would never
be able to have children, and so my first pregnancy, particularly the birth of a
healthy daughter, was just a total reward. You know, she just felt just over the
moon about it.

I’ll just turn the tape over – – –.

END OF TAPE 1 SIDE A: TAPE 1 SIDE B

Taking you back just to Mr Baldwin –

Yes.

– you were talking about a letter that he sent you which enclosed that particular
photograph, wasn’t it dated –

Yes.

– 14th November 1955 –

’55.

– that you’ve still kept, thankfully.

Yes.

You mentioned that you didn’t know whether he was diabetic himself.
No. I don’t remember, but I have – I mean, I’m not sure, but I just have a little bit of a suspicion that he may have been. If he wasn’t he obviously had to have some – I believe – some very close connection to somebody with diabetes, because of his attitude and how he really was so utterly caring and so wanting – well, he was one of the founders, the starting people in the Association, and he really wanted that to be successful. But he wanted to instill – well, he did in me – that ‘Don’t let diabetes stop you.’

Do you know whether there was a Mrs Baldwin at all – – –?

I believe he – look, it’s a long while ago (laughter) –

Yes, I know.

– and I was a child, but I have a feeling he was married.

The other committee members, is there anyone else that you remember – I’m trying to learn a little bit about the inaugural committee –

Yes.

– just give you some of the names it might just spark something. Do you know anything about the President, David Thomas? Do you remember him?

Look, I can remember him to look at, I can see his face, but I don’t know anything, I don’t remember anything about him. I probably would have been just too young, yes, so I don’t really know.

Mrs Hack?

Yes, I remember Mrs Hack, yes, a lovely lady, lovely, and very – oh, I remember her as being a busy – not bustling in a fussy way, but she was always just a busy lady and wanting, like getting things done. And also a lovely lady, very caring, and a very lovely lady. I don’t know what her involvement in the Association was. I do know that she did have – well, I know one daughter, Jane, simply because Jane came to one of the camps and was a helper at one of the camps. And yes, I’m not, as I say, not sure about Mrs Hack’s reason for involvement in the Diabetic Association, whether she had it –
She had diabetes herself.

– she did, did she? Okay. Yes, well, certainly there was a reason, and she was a tireless worker, like Mr Baldwin, to have everything up and running, and running well.

The other names I’ll just – Mr Britten and Mr Rivaz?

No, I don’t remember those.

Can you remember Mr Corpe?

No, I don’t. I mean, I know the names, but I don’t remember anything about them. I do remember a Dr Bennett, there was a Bill Bennett, I believe. He was a doctor, a medical doctor. He had diabetes, and I’m not sure when he got his diabetes. But he was involved for a while. I do believe he passed away quite some years ago now, but for a while he was involved as a medical doctor and as a person with diabetes, and he was a nice man as well, I remember. I remember Dr Hicks, Dr Dene Hicks, because he – I can just remember because he was an Englishman with an English accent, and he had actually treated my mother for something, and so there was that involvement within the family, so Mum sort of knew of him or knew him. So I remember him, and I remember him being involved in the Society, anyway.

And Mr Turner.

Turner.

What do you remember about him?

Yes, (laughs) well, again I would have been very young, but I do remember – it’s just funny, I can see these people’s faces in front of me, and Mr Turner I remember as being a very kindly, very – from my memory he had a round face, and he was a refined gentleman, but he seemed to have a happy, kindly face, and obviously – I remember him and don’t remember (laughs) his wife, funnily enough, to look at – but they were obviously very kind people because I know they’d opened their house to us and we were just – they included us as part of the family, I guess, while we were there. It was lovely.
So tell me about that first camp, because in this letter that Mr Baldwin was writing to you he mentions that the camp is being prepared –

Yes.

Tell me about the camp and how it came about and what happened.

Well, I don’t know how it came about, because I wouldn’t have been part of the organization. But I remember going, and I remember a lot of the children there, and it’s lovely to see the photos because that reminds you, it’s the memory, refreshes your memory, and I think – well, for myself, I – as I look back now and think about it, it was great to go, to be with other children who were diabetics, because your siblings were not, the people at school were not, so you were different; but there you were just one of many, you had other people doing exactly what you were doing, going through, and they did take – we were there to learn to take responsibility for our illness, which I think is imperative, absolutely imperative, in particularly a diabetic. I mean, I’ve got two daughters, sadly, who have chronic fatigue syndrome and there are many things in that that they can’t take responsibility for because there are so many unknowns in chronic fatigue. But in diabetes there were knowns, and you had to look after your diet, you had to look after your insulin, inject yourself, you had to do tests, you had to eat meals at a certain time, and that – even though I then went on to have a more free diet, it was still important because of your insulin to eat at regular times, and once that is instilled into you at a young age it simply becomes part of your make-up, you know, part of you. And it’s one thing to have your mother constantly putting the meal on the table and doing everything for you, but at the camp – while we didn’t do the cooking; it was done for us – we were taught that we did need to take responsibility. And I think – maybe I was one of these – for those who’d never done a test before, we were made to do tests, for those who didn’t know how to give their own injection – and I did – but for those who didn’t, they were taught to do it. And maybe it was for the first time. But it was something that you had to learn to do, because you were not always going to have a mother there to do it for you. And mums get tired – believe me! – (laughs) when they’re caring, and so the more responsibility the child can take the better. And I think that’s what came through. As well as – because I probably hadn’t been a
diabetic all that long, and because really, in those days, if – you know, I mean most – well, a lot of people, and certainly my family – were not well off, so the diabetic situation was actually eating into money, so you didn’t really get a lot of outings and we – and the whole family didn’t, and I mean that’s a tragedy, but one the child really can’t take responsibility for, but I’m sure siblings – and I know particularly one of mine did get a bit upset about a lot of things, and I’m sorry about that but there’s not a great deal as a child that you can do. But we were taken on these wonderful outings, you know, down to the ship at Port Adelaide, that ship, and we were taken into the stateroom or the wardroom, the officers’ room, and we were treated like royalty. I think we were given afternoon tea there. And we were taken another day to the beach to have a beach outing – which I don’t know that I’d done. And we were supervised, were properly supervised, which was lovely because – but it was an outing, it was a beach outing. And certainly, I mean I was a metropolitan Adelaide girl, you know, the metropolitan area, but some of the kids were country children and so that was a huge experience, new experience, for them. So we were taught to do normal things, and that we could do them with our diabetes and do them successfully. So it was basically like normal life, where you might have been being treated as a patient before that, an ill, sick invalid. But we were shown that we weren’t.

**Do you remember anything about the sort of routines at camp, where you slept and what the day was like?**

All I can remember – I know Elizabeth Flint mentioned that she was one of the older people and she was allowed to sleep on a (laughs) balcony, which was a bit less regulated, I think. I was a younger one, of course, so I would have been in – well, I don’t really remember where it was, but it was obviously a huge room, and obviously we had most of the supervisory staff of the camp with us, and she was one of the people who had the less supervision. I can actually remember the balcony and the people that were out there – Elizabeth refreshed my memory about that – and I think I was a little bit jealous that she was out there sleeping, because I suppose nights can be difficult times for diabetics, and I even notice that now, particularly if you haven’t looked after yourself as well as you might or if you’ve been busy or whatever, the evenings can be a time where you may be inclined to slip
into a hypo. So that’s the time that you need supervision. So yes, but we did a lot of fun things. I’m not sure – it was certainly at one of the camps – we had a fellow who was our fitness instructor, (laughs) putting everyone through their paces, exercises, and making you exercise to the max. But again, because I had done gymnastics that didn’t come as a complete surprise to me, (laughs) or – you know, it was nothing new, and I thoroughly enjoyed what I did. He had us – and I’ve got a photo – he had us build a pyramid of people on the pyramid, which probably the kids hadn’t done before, a lot of them. But again it was teaching normality, that you may have diabetes, but, hey, you can do anything. You can be involved in sport and do whatever you like. So that was – as I look back, for me it wasn’t – because I’d been involved in the gymnasium, it wasn’t so much an extraordinary thing, but I think if you – maybe some of the kids may have been wrapped in mothballs – cotton balls, I mean, cotton balls – and not been allowed to do activity.

**Do you remember much about the other children? Did you stay in touch with any of them, as a child – beyond the camps, I mean?**

I did for a while. I wrote to some of the girls. I remember doing that for a couple of years, probably not a long time. But I remember Joan Weir was one of them that I kept in touch with for a while. Another girl I’ve said, Jenny Zucheld – I don’t know how I come to know that – but she did go into nursing like I had gone into nursing as well. And Elizabeth Flint, of course, I have lost contact with, but when I was having my first daughter I had her at Modbury Hospital, and Elizabeth was actually nursing there, one of the senior staff members at Modbury, so I came into contact with Elizabeth again then. But I had – my life’s been a little bit – well, how can I put it? I mean I’ve lived interstate for a few years of my life because I worked in Adelaide and then I nursed, so I was living at the nursing home. And nursing’s a pretty full-time job and I guess with diabetes I did find that perhaps I had to rest more, so I perhaps didn’t do a real lot there. But then I actually was (laughs) romantically involved with somebody and I did actually give nursing away because I – well, I was feeling a bit down about some of the children, what happened to some of the children that I was nursing, and that was a bit upsetting. And as you’re studying for exams (laughs) and getting a bit overwhelmed, and I had this fellow that I liked who actually happened to be overseas doing some study at the time, so I
did give nursing away. But that romance fell through, and so, as a result of that, I decided I’d like to see a bit more of Australia, so I got a job – which I have mentioned – I got a job in the Commonwealth Government.

I’d like to talk about that public service thing, because you got into the public service, you mentioned that to me.

Yes, I did.

Tell me about that.

I did. I got in – well, my mother was – which most parents were and still are, they like their children to have good jobs that would be permanent type – and so both of my brothers had gone into government jobs and I hadn’t, but I decided that I would. It was just permanent and they seemed to be doing well. And so I actually started at the PMG\(^2\) because one of my brothers was working there, and I filled in my application form and got in, got into the public service, but then – so I was working there, it was for a few months, and then it came up that you work on a temporary basis and then they make you permanent, and so my permanency was coming up. And I was thoroughly enjoying it, I was a clerk, clerical work, but I was enjoying it. And nice people in the office. But then they came to look at me for permanency, and then the boss, I can remember him coming over to my desk and saying, ‘Look, I’m really sorry, I’ve got bad news for you.’ Everyone in the office knew I was a diabetic. And he said, ‘Look, I’m sorry, but the fact that you’re a diabetic got overlooked when they went through the application form, and they are now saying that you can’t work here, we cannot keep you employed in the government because you are a diabetic, and that’s basically – you know, you have to leave Friday,’ – well, you know, this was during the week – ‘and Friday will be your last day here because, as a diabetic, you can’t be put onto the super fund, you can’t be made permanent.’ So that was that. I just ——.

How did you feel about that?

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\(^2\) Postmaster General, forerunner to Australia Post.
Well, I was just flabbergasted because I’d never – by this time I really didn’t look at myself as any different to anybody else, and I didn’t think that diabetes would create that problem. Nobody had talked to me about it, and, as I say, I had written that I was a diabetic on my medical, my application form, and I just assumed it had been okayed. Everyone that I worked with knew I was a diabetic. And so it was like having the ground pulled from under your feet, and for the reason of being diabetes – I just couldn’t believe it.

So my father – I mean, the family were just horrified, just – you know, nobody could believe it because I was doing well, I was well within myself and doing my job well, but my father knew a Jim Toohey who was a government senator. And I don’t know how Dad knew him, whether he went to school with him or whether he just grew up in the same area, but he knew him. And my father spoke to him or wrote to him – contacted him somehow – and gave him the details of what had happened, and Mr Toohey said he would look into it, and did send my Dad a letter about that saying that when he knew the details he had got onto the person, one of the senior people in the public service, who – he was horrified, Mr Toohey, that that had happened, just couldn’t believe it. He was disgusted. And he got onto the senior person in the public service who had informed him – now, obviously it wasn’t to do with me, my case, but it was just within the few weeks before he spoke to this fellow that they were considering looking at diabetics being brought in as government workers, you know, into the public service, and that if I liked – the fellow, Mr Stoner, his name was – if I liked to contact him, they would be prepared to look at my case again. I know because that letter was dated November 1967 and I would have had another job by then, because employment was pretty plentiful in those days, you could walk from one job to another, really. I mean, I did on a number of occasions when I needed to. But I had another job and I really – I guess I felt a bit slighted as well, that they’d done that to me, and I – maybe it was a feeling, ‘Can you really trust these people?’ I’m not sure, but as I look back now and with other life’s experience I guess that’s how you would have felt, and so I didn’t do anything about it then. But when I did decide – I did decide to move interstate, simply to see more of Australia, and I wanted to go to Sydney, and my mother – I thought, ‘I’ll start in Sydney,’ and my mother said, ‘You are not to leave here unless you have a secure job and somewhere to stay.’ So the secure job came back to me
and I thought, ‘Well, it’s got to be the government, it’s got to be a government job.’
So I applied and I received a position from Sydney.

**Do you know whether the Diabetic Association had any involvement at all in your case?**

No. No. It was this Mr Toohey. No, I didn’t contact the Diabetic Association, no. It was my father, directly, onto this Mr Toohey. And by the wording of the letter it was a few weeks earlier than November ’67 that the public service were looking at reconsidering about diabetics. But – – –.

**You’ve donated that letter along with the other letter.**

Yes, I have, I’ve given a copy of that letter. But mind you, when I did join, I was accepted into – as a clerk again, Third Division clerk, I went into the Department of Navy – not the Navy, the Commonwealth Government Department of Navy in Sydney, Naval Stores – I was never allowed to be permanent super, I was a temporary super. It was a different set of circumstances for your super payout. Because of your diabetes.

**You’ve mentioned, you know, blood testing came up somewhere in there – maybe you can look at, just over the fifty years – well, it is fifty years now, isn’t it –**

Yes.

– being that time, living with diabetes, I mean – can you just look at some of the major changes you’ve witnessed. I guess from that do you remember when urine testing was sort of out and blood testing – – –?

Yes, I do, actually. I remember it quite well, because when I had my first daughter – she was born in October 1973 – I spent a reasonable amount of time in and out of hospital because you needed to keep your sugar levels fairly low, blood sugar levels, and to do that you needed blood tests taken. And in those days I think they were pricking your finger, but certainly a lot of them were actually taken from your elbow, you know, the huge syringe full of blood, and it was pretty laborious and awful sort of a situation, but I mean you were having this baby and you wanted to have the healthiest baby you could so you would go through what you had to do,
and okay, if it meant being in hospital for a period of time for stabilisation and then
go home for a while and then come back again, so be it. So that’s what happened in
’73 with her. And she was born at thirty-six weeks’ gestation by cæsarean. I
didn’t have – I did really well. I mean, I’m very thankful that I know that I’ve been
blessed in many, many areas in my life, and I did – my diabetes was pretty good, I
had a good watch kept on me and it was pretty good. I was actually looking forward
to being induced at thirty-eight weeks, which I would have loved to happen, but I
had no problem with blood pressure, no toxæmia, nothing like that, except that I
went to sleep for an afternoon nap this afternoon, one afternoon, and I woke up and
my blood pressure had gone up and I felt nauseous. And they decided to take the
baby the same day, which was at thirty-six weeks’ gestation. So she was born by
cæsarean. She was very well, she was six pound ten, and she did have jaundice so
she was under the light, but apart from that really good. So that was my first
daughter.

My second daughter ended up also being born at thirty-six week’s gestation for a
similar reason, in that I – although my pregnancy with her was not as good as the
first one, but my husband had gone – we were in Sydney when I became pregnant
because I’d married a Navy man – (laughs) not through my work, I met him at a
social function – and he got a draft to Western Australia – we were living in Sydney
at the time – so I needed to not go to Western Australia. I came back to Adelaide
with my older daughter and then to have this younger one, but I think I had some
emotional stuff as well, and so it was during – oh, I think it was just coming in. She
was born in December 1977, and I think the home blood testing kits were coming in
around that time. I didn’t own one then, but I believe they were coming in at that
time, but again I was in and out of hospital a bit with her. And a similar thing
happened. I was hoping to be thirty-eight weeks’ gestation, and the doctors were –
like that, this is what the suggestion was and that was what I was looking forward to
– but with her, though, I had a few days of feeling unwell, and so a decision was
made again, at thirty-six weeks, to take her by cæsarean. So she was eight-ten, so
she was a bigger baby, but sadly she had – she was fine for the first twenty-four
hours of her life, but she reverted to a fœtal circulation and so she was quite ill for
five days in neo-natal intensive care. But then she just took off like a rocket and no
probs, you know. And at that time I didn’t know what the problem was and they
were telling me she may have heart trouble, but it turned out to be this – I think it’s pulmonary something-or-other – in the newborn that sometimes happens.

Anyway, I remember the girls and I went over to Western Australia with my husband, but we came back in the end – well, really, the end of ’78, early ’79, and my husband got out of the Navy and we went to live in his home town which is a country town in Victoria, and the chemist in the town was newly-diagnosed with diabetes, and he got himself a blood testing machine. So we’re looking at I would think ’79 – you know, as I’m going through the dates –

Yes.

– ’79, maybe ’80, early ’80, but he had just acquired the blood glucometer, and he got me one. They were expensive in those days –

**How much do you think they were?**

– very expensive. I think it was something – well, to us. It was something like four hundred dollars.

**And that was the Glucometer one, that brand – – –.**

It was the – names one, the very – one of the – so I’m thinking, and I remember thinking to myself, ‘Gee, if only I’d had one of these during the pregnancy, maybe I wouldn’t have needed so much time in hospital.’ But yes, that’s about when I know it came in.

**So did that change life for you? Was that a – – –?**

Yes. Well, it did, because you know – although the urine tests were fairly good by this time because you just had to do a little bit of urine and put your dipstick in and, you know, no boiling, nothing like that.

**Then it was Clinitest testing?**

You had your urine and your acetone – ketodiastix. And the blood testing seemed to do away with all that. You just pricked your finger and got your blood sugar result.

I’ll just stop it as it’s just about to run out.
This is the second tape of an interview with Meredith Charles being recorded by Karen George for the Diabetes SA 50th Anniversary Project. The interview is taking place on the 7th August 2003 at Hallett Cover in South Australia. So we’re talking about the impact of the blood glucose monitors.

Yes.

What about in terms of other changes that you’ve witnessed over the years? The syringes, I suppose.

Yes. (laughs) Yes. They’re so handy. Although you have to wonder what it’s doing for the environment, don’t you, all of this disposable stuff. But certainly, as far as a diabetic is concerned, it is just so – it’s a boon, an absolute boon. The needles are so fine, no boiling, no sterilising, no – you know, all that. Cuts down a lot of time, extremely handy. Although I’m – I guess I’m old and set in my ways now – I’ve never really taken to the injecting, you know, the – I mean, I just push my needle in. I just have the normal needle. I’ve never really taken to the –

Pen-type things, are you talking about?

– yes. Never really taken to those. Although I now do have a daughter – sadly, my youngest daughter became diabetic at the age of twelve and a half – but she likes the pen. But, as I say, it must have something to do with age. (laughs)

So in that occurring, your daughter becoming diabetic, did that, I suppose, give you more of an insight into what your mother had dealt with?

Yes and no, because my daughter had had chronic fatigue syndrome quite severely for a couple of years, or maybe eighteen months, prior to this happening, or two years prior. But she was sick for about eighteen months. But then she became well, she seemed to become well, and then developed diabetes during this well period. And so when she was diagnosed with diabetes, the chronic fatigue became bad again, and she was in fact worse with the chronic fatigue and was sleeping a lot, she was sleeping around the clock. So for the first few years of her diabetic state we couldn’t really treat the diabetes very well because she was sleeping, and I was
waking – she was sleeping, literally, around the clock – and I was waking her up for an evening meal and basically keeping her awake for two hours, so really she was sleeping for twenty-two hours. So her diabetes during that period of time, well, it was just a – it was a strange concoction of things. The diabetic specialist thought that the renewal of the chronic fatigue was brought about by the fact that she wasn’t accepting the diabetes, but she maintains to this day – and I do as well – that, because she’d known me with diabetes and known that it didn’t really affect my life, it really didn’t have a bad – I mean, okay, she didn’t really (laughs) like the fact, but it wasn’t having the sort of a depressive thing. And we then did have to go on to find that, no, this was in fact a renewal of the chronic fatigue state. But I was trying to deal with two girls with chronic fatigue, and now this one with diabetes, and also a husband who’d had an accident, quite a nasty accident. And so the diabetes really wasn’t the main thing where my daughter was concerned, and that really, I guess, reared its ugly head that the diabetes had to be managed better a few years later. But the fact that – I mean, she’s a very brave girl, she’s a very intelligent girl, and just the handling of diabetes was just so much different to when my mother was dealing with me. I think it highlighted the fact of the hardships Mum must have gone through with me, with my diabetic state, and with the lack of knowledge and the lack of knowledge about what the future held for diabetics.

One thing I didn’t ask about – this just popped into my head, because you did mention those tennis stars – and I’d like to hear –

Yes.

– about what you remember about those guys when they came out.

Yes. Yes, I was at that meeting, and here were these two American tennis stars, Ham Richardson and Bill Talbot, speaking with their American accents, which I don’t think I’d heard before then, and while in those days, of course, we weren’t saturated with television or even newspapers or magazines, I had heard of them and my Dad was always a very sporty man so I’d certainly heard of these fellows. And just to see them in front of me at this meeting and speaking, and just talking, realising that they were really international stars, and they inspired me. It was an
You were saying they inspired you.

— yes, yes, I can remember being impressed by these two Americans, you know, and inspired because they had done so well at a top level of tennis. And I don’t remember what they said to us, but I can remember thinking to myself, ‘If these fellows’ – because they did tell us, diabetes, yes, and I think Elizabeth mentioned one of them said he had a chocolate bar or something before he went on the court – I can remember thinking, ‘Well, gee, these guys have managed diabetes and they’ve managed it very well, and they can play tennis at the top level, so if they can do that I can do whatever I choose to do,’ as I say, within reason, (laughs) because you can’t be a pilot or things, you know, jet pilot or things like that, which I would never have ever wanted to do, but I mean – as I say, within reason. But within reason, yes, you can do most things.

Did you get their autograph at all, because I’ve seen a photograph of them – – –?

Look, I haven’t got – I don’t know whether I did or not, and I have got an old autograph book but it’s tucked away somewhere and I haven’t – – –. I know I’ve got some of the autographs of the kids at the camp –

I might ask you to look for that.

— but it’s tucked away somewhere, and in fact I think it’s in a box in the shed. So I don’t remember whether I got their autograph. I don’t think I did, I would have remembered, I think.

Does anything else – did you go to meetings regularly as a child and as a young adult, or was it something that you would just occasionally – – –?

Mum and I certainly did in the early years, to keep up, but I think once I got – I don’t remember going past my teenage, middle-teenage, years. I think school got a heavy load for me, and certainly my Mum’s health wasn’t the best, either. And then, once I – no, I didn’t continue once I – because I was working, nursing, and interstate, and then interstate for quite a number of years.
But you did attend – you said you’d attended the next camp, which was at Mr Pedlar’s house.

Oh, yes.

**Did you attend other ones?**

Yes, Dr Pedlar. I remember two camps, yes, Mr Turner and a Dr Pedlar’s home at Mount Lofty. They wouldn’t have been all that far apart, those camps. I can’t remember exactly when, but they must have been –

**I think they were the first and the second one.**

– within a short period of time, yes. My daughter’s attended a diabetic camp as a diabetic, yes. She went – Dr Braund, who’s my diabetic specialist, and Dr Pat Philips, were I think the facilitators, the organisers, in charge of that particular camp that my daughter went to, yes.

**How did she find the experience compared to how you remember them?**

She loved it. She loved it, because she’s actually more adventurous than I am, she’s a very adventurous spirit, like she’s owned a motorbike and she just loves that sort of thing. And they took them out on boats on the – wherever they were, and I’m sorry, I didn’t check up with her about that, but they were at a lake or somewhere, and she just adored it. They were teaching them water sports. But all I can remember is she came back with a badly-sunburned face. She’d spent so much time – – –.

**So how old was she or what year was it, because I can probably find the details easily in the records. Do you remember how old she was when she went, or what year it would have been?**

It would have been – she became diabetic, she was diagnosed in - I think it was ’91, and it would have been within the first few years, anyway.

**So in the early ’90s.**

She would have a recollection. I didn’t look into that, actually.
That’s fine. No, that’s fine. The other question – you mentioned in your memories was one of your doctors was Dr Burston. Can you tell me a little bit about him?

Yes. I don’t remember a lot about Dr Burston. Dr Covernton looked after me for quite a few years beyond my – well, I’m not really sure. I thought in those days your time at the Children’s Hospital ended when you were about twelve. But he seemed to look after me for a number of years beyond that, Dr Covernton, so I had him for a fair while. And Dr – I must have had Dr Burstyn after that, and I would have seen him in North Adelaide, it must have been, although I do remember seeing him back down at the Queen Elizabeth, because I was seeing him – and he’s a lovely person as well, I do remember, and his bow tie. Bow ties, beautiful. Lovely. These diabetic doctors are just – well, they’re in a world of their own because diabetes, well-managed, can be successful, but poorly-managed – and it’s not the doctor’s fault, it’s the patient’s – can be disastrous and they must see some horrific things which may be preventable. So, you know, I think most of them seem to have had a sense of humour about them, but he was a lovely, caring man. And when I was going to Sydney he referred me on to a very nice doctor up there as well. He was just so caring, and he wanted me to be well looked after. I believe the fellow he referred me on to was Sydney’s top diabetic specialist, so I had very good care – Dr Harding-Burns, that was – had very good care once I went up to Sydney. But then when I came back to Adelaide when I was pregnant with my first daughter, I again saw Dr Burston, but I saw him at the Queen Elizabeth that time. He put me in there for a short period of time, but then I realised I wasn’t going to be continuing going to the Queen Elizabeth and I swapped back over to Modbury, where he wasn’t working. But that was my memory of him. I think Dr Covernton I remember probably because I was a child and it was my early experience. And then I had a lot of stuff going on in my life from teenage years right through to recent years.

So would you like to just reflect back, I guess, on having achieved that fifty years and I understand you’re now eligible for the Kellion Medal.

Yes.

Just tell me a little bit about, I guess, how you feel about having achieved that, I guess.
Well, yes, it’s unbelievable, really. It’s an unbelievable feeling, because now that I’m older, (laughs) at my age, I guess I can – and having my daughters with chronic fatigue syndrome, which still has so many unknowns and is exasperating, it’s devastating, it’s debilitating, it really puts a hold on your life when you have it severely and chronically, and for the reason that the medical people in the past have been quite not supportive of the chronic fatigue, one of my daughters in particular and myself have taken upon ourselves to research as much as we can, you know, on our own tried to research into this mysterious thing. So because I’ve had to research that, I look back and I think about diabetes, well, fifty years – and I’ve been very fortunate, very blessed, I am a Christian, I do believe that God’s kept a protective hand over me – but if I had had the knowledge I have now back when I first got it, I don’t think I would have expected to have lived fifty years. (laughs) I think that would have been beyond my expectations to live that long. So when the fifty years – Dr Wilton Braund, another beautiful person, is my current diabetic specialist and has been for a number of years – he said to me a couple of years ago he was priding me on how well, you know, no complications and priding me on how well I’d done, and he said, ‘How long is it now that you’ve had it?’ And at that time – I don’t know why I had it in my mind – I had a feeling that it was 1952 I’d developed diabetes, and I said, ‘Oh, well, it was’ – and I knew it was March – I said, ‘I think it was in March.’ And he said, ‘Well, look, you’d better find out because if you have it fifty years you know you’re entitled to a medal.’ And I said, ‘What?’ And he said, ‘Well, yes, yes, you are.’ So that’s when I contacted the Children’s Hospital and found out the information. I think it was June 1991.

And I couldn’t believe that fifty years really had come and gone, but yes, it made me look back over the changes in the treatment of diabetes, the changes in the – well, things like your syringes, your testing, magnificent strides been made. And obviously research, because when I became diabetic it was not known why I got it, but Dr Braund told me when my daughter became diabetic that he felt then – and I’m not sure what today’s story is – but he felt that juvenile diabetes was caused by a virus attacking the pancreas creating pancreatitis. So that was an unknown then. Now, whether that is the cause or the total cause we don’t know, perhaps, even today. Certainly I believe, after speaking with you, Karen, and finding out another Anne with children with diabetes as well, and certainly I’ve got one diabetic, there
has to be a susceptibility of some sort of why the pancreas is being affected, or whether it simply is a genetic – you pass it on genetically, I don’t know. But I’m pleased that diabetes is so well-recognized that money is going into research, because I believe there should come a time when it can be prevented.

**Do you think the Diabetic Association has played a role in that, in making diabetes – –?**

Oh, absolutely.

**In what ways?**

Well, good associations keep the profile of the illness going, make the public aware, get doctors together for meetings and give diabetic doctors and researchers support, get right behind them and support them. And I’ve noticed the difference between chronic fatigue and diabetes where that is not happening, and it’s still an uphill battle. So a diabetic association is of great importance. I mean, they’re there to speak to people, they’re there to give advice, and they’ve got people who are experts in the field now in every area of diabetes, so that’s very important for the patient. I still call them patients. Sorry, a diabetic really should not be classified as a patient. Doctor Braund keeps telling me it’s not a disability, it’s just an inconvenience, and I agree with him. I do believe that chronic fatigue is a disability because it disables the people, but diabetes does not have to be a disability. You can do everything. You can do – nursing I did, and I’ve been back nursing. I have been nursing in an aged care facility and also went back to Modbury Hospital, worked in the nursery feeding babies at night for a while as an Enrolled nurse, because I’ve done two years of my general training, or I had done. Nursing can be a bit tough because you’re on call and the swap-over of night shift to day shift, and also the fact that you may have to go without a meal a bit longer than you would hope to, but you just can’t leave people in the middle of stuff. (laughs) So that can be. But you can do it, and people have nursed with diabetes quite well.

**Well, that’s about all of the questions that I’ve left, unless there’s anything else you’d like to say in general about the Association or about diabetes.**
No. Well, as I say, the Association is important and it’s very necessary, and it’s of great use. They put out the magazines, and that’s a great learning tool, certainly for new diabetics, but even for old diabetics because there’s always something new coming up and that’s the only place you really read about it. And so that’s of great use. No, it’s essential, we need that, and so keep going! (laughter) Fifty years, congratulations to the Association. I’m sure the people who are no longer with us who started it up would be very pleased if they could know that it’s still up and running. So good on you.

Okay, thank you very much.

That’s okay.

VS: