

Iris Murdoch; John Bailey in Daily Telegraph, March 1st.1999

Alzheimer's disease is implacable. It usually progresses by well-defined stages, and the onset of each new bout of symptoms can be remarkably sudden. To the onlooker and carer, there is the added distress of knowing that no powerful drug or chemotherapy is at present available, other than a range of relaxants and sedatives: that, in fact, nothing whatever can be done.

In 1907, Dr Alois Alzheimer, a physician and pathologist working in Germany, composed a treatise on the condition that has since been named after him. In particular, he observed three things: that this type of dementia differed from the generalised senility associated with old age; that it could appear suddenly in patients in their early fifties; and that its characteristic progression from one well-marked stage to the next suggested the successive shutting down or switching off of one circuit after another in the complex mechanism of the brain. He also found that, while no certain diagnosis could be made during the patient's lifetime, autopsy revealed a systematic pattern of lesions and irregularities in the brain's surface.

About a year ago, my wife, the novelist and philosopher Iris Murdoch, who had been suffering from Alzheimer's for nearly four years, began abruptly to show the symptoms of a new stage in her illness. Just how abruptly I found out when I woke with a start out of a deep sleep.

I had attended Iris to bed at her usual hour of nine or so, settled her down and kissed her goodnight. I had watched a latish television thriller, something of a resource of mine at that time, and followed her to bed after midnight. Iris was then a good old sleeper, rarely waking between her bedtime and nine in the morning. This often seems to go with Alzheimer's early stages, together with a tendency to drop off in the daytime, too. A blessing for carer as well as for patient. That night, however, I woke suddenly and reached, by instinct, across the bed to find that Iris was gone. There was also a subdued noise somewhere in the house, a sound of voices. Had burglars broken in, and had Iris, with characteristic firmness and intrepidity, gone to investigate, without disturbing me?

Switching on the light, I found it was just after three o'clock. The strange hubbub of voices, as if two or more people were conversing, continued. Why should burglars be talking? By now quite seriously alarmed, I jumped out of bed and ran down to find Iris holding what seemed an animated discussion with herself in the hall. Over her arm were ill-assorted garments - an outdoor coat, underwear, a long dress and, oddest of all, an old loose chair cover. Iris looked wholly preoccupied but none the less greeted me with a smile, while not ceasing to talk to herself in an excited way. Words were hardly decipherable, but the general effect seemed to make sense, as I had grown so accustomed to what she had come to be that I found her speech on the whole soothing and companionable.

I thought of it as Swallow-speak, from the swallows who used to chatter away on the telegraph wire outside our bedroom window when we lived in the country. I used to tease Iris about it. Before her illness started, and afterwards, too, she always liked me to tease her. But this did not seem quite the moment for a joke. I urged her gently to come back to bed, but, without positively refusing, she declined to co-operate. So I went back to bed myself, hoping she would follow. She didn't and, presently, I heard the sound of the front door being opened. I got down just as she was disappearing into the cold darkness. She had pop-socks on, which she wore in the day and always retained in bed, but no shoes, and she had the same cluster of odd garments over her arm. From then on, I had always to keep the front door locked on the inside, both by night and day with the key safely in my pocket. When we went out for a walk or shopping, I used to pretend that the Yale lock was broken, which would have been hardly surprising considering the way Iris used to shake and rattle it about. But she showed no interest in the matter, so that the saving pretence was hardly necessary. When the impulse took her, all Iris knew was that she wanted to get out and couldn't. This was paradoxical in a way because at earlier stage of her illness she had always clung to me and refused to let me out of her sight. She still did that, but now her compulsive need seemed quite compatible with another need to escape, to get away, "anywhere, anywhere out of the world".

She was, as it were, fleeing from herself, and from what she could hardly know was wrong with her but apprehended only through the need to be reassured by me and comforted by my presence; and yet equally apprehended through the strong and growing compulsion to disappear, to vanish, not to belong any more to the world. Frequently, of course, I forgot to lock the door when we came in, especially if I was in a flurried state myself from some incident that had taken place while we were out together — and it always had to be together. Iris used to sit anxiously but obediently in the car, like a good dog, while I did a quick bit of shopping. Now she had begun to abandon the car and walk off. She seldom got far and I usually found her without much trouble. More disconcerting was her new habit of rushing up to some passer-by without warning, when we were having our routine little walk round the block, and shouting "Help help!" at him — "Please help me!". I found myself giving the startled pedestrian a deprecating smile, implying not to worry, that nothing out of the ordinary was happening.

Carers come to depend on little internal fantasies of their own, to ease the grind of being nursemaid and gaoler, and. I used to find myself playing with a "Lady Vanishes" scenario, in which I was the sinister foreign villain and Iris the beautiful but helpless and abducted heroine. "Ha Ha," I would exclaim in imagination to the passers-by

who showed an interest in the situation. "Do not *derange* yourselves. The poor lady is, 'ow you say, no quite all there. She is my poor daughter. I am about to conduct 'er 'ome." And seizing Iris gently but firmly by the arm, I would urge her along the pavement. Back to incarceration until the ransom should be paid, or until the Foreign Office caved in and surrendered their plans for the new electromagnetic submarine.

Conan Doyle, Rider Haggard, John Buchan, Sax Rohmer's Dr Fu-Manchu... all played their parts in these — for me, saving— little fantasies. I sometimes used to try to explain them to Iris, by way of a joke, but though she always enjoyed the atmosphere of a joke and smiled back at me happily, she failed to grasp the point that she was the damsel in distress, who would be duly rescued in the last chapter. I sometimes wondered myself what the last chapter would really be like, and whether rescue could possibly present itself in any guise. And that was almost a year ago. The comic atmosphere of these fantasies did, none the less, possess a transmittable element, I think, if only in the healing childishness which carer and victim can sometimes find together in their predicament, like a couple of babes in a dark wood.

When Iris got back from one of her escapades, usually on the arm of some kindly householder in the neighbourhood who had found her ringing his doorbell or wandering in his garden, she would always have a bright look of guilty amusement on her face, and the obvious wish to share the story of her adventures with me, if only she could. She had been enjoying herself, and that, in some way, was a joy to both of us. None the less, there could be a good deal of anxiety for me in these strange outings. Twice at least, I had to call the police, who were extremely understanding and helpful. Once, an elderly officer came round, wishing very sensibly to satisfy himself first that Iris was not lurking in our own house or garden, or had not been made away with by me and put in the cellar or under the bed. After her longest pilgrimage, Iris reappeared in the company of a genial chap wearing glasses and with a vaguely academic look. I had been so distracted and was so glad to have her back that I asked for his name, after giving effusive thanks, so that I could write a grateful letter. He looked amazed. "Why, John, you know me," he said, laughing. "I'm your old colleague Val Cunningham. I was in my car and happened to see Iris at the top of the Woodstock Road. I must go now as I'm late for a tutorial." It was true that in the relief and anxiety of the moment, I had no idea who he was. Carers, too, begin to suffer from some of the amnesia associated with the disease itself.

Forgetfulness on the part of the carer (I don't like the term but it has become unavoidable) also extends itself in other directions. Each successive phase of her illness brought an Iris who, while the phase was going on, seemed the only Iris there had been, the only one I had ever known. I can, as it were, "remember" the original Iris, and the later versions of her which appeared as the first Alzheimer years went by, but to remember them is not to know them. Memory seems to depend on some sort of continuity. The routine that was essential to daily survival depended in its turn on complete acceptance of the new Iris, who acquired her separate reality as each new period of the illness took over.

During this last year, the most obvious comparison has been with a three- or four-year-old child. As we never had children, I have no experience of dealing with them at this or any other age. But, of necessity, one learns quickly. I have not a great deal of patience when dealing with the endless task of fitting elbows into vests and jerseys, and heels into slippers and shoes, and when Iris was fractious, I could feel myself on the verge of an explosion. I only hoped it would be merely a verbal one. It's as if I depended on her complete dependence on me, yet also needed the relief of violent exasperation. Iris, too, seemed to recognise this. She used sometimes to give me a beaming look when I hurled a volley of obscenities at her, just as if they constituted a loving reassurance. She looked for the expression of my face, on which I kept a cheerful smile no matter what I was saying. As I said it, I often gave her a not-too-gentle push or a whack on the behind, and that seemed to amuse her, too. It was a crude form of communication which none the less could be taken in the right spirit. I often wondered, on such occasions, whether children would rather be knocked about in a loving sort of way by an unsuitable parent — the kind I frequently felt I was being — or put into the care of professionals who never lost their tempers. I suppose it depends as much on the degree of knocking about as on the assurance that beneath the violence there is real love, Iris was already accustomed to my shortcomings, and that knowledge of me presumably survived all the successive stages of the poor brain's deterioration. She also seemed consciously to like being sometimes obstreperous but basically "good" child.

When I cut her fingernails, she laid her head shrinkingly against my back so as not to see what was going on. She gave little shrieks as if to pretend I was going to hurt her, but I could feel her enjoying it all with a child's fearful joy. In the same spirit, she seemed to enjoy being waited on at supper time, one of the best moments during a day in which it was essential to try to get in as many good moments as possible. She liked the small spoonfuls of baked beans, ice cream or oatmeal to be put into her mouth, and seemed rather to enjoy an unsuitable mixture when a baked bean somehow got entangled in the ice cream. Wine she no longer cared for, but I used to put a few-drops of sweet sherry into orangeade or cranberry juice. The main point was to get enough fluid into her, and though she would take a few sips of weak tea or coffee, it became increasingly difficult to persuade her to get down a whole cup. A mysterious pleasure between us at supper time was the knowledge on my part that, after supper, I could put

her to bed — another increasingly simple routine she always enjoyed — and then come down for my own drink and supper — the best moment of my own day.

We would have the usual struggle with slippers, which she hated having taken off her, and then she would settle down, as if blissfully, in all her day clothes, and smile up at me from the pillow. It was so much easier for me not to have to bother with clothes, since she clearly preferred things that way; and we got into an evening routine in which I would tease her by reciting *The Burial of Sir John Moore after Corunna*:

*...he lay like a warrior taking his rest
...With his martial cloak around him...*

This could scarcely have meant anything to her then, although it had been a favourite of ours from before her illness. But it soon became a pleasure of our childhood — or rather, second childhood — routine, and if I forgot to recite it, she would look up at me expectantly, waiting for words which she could no longer have understood. The strangest aspect of these bedtime pleasures was the feeling that Iris knew quite well, in some still inviolate region of herself, that I was looking forward to my own solitary drink and supper. She seemed to know that I enjoyed being more because I was soon to be temporarily liberated. Our dependency was thus mutual: the sense of how much we both needed each other was obscurely present: and it was a kind of blessing between us, for I knew quite well that if it were not for looking after Iris I would not enjoy my own drink, book and supper in the same way at all. Without her, these vivid but solitary pleasures would vanish like a puff of smoke. As indeed they now have. The onset of the next phase of Iris's illness was equally sudden. Between one day and the next, it became all but impossible to get her to eat and drink. I coaxed her in every way I could think of, but she seemed abruptly to have given up being a good if sometimes difficult child, and became a sadly but politely determined adult. Politely and smilingly, she declined to open her mouth to have a spoon or the edge of a cup put in. It was as if she had decided it was no longer worthwhile. Later, at Vale House, the wonderful home specialising in Alzheimer's cases which we managed to get her into, and where she spent the last strangely happy days of her life, I talked about this with a nurse who had long experience of the disease.

In some cases, like that of Iris, this final phase seems to begin when another signal circuit (one can only employ metaphor for the mysterious process) shuts down in the r brain, halting even the elementary promptings that make us urinate, salivate and recognise when we are hungry and thirsty. With this last, almost automatic reflex gone, the body has no inducement to go on functioning. It can, of course, be made to function by intra-venous drips and other devices, but I was quite sure that Iris would not wish any such thing to happen. She seemed in some way to have made her own decision. And, indeed, the sheer inhumanity of keeping such patients alive is today being it recognised more and more, in the hospice movement and by civilised medical opinion. The admirable head of Vale House, Tricia O'Leary, told me that she sometimes had to send terminal patients to die a lingering death in hospital because their relatives, out of a misguided sort of self-respect, insisted on them being kept alive as long as possible.

I was seriously worried by the new development and at once consulted Dr Jacoby of the Warneford Hospital, who, although immensely busy, had been coming to call on us at home every few days. He is the kindest of men, a true scholar and healer. He said we must get Iris into a home as soon as possible. Vale House was by far the best for cases of real need. But only 20 places and always a waiting list. "Harder to get into than Eton or Winchester," said Jacoby with a smile. Mercifully, he managed it. Somebody died, a vacancy appeared, and a friend and I took Iris there by car - it was not far off. I had always dreaded the moment, and the effect it would have on her. It was like sending one's little girl to school. We had trouble getting Iris into the car and she declined to move from it when we arrived. Then a nurse came out, smiled at her, and gently took hold of the tips of her fingers. Walking slowly backwards, always smiling at her, she led Iris like a lamb to the door. It is a nice bright casual home, with a pleasant lounge like that of an old-fashioned hotel. Iris's own smile now transformed her face; she seemed to feel among fellows and friends. Still holding the nurse's hands, she entered the big room. She did not look back, and I could see that she was still smiling.

A wonderful relief. And a kind of unearthly happiness came over Iris at once, as if the torment and travail of her disease, which had pursued her so implacably when she was in our own house and unconsciously trying in some vestigial sense to lead "a normal life", had at last been solaced and laid to rest. I had always dreaded the moment when it would be time to go. Up to very lately, she would herself have felt lost and miserable without me always with her in the daytime and beside her in bed at night. Now, and in the nick of time, she had come to what Henry James longingly thought of as "the Great Good place", where words and cares and worries disappear. No more than James did Iris believe in any sort of afterlife, but from her radiant face when I went to see her on the afternoon of her arrival, it was clear she had got as close to heaven as she ever needed to be. There were no visiting hours at Vale

House. Friends could come and go as they wished, and all felt included in the same strangely happy atmosphere, in which staff, patients and visitors alike mingled in friendly intimacy, as if in a college or club.



From the first moment, we were all on first-name terms — Tricia; Moira, her second-in-command; Pat; Joanna; Maureen, who had been for more than 30 years in an enclosed order of nuns, were all equally devoted to their demanding task. For, though everything seemed to go, and did go, so easily and affectionately, I was well aware of the effort involved and of the amount of organisation that lay behind it. Many of the residents were temporary, having a week's "respite care" to give their relatives and friends a temporary break. A few had been there for quite a long time. But, for Iris, it was soon clear that Vale House, happy home as it was, was also the departure lounge. She died at the beginning of February. During the last week, she took to opening her blue eyes very wide, as if in some reposeful inner merriment. She no longer recognised me or rather I was one of the faces she smiled at every day. I was alone with her when she died. Then Tricia came in and was crying, rather to my surprise, as she must have seen it happen a great many times before. But they had all come to love Iris very much. Her death had been so peaceful that I found myself saying to Tricia: "I wouldn't mind doing that myself". She smiled then and took my hand, and Maureen brought me a cup of strong tea.

I felt thankful that no words would be said at a funeral or memorial service. Iris had been firm about that. There would be a wake instead, a convivial occasion all her friends could share.

Anne Robinson's Mother ; Daily telegraph 17th.September 1996

My mother was a bit of a star, but we didn't know it at the time. We grew up with her energy, her wit, her beauty, her fearlessness, her exacting, impossible standards and her startling ability to make money — the last talent matched only by her gift for shopping. Emptying Bond Street was a regular hobby. She had an uncrushable belief in a woman's right to do exactly what she wanted, and an undisguised contempt for housewifery. There are two pieces of advice I can give you, she said solemnly, when I married for the first time, aged 23 and with an income which barely covered essentials: "Have a facial once a month and get plenty of help in the house."

When I was hired for my first job in Fleet Street in the Sixties as the obligatory girl reporter on the Daily Mail, she bought me a mink coat. "If you have to stand on doorsteps," she advised, "you need to be well wrapped up." She was the fourth generation of women to run a poultry stall in the old St John's market in Liverpool. In a matter of a few years, she turned the business into a massive wholesale concern, supplying the shipping lines and major hotels of the North West. We were a magnificent example of post-war new money.

Six weeks of every summer found us at the Carlton Hotel in Cannes; fair-skinned, unwisely sunburnt, unself-consciously British. Not for us horrid foreign food. My brother and I would sit in silent embarrassment as she instructed the dining room staff to replace with boiled ham any bit of the menu that still sounded suspiciously French after it had been haltingly translated by the maitre d'. In my mother's book, the mountain coming to Mohammed was the natural order of things. The luxury of the Cote D'Azur was the antidote to life at home. For half the rest of all school holidays, we had to put on white coats and serve on the market stall. My brother, then at Ampleforth, would die of shame when spotted by a school chum. My mother was unmoved by his predicament; she'd left boarding school early and had been put straight to work. Her formal education was minimal. A pity, because her razor-sharp brain was one of her greatest assets. Her most endearing trait was an unrealistic faith in the genius of her children.

Just as extreme was her intolerance of slow thinkers. She was also apt to regard men as a bit of joke. When Germaine Greer et al arrived to preach feminism and equality, it was hard to grasp the point. In our house, one was used to feeling only profound sympathy for whichever poor bloke my mother was currently persecuting and harassing into an outrageously unfair deal. Typically, she loathed bullies, while being a disgraceful bully herself. Not that anyone ever had the nerve to say so — least of all my father, who adored her. We lived by her bizarre codes of practice. Questioning her wisdom, doubting her decisions, was unthinkable. She was part magic, part monster. I have been comfortable in the company of madness and monsters ever since.

It is hard to pinpoint the first stirring of unease. Was it the time she turned up at my home in a shabby old dress when she had rooms full of designer clothes? Was it her diatribes against her hairdresser, her housekeeper,

her accountant? Why would my father, as she claimed, be hiding her jewellery? We, who had lived with her extreme behaviour all our lives, were slow to spot the change.

My mother began to be treated for diabetes. Curiously she phoned me several times, distressed, complaining that the consultant was asking her for money. "He says he can't treat me because I owe a bill." I contacted him. Was a bill outstanding? Certainly not, he said. So what was going on? Her age, he said. (She was 73.) "The arteries of her brain are hardening." Why did he fail to spell out his diagnosis or warn us of what was to come? Five months later, she fell and broke her hip. While she was recovering, she rang to complain my father was in bed, ill, and not looking after her. I sensed trouble. I drove to Liverpool, immediately. What met me was shocking. The house was a tip. My father was very sick. She was making no sense. I bundled them both into my car and returned to London. My mother, immobile and frightened, moaned, cried and shouted the entire journey.

My GP diagnosed my father as having a ruptured hernia. He was admitted immediately to the Royal Free Hospital in Hampstead. Only reluctantly did they also admit my mother to stabilise her diabetes. Next day on the ward, she was convinced she was at Champneys, her favourite health farm. Seconds later, her mood turned ugly. She tried to leave her bed although she couldn't walk. It was terrifying. What was I to do? A 72-year-old father, two floors up, about to have a major op, and a violent, lunatic mother. And, before the end of the morning, a registrar and a ward sister suggesting I removed her to free the bed for "properly sick patients". But how could I? I had a four-storey house with the bathrooms on half landings a stair-walk from any bedroom, a full-time job, a sick father, an absent husband, a daughter taking her O-levels. My brother arrived from his home in France. Frightened and confused, we bickered about what to do. My father was still too sick to take it in. Only Emma, my daughter, then 16, behaved with any dignity. She simply sat with her Nanna, holding her hand.

In desperation, I contacted the Alzheimer's Disease Society. For the first time, the family grasped the reality of dementia — the beast we were almost certainly battling with. And learnt things were not going to get better. I stood my ground. I insisted the hospital assessed my mother thoroughly. Not the 10-minute job by the psychiatrist that had pronounced her 'mildly confused'. A month later, severe dementia, an advanced state of Alzheimer's, was diagnosed. The hospital consultant advised full-time care in a home, but offered no help in finding one. I rang dozens. Most would not contemplate someone already senile and incontinent. Those that would unnerved me. They were privately run by tough women with red nail polish. The residents were zombies. How could I subject, my mother - she who would have gone to her death for me - to such indignity? We found a kindly Irish nurse who cared for old people in her own home, but after 48 hours, she said she couldn't cope. My mother's wailing was nonstop. After three days, another home, she caught pneumonia and was back at the Royal Free.

My mother deserved better from us than this. Fear, panic, shame, guilt, despair; I felt it all. I put my unsuitable house on the market and started investigating private nurses, but long-term solutions were lost in the chain of chaos of here and now. The consultant suggested Friern Barnet, a bleak Victorian psychiatric hospital. It was harrowing. Locked doors, dark corridors; a ward with dozens of women with varying degrees of madness, sitting rocking and moaning. Yet within days, the nurses had reduced my mother's sedation and contained her distress.

To ease their workload, they asked me to buy her some washable polyester dresses from the hospital shop. Next day, she was wearing one and they had tightly permed her hair. Overnight, she had become indistinguishable from all the other confused old ladies. The family's most dominant and powerful member, the one who fought all our battles, was in an institution and reduced to a state of permanent helplessness. For the next six weeks, my father spent hours of each day at her bedside. Increasingly, she slept. Then a cold turned into a high fever. She began to drift away. Awake, she barely recognised us. Except for Emma. When Emma spoke, she raised a smile.

Alzheimer's disease does not kill; some live with it for years. Mercifully for my mother, a week later, on July 4 1986, she died from pneumonia

Ian Botham's Father ; Daily Telegraph; May 2014

I couldn't visit my father when he was dying from dementia. Sir Ian Botham tells how his family was devastated and his mother left distraught by the slow, agonising death of his much-loved parent. When his much-loved father, Les, was dying, very slowly, from dementia in hospital, Sir Ian didn't visit him for the last six months of his life. "I might sound brutal, but I'm just being honest," says Sir Ian, whose knighthood was conferred in recognition of his tireless charity work. "Unless you've watched a loved one being ravaged by this disease, you can't understand how horrendous it is. "I didn't want my memory of him to be distorted by the illness that robbed him of himself."

Sir Ian, who has a son, two daughters and five grandchildren, made sure they stayed away. He urged his mother to do the same, but she couldn't quite bring herself to turn her back on her husband, despite the fact the man she visited bore no resemblance to her devoted spouse. "By the end, my dad was as near to a zombie as you

can imagine,” says Sir Ian. “He had no control of his bodily functions, no idea who my mum was. Even a six-month-old would have had greater comprehension of what’s going on because at least a baby knows when to eat.”

Sir Ian was speaking for the first time in Britain about his father’s death from Alzheimer’s disease in 2005 — he mentioned it earlier this year in an interview in Australia — to support National Dementia Week. About 800,000 people suffer from dementia in Britain, according to the Alzheimer’s Society. In most cases, it is caused by Alzheimer’s, a progressive disease that damages the brain. Responding to growing concern, the Government has pledged to double funding for research to find a cure or effective treatment by 2025. Sir Ian claims he has never previously broached the subject because “it’s not the sort of thing you bring up in a bar drinking with your mates”. But there was also an element of embarrassment; not for himself but on behalf of Les. “My dad would have been mortified if he had known what sort of humiliation lay ahead,” he says, quietly, casting his gaze out the window. “He would have thrown himself off a cliff rather than end up the way he did.”

Looking back a generation, Sir Ian says he noticed that when his father was in his mid-70s he occasionally seemed vague and forgetful, nothing more. “If you asked him what he planned to do today, he might respond with, ‘I’m going over the hills and far away’,” says Sir Ian. “Mum took him to the GP but dementia wasn’t diagnosed because the early stages are hard to identify.” But it gradually became clear that Les was suffering from more than the odd “senior moment”. The penny finally dropped for his son on the green at Yeovil Golf Club. “My dad seemed fine, but as he stood over the ball, he turned to me and asked ‘What do I do now?’ with genuine bafflement,” says Sir Ian. “The man taught me to play golf when I was three, but he had forgotten how to play it.” A diagnosis soon followed. “My dad had been an officer in the Navy and a fine sportsman, and watching him deteriorate was appalling,” he says. “We kept him at home and brought in carers. I took him to my house in Spain, to see if the change of air would do him good; we had to travel by private jet as he couldn’t have coped with an airport.” The trip was not a success. Sir Ian’s swimming pool featured a tiled crocodile motif on the bottom; Les was too frightened to walk across it. On the journey home, he lay down on the floor of the plane and refused to stand up. “We realised we would have to send him to hospital,” says Sir Ian. “He needed care we couldn’t provide; he would become violent and have to be restrained to have a shower. Later, he needed to be sedated.”

One of Sir Ian’s last memories of his father, then aged 82, was of him “shuffling about the ward, holding the hand of anyone who happened to be passing”. “There’s a saying that you come into the world as a child and you leave as one, and that was true for my father,” says Sir Ian. “There was no point going to see him because he got no comfort from it; he didn’t know who he was never mind who I was.” Sir Ian believes his mother’s death, in 2012 was hastened by the agonising ordeal of watching her husband die. “Dementia causes the organs to shut down, and in an infirm, elderly person, that can happen quite quickly. But my father was so physically fit that it took a long time for his body to fail,” he says. “My mum aged years, she would cry after every visit, emotionally exhausted. Afterwards she said she wished she had taken my advice and kept away. That’s the terrible thing about dementia; you watch someone die twice over.”