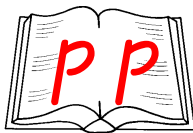


For Pete's Sake

by

Yvonne Crabtree



Petan Publishing

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Dedication

I would like to dedicate this book to the memory of Muriel and Kenneth Lay, Peter's beloved Granny and Grandpa, without whom I probably wouldn't have survived to tell this tale!

Acknowledgements

I would like to thank the many people who contributed to this book. Their excellent memories of events, sometimes long past, helped to bring together the story of Pete – his deeds and misdeeds – far better than I could ever have done, relying on my own brain.

Some are named in the book but I am not going to list everyone here, as it would be too long, but you will know which stories are yours.

My sister Janet gets a mention for the title, for which she was unwittingly responsible. I had been telling her a tale about Peter, regarding some bureaucratic mishap and at the end of it she exclaimed, ‘Oh! For Pete’s Sake!’ I remember thinking, ‘that would make a good title for my book’ and from that point on, I knew I had to sit down and get on with it.

Hannah, my daughter, deserves thanks, not only for the assistance she has given me with the book but also for her endless patience with her brother.

Pauline Grogan and her staff at the John Gaffney Home need not thanks but a medal! Keep up the good work, Pauline.

My thanks also go to our families for their enduring support, our friends for making space in their lives for Pete and to all of the people who have given freely of their time to enrich Pete’s life in some way.

For her advice and encouragement, I would like to thank my editor, Maureen Blundell and for his patience and generosity, my publisher, Peter Cooke.

To Andy – thank you for believing that I could actually write this story. And last but not least, thanks to Pete, without whom there would have been no story to write!

If there are any errors in the book, they are most probably mine and I hope you will forgive them.

Yvonne Crabtree. Hellifield, Yorkshire, October 2007

Prologue

I pressed my throbbing head against the cool bathroom tiles and listened to the scream. It seemed to go on forever but I just stood there, listening. Eventually it stopped and I realised I'd been holding my breath. I still couldn't bring myself to move but I relaxed enough to breathe again, slowly. Then the awful thought occurred to me – perhaps she's dead. Perhaps he's killed her.

Hannah screamed again, shorter, shriller, and I knew I would have to intervene, even though the possibility that *I* be the one to commit murder seemed more likely with each passing moment. I envisaged the police arriving – a kindly policewoman comforting my daughter, the body of my son on the floor, me marched off to the police station and my husband, at work, being informed of what I'd done. Then, knowing that I could never put them through all that, I shook these fantasies away and went to rescue Hannah, once again, from her brother's clutches.

But I'm getting ahead of myself.

Part One

How it all began

May to December 1979, Sharjah, United Arab Emirates

I was lying on our G.P.'s couch at two o'clock in the morning having been unable to sleep because of agonising earache. Dr Arabi, a French-speaking Lebanese who spoke good English, inspected my ear and said, "I can't give you any pain-killers, Mrs Crabtree."

"But I must have something!" I wailed, in tears because of the terrible pain.

"You want to put your baby at risk?" Dr Arabi asked, and then beamed at me. "Yes! You're pregnant, Mrs Crabtree. I had your results today."

Momentarily lost for words, I found myself laughing and crying with absolute delight.

My husband Andrew and I had both been keen to have a baby but had delayed the decision because of our travels. Before coming to Sharjah we had spent two years in Zambia, then a year back in England where we bought a house, found jobs and fully intended to settle. However, after only about eight months we got itchy feet again and Andy began to apply for several jobs abroad, finally accepting an offer in Sharjah as Chief Accountant for Lamnalco, a marine supply company. We both quickly felt at home in the United Arab Emirates and saw no reason to postpone starting a family.

Andrew was also delighted at the news, and we were thrilled when Dr Arabi told us our baby was due on Christmas Day.

The pregnancy was an easy one – not too much in the way of morning sickness, no huge, uncomfortable 'bump' and very little unmerciful kicking; just a gentle fluttering sensation. I don't remember thinking there would be any specific problems during the pregnancy and birth, but I do remember having a very strong feeling that I should count all and any of these blessings.

We flew back to England at the end of July and spent a month visiting family and friends. I was very proud of my neat 'bump' and more than happy to wear the voluminous maternity clothes, which were very different from the clothes that expectant mums wear today. I did find, though, that in the early stages I couldn't bear any pressure on my tummy, not even the special maternity trousers with the unattractive elasticated panel at the front.

When we returned at the end of August, life was very relaxed in the Gulf sunshine. We lived in a town house on a small estate about three miles from the centre of Sharjah. Each house had its own small garden with access to the communal garden and swimming pool, which is where I'd probably picked up the ear infection.

Like many expectant mums, I was worried about tempting fate by

amassing too much baby equipment too soon, but I gradually began to collect the basics: a navy blue carrycot on wheels, a wooden cot and a bath with a stand. All of these items were second hand and in very good condition but I still spent some happy hours cleaning and polishing them.

By the end of November, the nursery was just about ready and for the last month of my pregnancy, I spent my time by the pool in the late afternoon sunshine, when the temperature was at its most pleasant, with a cup of tea or a soft drink. I read the 'Guide To Looking After Baby' books that I'd bought in the U.K. and tried to imagine what my life would be like when I had a baby of my own to care for.

While in England I had really enjoyed helping to look after my two nephews, Andrew and Jamie, and my niece, Suzy. I loved the smell of newly bathed baby and the feel of a cuddly little body wrapped in a soft, fluffy towel. I couldn't wait to have one of my own.

When I woke on Saturday, December 8th at about five o'clock in the morning with a slight but persistent pain, I didn't take it to be the onset of labour as it was too soon. I lay for a while, waiting for the pain to go away, which it did after a couple of minutes. When it returned about twenty minutes later, I had a bath, then woke Andy and told him that I thought the baby was on its way.

We phoned Dr Arabi at about seven a.m., who told us to come to his surgery and greeted us with his usual offer of drinks – the strong, bitter, local coffee for Andy and orange juice for me – an offer hastily withdrawn when he realised I really was in labour.

With his usual reticence to examine me, probably because he was Muslim but still so strange in a doctor, he put his stethoscope to my tummy, assured me that all was well and said that we should go to the hospital.

The Rashid hospital was in Dubai, about twenty miles away. Arriving at the reception desk at about eleven in the morning, after a brief visit to Andy's office, we were dismayed to discover that the one thing I had forgotten to take with me was my hospital registration card. The receptionist was unwilling to admit me without it, I didn't want Andy to leave me in reception while he went back for it and I certainly didn't want to risk a forty-mile round trip. Panicking, we eventually hit on the idea of ringing a neighbour who had a key to our house, so that she could get the card and read them my registration number. All this took about half an hour and I was very relieved when I was finally given clearance to go through to the ward.

Strangely, up to then, the staff had been very happy for me to stand around in reception and hadn't been at all concerned that I might have to make the return trip to Sharjah - but once I'd been admitted, I had to make the short journey to the ward in a wheelchair!

As we were in a Muslim country, Andy was not allowed to be present at the birth. Despite the growing trend in the U.K. for fathers to be more involved, he was not overly keen on being there, anyway. I had thought that I was happy about this but now that the time had come, I really didn't want him to leave. The idea of having the baby abroad had seemed romantic - but now I just felt scared. I was given an internal examination (with Andy out of the room) and told that it would still be quite some time before the baby was born.

At about four o'clock in the afternoon, the staff told Andy that he should go home, as I was still no further into labour. He had, of course, only just left when things began to speed up and I was quickly moved to the labour ward. Poor Andy had only just arrived home when they phoned to tell him to return! Our son was born at half past six, weighing 6lb 13oz, with a full head of thick, black hair and everything seemingly fine.

The nurses put him into a cot by my side in the delivery suite and all I could do was gaze at him. I was exhausted but ecstatic. As I lay there, I recalled my Mum telling me that childbirth was 'the greatest pain in the world but the soonest forgotten'. When the porter came to take me back to my room an hour later, my baby was taken away to be cleaned up. Andy came in to see us but our son wasn't returned until nine-thirty and still hadn't been washed. We just assumed that the staff had been particularly busy, so began talking about names but then the staff shooed Andy away, saying that I needed to get some rest.

A doctor came in, looked at the baby and went out again; then later, a nurse suggested that I try to feed him. I had little success. I had wanted to breastfeed and assumed that the failure was due to my ineptness. The nurse was not particularly concerned and eventually took the baby off to the nursery, telling me to have a good night's sleep. I couldn't sleep a wink - I just wanted morning to arrive, so that I could be reunited with my son.

Breastfeeding still proved to be impossible in the morning, but the nurses didn't seem to be concerned and said that they would give him a bottle. I didn't feel that that was quite right but, as an inexperienced new mum, I bowed to their greater knowledge.

I was delighted when Andy came to visit later that morning and was able to hold his son for the first time. Immediately after visiting time, however, the paediatrician told me they were taking the baby to Special Care, as he had developed 'a bit of jaundice and a slight respiratory problem.' Again, nobody seemed unduly worried by this and, although I was anxious, I was reassured that this was very common and told not to worry.

Andy came back for the afternoon/evening visit and we went along to see the baby in the Special Care Unit. Andy was more vocal about his worries

than I was at this stage, but the nurses were very quick to allay our fears.

By Tuesday evening, I was definitely more anxious. The baby was being fed through a tube and the nurses had given me a machine to express my breast milk, which they then threw down the sink. Still sore from the stitches, and feeling sad and slightly useless, I started to cry. I was in a strange country, had just given birth to my first child, with no family other than Andy around and almost no visitors. I suppose it was hardly surprising I was feeling weepy and a little sorry for myself.

One of the nurses in the SCU came over and asked what was wrong. I told her that I was very worried about my son. Unlike the others, who had been quick to reassure me that there was nothing to be concerned about, she smiled and said, "Don't worry, it's all in God's plan". Although I knew that she meant her words kindly, I didn't feel comforted by them but rather had a deep feeling of unease.

When Andy came to visit the next morning, we talked some more about names and decided that we would call the baby Stephen. Andy asked me if I knew how long we should expect Stephen to remain in Special Care and, when I couldn't give him an answer, he went to speak to the staff. He was gone for so long that my stomach began to churn and tie itself in knots. Eventually, unable to wait by myself any longer, I left my room and hobbled slowly and carefully down the corridor towards the nurses' station.

As soon as I saw Andy's face, I knew that there was something wrong.

The next few minutes will be imprinted on my memory forever. Andy held me tightly and told me there was a problem with our baby.

December 1979 to February 1981

The paediatrician, an Egyptian, spoke very good English and was very kind, passing me tissues as the tears ran down my face. I remember that he was suffering from a bad back and was wearing some kind of corset. He struggled to sit down to talk to us and then had to pull himself up afterwards, wincing with pain. I think the term 'Mongol' was used during his explanation but I can't recall much else that he said.

I do, however, remember him telling me that I should go home, as Stephen would need to remain in hospital for several more days.

I felt so low, especially after the excitement of giving birth. All our hopes and dreams for our new baby seemed to have been cruelly dashed: the baby that we'd planned for was not the one we'd been given. We felt cheated.

Over the next few days, we had to let our family, friends and neighbours know the sad news that our baby had Down's syndrome. That was a very

difficult task, as we didn't really know very much about this condition and could give no real clue as to what to expect. We spent a lot of time in futile questioning – the usual 'Why us?' - as well as wondering if we were somehow at fault. With hindsight, I realise that ours was a common reaction of parents in this position - the feeling that we were responsible for his condition but at the time it was difficult not to feel guilty.

We returned each day to the Rashid hospital and each time I attempted to breastfeed Stephen, with little success. I was becoming very despondent - I felt that if I could breastfeed it would show that I was trying to do my best for him. The turning point, strangely, was when a nurse told me that, because of my baby's poor sucking reflex, it was very unlikely that I would be able to breastfeed at all and that I should stop bothering. Little did she know that was just the incentive I needed. I left the hospital that day absolutely determined that I would succeed.

We spoke to lots of doctors over those first few days who agreed that it would be a good idea for us to return to the U.K. to have our son checked over by a British paediatrician, as the occasional language difficulties made it frustrating for both sides. Through my eldest sister Val, we made an appointment with Professor Smithells at Leeds General Infirmary in January, and began to make arrangements to go home.

On the following Saturday morning, a week after our son's birth, we were told that we could take him home. Fortunately, the bag of baby clothes that I had originally taken into hospital with me was still in the car, so Andy dashed out to get it. Trying to dress our very floppy, sleepy son was a challenge. In the end I had to let one of the nurses help and we finally had him dressed and into the carrycot.

It had honestly never occurred to me that we could have left him for good in the hospital, although we were told later that some parents of babies with a genetic condition did just that. And there were times in later years, when things were desperate, when I did wonder if that is what we should have done. At the time, although I was very emotional and bitterly disappointed that Stephen wasn't a 'perfect' baby, I still felt very strongly that I had *wanted* a baby and I had a baby. He was just a bit more 'special' than other people's, needing more care and attention. Little did I realise then just how much more!

People were very kind, visiting us at home and bringing wonderful gifts for both Mum and baby (poor Dad missed out a bit, I think.) One kind friend, who had fairly recently had a baby herself, offered lots of practical assistance with the breastfeeding. We had discovered that baby Stephen could suck quite well on one breast but that when I turned him over to the other, he was unable to suck at all. With the help of a pillow, we found that he could

actually lie on the same side, just further round, and was still able to suck. Feeding was slow but he was definitely making progress and I was glad that I had persevered.

Andy was wonderfully supportive during all of this, as well as trying to pop in to the office regularly to keep up with at least some of his work. He also said that he would register Stephen's birth and organise for him to be put on one of our passports.

When he arrived back after registering the birth, he looked a little sheepish. Sitting down, he looked across at me and said, hesitantly, 'I've got a confession to make. I didn't think he looked like a Steve, so I've registered him as Peter!'

Actually, changing his name to Peter was probably a good thing, as I can't imagine we would have come up with as many nicknames for Stephen as we have for Pete. Dr. Arabi started it off by referring to Pete as Poupee, the French word for doll. In later years, this transformed into Poopy, as Pete developed an alarming propensity to break wind, particularly after consuming beans or curry. Over the years he has been known as Peely, Perilous Pete, Pesky Pete, Pedro, Pierre, Pirate Pete and, for the past few years, Hairy Peter, as much in tribute to his interest in the Harry Potter films as because of his rather impressive beard and moustache.

Andy's Mum and Dad had flown over to stay with us, as planned, for two weeks over the Christmas period. After Peter's birth, I hadn't been sure that this was such a good idea but all the arrangements had been made and it would have been difficult to change all the plans at such short notice. In the end, we had a lovely time with them and we were very relieved by how they accepted Peter.

We went to a couple of parties over Christmas (with Pete in tow) and to the Lamnalco office dinner (leaving him with Grandma and Grandad). We had fairly quickly started to pick up the threads of life again, although I can remember very little detail of this period; I think I was on automatic pilot for a lot of it.

I found it very difficult to tell people about Pete's condition but I was quite happy to feed, change and bath him, all of which seemed to take an incredible amount of time each day. I was lucky that we had a young Indian man who came in three mornings each week to do the heavy housework, as I never seemed to have much time to spare in between dealing with Pete's needs.

Pete slept in his carrycot, at the foot of our bed for the first three months, so that I could hear him as soon as he stirred. He never cried when he woke and I was always afraid that he would not get enough to eat because he was so

passive. I got into the habit (like many new mothers, I'm sure) of sleeping with one ear 'cocked', so that I wouldn't miss the small sounds he made when he awoke.

Feeding Pete took a long time. He would often fall asleep after only a few minutes sucking and I would have to nudge his cheek gently with my finger to rouse him. A feed that should have taken twenty minutes regularly took twice that time in the early days.

I was convinced that breast-feeding was the right thing to do but I was in agonies of doubt about the amount of milk he was getting. That, of course, would have been easier to evaluate had I bottle-fed him but having read that people with Down's syndrome were prone to gain weight, I really wanted to persevere.

Changing his nappy was also a slow job. He was very floppy and because of his lax pelvic muscles, his hips would splay outwards, making his nappies very difficult to pin securely in place.

Dressing him was even more of a nightmare. He wasn't uncooperative – it was just that his limbs were so relaxed. Pushing his arms and legs through the sleeves or legs of his clothing was frightening, as I was convinced that I would hurt him.

By the time I'd fed him, changed his nappy, washed and dressed him, it would be almost time to start the whole routine again.

As the paediatrician had suggested, we made our preparations for a trip to the U.K. With my sister Val's assistance we set up various appointments in Leeds and hoped that we would get a lot more information about Down's syndrome (or Mongolism as it was still sometimes called in those days). We had also joined the Down's Children's Association and had received some very useful information from them, in the form of several small booklets. Some dealt with practical aspects, such as feeding; others with the health problems that we might expect to face and some were personal stories, told by the parents of Down's children.

The health leaflets made agonising reading, as they seemed to be full of information about all the other problems from which Down's babies could suffer. At that time, I didn't even want to consider that there could be further disabilities.

We had booked our flights home in order to take Pete to see a variety of specialists, so I knew that we would have to face further ordeals, particularly as we had been warned that he had a suspected heart defect.

In dark moments, I really dreaded finding out that Pete had anything else wrong with him but I tried hard to present a positive, cheerful face to the world.

We flew into Heathrow and then took a tube to King's Cross Station to

get a train to Bradford. By the time we were on the tube, Pete was obviously hungry. He'd never had to wait so long for food before, so this was the very first time we heard him cry properly. It was actually a relief to hear that he could yell like a 'normal' baby, even though our fellow passengers probably didn't agree!

Andy's parents had offered to let us stay with them and we heard Pete exercise his lungs for the second time the very next morning. He woke up with a wet nappy and, being unused to cold weather, must have experienced a very uncomfortable sensation. He was certainly not going to put up with that and made sufficient noise to wake the whole household.

The next couple of weeks were a gruelling round of hospital visits, but we were also able to visit both our families, all of whom were very supportive. I think that because we'd had those first few weeks on our own, we had come to our own decisions about how we felt and how we would cope. So, when we presented Pete to our families, they were able to take their cue from us.

Of course we had done our share of weeping and gnashing of teeth but we had done it largely out of public view and were able to face the world with some degree of composure. We have always been grateful to our families for their complete acceptance of Pete, however much he has tried their patience over the years.

Although we hadn't attended church at all in Sharjah, I felt very strongly that I wanted Pete to be christened. We were able to have him baptised at St. Paul's church in Shipley, where Andy and I had been married. Val and our friend, Nick Denison, kindly agreed to be Pete's Godparents. Pete wore a lace gown that had been in Andy's family for several generations. He behaved beautifully throughout the service and at the small party held afterwards at my parents' house.

The trips to see the various doctors were a bit of a roller coaster, emotionally. Pete was found to have the typical type of Down's Syndrome, 'Trisomy 21'. This means that he has 47 chromosomes in his cells instead of the usual 46, the extra one being attached to the 21st pair. We also discovered that, in our case, the condition is not hereditary and that because of our ages when Pete was conceived, the chances of producing a baby with Down's Syndrome were about 2000 to one. With odds like that, perhaps we should play the lottery!

We also had confirmation that Pete had a small hole in his heart but the doctor was unable to tell us whether this would require an operation or not. Luckily, the hole has almost closed as Peter has grown and has rarely been cause for alarm. However, at the time, this was quite a concern to us.

It was during our visit to Killingbeck Hospital in Leeds to see this heart specialist that Pete vocalised his displeasure for the third time. Again, he was

hungry and had been poked and prodded by various people all morning. A member of staff was trying to run some tests on him and, when Pete wouldn't stop crying, asked me a little frostily if I could give him a dummy. As he was generally such a quiet baby I hadn't seen the need for one but the nurse asked me if she could get one from the store cupboard.

Pete would have none of this strange item. After sucking like mad on the dummy to no avail, he spat it out so hard that it shot across the room and disappeared under a chair. I suppose we should have realised then that here was a man who would have a keen appetite and was not to be trifled with where food was concerned!

Having come to the end of our hospital visits, it was time to make the journey back to Sharjah. It was very difficult to leave the family but I must admit the British winter – cold, damp and dark – made the UAE seem like paradise. Once we had the results of all the tests we flew back to the Gulf and gradually began to get into some sort of routine.

Peter and I both started to attend physiotherapy sessions at the local hospital in Sharjah. On Saturdays, Mondays and Wednesdays we went together for sessions with a lovely lady, who hailed from Scotland. She showed us various exercises that I could do with Pete, to try to encourage him to support his own head and strengthen his back. She was remarkably helpful and gave me more confidence in handling him.

On the other three mornings (Friday being the day of rest, as we were in a Muslim country), I attended alone for physio on my back, which had given me quite a lot of pain during labour. During these sessions, I left Peter with my friend Pat Harvey, who was very supportive. Her young daughter, Caroline, enjoyed playing with Peter and he never seemed to mind how many toys she piled on top of him and didn't protest even when she occasionally tried to climb into the carrycot with him!

Support was also forthcoming from my next-door-neighbour, a nurse at the local hospital, who regularly helped me to put Pete through the exercise regime that I had been given to do with him.

I joined a mother and baby clinic, which was run by a British midwife in her own home, where the babies were weighed and there was an opportunity to talk about any problems. However, I still felt unable to talk openly about Pete's condition and as none of the other babies appeared to have any physical or mental defects, I felt like a real outsider and only went twice.

Our G.P., Dr. Arabi, attended Peter regularly and we also went to the Rashid Hospital in Dubai from time to time. Overall, Pete was making reasonable progress and was taking an interest in his surroundings. He had first smiled at about eight weeks old, while we were staying with my sister Janet in Scotland and it was, from then on, very easy to elicit a smile or a

chuckle from him. He was a pleasant, happy baby, who still rarely cried. We knew that when he did, there really was something the matter.

In April, when the weather became warm enough, we started to take Pete into the swimming pool, which he instantly liked. He was completely relaxed in the water - so much so, that it was sometimes difficult to get him to move! When he began to weigh more and to move about more, we tried him with a variety of armbands and rubber rings, without much success. They were all too big for him and, because he was so floppy and loose-limbed, he just sort of slithered through the arm and leg holes. However, he never minded when he occasionally ended up with his face in the water and would just blink and shake his head. In the end, we found that a combination of armbands and rubber ring worked best, even though they made him look a bit like the Michelin Man.

The warm weather suited Pete and he definitely benefited from the climate, being generally free of the chest infections, colds and coughs to which many babies with Down's Syndrome are particularly prone.

Around this time we bought him a chair, which converted into both a high chair and a swing, which he loved. We also bought a baby-walker that had a fixed tray on the front. At first he used to flop forwards but eventually learnt to sit up so that his hands were free to play with the toys on the tray. I think he enjoyed the change of position and the fact that he could see the room from a different perspective. We also had a 'Bonny Bouncer' but we didn't use that much during this period as Pete looked rather like a drunken parachutist in it, hanging limply instead of bouncing up and down.

As Peter was very floppy, bath time was always interesting. It was difficult to hold on to him when he was wet and slippery. Eventually, I transferred him from the baby bath into the big bath. I found that, by putting him in just a couple of inches of water he could lie on his tummy and keep his head and neck out of the water. This left me with two free hands to wash him and gave my back a rest. **(Plate 1)** Once he had learnt to roll, he would turn over repeatedly in the bath, generally enjoying himself.

By the time we returned to England in July for Andy's annual leave, we were more relaxed with Pete. He was sleeping through the night, taking a limited variety but reasonable amount of solid food along with breast milk, and was definitely developing his own personality. Although he was nearly always good-humoured at this stage, he did sometimes show another side to his character that made us almost think he was a different baby.

Sometimes, we parted his hair in the centre and referred to him as Baby Cedric, Pete's imaginary Australian cousin. I have no idea why we chose the name Cedric, except that the hairstyle gave him a rather old-fashioned look, but I do remember that we did this when he was behaving in a particular way.

For brief moments, he would press his lips together and shake his head from side to side, very fast, as if he was really displeased about something and no amount of coaxing would make him stop.

Pete was amazingly good at adapting to new surroundings in his early days and responded very happily to all the friends and relatives who came and went in his life. The only times he showed signs of distress were when people shouted or raised their voices for any reason – not necessarily because they were cross.

We stayed in the U.K. for a month during the summer, away from the worst of the heat and high humidity of the Gulf. During this visit we were given board and lodging by my Mum and step-dad, who were both keen to be involved with Pete, playing with him, singing to him and generally helping to stimulate him. Pete loved music of any kind from a very early stage and would jig about enthusiastically to even the most tuneless singing, which was just as well as his Gran was pretty nearly tone-deaf.

We had another round of hospital trips, which I still found difficult. Although we were coping well with Pete on a day-to-day basis, we were both still very anxious about his future. I wanted someone to say that he would be one of the lucky Down's children who would be able to talk, walk, read and write and generally get through life without too much difficulty. Of course, no one was ever able to say that to us, as there's no way of telling how any child will develop, let alone a child with a mental handicap. We were advised to give him as much attention as possible and to keep him stimulated, in the hope that this would help his future development.

Professor Smithells noticed Pete's squint during our visit to him and also told us that Pete's testicles had not descended, but treatment of both conditions was deferred. Dr. Scott, the heart specialist, was the most enthusiastic about Pete's development and his condition. Tests showed that the hole in his heart had not enlarged and Dr. Scott was cautiously optimistic that he would not need an operation.

The general opinion of virtually all the medical staff we saw, both in England and Sharjah, was that we should have another baby as soon as possible. I wasn't really sure about this as I was, on one level, very content with my baby. He would put up with endless amounts of cuddling and attention but didn't cry if I put him down to attend to something else. He smiled and gurgled at the drop of a hat and didn't put up a struggle when he was being bathed, changed or dressed. Obviously, underlying all this was my worry about how he would develop, but I couldn't really see how having another baby would change that.

In the end, we decided to let nature take its course and, as I was still breastfeeding, we didn't think that anything would happen too quickly. However, we had only been back in Sharjah for a few weeks after our summer break when I began to think that I might be pregnant again. I saw the gynaecologist towards the end of October, who put me at about 16 weeks' pregnant and told me that I should return to the U.K. for an amniocentesis test. She was not keen to carry it out herself as it was a relatively new procedure and I had had a small amount of bleeding. She said that it would be better if I had it done in the U.K., where someone more familiar with the technique could perform it and there would be less chance of causing a miscarriage, which was a significant risk even without the bleeding.

Arriving back in England in late October, I was admitted to hospital within days, as by this time I was starting to bleed more heavily. Andy and Pete once again stayed with my Mum and step-dad and came to visit me every day at the hospital. Performing the amniocentesis was out of the question now and I was confined to bed. After a month of this and no sign of any improvement, Andy reluctantly told me that he would have to return to Sharjah, as he obviously still had a job to do and his boss had been more than fair about the amount of time he had taken off work.

My Mum very kindly agreed to look after Pete and gave up her part-time job to care for him. I was allowed home at one point as things seemed to have settled down, but within a couple of days I was rushed back in by ambulance. I spent time in three different hospitals and began to feel increasingly desperate.

Pete spent his first birthday with Gran and Grandpa (as we called my parents – Andy's were Grandma and Grandad) with his Dad still in Sharjah. He was brought to see me in hospital and we opened his presents together and had a birthday cake. The nurses were lovely and all gathered round to sing 'Happy Birthday' to him but I was heartbroken after Pete had gone. He had begun to realise that when his coat was put on it was time to leave and he would start to cry.

Christmas must have been very hard for my parents, as by then I was in a different hospital, which had very strict and inconvenient visiting hours. These didn't fit in well with Pete's routine.

Immediately after Christmas, I was moved to yet another hospital. I was still threatening to miscarry and had begun to have contractions. The day before New Year's Eve, the gynaecologist came to see me and told me that neither the baby nor I was doing well. Her strong recommendation was that I

should have the baby aborted, preferably within the next twenty-four hours. I was allowed to telephone Andy, who agreed to come home to be with me. He managed to get a flight on New Year's Eve and arrived at the hospital at about ten o'clock in the morning on New Year's Day, 1981.

I was immediately put on a drip to speed up the contractions and delivered Pete's brother or sister that evening. We were not allowed to hold or see the baby and I left hospital the next day without even knowing its gender. Nowadays, a baby born at 25 or 26 weeks would have some sort of chance but back then, it was never expected to survive.

As soon as I was pronounced fit to travel, we went back to Sharjah. I was at a very low ebb but pleased to be reunited with Andy and Peter. The warm sunshine was welcome after the dull January weather and I slowly started to come round.