

Glossary of abbreviations

Here are some frequently used abbreviations you might come across in this magazine and elsewhere in healthcare.

updated for covid-19

A&E AIH ALD	Accident and Emergency Auto Immune Hepatitis Alcoholic Liver Disease	LFT LFT	Liver Function Test Lateral Flow Test
ALF APEX ARDS ARI	Acute Liver Failure Advising on the Patient Experience Acute Respiratory Distress Syndrome Acute Respiratory Infection	MRC MRHA	Medical Research Council Medicines & Healthcare products Regulatory Agency
ARLD	Alcohol Related Liver Disease	MRI NAFLD	Magnetic Resonance Imaging Non-Alcoholic Fatty Liver Disease
BP	Blood Pressure	NASH NFIB	Non-Alcoholic Steatohepatitis National Fraud Intelligence Bureau
CCG	Clinical Commissioning Group	NICE	National Institute for Health and Care Excellence
CRESTA	Clinics for Research and Service in Themed Assessments	NHS NHSBT	National Health Service NHS Blood & Transplant
CQ CQC	Chloroquine phosphate Care Quality Commission	NIHR Research	National Institute for Health
CT	Computed Tomography	NSAID drug	Non-steroidal anti-inflammatory
FLI	Fatty Liver Index	· ·	B #
GIT	Gastrointestinal Tract	PALS Services	Patient Advice and Liaison
GP	General Practitioner (doctor)	PBC PHE	Primary Biliary Cholangitis Public Health England
HAV	Hepatitis A Virus	PPE	Personal Protective Equipment
HCC HCQ	Hepatocellular carcinoma Hydroxychloroguine	PPI/E	Patient and Public Involvement/Engagement
HCRG	Hepatobiliary Clinical Reference	PSC	Primary Sclerosing Cholangitis
Group HCV	Hepatitis C Virus	RAT	Rapid Antigen Test
HDU HE	High Dependency Unit Hepatic Encephalopathy	TED	technology, entertainment, design
HEV HIV	Hepatitis E Virus Human immunodeficiency virus	TX T2DM	Transplant Type 2 Diabetes
HPB HRCT	Hepato-Pancreato-Biliary High-Resolution CT	UIOLI URSO	Us It Or Lose It Ursodeoxycholic acid
ICP ICU ITU	Integrated Care Plan Intensive Care Unit Intensive Therapy Unit		date this glossary every issue)

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- 2 Glossary of Terms Used
- 4 Chairman's Report
- 5 Diary Dates for 2022
- 6 LIVErNORTH Talks on YouTube
- 7 PSC Clinical Trials Opportunity (Obeticholic Acid)
- 8 What's In My Hospital Bag? by Katherine Walcott
- 9 BMA Advice on Wearing Face Coverings
- 10 Sally's story: 'It's not only binge-drinkers and 'alcoholics' who get cirrhosis.'
- 12 North East first for Gateshead liver team
- 13 Finding Family by Liz Bennett
- 15 The Discovery of Vitamins stranger than fiction by Alf Bennett
- 17 The PANORAMIC clinical study Sian O'Dea
- 19 He was born in or was that 'made' in Blyth by Alf Bennett
- 20 Watching Geordie Hospital from afar, by Fiona Hale
- 21 Cancer in the Workplace Maggie's Newcastle upon Tyne Marian G-C
- 22 LOTTERY Application Form
- 23 KEEP THIS PAGE FOR REFERENCE (USEFUL NUMBERS)
- 24 Helen's Howlers
- 29 Holiday Cottage Auction Little Flores Holiday Cottage, Seahouses
- 30 UIOLI SUDOKU Spring 2022 & UIOLI SUDOKU Winter 2021 solution
- 31 Answers to 'A Capitals Quiz' from Issue 77
- 33 Insurance Matters
- 34 LIVErNORTH Information Leaflets Available

Contact Numbers - inside back cover Helpline Numbers - on back cover

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Chairman - John Bedlington

Well, what can I say? Things that were big news in the UK a few days ago have now paled into insignificance due to the situation in Eastern Europe. Our thoughts have to be with the poor souls living in Ukraine who must be worried sick about their future. Who knows what that will look like? As I write it seems that Kyiv is under attack but the situation may have changed drastically when this LIVErNEWS is in your hands and you are reading it.

I wanted to mention the above to put something else into perspective and that is Covid. Please remember that it is still here, it is still with us, it will be for a long time and could have serious consequences if contracted by someone who is immunosuppressed. At the start of the pandemic we recommended wearing face coverings in public and indeed many of you bought face masks sold to support the charity. Later, following advice from virologists, we advised wearing masks that were designed to protect the wearer - these are rated PPF2 or above. The blue masks you have to wear in hospitals and health care settings are to protect others and offer little in the way of filtration. There is some general advice on this from the BMA on page 9.

Please take extra care when in public places and continue to wear a mask that protects you. This pandemic has been highly unpredictable and who knows where the next twist of fate will take us. All we can do is be sensible and take precautions near other people, especially as society opens up and restrictions are relaxed.

That's the lectures over, now to tell you about our Spring 2022 LIVErNEWS. We are working hard to pull speakers away from their NHS duties to find time to join our

Zoom meetings. It's difficult as they are snowed under and it feels a little selfish asking for their time but we have managed to get a brilliant speaker for our meeting on March 9th - see page 5 for details of how to join us. This talk follows on from the highly successful 'Geordie Hospital' series and if you haven't seen it, please try to watch it on catch up - it's excellent. Three of the 'stars' are LIVErNORTH friends and one of them (Mr Jeremy J French) is a governor so we are well represented. If you want to know what others think about the Geordie Hospital check out Fiona's piece of Page 20. Mr Colin Wilson, the Consultant Transplant Surgeon (and LN friend) featured doing a kidney transplant is going to tell us about the programme and behind the scenes - he's also going to cover organ donation and transplantation so it's not to be missed. I'm not going to list every article but I would like to thank my fellow governors who sent in their lovely pieces - this is what makes the LIVErNEWS so readable and enjoyable so thank you and please keep them coming! I'm sure many of you struggled with the Christmas capitals guiz as much as we did. We got all the answers, sent it to be marked and found out that we only got 98 out of 100 as there were 2 spelling mistakes! Helens Howlers hits a new low (or high) depending on your view in this issue but I'm sure that some of the jokes will brighten some of your days and that's our aim. Please keep them coming - we all need a laugh, more now than ever.

In closing - we have a few Great North Run places (September) if you want to fundraise for us by doing the half marathon - apply now by email!

Best wishes all and STAY SAFE.

Diary Dates 2022

Don't miss our next meeting!



Get the inside info on the great TV Show 'Geordie Hospital' with Consultant Transplant Surgeon Mr Colin Wilson.

You are invited to Join us via ZOOM: 7.00 p.m. 9th March, email us for an invite: info @ livernorth.org.uk

<u>Please check our facebook and twitter pages regularly</u> <u>or call us for the latest updates.</u>

Our Zoom meetings are publicised using our social media pages and via email to online subscribers. A link for the meetings is sent to everyone who expresses an interest to join. If you would like to be notified of future meetings just email us at info@livernorth.org.uk and we will add you to the circulation list.

You can watch any of our 30+ videos yourself by searching for YouTube then typing 'LIVErNORTH' - the full list of talks recorded are shown on the next page.

Talks are only recorded once the speaker and the audience have given their permission. To ensure anonymity on the internet, Q&A sessions following the talks are not recorded but anyone can submit a question prior to the meeting so the speaker can be asked during the session.

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Contact details on the back cover

LIVErNORTH on





You can access lots of our talks and videos on YouTube. Go to YouTube in your browser (https://www.youtube.com/) and type livernorth into the search bar. When it loads, click on 'videos', and you will see the 30 or so talks and videos that are currently available.

Or... scan the QR code on the right with your smartphone...



BRIEFINGS & TALKS

Sept	2015	Dr Quentin Anstee	NAFLD
Oct		Prof Derek Manas	Liver Transplantation
March	2016	Dr Peter Littler	Interventional Radiology
Oct	2016	Mr Jeremy French	A Case to Remember
March		Dr Robert Samuel	ITCH in PBC and other liver diseases
July	2017	Dr Kate Hallsworth	NAFLD Lifestyle Interventions
Sept	2017	Mr Colin Wilson	Liver Perfusion
Oct	2017	Dr Kofi Oppong	Endoscopy in Liver Disease
March	2018	Dr Lin Lee Wong	UK-AIH Study
May	2018	Prof David Jones	The Revolution Moves On (PBC)
June	2018	Prof Dave Talbot	The Effect of the Media on Transplantation
Sept	2018	Mr Jeremy French	Human Factors in Surgical Crisis
March	2019	Rahul Bhugra	The Yellow Card Scheme
March	2019	Prof David Jones	PBC
March	2019	Dr Anand Reddy	QE Hospital Liver Services
May	2019	Prof Derek Manas	Transplant Matters
June	2019	Mr Colin Wilson	Liver Perfusion Update
July	2019	Dr Steve Masson	Research Update
Sept	2019	Dr Jess Dyson	AIH/PBC/PSC clusters & findings
Oct	2019	Mr Jeremy French	Training Transplant Surgeons
April	2020	Prof Matt Wright	Environmental chemicals and PBC
Nov	2020	Prof Quentin Anstee	NAFLD
Dec	2020	Prof David Jones	PBC - Where We Are In 2020.
March	2021	Dr Jess Dyson	What's New in AIH?
April	2021	Mr Colin Wilson	What's New in Transplantation?
June	2021	Organ Donor Team	The Organ Donation Journey
July	2021	Prof David Jones	PBC, The Vaccine and the Immunosuppressed
Sept	2021	Mr Aimen Amer	A King's Fellow Returns

TEDx TALK A patient's perspective | Tilly Hale | TEDxNewcastle **DVD (not interactive)** A Patient's Guide to PBC

MOTION GRAPHIC Understanding Tests in Healthcare – LIVErNORTH



Obeticholic Acid for the Amelioration of Cognitive Symptoms trial - 1

Do you have Primary Biliary Cholangitis (PBC)? Are you interested in taking part in a medical research trial?

OACS-1 is designed to find out whether taking a drug known as Obeticholic Acid has any impact on the symptoms of poor memory, concentration or fatigue in patients with PBC.

If you have PBC and would like to find out more about this trial please contact:

Kath Houghton (0191 22 31568 or kathryn.houghton1@nhs.net)

Aaron Wetten (aaron.wetten@nhs.net)

This advertisement has been approved by a Research Ethics Committee on 02/12/2020

IRAS ID 270777 OACS-1 Poster v1.0 21/07/2020

What's in my hospital bag? by Katherine Walcott

My Dad had to suddenly go in to hospital recently in an ambulance (don't worry, he's fine now!) and my mum wanted to quickly pack him a hospital bag. "Stand aside" I said "This is a job for me" because, like many liver patients, I've spent quite a lot of time in hospitals and I know

what needs to be in that bag. So, a bit like a celebrity model talking you through her make up bag (but much more useful I promise), let's delve into that hospital bag and see what's there. Obviously you need your basics: pyjamas, underwear, dressing gown, slippers,

toothbrush, toothpaste and any other toiletries your require. My advice is to make sure all the clothing items are built for comfort and practicality but are also nice. I once bought some new pis for a planned admission but had never actually tried them on. They turned out to be too small and made of quite an itchy material. I also tend not to take the T-shirts that are one wash away from being relegated to the rag box, just makes you feel slightly nicer during ward round when your pis are nice! Underwear also needs to be comfortable and practical and a nice warm fluffy dressing gown is a good comfort as are comfy socks. I take slip on slippers with a good grip to the sole. They need to be easy to put on (i.e. without bending down) and non-slip. I never like the hospital slipper socks! It's always good to put a new toothbrush in and some nice smelling deodorant. Face wipes, moisturiser and lip balm are good for making you feel more human plus

whatever you like to use for your hair. I always put in my latest medical notes as well as all my meds. I have a typed document that I update regularly with all my conditions on and all the medication I'm on plus what I've had in the past and what I've had reactions to. It also has all

my hospital numbers and emergency next of kin contacts on it. I take several copies for hospital staff. Meds are so important to take to hospital. You may think "But I'm going to hospital, this is the place where they have all the meds! Surely this would be like taking ice to the Arctic!"

But meds aren't always available in the pharmacy at every hour and the hospital won't have your prescription so you may not actually get access to what you need at the right time. So taking your own meds with you, even if like me you need a separate bag, is very important.

All of that sounds fairly intuitive, what else is in this bag then? Earphones and a sleep mask! We all know that it's very hard to sleep in hospital, but it's the time that you

sleep in hospital, but it's the time that you need lots of rest. So make the conditions for rest yourself. A comfortable dark coloured sleep mask will keep the light out of your eyes, day or night, and either some good ear plugs or earphones will keep away the hospital noise. I'm not a fan of ear plugs so I use a fleecy headband which contains flat earphones. They can be plugged into a phone or other device and I listen to music or audio books on them. A great escape from hospital noise and easy to buy online.

Lots of practical things are in the bag too

– phone and charger, pens and paper, a reading book and puzzle book, a bit of cash just in case, some edible treats and a long electrical lead in case electrical sockets are too far away. The last few items are a little odd but I find very useful: A metal straw is great for drinking water through while lying down without spilling so you don't need to sit up which sometimes is just way too much effort! Peppermint teabags as a peppermint tea is great to settle the stomach just before sleep. Sore throat sweets are great if you've had a tube down your throat just as

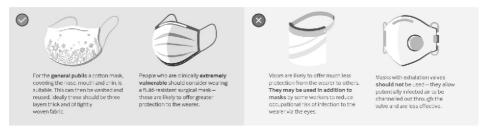
lip balm will help chapped lips which get dry in hospital. You also need to pack the all important 'leaving hospital' outfit. Don't just bank on wearing the same clothes you went in with, you'll want something cleaner but again very comfortable. After putting all that in I can just about close the case!

I hope you found something useful in my suitcase, I'd love to hear more useful ideas as it's great to pool our patient expertise. Let us know your top tips for hospital packing and hopefully we can make all our stays slightly more comfortable.

The BMA believes face coverings should be mandatory in all scenarios where 2-metre physical distancing cannot be maintained between people from different households or 'bubbles', and there are no other mitigating measures in place, such as plastic screens.



Protect others, prevent the spread – wear a face covering



If you care at all about other people, please continue to wear a face mask in public places.



Sally's story:

"It's not only binge-drinkers and 'alcoholics' who get cirrhosis."

Sally lost her husband, Mike, to alcoholrelated liver disease. She decided to share his story, written as a letter to him, to help raise awareness of the condition. Thank you, Sally. Please be aware that some people may find parts of Mike's story upsetting.

"We thought you would want to give others the chance to see their grandchildren grow up, which you missed."

No-one would have described you as a 'boozer'. You never set out to 'get bladdered'. You rarely felt worse for wear in the morning. You just liked to open a bottle of wine before dinner, and your wife only wanted a single glass. There are ten units in a bottle, so you were having eight. Almost every night.

Yes, when you did the regular health checks, the GP said you needed to lose weight and your alcohol intake was too high - but you'd been overweight for years and your mother had lived till 85 on her half bottle of red every night. So it was nothing to worry about. It wasn't like you were an alcoholic. You never drank in the daytime and were an active and hardworking 72 year old, mowing the lawn, chopping wood, DIYing and volunteering. Before lockdown you had even gone for an early morning swim every weekday morning. You were fit enough for your age, weren't you?

What we didn't know (and it needs to be more widely known) is that not only binge-drinkers and 'alcoholics' get cirrhosis, and it is asymptomatic until it's too late to reverse. You don't know your liver is dying until one day there is a health crisis of some sort, perhaps an operation, and it gives up. It is not a nice way to go.

Cirrhosis

So you're in hospital, recovering from what should have been a straightforward operation on the bowel, and they say you'll be home next week. The surgeon says that when they operated they also diagnosed cirrhosis – irreversible liver damage - but provided you stop drinking entirely the damaged liver can go on operating on a reduced capacity and you can have a few more years if you are lucky. It is more common than people realise, he says. This is a shock. It's a wake-up call in so many ways, you say.

You watch a beautiful sunrise through your hospital window and you realise how precious life is. When you get home, you say, it's a lifestyle change. No more alcohol – it was a habit, not an addiction – you will get back to as normal a life as you can. We start thinking about arrangements for visiting carers to help while you recover.

Ascites

But a severely damaged liver can produce a fluid called ascites, which fills the abdominal cavity. It increases till the pressure is agonising. They insert one drain, and then two, to remove the litres of brown fluid, but it's continual. Ascites is particularly prone to infection, so you are being bombarded with antibiotics to try to quell one bug after another. As all the fluid you take in is being diverted to the abdominal cavity, or to your swollen legs, the rest of your body is becoming dehydrated. Your kidneys can only produce a brown dribble and your tongue is so dry, despite sips of water, that you find it hard to speak.

The swelling of the abdomen splits the operation wound wide open, and it is too distended to sew up again. It has to be packed with dressings to heal from the

inside. You are becoming delirious with infection, and they take you to Intensive Care to put you on a blood cleansing machine and attack the sepsis. They hope that your liver and kidneys might recover from the crisis enough to function again.

Except they don't. You are tenderly nursed, one-to-one, 24/7 in intensive care. Sometimes you are delirious, sometimes you are lucid and we are hopeful. After ten days they return you to a ward to nurse you as best they can. The liquid building up inside is not only seeping but occasionally erupting out of the operation wound in a flood of brown gunge that soaks the bed and splashes on the floor - to your distress and disgust. The sepsis cannot be overcome despite multiple antibiotics. You make your dry tongue move enough to say slowly but carefully to one of the many dedicated consultants that you don't want to die but if you have to, you don't want it to be long drawn out.

They put you on palliative care - only intravenous painkillers. At last we are allowed to stay with you as long as we want instead of the one-hour, one-person a day Covid-restricted visiting. They don't know how long it will be. Could be an hour or a week, they say. You are sleepy but responsive in the mornings and we make you smile with funny stories of happy times but you can't work your tongue to speak more than a word or two. We tell you how much we love you. Mostly you are asleep. We go home at night and return to be with you the following morning. On the fourth morning we get a call at 6.30am saying you have slipped away, six weeks after you went into hospital.

More common than people think

People joke about their alcohol intake. I don't find it amusing, now I know what it is to die of liver failure. So many people are

sleepwalking casually towards the same situation without knowing what it means. There is not enough publicity about this. Is it even known how big a problem it is? The 'cause of death' was multi-organ failure, post-operative sepsis – and cirrhosis only appeared in the underlying conditions, but it was the cause of the sepsis. Is anyone collecting this information and flagging it to the NHS as a widespread problem? The consultant said it was more common than people think.

The police find that Speeding Awareness courses are much more effective at curbing speeding than fines, because they make people aware of the consequences of their behaviour rather than merely punishing them. How about an Alcohol Awareness talk at community level for those who are at risk. to raise awareness of this silent disease and the agonies of dying from it? A mere blood test result means nothing to the layman. The GP didn't even recommend a scan, though he must have known where this was likely to lead. If the courses were as effective as the Speed Awareness courses, this could save the NHS millions – I don't exaggerate. It could save many individuals so much personal agony, if only they understood in time that 'just a bottle of wine with dinner' is a potential killer. That wake-up call has to come earlier. Because alcoholrelated cirrhosis is not just that thing that 'alcoholics' get.

It was a dilemma for us whether to publish this, but we thought you would want to give others the chance to see their grandchildren grow up, which you missed.

Sally told her story to the British Liver Trust and they have both kindly allowed us to reproduce it here.

North East first for Gateshead liver team

IQILS for Gateshead liver team

A team at the QE Hospital in Gateshead is celebrating after achieving a national stamp of approval for its service – the first in the North East to do so.

The hepatology service at Gateshead Health NHS Foundation Trust, which helps patients with specialist advice and treatment for all types of liver disease, has been awarded a level 1 accreditation as part of the Improving Quality in Liver Services (IQILS) programme.



The programme is run by the Royal College of Physicians (RCP) and is designed to improve the safety and quality of care that patients receive.

To be accredited, service providers must demonstrate that they meet high standards of care. The standards have been developed with patients and clinicians to ensure that accredited liver services are truly meeting patients' needs. The standards include factors such as ensuring patients are involved in decision-making about their care, monitoring of clinical performance and carrying out audits to benchmark and improve, providing training and support to the staff working in the service and learning from incidents to prevent harm.

Gateshead is one of only eight trusts in the country to achieve level 1, and the first Trust in the North East – and the team has now started to work towards level 2.

Dina Mansour, clinical lead for gastroenterology and hepatology, said: "We are really proud of achieving this accreditation and the fact that it helps us improve the quality of treatment for our patients in what is an ever-expanding service."

"I want to thank the team for all of their hard work. Their care, compassion and commitment to innovation is outstanding. We couldn't have achieved this without our supportive team and special thanks must go to Allison Grapes who was joint clinical lead until her retirement last year and Dr Reddy, who preceded me as clinical lead."



Take time to talk about organ donation

Many people don't realise that their family's support is needed for organ donation to go ahead.

Finding family by Liz Bennett

In our last issue of the magazine I told you about finding my ancestors, along with the story of William Green up to my grandfather.

Now to tell you about another line in my family and the interesting facts found. Starting from my Mam's Mam, Elizabeth Green nee Allison born 1892. Her parents, Henry Allison 1865 and his wife Mary Jane Bell 1866, both born in Ryhope, then part of County Durham.

From Henry and the Allison line I go back to Thomas Allison born 1700. From Mary Jane and the Bell line I go back to Arthur Bell 1759. But with both these lines, there is more on the families of the mothers lines, going further back.

However, I am staying with what I have found about Mary Jane Bell, my grandmothers mother. She married Henry Allison in 1844, had three children, Robert Bell Allison, John George Allison and my gran Elizabeth the youngest.

It was often said in the family that Mary Jane's father was a farmer and that "she had been done out of an inheritance". Things do get passed on in verbal family history and can get mixed up or expanded. Another story, was that 'a grandfather 'had fallen in the village pond drunk and died, but not sure if and which grandfather it was.

Of the older generation left, there was little information on the names of Mary Janes' parents. After applying for the marriage certificate of Henry and Mary Jane, I found her father was listed as Robert and his profession as a farmer.

This enabled me to look for Robert, he was born in Lanchester and was on the 1841,1851,1861,1871 census working on his uncle Arthur's farm in Ryhope. The 1871 census included Mary Jane in 1871 age 6. I then found her in 1881 age 16 listed as a visitor with a family named Hodgson. Again the recall of family verbal history, I remember the name of an aunt Lizzie Hodgson.

When looking for information on family, it's not always enough to just use sites such as Ancestry or Find my past, you have to look in local/national archives. I've found Sunderland local history archives through the library able to find church records, newspaper archives and some books. In one, 'More BlackTears' Ryhope 1860 -1899. I found a mention of Robert, Mary's father who won a prize of £1 in a ploughing match on the farm of Mr Joseph Lee in 1856. It went on to say, the day ended with the judges, members and friends dinning together at The Sun Inn, Ryhope.

Following up on Robert and the grandfather who died in the village pond, using the archives in the Sunderland library and the British newspaper archives I found the following article in the Sunderland Daily Echo & Shipping Gazetteer. Published 26th May 1879.

Coroner Mr Crofton Maynard held the inquest in The Ship Inn on the body of Robert Bell aged 49 a farmer belonging to Ryhope village. The deceased man was in The Duke of Wellington Inn until close upon eleven o'clock on Wednesday night of the 24th. He left for his home in a state of intoxication. He, however, never

arrived, and was found the next morning face down in the pond and only fifty yards from home. Dr Reed said he died from suffocation. There were no marks of violence, his clothing was not torn, nor was there deficiency in his money. The jury returned a verdict of 'Accidental Death'.

So I now was able to link ' the grandfather' who died in the pond as being Robert, Mary lanes father, she would have been 13, which gives another question of her listing in the 1881 census at 16 as a visitor. Looking back at that Elizabeth Hodgson(I now know is the aunt Lizzie) was a young widow with small children, it could be she was there just helping. Not quite sure of who was who but Mary Janes Mothers maiden name was Watson, as was Elizabeth Hodgson. This Elizabeth in 1881 was the head of her family and a washer woman, I later found her listed as a housekeeper working in a large house Burdon Hall, Burdon, Ryhope.

Sadly Mary Jane died age 30 years, leaving a young family, my gran only 4 years old. Henry went on to re marry and

his new wife was also Mary, which causes confusion in researching this family when the two Mary's get mixed.

After Mary Jane died Henry insisted that all girls born in the family had to be named after her, hence my mam and cousins were named Mary Jane Bell.

With regard to the inheritance, we'll never know ,but there is information of probate after the death of Mary Jane's mam, and Roberts wife. There the name of executors is the name of another farming family but it doesn't refer to who the beneficiaries were.

You might ask why I've done this or what I feel I've achieved in this search for ancestors! It's being able to look at this vast background of family and I mean that, the background of who/where/when these were my ancestors, what I know about them good - bad - sad.

There is one thing you cannot change it's where you come from and who your family were - fascinating.

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The Discovery of Vitamins – stranger than fiction by Alf Bennett

Today, we are all aware that we need vitamins as part of a healthy, balanced diet. They are one of the six key essential substances we need in our diet along with, carbohydrates, lipids (fats and oils), proteins, mineral salts and water. They are required by the body in small amounts for it to work properly and stay healthy. Vitamins are identified by a single letter and in some instances with an additional number, e.g. A, B2, B12, and so on to Vitamin E. Currently, there are 13 known vitamins with the last of these discovered as late as 1948. If there is a deficiency in a diet of a specific vitamin, it can result in the development of a particular disease.

The historical evidence for the existence of additional, so called "accessory factors", which we now know as vitamins to provide a healthy diet goes back to the 17th century. History is full of detailed experiments and remarkable fortunate observations which has ultimately led us to the knowledge we have today. This is well illustrated by the development of partial treatments for two diseases which killed thousands in the 18th and 19th centuries, namely, Scurvy and Beriberi.

Scurvy is a disease which typically affected sailors. The symptoms include weakness and irritability, swollen bleeding gums, reopening of old wounds and fever. Once it was on a ship it was regarded as contagious and sailors who suffered badly from it, did not have good outcome. Many were put ashore on remote islands or even worse. To show how deadly Scurvy was, in the 1700s it was estimated that more sailors died from Scurvy than were killed in all the wars with the French and Spanish. On one voyage organised by the British Admiralty in 1744 to circumnavigate the globe with a squadron of 8 ships and 1854 men, it returned with only 188 men. The vast majority died of Scurvy. There was therefore an urgent need

to find some sort of cure. This came after a chance discovery by James Lind, a doctor in the Royal Navy who became a pioneer of naval hygiene. Lind heard of a sailor suffering from scurvy who had been put ashore on a remote island who was discovered months later very much alive and recovered. It transpired that where he had been put ashore, the only thing to eat was a small white flowered plant with succulent leaves. As a result, today this plant has the common name "scurvy grass" and has been shown to be rich in vitamin C. This discovery led to research by Lind using clinical trials (yes, they had clinical trials in those days too) in order to find foods which allowed sailors to recover from Scurvy. The answer was found in the juice of citrus fruits (oranges and lemons) and water cress (seeds were grown on wet blankets on ships and the plants harvested). In 1792, the Admiralty recommended that lemon juice was to be used routinely by the whole fleet. It was going to be more than a hundred years before the substance which prevented scurvy was identified as vitamin C. Today, James Lind has left a very strong legacy, with the lames Lind Institute which aspires to develop talented clinical research. One other interesting spin off is that the Americans call us "limeys", because they thought we used lime and not lemon juice on ships.

Beriberi is a disease affecting many parts of the world. The symptoms are weight loss, difficulty in walking and loss of muscle function. Eventually it can have serious effects on both the cardiovascular and central nervous system. It was a serious problem in in the 19th century resulting in many deaths. The Japanese navy found that sailors fell ill on average four times per year with many dying. It was a chance observation by Christiaan Eijkman a medical officer, who had been sent to Java in the Dutch East Indies 1883 to study Beriberi. He noticed

that the chickens in the hospital compound showed symptoms of the disease and then remarkably quickly recovered. On investigation it was found that the chickens had originally been fed on white polished rice. Then following a cost cutting exercise, they were fed only cheaper brown rice with the husks left on. It was with this change in diet that the chickens recovered. Eijkman concluded that polished rice lacked an additional compound that he called the antiberiberi factor. Consequently, the eating of brown rice was recommended to prevent the disease.

It was left to an English Biochemist, Frederick Gowland Hopkins in 1912 to finally prove that the accessory diet factors that we now call vitamins were essential for health. He took two groups of rats and fed both on pure carbohydrates, fats, proteins, minerals and water. One group he also gave milk. The group that received the milk showed normal behaviour and development, while those without were listless and developed a number of health issues. It was Hopkins who called them accessory factors, later they became known as vitamins. Such was the importance of these discoveries that Hopkins and Eijkman were jointly awarded the Nobel Prize in 1929.

So, you can see chance observations can have profound effects on medical research – Penicillin is another example, but that's a story for another edition.

JOIN OUR LOTTERY AND SUPPORT OUR WORK

Every penny raised goes to liver patient support - we have NO paid employees

To join the 2021 lottery please complete the form on page 22.

If you use online banking and would prefer to set up your own standing order please email: info@livernorth.org.uk or phone 0191 3702961

£1.2 million so far given to liver disease research and funding trials of drugs, equipment and techniques. The lottery income is used solely for prize money and for liver patient support & research.



FILL IN AND RETURN THE FORM ON PAGE 22 TO JOIN **TODAY!**

Registered under the GAMBLING ACT 2005 with the city of Newcastle upon Tyne

The PANORAMIC Clinical Study

The PANORAMIC clinical study is currently looking for participants with COVID-19, including people with chronic liver disease.

What is the PANORAMIC clinical study?

The information below is taken from the study website and explains more about the research:

'PANORAMIC is a UK-wide clinical study sponsored by the University of Oxford and funded by the National Institute for Health Research.'

The purpose of this clinical study is to find new treatments that help those suffering with COVID-19 at home and in the community get better quicker and without needing to be treated in hospital. Most people with COVID-19 are treated in the community and so we need to find treatments that are suitable and effective for use early on in the illness.

PANORAMIC aims to find out if new antiviral medicines help to keep people with COVID-19 from needing to be admitted to hospital and help people to get better. All of the treatments in the PANORAMIC trial have been approved by the UK Medicines and Health Care Products Regulatory Agency (MHRA) for use in the study (which regulates the use of all medicines in the UK), and the study is approved by the Health Research Authority.'

'We are recruiting volunteers, whether they have been vaccinated or not, to join PANORAMIC through this website (www.panoramictrial.org), participating GP practices, and other NHS sites across the UK.

PANORAMIC is open to everyone with ongoing symptoms of COVID-19 and a positive PCR or Lateral Flow test, regardless of vaccination status.

You can participate in your own home from anywhere in the UK for the first treatment being tested in PANORAMIC. No face-to-face visits are required.'

'Those consenting to be part of the study will be randomly selected to either be in a group who receives a course of an antiviral treatment, or a group that doesn't. Two different groups are needed so the study team can see any difference in the health of those who received the antiviral treatment compared to those who didn't.'

'Follow up will be by answering questions each day online and/or telephone calls with the study team, who will be there to support you throughout the study.'

Who can participate in the PANORAMIC clinical study?

Below are further details from the study website about who can participate in the research. You are eligible to join PANORAMIC if:

You are currently experiencing COVID-19 symptoms beginning in the last 5 days.

AND: You have had a positive PCR or Lateral Flow test for COVID-19

AND: You are aged 50 or over, or aged 18 or over with a LISTED pre-existing condition.'

These are the pre-existing conditions that they list:

- · Chronic respiratory disease (including chronic obstructive pulmonary disease (COPD), cystic fibrosis and asthma requiring at least daily use of preventative and/or reliever medication)
- Chronic heart or vascular disease
- Chronic kidney disease
- Chronic liver disease
- · Chronic neurological disease (including dementia, stroke, epilepsy)
- · Severe and profound learning disability
- Down's syndrome
- · Diabetes mellitus (Type I or Type II)
- · Immunosuppression: primary (e.g. inherited immune disorders resulting from genetic mutations, usually present at birth and diagnosed in childhood) or secondary due to disease or treatment (e.g. sickle cell, HIV, cancer, chemotherapy)
- · Solid organ, bone marrow and stem cell transplant recipients
- Morbid obesity (BMI > 35)
- · Severe mental illness
- Care home resident
- · Judged by recruiting clinician or research nurse (registered medical practitioner or trained study nurse) to be clinically vulnerable.

Where can you find out further information about the study?

The PANORAMIC clinical study has its own website: (www.panoramictrial.org) This has a lot of useful information about the study. There is also a link on the website where you can click to join the study.

Other contact details for the study are:

Email: PANORAMIC@phc.ox.ac.uk

Freephone: 0808 156 0017

Your GP can also help you to enrol for the PANORAMIC study.

N.B. Treatments for coronavirus (COVID-19) for people at the highest risk of becoming seriously ill:

Antiviral and antibody treatments are now available on the NHS for people with COVID-19 who are not ill enough to be admitted to hospital but are at high risk of becoming seriously ill. This includes people who have had a liver transplant and people with serious liver disease, like cirrhosis.

Further information about these treatments and who is eligible to receive them is available on the NHS website at:

https://www.nhs.uk/conditions/coronavirus-covid-19/treatments-for-coronavirus/

Sian O'Dea

He was born in or was that 'made' in Blyth by Alf Bennett

I am not often impressed by advertisements, but the Royal Navy recruitment one which includes, "I was born in Blyth but made in the Royal Navy" certainly got me thinking. It's years since I have been to Blyth, so another visit was overdue. On checking the official website, it recommended the Blue Plaque trail with 19 plaques. Plaque 13 outside the, Blyth Tall Ships Workshop introduced me to a truly remarkable mariner who I had never heard of before. That man was Captain William Smith who actually discovered Antarctica, the last of the Continents to be discovered.

William Smith was born in Blyth, Northumberland in 1790. He served his marine apprenticeship in whaling ships sailing from Newcastle to Greenland. Later, he was involved in the east coast coal trade shipping coal to the south of England. By 1811, he was part owner of a new 215 ton sailing ship called "Williams" which was under construction at Blyth. It was launched in 1813 and was captained by Smith on voyages to South America usually to Valparaiso in Chile. This involved going round Cape Horn. On his fourth voyage to South America from London in 1819, he was blown off course rounding the Horn and was pushed further south. On February 19th, he spotted new land which on arrival in Valparaiso he reported to the Senior British Naval Officer, Captain William Sheriff. Unfortunately, the naval authorities did not believe his story and to add salt to the wound he was ridiculed by the local merchants for thinking that new land was

present south of the Horn. Determined to prove them wrong, on a subsequent trip he again went further south and landed on the largest of the

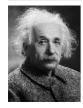


islands. He named this island, King George Island in honour of the King and the entire archipelago the Shetland Islands.

On returning to Valparaiso with this news, the Royal Navy chartered his ship and crew to survey the newly discovered islands. In the process. Smith also discovered the Antarctic Peninsula in 1820. William Smith was never given credit for the discovery of the last continent. He went on to be a river pilot on the Thames and unfortunately lost money on a whaling expedition. In 1838, he made an application to the Admiralty as recompense for his discovery. Despite written confirmation by Captain William Sheriff that Smith had discovered the new islands and The Antarctic Peninsula, there is no record of any payment. Tragically he died in poverty in an Alms house in 1847.

What is also tragic is that the person who discovered the last of the seven continents is really unknown in the country. It makes you think of how many other people who have made great discoveries are unrecognised.

Postscript: Since writing this, I have discovered that Michael Portillo covered the story of William Smith in his latest series of "Great Coastal Railway Journeys".



Logic will get you from A to B.
Imagination will take you everywhere
Albert Einstein

photo by courtesy of Wikimedia

LIVErNEWS No. 78 ~ 19 ~ Spring 2022

Watching Geordie Hospital from afar, by Fiona Hale

Me and Laura (my daughter) have been loving the Channel 4 TV programme Geordie Hospital. It's like watching home!

I was born in Tynemouth, grew up in Cramlington, and as an adult lived in Whitley Bay. Laura, now aged 15, grew up in Whitley Bay until she was 11, when we moved to London to be closer to my partner's family.

As a family, we have had a lot of care from the Freeman and the RVI over the years, and we are very grateful to them. My mum had her liver transplant at the Freeman. I used to go to the liver clinic there before it moved to the CRESTA at the General. I also had radiotherapy for breast cancer at the Freeman. Me, my mum and my brother have

all been outpatients at the RVI, and my mum and brother have also spent time there as inpatients.

We have also spent a lot of time at the Freeman as part of LIVErNORTH. We've been there for

LIVERNORTH meetings, Christmas dinners, Carol Services, and helping on the tombola stall at the Autumn Fair.

It is brilliant to sit in our flat in London and watch these places that are so familiar to us, and the amazing people who work in the Newcastle hospitals, including one or two we have met at LIVERNORTH meetings and talks. It's a lovely, warm feeling.

What do I love most about Geordie Hospital?

Getting a peek into different bits of hospital life. I have loved hearing the chat between staff, seeing the women who make nurses uniforms, the gorgeous therapy dog, the

laughs with the patients, the crack with the people on the fruit stall. Hearing Geordie accents and little snippets about local places, roads, traffic ...

Seeing the Freeman chaplaincy, and thinking about the LIVErNORTH Book of Remembrance in the Chapel, where we have a dedication to my mum on her liver transplant anniversary. Remembering the LIVErNORTH Carol Services organised by Nigel Goodfellow with help from my mum (Tilly Hale). I read at one or two of these services, and Laura performed in a nativity scene as a tiny tot, and read when she got a bit older. Laura loved the Christingles made of oranges with sweets stuck into them with cocktail sticks and a red ribbon wrapped round them

 though she wasn't keen on the sweets themselves (oh her face when she tried one!).

Seeing surgeons Jeremy French and Colin Wilson in theatre and on ward rounds. They have both spoken many times at

LIVErNORTH meetings, and it's absolutely fascinating to see them at work on TV.

I don't think the Freeman canteen has appeared in the programme yet, but maybe it will? I really miss the LIVErNORTH Christmas dinner in the canteen, with the lovely staff, great food, brilliant company, and an always amazing quiz (thank you Joan and John!) and armfuls of tombola prizes.

So thank you Geordie Hospital for allowing my family these warm, happy moments sitting in London and watching these special places and people! And even bigger thank you to everyone who works in the wonderful NHS hospitals of the North East.

Cancer in the Workplace Seminar - Maggie's Newcastle upon Tyne

On Friday 4th February, which happened to be World Cancer Awareness Day, I attended a seminar at Maggie's Cancer Charity Newcastle, a beautiful space located in the grounds of the Freeman Hospital. The aim was to learn how to better support colleagues affected by cancer. While the content was aimed at Human Resource and line managers, there were several members of Wellbeing Teams from different companies present, including myself.

We learned that there are currently half a million people with cancer in the workplace and that by 2030, there could be over 1 million people with cancer working. While working can play a vital role, it has challenges. It is essential that barriers are removed by providing the right support.

There are many different types of cancer, with many different prognoses and expected outcomes. There are also different types of conventional treatments, such as radiotherapy, chemotherapy, surgery, and immunotherapy and target treatments. All of these have side effects, some more severe than others. Some side effects are physical, like nausea, fatigue and hair loss – others have a psychological impact including sadness, resentment, anxiety and loss of identity. But all side effects vary and can be long term or short term. Knowing the side effects can help us support our colleagues and make appropriate adjustments while they are undergoing treatment. This is understandably a very difficult time, and sensitivity is needed.

Communication, we learned, is key to support our colleagues at work. Before treatment starts, the line manager should meet with the employee to discuss next steps. Keeping in touch during treatment will help to work out with the employee what their individual needs are. It is important to let the person having the treatment decide how much contact it required. Some employees may want little contact at all with work and colleagues, keeping communication to a minimum. Others

may want contact with colleagues as a bit of a distraction or light relief. Let your employee guide you.

Sometimes, employees may want to work through their treatment, so interventions such as flexible working, reduced hours, alternate days, home working, and reduced targets are ways to support them. Supporting staff and colleagues will lead to positive and sustainable long term results with regards to returning to work after treatment.

Once the employee has returned to work, provide support that is appropriate, timely, and ongoing. The line manager can find out whether the employee wants to discuss their diagnosis and recovery and brief the team beforehand. An example of a supportive environment that was given is, where an employee had returned to work and said that she doesn't mind discussing her diagnosis and treatment. She came up with a signal where they could identify a "non-cancer" day by hanging a red scarf on the back of the chair, indicating that on those days, she would prefer not to talk about it.

You can discuss any further support that is required and be flexible in your approach. You may find creative ways to support your employee; effective communication and support for staff leads to sustainable long-term results. With the right action plan and a clear understanding of how it can work, it can be a comfortable process for all involved.

The team at Maggie's Newcastle includes three nurses, a benefits advisor and two psychologists. They provide support and a space for people to talk about anything ranging from their diagnosis and treatment, through to the physical and emotional impact and practical considerations, such as financial support if they have to stop work.

Marian Godwin-Clifford

LIVErNORTH Lottery application form



Your contact details						
Name						
Address						
	Postcode					
Daytime telephone						
E-mail						
Preferred payment method	I confirm that I am over 16					
Standing order (please com	plete the form below)					
Cheque (please enclose a n	ninimum of 1 quarterly payment of £13)					
Please pay to Nat West Bank, 2 Tave Account: LIVERNORTH Charities Account Your bank/building society's det Bank/building society name	ount Account no: 71298290 Sort code: 53-61-24					
Bank/building society flame						
Bank/building society address						
Postcode						
Account name						
Account No Sort code						
Amount to be paid until further notice £52 annually £13 quarterly on 1st Jan, 1st Apr, 1st Jul & 1st Oc						
Preferred first payment date (or ASAP)						
Signature	Date					
Please return the com	npleted form to freepost LIVERNORTH					

KEEP THIS PAGE FOR REFERENCE



999 Is the phone number for an EMERGENCY

999 is the official emergency number for the United Kingdom, but calls are also accepted on the European Union emergency number, 112, All calls are answered by 999 operators, and are always free.

In the United Kingdom there are four emergency services which maintain full-time emergency control centres (ECC), to which 999 emergency calls may be directly routed by emergency operators in telephone company operator assistance centres (OAC). These services, listed in the order of percentage of calls received, are as follows:

Police Ambulance Fire **HM Coastquard**

Other emergency services may also be reached through the 999 system, but do not maintain permanent emergency control centres. All of these emergency services are summoned through the ECC of one of the four principal services listed above:

Lifeboat Mountain rescue Cave rescue Mine rescue Bomb disposal

Calling 999 from a landline automatically gives the police information about your location.



If you smell gas, think you have a gas leak, or are worried that fumes containing carbon monoxide are escaping from a gas appliance, please call the free Gas Emergency Services emergency line immediately.



A The Electrical Emergency phone number is 105

In the event of an electrical emergency or power outage please call 105 from your mobile or landline and the telephone service will automatically direct you to the network distributor's emergency number for your area.105 is a free service, available from most landlines and mobile phones in England, Scotland and Wales.

You should call NHS 111 if:

You need medical help fast but it's not a life-threatening emergency

You don't know who to call for medical help or you don't have a GP to call

You think you need to go to A&E or another NHS urgent care service but are not sure which one is most appropriate or closest

You require health advice or reassurance about what to do next

You have medication enquiries

Helens Howlers

Most of the funnies you see in these pages are sent from friends and colleagues or are freely circulating via the internet. I am constantly on the look out for more material so please send in anything you have or have heard whilst out and

about. It doesn't have to be 'professional' – your witty observations on life are always welcome. If you're feeling a bit low - read on... As they say, laughter is the best medicine!

Thanks for this issue go to my many facebook friends, LIVErNORTH colleagues and 'the internet'.



WARNING - SOME JOKES UNSUITABLE FOR CHILDREN - YOU HAVE BEEN TOLD!

My wife and I decided that we don't want to have any children. We'll tell them at dinner tonight.

My child doesn't like meat - what can I replace it with? A dog. Dogs love meat.

A biker was getting ready to tee off on the first hole when a second golfer approached and asked if he could join him. The first said that he usually played alone, but agreed to the twosome.

They were even after the first few holes. The second guy said, "We're about evenly matched, how about playing for five bucks a hole?" The biker said that he wasn't much for betting, but agreed to the terms. The second guy won the remaining sixteen

The second guy won the remaining sixteen holes with ease.

As they were walking off number eighteen, the second guy was busy counting his \$80.00.

He confessed to the biker that he was the pro at a neighboring course and liked to pick on suckers.

The first fellow revealed that he was a preacher that also rode motorcycles. The pro was flustered and apologetic, offering to return the money. The biker said, "You won fair and square and I was foolish to bet with you. You keep your winnings." The pro said, "Is there anything I can do to make it up to you?"

The preacher said, "Well, you could come to

church on Sunday and make a donation.... And, if you want to, bring your mother and father along, I'll marry them.

A couple of the lads have organised a Chinese night but some want a Burns Night, so they've decided to have a Chinese Burns night, I wasn't going to go but they've twisted my arm.

Found out today that the singer Bill Withers has a sister called Bear - she work as a doctor's receptionist.

Anyone want two tickets to the 2022 Gymnastics? We can't go now - I wouldn't care I had to bend over backwards to get them.

I went for a Chinese last night and got chatting to the waiter. He told me he lived in Japan during the war and was a Kamikaze pilot and his code name was 'Chow Mein'. I said 'correct me if I'm wrong but didn't Kamikaze pilots sacrifice their own lives?' He replied 'yes, but I was Chicken Chow Mein'.

I asked a supermarket worker where they kept the tinned peaches and he said 'I'll see' and walked away. I asked another one and she said 'I'll see' and walked away. In the end I gave up and found them myself on Aisle C.

'Now that we are married you can quit

drinking'. 'You're starting to sound like my ex-wife'. 'I didn't know you have been married before'. 'I haven't'.

'Do you have any children?' 'Yes, I have one that's just under two'. 'I know how many one is'.

A farmer had five female pigs. Times were hard, so he decided to take them to the county fair and sell them.

At the fair, he met another Farmer who owned five male pigs. After talking a bit, they decided to mate the pigs and split everything 50/50.

The farmers lived sixty miles apart. So they agreed to drive thirty miles each, find a field in which to let the pigs mate.

The first morning, the farmer with the female pigs got up at 5 a.m., loaded the pigs into the family station wagon, (which was the only vehicle he had) and drove the thirty miles. While the pigs were mating, he asked the other farmer,

"How will I know if they are pregnant?"
The other farmer replied, "If they're lying in the grass tomorrow morning, they're pregnant. If they're in the mud, they're not."
The next morning the pigs were rolling in the mud. So he hosed them off, loaded them into the family station wagon again and proceeded to try again. This continued each morning for more than a week. Both farmers were worn out.

The next morning he was too tired to get out of bed. He called to his wife, "Honey, please look outside and tell me whether the pigs are in the mud or in the grass." "Neither," yelled his wife. "They're in the station wagon and one of them is honking the horn."

Witnessed an accident today. Bloke turned off the roundabout and went straight into a

load of trees.

I hung around to make sure he was ok.
I asked the paramedic from the ambulance If he was ok once they'd been there a while.
He said he's turned a corner but he's not out of the woods yet..!

I've been having real problems with nuisance phone calls lately. The most common one seems to be: "You said you'd be home from the pub three bloody hours ago!"

For some time, my wife has had this ridiculous idea that I spend too much time playing golf. It came to a head last night at about 11:30 when she suddenly shouted at me 'Golf, golf, golf - all you ever think about is bloody golf!'. I'll be honest, it frightened the life out of me. I mean, you don't expect to meet somebody on the 14th green at that time of night.

I tried to share a bag of chips with a homeless man on the street today. He told me to bugger off and buy my own.

A small boy named Jeffrey lived in a remote rural village. None of his classmates liked him because of his stupidity, especially his teacher, who was always yelling at him "You are driving me crazy, Jeffrey".

One day Jeffrey's mother came into school to check on how he was doing. The teacher told his mother honestly, that her son is simply a disaster, getting very low marks and even she had never seen such a dumb boy in her entire teaching career.

The mother was shocked at the feedback and withdrew her son from the school & even moved to another town .

25 years later, the teacher was diagnosed with an incurable cardio disease. All the doctors strongly advised her to have an open heart operation, which only one surgeon

could perform.....

Left with no other options, the teacher decided to have the operation, which was successful.

When she opened her eyes after the surgery she saw a handsome doctor smiling down at her! She wanted to thank him, but could not talk. Her face started to turn blue, she raised her hand, trying to tell him something but eventually died .

The last thing she saw was dumb Jeffrey, now working as a cleaner in the clinic, who had unplugged the oxygen equipment to connect his Hoover.

Don't tell me you thought Jeffrey was a bloody doctor!

I have been out metal detecting all day and found a Land Rover buried in a field. It was a nice Discovery.

Going in to a teenagers bedroom is like going to IKEA. You pop in for a look and end up with 6 plates, 4 bowls, 2 mugs, a tea towel and some cutlery.

Going to bed the other night I saw some people breaking in to my shed so I rang the police. They said they were sorry but didn't have anyone available to attend. I hung up and rang back a minute later to tell them it was OK now, they didn't need to worry because I had shot the intruders. Within minutes there were 6 police cars, a helicopter and an armed response unit. They caught the burglars red handed. The officer in charge said 'you told us you had shot them!' and I said 'And you said no-one was available to attend!'

I've been offered some work with a dried fruit company. Just waiting for them to get back to me with some dates!

I've just bought an ABBA toilet. What a loo!

Went to the doctors yesterday and he told me I was going deaf. That news was hard to hear.

The cashier said 'Strip down, facing me'. By the time I realised she meant my debit card it was too late.

Bruce Lee has a vegetarian brother - Broco Lee.

Just found out my uncle has left me a stately home in his will. Have no idea where Sod Hall is, I must check it out.

I got an odd job man - he was useless. Gave him a list of 8 things to do but he only did nos 1,3,5 & 7.

Garry was teased about his lack of hair but he had the last laugh when he used his nickname for the biscuit that made him a millionaire.

Went swimming today and had a pee in the deep end. The Lifeguard noticed and blew his whistle so hard I nearly fell in!

The Lone Ranger and Silver are waiting for Tonto and scout but they were late. Then the Lone Ranger sees Tonto ride past with a dustbin in his back, shortly after he sees him ride back in the other direction still with a dustbin but he seems to be able to carry it much easier. The Lone Ranger is getting angry now, what the hell is Tonto up to? Then it happens again, exactly the same and although the Lone Ranger shouts out Tonto just keeps going. Unbelievable Tonto does it for a third time and the Lone Ranger turns Silver around preparing to ride off. Just then Tonto and Scout arrive and Tonto gives his apologies but The Lone Ranger is not happy

and shouts at Tonto 'where the hell have you been going with that dustbin on your back?'. 'To the dump, to the dump to the dump, dump, dump'

I bought a book called, "A Guide To Surgical Procedures" - I just opened it and the appendix is missing.

A mate of mine says you have to put your headlights on when it's raining in Sweden. How the hell am I supposed to know when it's raining in Sweden?

With all these winds I'm worried about the caravan in our garden. We didn't have one yesterday!

Who said romance is dead? I asked my partner what she would like for Valentine's, she replied I'd quite like a 'Locket'. So I've decided to spoil her and buy her a whole packet.

I scared the postman today by showing up to the door completely naked. I'm not sure what scared him more, the fact that I was naked or that I knew where he lived.

My partner told me I have the ability to light up a room, but only if I move away from the window. Good to know she can still give me nice compliments. She stands by me, bless her. We only have one chair.

I was horrified when my wife told me that my six-year-old son wasn't actually mine.

Apparently, I need to pay more attention during school pick-up.

Just bought my partner a bag and a belt for an early birthday gift. The hoover is working well now!

I've been in hospital today!

Just to let you know that I'm back home now. The doctors think that I might have pneumonoultramicroscopicsilicovolcanoconi osis, but at the moment it's hard to say.

I was shocked at the price of those 'Ancestry DNA kits', so rather than spend any money, I just announced that I had won the lottery...I quickly found out who my relatives are.

New Year resolution going well, no chocolate. Not even thinking about it. The word is not even in my vocadbury.

I was walking through the cemetery last night and threw a boomerang at a ghost, I guess it will be come back to haunt me now.

I had date once with a lady from the local boat club but sadly we just drifted apart.

News Just in. Two ships have collided in the North Sea. One carrying a cargo of red paint, the other carrying blue paint. No fatalities but both crews have been marooned.

Just had two police officers at my front door. They asked me, "Are you familiar with the letters HB?" I said, "No, I'm not." "How about LS?" they asked. I replied, "No." Then they asked, "What about JD?" I said, "Hang on a minute, am I a suspect or something?" They said, "No, these are just initial inquiries."

A Warning...

One morning one of the residents at an old people's care home didn't show up for breakfast. A carer went upstairs and knocked on the door to check if everything was OK. Through the door, he said that he was running late and would be down shortly.

An hour later, he still hadn't arrived so the carer went back up towards his room but found him on the stairs. He was coming down but was having a hard time. He had a death grip on the hand rail and seemed to have trouble getting his legs to work right. The carer told him that he needed an ambulance but the man said no, he wasn't in any pain and just wanted to have his breakfast. So he was helped the rest of the way down the stairs and he had his breakfast. When he tried to return to his room, he was completely unable to get up even the first step, so an ambulance was

called

A couple of hours later the carer called the hospital to see how he was doing. The receptionist said he was fine, he just had both legs in one side of his boxer shorts.

I'm sending this to my children so that they don't sell the house before they know all the facts!

Please email us any howlers, jokes or article for the LIVErNEWS. If it tickled your fancy, it will tickle somebody else!

NOTICE. Please be assured that we will NEVER share your details with any other organisation or person.

A Good Communicator:

Always listens to you.

Always answers - even if it's just to say 'I heard you'.

Answers emails - even if it's just to say 'I got it, thanks'.

Answers phone calls - even if it's just to say 'Can I ring you back?'

Leaves phone messages - even if it's just to say 'just me, don't worry'.

and is never too busy to say - 'sorry, busy at the moment, but I'll answer asap'.



Take time to talk about organ donation

Many people don't realise that their family's support is needed for organ donation to go ahead.

Little Flores Holiday Cottage, Seahouses





To help raise funds for LIVErNORTH,

one of our supporters has kindly offered the group one week in his Seahouses holiday cottage.

The cottage is centrally located close to all the amenities in Seahouses. It is a wonderful location for a relaxing holiday on the beautiful Northumberland coast. Type the link below in to your browser to see what is on offer or look up Little Flores Cottage Seahouses on Google.

https://www.holidaycottages.co.uk/cottage/59129-little-flores-cottage

The agent describes the accommodation as:

- Traditional stone cottage for romantic getaways for two
- Refurbished for the 2020 season
- Located in a quiet corner at the heart of Seahouses village
- A short walk from the harbour, shops, restaurants and cafes
- Boat trips to the Farne Islands available locally
- Excellent walks along the coastal paths and beaches
- Close to Bamburgh beach and castle
- Ideally situated for relaxing and exploring Northumberland and the Scottish Borders

The normal rent for this cottage is from £381 in low season to £725 in high season. We are offering one week of your choice (if available) by Auction. Your bid has to be by email or letter (address: freepost LIVERNORTH). Each bid must give your name, address and phone number and state how much you want to bid.

UIOLI Spring 2022

SUDOKU... With the kind permission of the creator (Wayne Gould of Pappocom). You don't need to do any arithmetic or be good at maths - all it takes is logic so please have a go - it will help to keep your brain active. Just fill in the missing numbers in every square, row & column using 1 to 9 without repeating any. There is strict copyright so they may not be redistributed in any way whatsoever although you can of course photocopy the page if you don't want to spoil your copy of LIVErNEWS. Good Luck!

HAVE A GO - YOU MIGHT LIKE IT

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ANSWERS TO A CAPITAL QUIZ 2021 (in the last issue)

Saxifrage red flower and real ale Pride London 2. Do our sprouts come from here? Brussels (Belgium) 3. Where to find the statue of the Little Mermaid Copenhagen (Denmark) Dublin (Ireland) 4. City of the River Liffy 5. Home to Mme Ramotswe in books by Alexandre McCall Smith: Garabone Jesus entered this city riding on a donkey Jerusalem 7. There's a one-eyed yellow idol to the north of this city Katmandu 8. A type of cigar made in Cuba Havana 9. A boot made for muddy weather Wellington (NZ) 10. Location of the Rift in 'Torchwood & Dr Who' Cardiff 11. A capital city in Mosquitos Quito (Equador) 12. Home to Arthur's Seat and the Royal Mile Edinburgh SPEARING O Singapore 14. From Iran go on to Iraq and you'll find it there Rangoon 15 A type of hemp used to make rope, matting, strong paper Manila 16. The sloop John B roamed around this town Nassau 17. Leaders of a noisy kestrel attacks rare auks Akara 18. Film starring Ralf Fiennes. The Grand Hotel Budapest 19. Do people wear sleveless coats here? Cape Town 20. The way we ski every day in here Kiev 21. At the confluence of the Mekong, the Bassac & Tonie Sap rivers: Phnom Penh 22. Star of 'Malcolm X' and 'Crimson Tide' Washington 23. Lofty hostelry **Tallinn** 24. The home of El Dorado Rum Georgetown 25. HASTEN Athens 26. The 2008 Olympic Games were held here Beijing 27. Char are fish that hide the answer Harare 28. Band that had a hit with 'Take My Breath Away' Berlin 29. Saul was on the road persecuting Christians here when he met Jesus: Damascus 30. It's name is derived from the Algoquin word for 'Trade' Ottawa 31. Formerly called Lorenco Marques Maputo 32. The African Union headquarters are located here Addis Ababa 33. Johann Strauss waltz 'Tales from the Woods' Vienna 34. South American capital obtained in a feather scarf Bogota 35. A brimmed straw hat of Equadorian origin Panama City 36. Setting for the 1954 film 'Three Coins in a Fountain' Rome 37. The historic Charles Bridge crosses the Vlatava river here Prague 38. In Central America veto hold the Spanish floor washer Belmopan 39. UNITS Tunis 40. Asian leading dealers have azure kaftans again Dhaka 41 And this capital sounds the same but is in Africa Dakar 42. Whambam manages to give you the answer Amman 43. A south eastern English county follows a very brief moustache in Asia: Tashkent 44. Max Bygraves sand about tulips from here Amsterdam 45. Musical about the life of American founding father, Alexander: Hamilton 46. Tennis player Victoria Azarenka was born in this city Minsk 47. 1,000 east 11 100 0 metropolis Mexico 48. Major General Gordon lost his life in the siege of this city Khartoum 49. Venue for the first World Cup in 1930 Montevideo

Moscow

50. Kenny Ball 1962 hit made it to number 2: Midnight in

51.	A small green citrus fruit changes its last letter for a small a	article: Lima
52.	A suduko waits for the answer in this city	Kuwait
	Did he come to Grenada to fight dragons?	St George
	Clean your car inside and out with half a tank	Valetta
	RIDHAY	Riyadh
	Home of the Royal Swedish Ballet	Stockholm
	Armed conflict tool	Warsaw
	Type of nut 'in absentia'	Brazilia
	Socialite Miss Hylton	Paris
	Venue for the 2020 Summer Olympic Games	Tokyo
	Same name as the English town at the mouth of the Plym:	
	Famously has a bear pit and a bear on its coat of arms	Bern
	Through a noise you will find the answer	Hanoi
	Not female	Male (Maldives)
	Where you can visit the Prado Art Museum	Madrid
66.	Henry Morton sent by the New York Herald to find Dr. Li	
	There's no charge for anything in this African city	Freetown
68.	-//- and the same again in French	Libreville
69.	Breeze followed by a garden tool and ending with a kopek	Windhoek
70.	American director of 'Lost in Translation', daughter of Frank	k Coppola: Sofia
	Grape that include varieties ranging in colour from white to	
	Carnation Revolution took place here on 25th April 1974:	Lisbon
	Hosted the Eurovision Song Contest in 2007	Helsinki
	Catching a crab at the marina contains this capital	Rabat
	Comodoro Arturo Merino Benitez Airport serves this city	Santiago
	HEARTEN	Teheran
	Monarch's heavy weight	Kingston
	Song by Murray Head 'One Night in'	Bangkok
79	Vehicle precedes Advisory Consilliation & Arbitration Service	
80	Father carries all possessions in a small sack	Baghdad
	In action, I am eyeing this African capital	Niamey
	The Petronas Towers were built here	Kuala Lumpur
	Birthplace of Edward G Robinson	Bucharest
	Capital of Burkina Faso	Ougadougou
		St Peter Port
	Keys of the Kingdom holder at the harbour Mrs Beckham	
	= =	Victoria
	Black Sea city is built with no university	Tbilisi
	Taedong River capital	Pyongyang
	Dianne Warwick asks if you know the way here	San Jose
	Little Mother follows this Mauritian extinct bird	Dodoman
	UK jet-powered bomber, English Electric	Canberra
	BAULK	Kabul
	Use the initials to knit a mohair pullover & lace armband	Kampala
	Sounds like our inner self or psyche	Seoul
	Little article with an auction offer followed by a short first m	
	Stumble on mixed oil	Tripoli
97.	A Japanese sash follows a northern tune	Nairobi
	GOALS	Lagos
99.	You can spend your Leks in this capital city	Tirana
100	.City in Los Lobos	Oslo

If you enjoyed this quiz please let us know - more like this or no thanks!

Insurance Matters

members report having been able to get reasonably priced holiday cover here:

Able2travel	01483 806826
Age Co (formerly Age UK)	0345 1238008
	0345 0308715
AVIVA	01325 353888
Boots Travel Insurance	0333 9992683
Cigna (was FirstAssist)	01475 492119
City Bond	0333 2070506
Churchill*	0800 0326534
Churchill*	01452 623631
Direct Travel*	0330 8803600
Freedom ^	01223 446914
JLT Insurance	02476 851000
Leisure Care Insurance	01702 427166
Post Office	0330 1233690
RIAS*	0345 0451320
SAGA	0800 0158055
Sainsbury's	0345 3052623
Sladdin & Co Ltd. (brokers)	01422 262614
www.insurancewitn.com	0333 9992679
www.miatravelinsurance.co.uk ^	0800 9993333
www.Paying looMuch.com	01243 216007
www.staysure.co.uk (Staysure UK call centre) ^	0808 1786151
https://www.world-first.co.uk/	0345 9080161
https://www.freespirittravelinsurance.com/medical-conditions/liver/	02392 419080

^{*} not TX patients - please check with the others also.

Please help to keep this page current and useful by letting us know of your own experiences both good and bad. You can email us at info@livernorth.org.uk or drop us a line at our Freepost address above, no stamp necessary.

The latest version of this page is always available as a PDF file. Email us and ask for a copy: info@livernorth.org.uk

All our leaflets including No.16 'Travel Insurance for Liver Patients' are available to read online by scanning the QR code on the right with your smartphone.



[^] specifically includes cover for declared pre-existing medical conditions.

LIVErNORTH Information Leaflets Available:

- 1. Liver Patient Support
- 2. Accommodation for patients & families
- 3. Autoimmune Hepatitis
- 4. Alcoholic Liver Disease
- 5. Look After Your Liver
- 6. Primary Biliary Cholangitis (PBC)
- 7. Coping With Stress
- 8. Primary Liver Cancer
- 9. You and Your Consultant
- 10. Primary Sclerosing Cholangitis (PSC)
- 11. NAFLD Lifestyle Guide
- 11a. Non Alcoholic Steatohepatitis
- 12. Liver Disease
- 13. Skin Care for Liver Patients
- 14. Diet and Liver Disease
- 14a. Nutrition Support in Liver Disease
- 15. Hepatitis C
- 16. Travel Insurance for Liver Patients
- 17. Hepatitis E
- 18. Fatigue in Liver Patients/A Patient's Journey
- 19. Understanding Healthcare Tests
- 20. Liver Cirrhosis Self Management Toolkit*
- 21. Exercise & Osteoporosis in Liver Patients
- 22. Hepatic Encephalopathy
- 24. COVID-19 Self Help Toolkit

Scan the QR code below to read the leaflets online



How to get information leaflets:

1. ISSUU: https://issuu.com/search?q=livernorth

2. Website: http://www.livernorth.org.uk/pages/factsheet.htm

3. Email us: info@livernorth.org.uk

4. Phone/FAX: 0191 3702961

5. Facebook pm us: https://www.facebook.com/livernorth/

6. Write to us: Freepost LIVERNORTH

^{*} only from your healthcare professional - email for more information

CONTACT NUMBERS

LIVERNORTH National Liver Patient Support

freepost LIVERNORTH www.livernorth.org.uk tel: 0191 3702916 info@livernorth.org.uk

Addenbrookes Liver Transplant Association (ALTA)

Gill Kitchener, secretary@alta.org.uk info@alta.org.uk tel: 07885 123528

British Liver Trust

tel: 01425 481320 helpline@britishlivertrust.org.uk ww.britishlivertrust.org.uk

Gift of Life Derby Liver Support Group

(for transplants and all liver disease) Contact: Sister Gerri Casey 0133 234 0131 bleep 1926

Haemochromatosis UK

03030 401102 helpline@huk.org.uk

IPC Support

07939 871929
helpline@ipcsupport.org
or www.icpsupport.org
Registered Charity No: 1146449

NHS

https://www.nhs.uk/

https://www.nhs.uk/conditions/ coronavirus-covid-19/

Norfolk & Norwich Liver Support Group

marjorie.dingle@hotmail.com 0300 120 0796

PSC Support

Martine Walmsley help@psc.support.org.uk Helpline 01235 25 35 45 www.pscsupport.org.uk

South West Liver Buddies

https://southwestliverbudies.org.uk/

Wilson's Disease Support Group - UK

Val Wheater - 01223 364982 val@wilsonsdisease.org.uk www.wilsonsdisease.org.uk

We can always make space here for your support group contact details. Email us for more information. If you are already listed here, please let us know of any changes to your contact details.

HELPLINE

If you are worried about liver disease and would like to talk to someone, please telephone one of our helpline numbers below

JOAN	0191 3702961
ANN	0191 4131827
SUSAN	01207 271707
ALAN	0191 4821802
MARGARET	0191 2622550
SUE	01642 706302
KATHRYN	01207 505231

Get free Liver Patient and Carer Support Leaflets:

- Download from our website (www.livernorth.org.uk)
- Read online (https://issuu.com/livernorth/docs)
- Email us (info@livernorth.org.uk)
- Phone us (0191 3702961)
- · Write to us at: freepost LIVERNORTH
- Message us (https://www.facebook.com/livernorth/)
- Scan our website QR code here with your mobile phone —

Join our meetings via **ZOOM**

NIHR non-commercial Partner

UK based research applications invited - download application form from website



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