



# Six Counties Kidney Patients Association

Run by Patients for Patients Since 1969

**VIVA-Online: June 2021**

Welcome to the June newsletter with the usual mix of articles. Due to the incredible vaccination programme, we can now enjoy meeting up again with friends and family and planning the months ahead. The next SCKPA meeting will be held by Zoom but we hope it will be the last. The autumn meeting is scheduled to be at the Oxford Belfry with Prof. Chris Pugh as our speaker. We look forward to welcoming everyone back after such a long and difficult eighteen months. My thanks to all who helped get this newsletter online and to our contributors for their articles.

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We are always delighted to receive contributions on any topic of interest to our readers, be it medical, what you have been up to, a photograph or a favourite recipe. Please email items to [webmaster@sixcountieskpa.org.uk](mailto:webmaster@sixcountieskpa.org.uk) with photos as .jpg / .png. Articles may be edited for length.

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# Research reveals obesity is a cause of kidney disease

## Controlling weight is a new way to manage kidney disease risk.

Scientists at the University of Oxford have used genetics to show obesity can increase the chances of someone developing kidney disease. This new study, funded by Kidney Research UK and the Medical Research Council through a joint David Kerr fellowship, has found that fat all over the body increases risk, not just fat around the middle. It suggests controlling weight could be a new way to manage kidney disease risk.

Previous studies had found that obesity is linked with an increased risk of kidney disease. But it wasn't clear whether obesity directly caused kidney disease or whether other factors were involved, such as more salt in people's diet.

### The research team

Professor Will Herrington, from the University of Oxford, co-led the research. The team of Oxford scientists studied almost 300,000 DNA samples from the UK Biobank, a large store of blood and urine samples (including DNA) and detailed health information.

They searched over 1,000 gene variations that predispose people to a higher body mass index (BMI) or more fat deposited around the middle – tummy fat. People who have inherited these gene variations are more likely to become overweight or obese.

Their research was published in the Journal of the American Society of Nephrology (JASN) in October 2020.

### The research team's findings

The researchers have discovered that obesity is a risk factor (cause) for kidney disease – it increases the chances of someone developing the condition. Fat all over the body increases risk, not just fat around the middle (tummy fat). The team used genetic studies to rule out other factors and these have revealed facts about the harm that excess fat can have on one's kidneys.

They discovered genetic variants predisposing to a higher BMI (Body Mass Index) were consistently linked to kidney disease. Each 5 kg/m<sup>2</sup> increase in BMI caused roughly a 50% increased risk of chronic kidney disease. This increase is equivalent to someone moving from an ideal weight to overweight, or from overweight to obese. Put simply, someone is doubling their risk of developing kidney disease if they go from being an ideal weight (BMI 20-25) to obese (above 30).

The study also revealed that many cases of kidney disease associated with obesity were driven by the risk of developing diabetes or high blood pressure. This is relatively good news because these conditions can be treated using tablets thus preventing some cases of kidney disease from developing in the first place. Even with diabetes, losing weight is predicted to have benefits for one's kidneys.

### What are the implications of this research?

This research shows that obesity is another risk factor for kidney disease. It suggests controlling weight could be a new incentive for managing kidney disease risk. This knowledge means people can make choices to manage their own weight, and doctors may be able to intervene with new treatments to help their patients reduce their kidney disease risk.

Half of all adults are overweight with a quarter being obese. Kidney Research UK estimates around three million people are living with kidney disease in the UK. Based on these figures, one million of these cases could be directly or indirectly due to excess weight.

### **What is a risk factor?**

Risk factors are conditions or habits that increase the risk of developing a disease. It is already known that high blood pressure and diabetes are risk factors for kidney disease, and this study has confirmed that obesity is also a risk factor. The good news is these risk factors can be controlled, treated or modified.

### **What are the strengths of this study?**

Using a genetic approach meant the researchers could be more rigorous than with a conventional approach and were able to rule out other factors that could influence kidney disease risk.

### **What are the limitations of this study?**

The study was not a randomized trial, so it has not definitively shown that reducing levels of fat will fully reverse all the effects of excess weight.

### **Why should I change my life style?**

This study shows that obesity is another cause of kidney disease, alongside high blood pressure and diabetes. It gives the facts to people about what they can do to reduce their risk, so they can make their own choices. This is the same as demonstrating the link between smoking and lung disease – people know the risks and can make behaviour choices.

It can be very difficult for some people to lose weight for a number of reasons. But there are many ways that can help. For non-kidney patients there are exercise and health programmes to choose from. For kidney patients, there is the recently funded Kidney Beam, an online health and wellbeing platform. (An article on Kidney Beam can be found in the Viva-Online, November 2020 edition)

### **What can I do to reduce my risk?**

This research doesn't say that being overweight or obese will definitely result in kidney disease, it just demonstrates that the risk of developing it is substantially higher. To reduce this risk, the research suggests controlling one's weight. There are many ways people can lose weight, should they wish to. Patients with underlying health conditions should get advice from their doctor or another healthcare professional before embarking on any weight loss programme.

### **How do I know if I'm at risk?**

The NHS has an online tool at <https://www.nhs.uk/live-well/healthy-weight/bmi-calculator/>. Enter your height and weight to calculate your BMI. Ideally one's BMI should be between 20 and 25 kg/m<sup>2</sup>.

### **I'm overweight because of another medical condition**

It can be difficult if being overweight is due to another reason, for example a medical condition or as a side effect of taking certain drugs. Advice should be sought from a GP or consultant about how best to manage one's weight in this instance.

## Summary

Although it is known that being overweight increases the risk of conditions such as heart disease, there had been no evidence for kidney disease. This study has shown the link and revealed that unlike heart disease, fat all over the body can be harmful, not just around the middle.

As a result of previous work it was estimated that about one-third of kidney disease in the UK can be attributed directly or indirectly to excess body fat. However there are many other important causes of kidney disease other than being overweight.

A clinical trial is currently being run in the UK testing whether taking a single pill of empagliflozin every day prevents worsening of kidney disease or deaths from heart disease in people who have chronic kidney disease. The trial includes a UK-based substudy testing whether empagliflozin can reduce excess fat and fluid in people with kidney disease.

Results are expected in 2022. Details of this trial, EMPA-KIDNEY, can be viewed on its website at [www.empakidney.org](http://www.empakidney.org).

Article reproduced with the kind permission of Professor Will Herrington MA, MBBS, MD, FRCP Medical Research Council-Kidney Research UK Professor David Kerr clinician scientist based at the Nuffield Department of Population Health, University of Oxford.

## NKF Annual Patients' Event

NKF is pleased to announce that their annual patients' event will take place on Saturday 9th October. This year's event will be virtual and will start at 10:00am and end at 2:00pm. They have five confirmed speakers, ranging from renal professionals to patients, and a breakout room will be available for attendees to chat with each other. The event is free-of-charge and details of speakers and how to register will be available in next month's NKF In Touch.



## NKF Kidney Patient Support Pack

NKF has produced a brand new Patient Support Pack as a guide for new kidney patients starting their dialysis journey. The pack is for patients who may be facing end-stage kidney failure to help with understanding kidney disease and dialysis and the treatment options available. The new 60-page booklet is packed full of vital information, including:

- about the kidneys
- fluid balance
- anaemia
- dialysis treatment choices
- useful contact numbers.

There are also sections to record personal information, appointments and renal records. The Patient Support Pack has always been very well received by patients, carers and renal nurses and is available free-of-charge. To request a pack call the NKF Helpline on 0800 169 09 36 and talk to an adviser or email [helpline@kidney.org.uk](mailto:helpline@kidney.org.uk) with your postal address.



## From our readers

### Travelling to Dialysis Units Away from Your Home: new guidance (May 2021)

The Covid-19 pandemic has seriously affected people with kidney disease and the risk of cross-infection had stopped dialysis away from base. As cases of Covid reduce the government is easing restrictions, based on its proposed roadmap out of lockdown restrictions and patients are keen to make plans for holidays. Anyone wishing to travel should discuss this with their clinical team who will be able to offer advice and support to patients who want to travel.

Fiona Loud, Policy Director at Kidney Care UK, said: *“Being able to travel and have a change of scene despite the relentless rigours of treatment for kidney disease is an essential part of health and wellbeing for patients and their families. Now more than ever, after a year of lockdown and anxiety, it is absolutely vital for thousands of kidney patients in the UK to be able to meet up with friends and family not seen for months or get away and take a break.”*



*“We appreciate that decisions on travel and opening up dialysis units to allow patients to dialyse away from home need to be made based on local safety considerations. However, with the vaccination programme in place and rates of Covid19 infection decreasing in the UK, we urge all units to support patients who want to travel. With the UK opening up and everyone else planning their trips and reunions, kidney patients need the same opportunities to do this.”*

Guidelines for patients wishing to take a cruise:

- should have received 2 doses of Covid-19 vaccine separated by at least 3 weeks before travelling. Travel should ideally be at least 2 weeks after the 2nd dose to build up an immune response. However, if a patient has refused vaccination or been unable to be vaccinated please discuss this with your cruise company.
- should have a negative PCR COVID-19 swab 3-5 days before travel
- should not travel if they are a close contact (within 2m distance for at least 15 minutes) of any individual with Covid-19 infection, including other patients on the dialysis unit, within the preceding 14 days. Or if they have been advised to self-isolate for any reason.
- should not travel if they have symptoms of Covid-19 or are awaiting a Covid-19 PCR test result
- should follow the guidance provided by the ship and on-board dialysis team during their cruise.

All patients must have travel insurance to cover Covid-19 and all pre-existing medical conditions. Patients are advised to check what is covered by their travel insurance in the event of an infection with Covid-19.



If your cruise were to be cancelled by the cruise line due to Covid-19 you will receive either a full refund or the opportunity to transfer your booking to a future cruise date.

Reproduced with permission from Cruise Dialysis [www.cruisedialysis.co.uk](http://www.cruisedialysis.co.uk)

## “I arrived nice and early”

13<sup>th</sup> May 1981

I arrived nice and early to The Churchill Hospital, with all its tentacled corridors sprawled out adjacent to Old Road in Headington. Nestled at the rear, partially over-looking the local golf club, lies the Renal Unit. The peaceful scene of these luxurious elegantly manicured lawns juxtaposed the noisy, claustrophobic, traumatic experience awaiting me in the dialysis unit. I stood briefly in the dawn sunshine. Perhaps I looked up into the sun and asked for help from an unseen deity.

I had received the diagnosis of end stage kidney failure two years previously. There followed three monthly clinic appointments, mainly examining my bloods, interspersed with a scary visit to the dialysis unit. “Twenty years from now you will need an intervention like this”, the nephrologist had jovially stated at the time. I was nineteen years old and twenty years seemed an eternity.

One Thursday morning while I worked feverously on a post office counter like an automaton date-stamping everything in sight, the phone rang at the rear of the office. I picked up the telephone watched by twelve angry lions in my queue baying for their pensions to be paid. The doctor twittered on saying my blood results were not good and I would need to come in for a fistula construction. **Fistula.** At that word the telephone turned into a huge mallet and started to beat me up. I couldn't breathe. I turned my face to the wall to hide my tears and sat on the nearby desk to steady myself. My life would never be the same again. A renal fistula is a small operation made to the wrist shortly before commencement of dialysis.

The large square room was home to twelve Dalek like machines around the four walls. The nurses all wore operating scrubs to protect their uniforms from escaping, misbehaving blood leaks and I even noticed a blood stain on the ceiling. I was in number one bed adjacent to a corridor from the admin area to the inpatient ward. My shirt was removed so wires to the heart monitor could be attached during this initial treatment. The fistula causes a vein to swell in the forearm to enable two large needles to be inserted. Once inserted, the blood can flow out into the plastic tubing, be cleaned by the artificial kidney attached to the machine and the clean blood returned to the arm via the second needle. I was unaware that new fistulas can be temperamental at the beginning with the needle easily passing through the newly enlarged vein. This causes a nasty bruise and for the needle to be re-sited. After six attempts the needles were in and my arm was black and blue. Fortunately, during this stabbing session, I became distracted and self-conscious as the staff and nurses looked at this whale in No.1 bed with his flabby chest and man boobs. I came off early after four hours. A little light headed and lighter by four kilos of removed fluid

In the years that followed, my life improved inordinately for the better, physically, mentally and emotionally. Unfortunately, after a failed transplant in 1982, there were to be no more. I have dialysed at home ever since with an angel called Christine, a dialysis nurse whom I married in 1986.

by Bob Price

## Salt - Fact and Fiction

The renal diet is very individual for every patient with chronic kidney disease and the level of dietary restriction differs greatly depending on whether you are on dialysis, post transplant or have not needed dialysis yet.

However, one aspect of your diet that is important for everybody to consider, including your friends and family without any kidney problems, is salt.

Reducing your salt intake can help to lower your blood pressure which is important to lower your risk of heart disease and stroke as well as being an important part of controlling your kidney condition.

The renal dietitians have put together some answers to some common myths about salt - why not discuss it with your friends and family and see how much they know!

### **I can't be eating too much salt because I never add it to my food**

**False** - Did you know around 75% of the salt that we eat is already in the food that you buy in the shops? Many processed foods such as breakfast cereals, soups and ready-made meals contain high levels of salt, and regular servings of these foods could well lead to you consuming over the recommended daily maximum of 6g for adults.

### **Food has no flavour without salt**

**False** - If you are used to eating foods that are high in salt you may find that you miss it when you first start to cut down as your taste buds are used to these high levels. Try to persevere with reducing your salt intake and you will find your taste buds will get used to having less in a few weeks and you are more likely to enjoy food without salt.

### **Posh salt is better for you than table salt**

**False** - Salt is also known as sodium chloride and it is the sodium that can raise your blood pressure. It doesn't matter where the salt is from rock salt, sea salt, how expensive it is or whether it is in flakes or crystals, it still contains sodium.

### **I can tell which foods have salt in them because they taste salty**

**False** - Some foods that are high in salt don't taste salty because they have lots of sugar in them, for example biscuits and cakes.

### **What can I do to help reduce salt intake?**

- Look at labels (including nutrition table), and try to buy lower salt products where possible
- Talk to your renal dietitian about how you can lower your salt intake
- Try to use alternative flavourings such as pepper, herbs and spices
- Don't use a salt substitute such as Lo Salt if you need to follow a potassium restricted diet as it contains potassium chloride instead of sodium chloride.

Article by Joanna Glare, dietician, from VIVA! 2008

## The English Village Fête

**Spring follows winter, summer follows spring and with it the English village green comes to life.**

On May 1st the village Maypole is bedecked with flowers and ribbons, the village children and, occasionally Morris dancers, dance around the pole and the May Queen is crowned.



The May tree bursts into blossom, flowers start to bloom, little green shoots of wheat, barley and oats break through the earth, the cuckoo can be heard, and the Sun starts to get warmer. But beware, the old English folks have a saying, which is true, “ne'er cast a clout till May be out”. It may be the last month of spring, but don't put your winter clothes away, it can still be cold in May.

May heralds the sound of lawn mowers, cricket on the green and the start of the English village fête season. Whether the village calls it a fête, a fair, a feast, a festival, a funfair or a fundraiser, the English village fête is an English tradition not a British tradition.

The Scots have their Highland Games, throwing tree trunks around and dancing to bagpipes. The Welsh have their eisteddfods with harps, poetry and choirs, but the English have their fêtes. Real fêtes with games, cake stalls, cream teas, Pimms, raffles, baby shows, dog shows and the biggest home grown onion, or any other allotment grown vegetable, competitions.

The games played at fêtes are old, traditional and also played throughout the year in village pubs. Nearly all of them test the throwing skills of the player, especially after a pint or two. Typical games include skittles, hoopla, quoits, knur and spell (one game not two) and Aunt Sally.

Haddenham in Buckinghamshire, a village which has appeared in the popular TV series 'Midsomer Murders' well over a dozen times, has a human fruit machine manned by members of the local Rotary Club. The only one in the English village world, to my knowledge.

A favourite is Aunt Sally. It's a pub garden game played in Oxfordshire and surrounding counties. The Aunt Sally was originally a figurine head of an old woman with a clay pipe in her mouth, nowadays she is a ball on a short plinth about 4 inches high, known as, the dolly. The dolly is placed on a three-foot high, doglegged metal spike and players throw sticks at the dolly, trying to knock it off without hitting the spike.

'Midsomer Murders' aficionados will need no reminding that Inspector Barnaby is an excellent, almost professional, Aunt Sally player, judged by his performance in the episode, 'Dark Autumn'. Ex-Prime Minister, David Cameron, is a no mean Aunt Sally stick thrower, but I suppose he has to be, as most of the villages in his former Oxfordshire constituency have an Aunt Sally team in their local pub.

As well as the games, traditional fêtes often include Morris dancers, tugs of war, baby, as well as, dog, cat and rabbit shows, tombola, raffles, cakes, and home produce such as jams and pickles. Competitive baking is part of the classic English fête inspiring the hit TV series The Great British Bake-Off. The success of TV programmes, such as 'Midsomer Murders' and 'The Great British Bake-Off', show the continual fascination with the English village, and the quintessential English village fête.



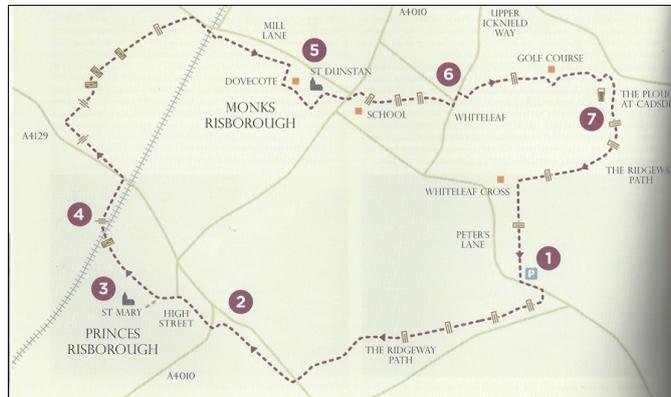
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## Walks across six counties: Buckinghamshire

### The Chilterns: Cadsden, The Risboroughs & Whiteleaf Cross

After a venture into Northamptonshire we are back in *Midsomer Country* and pass close to our late friend Mike Pitcher's house. We descend the Chilterns from Whiteleaf Hill, walk through the



two Risboroughs, followed by a stiff climb from Cadsden back up to Whiteleaf Hill. The route takes in three *Midsomer* locations:

- \* Princes Risborough in *Shot at Dawn*
- \* thatched cottages in Monks Risborough in *Ring Out Your Dead*
- \* The Plough at Cadsden used in *Down Among the Dead Men*.

From Whiteleaf Hill car park (1), cross the road to a kissing gate into Brush Hill nature reserve, curve right to join the Ridgeway Path (RP) at a kissing gate. Descend steeply off the escarpment to the Icknield Way. Bear left to a road, turning right to Princes Risborough, the 'Prince' being the Black Prince who had a stud farm here. At the roundabout (2) bear left and right to walk along the historic High Street, turning left at Market House into Church Street. At St Mary's church (3) the car park beyond is the site of the Black Prince's moated manor house. Walk between the church and the 'modern' 17<sup>th</sup>-century Manor House along Church Lane, continuing to the railway line (4). Over it, bear right. At the A4129 go left then right into the hamlet of Alscot, continue ahead over fields. Reaching Mill Lane go under the railway bridge and beyond King's Oak Close bear right into a park with 16<sup>th</sup>-century stone dovecote.



Beyond visit the fine medieval parish church of St Dunstan (5). Head into Burton's lane with its thatched cottages. Cross the A4010 and walk up the path past the Victorian flint school. A gentle ascent takes you to the hamlet of Whiteleaf (6). Turn right then left along Upper Icknield Way, soon turning right at a sign, Icknield Way Riders Route, then left onto a drive, then a footpath. At Whiteleaf Golf Club go right, cross the cricket ground and the golf fairway, the path eventually descending to Cadsden and the Plough, [for lunch?] (7). Re-join to RP, climb into the Chilterns and follow it back to the car park.

Distance 5.5 Miles (8.8 Kms) Recommended Map: OS Explorer Sheet 181

Going: : Steep descent and ascent to the Chiltern escarpment. The rest is easier.

**Ed:** our thanks to Martin Andrew for the seventh walk in this series.

His book '*Roaming Midsomer*' by Chris Behan and Martin Andrew, published by The History press, covers Midsomer walks in Oxfordshire and Buckinghamshire.

## Kidney friendly recipes

### Falafel – 12 balls serve 4

- 450g tin of chickpeas, drained
- 1 small onion, chopped
- 2 tbs parsley leaves
- 1 garlic clove, crushed
- 1 egg
- 1 tsp each of coriander & cumin
- 45g dried breadcrumbs
- 2 pitta breads
- Crème fraiche & cucumber to serve

### Method

1. Put chickpeas, onion, garlic, parsley, egg and spices in a large bowl or food processor. Add some black pepper. Mix until blended but not pureed
2. Add breadcrumbs until mixture is not sticky, then form into 12 balls and flatten slightly.
3. Heat a little oil in a frying pan and cook over a medium heat until brown on all sides. Remove from pan and drain on kitchen roll.
4. Lightly toast the pitta breads, split and fill with the falafels. Grate the cucumber and add to the pitta breads. Serve with crème fraiche or yoghurt

### Garlicky Chicken for 4

- 4–8 chicken portions on the bone, approx. 650g in total
- 6 cloves of garlic, finely chopped
- 2 tbs olive oil
- 1 medium courgette, cubed
- 1/2 medium red pepper (80g)
- 1/2 medium green pepper (80g)

### Method

1. Preheat oven to 220C, Gas Mark 7
2. Heat oil in an ovenproof dish and cook the garlic over a low heat for 2–3 mins.
3. Add the courgette, peppers and chicken portions and toss in the garlicky oil, ensuring the chicken is well sealed.
4. Cook in the oven for about 1 hour until the chicken is cooked and juices run clear.
5. Serve with rice, pasta or mashed potatoes

### Apple & Plum Crumble for 4

- 500g cooking apples
- 100g plums, don't have to be ripe
- 50 ml water
- 35g caster sugar
- 1/4 tsp cinnamon

### Topping

- 80g plain flour
- 80g margarine
- 80g brown sugar
- 55g rolled oats
- 1 tbs honey

### Method

1. Peel, core and slice apples. Remove the stones and quarter the plums
2. Place fruit in an ovenproof dish with the water, sugar and cinnamon
3. Rub the margarine and flour together, stir in the brown sugar, oats and honey. Add 1/4 tsp nutmeg (optional)
4. Spoon the crumble mix over the fruit
5. Bake in the oven at 200C (Gas Mark 6) for 30 mins until the crumble topping is golden brown.
6. Serve with cream or yoghurt

Recipe from NKF's Food with Thought booklet

## From the archives: Winter 2006

### Christmas Stall at the JR

Some time back Gemma had the bright idea of booking a stall in November at the John Radcliffe Hospital. As you see from our front cover of VIVA! Winter 2006 it happened on November 14th and was a great success. With related donations, the event raised well over £600 for SCKPA. Sincere thanks to everyone who contributed goods.

A huge amount of work went into this project, starting in January when Gemma foraged for Christmas cards in the Sales then, along with others, made jam through the summer. By the week before the sale her house was full of unsorted boxes - ten of us spent a whole day sorting and pricing.

Setting up the stall early in the morning was quite a task - trying to park at the JR was just the start of it! A whole day went on decorating the stall and making it attractive and informative about kidney failure and transplants. Much of this work was done by people who had no formal connection with kidney problems, and we are particularly grateful for their sterling efforts. Thanks and congratulations to all who made this such a success.



Gemma feels it is well worth making this an annual event - but raising twice as much! We learned a lot about what sells and doesn't. Jam went well - but MARMALADE was greatly in demand. If you make marmalade, please think of contributing some to next year's sale. CAKES were another winner, as were small 'pretty' things like toiletries.

PLEASE remember us when those unwanted Christmas presents turn up.

## Conundrum corner

### Cryptic Chocolate

How well do you know your chocolates? Decipher the names of well known chocolates & bars

1	High class thoroughfare	11	Heavenly body
2	Champagne popping occasions!	12	Chip off a bit
3	A band of Nanki-Poos	13	Stop the clock!
4	20:01	14	Ten cent pub
5	Mother's local	15	20 colourful segments
6	Pantomime character	16	Clever folk
7	Red London bus	17	Subject matter
8	Don't vibrate the vocal cords	18	Dark occult
9	Capture reward	19	Make small waves
10	Spin around	20	Pub pins

### Word Search

Find the 19 trees hidden either across, backwards, diagonally or down

F	Y	B	H	B	I	R	C	H	L	G	V	H	P	W
O	B	G	E	M	Z	S	A	L	D	E	R	H	F	J
W	Z	E	V	A	E	S	E	B	T	Q	R	Y	T	Y
T	C	K	K	E	H	K	L	J	I	E	A	M	V	B
H	U	K	A	B	A	I	P	B	R	A	D	R	L	J
L	A	L	E	N	Z	A	A	O	K	T	E	A	U	W
G	Z	W	K	R	E	R	M	C	M	F	C	N	K	I
C	Q	Z	T	O	L	A	Z	A	E	K	I	V	A	L
N	H	Y	X	H	C	F	E	C	T	P	L	A	J	L
L	D	E	K	Y	O	B	U	H	E	O	L	J	A	O
Y	F	K	S	K	E	R	O	R	Z	P	Y	A	Z	W
N	V	U	G	T	P	R	N	T	A	L	U	V	N	V
L	F	O	I	S	N	W	Y	E	R	A	S	L	J	E
E	W	H	W	E	F	U	O	J	W	R	O	W	A	N
P	W	V	J	V	P	C	T	Z	M	F	V	Q	K	W

Alder
Ash
Beech
Birch
Blackthorn
Cedar
Chestnut
Hawthorn
Hazel
Hornbeam
Juniper
Maple
Plane
Poplar
Rowan
Spruce
Sycamore
Whitebeam
Willow

## Sudoku

	5		9				6	1
4	7	9						
			8					7
9	4	7		8	6			
5				9				8
			7	5		4	1	9
6					2			
						7	9	4
7	1				9		5	

Sudoku involves a grid of 81 squares divided into nine blocks, each containing nine squares. Each of the nine blocks has to contain all the numbers 1-9 within its squares.

Each number can appear only once in a row, column or box. Also each vertical nine-square column or horizontal nine-square line across must contain the numbers 1-9, without repetition or omission.

Every puzzle has just one correct solution.

## Answers to May's Conundrum How well do you know your UK Hit singles?

1	Pressing the doorbell twice	Ring Ring	ABBA
2	Firework male	Rocket Man	Elton John
3	Two days before tomorrow	Yesterday	The Beatles
4	1 x £5, 1 x £10, 1 x 50p	Money, Money, Money	ABBA
5	Bohemian Rhapsody on Strictly	Dancing Queen	ABBA
6	People on trains	Passengers	Elton John
7	Put your foot on a mince pie	Step into Christmas	Elton John
8	Alive and round	Circle of Life	Elton John
9	Global leadership	Rule the World	Take That
10	Permanently etch into your memory	Never Forget	Take That
11	Low value coin street	Penny Lane	The Beatles
12	This can be done in sixty seconds	It Only Takes a Minute	Take That
13	Five people getting married?	I Do, I Do, I Do, I Do, I Do	ABBA
14	Everlasting fruit picking	Strawberry Fields Forever	The Beatles
15	Retreat	Get Back	The Beatles
16	Note-worthy gratitude	Thank You for the Music	ABBA
17	If it's not me then it must be you	One of Us	ABBA
18	Just leave it alone	Let It Be	The Beatles
19	Single player card game	Patience	Take That
20	Jaundiced diver	Yellow submarine`	The Beatles

## Photo Gallery: theme 'June'

Our gallery of photographs, sent in by readers, with the monthly theme.



Bluebell time!



Thames at Goring

Email your favourite photo with a July theme to [webmaster@sixcountieskpa.org.uk](mailto:webmaster@sixcountieskpa.org.uk)  
Include a title and the sender's name (pseudonyms acceptable).  
Closing date is 20th June 2021.

**Photo Gallery: theme 'June'**



A family outing



Horse Chestnuts at Waddesdon

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Include a title and the sender's name (pseudonyms acceptable).  
Closing date is 20th June 2021.

## And finally

### Interesting Facts about the USA — did you know?

#### **The Statue Of Liberty Isn't In New York**

The Statue of Liberty, which adorns pretty much every bit of tourist memorabilia you can purchase in the Big Apple, is actually not located in New York City at all. It's technically in Jersey City, New Jersey. The copper statue was a gift from France to the United States in October 1886.

#### **There's An Actual Town with Just One Person**

Monowi, Nebraska's single resident is 83 years old. She is the city's mayor, librarian, and bartender. Her name is Elsie Eiler, she pays taxes to herself, and considers people who reside 40 miles away to be her neighbours.

#### **In Kentucky, There Are More Bourbon Barrels Than People**

In Kentucky, the number of bourbon barrels outnumbers the state's population by more than two million. That's a lot of bourbon. Kentucky is the birthplace of the drink and crafts 95 percent of the world's bourbon supply.

#### **George Washington Wasn't the First President to Live In the White House**

It wasn't the first president of the United States who lived in the White House, but John Adams and his wife Abigail. While Washington did oversee the construction of the house, he never lived in it. It began being built in 1792 and wasn't inhabited until 1800. Since Adams, each president who has resided in the White House has made their own changes and additions.

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