

## NEWS UP-DATE

March 2010

### Dated events

**Social Evenings** - held at the Alma Centre, 4 Alma Street, Stockton on Tees, Cleveland. TS18 2AP

Dates to look forward to in 2010:- 14th April, 12th May, 9th June, 14th July, 11th August, 8th September, 6th October, 17th November, 15th December.

Doing anything special these dates? Then why not come and have an evening with us all and enjoy a variety of different events each month. We meet between 7pm-9pm.

### Regular events

**Drop-In** - held at Greens Lane Methodist Church, Greens Lane, Hartburn, Stockton on Tees, Cleveland. TS18 5HP

We meet here 1pm - 4pm every Tuesday and Thursday, (10am to 1pm Friday - suspended until further notice) please check the notices page in the unlikely event that there are changes to these arrangements.

At the Drop-in there are therapists to administer alternative therapies for those of you who would like to try them. There is also a Silk Painting session held on Tuesdays where members have produced some fine artwork. If you're not this adventurous then why not come along and join us for tea, biscuits and conversation instead, we'd love to meet you.

**Chat Group** - held at Egglecliffe Community Centre, Durham Lane, Stockton on Tees, Cleveland, TS16 0EH

We meet here on the 2<sup>nd</sup> and 4<sup>th</sup> Mondays of each month (not Bank Holiday Mondays) between 11:30pm and 1:30pm. Why not come and join us in some general conversation and laughter. Save yourself making dinner later and join us in fish and chips from the local chip shop too!

You can always get the latest news from our website at

<http://www.stocktonontees.org.uk>

March 2010

## **Craft fair**

Thornaby Library are holding a craft fair in November. They have asked if we are interested in having a stall, this all depends if we have any handicrafts that we can sell. If you can provide any handicrafts for this event please contact Carol, if we have enough offers we'll be able to go ahead with this. Only you know what you can do so please tell us.

## **AGM Reminder**

The Annual General Meeting will be held at the Alma Centre on the evening of Wednesday May 12<sup>th</sup> as part of the regular social meeting. Now I hear you all say urrrgggh not the AGM! Well, it's something we have to undertake as part of being a charity and it's not something that has to be dull. We would like to encourage all members to attend if possible. Not just to meet those who don't normally attend the socials but so that you can have your say and also enjoy a "different" evening.

## **WEDNESDAY MAY 12TH 7PM ALMA CENTRE –*put it you your diary!***

Let us know if you can attend and we'll tailor the event according to numbers. Contact Carol on 617864, or email [info@stocktonmsgroup.org.uk](mailto:info@stocktonmsgroup.org.uk)

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[www.mstrust.org.uk](http://www.mstrust.org.uk) 9 March 2010

## **Botox receives FDA approval for treatment of upper limb spasticity in adults**

Allergan Inc announced that the United States Food and Drug Administration or FDA has approved Botox for treatment of increased muscle stiffness in the elbow, wrist and fingers in adults with upper limb spasticity.

Upper limb spasticity may occur following a spinal cord or traumatic brain injury or in patients affected by multiple sclerosis or adults with a history of cerebral palsy. FDA approved the drug to treat spasticity in flexor muscles, a condition that can result from stroke, brain injury or multiple sclerosis.

"Muscles affected by spasticity have increased stiffness and tightness, which may lead to pain, difficulties with hygiene and other activities of daily living, and may affect how a patient looks," said Russell Katz, director of the FDA's division of neurology products.

**Author: RTTNews**

## **Motivation key over assisted death prosecutions**

New guidelines over whether people would face prosecution over assisting suicide place closer scrutiny on a suspect's motivation.

Director of Public Prosecutions, Keir Starmer, said whether a person acted "wholly compassionately" and not for financial reasons was important.

But he made it clear the advice does not represent a change in the law and does not cover so-called mercy killing.

Mr Starmer had already published draft advice following a Law Lords ruling.

The guidance is not about changing the law - assisted suicide is illegal and carries a jail term of up to 14 years.

### **'Informed' decision**

However, more than 100 Britons with terminal or incurable illnesses have gone to the Swiss centre Dignitas to die and none of the relatives and friends involved in the cases have been prosecuted.

This is because the authorities have the power to use their discretion under the terms of the act. The final guidelines set out a range of factors to be taken into account when deciding whether or not to prosecute.

These include whether the victim had reached a "voluntary, clear, settled and informed decision and had the mental capacity to do so.

The person helping the victim would also be expected to co-operate with the police.

Factors such as pressurising the victim, encouraging them to commit suicide or having a history of abuse against them will make a prosecution more likely, Mr Starmer said.

The advice is slightly different from the draft version issued in September.

The focus is now more on the motivation of the suspect rather than the characteristics of the victim.

But Mr Starmer said it did not mean the policy had been tightened or relaxed and prosecution was not now more or less likely.

He also said no guarantees could be offered and everyone would face a police investigation.

"This policy does not change the law on assisted suicide.

"It does not open the door for euthanasia. It does not override the will of Parliament.

"What it does is to provide a clear framework for prosecutors to decide which cases should proceed to court and which should not."

### **Legal fight**

Among the most obvious changes from the draft guidance was the removal of the reference to a person's terminal illness or disability.

The DPP said this was done because it was felt it could discriminate against people with these conditions and suggest they are less protected.

But Mr Starmer made clear that other factors which remain in the guidance make it clear that it would not be appropriate to help someone who does not need assistance in actually committing suicide.

Mr Starmer acted after a long running legal fight by Debbie Purdy, from Bradford, who has multiple sclerosis.

In July, Law Lords ruled she had the right to know under what circumstances her husband would be prosecuted if he helped her travel abroad to die.

She had argued that, without clarification, she would have had to travel earlier than she wanted while she was still fit enough to go alone.

Ms Purdy said: "I am still overwhelmed and delighted by this victory. Omar and I can now get on with our lives."

Lord Carlile, chairman of Care Not Killing, which has campaigned against assisted suicide and had been critical of the draft advice, said: "These revised guidelines greatly reduce the risk of undermining existing law.

"Our main concern was that the interim guidelines singled out as a group those who were disabled or ill, thereby affording them less protection than other people under the law."

But he warned there were still some "flaws and problems", such as how compassion is to be assessed.

And Richard Hawkes, chief executive of Scope, the disability charity, said: "Many disabled people are frightened by the consequences of these new guidelines and with good reason.

"There is a real danger these changes will result in disabled people being pressured to end their lives."

But Sarah Wootton, chief executive of the Dignity in Dying campaign, hailed the guidance as a "victory for common sense and compassion".

"The guidance represents a significant breakthrough for choice and control at the end of life for those who feel they are suffering unbearably."

But she said she would still push for a change in the law as people really needed an up-front guarantee against prosecution.

The framework comes into force immediately after a consultation which gathered nearly 5,000 responses.

Northern Ireland has also been carrying out its own consultation.

Scotland does not have a specific law on assisted suicide.

### **Factors against prosecution**

- The victim had reached a voluntary, clear, settled and informed decision
- The suspect was wholly motivated by compassion
- The suspect had sought to dissuade the victim from taking the course of action which resulted in his or her suicide
- The actions of the suspect may be characterised as reluctant encouragement or assistance in the face of a determined wish on the part of the victim
- The suspect reported the victim's suicide to the police and fully assisted them in their enquiries

### **Factors in favour of prosecution**

- The victim was under 18
- The victim did not have the mental capacity to reach an informed decision
- The victim had not reached a voluntary, clear, settled and informed decision
- The suspect was not wholly motivated by compassion, for example they stood to gain in some way
- The suspect pressured the victim or had a history of abuse against them
- The suspect was unknown to the victim
- The suspect was paid by the victim or was working for an organisation which provides facilities for a person to commit suicide
- The suspect was acting in his or her capacity as a doctor or other caring role

**'It's a comfort to have the choice'** by Frances Gibb

Nicky Dalladay leans forward from the sofa to take the occasional sip of squash from a straw, using only her mouth. It is the only immediate sign of her severe multiple sclerosis, which in recent years has confined her to a wheelchair.

She is attended by her husband round the clock. The frustration explodes in bouts of temper and swearing, "because my life is not my own any more - it has been stolen from me", she says. Mrs Dalladay, 47, and her husband, David, 61, of Loughton, Essex, have been together for 28 years. Once, their lives were hugely active: they both had City jobs and loved amateur dramatics, singing and dancing, hockey and travel. Now their days are circumscribed by her illness.

"A typical day is: Dave gets me out of bed, on to the glide-about chair to the bathroom, helps me go to the toilet and deals with every aspect of that, washes me, dresses me, then back on the chair, then into the stairlift ... the routine is endless and exhausting before we've even started the day," Mrs Dallaway says.

Her husband adds: "It can take two hours. If her body doesn't want to move, there's nothing you can do about it."

When the illness worsened about five years ago, he took early retirement and she gave up her job. She says that the deterioration in her health has made her think about the future. "I am of balanced mind and able to speak and to decide what I want. So we have discussed it. Dave found it difficult at first. It's not actually making a decision to die; but I believe I am entitled to lead a dignified life and equally to a dignified death."

The new guidelines from the Director of Public Prosecutions were a "great comfort". They would extend lives "because people will not have to act prematurely, knowing that they can be helped".

"I don't have a death wish," Mrs Dalladay says. "I just want the right to a dignified death, when I wish that to happen."



Daily Telegraph 3 March 2010

## **Laws on mobility vehicles to be tightened**

Mobility scooter owners may have to take driving tests and buy compulsory motor insurance under plans being drawn up by the Government.

They could also face prosecution for careless or dangerous driving under changes set out in a consultation paper intended to protect pedestrians, other road users and owners of the vehicles themselves.

The plans have been drawn up by the Department for Transport amid mounting concern over the risks posed by the 330,000 mobility scooters and electric wheelchairs currently in use. There have been mounting demands for changes, following a spate of accidents involving mobility scooters including the death of an 84-year-old grandmother in Sunderland two years ago.

The proposed changes will apply to vehicles, also known as invalid carriages, which are used both on the pavement, where they are limited to a 4mph speed limit and on the road, where currently an 8mph limit is in force.

A key proposal would bring in new laws to enable police to prosecute people who use the vehicles in an "irresponsible or dangerous" manner.

Currently police can only act if the driver is caught using a hand-held mobile phone or found to be over the drink-drive limit.

Even drink-driving only leads to a fine because, as the drivers are unlicensed, they cannot be disqualified.

Other changes would include the legal requirement for all owners to have third party motor insurance. This is because somebody injured by a mobility vehicle currently has no redress, neither does a motorist who is involved in a collision - even when the driver of the invalid carriage is at fault.

The Government is also considering making training compulsory and a requirement for owners of mobility vehicles to prove that they are fit to drive them.

While the Government believes the 4mph limit for pavement use should be unchanged, it is ready to raise that which applies for invalid carriages when they are used on the road - even though it has not said by how much.

Ministers also want these vehicles to be more conspicuous with more lighting and also that those used on the road could be larger than the current maximum, of 331lbs (150kg).

This would make it possible for disabled parents to carry babies or children with them.

Jeff Ennis, Labour MP for Barnsley East and Mexborough, who has called for mobility vehicles to face a "three strikes and you are out" rule, described the existing law as "utterly inadequate." He welcomed the proposals announced by Sadiq Khan, transport minister of state. "I am sure the mother of a girl who was badly injured in my constituency by one of these vehicles will be pleased."

The Government's plans were welcomed by Christine Shaw, chief executive of the Disabled Living Foundation. "Currently scooters can be purchased by people who have not been given any appropriate advice or training in the use of such vehicles, putting both themselves and members of the public at risk," she said.

"We believe that people's individual needs should be properly assessed to ensure they buy the right equipment that meets their requirements and are confident about how to use it."

Andrew Howard, heard of road safety at the AA, welcomed proposals to increase the speed limit for mobility vehicles on the road from the current 8mph.

"In rural areas and in many housing estates these vehicles often have no option but to use the public highway. The current limit is too low."

But Mr Howard sounded a note of caution on the other proposals. "If you come round to think like compulsory insurance, let us hope we don't end up with people who are not eligible to drive a car for medical reasons are also denied the right to use one of these vehicles.

"The idea of mobility vehicles is to keep people mobile and independent even when they can't use a car. Any changes must not undermine this basic principle.

"Not being able to shop will pose addition responsibilities for care services and carers."

Meanwhile an American study has found that mobility scooters could increase the risk of diabetes and heart disease.

The research, published in the American Journal of Cardiology, shows many of the benefits to patients' health from being able to get around more easily are being wiped out by the effects on the cardiovascular system.

#### **DISCLAIMER**

Articles in this Bulletin are meant for the sole purpose of information only and do not necessary reflect the views of the committee.

## LDN study results published

At long last, the results from the University of California at San Francisco study of low dose naltrexone (LDN) in patients with multiple sclerosis (MS) have been released.

The data seem to point to the conclusion that LDN can help mental health of people with MS, but has little effect on physical functioning.

Before any die-hard LDN fans get their feathers ruffled over these preliminary findings, I need to point out that the study had some general shortcomings in terms of "proving" or "disproving" anything. For one, the treatment period in this study was short - only 8 weeks of treatment with LDN (this was a crossover study design in which all participants received treatment and placebo for 8 weeks each, separated by a washout period of one week). Also, while 80 participants were originally enrolled, data from only 60 people was evaluated. Furthermore, all data was self-reported, rather than based on any "objective" clinical measures. This, as well as the very nature of the general "buzz" around LDN among people with MS, could lead to several biases in terms of reporting and self-selection of participants.

In my opinion, here are some of the most interesting points of this study:

There was no significant physical functioning improvement reported from LDN according to the primary instrument used to measure outcome, the MSQOLI (the Multiple Sclerosis Quality of Life Inventory, a compilation of various surveys used to determine functioning in different areas of life). However, there was significant improvement in the mental health portion of the data, which included pain measures and cognitive functioning.

Seems to be no difference in effects of LDN if people are taking Copaxone or any of the interferons (Betaseron, Avonex or Rebif). This may indicate that it is not a problem to take LDN concurrently with other disease-modifying therapies, whereas previously it was advised that LDN could not be taken with any immunomodulators (such as the interferons), as there could possibly be interactions between LDN and these drugs (although Copaxone has always been considered okay for concurrent use).

Only real side effect reported was vivid dreaming (however, people taking the placebo also reported this effect).

There was a pretty big "placebo effect" reported here, meaning that improvement was measured in several areas of functioning above baseline (where participants were when study started), in BOTH the LDN treatment group and the placebo group.

Bottom line: Look, folks, this is a good "first try" to do an LDN study. I am very impressed by the fact that this study was funded by people living with MS ([ldners.org](http://ldners.org)). Clearly, to make any huge statement about the effectiveness of LDN, the study would have to be much bigger and much longer, meaning much more expensive.

I have a couple of things I would do differently in a future study, but I would primarily be very interested at starting people at a lower dose initially. While 4.5 mg (the dosage used in the study) is ideal for some people, I have heard that it is often too much for others. Certainly my experience with LDN was that my overall feeling of well-being deteriorated when I increased my dosage from 3.0 mg to 4.5 mg. I have heard many people say that gradually increasing (then decreasing if necessary) until optimal dosages are found worked much better than starting at 4.5 mg. Anyway, that is one thing on my "wish list," along with more participants and longer treatment period. Again, all of these things cost money and it would be wonderful to see a more "robust" study conducted in the future, following on the pioneering work done at UCSF by Dr Cree and his colleagues.

Source: Bruce Cree, Elena Kornyeveva, Douglas S. Goodin. Pilot trial of low dose naltrexone and quality of life in MS. *Annals of Neurology*. Published online February 19, 2010.

## Elderly and disabled at risk from bad selling practices

*Vulnerable people are being pressured into buying goods that are often defective and sometimes useless* **By Lauren Thompson**

Elderly people are being ripped off by companies that charge them thousands of pounds for mobility scooters, bath aids and orthopaedic furniture that they cannot use, a *Times Money* investigation has found.

Consumer Direct, the government-funded advice service, received almost 5,300 complaints last year about disability aids — a 19 per cent increase on the previous year. Most complaints were about defective goods, as well as substandard service and bad selling practices.

Michele Shambrook, of Consumer Direct, says: “Many of these products are sold to people in their own homes, where they can be particularly vulnerable to high-pressure selling techniques. Some companies even falsely claim to be working for social services or a government department.”

Barbara Gibson, of St Albans Association for the Disabled, says she often sees shocking cases of mis-selling to the elderly. “A 75-year-old woman with advanced multiple sclerosis was recently sold a massage chair costing almost £4,000,” she says. “The lady had been wheelchair-bound for 30 years but the salesman said the chair would get her legs moving again. The controls on the chair consisted of 14 tiny buttons, which her fingers couldn’t work.” Mrs Gibson contacted Trading Standards, which secured a refund for her friend.

Similar bad practice remains rife in the industry, with many elderly people unable to gain redress.

“A big problem is the lack of transparency over pricing,” Paul Miloseski-Reid, of Trading Standards, says. “Several mobility companies refuse to provide a price online or over the phone, forcing the consumer to agree to a home visit, during which they will be pressured into buying. Companies also inflate their prices, so they can offer fake discounts and VAT exemptions. Consumers should steer clear of companies that do not provide prices. Do not get caught out by excuses of ‘made-to-measure’ as a reason not to provide a quote.”

In 2008 Which? investigated 11 companies selling adjustable beds, mobility scooters and bath lifts. Of these, the salesmen of Nationwide Mobility, Adjusta-matic Beds, which features Gloria Hunniford in its advertisements, Bath-Knight, Oakdale Adjustable Beds and Craftmatic UK were found to provide a “poor” service. Many companies did not assess the needs of the customer and Adjustamatic Beds even falsely claimed that its customers would no longer need physiotherapy after using its product.

All these companies, with the exception of Craftmatic UK, told *Times Money* that, following the report, the salesmen in question had either been sacked or retrained.

A spokesman for Craftmatic UK says: “The research undertaken was inept, inaccurate and unfair and was in no way a true reflection of the company.”

Adjustamatic Beds says: “Adjustamatic Beds has been trading for 40 years and does not rip people off.”

Which? also criticised the high-pressure sales techniques of some companies, by which salesmen stay for hours in people’s homes and offer “discounts” if they buy the product immediately.

Chris Lofthouse, of Ricability, a charity for the disabled, says: “There is a serious lack of information about which products are worth buying, how much is a fair price and which companies are worth using. We want to see more independent testing of products, so that people can make an informed choice before buying.”

The Disabled Living Foundation is a charity that provides independent advice on which mobility aids to choose, as well as sources of funding. Call 0845 1309177 or visit [dlf.org.uk](http://dlf.org.uk). Assist UK is a network of Disabled Living Centres, where people can try out products. **Visit [assist-uk.org](http://assist-uk.org).**

Before dealing with any company selling mobility aids, check that it is registered with the British Healthcare Trades Association. This has a code of practice for members that includes a free independent redress scheme. Go to [bhta.net](http://bhta.net) or call 020-7702 2141.

Elderly or disabled people may be able to get mobility equipment free from social services. You can request a “needs assessment” from your local authority. However, resources are limited and priority is usually given to those who live alone or cannot manage without care from other people. Ask your doctor or district nurse to refer you.

*Times Money* reader Auburn Angas, from Wells in Somerset, says many disabled people were not aware they could apply for help.

“My mother, aged 89 and very frail, has been supplied with a wonderful bath lift, walking frame, inflatable mattress and toilet seat, all free through our local social services,” she says.

If you believe you have been ripped off by a company, you need to act quickly. The Cancellation of Contracts Made in a Consumer’s Home or Place of Work Regulations 2008 allows all customers a cooling-off period of seven days, meaning that they can cancel their order and request a refund within a week of buying. If the product has been adapted for your home in some way, the legislation is more complicated and you should seek advice from Consumer Direct on 08454 040506 or visit [consumerdirect.gov.uk](http://consumerdirect.gov.uk).

Other regulations introduced in May 2008 prohibit traders from treating consumers unfairly, misleading them or subjecting them to aggressive practices.

### **Case study: Discount was unbelievable**

Robert Miller, left, bought his 84-year-old mother an Aquasoothe bath lift and was astonished when the price went from £899 to £450 after the salesman called head office to negotiate a discount.

“I agreed to a home visit,” the 60-year-old, who lives in Norfolk, says. “The bath lift seemed ideal, but I was stunned when the salesman quoted me £899. I told him I couldn’t afford that so he rang his boss. There was ‘good news’ — we could have one for £750. I had seen a similar device advertised in the *Radio Times* for £399, so I produced this advert.”

The salesman called his boss again and eventually agreed to sell the product for £450.

A spokesman for Aquasoothe says that it was still selling the product for £899 and that Mr Miller had been offered the discount as a “one off gesture of goodwill” and it would not offer such a discount again.

### **Know the rules**

- Inappropriate sales tactics must not be used. The salesperson must not offer a high initial price followed by the offer of a discount or withhold price information until the end of the visit.
- All cold-calling is unacceptable. A salesperson must not visit without a mutually agreed appointment.
- A full assessment must be carried out, so that an appropriate product can be identified, and must be available to the customer on request.
- The salesperson must comply if asked to leave by a customer and no visit should normally last longer than three hours.
- Cancellation rights must be made clear.
- Customers with poor eyesight or who are easily confused should be encouraged to have a friend present.
- If insurance is discussed, it must be made clear that it can be cancelled and that you can pay upfront rather than on credit. There must also be no high-pressure selling of warranties.
- If a customer needs a repair, this should be carried out within three working days. No customer should be without equipment for more than 14 days.

## **Stanford University halts CCSVI treatments after two serious incidents**

Researchers at Stanford University have halted treatments for chronic cerebrospinal venous insufficiency (CCSVI) according February's edition of the journal *Annals of Neurology*.

The decision came after two people experienced serious side effects following stenting of the jugular veins, a procedure thought to correct CCSVI. One patient died from a brain haemorrhage following the procedure in August and another required emergency open heart surgery in November after a jugular vein stent dislodged into the right ventricle of the heart. Dr Jeffrey Dunn, associate director of Stanford's MS centre, called on other neurologists to speak out about the potential "dangers" of the unproven procedure: "If I can do anything to protect MS patients from the potentially devastating effects of false hopes or the risks of invasive and unproven treatment, I am happy to do so".

The theory that CCSVI may play a role in causing MS was developed by Italian Cardiovascular Surgeon Dr Paolo Zamboni and has resulted in much debate and controversy. It has also sparked interest in many of the 2.5 million people with MS world-wide as a potential cause of MS.

Dr John Richert, executive vice president for research and clinical programs at the National Multiple Sclerosis Society in the USA said, "When dealing with a disease like MS, where we don't know the cause or have many therapeutic options, it's important to think outside the box. Dr Zamboni is doing this, but his techniques need to be confirmed.

He went on to add, "All of the evidence today is preliminary. There is not even enough evidence to say that obstruction of veins might be a factor in MS, or to determine when this obstruction may occur in the course of disease."

MS Societies around the world have emphasised that new research studies will be pivotal in determining the link between CCSVI and MS before surgical procedures should be made available to treat CCSVI.

Researchers in Buffalo NY are investigating the prevalence of CCSVI in people with MS. Dr Robert Zivadinov, Director of the Buffalo Neuroimaging Analysis Centre and principle investigator of the Buffalo says: "If we can prove our hypothesis, that cerebrospinal venous insufficiency is the underlying cause of MS, it's going to change the face of how we understand MS", but he added that media coverage of CCSVI so far has been premature and "unrealistic".

**Author:** Medical News Today

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## **AIMSPRO receives US orphan-drug designation for ALS**

The US Government, through the Department of Health and Human Services, has designated AIMSPRO as an orphan-drug for the treatment of amyotrophic lateral sclerosis (ALS), with effect from 28 October 2009. ALS is the most prevalent type within the Motor Neurone Disease group of disorders.

## MEMBERS COMPETITION

A £5 prize will be given to the member whose entry has the most correct answers. Even if you do not know all the questions, send in those you have answered – you could still win!

### TV PROGRAMMES – 1 WEEK IN AUGUST 2009 PROGRAMMES TAKEN FROM BBC1/ BBC2/ ITV1/ CHANNEL 5

*Insert the missing vowels*

1/	PNRM .....	11	NTNLLTTRY .....
	...	/	...
2/	WLDLTY .....	12	FLGT .....
	...	/	...
3/	THGDGTSH .....	13	HWCLNSYRH .....
	W .....	/	S .....
4/	SNGSFPRS .....	14	STNDRS .....
	...	/	...
5/	CNTRYFL .....	15	BRGNHNT .....
	...	/	...
6/	TMTM .....	16	NGHBRS .....
	...	/	...
7/	GLDNBLLS .....	17	MTCHFTHDY .....
	...	/	...
8/	CMDNWTHM .....	18	FRNDS .....
	...	/	...
9/	DLRNDL .....	19	VTSNCTN .....
	...	/	...
10	WLDSTDRMS .....	20	NWSRND .....
/	...		...

Name:

Address:

Send Completed Forms To:  
Mr D Henderson  
74 Windermere Road  
Stockton-on-Tees  
Cleveland TS18 4LY

All entries to be received by the next social. The winner will be drawn from entries received with the highest number of correct answers.

Answers to last quiz:

1/ King 2/ Indigo 3/ Ruby 4/ (Gay) Ken! 5/ Luther (Martin-King) 6/ Earth 7/ Allegro 8/ Tumbril  
9/ Huron 10/ Arizona 11/ Marlborough