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A non-profit Corporation, founded in 1965, privately supported for the public good and dedicated to the advancement of Medicine through Amateur Radio.

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P.O. Box 127, Indian Rocks Beach, FL., 33785-

MEDICATION OVERLOAD

(In the next AETHER we will discuss the P-450 liver system where all these drugs collide.)

OLDER ADULTS ARE POTENTIALLY AT RISK FOR A MAJOR INTERACTION BETWEEN DRUGS THEY ARE TAKING: AMONG OLDER ADULTS ABOUT 40% TAKE 5+ DRUGS & 18% TAKE 10 OR MORE.

Your doctor wants you to stop taking so many medications a condition now called **deprescribing**. What was good for you once might not be as good for you now.

A website, deprescribing.org which is maintained by the Canadian Deprescribing Network, a group that includes health professionals, policy makers and patient advocates. The site helps patients determine if they should consider stopping certain medications that may be unnecessary or cause harm, including a common medication for heartburn or reflux called proton pump inhibitors and certain diabetic drugs that increase the risk for low blood sugar.

Medication use can start to pile up in middle age or earlier, especially in patients being treated for diabetes, heart disease or/and cancer. Those people may see different doctors who don't coordinate care with each other. Soon, they are in a situation known as **polypharmacy**, defined as five or more drugs daily.

The body processes many drugs less efficiently as it ages, leading to problems with long-term medications. Statins, prescribed to control cholesterol, may not be needed, over age 75, as they can cause muscle weakness and increase the risk of falls.

The American Geriatrics Society last year updated its **Beers Criteria**, a list of 40 medications or classes of drugs that are potentially inappropriate for older adults. An expert panel is working on an update for 2018.

Last year, after reviewing 6,700 research studies, the panel added three new drugs and two new classes of medications to warning lists for older people. The website HealthinAging.org lists 13 potentially dangerous drug combinations, medications older adults should avoid or use with caution and suggested alternatives.

A study in 2014, found that directly educating older patients about risks of sedative overuse led them to consult with a doctor or pharmacist, with 27% discontinuing the drugs.

Doctors have new warnings about widely prescribed proton pump inhibitors. Studies show a link between the medications and an increased risk for bone loss, fractures, and serious bacterial infections. They can also change the way other drugs work, such as reducing the effect of blood thinning drugs and increasing the risk of heart attack and death.

Many patients are receiving prescriptions for proton pump inhibitors while in the hospital to treat a short-term problem with heartburn or reflux but then they end up staying on them forever.

Older cancer patients, who on average take 12 medications daily and are often frail from radiation and chemotherapy should take warning. But it isn't just about reducing quantities of medication. Sedatives and drugs that prevent nausea, for example, are on the list of potentially inappropriate medicines for older adults because they cause dizziness, confusion and blurred vision. Still they may be needed for nausea and vomiting caused by chemotherapy. Thus these new guidelines are useful "to help flag which



NEED CATEGORY I CME?

Go to www.mpmcme.org enter; go to "medical surgical archives" and a list will pop up...pick the lecture you want (includes mandatory ones) & when completed take the simple test and submit it to "Lee" for accreditation. When your medical license is up for renewal, notify Lee & she will submit the papers required. Tell her you affiliated with the hospital through MARCO and Dr. Warren Brown.

(Tx to Morton Plant Hospital, Clearwater, Florida, an associate of the University. of South Florida medical school.)

LATE BREAKING NEWS

The 2017 Annual MARCO meeting will be held at the Hilton Garden Inn in Schaumburg, Illinois close to O'Hare airport in Chicago on April 27 through April 30th. For reservations call Ellie Dailey at 224 520 6951. Plan for an educational meeting after the Friday AM meeting which begins at 8 a.m.

FCC says "No" to Lifetime Ham license...The FCC has denied the petition of an Arizona ham who had petitioned for lifetime Amateur radio licenses. The argument for extending the term of licenses to the lifetime of the holder would reduce the Commission's administrative costs. The FCC said it had reduced its overhead by no longer routinely mailing paper licenses.

Risk factor for melanoma is increased 84% in men using Viagra (to check this, contact mpmeme.org, lecture 25 Oct.)

WRITE TO US!
 We welcome your comments.
 Mail to Marco, P.O. Box 127,
 Indian Rocks, FL,
 33785. Email to
 warren.brown1924@gmail.com
 Letters may be edited for
 brevity & clarity.

MARCO NET SCHEDULE

<u>DAY</u>	<u>EASTERN</u>	<u>FREQ.</u>	<u>NET CONTROLS</u>
Any Day	On the Hour	14.342	Hailing Frequency
Sunday	10:30 a.m. Eastern	14.140	CW Net, Chip, N5RTF
Sunday	11 a.m. Eastern	14.342	Warren, KD4GUA

(Alternate confidential Grand Rounds frequency—
 on or about 14.344 or as announced on the air.)

**MARCO'S CW
 NET IS NOW
 CALLED THE
 "Bob Morgan
 Memorial
 Net"**
 Sundays, 10:30 am,
 14.140 MHz

Page 2

MARCO Grand Rounds is held Sunday at 11 a.m. Eastern Time; 10 a.m. Central; 9 a.m. Mountain, and 8 a.m. Pacific Coast time on 14.342. You qualify for one hour Category II CME credit with your check-in.

medications we want to target for stopping or reducing the dose.

Summarizing: The medicine you are not taking is doing you a lot of good and you should attempt to keep the number of medicines to 5 or less daily. These drugs should be preferably spaced apart, although difficult at times, with at least a 30 minute free period for adequate absorption and action.

(Information for the above were from a fine article by Laura Landro which appeared in the Oct. 11th, 2016 edition of the Wall Street Journal.)

THE USE OF PLACEBOS.....

A placebo (*Latin for "I shall please"*) is a simulated or otherwise medically ineffectual treatment for a disease intended to deceive the recipient. Sometimes patients given a placebo will have a perceived or actual improvement in a medical condition, a phenomenon called the "placebo effect." In medical research, placebos are given as control treatments and depend on the use of measured deception. Common placebos include inert tablets, sham surgery and other procedures based on false information. However, placebos can also have a surprisingly positive effect on a patient who knows that the given treatment is without any active drug.

In one common placebo procedure, a patient is given an inert pill, told that it may improve his/her condition, but not told that it is in fact inert. Such an intervention may cause the patient to believe the treatment will change their condition; and this belief may produce a subjective perception of a therapeutic effect, causing the patient to feel their condition has improved.—or an actual improvement in their condition. This phenomenon is known as the placebo effect. *Their use in the correct surroundings are encouraged.*

The placebo effect points to the importance of perception and the brain's role in physical health. However, the use of placebos as treatment in clinical medicine (as opposed to laboratory research) is ethically problematic as it introduces deception and dishonesty into the doctor-patient relationship.

A placebo has also been defined as "a substance or procedure...that is objectively without specific activity for the condition being treated." Under this definition, a wide variety of things can be placebos and exhibit a placebo effect. Pharmacological substances administered through any means can act as placebos, including pills, creams, inhalants and injections. Medical devices such as ultrasound can act as placebos. Sham surgery, electrodes implanted in the brain, and sham acupuncture, either with sham needles or on fake acupuncture points, have all exhibited placebo effects. The physician has even been called a placebo; a study found that patient recovery can be increased by words that suggest "the patient would be better in a few days." **It has been proposed that the placebo, which may be unethical, could be avoided entirely if doctors comfort and encourage their patients health.** In 2011, a Program in Placebo Studies was established at the Harvard Medical School.

"60-90% of doctor visits are estimated to be in the mind-body realm (remember the blush reaction—the mind is embarrassed and the body responds?) and are poorly treated by drugs and surgery. Then there is the death of a spouse whereas the living partner passes within months from induced mourning; mindful stress causing morbidity and mortality.

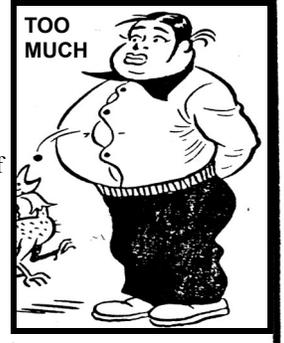
There are a lot of diseases where placebos will not cure, such as immunization, joint replacements, cataract operations, penicillin, hormone

(Continued on Page 9)

ONE GENERIC PILL COST \$9 each, ANOTHER SIMILAR; COMBINE THEM AND IT SELLS FOR

\$81 each

That's what Valeant Pharmaceutical, Pernix Therapeutics Holdings and Horizon Pharma and others are doing. Take for example Pernix's drug Treximet for migraine. It's active ingredients are generic drugs that can be purchased separately at a fraction of the cost. For Treximet, a box of 9 tablets costs \$728.67. Insurers and employers typically pay less than this so-called list price thanks to behind-the-scenes discounts; the average actual cost for a box of Treximet is around \$350. To buy its two generic constituents, sumatriptan and naproxen, would cost around \$19.



There is no evidence that Treximet tackles migraines any better than a two-pill regimen of sumatriptan plus naproxen.

In some cases, combining two or more drugs into a single pill has benefits, such as added convenience. The problem is there is no agreed on process for assigning a fair value to those benefits.

What's more, patients and their doctors often have no idea that a cheaper alternative exists.

To complicate matters further, some combination drugs use slightly different doses than are easily available to buy separately in the pharmacy. A single pill of Treximet contains 85 mgm of sumatriptan and 500 mgm of naproxen. When sold separately, sumatriptan comes in pills of 50 mgm or 100 mgm, making direct substitution difficult.

Other combinations: Duexis (rheumatoid pain) separately \$20, in combination \$2,061. Vimovo (rheumatoid pain) separately \$64, in combination, \$2,061. Acanya (Acne) separately \$41, in combination \$444.

The typical patient is willing to pay a premium price for Treximet, which they find more effective than two separate pills, but not \$750 or more!

Keep this in mind when ordering expensive generic combinations.

PET THERAPY

Therapeutic animal companionship can improve patients' well-being through time spent with pets. Most commonly, animals are brought into hospitals, long-term care facilities and university residences and allowed to interact with people around them. These programs have been implemented worldwide.



Dogs are the most commonly used animals. Animal-assisted therapy has been shown to have positive effects in some populations; however, it can elevate the risk of infections, and bites and scratches are an on-going risk. This therapy may be contraindicated in persons with allergies, fear of animals, and a higher risk of infection especially in those immune compromised.

In our hospital in Clearwater, large and small poodles are utilized and usually generate a great deal of good will and happiness when seen by patients.

DEVICES FOR MAKING HOUSE CALLS REMOTELY

Diagnostic gadgets let patients do tests at home, send the information to a doctor.

Telemedicine offers patients the chance to meet with a doctor, 24/7 without leaving home. But many doctors are wary of participating because they can't peer into patients' ears, look down their throats or listen to their lungs.

A new genre of home diagnostic devices aims to address those concerns by giving patients some of the same tools that doctors use during in office-exams.

The closest to market is **Tyto**, a hand-held device about the size of a softball. One attachment works like a stethoscope to capture and records a patient's heart-beat and breath sounds. Other attachments allow a built-in camera to get a good look at patient's tonsils and into the ear canal. The camera can also take high resolution photos of skin lesions, rashes and moles. All the images, sounds and readouts can be shared with a doctor over the internet in real time or stored in a software program for later use.

"We are replicating the face-to-face home visit, just doing it remotely," says Dedi Gilad, who founded the Israel-based company **Tyto Care Ltd.**

Tyto is awaiting clearance from the FDA. The company expects to introduce the device in the U.S. this year, offering it first through health systems and insurers. The device will be available direct to consumers sometime next year for about \$300.

MedWand, another remote diagnostic tool, looks like a fat electric toothbrush and performs many of the same functions as Tyto but also checks blood pressure, blood glucose and blood oxygen levels and lets doctors conduct eye exams remotely. Its creator, M. Samir Qamar, is the CEO of **Medlion**, a network of direct primary-care practices in 25 states. These practice charge patients a flat monthly fee and deliver much of their care via telemedicine, but Dr. Qamar says he found it was stuck in the "video-chat stage." MedWand, which will sell for \$250, will allow doctors to provide more and better care remotely, he says.

Like the Tyto, MedWand will also be available first through telemedicine companies and health care systems. "It's just a paperweight unless there's a bona fide, high-quality medical service on the other end."

Another device, called the **Scanadu Scout**, can measure temperature, heart rate, blood pressure and blood oxygen levels when held to the user's forehead. The manufacturer **Scanadu of Sunnyvale, Calif.**, is testing it with about 7,000 consumers world-wide, but has yet to receive FDA clearance.

To be sure, clinicians still can't draw blood or swab a throat for strep remotely—but other home tests are coming.

Scanadu is also developing disposable urine analysis tests, much like home pregnancy tests, to let consumers test for urinary tract infections, excess protein and other medical problems. A smart phone app analyzes color changes on the test paddles and can report this result on the spot.

(Information for the above was taken from Melinda Beck's fine article which appeared in the Sept. 26 edition of the Wall Street Journal.)

GEORGE BURNS INTERVIEW: "Is it true you smoke 10 cigars a day?" "That's true." "Is it true that you drink 5 martinis a day?" "That's true." Is it true that you still surround yourself with beautiful young women?" "That's true?" "What does your doctor say about all of this?" "My doctor is dead."

A Russian cosmonaut has an emergency during his reentry and his spacecraft lands in the Australian bush. When he comes to, he finds himself in a bush medical clinic, bandaged from head to toe. Standing at his bedside is a tough tanned Aussie doctor. "Did I come here to die?" asked the cosmonaut. "No, mate," the doctor replies, "Ya came here yestadie."

In Indiana we are in the midst of the dog days of summer. It is hot and we need rain but the corn has grown very fast this year. It was knee high in some places long before the 4th of July. I wrote this a month ago. Now it is cooler and we have had almost too much rain. All over the East, Hermine is still raising havoc especially in the northeast.

And we are in the midst of a very contentious presidential election. Whether you are a Democrat or a Republican the message is clear that the Affordable Care Act will be changed in the new administration.

But how? I personally would like to see better financial access. Mandating coverage and then extremely high deductibles for low income people does not improve access. This is also a problem of who foots the bill. I don't think any taxpayer wants to do that but they still want to serve those who need care. Delivery of good health care must include the less fortunate.

State boundaries: We may have differences of opinions about free trade but allowing plans that cross state lines would seem to allow more competition and lower prices. This could enlarge the pools. Unfortunately at this time we see more big companies withdrawing from the ACA offerings.

Indiana has been lauded/denigrated for its HIP 2.0 Seems to work pretty good but under that is a plan called MDwise. It is extremely stiff in its requirements. Just recently I needed a peer to peer review but the person I was stalking to didn't feel one was needed. I asked her if she was a physician. Boy did she get angry. She told me I didn't need a physician. Finally I got an authorization from her for the MRI of the shoulder. Delayed over a month. The patient's rotator cuff was in shreds but she knew better. The peer to peer's I have been in have gone very well and colleague to colleague was a fine experience. The bean pushers are not interested in our patients. But I think we want good care for our patients.

We are on the front line trying to serve our patients in the best way possible. Letting our legislators know what we think might work, that is why we elected them.

Just a couple of thoughts. This is our business/calling, what can we do to make it better. Our experience in serving patients is valuable.

April 2017... Hilton Garden Inn, Schaumburg, IL. I have confirmed reservations for us at this beautiful setting on the outer rim of Chicago. Then some optional activities until dinner on Saturday. Activities to begin Thursday afternoon, April 27, 2017.

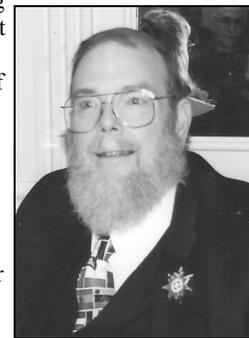
I have lined up an ex-DEA agent to share with us the law enforcement side of our opioid and controlled substance problems. I have been in groups with him on a number of occasions. He has worked all over the world and brings a unique perspective to this dilemma. His office is in Aurora, IL., Drug Education Resources Group. Everyone is invited to this presentation. YL's, XYL's, OM's, patients, etc. This will involve a presentation with a time for questions.

Until next time., 73 Rich, K9CIV

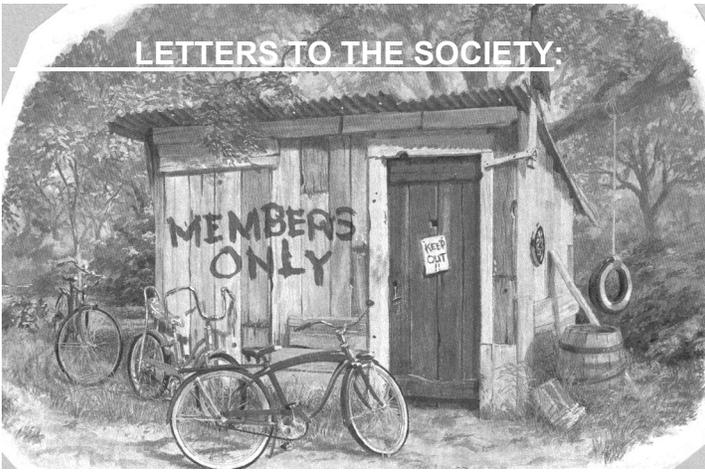
(Further details of Annual Meeting on Page one.)

A SHOE THAT GENERATES ITS OWN POWER

Sri International, Menlo Park, CA is working with the U.S. Defense Dept. to create a shoe that will convert the mechanical energy of walking into electric power to charge up gadgets, batteries and other devices. The experimental foot-ware has a heel made of a special elastic polymer. As the material is compressed and released—such as by the foot pressure generated during walking—the power boot generates about half a watt, more than enough energy to recharge the boot's built-in-battery and a cell phone. The goal is to power a future soldier's equipment, such as radios, navigation aides and electronic gun sights.



LETTERS TO THE SOCIETY:



EDITOR'S NOTE: Walter Winchell began broadcasting in 1933 to an audience of 25 million people. The Winchell style was unmistakable. He talked rapidly at 197 words per minute...the voice was high-pitched and not pleasant to the ear; but it was distinctive. The staccato quality made every item compelling. He claimed he talked so fast because if he talked more slowly people would find out what he was saying...he began his radio program with a series of dots and dashes operating the key himself. Telegraphers throughout the country complained that what Winchell tapped out made no sense. He realized he hadn't the faintest knowledge of Morse code but he refused to have an experienced telegrapher provide the sound effects for him. He wrote like a man honking in a traffic jam.



Kudos from (no luck this issue!)

From **Dave Justis KN0S, Virginia.** (*dijustis1@juno.com*)...In my early years in medicinal chemistry at the University of Iowa, we use to "methylate" various compounds to change their lipophilic characteristics and now the same is being done with CRISPR to alter the very genetic make-up of DNA—leading to potential treatments for diseases. It is amazing what 50 years in medicine brings...enjoyed the presentation of the history of anesthesia. Really enjoyed the timeline...I will have to send you the photo of the Revolutionary War surgeon from the Victory Museum here in Yorktown. Many of the tools used are similar to what is still used today for amputations. Anesthesia then also included a piece of wood held in the mouth with a leather strap to stifle the screams. A good surgeon back then could remove a leg in under 3 minutes...it use to take me 30 min. with anesthesia during the Viet Nam Era.

From **Bruce Small KM2L, Clarence, N.Y.**, The local County Department of Senior Services sponsors a program called "University Express," where they recruit people to prepare and deliver 1 hour talks at the local senior centers. Often the speaker are retired academics or professionals, though they also get doctors and pharmacists who are still in practice. Topics include health, technology, local and world history, current events, literature, the arts, etc. I prepared a talk called "*Science or Superstition?*" about dietary fat recommendations. We review a little bit of chemistry and go through the history of the diet-heart hypothesis and some of the medical studies, both old and recent, that have led us to the current state of controversy and confusion. There are three scheduled performances, the first of which was last week and it went quite well. I think that it would make a good Grand Rounds presentation, probably two, actually, as there is a solid hour of material. The issue is scheduling this, as Terry and I are leaving for Patagonia and Easter Island on 11/4 and won't be back until Thanksgiving. So, maybe sometime after our return...**This should be interesting Bruce, we can all look forward to hearing it sometime in the near future.**

From **Arnold Kalan, WB6OJB**....My son and I went back to Washington D.C. for the Marine Corps Marathon and met several of his Marine Corps buddies from Desert Storm I. We went back a couple of days early to see the War Memorials... My son ran the Marathon and I walked.

What a great weekend. And it was our 50th wedding anniversary. Joan stayed home but we celebrated it a week before. I also turned 81. 73 and Sempre Fi Arnold.

More new reasons to exercise...It can curb cravings such as appetite; It may stave off depression by up to 50%; It increases energy by 166%; It improves memory; Makes one more relaxed when not exercising. It reduces risk of serious cancers by 20% over a period of 11 years, including cancers of the esophagus, endometrium, lung, kidney, stomach & kidney. And all for only 2 1/2 hours of exercise a week.

Put your car keys beside your bed at night and your car in the driveway.... If you hear a noise outside your home or someone is trying to get into your house, just press the panic button for your car. The alarm will be set off and the horn will continue to sound until either you turn it off or the car battery dies. Any burglar will be scared off.

Our bodies CAN kill cancer...Cancer cells spread due to their insidious ability to bypass the immune system. To fight them oncologists have turned to toxic drugs that kill cancers dividing cells. But over the past decade, we have been figuring out how to trick the immune system into attacking tumors. In late 2015, the FDA approved Amgen's IMLYGIC, a genetically engineered herpes-like virus that might trigger the immune system to kill cancers. For now, the drug is only for melanoma, but it's a harbinger of a major shift in the cancer fight. **How does immunotherapy differ from chemo and radiation?** **Answer:** A re-programmed immune system could have a lifelong anti tumor effect. That sets it apart from short-term therapies, where you get the effect only until the drugs metabolize. The treatment developed, CAR (*chimeric antigen receptors*) T cell therapy uses engineered T cells to kill tumors. It kills some cancers but not all, WHY? Often the tumor cell mutates, so the modified T cells can't find it anymore. We are now in trials where we give patients a cocktail of cells. Then mathematically, it's about impossible for the tumor to mutate in so many ways that the engineered T cells can't keep up. Our end goal is to pin a tumor into a corner where it can't escape. **Both CAR and IMLYGIC use viruses to ignite an immune response. Are there side effects?** **Answer** Yes, In CAR, patients who get high fevers are the ones who end up doing best. The fever is your immune response to the virus which is needed. The patients who never get a fever are the ones who don't do well. For now, there's data showing that if we give immunotherapy early, a single treatment could bulk-reduce or eliminated the tumor. And then hopefully its one and done.

A disappearing cardiac stent....Metal stents—small tubes that unclog and heal blocked arteries are a mainstay in cardiac surgery. But because that metal stays around indefinitely, plaque can rebuild around it. **Absorb** is a fully bioabsorbable stent that does the same healing work, but it dissolves when its finished. Made of a polylactide—a biodegradable polymer also used in dissolving sutures—the device proved to be on par with its metal counterpart in clinical trials.

Sun damage wrinkles & discolorizes the skin. These inevitable markers of age could soon be hidden—or even prevented—when an invisible elastic polymer, Second Skin, or XPL, can be placed directly on the skin as a coating, where it mimics the properties seen in younger skin, such as elasticity. It could also be used as a vehicle for delivering drugs like eczema meds or cosmetics like sunscreen so that they would not rub off during the day.

MARCO AD IN QST MAGAZINE

Club/Hamfests/Nets

FRIEND OF BILL W?? 12:30 pm Eastern: HAAM Net Sat 14.290, Sun 14.340 and Mon-Fri 14.316 <http://www.qsl.net/haam/>

MARCO Medical Amateur Radio Council. Professionals enjoying ham radio. Free newsletter & info. WB2MXJ@arll.net

Vertigo is a symptom and not a diagnosis. “Brain Fog” is not vertigo—the inability to concentrate is a result of altered blood flow to the brain with abnormal changes in the glucose and oxygen levels.

Vertigo is divided into two basic types: Central etiology such as brain stem pathology and peripheral pertaining to the ear mechanism. Long-acting “fog” may be attributed to a type of migraine (*vaso constriction & dilatation*).

Most cases of vertigo, or true whirling, are caused by inner ear disturbances usually brought about by abrupt changes in positional space. termed “motion sickness” and paroxysmal positional vertigo

Can motion sickness be suppressed by drugs? In the past we have used vestibular suppression drugs such as Dramamine, Bonine, Scopolomine, Meclazine, Antivert with some success. However, ship travelers have expressed concerns because these drugs do suppress motion sickness aboard ship but they also cause memory loss which makes one unsure whether they had a good journey or not.

Can we learn not to be motion sick? Yes, ice skaters have proven this. Now ENT doctors are using opto-kinetic stripes which consist of black and white vertical stripes on a rotating drum to train the inner ear not to violently react to changes in ones position in space. This gives the sensation of simulating spinning and trains the body not to violently react to motion changes.

What about ‘sea legs?’ The unsteadiness in sailors when they first go ashore—or in stage drivers who have difficulty standing after a rough journey. This condition, first studied in 1796 is termed “Mal de DeBarquement Syndrome. It has been found to exist in about 76% of sailors for the first 24 hours upon leaving a ship...it is relieved by going back aboard ship & by continuing to roll, pitch and yaw, or by time alone.

New treatments consist of head rolling at certain frequencies using the optokinetic machine with the head tilted 20 degrees in various directions. It is now estimated to cure 70% of those who have prolonged symptoms. Patients can receive directions for home therapy which works.

What about the little calcium carbonate stones that dislocate from the utricle into the semi-circular canals that cause most vertigo? They can be dumped back into the utricle by the Epley maneuver—tilting the head and rolling on the side.

The newest problem is “space adaptation syndrome” or “space motion sickness.” There seems to be a genetic factor found mostly in those of European descent. Control with large doses of gentomycin seems to work but astronauts usually adapt to this problem with time.

(Information for above was taken from a lecture by Stuart Sinoff M.D. at Morton Plant Hospital, Clearwater, FL. On Oct. 11, 2016...the full lecture can be heard by following directions on page 1.)

THREE LITTLE WORDS THAT WORK

The three little words for telemarketers are “**Hold on please....**” Saying this, while putting down your phone and walking off (instead of hanging up immediately) would make each telemarketing calls so much more time-consuming that boiler room sale would grind to a halt. When you hear the phone company’s “beep-beep” tone, you know its time to go back and hang up your phone.

Did you ever get those annoying phone calls with no one on the other end.? This is a telemarketing technique where a machine makes phone calls and records the time of the day when a person answers the phone. This determines the best time of day for a “real “ sales person to call back.

What you can do after answering, if you notice there is no one there, is to immediately start hitting your # button on the phone 6 or 7 times as quickly as possible. This confuses the machine that dialled the call and it kicks your number out of their system.

Small, nonverbal cues can speak volumes.

HEAD STRAIGHT, When speaking, a leader should hold his or her head straight and avoid tilting it or cocking it to either side. The head can be tilted slightly back, but not too much, otherwise, the person may come across as arrogant.



SMILES. Smiles should be used sparingly because too much smiling makes one seem weak. The most effective smile is one that starts small but grows when a person walks into a room or walks across a stage.

EYE CONTACT. There is a *Goldilocks effect* with eye contact. Too little can make one seem deceptive, but too much can turn into a “stalker stare.” It is advised to focus on the triangle formed by the eyes and forehead. Looking anywhere below the eyes can come across as inappropriate rather than business like.

MAKING A POINT. When pointing, leaders should point with their whole hand rather than just their index finger. Pointing with just an index finger makes the person seem overly aggressive and makes others uncomfortable.

PACIFYING GESTURES. People often touch their neck, pull on their shirt collar or lift their hair when they are anxious and have nervous energy to burn. Leaders should avoid these behaviors because employees expect calm and control and are rattled if they detect anxiety. Leaders should also look for these cues in employees as it may mean they need to re-establish comfort in order to facilitate collaboration.

STEEPLING (*Meaning: putting the hands in a steeple position like in praying.*) Whether sitting or standing, “steepling” with your hands conveys quickly to an audience that you are confident Do not raise your hands above your shoulders..

ON THE MOVE. Leaders shouldn’t hide behind a lectern, but rather should move around on stage when speaking, to convey energy and engage audiences. Walking, pausing and then walking again works best. Too much movement can seem erratic.

POWER OF THE PAUSE. Speaking slowly and pausing makes leaders seem more authoritative. The faster you talk, the less authoritative you appear to your audience.

(Information for above was taken from Aili McConnon’s fine article which appeared in the Oct. 2, 2016 Wall Street Journal.)

THE TEN WORST EPIDEMICS OF ALL TIME

1. **The Black Death,** Europe/Asia, 1347-1351 AD killed 75 million
2. **Influenza,** worldwide, 1918-1920, killed 21,650,000
3. **AIDS,** worldwide, 1981- , killed 16,300,000
4. **Bubonic Plague,** India, 1896-1948, killed 12 million
5. **Typhus,** Eastern Europe, 1914-1915, killed 3 million
6. **Plague of Justinian,** Europe/Asnia, 541,590 AD deaths?
7. **Cholera,** worldwide, 1846-1860, deaths in millions.
8. **Cholera,** worldside, 1826-1837, deaths in millions.
9. **Cholera,** worldwide, 1893-1894, deaths in millions.
10. **Smallpox,** Mexico 1530-45, deaths in millions.

KEEP MARCO PERKING !
Pass this copy to a friend OR send us a \$15 membership

Today, November 13th, 2016, I could not copy Grand Rounds in Louisiana but heard the lecture through a SDR on the East Coast. Fabulous!!!! Now I can never miss a net because of propagation or lack of a radio...much more reliable than Skype!!!

A WebSDR is a Software-Defined Radio receiver connected to the internet, allowing many listeners to listen and tune it simultaneously. SDR technology makes it possible that all listeners tune independently and thus listen to different signals; this is in contrast to the many classical receivers that are already available via the internet.

WebSDR was first conceived as a means to make the 25m radio telescope at Dwingeloo available to many radio amateurs for EME reception. In order to test a preliminary version of the software without using the 25 m dish, a shortwave WebSDR was set up on Christmas Eve 2007 at the radio club of the University of Twente. After further development, its existence was publicly announced in April 2008. Interest for the project has been large since then, and many amateurs worldwide have expressed an interest in setting up their own WebSDR server. In Nov. 2008, a beta testing phase was started with a few selected stations. By now, the software is made available to anyone serious about setting up a server, see the FAQ for information on this.

A WebSDR server consists of a PC running Linux and the WebSDR server software, a fast internet connection (about a hundred kbit/s uplink bandwidth per listener), and some radio hardware to feed antenna signals into the PC. This radio hardware is typically a quadrature mixer connected to the PC's soundcard, like the popular SoftRock kits.

A list of currently active WebSDR servers is on <http://www.websdr.org/>.

A WebSDR is a Software-Defined Radio receiver connected to the internet, allowing many listeners to listen and tune it simultaneously. SDR technology makes it possible that all listeners tune independently, and thus listen to different signals; this is in contrast to the many classical receivers that are already available via the internet.

WebSDR servers can register themselves automatically on this site separately; see <http://websdr.org/java.html> for instructions. Currently there are 153 servers active, with 857 users and 478 MHz of radio spectrum.

What is Software Defined Radio? Today's technology allows us to build radio receivers that sample radio signal and process them on a PC or an embedded system. Similarly, transmitters can be built that generate the RF signal digitally, then convert it to analog. Software Define Radio (SDR) refers to the technologies that make these exciting things possible.

This site has been created to popularize SDR technology. With the help of a cheap USB DVB-T dongle you can get into SDR quite easily. It allows you to listen to the radio signals around you, but it also lets you learn about DSP and code your own receiver.

On sdr.hu, you can find SDR receivers that amateur radio operators shared, so you can listen to radio signal without even having to buy any SDR hardware! In fact, amateur radio is a great thing and also lets you experiment with transmitting on the air, by using various frequency bands and modulations. (Tnx Bud.)

LOOP ANTENNA VS. DIPOLE.

(David Day, N1DAY commenting in Sept. 2016 QST)

I found Kris Merschrod's KM2KM, article "If You Can Hang a Full-Size Vertical Loop, Then Hang a Dipole," in the June 2016 QST to be informative on dispelling the myth that the loop antenna provides more gain than the dipole at similar deployment heights. However, there are circumstances in which the selection of a loop antenna over a dipole still warrants consideration. For those who live in densely wooded areas, stringing a dipole horizontally through multiple layers of overlapping branches at an ideal height is often a nearly impossible challenge. This usually results in compromised antenna height and non-linear horizontal configuration that could negate the advantages of a dipole over a loop antenna.

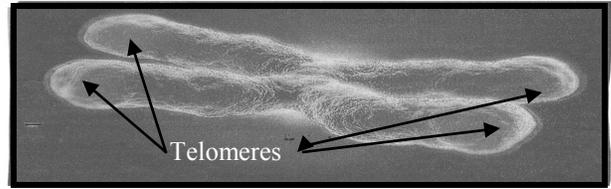
In my experience with dense woodlands, the loop antenna in an equilateral vertical delta configuration can provide better performance than a horizontal dipole, simply because it is easier to get the delta loop to an optimum height with minimal compromise.

The delta loop requires only one high anchor point on a tree trunk or large branch, compared to three for the dipole. Stringing wire down through layers of branches to lower anchor points is more readily achieved without antenna disconfiguration than stringing wire across layers of branches to the three high anchor points that the dipole requires for optimal performance.

At a compromised 1/4-wavelength deployment the dipole will still beat the delta loop antenna on overall gain, but that gain will be at a high angle relative to the low angle radiation from a delta loop fed 1/4 wavelength down from its apex. For Dx work, this becomes a very important consideration that may result in better performance from the loop antenna.

Finally, antenna survivability can be an important consideration in woodland deployments. The high optimal dipole positioning will result in more opposing stresses on the antenna during storms due to tree sway, compared to the delta loop, which can be anchored lower on trees where sway and resulting antenna stress is reduced.

Your cells might be aging faster than you are, and new tests purport to help you find out.



A few companies are offering mail-order testing to measure the length of people's telomeres, the protective caps of DNA on the ends of chromosomes that have been likened to the plastic tips that prevent shoelaces from fraying. Telomeres gradually shorten as people age and eventually may disappear, leaving cells vulnerable to disease and death.

Telomere Diagnostics of Menlo Park, CA, launched an \$89 test last October. Users mail in a drop of blood and get back a calculation of their age in "TeloYears," adjusted up or down depending on how they compare with the general population. The service also provides advice for improving diet, fitness, sleep and stress levels, which some small studies suggest may help telomere regain length.

"There's a difference between knowing how old you are, and how well you are aging," says Telomere Diagnostics CEO.

Some top telomere scientists say such information amounts to little more than high-tech palm reading, in part because telomere length varies so widely in the general population that it isn't clear what length is problematic. We don't yet know how to interpret these results. It might suggest there is something wrong when there isn't.

Since telomeres were discovered in the 1990s, hundreds of studies have suggested links between telomere length and heart disease, diabetes, cancer, Alzheimer's and mental-health issues.

A meta-analysis of 24 studies involving a total of 43,725 participants, including 8,400 with cardio-vascular diseases, found that those in the bottom third of telomere length had a 50% greater risk of cardiovascular disease than those in the top third.

While telomere length is largely influenced by genetics, environment and lifestyle choices can affect it, too. Studies suggest shorter telomeres are associated with lack of exercise, poor sleep and a diet high in refined carbohydrates.

NASA believes that lengthy space travel can also age people faster and is monitoring how the telomeres of astronauts and twin brothers Scott and Mark Kelly change over time. Scott spent nearly a year in space, orbiting Earth about four times as long as Mark.

Few studies have looked at whether people can lengthen their telomeres by adopting healthy choices. An often cited clinical trial, published in the Lancet in 2013, followed 35 men with low risk prostate cancer for five years. It found that the 10 men who followed a program of diet, activity, stress management and social support lengthened their telomeres by about 10% compared with the 25 who didn't.

The testing companies argue that the wealth of observational studies provides ample evidence that short telomeres are a risk factor for many disease in the general population and that making healthy lifestyle changes can help telomeres regain length.

Titanovo Inc. in Raleigh, N.C. uses cheek swabs for its \$150 test. **Life Length**, based in Madrid, offers its test only through physicians, who it says can help patients understand what they are most at risk for. The test which costs \$395, measures all 92 telomeres in cell samples, rather than reporting averages, as Telomere Diagnostics does.

What are telomeres? Telomeres are stretches of DNA at the end of chromosomes that protect them from damage, but they gradually wear away each time cells divide. When telomeres become critically short, chromosomes can fuse together and malfunction, causing cells to die, which contributes to disease.

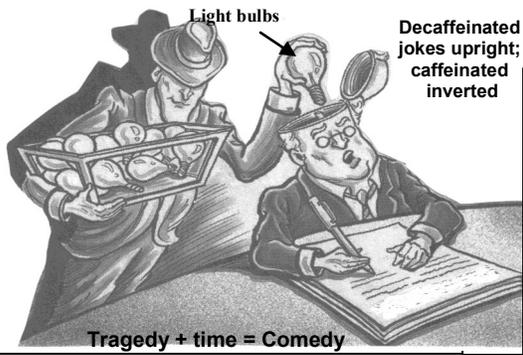
How do telomeres relate to aging? Many studies have linked diseases of aging with short telomeres, but it isn't clear whether short telomere are a sign of cellular age or help cause the process.

Can measuring my telomeres tell me how long I have to live?

No. Most people never reach the end of their telomeres and some experts say they have to be extremely short before they contribute to disease.

(Information for the above was taken from Melinda Beck's fine article which appeared in the Oct. 25th, 2016 edition of the Wall Street Journal.)

LIGHTEN UP...



MARCO OFFICERS, 2016-2017

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- Web Master: Dave Lieberman, KT8E
Radio-Internet Coordinator: T. 'Chip' Keister, M.D., N5RTF
MediShare Director: Arnold Kalan, M.D., WB6OJB

A motorist on his first visit to traffic court grumbled as the police clerk handed him a receipt for his fine. 'What am I supposed to do with this?' he asked. 'Keep it,' the clerk replied, 'When you get four you get a bicycle.'

A wife said to her husband... 'Wake up! There's a mouse in the bedroom, I can hear it squeaking!' 'What do you want me to do?' Her half-asleep husband asked, 'Oil it?'

'Dammit I'm mad' is 'Dammit I'm mad' spelled backwards.

I called an old school friend and asked what he was doing? He replied that he is working on 'Aqua-thermal treatment of ceramics, aluminum and steel under a constrained environment.'

A man goes into a pet shop and sees a beautiful parrot with a red string tied to its left leg and a green string tied to its right leg. 'What are those strings for?' he asks the store owner.

'Sipping cider through a straw, cheek to cheek & jaw to jaw, The straw it slipped, the straw it slipped, And I sipped cider from her lips....'

Now 17 kids all call me Pa, Sipping cider through a straw!

A TUNE FOR INNER PEACE...A doctor on TV said that in order to have inner peace in our lives during this political campaign, we should always finish things that we start.

Lady Astor was said to have remarked: 'Winston if you were my husband, I'd put poison in your coffee.' Churchill replied, 'If you were my wife, I would drink it.'

Late one night in Washington D.C. a mugger wearing a ski mask jumped into the path of a well-dressed man and stuck a gun in his ribs. 'Give me your money!' he demanded.

A Scotsman goes to the dentist and asks how much for an extraction. '\$150.' was the dentist's reply. 'Och hum ye nay got anything cheaper?' replied the Scotsman.

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Safest colors for your next car...are WHITE & YELLOW! In a study of 57,000 serious traffic accidents cars painted white and yellow had the fewest crashes.

John Adams once said: 'In my many years I have come to a conclusion that one useless man is a shame, two is a law firm, and three or more is a Congress.'

CALL	HRS.	NAME	QTH
KD4GUA	41	Warren	Largo, FL
KC9CS	39	Bill	Largo, FL
N9RIV	39	Bill	Danville, IL
NU4DO	38	Norm	Largo, FL
N2JBA	37	Ed	Amenia, NY
KN0S	36	Dave	Virginia
N4TSC	35	Jerry	Boca Raton, FL
WB6OJB	34	Arnold	Pac.Pal., CA.
N6DMV	34	Paul	Torrance, CA
WB1FFI	33	Barry	Syracuse, NY
N5AN	33	Bud	Lafayette, LA
KM2L	32	Bruce	Clarence, NY
WB2MXJ	31	Joe	St. Metairie, LA
N5RTF	31	Chip	New Orleans, LA
K9CIV	31	Rich	Knox, IN
KK1Y	31	Art	Seminole, FL
W1BEW	31	Bobbie	Maryville, TN
W8LJZ	30	Jim	Detroit, MI
W6NYJ	29	Art	Beverly Hills, CA
K6JW	29	Jeff	Palos Verdes, CA
KE5SZA	29	John	Marietta, OK
KD5QHV	28	Bernie	El Paso, TX
N4MKT	28	Larry	The Villages, FL
K9YZM	27	Mike	Crystal Lake, IL
WB9EDP	27	Harry	Batavia, IL
KE8GA	26	George	N. Carolina
N2OJD	25	Mark	Sidney, Ohio
K3IK	25	Ian	Shavertown, PA
A1iN	25	Gonzo	Maryland
W4DAN	24	Danny	Cleveland, TN
N0ARN	24	Carl	Colorado
W3PAT	23	Marvin	Prosperity, SC
WA1EXE	22	Mark	Cape Cod, Mass.
WA1HGY	22	Ted	Massachusetts
WA3QWA	21	Mark	Chesapeake, VA
N4DOV	20	David	Ft. Lauderdale, FL
N9GOC	19	Pat	Champagne, IL
N8CL	18	Chuck	Albany, NY
W0UNZ	17	Paul	Warsaw, MO.
KB5BQK	16	Linda	El Paso, TX
K0FS	16	Fred	St. Louis
W1WDR	15	Wayne	Parish, FL
N7MLN	13	Mort	Tucson, AZ
N9HIR	13	Bill	Berwyn, IL
W0RPH	11	Tom	Colorado
K4RLC	11	Bob	Raleigh, NC
W1RDJ	10	Doug	Cape Cod, Mass.

Others: W8EYE, Darryl, New Phila. Ohio 8; AE4BX, Mary, Myrtle Beach, SC 8; K4JWA, Jim, W.Va. 7 & XYL KD8IPW Mary, W.Va. 7 hours; W4TX, Elbert, Mississippi, 5.

Fifteen years ago in Marco

GAS! Was the topic on the Dec. 2002 Newsletter. Ughhhhh.

Ellen Harmon Przekop KC9ARN told about her encounter with a man holding a weapon pointed at her who fled after taking her purse in mid afternoon in a populated area. She urged everyone to make a copy of everything in their wallets—both sides, just in case it happens to you.



Arnold Kalan

Arnold Kalan, WB6OJB told the story of his recent 8th trip to Africa along with Bob Smithwick, W6CS's background update on conditions in the area that Arnold recently visited. Arnold visited Zambia and the Nsefu safari camp along with Botswana.

"Coffee Break" told how to improve football by having both teams wear the same uniform and to replace oxygen masks with laughing gas.

Danny Centers, W4DAN told how he picked up a small battery operated

device at the recent Dayton Hamvention that would plug into the headphone jack of the CD player and transmit an FM signal to the car radio.

Ten years ago in Marco

The December 2007 NL edition talked about "Should I take a Statin (Lipitor etc.) Drug?"

Mae West was featured under "Marco's Heroes" who was a true liberator of women. She was known as the "I don't care girl," and was famous for some of her sayings such as "Come up and seize me sometime," and "It's not the men in your life that counts, it's the life in your men."

Bob Morgan VE3OQM in his column "News From Canada" told about the banning of tanning salons in Quebec City. This edition was handled by Bob's friend, William Green, M.D.

Coffee Break told about a woman standing nude looking into the bedroom mirror who said to her husband. "I feel horrible. I look fat and ugly, pay me a compliment." The husband replied, "Your eyesight's damn near perfect."

Page 11 featured a full page "Chronology of Medicine." Included are: 1969: In vitro fertilization is carried out on humans and the first artificial heart implant is introduced by Denton Cooley. 1972. The CT scan is introduced. 1977, balloon angioplasty is developed and in 1981 AIDS first appeared and the first combined heart-lung transplant is carried out. HIV virus was recognized as the cause of AIDS in 1986.

A classified ad on page 11 by Bernie Krasowski, KQ5QHV, listed a Cessna Citation Mustang Light Jet for only \$2,734,600 with a free lifetime membership in Sam's Club—about a million off the list price.

The response was _____!

Five years ago in Marco

The 1912 December edition of *Aether* headlined "Doctor, I want my Young Face Back!"...and told about replacing your old face with a new 3-D produced new one. Actor Clark Gable was featured along side the article with the caption, "My face doesn't come cheap!"

The big story was about the "Terrorist" and the article requested Grand Round listeners to notify the FCC about the problem.

Marco membership dues now became payable in January.

Lead page one story was the finding that a met analysis of Centrum Silver found that people who took the vitamin suffered an increased morbidity and mortality of 8% suggesting the multivitamin was making pathogenic cells more viable.

Marco President Mary Favaro in her column stated that her home town of Myrtle Beach, SC breathed a sigh of relief as Hurricane Sandy skipped the SE and landed instead in metropolitan New Jersey.,

A Ham Stock Derby, newly introduced, found **Bob K4RLC** with his "YUM" stock in the lead as the best stock of the issue.

YEAR	TOTAL CHECK-INS	AVERAGE PER SUNDAY
1998	694	14.46
1999	766	15.95
2000	1,035	20.29
2001	1153	22.60
2002	1383	26.15
2003	1489	28.63
2004	1534	29.50
2005	1517	29.17
2006	1531 (one extra Sunday)	28.89
2007	1591 (one extra Sunday)	30.02
2008	1524 (Only 46 nets)	33.14
2009	1533 (46 nets)	33.32
2010	1591 (44 nets)	36.22
2011	1514 (44 nets)	34.41
2012	1602 (44 nets)	36.41
2013*	1400 (44 nets) (New Freq)	31.82 (Year of Terrorist)
2014	1756 (47 nets)	37.36
2015	1722 (49 nets)	35.14
2016	1489 (41 nets)	36.32

Record number of stations checked-in was 51, on Feb. 24, 2013

replacement—these things we need.

Dr. Howard Benson, cardiologist at the Harvard Medical School is now conducting a study where half the group who have by-pass surgery have others praying for them and half not—results pending. One surgeon once said, “*Before every surgery, I say a prayer for my patient, over the patient before the scalpel starts.*” Many others do the same thing—**are they quacks?**

Dr. Benson did a study in which he determined there were counterbalancing mechanisms to the “fight or flight response.” Just as stimulating an area of the hypothalamus can cause the stress response, **so activating other areas of the brain results in a reducing action.** This “relaxation and healing” response is a state of deep rest that changes the physical and emotional response to stress, that is, heart rate, blood pressure and muscle tension. He went on to say “*headache, headache, headache,*” over and over and got a headache started! “*You are wired to it by memory—association pattern, word with pain.*” Benson discovered that by speaking the same word or sound over and over again, praying or otherwise, can cause the body to relax and promote healing.

Clinical studies found that those who attended church regularly had lower death rates and were more likely to stop smoking, exercised more and had more social contacts and stayed married longer than those who did not. Now half of the countries medical schools have courses in body/mind and spirituality in classes.

Medicine and religion have been separate, even antagonistic for 200 years. The power of prayer in healing was a laughable topic thirty years ago when it was first brought up. But aging Baby Boomers are growing more religious. People are turning to alternative medicine for the reason it works psychologically but still lacks scientific validation.

In stress reaction adrenal, growth hormone, thyroid hormone and cortisone are thrown out. In the rebuilding state, insulin, testosterone, and estrogens are secreted. Constant consistent fear and anxiety produces constant secretion of stress hormones until they are deleted and then infection and disease sets in. **If we can stimulate the healing center by means including suggestion we may be able to help our patients heal faster similar to stressing them to making them worse.**

Because placebos are dependent upon perception and expectation, various factors that change the perception can increase the magnitude of the placebo response. For example the color and size of the placebo pill makes a difference, with a “hot-colored” pill (*red or yellow*) working better as a stimulant while “cool-colored” pills (*blue or white*) works better as depressants. Capsules rather than tablets seem to be more effective and size can make a difference—big pills increase the effect. Another factor is high price which increases the effect of placebo pills.

If a placebo cream is applied on one hand with the expectation that it is an analgesic, it will reduce pain only in that hand and not elsewhere. If a person is given a placebo under one name, and they respond, they will respond in the same way on a later occasion to that placebo under that name but not if under another.

Placebo analgesia (*pain relief*) depends upon the release in the brain of endogenous opioids (*endorphins known since 1978*). Placebo effects can last for over 8 weeks in panic disorder; 6 months for angina and 2.5 years in rheumatoid arthritis. Placebo effects after verbal suggestion for mild pain (*it shouldn't hurt now*) can be robust and still exist after being repeated ten different separate times even if they have no actual pharmacological pain killing action.

Withdrawal symptoms can occur after placebo treatment. This was demonstrated after discontinuation of the Women's Health study of hormones where women had been on placebo for 5.7 years and when discontinued moderate withdrawal symptoms were reported by 41%.

Roughly only 30% seem fully susceptible to placebo effects and it is not possible to determine whether it will work on whom.

About 25% of doctors use placebos as a diagnostic tool to determine if a patient's symptoms were real, or if the patient was malingering. However, this was considered unethical. In the UK homeopathy is considered a placebo treatment and it is frowned upon.

A survey in the U.S. of more than 10,000 physicians found that 24% would prescribe a placebo simply because the patient wanted treatment; 58% would not and the remaining 18% said it would depend on the circumstances.

Those with Alzheimer's disease lose the capacity to be influenced by placebos and this is attributed to the loss of their prefrontal cortex

“Baby Boomers” consists of those born between 1945 and 1965. Did you know that 1 in 30 of those Baby Boomers is infected with Hepatitis C and most are unaware of it? Chronic Hep C is 5X more prevalent in this age cohort and represents 3 out of 4 Hep C cases.

Over 90% of Hp C-infected patients awaiting and undergoing liver transplantation are baby boomers and 51% of Hep C-related deaths in 2013 occurred among persons aged 55-64 years. There is NO vaccine for Hep C.

This sums up by stating, “**It's time to screen all Baby Boomers for Hepatitis C.**” Give them a chance to be cured, especially NOW when a cure rate of 95% is available. Screen all Baby Boomers with a simple blood test for HCV antibodies. Diagnose with an HCV RNA test to confirm the diagnosis and refer to a physician specialist.

The five main types of hepatitis are caused by viruses. **Hepatitis A** is caused by consuming contaminated food or water. **Hepatitis B** is basically a sexually transmitted disease. **Hepatitis C** is commonly spread via direct contact with the blood of a person who has the disease. A person can only become infected with **Hepatitis D** if they are already infected with hepatitis B. A person can become infected with **Hepatitis E** by drinking contaminated water. Hepatitis that cannot be attributed to one of the viral forms is called **Hepatitis X**. **Hepatitis G** is another type of hepatitis caused by a specific virus (HGV). The initial symptoms of hepatitis are similar to those of flu.

Symptoms...Long term infection with hepatitis C virus is known as chronic hepatitis C and usually is present for at least six months. Symptoms are: bleeding easily, bruising easily, fatigue, poor appetite, yellow discoloration of the skin and eyes (*jaundice*), dark-colored urine, itchy skin, swelling of the legs, weight loss, confusion & spider-like blood vessels on the skin called “spider angiomas or nevi”

Every chronic hep C starts with an acute phase. Acute hep C usually goes undiagnosed because it rarely causes symptoms. When signs and symptoms are present, they include jaundice, along with the above. Acute symptoms appear one to three months AFTER exposure to the virus and lasts two weeks to three months.

Acute Hep C doesn't always become chronic. Some people clear HCV from their bodies after the acute phase, an outcome known as spontaneous viral clearance. Rate of this happening have varied from 14% to 50%. Acute Hep C also responds well to antiviral therapy.

Causes...Hep. C infection is caused by the Hep C virus. The infection spreads when blood contaminated with the virus enters the bloodstream of an uninfected person.

Globally, HCV exists in several distinct forms, known as genotypes. The most common HCV genotype in N. America and Europe is type 1. type 2 also occurs in the U.S, but is less common than type 1. Both types spread through much of the world, although other genotypes cause a majority of infections in the Middle East, Asia and Africa. Treatment recommendations vary depending on viral genotype.

Risk factors...being a health care worker, having injected or inhaled illicit drugs, having HIV, have received a piercing or tattoo in an unclean environment using unsterile equipment. Having received a blood transfusion or organ transplant before 1992 or receiving a clotting factor before 1987. Having received hemodialysis treatment for a long period, were born to a woman with Hep C. and were ever in prison, AND if born between 1945 and 1965, the age groups with the highest incidence of Hep C infection.

Complications...Cirrhosis after 20 to 30 years of Hep. C. Liver cancer.

Treatment...Drugs: Interferons, specifically peginterferon alfa-2a (Pegasys); peginterferon alfa-2g (Intron A) & ribavirin (Rebetol, Copegus, others). Newer direct-acting antiviral agents include Olysio, Solvadi and a combination Harvoni containing Olysio with ledipasvir.

Interferon is a protein the immune system naturally produces in response to inflammation and infection. It is difficult to tolerate and is lately being averted in favor of the newer drugs.



WHAT IS YOUR OPINION ?

Telemedicine has made exciting advances in recent years. Remote access to experts lets patients in stroke, neonatal and intensive-care units to get better treatment at a lower cost than ever before.

In rural communities, the technology improves timely access to care and reduces expensive medevac trips. Remote-monitoring technology lets patients with chronic conditions live at home rather than in an assisted living facility.

Yet while telemedicine can connect a patient in rural Idaho with top specialist elsewhere, it often runs into a brick wall at state lines. Instead of welcoming the benefits of telemedicine, state governments and entrenched interests use licensing laws to make it difficult for out-of-state experts to offer remote care.

Existing state medical-licensing laws are supported by entrenched interest primarily concerned with protecting doctors, not with fostering the competitive health-care market that consumers so desperately need. If they want to operate in multiple states, telemedicine doctors must hold multiple licenses, pay licensing fees to each state medical board, and comply with changing rules and regulations in every state. In effect, these stifling regulations force many patients to settle for whatever doctors are licensed to practice in their state—which is why in-state physician groups often support them.

Federal efforts to deal with the issue have not been successful. Funding from the Licensure Portability Grant Program went to the Federation of State Medical Boards, whose members have a strong interest in preserving their status quo. As a result the product, the misnamed Interstate Medical Licensure Compact, does not include provision for license portability. Although 17 states have joined the compact doesn't solve the problem at hand: the requirement that telemedicine providers be licensed in every state in which they practice.

The compact protects the power of the state boards to shield physicians in their states from competition. It preserves the multiple fees physicians must pay to each state board. Most troubling the compact has distracted attention from, and muted calls for, reforms that would realize telemedicine's potential.

The federal government needs to turn its attention to a plan that can work: Redefining the location of the practice of medicine.

Using its power under the Commerce Clause of the Constitution, Congress could pass legislation to define where a physician practices medicine to be the location of the physician, rather than the location of the patient, as states currently do. Physician would need only one license, that of their home state, and would work under its particular rules and regulations.

This would allow licensed physicians to treat patients in all 50 states. It would greatly expand access to quality medical care by freeing millions of patients to seek services from specialists around the country without the immense travel costs involved.

With one simple change that wouldn't cost taxpayers a dime, Congress could create a national market for health care, and allow the telemedicine, revolution to increase access to quality health care while lowering its cost. Not acting would deny American consumers a health-care windfall.

Questions: My doctor sends his x-rays to Australia for reading...how would this affect him? (They charge lower fees!)

What is your opinion? Does this seem like a logical thing to do? It seems that costs of future universal medical training will soon be so high that the practicing physician will soon be unable to pay his schooling debts and still earn a practical living with this dilution of care. The winners would be the rural patients and the Ivory Tower doctors and the losers the doctor in the trenches of everywhere.....Keep this thing going—send your opinions to "Aether" or email: warren.brown1924@gmail.com

Information for the above was taken from Shirley Svorny's fine article which appeared in a July edition of the Wall Street Journal, & general knowledge.

W.C. FIELDS SPEAKING.....

A rich man is simply a poor man with money. A thing worth having is a thing worth cheating for. A woman drove me to drink and I forgot to thank her. Abstinence is favorable for both the head and the pocket. Always carry a flagon of whiskey in case of snakebite and furthermore always carry a small snake. Horse sense is the thing a horse has which keeps it from betting on people. I am an expert of electricity...my father occupied the chair of applied electricity at the state prison. I am free of all prejudice...I hate everyone equally. I cook with wine, sometimes I even add it to the food.



WHAT DO THE A & K LEVELS STAND FOR?

By Danny Centers W4DAN

The answer becomes more complicated as the explanation covers more detailed aspects. I am going to give you my personal opinion based on my observances through several solar cycles. My view is simple, unscientific and may not agree with conventional observers.

Simply stated they are indices of Solar Flux, i.e., magnetic disturbance created by solar activity. The A index range is from 0-400 while the K index range is from 0-9. They are measured by magnetometers and other scientific instruments.

The lower the numbers, the quieter the bands, and less disturbance. Although the A index and K index are different values, it is possible to relate these indices together. These disturbances affect the ionosphere and most of the time, create noise on the bands. I have always noticed that with the high index, more or larger sunspot appear causing propagation to be better FOLLOWING the high index numbers.. Usually the SFI goes down as the sunspots go up and propagation gets better.

Another personal opinion is that all this is a lot of "mumbo jumbo" and makes it hard for the casual DXer to follow the charts. I look at the charts on nearly a daily basis, pay little attention to the A&K SFIs, and look for the number of sunspots that I can see on the graphic shots of the sun. If you will notice, many of the prognosticators hardly mention the sunspot numbers. I guess it is because they have taken the route of the weather forecasters who are afraid they will get it wrong.

Day after day, as of late, the charts have been showing poor conditions on most of the bands, but I have been seeing a few sunspots. On the day that sunspots show, I see more good DX spotted on the cluster.

If you see lower A&K solar flux index numbers, you will probably encounter lower noise levels which is good for closer in communications, but until the disturbances of higher A&K numbers, it may be awhile before more sunspots appear creating better DX conditions.

Now for the more complicated part. The global and planetary indices, Ap & Kp, are compiled from different observatories all over the world and are determined by logarithmic, disturbance amplitudes, and horizontal and vertical polarized field calculations. This doesn't even scratch the surface of the complexities of SFI and smoothed sunspot numbers.

My formula is to watch the spots, scan the bands, and check the DX clusters. Some people think that using the cluster is not the scientific way to go, but I feel that monitoring what other hams hear and work, and listening and watching is much more practical, especially for determining conditions for ones own location or part of the country. Just my opinion.

I know this may have seemed too long winded, but a detailed account of SFI would honestly be much more detailed than this.

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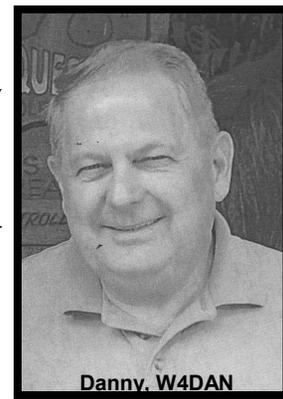
Danny.

WHY EXPERTS GET IT WRONG TIME AFTER TIME

A psychologist picked 284 people who made their living "commenting or offering advice on political and economic trends,," including journalists, foreign policy specialists, economists and intelligence analysts, and began asking them to make predictions. Over the next two decades, he peppered them with questions. Who would win this and that election etc. In each case, the pundits rated the probability of several possible outcomes. By the end of the study, he had quantified 82,361 predictions.

How did the experts do? When it came to predict the likelihood of an outcome, the vast majority performed worse than random chance. In other words, they would have done better picking their answers blindly out of a hat.

The main reason for the inaccuracy has to do with over-confidence. Because the experts were convinced they were right, they tended to ignore all the evidence suggesting they were wrong. This is known as confirmation bias, and it leads people to hold all sorts of erroneous opinions.



“EMPIRE OF THE AIR”

The Men Who Made Radio”

Excerpts from Tom Lewis fine book by that name

A New Empire for a New Century

BACKGROUND: Most people believe Marconi invented the radio; he did not. His contribution was the wireless telegraph, which permitted the transmission of coded messages through the air. Radio made a huge leap beyond the coded confines of the telegraph. The new medium of radio was to the printing press what the telephone had been to the letter; it allowed immediacy. It enabled listeners to experience an event as it happened.

Lee De Forest, Edwin Armstrong & David Sarnoff. Those who created radio experienced stunning defeats...De Forest made and lost 3 fortunes, was married 4X and nearly went to jail for fraud. Sarnoff's aggressive nature earned him the enmity of many. Armstrong, lost almost his entire fortune suing the RCA (Radio Corporation of America.) before committing suicide.

THE DE FOREST FAMILY...Lee De Forest's family roots ran deep in the soil of America. His mother, Anna Robbins, could trace her lineage to Richard Robbins, thought to be a passenger on the Mayflower, and to John Alden, as well. His father Henry De Forest, was descended from one Isaac De Forest, a French Huguenot who in 1636 established a tobacco plantation in Harlem on Manhattan Island. Though only in his early teens, Henry's grandfather, Gideon, fought for two years and two months in the Revolutionary War under Gen. Light Horse Harry Lee, and received a pension of \$80 annually for his service. Later he settled in Otsego County, N.Y., married, and named his second son after his former commander, Lee De Forest who also farmed in Orsego County, married and raised two daughters and four sons, of whom Henry Swift De Forest was the third.

Henry De Forest was different from his brothers and sisters, for he wanted more education than the local school could provide. A combination of industriousness, frugality and a De Forest Scholarship (long before established by a member of another branch of the family to assist those who held the name) enabled him to join the class of 1857 at Yale.

While an undergraduate, Henry determined to enter the ministry, bringing to his Christian mission the fervor of an Old Testament prophet. As a soldier fighting in the ranks of Christ, De Forest sought to be good and valiant in God's war, which at that time was being waged between the states on American soil. Ordained a Congregational minister in August 1863, he was commissioned a chaplain with the 11th Connecticut Volunteers. After the Civil War, he served the Plymouth Congregational Church in Des Moines, Iowa. A few years later, he was called to pastorates in Muscatine, Waterloo, and Council Bluffs. In Muscatine, he met Anna Robbins. The daughter of the Congregationalist pastor and fourteen years his junior, Anna after first wished "Mr. De Forest would desist from his attentions." But Mr. De Forest would not. They were married in August 1869. Their first child, Mary, was born in 1871 in the parsonage of the Congregational Church in Council Bluffs; Lee followed two years later on August 26, 1873 and a second boy, Charles Mills, five year after that.

Lee de Forest spent the first six years of his life in Congregationalist parsonages in the stern presence of his father and what he remember as the "sainted presence" of his mother. At his father's knee he listened to stories of the Civil War; while in the Wilderness, Henry had filled all the canteens he could find and delivered them through heavy Rebel fire to his thirsty comrades. He was greeted with shouts of "Bully for the chaplain." He was in Richmond on April 4, 1865, to see President Lincoln ride into the city surrounded by a mob of newly liberated blacks. On quiet afternoons, DeForest and his sons would set up targets in a vacant lot and fire the Colt revolver the chaplain had removed from a Rebel prisoner.

Henry Swift De Forest had lived the words of the "Battle Hymn of the Republic"—he had "read a fiery gospel, writ in burnished rows of steel." His duty was to crush the serpent of the Confederacy with his heel. As Christ had died to make men holy, so he would die to make them free. When he saw Lincoln in Richmond, he declared "Nemesis is satisfied. Even handed justice is finding the scale-beam horizontal.

When the call came in 1879 to assume the presidency of



Talladega, an institution founded to educate freedmen, about 40 miles SE of Birmingham, Alabama, he accepted purposefully and without hesitation. His work would be part of a larger struggle to bring justice to the former slaves by educating them. "I shall never see out Appomattox," he told a friend, "but some one will." And Henry De Forest was proud to count himself among those preparing the way for the conquerors to follow.

The year he came to Talladega, the American Missionary Association, a group devoted to educating the freedmen, had decided to elevate it from a school to a college. But it was a college in name only. Begun in 1867 by former slaves, with only nominal backing by the association, Talladega possessed but two buildings: Swayne Hall, a handsome three-story Greek revival structure built for a Baptist college by slave laborers in 1850, and Foster Hall, a dormitory for women. Located about a mile from the town, Talladega's grounds suggested more a barnyard than a campus, with chickens, pigs and cattle ranging freely across the land. Students plowed the college's farm fields with sharpened sticks. The curriculum of the institution resembled that of a grade school. After learning the alphabet, freedmen were taught reading and writing, grammar and spelling, geography and arithmetic. Those who had mastered these elements were given classes in teaching, science, moral philosophy, theology, agriculture, and industrial arts.

The town of Talladega, a stop on the railroad, was just as primitive. In a memorable battle, Andrew Jackson had defeated the Creek Confederacy there in 1813. A small battle of the rebellion had been fought there on April 22, 1865, after Lee's surrender. Of its 1,933 inhabitants, 1,013 were "colored;" the rest were whites, whom Lee de Forest called "Rebs." They were unfriendly to all northerner and hostile even to the thought of educating the freedmen.

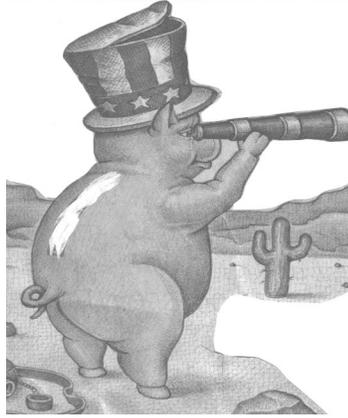
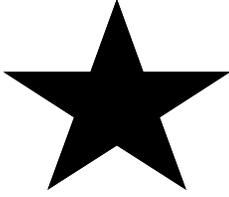
Undaunted by his task, Henry De Forest set out to make Talladega into a college modeled on his alma mater, with a heavy emphasis on classical study. His object was to show "that the colored race were capable of receiving not only an English but a classical education." He built new buildings, including a house for the president (before then the family of five endured two rooms in Foster Hall); created courses in the natural sciences, including botany, zoology, physiology, chemistry, and physics, began a model grade school, in which his children were educated; and raised the educational standards. Students who had graduated from the college preparatory department before his arrival voluntarily returned for a year's additional study.

Because of Henry De Forest's commitment to educating the blacks, the family was excluded from the daily life of the whites in the town. The wounds of the Civil War still festered in Talladega. It was the custom of the head of the theology department to keep a loaded pistol at his side in the pulpit just in case hostile whites should try to disrupt his sermon. "I don't wish to be spoken to, suh, by a damned Yankee!" exclaimed a Confederate colonel when the elder De Forest bade him good day.

Life was harder still for the children. The blacks shunned them and the "Rebs" hated them. At times things seemed unbearable for young Lee. Acutely aware of his small size (his father called him "puny") and his homely appearance (big ears, broad nose, and thick lips), he felt himself alienated from the rest. (Continued Next Edition)

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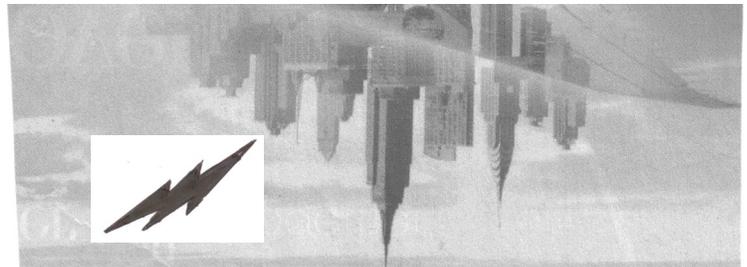
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