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MULTIPLE MYELOMA

MULTIPLE MYELOMA USUALLY OCCURS IN LATER LIFE AND HAS A SURVIVAL TIME OF FROM 3-7 YEARS WITH TREATMENT.

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(As discussed on Marco Grand Rounds of the Air, May 25, 2014.)

Multiple myeloma (MM) is a cancer of plasma cells, a type of white blood cell normally responsible for producing antibodies. In MM, collections of abnormal plasma cells accumulate in the bone marrow, where they interfere with the production of normal blood cells. Most cases also feature the production of an abnormal antibody which can cause kidney problems. Bone lesions and hypercalcemia *(high blood calcium levels*) are also often encountered.

Myeloma is diagnosed with blood tests (*serum protein electrophoresis, serum free kappa/lambda light chain assay*), bone marrow exam, urine protein electrophoresis, and X-rays of commonly involved bones. Myeloma is generally thought to be incurable but highly treatable. Remissions may be induced with steroids, chemo, proteasome inhibitors, immunomodulatory drugs such as thalidomide or lenalidomide and stem cell transplants. Radiation therapy is sometimes used to reduce pain from bone lesions.

Myeloma develops in 2-4 per 100,000 per year. It is more common in men and, for unknown reasons, is twice as common in African-Americans as it is in European-Americans with lower findings in Asiatics. With conventional treatment, medical survival is 3-4 years, which may be extended to 5-7 years or longer with advanced treatments. Multiple myeloma is the second most common hematological malignancy in the U.S. (*after non-Hodgkin lymphoma)*, and constitutes 1% of all cancers. It is also found in dogs, cats and horses and tends to have a familial predisposition.

Because many organs can be affected, the symptoms and signs vary. A mnemonic used to remember the common symptoms is "**CRAB**": C=Calcium (elevated), R= Renal failure, A = Anemia, B = Bone lesions. Myeloma has many symptoms, including opportunistic infections such as pneumonia. CRAB symptoms and proliferation of monoclonal plasma cells in the bone marrow are part of the diagnostic criteria of MM.

Bone pain affects almost 70% of patients and is the most common symptom. It usually involves the spine and ribs, and worsens with activity. Pathological bone fractures of the ribs, spine, etc., can occur. The resultant bone lesions are lytic (*cause breakdown*) in nature and are best seen in plain radiographs, which may show "punched-out" resorptive lesions (including the "*pepper pot*" appearance of the skull on radiography). The breakdown of bone leads to increased release of calcium into the blood .

The anemia found is usually normocytic and normochromic. It results from the replacement of normal bone marrow by infiltrating tumor cells and inhibition of normal red cell production.

Renal failure may develop both acutely and chronically. It is caused by high levels of antibody proteins, high levels of calcium causing nephrocalcinoisis, hyperuricemia and amyloidosis.

Continued on Page Two

Outgoing Marco President Mary Favaro, AE4BX, on the right, hands the gavel over to Marco's new President, Jeff Wolf K6JW, on the left, during the May MARCO convention in Dayton.

LATE BREAKING NEWS

Dayton, Ohio, May 17, 2014…

Change in command... President **Mary Favaro** AE4BX handed the President's gavel over to **Jeff Wolf** K6JW today. Mary will become the new treasurer and **Richard Lochner** K9CIV was elected "President-elect." **Marcia Lochner** will become the new secretary.

The Marco organization would like to thank **Danny Centers**, W4DAN, Marco's third secretary, elected in May 2005, for his fine guidance over the past nine years +. Danny has also been holding down the post of treasurer since the passing of Lou Wiederhold in 2012; family responsibilities have led to his resignation. *(Previous secretaries were Silent Keys, Robin Staebler WFIR and William L. Sprague A6CRN.)*

Remember, all annual dues are due on Jan. 1, 2015 and should be sent to Marcia Lochner at the address on page 12.

24,873 Hams attended the Dayton Hamvention at Hara Arena. The cold wet weather may have dampened attendance a little but not the vigor!

Holders of **expired** General and Extra class Ham licenses can now take the tech exam and get credit for renewing their advanced tickets. Those with expired advanced licenses which is no longer available will get credit for only general licenses.

WRITE TO US!
We welcome your comments. Mail to Marco, P.O. Box 127, Indian Rocks, FL, 33785. Email to Warren.brown7@aol.com Letters may be edited for brevity & clarity.

MARCO NET SCHEDULE

DAY	EASTERN	FREQ.	NET CONTROLS
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

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.

The most common infections are pneumonias and pyelonephritis. The increased risk of infection is due to immune deficiency. Although the total immunoglobulin level is typically elevated in MM, the majority of the antibodies are ineffective monoclonal antibodies from the clonal plasma cell. A selected group of patients with documented hypogammaglobulinemia may benefit from replacement immunoglobulin therapy to reduce the risk of infection.

Neurological symptoms are weakness, confusion and fatigue due to hypercalcemia. Headache, visual changes and retinopathy may be the result of ***hyperviscosity*** of the blood depending on the properties of the paraprotein. There may be pain, with loss of bowel or bladder control or carpal tunnel and other neuropathies due to infiltration of peripheral nerves by amyloid.

Diagnosis: The presence of unexplained anemia, kidney dysfunction, a high sed rate, lytic bone lesions, elevated beta-2 microglobulin, and/or a high serum protein (especially raised globulins or immunoglobulin) may prompt suspicion. A doctor will request protein electrophoresis of the blood and urine, which may show the presence of a paraprotein band, with or without reduction of the other immunoglobulins. One type of paraprotein is the ***Bence Jones protein*** which is a urinary paraprotein composed of free light chains and is found in 40%.

In theory, MM can produce all classes of immunoglobulin, but IgG paraproteins are most common, followed by IgA and IgM.

Workup: Skeletal survey of the proximal long bones and skull showing lytic lesions. MRI is more sensitive than simple X-ray and supersedes skeletal survey. CT scans are usually not indicated. A bone marrow biopsy is performed. Immunohistochemistry can detect plasma cells. Also, quantitative measurements of IgA, IgG, IgM. **Do not do IVPs for fear of kidney shutdown especially in dehydrated patients**..

Staging System: Stage 1: B2 microglobulin (B2M) <3.5 mg/L, albumin >3.5 g/dL; Stage II: B2M <3.5 mg/L and albumin <3.5 g/dL; or B2M 3.5-5.5 mg/L. Stage III: B2M <5.5mg/L.

Pathophysiology: B lymphocytes start in the bone marrow and move to the lymph nodes. As they progress, they mature and display different proteins on their cell surface. ***When they are activated to secrete antibodies, they are known as plasma cells.***

MM develops in B lymphocytes after they have left the part of the lymph node known as the germinal center. The normal cell line most closely associated with MM cells is generally taken to be either an activated memory B cell or the precursor to plasma cells, the plasmablast.

The immune system keeps the proliferation of B cells and the secretion of antibodies under tight control. When chromosomes and genes are damaged, often through rearrangement, this control is lost. Often, a promoter gene moves to a chromosome where it stimulates an antibody gene to overproduction.

Treatment: Is focused on therapies that decrease the clonal plasma cell population and consequently decrease the signs and symptoms of the disease. If the disease is completely asymptomatic *(i.e., there is a paraprotein and an abnormal bone marrow population but no end-organ damage),* as in smoldering myeloma, treatment is typically deferred, or restricted to clinical trials.

In addition to direct treatment of the plasma cell proliferation, bisphophonates (*e.g. pamidronate or zoledronic acid*) are routinely administered to prevent fractures; they have also been observed to have direct anti-tumor effect even in patients without known skeletal disease. If needed, red blood cell transfusion or erythropoietin (*Procrit)* can be used for anemia.

Initial therapy*:* Depends on the age and comorbidities. High-dose chemo with autologous hematopoietic stem-cell transplantation has become the preferred treatment of patients under the age of 65. Prior to stem-cell transplantation, these patients received an initial course of induction chemo. The most common regimens used are thalidomide-dexamethasone, bortzomib regimens and lenalidomide-dexamethasone. Autologous stem cell transplantation, the transplantation of a patient's own stem cells after chemo, is the most common type of stem cell transplantation of MM. It is not curative, but does prolong overall survival and complete remission. Allergenic stem cell transplantation, the use of a healthy persons' stem cells into the affected patient, has the potential for a cure, but is only available to a small percentage of patients. Furthermore, there is a 5-10% treatment-associated mortality rate.

Patients over 65 and those with concurrent illness often cannot tolerate stem cells. For these, the standard of care has been chemo with melphalan and prednisone. Recent studies among this population suggest improved outcomes with new chem. Regimens, e.g., with bortezomib.

Maintenance therapy: In younger patients, maintenance with thalidomide appears to increase tumor reduction further which translates into prolonged progression-free survival.

Relapse: This usually happens following treatment. Then repeat of initial therapy (*such as melphalan, cyclophosphamide, thalidomide or dexamethasone, alone or in combination*), and a second autologous stem cell transplant. Later in the disease "treatment resistance" occurs. This may be reversible. New treatments may re-sensitize the tumor to standard therapy. Bortezomib (*Velcade)* is a recent addition along with lenalidomide (*Revlimid),* a less toxic thalidomide analog.

More and more patients survive longer thanks to stem cell transplants. This seems to maintain the monoclonal peak at a reasonable level. Survival expectancy is now rising, and new treatments are being developed.

Some myeloma centers now employ genetic testing, which they call a "*gene array*." By examining DNA oncologist can determine if patients are high risk or low risk of the cancer returning quickly following treatment.

Prognosis: With high-dose therapy followed by autologous stem cell transplantation, the median survival has been estimated in 2003 to be about 4.5 yrs, compared to a median of about 3.5 years with standard therapy. Overall the 5-6 year survival rate is around 35%. There have been cases of myeloma-free survival of 5 to 10 yrs. in some because of decreased toxicity from allogeneic stem cell transplantation after nonablative therapy (*eg, low-dose cyclophosphamide & fludarabine or radiation therapy)*

Generally, those with Stage one survive 62 months; stage 2, for 45 months and for stage 3, 29 months.

The prognoses for patients with MM, are not the same for everyone. The average age of onset is 70 years. Older patients often are experiencing other serious diseases, which affect survival. Young patients might have much longer survival rates.

Waldenstom Macroglobulinemia is similar to MM , being a malignant plasma cell disorder with hyperviscosity (*thick blood*) in which B cells produce excessive amounts of IgM M-proteins. but no bone lesions are seen. There is anemia, bleeding tendencies, thrombocytopenia, leucopenia, Hepatosplenomegaly and an increase in IgM .

Men are affected more often than women with average age of onset at around 65. Most are asymptomatic with a survival rate of 7-10 years.

Treatment is plasmapheresis and watchful waiting along with chemo. IVPs in dehydrated conditions should not be performed as it may cause renal shutdown.

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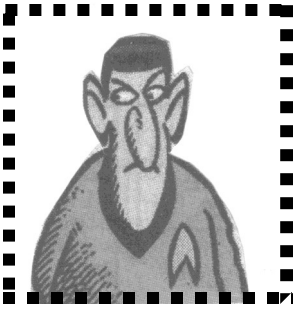
HAARP-Like Project underway at Arecibo Observatory... to complete an ionosphere research facility in Puerto Rico

IN THE FUTURE, WILL THERE BE ANY WORK LEFT FOR PEOPLE TO DO?



Driverless cars are safer than human-driven ones, computers can predict supreme court decisions better than legal scholars, IBM's Watson computer grows 240% faster than the average human in just two years...What will people do better than computers that will enable them to make a living in the future?

Friend or Foe? Since the arrival of the steam engine, technology has changed—and largely expanded—job opportunities. More recently, though, advances in information technology (IT) are disrupting virtually all human labor, from highly skilled (*think lawyers*) to service jobs such as drivers and clerks.

Even without reducing total jobs, technology has been changing the nature of work and the value of particular skills for over 200 years, since the dawn of the Industrial Revolution. The story so far comprises just three major turning points. At first, the rise of industrial technology devalued the skills of artisans, who handcrafted their products from beginning to end. A gun maker carved the stock, cast the barrel engraved the lock, filed the trigger, and painstakingly fitted the pieces together. But in Eli Whitney's Connecticut gun factory, separate workers did each of those jobs, or just portions of them, using water-powered machinery, and components of each type were identical. Low-skilled workers were in demand, and skilled artisans weren't.

The second turning point arrived in the early 20th century, when the trend reversed. Widely available electricity enabled far more sophisticated factories, requiring better-educated, more highly skilled workers; companies also grew far larger, requiring a larger corps of educated managers. Now the unskilled were out of luck, and educated workers were in demand. Through most of the 20th century, Americans responded by becoming better educated as technology continued to advance, producing an economic miracle of fast-rising living standards.

But then the third major turning point arrived, starting in the 1980s. Information technology developed to a point where it could take over many medium-skilled jobs—bookkeeping, back-office jobs, repetitive factory work. Those jobs diminished, and their wages stagnated. Yet at both ends of the skill spectrum,, high-skilled jobs and low-skilled service jobs did much better. Information technology couldn't take over the problem-solving, judging, coordinating tasks of high-skill workers; in fact it made those workers more productive by giving them more information at lower cost. And it didn't threaten low-skill service workers because computers were terrible at skills of physical dexterity: A computer could defeat a grand master chess champion but couldn't pick up a pencil from a tabletop. Home health aides, gardeners, cooks and others could breath easy.

Until very recently that pattern held: While IT was cruising medium-skilled workers, those at the two ends of the skill spectrum were safe. Now, in a rapid series of developments, ***we are at a fourth turning point***. IT is advancing steadily into both ends of the spectrum, threatening workers who thought they didn't have to worry.

At the topend, what's happenings to lawyers is a model . The computer incursion into the legal-discovery process is well known. In cases around the country, computers are reading millions of documents and sorting them for relevance without getting tired or distracted. Computers are also becoming highly skilled at searching the legal literature for appropriate precedents in a given case, far more widely and thoroughly than people can do. Search engines will eventually do this by themselves, and then go on to suggest the case law that is likely to prove relevant to the matter.

Developments at the opposite end of the skill spectrum are at least as surprising. In the physical realm, robots have been good mainly at closely prescribed repetitive tasks—welding on an auto assembly line, for example. That's all changing. Google's autonomous cars are an obvious example, but many more are appearing. You can train a Baxter robot to do all kinds of things—pack or unpack boxes, take items to and from a conveyor belt, carrying things round, count them, inspect them—just by moving its arms and hands in the desired way.

Still more advanced is a robotic hand developed by a team from Harvard, Yale and iRobot.. It can pick up a credit card from a tabletop, put a drill bit in a drill and turn a key. A disabled person could say to a robot with hands, "*Go to the kitchen and put my dinner in the microwave*,"

The overwhelming message seems to be that no one is safe. It seems that the skills that computers can't acquire—forming emotional bonds, making human judgments will be valuable. The skills in highest demand over the next 10 years include, relationship building, teaming, co-creativity, cultural sensitivity and managing diverse employees were all near the top.

The emerging picture of the future casts conventional career advice in a new light. Most notably, recommendations that students study STEM subjects—science, technology, engineering, math. It's great advice at the moment; 8 of the 10 highest paying college majors are in engineering and those skills will remain critically important. But important isn't the same as high value or well-paid. As InfoTech continues to advance into higher skills, value will continue to move. Engineers will stay in demand, but tomorrow's most valuable will not be geniuses in cubicles; rather, they'll be those who can build relationships, brainstorm and lead.

For as long as computers have existed they've been scaring people, eliminating jobs, creating jobs, devaluing some skills and exalting others. Yet it would not be correct to say of today's situation that it was ever thus. It wasn't. Because the growth of computing power doesn't slow down as it gets large, ***we're racing into a genuinely different future.*** As computers begin to acquire some of the most advanced cognitive and physical human skills, we confront a new reality. In a way that has not been true before, the central issue for the economy and for all of us who work in it will be the answer to the question: What will people do better than computers?

Information for the above was taken from Geoff Colvin's fine article "*In the Future Will there Be Any Work Left for People to Do?*" which appeared in Fortune Magazine, June 16, 2014.

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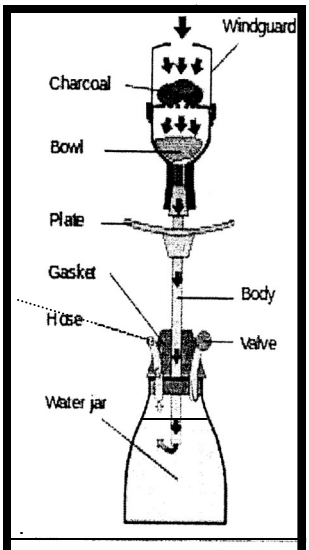
THE "HOOKAH" (WATER-PIPE)

As presented on Grand Rounds, July 13, 2004

The "Hookah" or water pipe, which originated in India around 1600 is now taking hold in the USA among college students and high school seniors.



Hookah cross-section view

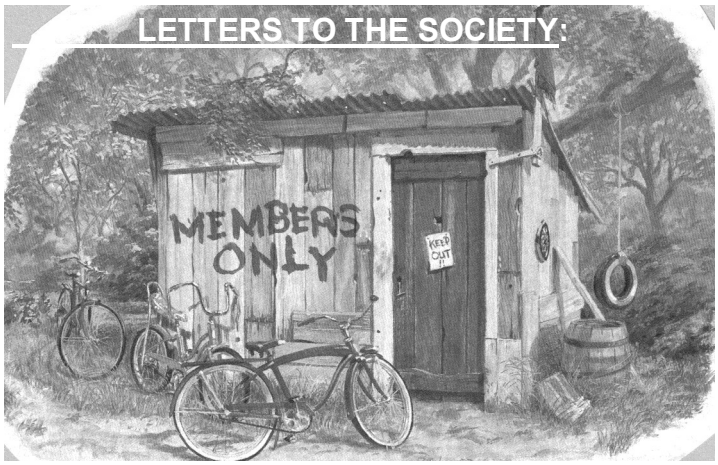
It is a single or multi-stemmed instrument for vaporizing and smoking flavored tobacco called *shisha* in which the vapor or smoke is passed through a water basin before inhalation.

Cigarette use is declining among young people at the same time that hookah smoking is gaining in popularity. It is estimated that about 20% of high school seniors have tried hookah during the past year.

Although many users think that hookah smoking is less harmful than cigarette smoking, "extensively documented" research shows "that's a total complete misconception," According to the CDC, hookah smoking has "many of the same health risks" as cigarette smoking. Other research shows hookahs—which use specially made tobacco known as *shisha*, available in a variety of fruit and candy flavors—deliver tar, nicotine and carbon monoxide in even higher doses than cigarettes.

A 2005 World Health Organization report said that a water-pipe smoker may inhale as much smoke during one session (*as long as one hour*) as a cigarette smoker would inhale consuming 100 or more cigarettes. *(Hard to believe!)*

LETTERS TO THE SOCIETY:



From Louis J. Lyell, Jackson, MS... The recent "***Now Hear This***," reminded me of this wonderful quotation by Anthony Daniels, alias ***Theodore Delrymple,*** one of the finest writers in the world: In 2005 he retired early as a consultant psychiatrist, writing in the Sunday Telegraph. *"Retired at last! Retired at last! Thank God Almighty, retired at last! Such are the feelings of almost all hospital consultants and general practitioners who retire from the National Health Service after many years of service: years that increasingly have been ones of drudgery, servitude and subordination to politicians and their henchmen, the managers, who utter Pecksniffian pieties as they secure the advancement of their own inglorious careers."* **Dalyrymple now divides his time *(with his wife, Dr. Agnes C. Nalpas)*** between homes in Shropshire, England and France and continues to write.

From Bob NevinsKF1J, Connecticut…"Congratulations on good turnout, Dayton is a necessary Ham experience. Mary and I are envious!

Bruce Small KM2L, Clarence, NY, writes: I was reading the June 2014 issue of the American Journal of Medicine, which contains an interesting historical article, dealing with the integration of the medical staff at the Univ. of Mississippi Medical Center in the mid-1960's. It deal primarily with Robert Q. Marston who was the Dean of the medic al school. Initially he dragged his feet, but later took steps to ensure that full integration of the hospital staff was implemented. The first reference quoted by the article is titled "*Pressure From All Sides—the University of Mississippi Medical Center in the 60s."* It was written by MC Twiss *(Director of the hospital's Office of Public Affairs during that period)* and R.D. Currier. That name should be familiar! (Bob WB5D was a Marco Past President.)

Bobbie Williams W1BEW, Maryville, TN. Upon hearing of his election to Regional 4 Marco Director, wrote: "I would like to express my gratitude….for selecting me as the Section 4 Director. I am looking forward to serving the group and especially members in Section 4. By introduction, I have been working in Orthopedics as an P.A. for almost 49 years and plan to continue as long as my health allows me to do so. I have been a Ham for almost as long. My interests are HF dxing, digital radio, and working with new hams. I am the call trustee and advisor of the Univ. of Tennessee Amateur Radio Club as well as having membership in the East Tennessee Dx Assoc. and Knoxville METERS (*East Tennessee Emergency Radio Service.)*

Arnold Kalan, WB6OJB, Pacific Palisades, CA….(Pertaining to his upcoming DXpedition to Africa) We leave Los Angeles Friday at 5:20 pm and get into Munich at 1:40 PM, 23 August. We depart Munich 9 pm and arrive in Johannesburg at 7:35 AM. Over night in Jo'burg and leave Monday at 9:45 AM to Maputo, Mozambique. We then drive a couple of hours south to Tenda Tora Lodge in Bilene. I will be operating from the Tenda Tora lodge until the morning of 2 Sept. My call sign is C51AK and will operate SSB on 10 through. Then we will drive back to Bilene and fly back to Jo'burg. We again over night in Jo'bur and fly out the 3rd of Sept. for the bush and land at Ulusaba air strip. We're staying at Leopard Hills Game Preserve in the Sabi Sands reserve just outside of the southern part of Kruger National park. We will be at the Game reserve until the afternoon of 15 Sept. when we start our way home via Ulusaba, Jo'bur and Munich. It will take about 23 hours to get home. I will try and check into the net on Sunday morning. I always try but rarely am heard. My rig will be a FT Dx 3000 with an Expert solid state amplifier, usually putting out 1 K to 1300 Watts. My antennae will be a Tennadyne T-6 up 35['. For 40 meters I'll be using a vertical.

NEWSENSE...Tantalizing News!

Originated by Columnist Walter Winchell

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.

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Parkinson's….affects 1.2 million in the U.S. and Canada and help may come from a common cinnamon flavoring. In tests on mice with Parkinson's Rush Univ. scientists found that after the mice ate cinnamon, the spice metabolized into sodium benzoate, which entered the brain to protect neurons and improve motor function. More research is planned.

What is "KARMA?" What is the cause of the inequality that exists among mankind? Why should one person be brought up in the lap of luxury, endowed with fine mental, moral and physical qualities, and another in absolute poverty, steeped in misery? Why should one person be a mental prodigy and another an idiot? The answer: KARMA. A layman's term might be *"the proper chemistry," "attitude."* or just *"luck."* The theory of Karma is a fundamental doctrine in Buddhism and it is the law of moral causation and may be influenced by your behavior in past lives. Something to think about!

Inside an air-conditioned car, the CO2 we exhale has nowhere to go and there are no safe CO2 levels that cover cars. Even in moderate amounts CO2 can cause headaches and fatigue. So a Hyundai engineer started feeling drowsy behind the wheel and he thought up a system to regulate the CO2 inside a closed car's cabin**.** In the *Hyundai Geneses,* a sensor now detects CO2 concentrations greater than 1000 parts/million, and the ventilation system dials back the recirculation and mixes in fresh air so you don't die.

At the family's request, a funeral home in New Orleans posed the body of a 53 year-old woman sitting at a table amid miniature New Orleans Saints helmets with a can of Busch beer at one hand and a menthol cigarette between her fingers, just as she had spent a good number of her living days. Since, then, the funeral home has been inundated with calls requesting further information.

The latest in skin cancer diagnosis…. Guy Lepine (727 360 6315) is selling SIMSYS—MoleMate, a clinically proven, non-invasive skin-imaging technology that can accurately detect melanoma, as deep at 2 mm beneath the skin's surface, at an early and treatable stage. He may be available for a demonstration in your area.

How to lose weight faster... Researchers have found that by transfusing fecal matter of thin mice into the colon of fat mice the fat mice would lose weight faster. The theory behind this, is that the microorganisms of the thin mouse are capable of breaking down calories more efficiently thereby disallowing absorption of more nutrients. *(Lecture "Preventing Childhood Obesity", given by Frank Diamond, M.D., at Morton Plant Hospital, Clearwater, FL., June 25, 2014, should be available by contacting mpmcme.org or phoning 727-467 2517.)*

Shaking hands for docs is OUT! First doctors were told TIES might be making their patients sick...then it was the white coats were determined to be germ-carriers, NOW, doctor-patient handshakes are getting the same treatment. In the future we may have to take-on the Asiatic method of bowing as a method of friendly greetings.

Multitasking...2.5% is the percentage of people who can multitask efficiently. Many more people only think they can. Our brains are wired for "*selective attention"* and can focus on only one thing at a time. For example drivers talking on cellphones are four times as likely to get into traffic accidents as those who aren't.

SOCIAL ALLERGIES

Excerpts from Eliz. Bernstein's article in the WSJ, July 1, 2014

Experts use the term "*social allergens*" to describe behaviors or habits that drive others nuts. Some of these actions begin to annoy us soon after we meet someone. Others get to us slowly and surely over time.

As with a lot of allergies, it's the repetition that gets to us. The first time you are seated next to a co-worker who is loudly snapping bubble gum you don't care, but given weeks of the same it begins to turn you off.

Imagine a heehaw laugher. A knuckle cracker. A braggart who always tries to one-up you. A person who thinks loud belching is a compliment to the chef.

This phenomenon can be grouped into ***four main types***, depending on whether the behavior is intentional or not, and whether directed personally at an individual or not.

The first grouping is uncouth habits. They are unintentional and they aren't directed personally. They include noisily chewing gum, or talking loudly into a phone in a crowded public space. The person isn't really thinking of you, even though the behavior as implications for you.

The second category is egocentric actions. These behaviors aren't necessarily intentional, but they are directed personally at you. There's the friend who keeps you on the phone for 45 minutes after you said you can only talk for five, or the family member who never orders desert at a restaurant but eats all of yours. This person still isn't thinking about you, but the behavior affects you specifically.

The third category, norm violations, encompasses offensive behaviors that are intentional but impersonal. Examples include smoking right outside the front door, talking in a theater during the show, or texting while driving.

The fourth, and most irritating, social-allergen group includes actions that are both intentional and directed personally. It may be an imperious command ("*Bring me some coffee, will you*?") instead of a request for a favor. Often, it is a backhanded complaint or criticism. "*Are you really going to eat that?*" or "*You bought a car*? *I thought you were saving for college.*" The person may not have meant to make you feel bad, but you do.

In romantic relationships, social allergens typically appear after three to six months. Much depends on how much time the couple spends together and how quickly they form a commitment.

It is part of the unfortunate process experts call "*de-romanticism*." At first, both parties are on their best behavior, but once it's clear, the relationship will continue, people relax. "They start showing their more thoughtless, pushy and deviant behaviors.

From the start of their marriage, husband and wife never bothered to hide their annoying habits from each other. After 41 years of marriage, the husband hates it when his wife tosses a paper towel on the floor to clean up a spill—and leaves it there for the next one. The wife gets irritated by the way her husband leaves the kitchen cabinets open after emptying the dishwasher.

Certain variables can make social allergens worse. How often does the person repeat the behavior? Have you had a conversation about it and asked him or her to adjust? Did the person try to stop, or is he or she incapable of doing so?

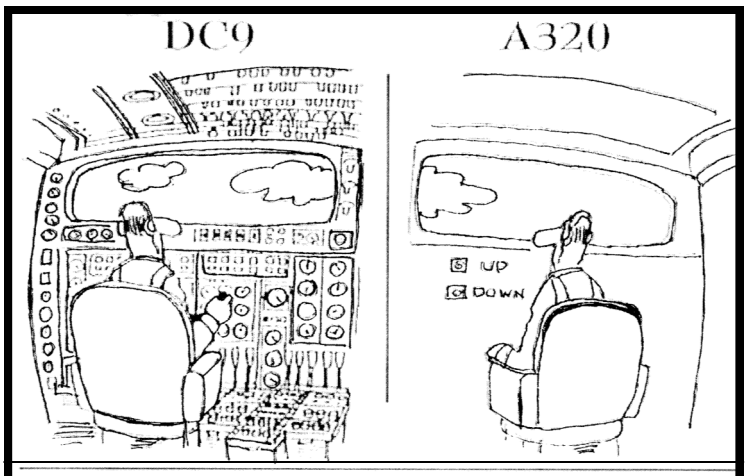
When they persist, the allergy gets worse, and the whole thing eventually can start to symbolize something larger that is wrong in the relationship.

WHY NOT SEND A HAM FRIEND A MEMBERSHIP IN MARCO

NOT RESTRICTED TO MEDICS. ANY HAM WHO IS A POTENTIAL PATIENT IS ELIGIBLE.

Keep MARCO vibrating!

To control your reactions to minor social allergens, start by cutting



Why today's airline pilots are bored and have almost forgotten how to fly.

RADIATION AND PROPAGATION

160 Meter Amateur Band (1.8 - 2.0 MHz)	Communications are reliable up to approximately 30 miles, day or night.	There is very little sky wave reception during the day. During the night, especially during winter season disturbances, communications can be had up to 2,500 miles.
80 Meter Amateur Band (3.5 - 4.0 MHz)	Communications are good only up to about 20 miles.	During the day time, useful communications are possible up to about 150 to 250 miles. At night time, communication is possible up to 2,000 to 3,000 miles.
40 Meter Amateur Band (7.0 - 7.3 MHz)	Communications are good only up to about 20 miles.	During the day, useful communication can be had up to 750 miles. At night, communication is possible up to 10,000 miles.
20 Meter Amateur Band (14.0 - 14.35 MHz)	Communications are good only up to about 20 miles.	During minimum sunspot activity, there is almost world wide communications during daylight hours and almost no communications at night. During medium sunspot activity, world wide reception is possible during the daylight hours and during the early evening hours. At the peak of sunspot activity, excellent world wide reception is possible for almost 24 hours.
15 Meter Amateur Band (21.0 - 21.450 MHz)	Communications are good only up to about 20 miles.	World wide communications during day and night hours is possible during maximum sunspot activity. During minimum sunspot activity, there is no night time communication and some daylight communication.
10 Meter Amateur Band (28.0 - 29.7 MHz)	Communications are good only up to about 20 miles.	During maximum sunspot activity, excellent communication can be had during daylight hours and early evening hours. There is generally little communication at night. During minimum sunspot activity, the band is "dead" except for local communication.

HERE WE GO AGAIN—*EMF & DISEASE?*

****

Bob Conder, K4RLC, Raleigh, NC writes: "I'm asking your help in helping me frame information on effects of EMF and debunking the hysterical belief that EMF is detrimental to humans. I've read several of the COMAR (*Committee on Man & Radiation*) papers and they are very helpful. But, a lot of this is beyond my understanding of electronics and physics. Would it be correct or not to say that 1. All energy exits in waveforms (*oscillations*) but that all energy does not exist in oscillations? Or, 2. Energy can be measured in waveforms (oscillations) but that all energy does not exist in oscillations? AND, 3. that current understanding is that ONLY ionizing radiation is detrimental to humans AND 4. this works at an atomic level causing mutations that lead to disease states, e.g. Cancer? I happen to believe that organisms raised in a RF rich environment may have better neuronal development (*as long as it's not ionizing)*_...both our kids have been raised amongst RF, got their ham tickets at a young age, and are honor students at UNC Chapel Hill."

Ian Kellman, K3IK, Shavertown, PA answers: *Here we go again*, let's all panic and do away with our electronic devices. Now they are blamed for male infertility. I do remember a study which purported to show amateur radio operators died from cancer because of the hobby , balderdash, try and convince the many 60 year plus members of QCWA, about as convincing as the icebergs on the Great Lakes in June to prove global warming. Clearly, the civilized human race is living shorter and dropping dead from all sorts of technical and chemical and environmental evils which are bathing our bodies and maybe even our souls, in the poisons of the modern world.

Hold the press...most of my family lived into their nineties and one hundreds breathing the polluted air of NYC and even drinking the water, fully understanding that water contains the evil chemical dihydrogen monoxide, even worse, fish have sex in it, oh my!

There is no proof vegetarians live longer. My maternal GM lived to be 103, she had either a burger or a piece of broiled chicken every day, Follow all fads and I will guarantee you, ***you will die healthy***. Now reports are coming out that mild overweight may be better, and then there is the whole discussion of fat and eggs and milk and of course, that toxic gluten that has fed the human race for millennia (*I am not ridiculing the 2% of our society who really do need to avoid gluten)*...what about the thin folks who exercise who have diabetes and hypertension and the fat shlub couch potatoes that do not? Maybe the radiation from their plasma TVs is protecting them. Remember, people who worry and those who do not, will all die eventually. Some will have enjoyed their lives. Show concern about the real problems and stop living in the apocalyptic panic mode. School children are panicked that the earth will self-destruct from global warming and people ignore the need for some sun in their lives for Vit. D while others spend all their time not worrying because they are drugged out.

Common sense and moderation will prevail, unless of course, we get some rare disease from undocumented aliens or some terrorist in our back yard decides to become Jeff Dunham's Ahmed. Or even worse, we build a house at the shore in the flood plain and then panic when a hurricane comes along.

My mother-in-law, bless her soul, was a worrier. I live on top of a small mountain and when we bought our home she asked if we had gotten flood insurance. My name is not Noah, and I saw a rainbow. Interestingly, my neighbors got flooded from rising ground water during Hurricane Ivan. It was not covered by their homeowners insurance. See, she was right, they should have had flood insurance. In the meantime, enjoy your life, It's the only one you have.

Scott Parker K7LU , Dahlgren, VA responds: "The answer depends on what framework you're using to describe the world and how small things have to get before they can be ignored. If you're using quantum mechanics to describe the universe, everything has wave function. However, I think you're looking at a problem where classical electrodynamics is the appropriate framework. In that context the answer is no, you can store and measure energy in the electrostatic field. The simplest example is a capacitor charged with a DC supply. The energy stored is measurable. And if it's a good quality capacitor, that energy will be constant to within measurement error for a very longtime. (*forever, if the capacitor is "ideal," but ideal is not real-world.)* And even if we monitor the stored energy over a time scale long enough to see a decay, that decay curve (*again to within measurement accuracy*) will not be oscillatory. Now the big question is, is all this relevant to and does it answer the original question?

Bruce Small, KM2L, Clarence NY. A physicist answers: I agree with Scott's comments regarding waves, particles and energy, but am not sure of the relevance of this question to the issue of bioeffects of electromagnetism. Electromagnetic radiation can lead to tissue damage through two recognized mechanisms. One is **ionization**, leading to DNA damage. A certain amount can be repaired, given the right genetic milieu, but in the wrong circumstances the damage is irreversible and leads to cell death or to cancer. The ability to produce ionization is a function of the ***frequency*** of the radiation. X-rays and gamma rays do it. Visible light RF and power liens can't and don't.

The second mechanism is through tissue **heatin**g, so-called thermal effects. Think of your microwave oven. Cellular proteins may be denatured, cells disrupted, or tissues damaged. This is a function of the amount of energy absorbed by the body, independent of the frequency. Biologic tissues absorb energy more efficiently at some frequencies that at others. This is why you have a microwave in the kitchen and not a 15-meter transmitter. It is also why the FCC maximum permissible exposure limits are frequency-dependent. You should all have a look a the FCC regs (*it is a licensing requirement).*

There may be (*and probably are*) other bio effects produced by electromagnetic radiation. For example, there was a recent European study that seems to show *migrating birds becoming disoriented in strong magnetic fields*. To date, none of these effects has been shown to be irreversible or clearly harmful. This is not for lack of trying by many research groups.

Epidemiologic studies of EMF exposure reach conclusions that are all over the map. The large, carefully done studies of power lines and cell phone exposure do not show any detrimental effects. Small studies from dedicated data-torturers consistently see great dangers and consistently receive widespread coverage in the popular press.

There is a good revue of the knowledge base for RF at the ARRL web site: http.//www.arrl.org/rf-radiation-and-electromagnetic-field-safety.

Charles Nohava, N8GMB, Kirtland, Ohio, thinks pulsating AC near humans does not cause disease directly but weakens the immune system. He states that wearing battery operated watches short circuit our meridians making a person more tired. CRT monitor produce wave forms that weaken us, but the LED etc. newer monitors and TVs don't.

Edtiors Note: We featured an articles on this subject in Aether #41 (Oct. 2006, will reprint it next issue if requested) and discussed it on Grand Rounds of Aug. 13, 2006 **which tended to answer the questions.**

Basically, Bruce is correct. Ionizing radiation is the culprit. The reason many hams die from lymphoma is probably due to the fact that hams diddle with electricity more so than non-hams and thus are exposed to more *ionizing* radiation and thermal effects. The facts still remain, RF is not dangerous, since it is non-ionizing, but along with thermal effects may interject and damage human DNA. (This same problem may exist with ultra-sound and MRI but has never been proven—yet.)

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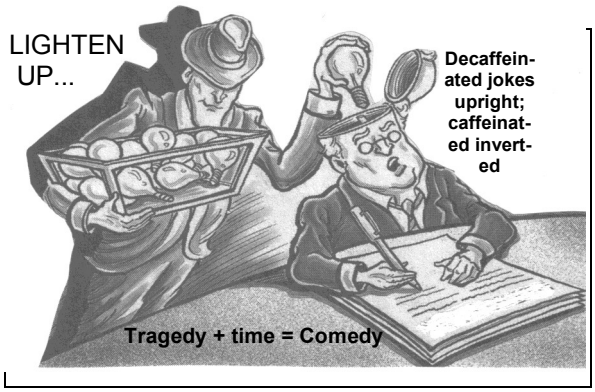
TOO MUCH TV LINKED TO RISK OF EARLY DEATH

AMA Morning Rounds reports that research published in the Journal of the AHA suggests that watching too much TV my be linked to a higher risk of early death.

CBS reports that investigators examined 13,284 healthy, college-educated Spanish adults (*average age 37*) and followed them for 8 years. Over this time period, there were 97 deaths, with 19 from CV causes, 48 from cancer and 32 from other causes. There was no link between spending time on the computer, driving and risk of premature deaths.



Sex after surgery...A recent article in the Kentucky Post reported that a woman, Anne Maynard, has sued St. Luke's Hospital, saying that after her husband had surgery there, he lost all interest in sex. A hospital spokesman replied: *"Mr. Maynard was admitted for cataract surgery. All we did was correct his eyesight."*

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Knock, knock. Who's there? Wooden shoe. Wooden shoe who? Wooden shoe like to know?! When does it rain money? A. When there's some change in the weather. **Knock knock. Who's there? Yoda lady. Yoda lady, who? I didn't know you could yodel.** Baby snake: *Mom, are we poisonous?* Mom Snake: *We certainly are. Why?* Baby Snake: *I just bit my tongue!*

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"Vegetarian" is an old Indian word for "bad hunter."

****

"Dammit I'm mad" is "Dammit I'm mad" spelled backwards!

****

Leroy went to the University of _____ on a basketball scholarship. He was a great player but a poor student. Come graduation day, Leroy didn't have enough credits. But he was a great basketball star and the students held a rally and demanded the dean give him a diploma anyway. They were so insistent that the dean agreed if Leroy could answer one question correctly he would give him a diploma. The one question test was held in the auditorium and all the students packed the place. It was standing room only. The dean was on stage and told Leroy to come up. The dean had the diploma in his hand and said, "*Leroy, if you answer this question correctly I'll give you your diploma*." Leroy said he was ready and the dean asked him, "*Leroy, how much is three times seven*?" Leroy looked up at the ceiling and then down at his shoes, just pondering the question. The students began chanting, "***Graduate him anyway! Graduate him*** anyway!" Then Leroy held up his hand and the auditorium became silent. Leroy said, "**I think the answer is 21.**" A hush fell over the auditorium and then the University student began another chant. "***Give him another chance! Give him another chance!"***

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Boy Scout Jokes: Tom, this coffee tastes like dirt! No wonder it was just ground this morning!. **What is the favorite fruit of twins?** Pears. **Why doesn't a football player ever get hot?** A. Because there are so many fans

****

A dedicated union worker was attending a convention in Las Vegas and decided to check out the local brothels. When he got to the first one, he asked the Madam, "*Is this a union house?"* "No," she replied, I'm sorry it isn't." "*Well if I pay you $100 what cut do the girls get?"* "The house gets $80 and the girls get #20," she answered. Offended at such unfair dealings the union man stomped off down the street in search of a more equitable, hopefully unionized shop. His search continued until finally he reached a brothel where the Madam responded, "Why yes, sir, this is a union house, we observe all union rules. For each $100, the girls get $80. "*That's more like it!"* the union man said. He handed the Madam $100, looked around the room, and pointed to a stunningly attractive blonde and said, "*I'd like her*." "I'm sure you would sir," said the Madam. Then she gestured to a 92-year old woman in the corner, "But Ethel here has 67 years seniority and according to union rules, she's next!"

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COWBOY TOMBSTONE...Here are five rules for men to follow for a happy life that this cowboy inscribed on his headstone: 1. It's important to have a woman who helps at home, cooks from time to time, cleans up, and has a job. **2.** It's important to have a woman who can make you laugh. **3.** It's important to have a woman who you can trust, and doesn't lie to you. **4.** It's important to have a woman who is good in bed and likes to be with you. **5.** It's very, very important these four women do not know each other or you could end up dead like me!

HEAD LICE—WHY GEORGE WASHINGTON WORE A WIG...

There are 6-12 million cases of head lice in the US each year. The typical case is a youngster in school picked up by the school nurse with head lice claiming half the children in the class is infected.

Lice *(known as "Pediculosis")* can infect the scalp, body, pubis and eyelashes. Head lice are transmitted by close contacts, body lice in cramped, crowded conditions and pubic lice by sexual contact.

Lice are wingless, blood-sucking insects that infest the head (*Pediculus humanus* variety *capitis)* body *(P. humanus var. corporis),* or pubis *(Phthirus pubis).* Head lice and pubic lice live directly on the host; body lice, mostly in garments.

Head lice are most common in girls aged 5 to 14 but can affect almost anyone; infestations are rare in blacks. Head lice are easily transmitted from person-to-person with close contact and may be ejected from hair by static electricity or wind; however, transmission by these routes are unproven. There is no association with head lice and poor hygiene or low socioeconomic status.

Infestations typically involves the hair and scalp, but the eyebrows, eyelashes and beard may be involved as well. Acute infection usually involves 20 + lice which cause severe itching.

Diagnosis depends on finding living lice. These are detected by a thorough combing-through of wet hair from the scalp with a fine-toothed "*detection*" comb; Lice are usually found at the back of the head or behind the ears. Nits are ovoid, grayish white eggs fixed to the base of hair shafts. Each adult louse lays 3 to 5 eggs/day, so nits typically vastly outnumber lice and are not a measure of severity.

Treatment consists of applying malathion .5%, Permethrin cream, Lindate 1%, Crotamiton 10% cream/lotion, sulfur ointment 6%, Ivermectin, Lindane shampoo or lotion 1% to the lesions. Resistance is common and should be treated with oral ivermectin and by attempting to rotate meds. Termination of live nits is important in preventing reinfection; live nits fluoresce on illumination with a **Wood's lamp**. Most pediculicides, also kill nits. Dead nits remain after successful treatment and do not signify active infection; they do not have to be removed. Nits grow away from the scalp with time; the absence of nits 1/4 inch from the scalp rules out current active infection.

Controversy surrounds the need to clean the personal items of people with lice or nits and the need to exclude children with head lice or nits from school; there are no good data supporting either approach.

Body lice. Live on bedding and clothing, usually not people; and are most frequently found in cramped, crowded conditions such as military barracks and in people of low socioeconomic status. Transmission is by sharing of contaminated clothing and bedding. Body lice are important vectors of epidemic typhus, trench fever and relapsing fever.

Body lice cause itching; signs are small red puncta caused by bites, usually associated with linear scratch marks. Nits may be present on body hairs. Lice and nits can be found in clothing especially at the seams. Primary treatment is replacement of clothing and bedding and permethrin.

Pubic lice. (crabs) are sexually transmitted and may be transmitted by close parental contact in children. They may also be transmitted by towels, bedding, clothing. They most commonly infect pubic and perianal hairs but may spread to thighs, trunk and facial hair. Itching is severe. Treatment is the same as for head lice.

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MediShare News

Arnold Kalan M.D. , WB6OJB, Director

There have not been any donations to MediShare since the one in memory of Chester Nez. As always, all donations are tax deductible and there are still a few MARCO decals left.

MediShare is a branch of Marco that provides help to needy patients. All donations are tax deductible.

Arnold suggests you send donations to the secretary, Marcia Lochner, 1635 N. US Hwy 35, Knox, Indiana 46534.

Arnold's Grand Rounds Sunday Southern Calfornia weather report will be missing due to his upcoming African trip. He reports however, the weather should be bright and shiny in sunny California. No smoke & NO earth shakes.

CME RANKINGS, July 7, 2014

BOB CURRIER MARCO GRAND ROUNDS OF THE AIR

14.342, Sundays, 11 a.m. Eastern, One Hour Cat. II CME

Because of poor propagation we may have missed you—please correct by sending to warren.brown7@aol.com

CALL	HRS	NAME	QTH
KD4GUA	24	Warren	Largo, FL
W1BEW	23	Bobbie	Tennessee
W5BHB	23	John	Vancleave, MS
NU4DO	23	Norm	Largo, FL
KM2L	23	Bruce	Clarence, NY
WA9HIR	23	Bill	Berwyn, IL
KC9CS	22	Bill	Seminole, FL
WB6OJB	22	Arnold	Pac.Pal., CA
N4TSC	22	Jerry	Boca Raton, FL
N5RTF	22	Chip	New Orleans, LA
KG6DQF	22	Glen	Palo Alto, CA
N6DMV	21	Paul	Torrance, CA
K4JWA	21	Jim	W.Virginia
WB1FFI	21	Barry	Syracuse, NY
KD8IPW	21	Mary	W. Virginia
KK1Y	20	Art	Seminole, FL
N2JBA	20	Ed	Amenia, NY
K9CIV	20	Rich	Knox, IN
KN0S	19	Dave	Virginia
N4MKT	18	Larry	St. Petersburg, FL.
W4DAN	18	Danny	Cleveland, TN
N9YZM	17	Mike	Crystal Lake, IL
KE5SZA	16	John	Marietta, OK
N5AN	16	Bud	Lafayette, LA
KD5QHV	15	Bernie	El Paso, TX
K3IK	14	Ian	Shavertown, PA
WA1EXE	14	Mark	Cape Cod, MA
K0FS	14	Fred	St. Louis, MO
K6JW	14	Jeff	Palos Verdes, CA
KB5FLA	13	Rich	Arkansas
WA3QWA	13	Mark	Chesapeake, VA
K4RLC	12	Bob	Raleigh, NC
W4MEA	12	Max	Hixson, TN
N9GJ	12	Greg	Cleveland, TN
KE5BQK	11	Linda	El Paso, TX
N9RIV	10	Bill	Danville, IL
W2PAT	10	Marvin	S. Carolina
W0RPH	10	Tom	Denver, CO
W8LJZ	9	Jim	Detroit, MI
AE4BX	9	Mary	Myrtle Beach, SC
W1RDJ	9	Doug	Cape Cod, MA
W9JPN	9	Wally	Champagne, IL
WB9EDP	9	Harry	Chicago, IL
NA4DOV	9	David	Ft. Lauderdale, FL
W6NYJ	9	Art	Beverly Hills, CA
WB2MXJ	9	Joe	Metaire, LA
W3DRB	7	Miles	Elizabethtown, PA
W4TX	7	Doc	Mississippi
N2OJD	6	Mark	Sidney, Ohio
KO6MD	5	Malon	Los Angeles, CA

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	911 (24 nets)	37.96

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

*This was the year we had to change frequency due to the terrorist, thus losing a lot of stations in the freq. shift.

"TYPHOID MARY."

She was an innocent killer

****

Mary Mallon was no criminal. She was a cook, and a pretty good one. But her body was the incubator of a deadly disease to which she, herself, was immune, and so she was tracked down, arrested, and locked up for life.

Not long after Mary had been hired as a summer cook by a wealthy N.Y. family in 1906, six people in the household came down with typhoid fever. George A. Soper, a sanitary engineer with the N.Y. City Dept. of Health was called in to find the cause. Upon learning that Mary had left the household three weeks after the onset of the illness, Soper, who knew of the new German theory of disease "carriers," traced her workig history: she had fled after typhoid outbreaks in at least five other homes.

When the tenacious medcial detective finally tracked Mary down, she attacked him with a serving fork. It took five burly policeman to subdue her. Although she declared herself innocent of any crime, her body was found to be continually breeding and discharging the deadly bacteria *Salmonella Typhosa*. She was confined for two years to an isolated hospital in New York's East River. Legal battles were waged on her behalf, and she was released on the condition that she keep away from food services.

But Mary went right back to cooking and eluded detectives for another five years. When recaptured, she was confined to the hospital for the rest of her life. She had her own cottage and worked in the laboratory, but she always ate alone. Mary died as the result of a stroke in 1938 at the age of 70. She had infected at least 57 people and caused 3 known deaths.

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THE STORY OF EINSTEIN'S BRAIN.

When Albert Einstein died on April 18, 1955, his remains were cremated—except for his brain. It was announced by Princeton Hospital, where he expired, that a study would be made to see if the scientist's genius was the result of any unusual brain features. But nothing more was heard about the matter until 1978, when a reporter painstakingly traced the brain to Dr. Thomas Harvey who had performed the autopsy.

When interviewed, Dr. Harvey (who had long since moved to Wichita) was storing Einstein's brain in jars in a cardboard box marked "Costa Cider." It was hidden behind a beer cooler in his cluttered office. He explained that Einstein's son had let him keep the brain for a study, believing that his father wanted it. But people who knew the unassuming Einstein doubted that he would have countenanced such a thing.

So far, all that is known has come from a California researcher Marian Diamond, He found that the brain contained more glial cells which could not account for Einstein's genius.

Since the brain had been afloat in chemicals for so long researchers doubted they would ever learn very much from it.

RADIO REFERENCE BOX

Ultra-Low Frequency.....0 to 30 KiloHertz
Low Frequency (LF).....30 to 300 kiloHertz.
Medium Frequency.....300 to 3000 KiloHertz
High Frequency (HF).....3 to 30 MegaHertz
Very High Frequency (VHF)...30 to 300 MegaHertz.
Ultra High Frequency (UHF).....300 to 3000 MegaHertz

Audio Frequency (ability to hear).....20 to 20,000 Hertz
Radio Frequency.....20,000 Hertz plus

****

60 Hertz = Power Lines
200-500 Kilo (thousand) **Hertz** = Navigation Beacons

All below are known as High-Frequency (HF) Bands

*****

1.8-3 Mega (million) **Hertz** = 160 Meter Band
3.5 to 4 MHz = 75/80 Meter Band (126' dipole)
7 to 7.3 Megahertz = 40 Meter Band (66' dipole)
10.1 to 10.150 Megahertz = 30 Meters (CW & FSK only)
14.0 to 14.350 MegaHertz = 20 Meter Band
18.068 to 18.168 MegaHertz = 17 Meter Band
21 to 21.450 MegaHertz = 15 Meter Band (22' dipole)
28 MHz to 29.7 MHz = 10 Meter Band (17' dipole)
40, 20, 17, 20, 28M are called "short-wave bands"

All below are known as Very-High Frequency (VHF) Bands

*****

50.1 to 54 MHz = 6 Meter Band (Radio Control Models)
54 MHz = Television Channels 2 to 6
72 MHz = Radio Controlled Models. 1 Watt output
88 MHz to 108 MHz = FM Commercial Radio
108 MHz = Aircraft frequencies begin.
144 to 148 MHz = 2 Meter Band (Satellite & Repeaters)
222 to 225 MHz = 220 Band (FM Repeaters)

All below are known as Ultra-Hi Frequencies (UHF)

*****

420 to 450 MHz = 440 Band (Amateur TV)
470 MHz = Television Channels 14-69
825 MHz to 870 MHz = Cellular Phones

All below are known as Super-Hi Frequencies (SHF)

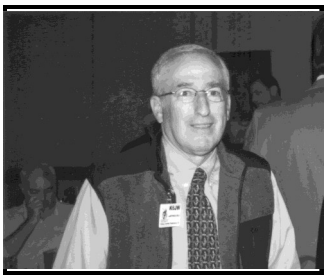
*****

2450 MHz = Microwave Ovens

THE PREZ SAYS:

By Dr. Jeff Wolf K6JW, new President of Marco

****



As your newly installed President for the next two years, please allow me to introduce and tell you a little about myself. I was first licensed in 1958 at the age of 12. My Novice call sign was WV6DAL. Back then, Novice licenses were good for only a year and could not be renewed, so it was up or out. In order to stay licensed and because I couldn't pass the 13 wpm code exam for the General Class license, I upgraded to Technician, becoming WA6DAL. Finally, after several tries, I passed the General Class examination in 1961. In the late 1970s I upgraded to advanced and finally, in 1989, I passed my Extra Class exam. In 1996, I obtained my present call sign K6JW.

Except for some time out during college and medial school, I've been continuously active as a ham since first becoming licensed. I'm a Past President of both the Southern California DX Club and the Palos Verdes Amateur Radio Club (*the latter more than once*). I also serve as a representative of the PVARC on the Los Angeles Area Council of Amateur Radio Clubs. In the past, I've been active in many public service events and emergency communication activities, and I served as chairman of the PVARC's Field Day operation for about 18 years. More recently, I've been part of a team annually activating Santa Catalina Island, NA-066 for the RSGB's islands on the Air program. I've been the Program Chairman for the International DX Convention twice in 2012 and this year.

I've been a member of the ARRL continuously since my Novice days and am a member of the QCWA, FISTS, and last year was honored to be elected to membership in the ARRL's A-1 Operator Club. I'm also a VE.

My main operating interest these days is DXing. I've got 306 entities confirmed with 317 worked and WAZ. My favorite mode is CW, which accounts for about half of my activity, with SSB and RTTY accounting for the other half.

I am a recently retired ob/gyn living with my wife of 39 years, Rowie, on the Palos Verges Peninsula, located at the southern end of the Santa Monica Bay in Los Angles County. We have two married daughters, the elder of whom currently holds my old call sign, WA6DAL, although she's not currently active on the air. Our other daughter is an actress and director in Chicago. We have one grandchild, a little girl, who's now 7 months old.

Other interests include playing the guitar and bike riding. I'm not great at the former (*as those of you who recently attended the MARCO banquet in Dayton know*!). When I miss checking into the Sunday morning net, it's generally because I'm on a bike ride with my local club. I also write, and have two books currently in print, *Zendoscopy* and *Spacebraid and Other Tales of a Dystopian Universe.*

Finally, I'd like to say what an honor it is to be your President. As the latest in a succession of exemplary previous Presidents, I'd also like to thank my immediate predecessor, Mary Favaro AE4BX, for her dedicated service to MARCO and for leaving me with a well functioning, vital organization. I'll do my best to maintain the level of service that has distinguished her as well as the others who have given of themselves for the benefit of the organization.

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WHO INVENTED THE WORD "ELECTRICITY?"

Dr. William Gilbert—who became physician to Queen Elizabeth in 1601. Dr. Gilbert gave the name "*electric*" to static electricity produced by rubbing a piece of amber with a cloth. He derived the name from *electron,* the Greek name for amber.

What is the origin of the word "*infantry?*" The term comes from the word "*infant*" —since this part of the army was originally made up of the page boys of the knights.

Where did governmental delay get the name "*red tape?*" From England—where for centuries the British government has followed the custom of tying up official papers with red tape. The everlasting tying and untying of the red tape which bound the dispatch and document cases led men to pick it as the symbol of useless delay. The present British "*red tape*" is pink.

"A PROBLEM !

By Dr. Zane F. Pollard's article in Wall Street Journal, May 22, 2014

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The bond of trust between patient and physician has always been the essential ingredient in medicine, assuring that the patient receives individual attention and the best possible medical care. Yet often lost in the seemingly endless debate over the new medical Act is how the health-care bureaucracy, with its rigid procedures and regulations, undermines trust and degrades care. In my pediatric ophthalmology practice, I have experienced first hand how government limits a doctor's options and threatens the traditional doctor-patient bond.

I recently operated on a child with strabismus (cross-eyes). This child was covered by Medicaid. I was required to obtain surgical pre-authorization using a Current Procedural Terminology, or CPT, code for medical identification and billing purposes. The CPT code identified the particular procedure to be performed. Medicaid approved my surgical plan, and the surgery was scheduled.

During the surgery, I discovered the need to change my plan to accommodate findings resulting from a previous surgery by another doctor. Armed with new information, I chose to operate on different muscles from the ones noted on the pre-approved plan. The revised surgery was successful, and the patient obtained straight eyes.

However, because I filed for payment using the different CPT code for the surgery I actually performed, Medicaid was not willing to adjust its protocol. **The government denied all payment**. Ironically, the code-listed payment for the procedure I ultimately performed was an amount 40% less than the amount approved for the initially authorized surgery. For over a year, I challenged Medicaid about its decision to deny payment. I wrote numerous letters and spoke to many Medicaid employees explaining the predicament. Eventually I gave up fighting what had obviously become a losing battle.

Every surgeon must have the option to modify and change a surgical plan according to actual anatomical findings that only become apparent during surgery. For example, if a general surgeon operates on a patient with a suspected acute appendicitis and finds that the patient is actually suffering from an ovarian cyst, that doctor must be free to change the plan and do what is best. The physician should not be denied payment simply because of a rigid government requirement to follow only the pre-approved plan.

We all expect that doctors will do what is best according to their best judgment. This is part of the oath that doctors take when they graduate from medical school. When the government interferes with the doctor's right to select the treatment course and perform a necessary procedure, the integrity of the entire health delivery system is compromised…….

Another example involved a life threatening situation. I examined a 14-month-old child with the symptoms of Horner's Syndrome, a condition that can be caused by a neuroblastoma, a malignant tumor. I ordered a CT scan of the neck and chest, as these are the two most common sites where this tumor appears. Medicaid approved a CT of the chest only. I spent several hours on the phone pressuring my state's Medicaid official before I received permission to have both the chest and neck scanned. The scan of the chest was negative, but the scan of the neck revealed a malignant tumor. A pediatric surgeon removed the tumor and the child is doing well.

Had I accepted Medicaid's protocol and only obtained a scan of the chest. that child might not be alive today. Is that battle with government bureaucracy one that you are comfortable having your doctor fight when your child's life is at stake?

People must be able to trust their doctors. When government sets up rigid protocols that control the surgical procedures a doctor may perform, that limit the medicines approved for treatment and that deny a critical diagnostic scan that may have a patient's life, the bond of trust is broken..

Dr Pollard, a pediatric ophthalmologist with 40 years of experience, is director of the James Hall Fellowship in Pediatric Ophthalmology at Scottish Rite Children's Medical Center in Atlanta.

VIVA LA DIFFERANCE !

Because of misunderstandings between male and female nurses & doctors we have been asked to explain the differences between the sexes.

1. Men and women think differently.
2. Men and women have a different language. Men can usually be taken quite literally, "*Fine"* means fine, "*Yes"* means yes and *"I don't care"* means I don't care. There is rarely hidden meaning or layers of subtext in their communications.
3. Sex is very important to men. They are drawn to women who will have regular sex with them, while those who won't will quickly lose their appeal.
4. Money is also important to men, primarily because financial security is appealing to women. They know that the more wealth they acquire, the more women will they attract. And the more women they attract. The greater the opportunity for possible sexual encounters.
5. Men will say just about anything to get women to sleep with them.
6. Men aren't really sure whether they like women or not until after they consummate a relationship.
7 Men like women that look like women.
8. Men don't care about fashion or trendy hairstyles. They like long hair.
9. Men aren't interested in how much money women make.
10. Respecting women is not important to men's loving or desiring women.
11. Men cheat because they are given the opportunity. Cheating does not, however, necessarily indicate any displeasure or dissatisfaction with their relationship with their spouse.
12. Men don't change simply because women want them to.
13. Men get t heir self-worth from their accomplishments, not from their relationships with women.
14. Men are generally happy with who they are and not interested in self-help books or unsolicited advice on how they might improve.
15. Men aren't insensitive. They simply keep their feeling to themselves. And they are perfectly okay with that.
16. Other than sex, men look to their significant others mostly for support. Men gravitate to women who make them feel good about themselves and retreat from those who don't.
17 Men don't care about the minutiae. They're more into the big picture.
18. Men are big proponents of the "*if it isn't broke, don't fix it"* school of thought. On their own they're unlikely to want to rearrange the furniture, get a new hairstyle, or change the rules of a relationship.
19. Women's unattached straight male friends would sleep with them if invited to do so *(assuming they're not repulsive, psychotic, or plagued with open sores or a contagious incurable disease.)*
20. Men don't like being unfavorably compared to a woman's father, brother, ex-sweetheart etc. They don't like nagging or the words, "*We need to talk."*
21. Men do like sex, gadgets, good food, especially sandwiches, competition, Swiss-army knives, praise, dirty limericks and any odor produced by their own body.

(Information for the above was taken from David Matthews book "*Every Man Sees You Naked,* **ISBN 978 1 60494028 2, a good read.)**

Did you know that during WW II "AAA" was the Morse code emergency signal sent by ships to indicate attack by enemy aircraft?

THE ROOSEVELT DIME

Today polio is just one of several ailments children must be immunized against before attending school. But in 1921, when Franklin D. Roosevelt (FDR) contracted polio, it inspired more fear than any other childhood disease. FDR was 39 when polio struck him. There was no cure. In 1937, entertainer Eddie Cantor suggested everyone in the country should send in a dime to help in polio research—the name—the **March of Dimes**. The first Roosevelt dimes were released in his honor on April 12, 1955.

"SIMPLE COURAGE"

A TRUE STORY OF PERIL ON THE SEA

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BACKGROUND: At the recent Marco meeting in Myrtle Beach, SC., Wayne Rosenfield, K1WDR came to the Aether News Editor with a wonderful story of the heroism by a ham operator named Capt. Kurt Carlsen W2ZXM of the "*Flying Enterprise,*" a ship caught in a hurricane in the North Atlantic in 1951. Ironically, the News Editor, at the time, was a Navy medical officer aboard the USNS General Leroy Eltinge that stood by to possibly rescue passengers aboard that very ship. On top of that, the News Editor's "Elmer" was a South African ham, Olliver Pierce WU4i, who at that time was corresponding by radio with Carlsen. Below, is this wonderful story, *"Simple Courage,"* written by Frank Delaney, ISBN 1-4000-6524-0, available at Amazon.com

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In late December 1951, Capt. Kurt Carlsen, 37, had run into a hurricane off the South English coast aboard his cargo vessel *Flying Enterprise.* The Captain ordered "abandon ship" and a line was passed from a rescue lifeboat and passengers and crew were ordered to jump into the raging waters with lifelines attached, but the Captain remained on board. Prior, by the time she was ready to return to New York from Hamburg, *Flying Enterprise* was loaded with consignments of which have contributed to the half century of questions hanging over her—just why did *Flying Enterprise* become a mystery ship and why did her Captain refuse to leave his ship. The ship left Hamburg on Dec. 21, 1951 for New York and the unexpected. A storm soon arose and in the midst of the storm the *Flying Enterprise* snapped open amidships and was quickly strapped and cemented back in place. Meanwhile the storm raged….

At sea in a gale you can do only two things advisedly: stand still or go forward carefully, perhaps making for port. Carlsen had already tried heaving to and had been punished by the sea for doing so. And he knew that if he reached the lee of a landmass without getting deep in by the harbor wall to a good mooring, his anchor might not hold under the pressure of the storm. As the lighthouse men know, the land is the danger.

This left him only the option, for the moment, of steaming on carefully; his position left him too far out for a realistic return toward a landfall. Sinisterly, in that bearing, south of Ireland's Cape Clear, the ocean runs roughest and deepest; here lies one of the northeastern Atlantic's fullest graveyards. Furthermore, Carlsen's course, common in transatlantic freight shipping, would soon take him across serious geological badlands. In the early 18th century, a wave of tsunami proportions arose from these waters and had the power and momentum to reach the southern Irish shore three hundred miles away.

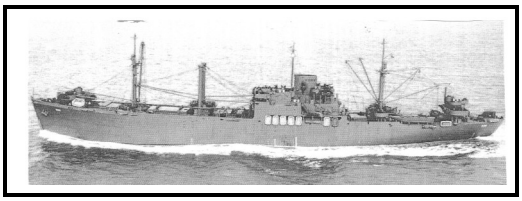
A ship in a storm has the advantage with which she ws constructed: her built-in marine dynamics, her checks and balances, her expected buoyancy. In a great storm, these assets begin to flake away, stripped off one by one. Carlsen, his ship severed, cut close to the bone, began to count his blessings. He remained afloat; indeed, the U.S. Cost Guard eventually observed that the crack "*did not cause Flying Enterprise to founder.*" Any flooding below had been expelled with a few strokes of the pumps. He had survived a horrendous beating and taxed seaworthy.

Now he decided not only to continue the voyage but to set a salvation course. Hedging his bets against further misfortune, he turned south to get into busier shipping lanes, hoping, in case the ship did not survive, to be found by any traffic making for Europe through the English Channel. If worse came to worst, he might at last get his passenger and crew onto a passing boat.

In easier straits, with, if necessary, another vessel as shepherd, he might make it to the Azores, where he could put in for repairs. Brest, in France, SE of him, also had possibilities, as had Bantry to the north, in Ireland, Bantry, however, had a bad-weather history: an 18th century Irish insurgency failed when gales blew away the French ships bringing troops to support the rebels.

Carlsen's own gale continued its appalling barrage, *Flying Enterprise* heaved and swung. Waves hard as marble slammed her hull. The captain came down from the bridge to meet the passengers, who had already heard that the ship had cracked. He made no effort to conceal the damage suffered by the ship, even though he believed that he could get to safe harbor. He would go on, he would find the lanes—or a port for repairs—and if the weather improved splendidly, he might even make his home port of New York.

Not everyone on board felt as easy. One of the able seamen, Clark Hall, from Kentucky, had been steering until an hour before the "gunshots." He put the time of the crack at "eleven before seven," and that afternoon he found himself approached by a number of shipmates. Hall had been one of the "spokesmen for the crew and a lot of times whenever they had any beefs, always went up to the captain, tried to settle them," he said. Now some of the sailors wanted him to do so again.



"*Several of them begin to get a little frightene*d," he reported, "*coming to me asking what they was going to do. So I went up to the radio operator's room and asked if they had sent out any sort of distress or standby message for other ships. Some of them, wanted to see her head back the other way. Sparks, the only thing he sent out was a message to New York that the ship was cracked, await for further orders.*"

In the radio shack, David Greene took Hall through the charts and showed him how far they now lay from the nearest landfall. "*And then*," said Hall, *"I went back down and talked to the part of the crew in the mess hall."*

The criticisms had started. Many of the sailors now spoke openly. Why wasn't the skipper heading for a port—any port in a storm? Would he not turn back? Had he sent an SOS? Hall caught their fear. He had a wife in Germany; he knew she'd be worried by the weather reports and he wanted to reassure her.

"*So I went back to Sparks,"* he testified, "*asked if he had received any message, he said 'No.' I told him I would like to send one myself. He said he was sorry, he had to keep the wire off the line, keep it open, the message might be received from New York."*

Hall went to see Carlsen, even though he learned from the engineers that "*the ship is making headway*." Instead, he met another delegate, from the steward's department: He just came out of the room, and said the captain was pretty much worried, and it was no use to talk to him because he had too much on his mind, so I didn't bother him."

Friday, Dec. 28, 1951, dawned gray. The wind had dropped a little in the night. After showers of rain and hail, some nervous sunshine almost broke through. As the pale sun gained strength, the winds climbed again and veered from SW to NW—Force 9 to Force 10 for Force 12. By mid-morning, a vicious cold front was skulking across the sea like a man with a grudge.

Twenty-eight hours had passed since the deck had split open. The waves still ran high, No calm promised to come in; nothing looked as though it might subside, not the wind, not the water, not the spray, but Carlsen, on the bridge all the time and watching everything, found that his ship was laying very easily. "*Not too stiff and not too tender*," he said; she was "comfortable."

In the huge smack that opened the fissures, some passengers suffered minor bruises. They had been bounced out of their bunks, crashed into metal walls, landed on metal floors. Their hairbrushes, the books they were reading, their personal belongings cascaded on top of them. They were all frightened; they could see the size of the waves that were still hitting the ship.

Now the crew began to calm them: yes, the deck repairs seemed to be holding; and yes, the ship was making progress. Everyone cheered up just a little. Fearful, and in some cases miserable with seasickness, most of them elected to stay in bed as the waves went on lashing at the portholes.

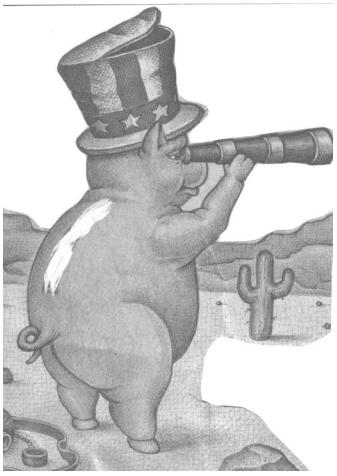
Every mariner in the world has heard of the ESW, *extreme storm wave* or *"rogue wave"* or a *"freak"* but few have witnessed it. If it hits you instead of lifting you, that wall of water might as well be a wall of concrete falling across your decks If its timing is such that you drop into the black valley of its preceding trough, you will disappear without a trace into eternity. This ESW, this giant wave, an ocean phenomenon that was once no more than an undocumented part of sailing lore, has become an established fact of marine science. It was a wave such as this that had hit the *Flying Enterprise!.*

Compared to a "mermaid" this wave was part of a seaman's yarn until the Cunard *Queen Mary* hit an ESW less than a decade earlier that made that "yarn" become an established "fact." (*The little-known story of the Queen Mary's encounter with the ESW next edition*.)

Continued next issue

NEW FACES* for MARCO & RENEWALS, as of July 2, 2014

Banko, Brad	KB8CNE
Bombeck, Bob	W8YD*
Bowling, Paul	W4ATN*
Covey, Mark	W0ZQJ
DeAugostino,	WA8RTN *
Halik, Frederick	K2EU
Halik, Frederick	K2EU
Knickerbocker.G.	W3RJA
Myszkowski, M.	KD8HMX
Ozonoff, David	KC1BTJ*
Sanders, Dean	WB0P*
Varga, Michael	NR3C
Wolfla, Lyman	K9LZJ



MARCO HISTORY

In the fall of 1965, at the Astor Hotel in New York City, Dr. Wm. Sprague, held a meeting of physicians & dentist interested in exploring the formation of a medically oriented amateur radio operators organization. A group of 95 members was organized on April 16, 1966, and MARCO was chartered as a Corporation in the State of New York.

NO RADIO, NO ANTENNA?

Keep in touch with MARCO on "*listserve*" E-Mail your request to join to BruceSmall73@gmail.Com If on the list simply contact marco-ltd@googlegroups.com

MEDICAL AMATEUR RADIO COUNCIL, LTD., New Membership Application & Renewal form

REGULAR MEMBERSHIP $25: A licensed professional in the health care field who holds an amateur radio license. A DX Membership is $15 U.S. currency.

ASSOCIATE MEMBERSHIP $15: Anyone licensed or unlicensed who is interested in medicine and radio.

___RENEWAL ?_____

10 year Regular membership fee $200 (a saving of $50). Associate membership for 10 years is $100 (also a saving of $50).

*Name:*_____

Address:

_____

_____

*Call Sign*_____*Type License:*_____

*Phone:*_____

*Internet Address:*_____

*Year of Birth:*_____*Member ARRL?*_____

Applications for membership should be sent to Marcia Lochner, 1635 N. U.S. Hwy 35, Knox, IN 46534 Internet address: lochner.marcia5@gmail.com

WHY NOT SEND A HAM FRIEND A MEMBERSHIP IN MARCO, $15, ONE WHO IS INTERESTED IN BOTH MEDICINE & RADIO.

MEDICAL AMATEUR RADIO COUNCIL, LTD., P.O. Box 127, Indian Rocks Beach, FL, 33785

(Send dues to 2712 Bryant Dr., Cleveland, TN 37311.)

MARCO'S ***"AETHER"***

Medicine & Radio **********

In One Medium **********

MARCO NET SCHEDULE

DAY	EASTERN TIME	FREQ.	NET CONTROLS
Any Day	On the Hour	14.342	Hailing Frequency
Sunday	10:30 a.m.	14.140	N5RTF (CW-net)
Sunday	11 a.m.	14.342	KD4GUA

MARCO Grand Rounds is held every 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 credit, Category II CME with your check-in

Web Site: http://www.marco-ltd.org
MediShare Web Site: http://www.medishare.org

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Your Renewal Date
Is January 1 of each year.