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HOW TO PROJECT INTELLIGENCE

LOOKING AT OTHERS WHILE SPEAKING; USING A MIDDLE INITIAL; WEARING GLASSES, STANDING OR SITTING STRAIGHT; HAVING A SELF-CONFIDENT EXPRESSION; BEING RESPONSIVE IN NODDING AND SPEAKING IN A CLEAR EXPRESSIVE VOICE.

While trying to look intelligent, a lot of people do things that make them look dumb.

For instance, people use big words or put-on a poker face—tactics that can backfire for some. A large amount of research is teasing out how people form first impressions of others' intelligence—and how well it works when you try to manage those impressions. The cues people look for in assessing each other's intelligence are simple. But they aren't always easy to pull off under pressure. They include showing self-confidence, speaking clearly and smoothly, and responding thoughtfully to what others are saying. No "ehhhhs" or "you know."

And put away that phone: one of the strongest and most accurate signs of intelligence is looking at others when you are speaking to them, In a 2007 study of 182 graduate students, some participants were instructed to try to appear intelligent during a videotaped discussion with a partner. Each also took an IQ test. Other people were asked to watch the videos and make a judgment about the participants' likely IQ. Separately, researchers watched the videos for 28 different behaviors.

People trying to look intelligent had a few behaviors in common. Among them were looking at others while listening or speaking, sitting up straight, putting on a serious face and avoiding certain gestures, such as touching their hair or face. But just the first two of these behaviors earned them a high IQ score from people watching the videos.

The observers also gave higher IQ ratings to participations who appeared more relaxed and confident. They rated as smarter participants who wore a self-assured expression rather than a poker face, spoke clearly in a pleasant , expressive voice and were responsive to their conversation partners—gesturing, nodding and "being engaged in the conversation and paying attention.

People who tried to appear intelligent risked exposing what they didn't know. Observers were more accurate in estimating the IQs—including lower IQs—of those instructed to act intelligent than in estimating the IQs of controls who weren't given any instructions. Apparently, participants' attempts at impression management actually magnified other cues signaling low intelligence.

The more you try, the more it's going to be obvious that you're trying.

Some simple stereotypes about intelligence can also shape others' first impressions. Wearing eyeglasses can lead strangers to regard you as more intelligent.

Using a middle initial makes people expect you to perform better on a competitive intellectual quiz, ...middle initials are linked in many people's minds to higher social status and education. How about "Jr." or "III," or a list of degrees?

Those positive first impressions may be shattered, however, as soon as pretentious language starts interfering with others' ability to understand and communicate with you. People who embellish their writing with long, complicated words are seen as less intelligent by readers.

The workplace, is full of people trying hard to look smart. One who tried to impress others by learning a new word everyday and using it all day, He'd say, "I'm gong to use the word 'ubiquitous' today, and use it three or four differ-

Continued on Page Two

DID YOU MISS GRAND ROUNDS?

If you did, you can listen on
http://www.reliastream.com/cast/start/tkeister
or http://67.213.213.143.8014/stream,
or http://67.213.213.143.8014
& notify warren.brown1924@gmail.com for Cat. II CME cred-

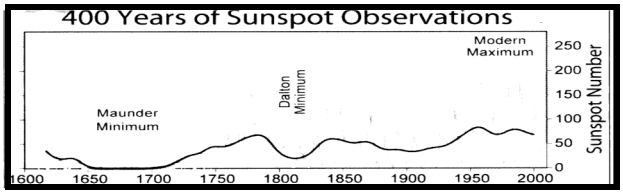
LATE BREAKING NEWS

The Annual meeting in Los Angeles is over but *Aether* was put to bed prior to the meeting...therefore, details are pending and will appear in the next issue.

Solar Cycle 24 Update... Many solar cycles are double-peaked, but this is the first recorded sunspot cycle during which the second peak is larger than the first peak (*from 3 years ago*), largely a result of the largest sunspot group of Solar Cycle 24.

The current solar cycle is the weakest since Solar Cycle 14, which had a maximum of 64.2 in February 1906, and the third in a trend of weakening sunspot cycles following the end of 50-to-60-yer period of unusually large solar cycles during the second half of the 20th century.

While many solar scientists believe that Solar Cycle 25—peaking around 2025—is likely to be the weakest in centuries, more accurate estimates of its amplitude will not be possible until 2 to 3 years prior to solar minimum, around 2020. Sunspot cycles could virtually disappear during much of the 21st century if we're entering a prolonged solar minimum when relatively few sunspots will be formed.



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.

ent ways in meetings, in hallway conversations, and sometimes it fits and sometimes it didn't, Rather than burnishing his image, he became a laughingstock.

Others try to project intelligence by talking too much, and too loudly hiding inside a barrage of words, hoping no one will notice that they don't know anything. One consultant has a clock on her office wall. She sometimes quietly times over talkers and surprises them by revealing just how long they've been droning on. She advises them to practice halting the flow: "Ask a question, let somebody else talk, and practice long, slow, deep breaths to regain self-control."

Onlookers ***often interpret*** such behavior as a sign of insecurity and low self-esteem.

Appearing calm and confident is another cue: People who move faster than others around them are seen as less intelligent. Some people treat projecting intelligence like a race. In meetings they think, "I always have to have the answer, so I have to blurt out the first thing that comes to my head." Others quickly see through such behavior as a sign of insecurity. Those who do the best job of projecting intelligence are those who are able to say, "I don't know."

A former insurance executive bought a company that makes equipment for chip manufacturers. He knew nothing about the industry. In initial meetings, he decided to just admit it, and surprised the company's 40 employees by announcing, "*Hey, I don't understand this. Can you explain this to me?*" He told employees he was eager to learn the business but would focus on his strengths in sales and marketing to expand the company. The company has expanded sales tenfold and grown to 300 employees.

The kind of natural, responsive behavior that conveys true intelligence is complicated. It entails listening carefully, responding in a way that shows understanding, asking questions and welcoming others points of view. You really can't fake it.

You can learn it, though. A young woman worried on her first major job out of college as a marketing specialist for a law firm. She thought that colleagues would look down on her because she didn't have a law degree. When her boss asked her for a recommendation on buying some software, she wrote a 30-page report bristling with data, big words and erudite sentences. "*I wanted everybody to think I was smart,"* she said. Instead of reading it, her boss asked her at a meeting to "*just boil it down for us."*

Now she is open about what she doesn't know and "if I'm wrong, I say so," she says. She asks a lot of questions and spends 75% of her time listening intently. She also shows genuine interest in others ideas, "The thing I do that I find people respond to the most, is that I am really enthusiastic.

In summary: Behaviors people use that actually make them look smart are: 1. Looking at target while speaking maintaining eye contact but not staring . 2. Standing or sitting up straight. 3. Using a middle initial. 4 Wearing glasses. 5. Having a self-confident expression. 6. Being responsive in conversations, nodding and gesturing. 7. Speaking in a pleasant, expressive voice. 8. Using clear language, no space fillers, "ehhhh," "you knows."

Behaviors people use to try to look smart: 1. Putting on a serious facial expression. 2. Holding hands and arms too still. 3. Using big words and complex sentences. 4. Moving faster than those around them. Using sentence fillers, usch as "you knows, eehhhh." Speaking in foreign word languages & avoiding abbreviations that no one understands.

(Information for the above was taken from the fine article by Sue Shellenbarger,,"*You Really Look Smart,"* which appeared in the Jan. 14, 2015 Wall Street Journal.)

Examples: Winston Churchill, Jimmy Stewart and Cary Grant., FDR (My friends!) —some dictators used blaring horns to announce their presence, don't do this unless you are a dictator. Abe Lincoln: concise to the point. "All I could remember was hair coming out his ears and nose", make sure you are not HIM. Cary Grant said, a person who waves his arms around is getting attention from his actions and not his words… An officer talking with an open dress shirt in a formal audience is disrespectful as is one who gives a talk in his bathing suit unless she is a well proportioned female. Ask questions, maintain eye contact but don't stare. Emphasize hi-points and summarize at the end. Say thank you at the end by showing respect to the audience. There are 23 known eyebrow movements which have different meanings, don't use the wrong one. Be a good listener, wear Navy blue outfit or a prep outfit; show off language knowledge, SLOW speech, smile more, do your homework, read trivia books, wear dress shirts, wear a uniform, with battle stars….don't bluff you ignorance and don't be afraid to say "I don't know does anyone else know" Never argue with an older experienced person, wear bow ties and expensive clothing; avoid slang and bad words; enunciate and speak clearly speak only when you have something substantial to say; the *Noise Message ratio*; NO mumms, "you knows " or other sentence fillers; go for the pretty Harvard look; cut hair short or long the Bohemian style; avoid bad language; NO arrogance such as chin up holding coat; ask questions; use after shave lotion; use simple words. Carry books into the talk. Say something crazy to loosen people up such as "don't wear well fitting underware when you come to a talk; shave the neck...how about using Jr. or the III after your name and a long list of degrees—don't overdue it. Don't use the same gestures, such as pointing over and over. Talk loud enough so people can hear you, especially if a female Get rid of a dead pan expression; don't shake your .. head too much when you talk.. Stop intermittently and let the message sink in. Wear Adler elevator heels? Raise your podium above the audience like the dictators did. Never give a talk sitting down; speak in language the audience can understand not in doctor language...pause and listen for noise such as hecklers, can you hear a pin drop? Move a LITTLE let the audience know you are alive and listening also to your own talk. Point to an individual and say, What do you think? Then they will come awake afraid you might call on them.. When you see someone falling asleep in the front row throw a rolled up paper ball and throw it at him and tell him his snoring is interfering with the talk.. Try for audience participation that will keep them awake. Keep sentences short and to the point—avoid long drawn out sentences. Try to keep the talk positive by accentuating the positive louder and eliminating the negative. Make the audience feel important., once again, speak SLOWLY. Pause often and let the talk sink in. Jokes occasionally, to keep them awake and listening for the next one. Remember Lincoln's Gettysburg address, every word had a meaning, no garbage words. Look natural—no grease on the hair..look down on the audience not up... Don't speak French to a German audience. Change your tone occasionally such as imitating your subject if you are capable….use catch phrases such as "financial break" Avoid abbreviations and speak the language of the audience, not too technical.

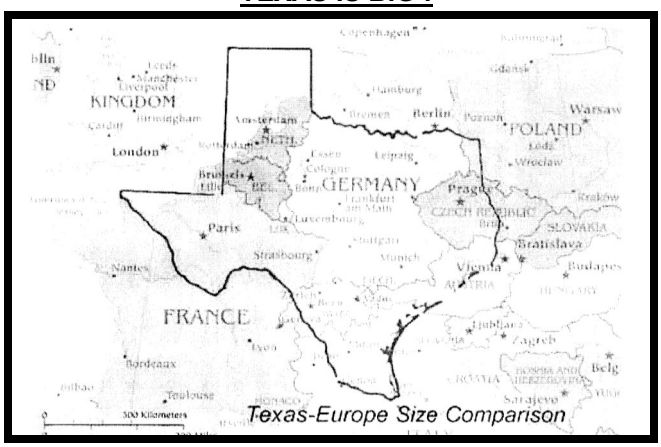
MORE HOT INFO FROM FORTUNE MAGAZINE:

Involve the crowd with questions and get them engaged or they will tune you out....build your talk around the emotions you want to excite. After making a point, pause for 3 seconds to allow people time to process what you just said.

MORE HOT INFO FROM OUR READERS:

Send it in and we will print it.

TEXAS IS BIG !



Texas-Europe Size Comparison

THE LOW-CARB DIET VS. THE LOW FAT DIET

Is a low-fat or a low-carbohydrate diet more effective in causing weight loss and improving cardiovascular disease risk?

More than 40 years ago, Dr. Robert Atkins wrote his first book advocating for a low-carb diet to cause and sustain weight loss. This study found that a low-carb diet caused an average 7.7 lb greater weight loss than a low-fat diet at the end of one year.

The low-carb group was found to have no significant change in total cholesterol levels but the good HDL levels rose. Triglyceride levels decreased significantly more in the low carb group. Blood pressure, glucose levels and insulin levels were not influenced.

Now, 40 years later, we are beginning to realize that perhaps Dr. Atkins was right—by eating a high fat diet the sugars decreased and we all saw our friends shrink! It was not the high fat that did it, it was the low carbohydrates apparently.

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MELATONIN (Marco Grand Rounds, Mar. 15, 2015)

Melatonin is a hormone found in animals, plants, fungi and bacteria in anticipation of the daily onset of darkness. It is synthesized in animal cells directly from the amino acid tryptophan. Melatonin is involved in the entrainment of the circadian rhythms of physiological functions including sleep timing, blood pressure regulation, seasonal reproduction and many others. It is a powerful antioxidant with a particular role in the protection of nuclear and mitochondrial DNA.

The hormone can be used as a sleep aid and in the treatment of sleep disorders. It can be taken orally as capsules, tablets or liquid. It is also available in a form to be used sublingually and there are transdermal patches available. There have been few long-term trials in the use in humans.

Melatonin was discovered in connection to the mechanism by which some amphibians and reptiles change the color of their skin. In 1958 dermatologist Aaron Lerner at Yale isolated the hormone from bovine pineal gland extracts and named it *melatonin*. The discovery that melatonin is an antioxidant was made in 1993. The first patent for its use as a low dose sleep aid was granted in 1995.

Use of blue-blocking goggles the last hours before bedtime has been advised for people who need to adjust to an earlier bedtime as melatonin promotes sleepiness. When used several hours before sleep small amounts (3 mg) of melatonin shift the circadian clock earlier, thus promoting earlier sleep onset and morning awakening. In humans, 90% of orally administered melatonin is cleared in a single passage through the liver, a small amount is excreted in the urine, and a small amount is found in saliva.

Dietary supplements...It is sold freely over-the-counter in the US and Canada without any regulation as a pharmaceutical drug. The FDA regulations applying to medications are not applicable to melatonin. It has been reported in foods including cherries, bananas, pineapples, oranges and grapes, rice and cereals, herbs, olive oil, wine and beer. →

THE NEW "PARTIAL TRANSPLANT"

At Wake Forrest Institute for Regenerative Medicine, Dr. Anthony Atala, 56, oversees 300 researchers and support personnel divided into different teams working on cell therapy, a technology for what he calls partial transplants and the creation of new organs.

One day in the late 90s, Atala noticed while walking on the beach, a stone. Along the entire length of the stone ran a single ridge, almost like a biology teacher's notation indicating what is known as the Brodel's line of the kidney.

The Brodel's line denotes an avascular plane where the rich vascular tree of blood vessels and capillaries peters out. An idea arose in his mind with enough force to shift the entire world of medicine. What he suddenly realized was that he doesn't actually need to grow an entire organ at all. "I just need 10%!"

Staring at the line running along the stone, he knew he could part the delicate red tissue of the kidney along the avascular plane, causing little blood loss and pop a kind of cartridge into this incision—a wafer of healthy kidney tissue. The kidney would grow and incorporate the new tissue, just as it extends itself into new skin that forms after we are cut.

The logic being that usually a patient doesn't present with any serious symptoms till whatever organ is involved has lost 90% of its function. The patient doesn't collapse climbing the stairs, short of breath, until his lungs are functioning at 10% capacity. The heart doesn't' succumb to chest pain until the artery is 90% blocked. It's the same with the kidney or liver, says Atala. "*If I can insert healthy tissue, equal to 10 or 20% of the size of the organ, I can keep that patient functioning and alive at a high quality of life*"

"*Ideally, with this technology, you screen people and you augment the existing organ when they've only lost 50% of their function,"* he says. The patient never even reaches an emergency stage.

Atala continues to work on creating whole new organs but he also has a team working on the model that occurred to him on the beach: Harvest and grow some healthy cells from a patient's damaged kidneys. Concurrently, decellularize a pig kidney, leaving only the casing. Then repopulate the organ with the patient's cells. Insert a section of that new kidney tissue, equal in weight to maybe 20% of the existing organ. With no cells from the pig, only the scaphold, the recipient's body should accept this new section of kidney.

Atala is also pursuing this "wafer" model of creating partial transplants for other organs.

Though Atala always remain circumspect about the status of his projects, he says this partial transplant model is different: That team is far along in the process, successfully placing kidney cartridges into animals for trials lasting several months. The major problems, he says, all appear to be solved. Relatively speaking, partial transplant are closer. The most practical solution may not be as dramatic or garner as much publicity as creating a whole new organ yet millions of happy ever-afters beckon.

(Information for the above came from Steve Volk's fine article that appeared in the March 2015 edition of "Discover, titled, "*The Doctor and Salamander.")*

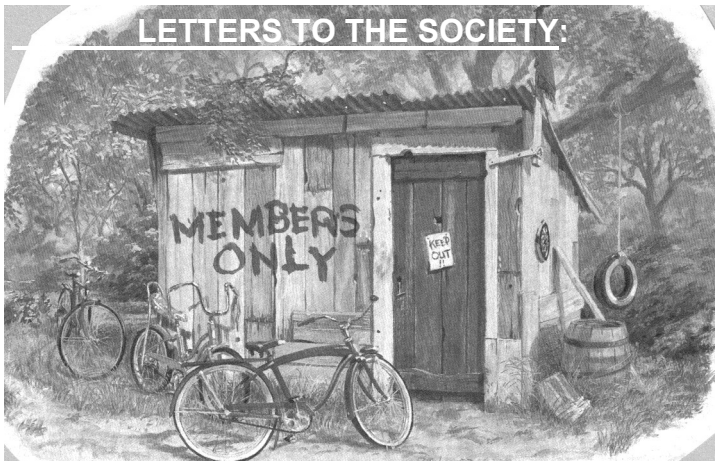
Several beverages have been marketed as "relaxation drinks," stating that *melatonin is not approved as a food additive because it is not generally recognized as safe*.

Melatonin has been studied for insomnia in the elderly. Prolonged release melatonin has shown good results in treating insomnia in older adults. Recent research has found some modulating effects of drug abuse such as cocaine.

Research shows that after melatonin is administered to ADHD patients on methylphenidate the time needed to fall asleep is reduced. Furthermore, the effects of melatonin after three months showed no change from its effects after one week of use.

Melatonin has been used with some limited success in migraine and cluster headaches, gallstones, tinnitus, dreaming, autism, insomnia with very few side effects. It does not seem to work in jet lag and shift work. Side effects include next-day grogginess, irritability and may induce some degree for contraceptive use.

LETTERS TO THE SOCIETY:



Kudos from: From **Louis Lyell,** Jackson, Mississippi, (ljlyell@aol.com) "A self-satisfied look came over my face when I read in the recent *Aether* on page 2, that scientists at the University of Missouri found that people who did not have their smart phones with them had elevated BP, heart rate, anxiety and poor cognitive performance, for the reason that the phone becomes an extension of self, and not having the phone handy causes the owner to feel a loss of self esteem. Well, over a year ago, I as a non-medical, un-taxpayer subsidized committee of one, concluded much the same thing by simple observation and gave it a name…"DDDS."...*Digital Device Deprivation Syndrome.* Feel free to spread this appellation widely, giving me credit of course. There is a fossil sand dollar yelept...*periarchus lyelli.* I will consult a friend who is a Latin scholar for a Latin rendition of DDDS. My name may make it to some learned journal possibly even.. "*The Ladies Birthday Almanac."* **(Ed note: Louis, don't lose any marbles over this!)**

Gordon Levine WB6JVP writes: "Think I can help with the origin of "Gargoyles." *(Gargoyles was mentioned in the last edition of Aether).* As my Daddy once told me, in upstate New York, even before the native Americans, there existed a tribe of semi-humans of which the women were very large, ferocious and horrible to the eye. They were known as the *Gargantuan Girls*. Over the years, the word *Gargantuan* shorted to *Gar* and with the Brooklyn accent (*which I am told still exists*), the word "girls"" becomes *goyles* and thus, *Gargoyles!* It is theorized that they also traveled to Europe and Asia before the Europeans came here to the New World. It must be so for the staties representing them are all over the world.

Mary Favaro AE4BX, our Treasurer from Myrtle Beach, SC writes: "All dues should go to Marcia our Secretary, not me directly. I received some direct dues this week, but the dual accounting always works better. Just got back from warming and sunning in Puerto Rico. Even Myrtle Beach seems disagreeably cold."

Jerry Ziperstein, N4TSC, Boca Raton, FL. States. "*The most recent archived net I can find is from Jan. 4, 2015. Are more recent nets available? I am interested in the last two discussions of PTSD if they are available." (*Chip Keister N5RTF is working on this.)

John McCann, WB5BHB, USA, "I have been listening to the (*Grand Rounds)* nets on Chip's archived sessions. I will send notifications of the nets I have heard for Cat II CME credit in the near future. I really enjoyed the two sessions on the proper timing of medications to meet the body's demand. Of particular interest was that of calcium being taken at night to provide the ion for heart muscle demands rather then the body taking calcium from bone. Maybe we should supplement our calcium intake in the evening with a nice bowl of ice cream with one or two bananas for more calcium and potassium as well...wonder how much calcium is in a half-gallon of Blue Bell ice cream anyway? *(Somebody check this….)*

Chip Keister N5RTF, New Orleans in relation to a list serve which indicated people shouldn't get too excited about their clothes as some of the best moments of their lives have been spent without clothes….Chip writes: *"To my embarrassment I was born in bed with a lady."*

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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If you take an aspirin or a baby aspirin once a day, take it at night. The reason: Aspirin has a 24-hour "half-life:" therefore, if most heart attacks happen in the wee hours of the morning between 6 and 11 a.m. , the Aspirin will be most beneficial if taken at or about bedtime. About 60% of those suffering a heart attack while asleep do not wake up.

Running too much is harmful... Exercising too much can be just as harmful as not exercising enough, according to a new study by researchers from Denmark. People who ran more than 4 hours a week for more than 3 days a week at a fast pace were as likely to die in the next 12 years as people who hardly exercised. Those who ran at a slow to moderate pace for 1 to 2 hours less than 3 times a week had the lowest risk of dying. Regardless most Americans still don't get enough exercise and should strive to be more active.

Lung cancer kills more women than breast cancer... For the 1st time lung cancer has overtaken breast cancer in mortality for women. In 2012, 209,000 women died from lung cancer in developed nations, and 197,000 died from breast cancer.

The edible coffee cup...is the newest item on Kentucky Fried Chicken's menu. Made out of cookie, chocolate and sugar paper, the "Scoffee Cup" is coming to select locations. The cups come in aromas including coconut sun cream, fresh-cut grass and wildflowers. No, it's not limited to sword-swallowers!

Just one drink makes you look more attractive to others. Researchers at the University of Bristol found alcohol gives people dilated pupils, rosy cheeks and relaxed muscles, which are viewed to be more attractive to others. But the attractiveness boost diminishes if you have more than one drink. Study participants who had more than one drink were rated the least attractive.

St. Patrick's Day memo…"Irish who do better is because they are Irish and those who are villains just weren't Irish enough.."

Easting peanuts might be a good way to improve heart health. An observational study from Vanderbilt Univ. and Shanghai Cancer Institute researchers found peanut consumption was linked with reduced mortality in Chinese populations in Shanghai and in low-income U.S. populations.

Walls punish public peeing... Hamburg, Germany, is sending a message to those who relieve themselves on public property Two buildings in the city's bustling St. Pauli red-light and nightclub district are now protected with a special water-repellant paint, often used in shipbuilding, that will ricochet streams back at those who dare to urinate on its walls. Some of the painted walls warn visitor that say "*Do not pee here! We pee back."*

A 12-year old boy wrote, "*I've learned that just when I get my room the way I like it, Mom, makes me clean it up again!*

"Passing the buck/The buck stops here." Most men in the early west carried a jack knife made by the ***Buck Knife Co.*** When playing poker it was common to place one of these **Buck Knives** in front of the dealer so that everyone knew who he was. When it was time for a new dealer, the deck and the knife were given to the new dealer. If this person didn't want to deal, he would "*pass the Buck"* to the next player. If that player accepted then "*the Buck stopped there."*

"Buying the farm," This is synonymous with dying. During World War 1, soldiers were given life insurance policies worth $5,000. This was about the price of an average farm, so if you died you "*bought the farm"* for your survivors.

SOME PEOPLE SAY THERE IS NO GOD, A HIGHER AUTHORITY

I take no issue with them; everybody can believe what he/she wants to, I leave it up to you now what you believe in after you read this….

By Paul Lukas, N6DMV

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Reading "The Search for Other Planets" article (*Aether. Feb. 2015)* and going back a few thousand years, it became clear to me that if people are giving up their devotion to a higher authority, the end is sure. The below is a story that happened to me, in Hungary during the closing days of World War II when I was a 14 year old boy.

Time: Easter, 1945. Location: Western Hungary, a small town named *Kamon,* near the city of *Szornbathely.* In WW II, Hungary was invaded by the German Nazi Army on March 19, 1945. Hungary was a disarmed small country and the invasion was a walk-in. Later, when the Russians moved in the Germans resisted even though the war was winding down.

My father was a high ranking Hungarian military judge and was transferred to this small town with his department in the hope of escaping the incoming Russians. On that day when they arrived, a Hungarian colonel judge committed suicide because he had committed the Communists to jail after their departure following WW I. He knew the Communists do not forget and he would be captured, tortured and executed.

My father asked me to go to the other side of town and report the suicide to the lieutenant who was in charge of personnel. I had known the colonel and my father asked me, which to me was an order, to go check on the dead colonel. I walked over and found him locked in the bathroom but I was able to see him through the keyhole lying on the floor covered in blood.

By this time I could hear tanks trundling into the other side of the village but I didn't know if they were German or Russian. As I started to deliver the message there were five Germans with submachine guns looking through their spyglasses toward the Russians. The tanks turned out to be Russian. I kept walking and when I got about 50 feet in front of them, I decided it was not safe and climbed over a wooden fence separating the road from the house's yard. At the bottom of the fence was a 4' ditch filled with foul water—this ditch saved my life!

I entered the house from the garden to find nobody home—they had all fled from the Russians. I preferred to exit through the house's main gate close to where the tanks were running. As I opened the gate, a grenade hit the corner of the house and my eyes and mouth were filled with powdered plaster and wood. I spit out the stuff and headed for the surrounding fence and climbed over it into the ditch while the Russians fired at the Germans at the other end of the street. I jumped really fast into the mucky mess just in time as machine gun bullets passed just over my head. I had figured that when the Russians concentrated on the Germans it would take them a few seconds before they could aim on me. This strategy worked and I was getting further away from the Russians and closer to the Germans, trusting, that their excellent Zeiss spyglasses will reveal that I m not a Russian soldier and will not shoot.

This went on for a while, several times I jumped up and then dropped. The Russians noticed this and started launching grenades at me. They missed. Altogether six rockets were launched, some in front and some behind me. They taught us in school to protect your head against grenades by ducking into their craters— it worked. I survived without a scratch.

Then I had to cross the road to go home. Looking out of the ditch, I saw no more Germans, they must have run away. I closed my eyes and it seemed my entire life was running in front of my closed eyes. I still had to get across the street. I jumped up and with full speed ran across the road. The Russians opened up with their machineguns and I could hear the bullets buzzing and felt the hot air stream near my face as the bullets passed.

The few seconds crossing the street felt like minutes. I jumped in behind the corner of a house just in time. A grenade demolished the corner throwing the stuff all over me—just as I took a big breath—my mouth filled with plaster. I could hardly breathe and I fell to the ground. Looking for something to excavate the debris I found a stick—shoved it in my throat and was able to dislodge the house remains from my mouth. I had nearly suffocated!

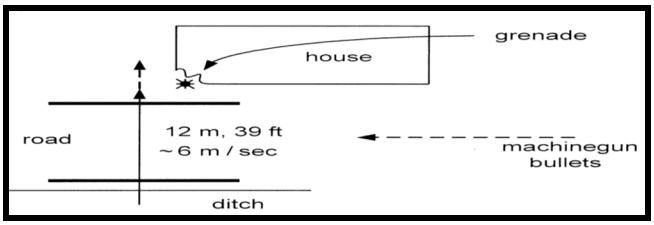
A few minutes of rest lying on an empty lot did me some good and the firing stopped. I got up, cleaned my clothes and started to walk home.

When my father saw me, he asked why are you so filthy—playing around again? I calmly said that unfortunately I could not carry out the order because the lieutenant was not home. Father said, that is all right, I never told him of my experience with the Russian army. I did not want to have him feel guilty.

My mother said, "*Where have you been?"* I did not tell her either. After washing I noticed I could not comb my hair—on both sides of my head the hair half an inch close to my skull was burned by the machine gun bullets, BUT NOT A SCRATCH!

Can one explain logically this series of occurrences—and without a scratch? The following is a way to illustrate the transpired history in light of physics. How much "correction" the Russian soldier handling the machine gun would had to make to hit me? How many thousandths of an inch? For several bullets? This story was in my head for a long time but one day I decided to apply physics to determine how close I was to being killed.

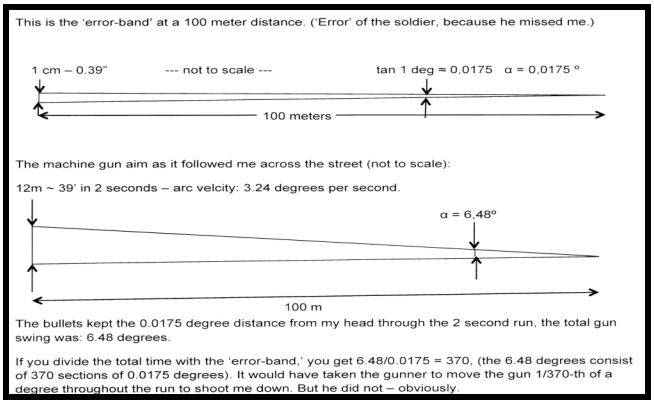
The facts: Machinegun distance to me was estimated to be about 100 meters, or 330'. I ran across the 12 meter road in about 2 seconds, noticing 2 sets, or 4 bullets total at both sides of my head, the picture below shows the layout. .



At a 100 meter distance between the gun and 1 cm or about 7/16 inch from my head, the enclosed angle comes out to be about .00573 degrees, and the soldier followed me exactly at that speed, turning the gun at 3.42 degrees per second, or a total of 6.84 seconds with an accuracy of .00573 degrees! I estimated the gun caliber to be 50. I was lucky because of this larger gauge—the projectiles per second are much slower than the smaller caliber submachine guns The 100 meter distance warranted the use of the larger caliber gun because the submachine guns, although shooting much faster, their efficacy at that distance is poor. Had I been exposed to submachine gun fire, my chances of survival would have been even smaller. To further illustrate the incredibly tight error band between my head and the bullets, If the gun had been pointed only 1 degree different from the followed path the bullets would have been passing me by 1.75 meters, or about 5' 8" away.

This makes no sense mathematically, the probability of such occurrence is practically nil, but it happened. I lived through about two dozen similarly improbable situations, in all cases came out without a scratch. It is your judgment now as to whether this makes sense or not in the everyday life without the high technology instrumentation. Digital technology was not around yet, it was 1945, but other factors were present for sure—your guess.

The rest of this story is devoted to physics, it illustrates the happenings translated into numbers.



WHAT LANGUAGE THE WORLD WILL SPEAK IN 2115?

Excerpts from John McWhorter's fine article in the Jan. 3, 2015, Wall St. Journal.

****

In 1880, a Bavarian priest created a language that he hoped the world could use. He mixed words from French, German and English and gave his creation the name ***Volapuk.*** It made a splash but was soon pushed aside by another invented language, ***Esperanto***, which was much easier to master.

By the time Esperanto got out of the gate, another language was already emerging as an international medium; ***English.*** Two thousand years ago, English was the unwritten tongue of Iron Age tribes in Denmark. No one then living could have dreamed that English would be spoken today, to some degree, by almost two billion people, on its way to being spoken by every third person on the planet.

Some worry that English might eradicate every other language. But the existence of so many languages can also create problems; it isn't an accident that the Bible's tale of the Tower of Babel presents multilingualism as a divine curse meant to hinder our understanding. One might even ask: If all humans had always spoken a single language, would anyone wish we were instead separated now by thousands of different ones?

Fears that English will become the world's only language are premature. It is difficult to interrupt something as intimate and spontaneous as what language people speak to their children. Who truly imagines a Japan with no Japanese or a Greece with no Greek? **The spread of English means that Earthlings will tend to use a local language in their own orbit and English for communications beyond.**

But the days when English shared the planet with thousands of other languages are numbered. A traveler to the future, a century from now, is likely to notice two things: One, there will be vastly fewer languages. Two, languages will often be less complicated than they are today—especially in how they are spoken as opposed to how they are written.

Some may protest that it is not English but Mandarin Chinese that will eventually become the world's language, because of the size of the Chinese population and the increasing economic might of their country. But that's unlikely. For one, English happens to have gotten there first , It is now so deeply entrenched in print, education and media that switching to anything else would entail an enormous effort. We retain the QWERTY keyboard and AC current for similar reasons.

Also, the tones of Chinese are extremely difficult to learn beyond childhood, and truly mastering the writing system virtually requires having been born to it. In the past notoriously challenging languages such as Greek, Latin, Arabic, Russian and even Chinese have been embraced by vast numbers of people. But now that English has settled in, the approachability as compared with Chinese will discourage its replacement. If the Chinese do rule the world, they will likely do so in English.

By 2115, it's possible that only about 600 languages will be left on the planet as opposed to today's 6,000. To the modern mind, languages used in writing, with its permanence and formality, seem legitimate and "*real,"* while those that are only spoken can seem unnecessary. It is too easy for speakers to associate larger languages with opportunity and smaller ones with backwardness—and therefore to stop speaking smaller ones to their children. But unless the language is written, once a single generation no longer passes it on to children whose minds are maximally plastic, it is all but lost. We all know how much harder it is to learn a language well as adults.

Languages "grow" in complexity the way that people pick up habits and cars pick up rust. One minute, the way you mark a verb in the future tense is to use **will**: I **will** buy it. The next minute, an idiom kicks in where people say I am going to buy it, because if you are going with the purpose of doing something, it follow that you **will**. Pretty soon, that gels into a new way of putting a verb in the future tense with what a Martian would hear as a new "*word"*, "gonna" rather than **will.**

In any language, that kind of thing is happening all the time in countless ways, far past what is necessary even for nuanced communication. A distinction between *he* and *she* is a frill that most languages do without, and English would be fine without *gonna* alongside *will*, irregular verbs and much else.

For English speakers, it seems hard enough that Mandarin Chinese requires you to distinguish four tones to get meaning across, but in the Hmong languages of SE Asia, any syllable means different things according to as many as eight tones.

But the very things that make these languages so fabulously rich also makes it hard to revive once lost—it's tough to learn hard stuff when you're grown, busy and self-conscious.

Many communities passing their ancestral language along by teaching it in school and to adults, will create new versions of the languages, with smaller vocabularies and more streamlined grammars. New versions of languages will be part of a larger trend, growing over the past few millennia in particular; the birth of languages less baroquely complicated than the linguistic norm of the premodern world.

Vikings invaded England starting in the eight century and married into the society. Children in England, hearing their father's "broken" Old English in a time when schooling was limited to elites and there was no media, grew up speaking that kind of English, and the result was Old English bristled with three genders, five cases and the same sort of complex grammar that makes modern German so difficult for us. After the Vikings, it morphed into modern English, one of the few languages in Europe that doesn't assign gender to inanimate objects. Mandarin, Persian, Indonesian and other languages went through similar processes and are therefore much less "cluttered."

Another wave of simplification happened when a few European powers transporting African slaves to plantations. Adults had to learn a language fast, and they learned even less of it than Vikings did of English—often just a few hundred words and the scraps of sentence structure. But that won't do as a language to fully live in, and so they expanded these fundamentals into brand new languages. These are called **Creole** languages.

It's far easier to manage a basic conversation in a Creole than in an older language. Haitian Creole, for example, is a language low on the complications that make learning Navajo so tough. It spares a student from having to know that boats are male and tables are female, which is one of the reasons that it's so hard to master French, the language from which Haitian Creole got most of its words.

Creole languages were created world-wide during the era of exploration. African soldiers created an Arabic Creole in Sudan; orphans created a German one in New Guinea. Aboriginal Australians created an English Creole, which was passed on to surrounding locations such as New Guinea where under the name Tok Pisin it is today, the language of government for people speaking hundreds of different native languages. Jamaican patois, South Carolina's Gullah are other examples.

Modern population s are creating a third wave of language streamlining. In cities, children of immigrants speaking many different languages are growing up speaking among themselves a version of their new country's language that nibbles away at such arbitrary features as irregular verbs and gendered objects.

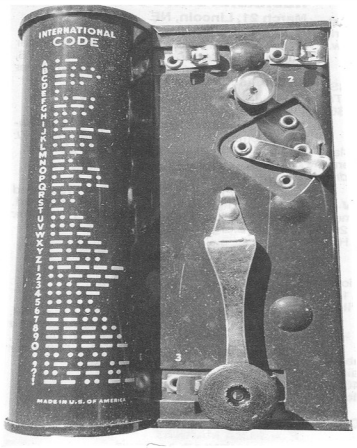
This streamlining should not be taken as a sign of decline. All of the optimized languages remain full languages. An Old English speaker who heard modern English would consider it confounding and "broken." For example, "have not" has been streamlined to "haven't" and "could not" has been streamlined to "couldn't."

Hopefully, the languages lost amid all of this change will at least be described and, with modern tools, recorded for posterity. We may regret the eclipse of a world where 6,000 different languages were spoken as opposed to just 600, but there is a silver lining: Even more people will be able to communicate in one language that they use—alongside with their native one.

The future promises both a goodly amount of diversity and ever more mutual comprehension, as many languages become easier to pick up, in their spoken versions, that they once were. A future dominated by English won't be a linguistic paradise but it won't be a linguistic Armageddon either.

REMEMBER ME?

I'M THE "Postal Telegraph" set you played with when you were a youngster—the one that you strung up over the apartment houses & interfered with folks radio programs!
I could click & buzz but not at the same time!



LIGHTEN UP...

A US Navy destroyer stops four Mexicans rowing towards Texas. The Captain gets on the megaphone and shouts, "Ahoy, small craft. Where are you headed?" One of the Mexicans puts down his oar, stands up, and shouts, "Gringo, we are invading the U.S.A. to reclaim the territory taken by the you during the 1800s." The entire crew on the destroyer doubles over in laughter. The Captain finally catches his breath, gets back on the megaphone and asks, "Just the four of you?" The same Mexican stands up again and shouts, "No, senior, we are the last four, the other 21 million are already there.

****

Did you hear about the two blondes who froze to death in a drive-in movie? They had gone to see "*Closed for the Winter.*"

Having a cold drink on a hot day with a few friends is nice, but having a hot friend on a cold night after a few drinks is priceless.

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Women who carry a little extra weight live longer than the men who mention it.

****

CHINESE SICK LEAVE... Ho Chow calls into work and says, "*Hey, I no come work today, I really sick. Got headache, stomach ache and legs hurt, I no come work.*" The boss says, "you know something Ho Chow, I really need you today. When I feel sick like you do, I go to my wife and ask her for sex. That makes everything better and I go to work. You try that." Two hours later Ho Chow calls again, "*I do what you say Boss and I feel great, I be at work soon…by the way, you got nice house.*"

****

THE BAGPIPER... Recently I was asked by a funeral director to play at a graveside service for a homeless man. He had no family or friends, so the service was to be at a pauper's cemetery in the Nova Scotia back country. As I was not familiar with the backwoods, I got lost and being a typical man, I didn't stop for directions. I finally arrived and saw the funeral guy had evidently gone and the hearse was nowhere in sight. There were only the diggers and crew left and they were eating lunch. I apologized for being late. I went to the side of the grave and looked down and the vault lid was already in place. I didn't know what else to do so I started to play. The workers put down their lunches and began to gather around. I played out my heart and soul for this man with no friends. And as I played "*Amazing Grace*," the workers began to weep. They wept, I wept, we all wept together. When I finished, I packed up my bagpipes and started for my car. My head was hung low, my heart was full. As I opened the door to my car, I heard one of the workers say "*I never seen nothing like that before and I've been putting in septic tanks for twenty years*."

****

Two patients limp into two different medical clinics with the same complaint. Both have trouble walking and appear to require a hip replacement. The FIRST patient is examined within the hour, is x-rayed the same day and has a time booked for surgery the following week. The SECOND sees his family doctor after waiting 3 weeks for an appointment, then waits 8 weeks to see a specialist, then gets an x-ray, which isn't reviewed for another week and finally has his surgery scheduled for 6 months from then. **Why the different treatment for the two patients?** The FIRST is a Golden Retriever. The SECOND is a Senior Citizen. Next time take me to a Vet.

The priest stood before a hushed crowd of villagers and said, "*"You must not use-a da pill!"* **A lovely signorita stepped forward and said, "Look you no play-a da game, you no make-a da rules!"**

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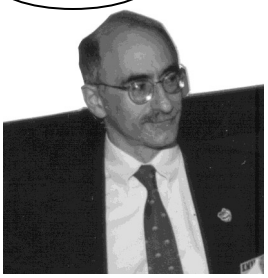
****

The Flight Attendant listened patiently to a man's complaints: "*You bring me cold coffee. You serve me lousy food. I can't see the movie. Not that it matters because you didn't bring me any headphones. And my window doesn't even have a shade so I can't sleep.*" When he had finally stopped whining, the Flight Attendant said, "***Just shut up and fly the plane!***"

Hello, I'm Bruce



MEMORIES OF YEARS AGO IN MARCO

Our History Book

Bruce Small, KM2L

Marco Webmaster

25 YEARS AGO IN MARCO

The Feb-March 1990 issue of MARCO's Newsletter included a complete description of planned activities at the annual meeting, scheduled to be held at the Dayton Radisson in late April.

Joe Boris, one of Marco's founding members, celebrated his 102nd birthday, and the Newsletter proudly reprinted a congratulatory letter he had received from Connecticut Governor William O'Neill.

President-elect Ed Ludin K2UK contributed part 3 of his series entitled "*Getting On Packet*." Indeed, the list of Marco's packeteers filled an entire page.

The centerfold section was a photo album of attendees at the mini-meeting held in Newtown, PA in Oct. 1989. Mug shots included KC2ZA, K2UK, WB3FTJ, W2UP, K3QVX, W3HEF, W3SD, N9IGB and NN3L, each with wife. Also the husband-wife team of WB3AJC/KA3CEO, and solo photo subjects WB8QKM and WB3WLA.

An interesting reprint from the W5YI Report looked ahead to what we might expect on the technology front during the 1990s. Predictions included the integration of various telecommunication services using high-speed fiber-optic cable, the growth of HDTV, video-on-demand, less paper in the workplace, on-line professional services, electronic tax filing, e-commerce, and the death of the Post Office due to growth of email.

20 YEARS AGO IN MARCO

Recipients of the February-March 1995 Marco Newsletter found their envelope stuffed with two bonus items: an updated membership roster and a pamphlet on Lyme disease.

President **Polycarp Gadegbeku**, then WB4LPC, led off the Newsletter with a guarantee that the upcoming meeting in Charleston would be a great time. Over 35 members and guests had already committed to attending.

Dale Johnson AB5MP issued a call for members to join one another in a packet internet conference, in order to defeat the poor propagation that was frustrating those attempting to communicate over the air.

We welcomed new members, Carl KC4CQG, Paul 5NDCH, Susan KD6YMD, Stephen KX6D, Chuck, N8GMB, Dennis WA2DWV, Steven WB8EJI, Thomas WB4PNE, Gilbert K4JST, Mary Kaye (then) KE4MYY, George KC5CHT and Roland W4MUR.

FIFTEEN YEARS AGO IN MARCO

The February 2000 Newsletter was dedicated to Ed Briner WA3TVG, a giant of Marco, who passed away on Nov. 13, 1999.

Most of the NL was taken up by KD4GUA's extensive review of CT scans and MRI studies, how they work, and when to order,. There was also a brief review of acupuncture and how it works.

The FCC had restructured amateur radio licensing, decreasing to three license classes (Tech, General and Amateur Extra) and changing the code requirement to 5 wpm.

MediShare Co-Directors Gene WB3FTJ and Judy N3MBW Hoenig described their journey to northern California to meet and learn from Smitty W6CS, MediShare Director. Smitty also reported on the progress of MediShare projects in Zambia and Malawi.

TEN YEARS AGO IN MARCO

Much of the April 2005 Newsletter was devoted to DNA and how it works, what patients might benefit and the possibility of tracing one's ancestors by means of DNA testing. There was also a brief review of the different types of coronary stents. Danny W4DAN, correctly predicted that the next solar cycle may be more disappointing than the last.

Paul, N6DMV contributed one in a series of articles about his fascinating life. This one provided insight into the conditions prevailing in Paul's native Hungary prior to the revolution of 1956.

CME RANKINGS, March 10, 2015

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 warenbrown@aol.com

CALL	HRS	NAME	QTH
KD4GUA	10	Warren	Largo, FL
KC9CS	10	Bill	Largo, FL
NU4DO	10	Norm	Largo, FL
N6DMV	10	Paul	Torrance, CA
N4TSC	10	Jerry	Boca Raton, FL
N2JBA	10	Ed	Amenia, NY
N9RIV	10	Bill	Danville, IL
W1BEW	9	Bobbie	Tennessee
WB6OJB	9	Arnold	Pac.Pal. CA
KNOS	9	Dave	Virginia
N5AN	9	Bud	Lafayette, LA
WA1EXA	9	Mark	Cape Cod, Mass.
W2PAT	9	Marv	South Carolina
N7NLN	9	Mort	Grand Canyon, AZ
N5RTF	8	Chiip	New Orleans, LA
KM2L	8	Bruce	Clarence, NY
WB1FFi	8	Barry	Syracuse, NY
K6JW	8	Jeff	Palos Verdes, CA
KE5SZA	8	John	Marietta, OK
W4MEA	8	Max	Hixson, TN
W6NYJ	8	Art	Beverly Hills, CA
N2OJD	8	Mark	Sidney, Ohio
W1HGY	8	Ted	Mass.
KK1Y	7	Art	Seminole, FL
N4MKT	7	Larry	Cottages, FL
K9CIV	7	Rich	Knox, IN
KD5QHV	7	Bernie	El Paso, TX
WA9HIR	7	Bill	Berwyn, IL
N9YZM	7	Mike	Crystal Lake, IL
K4RLC	7	Bob	Raleigh, NC
K0FS	7	Fred	St. Louis, MO
W8LJZ	7	Jim	Detroit, MI
WB9EDP	7	Harry	Chicago, IL
K4JWA	6	Jim	W. Virginia
KD8IPW	6	Mary	W. Virginia
W4DAN	6	Danny	Cleveland, TN
W2MXJ	6	Max	Hixson, TN
W1RDJ	6	Doug	Cape Cod, Mass.
KE5BQK	6	Linda	El Paso, TX
W8EYE	5	Darryl	New Phila., Ohio
N9GJ	4	Greg	Cleveland, TN
KE3XB	4	John	Arlington, TN
WA1EXE	3	Mark	Cape Cod, Mass.
WA3QWA	3	Mark	Chesapeake, VA
AE4BX	3	Mary	Myrtle Beach, SC
NOARN	3	Carl	Colorado

2 check-ins: John WB5BHB, Keith WD9GET, Mahlon KW6MD, David N4DOV, Tom W0RPH, Wally W9JPN

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	378 (10 nets)	37.80

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.

SHOULD SCRENING FOR "LOW-Ts" BE DONE?

As presented on Marco Grand Rounds, March 8, 2015

On Sept. 17, 2014, an advisory committee of the FDA recommended changing the labeling of testosterone products to exclude use in men with age-related decrease in testosterone.

Aging adults have always been a profitable market. In recent years, testosterone patches, gels and other topical and injected preparations have been marketed as a youth-restoring tonic and disease preventive. Sales for testosterone therapies topped $2 billion in 2012 and continue to grow in dozens of counties.

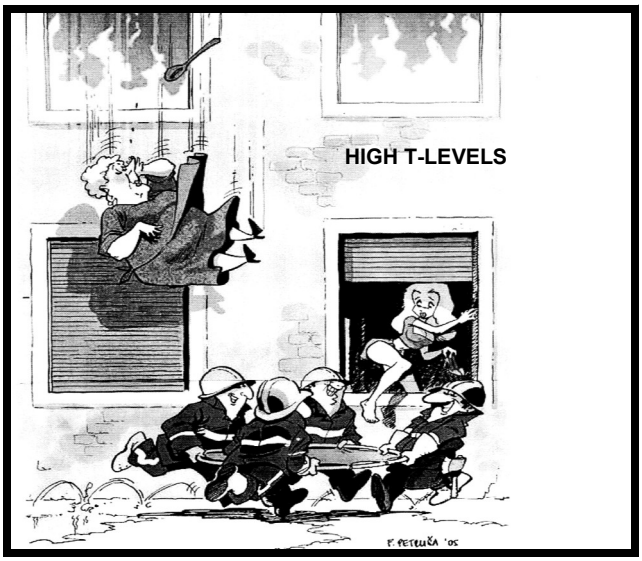
AbbVie, the pharmaceutical arm of Abbott that manufactures *Androgel*, the leading testosterone therapy, maintains several websites that promote testosterone therapy. Questions at *IsItLowT.com* include: "*Are you sad and/or grumpy*?" "*Has there been a recent deterioration in your work performance?*" "*Have you noticed a decrease in your enjoyment of life?"* and "*Are you falling asleep after dinner*?" This widely used questionnaire, originally titled the ADAM (*Androgen Deficiency in the Aging Male)* test, was created by an endocrinologist for a testosterone manufacturer: the inventor told the *New York Times*, that he drafted the questionnaire in 20 minutes in the bathroom, and later admitted "*It is not ideal*." These questions demonstrate how pharmaceutical companies use nonspecific symptoms to foster disease states and then convince physicians that these conditions are real. In this case, the disease state is marketed to consumers as *Low T*, and to physicians as *late-onset hypogonadism.*

AbbVie's Drive for five website cites low testosterone levels as one of five risk to men's health, along with high blood pressure and high levels of cholesterol, blood glucose and prostate specific antigen. In fact, obesity and many chronic diseases are associated with low testosterone levels, but association does not prove causation, and there is no reliable evidence that testosterone treatment improves any chronic diseases.

No consistent relationship has been proven between testosterone levels and symptoms purportedly associated with Low T. Decreased energy, increased body fat, reduced muscle mass and strength, and reduced sex drive are nonspecific symptoms associated with aging. Testosterone *may* increases libido, but testosterone levels do not correlate with sexual function….in other words added testosterone may improve the desire but may not improve the performance.

Testosterone levels peak when men are in their 20s; after 40, they decline by about 1% to 2% per year. Levels are usually highest in the morning, are inconsistent and can vary hourly, daily, weekly, and seasonally. Levels are affected by glucose ingestion, triglyceride levels, exercise and sexual activity. Storage and transport conditions can also affect test serum levels and results vary among laboratories. Usually a serum testosterone level below 300 ng per dL is considered low.

The increasing use of testosterone should be expected to have adverse effects on men's health. In men with intact testicles, the risk outweigh the benefits. Testosterone therapy has been linked to polycythemia, breast cancer, worsening congestive heart failure, worsening symptoms of benign prostatic hyperplasia, gynecomastia, sleep apnea, testicular atrophy, azoospermia and possibly and increased risk of prostate cancer. Testosterone therapy has also been linked to thromboembolic events.



In addition, there is consistent and growing evidence that testosterone therapy causes heart attacks. A study of 209 men older than 65 yrs, the only placebo controlled trial of testosterone therapy that specifically examined CV disease and mortality end points, was stopped early because of an increased risk of CV events. CV risks have been noted in other trials as well. A meta-analysis of 2,994 men in 27 trials identified 180 AMIs and other CV related events; testosterone therapy significantly increased risk with a number needed to harm of at best, 90. Trials funded by the pharmaceutical industry found no increased risk, whereas independently funded studies found that treatment doubled risk.

A recent retrospective cohort study of 8,709 male veterans with total testosterone levels less than 300 ng per dL who underwent coronary angiography between 2005 and 2011 found that testosterone therapy was associated with increased rates of mortality, myocardial infarction and stroke.

Testosterone testing leads to testosterone treatment, which is inappropriate for the vast majority of patients. Testosterone treatment should be reserved for patients who are truly hypogonadal. There is no point in screening men for a disease state for which the treatment has unproven benefits and proven risks. Although testosterone labeling is likely to change, the promotion of testosterone testing and treatment in normal men may continue.

Prevalence estimates of testosterone deficiency vary. About 40% of men 45 years and older have serum testosterone levels below 300 ng per dL with only 12% of those with low T being treated.

There is a definite relationship between Low T and the metabolic syndrome which includes diabetes. Does the diabetes and obesity bring on low T or does the low T bring on the metabolic syndrome—an interesting question. Perhaps with loss of weight the testosterone level will rise in many cases? Perhaps because both men and women admire athletic bodies.

During the discussion, Mary AE4BX stated the insurance companies and the government was against T-levels because they didn't want to pay for the high priced testosterone whereas Mark N2OJD stated he was concerned about the liability in lieu of recent findings of increased CV side effects.

(Excerpts for the above was taken from Adriane Fugh-Berman, M.D.'s article which appeared in "American Family Physician, Feb. 15, 2015.)

THE PREZ SAYS:

By Dr. Jeff Wolf K6JW, President of Marco

As I write this, MARCO's annual meeting is just a week away. Lots of fun is planned, and I hope that by the time you're all reading my column, you will have heard from those who attended that we had a great time.

Unfortunately, several of our key officers—our President-Elect, Treasurer and Secretary—are unable to attend, leaving us somewhat officer-deprived, but discussion should be lively nevertheless.

Our drought continues in California despite having a few rainy episodes recently, and those who know, say water reserves in the state are now good for only a year. Voluntary rationing already is in place in some areas, and I suspected that it will become mandatory soon, as it may in other areas of the Western US.

There's a principle that is taught in business school known as "*Pareto's Law*", perhaps better known as the "*80-20 rule*". In its essence, it states that 80% of just about anything can be attributed to 20% of the potential inciting factors. As applied to voluntary organizations, it means that about 80% of participation comes from 20% of the membership. MARCO is pretty typical in that regard, at least in my experience with the organization. I receive input from a relatively small percentage of our membership, but I'd love to hear from more of you. MARCO has a large and deeply experienced membership that has much to offer. So, let's hear from more of you with your suggestions and observations. Send them to me, to Arnold for *MediShare*, and to Warren for *Aether.*

I'm looking forward to seeing some of you at the annual meeting and I'll be reporting on our activities in the June Aether.

A TWO-AND-A-HALF COLOR RAINBOW

By the late Dr. Bob Currier & presented on Grand Rounds, Jan. 11, 2015.

I held up a tablet from my breakfast plate and asked Marilyn what it was. "A new brand of vitamin," she replied. I commented that the drug firm should fire their marketing staff for putting a black vitamin pill on the market. She glanced at me, "*It's not black, it's dark red*.."

It was in the first or second grade that I lost my purple crayon in the dark depths of the crayon box. The teacher came over, immediately dug to the bottom, and with her long fingers, pulled it out and showed it to me with a look of disgust. Possibly, she had not heard of color blindness. I certainly had not. As nearly as I could figure, I was stupid

The red-blue or red-green differential microscopic staining techniques are lost on me, although I enjoy microscopy. In medical school, I passed microscopic pathology only because Professor Wanstrom, wonderful lady, was blessed with a sense of humor. On the final examination, after looking over a slide of a myelomeningocele at length, I made a diagnosis of diphtherititc necrosis of the foreskin. That was probably the first time in the world's history of that diagnosis. I understand she was still smiling well into her retirement.

John Dalton, himself red-green color blind, described his investigations into the condition in 1794, leaving as a legacy the tendency in the English language literature to refer to the condition as Daltonism rather than color blindness. We are not color blind. We are color deficient, and it is hard to explain. No one understands what a red-green color-blind person sees, and similarly the afflicted male individual does not understand what normal people see. It is close to useless to ask. It certainly is not red or green blindness. I definitely see red—it is a wonderful warm distinctive and happy color. But I, with 20/15 visual acuity, cannot pick out a red bird in a distant tree. I cannot easily distinguish between veins and arteries, venous and arterial blood, or see retinal blood as red in the fundus. It looks black. Red ear drums or injected throats are a problem. .

Green however is a worse disaster. By testing, I am a deutan, green color blind, the most common type. Many, but not all, deutans have deletion of the green receptor gene. My wife who has been watching me for 42 years says I do not see it. The greatest danger is in driving at night in a strange town. The green traffic lights at a distance appear to be white street lights that, as they approach, may suddenly turn red sometimes at the edge or out of my red field of vision, so I need a co-pilot at night when driving in strange places. To me, grass is green and clearly a different, but rather uninteresting, color. Most trees at a distance are just darkish, perhaps brown. But green for medicine is not a critical color. Luckily, blood is not green.

Why does a deutan have trouble with red too? The receptive color sensitivity curves of the three types of retinal cones, blue, green and red, overlap. The brain combines the input from the three receptors and interprets the result as a color along the spectrum. If the green cone is missing, the green absorption curve is missing, but the point along the spectrum that is seen as green to a normal person is served by the overlap of the blue and red curves and is seen as something to the deutan that he learns to call green. So, green is not absent as a sensation, but it is altered, muted, and not as clearly a separate color. And the portion of the red curve that in normal subjects overlaps with the green will not be seen the same by the deutan. This still does not satisfy me, since red is way out at the end of the spectrum where it is alone and not served by any other color receptor & is still not quite right. The finding that the red and green genes in deutans occur in varied abnormal combinations, hybrid green-red or red-green genes, not just deletions of one or the other, seems a more acceptable explanation. There are many such combinations with the result that many deutans also have an abnormal red perception curve.

In electronics, resistors are marked with a small thin colored bands—10 different colors each denoting a single number that together give the resistance value. A potential difficulty for a color-blind radio man. No one with defective color vision needed aspire to commissioned officer status in WW II. The Navy and Marines went a step further and would not let us in even as enlisted personnel. Is our handicap so severe as to cause such exclusion? And should career choices in medicine be similarly restricted?

In 1943, during WW II, I was a deferred pre-medical student. Tired of trying to study with a war on, I quit school after my 18th birthday, applied for reclassification, and went in the draft. An interesting and transforming series of events then began. The corporal at the end of the induction line did not ask me which branch I preferred; he pointed to the stamp "*color blind*" and said I was in the Army. The Army naturally classified me as a medic. The next shipment of medics from Fort Custer was to go to Army Air Force basic training, not Army. So, I went through basic training with other Air Force medics, Then I was scheduled to go to Air Force ASTP, a college program. Pneumonia intervened, and, after hospital discharge, I learned the last shipment to ASTP had just left. It was closed. So on to radio school, at the end of which a choice of either training as a communications officer or specialized radar training for B29s was offered. Although rumor had it B29 training was full, I chose it anyway. Rumor was correct, it was full, and I was up for aerial gunnery training. But no color-blind person was allowed to fly in the U.S. Army Air Force. <u>That's when it happened, the amazing thing.</u> All potential flying personnel took a flight physical. During it, six of us were told that, although we had flunked the Ishihara color test, there was a better test of color vision. A sergeant said we were to take the colored yarn test. He ushered us into a room with a long work bench against a window. On it were perhaps 50 1-foot lengths of different colored yarn. We were to arrange them in a color spectrum. Our hearts sank. The sergeant paused and said he must leave for a few minute and we could work on the problem while he was gone. We looked at each other. Did that mean we could arrange the yarn as a group? Yes, we could and did.

After a preliminary sorting, we held up the remaining problem strands and voted on where each belonged in the spectrum. It seems possible that collectively we might have had close to normal color vision. He returned, glanced at our democratically determined color spectrum,, and said, fine, we all passed. We could not believe it. Thus, a chicken-hearted, flat-footed, asthmatic, color-blind premedical student with perforated ear drums became a combat B17 radio gunner in WW II. I was never asked to change a resistor. And, of course, it was a black-and white war. Should we have been excluded from commissioned officer status? Maybe, in a few cases, but for the most part, no.

I have trouble finding cars in a parking lot, selecting ties, and matching socks. The matching clothes in a dark closet problem was solved by sticking to two basic color sets: black-blue-gray and brown-red-white, the brown and black socks in different parts of the drawer with white or blue shirts worn with plaid ties. Finding the lady in the green dress at a party, seeing the red laser beam pointer on a white screen, detecting cyanosis or anemia and reading colored graphs is still difficult..

Color blindness affects 8% of male Caucasians...doctors have trouble seeing yellow pus in wounds and red blood in vomitus and detecting jaundice, cyanosis and anemia by skin color. Also reading Dip Sticks.

The effect of color blindness on career choice, is of minor significance in the Western world, but has not been so in Japan. Ishihara's important contributions to detecting color vision gave his opinions extraordinary weight in rule making with the Japanese and resulted in unique restrictions on educational, professional and marital choices over the past seven decades. Those with abnormal color vision have been considered genetically defective and handicapped and prohibited from entry into some schools, both military and civilian. Among occupations that were closed were the higher ranks in the army, physicians and pharmacists. Because of the Japanese cultural sensitivity to genetic defects, mothers have concealed color vision difficulties in their male children so that a good marriage would not be prevented. However, these attitudes have begun to change recently.

I agree with counseling. It would not be a complex kind & should be done by a color-blind physician who might advise that protans and deutans thinking of a career in internal medicine, family practice, or pediatrics should be careful but shouldn't exclude those choices. Those rare individuals with markedly defective red perception should consider a long time before becoming surgeons. Pathologist with a mild problem should have little difficulty, but those with severe defects should consider an emphasis on electron microscopy. Luckily, most lab medicine is no longer dependent on visible fluid color changes. Psychiatry is a good choice. Anesthesiology might be a problem, as might emergency medicine and dermatology. Neurology is a great choice as most pathology is in gray on gray.

In summary, the sunsets is fine as it is; leave it alone..

"SIMPLE COURAGE"

For especially *those* who wanted to—but never went to sea…..

****

BACKGROUND: At a 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

****

In late December 1951, Capt. Kurt Carlsen, 37, had run into a hurricane off the South English coast aboard his cargo vessel *Flying Enterprise.* 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….a huge wave finally sent the ship listing 25 degrees+ on the left side…. And the storm raged on….

Look down on that roiling, boiling, gray-green, white-foamed segment of the North Atlantic that afternoon, and you will see at least half a dozen ships plowing from all directions, heaving up and down through the seas, converging from many angles, hoping to throw a cordon of ready assistance around a sister ship lying on her side.

The approaching vessels all knew what Capt. Carlsen must have been through. *Greely* recorded winds at 90 mph, and *War Hawk's* log gives a kind of representative running commentary; that morning, she too had been "*taking seas and heavy spray in high, rough seas*."

Carlsen had already told the arriving ships not to come near *Flying Enterprise* in the dark. He had no intention of mounting a rescue operation at night when he had no lights and with the Atlantic still climbing all over his unfortunate ship. So he warned *Southland, Sherborne*, and *War Hawk* not to send boats until he told them to—not to attempt any rescue until they could see more clearly in such light as day might bring. And he added riders of advice about the dangers: when they did dispatch their lifeboats, they must take care not to get dragged in under the listing side of his ship.

He also placed watches permanently on the highest point of his own ship, lookouts who, in the words of the second mate, "*waited for ships approaching and kept on giving lights so that they wouldn't hit us*."

S.S. Southland made good time, even in those waves. Just after nightfall, her radar picked up *Flying Enterprise*; she knew the sprawled freighter lay 5 miles ahead; ten minutes later her radio officer told radioman David Greene on board the *Enterprise*, "*We see you. What lights are you showing and are you under way?"* Greene replied, *"Showing mast and running lights, Not under way—have ten passengers."* Seconds after that message, all the lights on *Flying Enterprise* went out and her signals went dead; Carlsen had lost all electric power just as the dark of night intensified. Greene then broke radio silence by sending out by battery, the message, "*Trying to hold out until daylight."*

By now, *Souithland* had arrived at *Enterprise's* side. Greene had stipulated he must try to conserve his batteries, if *Southland* needed to talk to him, they should flash a signaling light and he would acknowledge by radio.

Now a new danger had presented itself: *Flying Enterprise* could not be seen in the water. At just after 9 o'clock, *War Hawk* said that she was approaching and intended to direct her big searchlight into the air so that other ships could give a bearing on the sinking ship.

None of these ships had specific training for, or experience in, sea rescues. Yet, all these seamen knew that when the next day dawned—or that night, if the freighter went down—they would have to take part in a rescue of passengers and crew in weather that was nearly impossible to control .

On the day of the crack, the radio antennae had disappeared, swept into the sea, so at the height of that phase of the storm, David Greene rigged up an emergency replacement. When Hans Isbrandtsen at ship's H.Q. in New York, received Carlsen's "*encountering severe hurricane"* SOS message, he signaled back, "*We have been anxiously watching your precarious position STOP Presume you unable to communicate with us STOP Weather reports indicate sharp improvements next few hours STOP We trust you will be able to make nearest safe port Isbrandtsen*." Captain Carlsen had Greene reply, "*Hoping to say afloat until daybreak STOP Will transfer passengers and crew then Carlsen*." That message went out at five minutes past ten in the evening.

Later that night Isbrandtsen radioed, "Suggest endeavor have rescue ships stand by if you must abandon as derelict STOP Dutch tug Oceann on way to tow you 700 miles distant noon today understand weather moderating we endeavoring determine arrival tug Oceann STOP We extremely worried your situation keep us advised especially safety crew and passengers Isbandtsen."

At seven minutes to six the next morning, Greene sent this message to Hans Isbrandtsen, ship owner in N.Y. "*Confirming STOP Vessel floating but 60 degrees list port and plant dead also taking water no casualties passengers or crew who have been hanging on to deck all night we will do our best however it is even problem to move few feet as she rolls over to 80 degrees unable communicate with you direct now saving emergency transmitter for SOS Carlsen."*

The Black Gang, in the engine room, did everything they could. In parts of the engine room the paint began to blister with the heat; flames roared out of the furnace doors. They fed in lube oil by hand because the gravity feeds had been wrecked in the ship's tilt.

But there came a point when Engineer George Brown finally gave up and lay on the floor. Nobody could have worked harder to revive these huge pieces of machinery and his men had watched him in ferocious action, trying to keep his feet, addressing the plant directly as if he could somehow drive the ship on his own great energy. Richard Cosaro, assistant, had never seen his boss so exhausted and now lay down beside him.

"*I was so tired I couldn't move*," Cosaro said, "*I was laying there and the water kept coming over the chief and I. Oil had leaked everywhere. Water—some of it hot from the boilers—sloshed down stairways. The floor had grown unmanageably slippery and the heat unendurable as a result of repeated efforts to get the turbines started and running."*

Dawn then broke. The weather and the seas had calmed a little—but only a little. The time was nine o'clock—there was no food. The predawn weather had brought westerly winds at Force 7 on the Beaufort scale. As the morning broke, the wind eased back to Force 4, and the sun tried to sneak through. The wave patterns continued to roll None rose lower than a recorded 13' high; they would soon again climb much higher.

As the morning strengthened, a number of crewmen cautiously led the ten passengers out on deck and helped them find binnacles, spurs, or projections of any kind to which they could cling. The bedraggled passengers remained there for the next 14 hours. To get to the point whence Carlsen had elected they should jump, they needed to climb from the main deck up to the highest weather deck and then descend to the boat deck. The crew produced ropes, which they rigged as lifelines to help the passenger up the steep and rocking, swaying ladder.

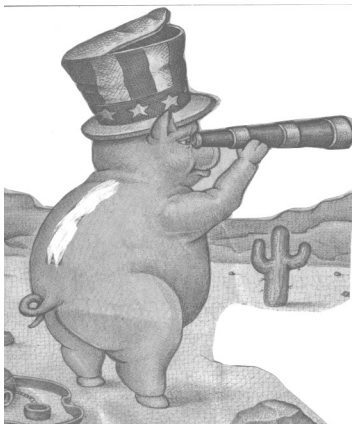
Each person to jump would be sent for when needed, and then helped down to the jumping point—the stretch of the boat deck rail to which Carlsen judged that the arriving lifeboats could get nearest. All of this was taking place in winds gusting up to Force 6, with wave slashing at people's legs. Most of the passengers responded well, meaning that they remained helpful and quiet. Nina Dannheiser, 56, the oldest woman, began to scream but the cook got her quieted down by deliberately lying to her—he had to."

On the boat deck, as Carlsen stood looking out for lifeboats, four of his crew approached him and said, "*Captain, if you want us to, we're willing to stay with you."* Carlsen declined their offer—he would remain alone on board.

(Continued Next Issue)

NEW FACES* for MARCO & RENEWALS, as of

Anderson, Marvin	K3TVI
Anton, Ann	KE6OIO
Alperstein, David	N4DOV
Abbott, Harlan	N8MBC
Bennet, John	WD8NMV
Brown, Warren	KD4GUA
Bernstein, Marvin*	
Bangsil, Edgar	N2DNKB
Bylander, Ernest	KE5GPH
Centers, Danny	W4DAN
Cherkinsky, Art	WA8BMT
Custer, James	W0HJ
Dolcourt, Jack	WA0PFC
Dollinger, Malin	KO6MD
Ford, Robert	W2REF
Fitzpatrick, Jim	WI9WI
Halik, Fred	K2EU
Holland, Max	W4MEA
Hensley, Gerald	K8AFP
Haskell, Brent	AB8DG
Johnson, Greg	N9GJ
Knickerbocker, G.	W3RJA
Krasowski, Linda	KE5BQK
Krasowski, Bernie	KD5QHV
Lindley, James	K5EWS
Mortimer, George*	N7NLN
McCann Jr, John	WB5BHB
Manoli, Paul	KB1NCD
McGirr, Michael	K9AJ
Milazzo, Carol	KP4MD
Meltzer, Gerald	W0FFC
Nevins, Robert	KF1J
Petruzzi, Mark	WA1EXE



Prezekop, Harry	WB9EDP
Rowlett, bill	WM4R
Smith, Robert*	KD6ECP
Sanders, Doug	W3FYA
Simowitz, Fred	K0FS
Scher, Alan	WD8PKF
Stewart, John	AA5KV
Vance III, Sam	W4BUD
White, Elbert	W4TX
Zanoni, Michael	AH6WA
Zipperstein, Jerry	N4TSC

Secretary Marcia states: "*155 of 221 members paid up for 2015— Dues due Jan. 1st, 2015.*

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

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Marcia Lochner, 1635 N. U.S. Hwy 35, Knox, IN 46534
Internet address: lochner.marcia5@gmail.com

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92nd Edition (2000-2015) April 2015

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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

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