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

# "EATING CARROTS CAUSES CANCER!"

**"HOW DO YOU KNOW THAT?"  
"BECAUSE 100% OF PEOPLE WHO GET  
CANCER EAT CARROTS.**

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**SOUND SILLY?** Of course it does, BUT, that is the situation when one tries to decipher whether ingesting an excess of necessary vitamins can be harmful. We all know that overdosing with ordinary medicines produces problems—why shouldn't vitamin supplements?

Listen to what the Harvard experts say when asked the question "*Why do vitamins keep on failing in clinical trials?*" (*complicated, read slowly*)

"Hopes that vitamin supplements can fend off cancer, cognitive decline, & other health problems keep on getting dashed. Epidemiological studies suggest protective effects but results from clinical trials show no effect. The bubble of optimism pops, and the public attitude toward nutrition science and advice sours.

There are several explanations for why this happens. People inclined to take vitamins often have good health habits and those health habits rather than the vitamins may be responsible for the positive effects seen in studies despite good faith efforts and fancy statistical techniques used by researchers to separate them out. Vitamins in food may be one thing, vitamins in pill form, another. Short trials may not last long enough for vitamins to have a pronounced effect on some of the diseases being studied. And in longer ones, compliance with taking a test nutrient often falls off, diminishing the contrast with the control group and increasing the chances that the results won't show any difference between those who took the nutrient and those who didn't. Two researchers have another explanation...they argue that people enrolled in randomized trials already have optimum levels of vitamins in their bodies, so additional intake isn't likely to influence a person's health very much."

The question remains: Are excess vitamins dangerous? Do the "bad" guys get healthier ALSO from the excess?

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Today, there is NO standard or regulatory definition available for an MVM (*MultiVitaminMinerals*) supplement—such as what nutrients it must contain and at what levels. Therefore, the term can refer to products of widely varied compositions and characteristics.

One way to group them is as follows:

Many are once daily MVMs that contain all or most of the recognized vitamins and minerals, generally at levels close to the Daily Values (DVs) or Recommended Dietary Allowances (RDAs) or Adequate Intakes (AIs) for these nutrients.

Some MVMs contain levels of certain vitamins and minerals that are substantially higher than the DV (*daily values*), AI (*adequate intakes*), and even, in some cases, the established tolerable upper intake level (UL). These MVMs might also include other nutritional and herbal ingredients.

BAAaaa  
BAAaaaaa



In medicine, doctors are often confronted with "*wolves in sheep's clothing*"....observational research with unverified testimonials can often throw the hunter off the track.

Example: Vitamins are substances not made in adequate amounts in the body & thus must be taken in with food. Since 60% of Americans are overweight & since most of vitamins are derived from ingested food it is obvious that most Americans are over-vitamin fed to begin with & too much of a good thing may be dangerous—both tasty food and vitamins. True?

## LATE BREAKING NEWS

The ARRL-MARCO Scholarship of \$500 for 2019 has been awarded to Margaret K. McGuire KX4ED, Washington, NC. She is a math major at the College of Wooster who is entering her senior year. Margaret sent MARCO a wonderful note of appreciation and plans a career in dentistry. She comes from a small town and envisions that practice environment for herself as a GP but also is interested in a MPH and/or training in oral epidemiology. She has an acceptance already to Case Western Reserve's dental school.

MARCO wishes this fine young lady "*Clear sailing & continued perseverance*".

## NEED CATEGORY I CME?

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

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

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

**MARCO NET SCHEDULE**

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

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

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

**Page 2**

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

Specialized MVMs (*multiple vitamin minerals*)—such as those for enhanced performance of energy, weight control, improved immune function or management of menopause symptoms—often include vitamins and minerals in combination with herbal and specialty ingredients, such as sterols, coenzyme Q10, probiotics, and glucosamine. A few nutrients might be present at levels substantially above the DV (*daily values*), RDA (*recommended daily allowance*), AI and, in some cases the UL.

To complicate further this product category, many dietary supplements are not labeled as MVMs even though they contain similar types and amounts of vitamins and minerals to some products labeled as MVMs. For example, a manufacturer might label a product containing vitamin C and E, Selenium, and beta-carotene as an antioxidant formula rather than an MVM even though it contains several vitamins and a mineral.

Given the diversity of available MVMs, investigators define these products differently or sometimes not at all, in studies to evaluate their potential health benefits. For example, the Agency for Healthcare Research and Quality, in an evidence-based review in 2006 of the role of MVM supplements in chronic disease prevention, defined MVMs as “any supplement containing three or more vitamins and minerals but no herbs, hormones, or drugs with each component at a dose less than the tolerable upper level determined by the Food and Nutrition Board...another study defined MVMs more ambiguously as “stress-tab-type,” “therapeutic or theragran type,” and “one-a-day” type. Varying definitions of MVMs and the fact that manufacturers can change the composition of their MVMs at will, complicate the study of the potential impacts of MVMs on health because equivalent products are not used across studies.

**Extent of MVM use:** According to an analysis of data collected in 2003-2006, 33% of the U.S. population aged 1 year and older, took an MVM in a given month. Overall, females (36%) were more likely to take an MVM than males (31%).

After age 71, 48% of women and 43% of men were taking MVMs.

Estimating the prevalence of MVM use is challenging because of differences in definitions of these products. Overall however, studies show tht MVM use is more frequent among women and the children of women who used supplements & the elderly; those with more education, higher incomes, healthier lifestyles and diets, and lower body mass indexes and residents of the western U.S. MVM use is lower among smokers, African Americans, Hispanics and Native Americans.

**People take MVMs for numerous reasons. Here we evaluate either impact of MVMs on two of these factors; to increase nutrient intakes and to improve health, prevent chronic disease, or both.**

Taking an MVM increases nutrient intakes and helps people obtain recommended intakes of vitamins and minerals when they cannot meet these needs from food alone. Some consider use of an MVM as a form of dietary or nutritional “insurance,” a concept first introduced by Miles Labs in marketing its “One-a-Day” line of nutrient supplements.

Continued on page 3

**MAXILLARY SINUSITIS OF ENDODONTIC ORIGIN**

**By Dr., Roderick Tataryn,**

**Edited by Rob Kaufmann, DMD MS, VE4GV**

Endodontists (*Root Canal Specialists*) take pride in their ability to accurately diagnose endodontic disease, diligently sleuthing out pulpal and periapical pathoses with careful clinical tests and radiographic imaging. But what happens when endodontic infection doesn't look or feel like typical endodontic infection? What if endodontic disease, even in its most advanced, symptomatic stages, produces no dental pain, no clinical signs of swelling or sinus tracts, and no radiographic findings of ligament pain, no clinical signs of swelling or sinus tracts, and no radiographic findings of ligament widening or osseous changes? And what if patients suffering with these advanced endodontic infections seek care from medical doctors who attempt treatments, sometimes for years, without ever recognizing the endodontic source? This situation is more common than perhaps many of us realize, occurring daily, all around us in our communities.

Endodontic infections that develop in the maxillary posterior teeth can easily spread into the maxillary sinuses causing pathological effects that frequently go unrecognized by both patients and clinicians alike. Failure to diagnose and properly manage these endodontic infections can lead to symptomatic sinus disease, defined as maxillary sinusitis of endodontic origin (MSEO).

Patients with MSEO experience common sinonasal symptoms, which include congestion, rhinorrhea, retro-rhinorrhea, facial pain, and foul odor, yet they rarely experience typical endodontic symptoms. Thermal pain is normally absent because source teeth for MSEO are either necrotic or have failing endodontic therapy. Percussion tenderness is typically absent in MSEO because periapical infection is essentially draining into the sinus, eliminating pressure. For this same reason, swelling or intraoral sinus tracts rarely form.

Patients with sino-nasal symptoms and without localized dental pain will often first seek care from their primary care physician or ear, nose and throat specialist who may misdiagnose and treat MSEO as a rhinogenic sinus infection. **Unfortunately, odontogenic sinus infections are often overlooked during routine ENT exams and by radiologist reading sinus CT imaging.** Sadly, current ENT clinical guidelines for the medical management of sinusitis offer no guidance in this area, making no mention of dental infections as a potential etiology for sinus disease despite abundant evidence in the medical literature of its high prevalence. Studies indicate that more than 40% of maxillary sinusitis cases are odontogenic increasing to over 70% when maxillary sinus infections are unilateral.

Symptomatic or asymptomatic apical periodontitis near or in direct contact with antral mucosa will typically produce a localized mucosal tissue edema in the floor of the sinus termed *periapical mucositis* (PAM). PAM may progress causing partial or full obstruction of the maxillary sinus, which also can advance to involve other paranasal sinuses. Often no evidence of apical bony destruction occurs, especially when root apices protrude through the sinus floor, making many PAM or sinus obstructions difficult to recognize radiographically as having an endodontic source. A history of unilateral sinus infections particularly if recurrent and/or associates with a patent ostium, is a strong indicator for possible MSEO. As with all endodontic diagnoses a determination of etiology cannot be made based on radiographic exam alone. Careful clinical endodontic exam is imperative to confirm or rule out an endodontic source for mucosal abnormalities or sinusitis.

When diagnosing a possible endodontic etiology for sinusitis,

Continued on Page 5

Although MVMs can improve the intake adequacy of various nutrients, they can also increase the likelihood that users will have intakes of other nutrients at levels that are higher than ULs (*upper limits*).

Results from several studies exemplify both the issues of nutritional insurance for some and the concern of excessive intakes for others.

A study of infants and children younger than 4, found that usual nutrient intakes from food alone were adequate for most of the infants and children. However the results showed inadequate intakes of iron and zinc in a small subset of older infants and for vitamin E and potassium in a sizeable proportion of young children. Although supplements would help reduce the prevalence of these inadequacies, use of supplements tended to push intakes of some nutrients—particularly, vitamin A, folic acid and zinc—over the UL. The investigators advised parents not to give young children dietary supplements or fortified foods containing high levels of vitamin A and zinc.



**Health promotion & Chronic Disease Prevention...**In 2006, researchers published a comprehensive evidence based review of the relationship between studies on nutrients that most strongly suggested potential impacts on health and on conditions (cancer; age related sensory loss; and cardiovascular, endocrine, neurological, musculo-skeletal, gastroenterological, renal and pulmonary disease) on which experts believe that nutrient supplements have the most potential influence.

**The investigators found that use of MVMs did NOT reduce the risk of any chronic disease (products containing three or more vitamins and minerals at levels below the UL and no herbs). The present evidence is insufficient either for or against the use of MVMs to prevent chronic disease. The evidence for or against the use of MVMs to prevent cancer or CV disease was insufficient.**

A comprehensive evaluation of research by the World Cancer Research Fund and the American Institute for Cancer Research recommended against the use of dietary supplements for cancer prevention by the public because of the unpredictability of potential benefits and risk, as well as the possibility of unexpected adverse events.

**Most of the studies of the potential value of MVMs to enhance health have been observational,** which can only suggest an association but do not prove a casual effect relationship. Some have suggested potential benefits or adverse affects, while others have found none. Participants in these studies used different MVMs or the studies included different mixes and doses of nutrients. One of the largest of these prospective observational studies included 161,800 postmenopausal women aged 50-79 who were participating in the Women's Health initiative to study health and risks for cancer, heart disease and osteoporosis. About 42% of the women took an MVM but over the median of 8 years of observation the investigators found no association between use of these products and the risk of any common cancer or total cancers, CV disease or total mortality.

A prospective study of Swedish women found an association between MVM use and an increased breast cancer risk. Another study of US health professionals found no such association but did find indications that MVM use might reduce the risk of estrogen and progesterone-receptor-negative breast cancer and breast cancer overall in women who consumed alcohol. A large prospective study found a higher risk of advanced and fatal prostate cancers among men who

took an MVM more than 7 times a week than in non-users. A prospective study of male physicians found that MVM use had no association with CV disease. However, among Swedish adult women, use of MVMs was associated with a reduced risk of myocardia infarction, especially when taken for at least 5 years. A study in which postmenopausal women in Iowa were followed for 18 years found that those taking MVMs was associated with a slight but significant increased total mortality risk as compared to nonusers.

In the age-Related Eye Disease Study, investigators randomly assigned individuals with varying degrees of age-related macular degeneration to receive a placebo or a daily supplement containing high doses of vitamin C (500 mg), vitamin E (400 i.e.), beta-carotene (15 gm) and copper (2 mg) Over an average follow up period of 6.3 years, the supplements significantly reduced the risk of developing advanced age-related macular degeneration and reduced loss of visual acuity.

#### Special Considerations for Certain Population Groups....

Although MVMs do not appear to reduce overall chronic disease risk, several nutrients in MVMs might benefit certain population groups. For example: Supplementation with calcium and Vit. D might increase bone mineral density and decrease fracture rates in postmenopausal women.

Women of childbearing age who might become pregnant should obtain 400 mcg/daily of synthetic folic acid from fortified foods or dietary supplements. Taking sufficient amounts of folic acid in the first month of pregnancy reduces the risk of neural tube defects in newborns.

People over 50 should obtain recommended intakes of vitamin B-12 mainly from fortified foods or dietary supplements. Because they would be less able than younger people to absorb the protein-bound naturally occurring vitamin B-12 in food. In addition, vegans should ensure that their intakes of B-12 from food are adequate.

Partially breastfed infants should receive supplements of 400 IU/day of vitamin D shortly after birth and continue to receive these supplements until they are weaned and consume at least 1,000 ml/day of vit. D-fortified formula or whole milk. Similarly, all non-breastfed infants ingesting less than 1,000 ml/day of vit. D-fortified formula or milk should receive a Vit. D supplement of 400 IU/day.

Taking a basic MVM that provides nutrients approximating recommended intakes should pose no safety risk to healthy people. However, individuals who take MVMs and other supplements and who eat fortified food and beverages might consume some nutrients at levels exceeding the UI, increasing the possibility of adverse effects. This can also be a concern for people taking MVMs that contain some vitamins or minerals at doses approaching or exceeding the UI.

Smokers and possibly, former smokers should avoid MVM products providing large amounts of beta-carotene or vitamin A because two studies have linked those nutrients to an increased risk of lung cancer in smokers. In one randomized controlled trial, male Finnish smokers who took supplemental beta-carotene had an 18% higher lung cancer rate than smokers who took a placebo over 5-8 years of follow-up. In another study, smokers, former smokers and asbestos-exposed persons who took a combination of 30 mg/day of beta-carotene plus 25,000 IU/day of vitamin A (as retinol) had a 28% increase in lung cancer risk after an average 4-year follow-up compared to participants taking a placebo.

Taking excess vitamin A (as preformed retinol but not beta-carotene) during pregnancy can increase the risk of birth defects in infants. The vitamin A UL during pregnancy is 9,240 IU/day for adolescents and 10,000 IU/day for adult women.

Unless a physician diagnoses iron deficiency or inadequacy, adult males should avoid taking MVMs containing iron.

MVMs at recommended intake do not ordinarily interact with medications, except with warfarin. Supplements containing vitamin K decreases the effectiveness of warfarin and similar drugs.

#### Nutritional needs should be met primarily from foods.

As intakes of vitamins increase above the UT, the potential risk for adverse effects increases.

**The results are not in YET, but be wary of taking excessive supplements which include vitamins...sometimes the bad guys are deficient and we don't want to make them more healthy.**

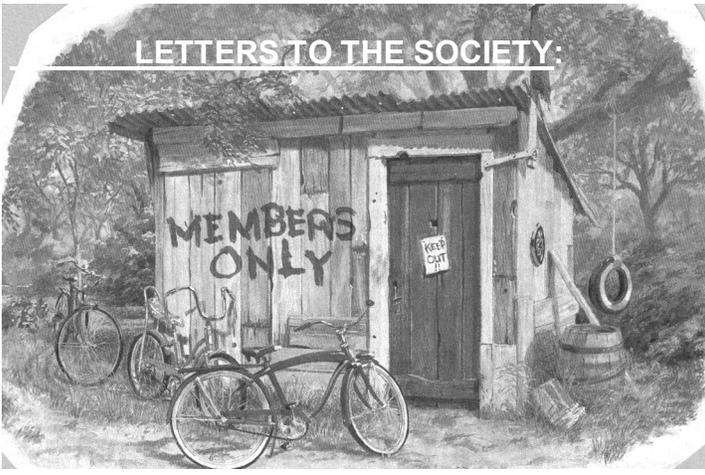
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**LETTERS TO THE SOCIETY:**



**Danny Centers W4DAN, Cleveland, TN.** Has verified the passing of “Ed Westcott, 97, W4UVS, Oak Ridge, TN. On April 4, 2019. Ed was the “official photographer” for the Oak Ridge Atomic Energy Project during WW II and was a familiar voice on MARCO’s Grand Rounds. He will be missed.

**Charles Lind N8CL, Niskayuna, N.Y.,** Most Sundays my receive (Chicago) has been very marginal—for most of the US. I don’t get it! My antenna is a bad joke, and that must change. What I am doing is using Remote Rig modules at each end, and a IC3/0 mini with me on the road. It looks just like my K3, and I have complete control of my (Niskayuna, NY) station. If I had a tower and beam, all of that can be controlled also. Pretty neat! I need to put together a photo shoot of all the equipment to help explain. Wish me luck on getting a better antenna up there—I remember the days when I could hear you and most of MARCO Grand Rounds booming in!

*Chuck has been 5/9 in to Florida Net Control—he was getting out but not receiving transmitting remote from Chicago through his N.Y. station.*

**From Bob Conder K4RLC:** “I had a nice talk with Raymond when we were operating at his QTH in Belize. Our talk turned to his past and his current interest in education of kids in STEM (*Science, Technology, Engineering, Math.*) I wondered if this is something MARCO has done in the past or would consider as a future project? Maybe we have spare or older equipment that we could donate, pair with ARRL if they do anything like this. Would not want to just offer cash. (Bob, there is an outfit in N.Y. City advertising in QST, doing just this with high school students.)

**From Jay Garlitz AA4FL:** “MSEO (see page 2) is fundamentally an underappreciated and frequently unrecognized disease manifesting in the maxillary sinus. It is an endodontic infection that should be recognized by both the Medical and Dental communities as part of the differential diagnosis of maxillary sinusitis.”

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**ARNOLD WB6OJB**, Medishare Director Reporting.....  
A MediShare donation had been made from **Rowie & Jeff Wolf K6JW I** in memory of Rich Lochner, our former President who is now a Silent Key.



**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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**People who wake up early** usually earn more money and are happier than late risers. They were also found to have sex three times a week whereas late risers were limited to two. Late risers were also found to be more shy & sarcastic but fiercely loyal. Night owls were found to be more often single early risers were more often married with children.

**Did you know that** octopuses have copper-based blood instead of iron-based blood, which is why their blood is blue rather than red...they also have 6 arms and 2 legs, not 8 legs!

**Genghis Khan** slept with so many women, that about every one in every 200 people today are related to him!

**Crying relieves stress...**The stress hormone *cortisol* is concentrated in tears...when you cry you literally cry out your stress & R relieved.

**Measles had been eliminated, now it’s nearly a daily threat...**The US declared measles eliminated in 2000...since then, sporadic annual outbreaks have stemmed from unvaccinated travelers bringing the virus back as a most unwelcome souvenir of their time abroad.. Growing anti-vaccine sentiment and viral misinformation campaigns have left increasingly numerous pockets of the country vulnerable, leading to large and longer outbreaks. And all it takes is 12 months of a single strain of measles circulating within its national borders for the US to lose its hard-won elimination status.

**Why are most voice assistances female?** This includes Apple’s Siri, Amazon’s Alexa and Microsoft’s Cortana. Women are complaining because there are no male voices available and they feel left out!

**Supplements may be harmful...**Tufts University examined data from 30,000 people ages 20 and older. After accounting for lifestyle factors, they found that people who ingested adequate amounts of magnesium, zinc, and vitamins A and K had a lower risk of death over the study period—but only when those nutrients came from food rather than supplements. Furthermore, the participants who took more than 1,000 mg of calcium supplements a day had a higher risk of death from cancer, while those who took more than 400 IU of vitamin D supplements had a higher risk of death from any cause.

**YOU once held a world record...**When you were born you held the world’s record for being “*The youngest person on the planet!*”

**Rainbows appear as full circles** when you’re in the sky. They only appear as half circles from the ground because there’s no rain below the person viewing it.

**The astronaut who pioneered** the use of Amateur Radio to make contacts from space, Owen K. Garriott W5LFL became a SK on April 15 at his home in Huntsville, AL. He was 88.

**Hot sayings...**“Don’t do something permanently stupid because you’re temporarily upset.” “Be who you needed when you were younger.” “If you have to choose between drinking wine every day or being skinny which would you choose? Red or White?” “It’s better to walk alone than with a crowd going in the wrong direction.”

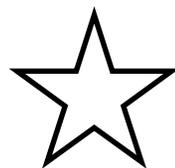
**Is there a link between chemicals in hair dye & cancer?** Maybe, links between certain types of cancer and repeated exposure to so-called “permanent hair dyes” (*the kind you get in the hair salon that stay put until the hair is replaced by new growth*). Non-toxic brands include: EcoColors, Hairprint, Organic & Mineral, Logona, Good Dye, Young and Naturigin. 75% of adult women in the US use hair dyes.

**MARCO AD IN QST MAGAZINE**

**Club/Hamfests/Nets**

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

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**54 YEARS**

**CAN YOUR DOCTOR'S HEALTH & AGE AFFECT YOUR MEDICAL OUTCOME?**

In a 2017 Canadian study of 736,537 hospital admissions researchers found in patients age 65 and older, who were managed by 18,854 physicians whose focus was caring for patients that patients **perceived** that unwell and older doctors delivered suboptimal care.

Actual results found that within the same hospital patients who were treated by older physicians—particularly ages 60+—had **higher** 30-day mortality rates than patients who were cared for by younger physicians.

A key exception was that among doctors who treated a large number of patients, there was **no** link between a physicians' age and patient mortality.

Another exception was in a 2018 study these same researchers found that patients who were treated by older **surgeons** had **lower** 30-day mortality rates than those who had been operated on by younger surgeons.

Take home message: “Many studies have found that the volume of patients is associated with physicians’ performance” Therefore seeking care from high volume physicians regardless of their age, may be the key for receiving high quality care.

**Note: Younger patients tend to go to younger doctors and then as they grow older tend to go to doctor's their same age...which means “older doctors have older patients who naturally would have a higher mortality and morbidity rate. What is your opinion?”**

(Information for above was taken from a fine article by Stacy Coling that appeared in the June 2019 edition of Newsmax magazine.)

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**DIRECTOR SPOTLIGHT—Dr. Don Arthur, K1DCA**

**Aether will spotlight a MARCO director each month providing you with a window into their background and why they have been invited to serve as a Director on our Board.**

Don lives in Brewster MA on Cape Cod. He served in a wide variety of clinical, operational and leadership positions during his 33-year Navy career, culminating in appointment as a Vice Admiral and 35th Surgeon General of the Navy. He is board-certified in preventive medicine (aerospace) and was residency trained and board certified in emergency medicine. After retirement from the Navy, he was the Chief Medical Officer and Senior Vice-President for a large health system in the Philadelphia area and became president of one of its hospitals. Thereafter, he and his wife, Mary (K1MWC), attended law school and is now a member of a civil litigation practice.

As an emergency medicine specialist and veteran of many humanitarian missions, Don has a long interest in disaster management and is very active in his local ARES network. Mary is a PhD nurse whose dissertation focused on disaster response. Mary’s last position during her 26-year Navy career was to serve as the Disaster Management Research Coordinator at the National Institutes of Health.

**Welcome to the Board in your new position Don.** In October we will highlight the new director-at-large Dr. Robert Conder K4RLC of Raleigh, NC.

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**MARCO GRAND ROUNDS STREAMING AUDIO...** You can listen live to the MARCO CW net and Grand Rounds by internet streaming audio. If you miss the SSB net, check it out later through the Archive. There are no passwords, logins or registration needed. Keep it on in the background and turn it up when QSB attacks! (access live net + archives.) **To Listen: 1.** Use a browser to go to the following web page which has a player app and links to the audio stream and archive: <http://marcoaudio.ddns.net:2199/start/keister>. There is a world map on the page which updates to show current listeners and locations.

**The second way is to manually enter: (only when net is on the air),** <http://marcoaudio.ddns.net:8011/stream> into a standard music player on computer, phone, or portable device while the net is in progress.. Feel free to share these links with anyone. MARCO member or not. **No login or password is required.** No cost. There is room for 100 listeners at a time. Again, no limit to downloads. Comments are appreciated.

William Sprague MD	1966	WA6CRN
Charles Gray MD	1967	WA1FMY
Jack London MD	1968	K2JVA
Charles Samuelson	1969	K8WYP
Anson Hyde MD	1970	K4EK
J. Stanley Karp MD	1971	KT1V
Earl Weston MD	1972	W8BXO
Walter Shriner	1974	W9CBG
J. Charlie Jordan, Jr. MD	1976	K4IEP
Fred Williams MD	1978	WA4EFX
Donald Ore DDS	1980	KJ9B
Christine Haycock MD	1982	WB2YBA
Merve Grossman MD	1983	K6CY
Richard Doncasty MD	1984	WB3AJC
Frederick Simowitz	1986	K0FS
Ed Briner DDS	1988	WA3TVG
Edward Ludin MD	1990	K2UK
Robin Staebler MD	1992	K3FP
Polycarp Gadegbeku MD	1994	KZ4P
Ira Wexler MD	1996	W3HEF
Robert Currier MD	1998	WB5D
Bruce Small MD	2000	KM2L
Keith Adams MD	2002	N4AN
T. “Chip Keister MD	2004	N5RTF
Arnold Kalan MD	2006	WB6OJB
Harry Przekop PA-C	2008	WB9EDP
Linda Krasowski RN	2010	KE5BQK
Mary Favaro MD	2012	AE4BX
Jeff Wolf MD	2014	K6JW
Richard Lochner MD	2016	K8QA
Jay Garlitz DMD	2018	AA4FL

**Maxillary Endodontic Sinus (continued from page 2)**

Dentists must look for symptoms. When examining maxillary posterior teeth with existing root canal treatment, one must carefully examine for any untreated or sub-optimally filled canals, inadequate core restorations or leaking coronal restoration that may provide evidence of endodontic failure and a bacterial source for MSEO.

The objective for treatment of MSEO are removal of the pathogenic microorganisms, their byproducts, and pulpal debris from the infected root canal that are causing the sinus infection. Use of systemic antibiotics to manage MSEO should follow the guidelines. Apart from spreading infections, antibiotic therapy is unwarranted in the treatment and ineffective as a definitive solution. While this may offer temporary relief of symptoms their sole use is inappropriate without definitive debridement and disinfection of the root canal system.

Similarly, surgical intervention of the maxillary sinus that is focused strictly on removing diseased sinus tissue and establishing drainage is inadequate if the endodontic component is neglected. Although these procedures are performed by ENT surgeons with the goal of reestablishing sinus aeration and drainage, and may provide relief of some symptoms, it is well documented that neglecting the dental etiology and focusing only on medical and surgical therapy of the ostiomeatal complex will not resolve the MSEO.

The dental literature provides numerous case reports showing full resolution of MSEO following endodontic treatment. However, endodontic treatment alone may not resolve all cases, therefore clinical and radiological follow-up is essential as concomitant management. Improved communication and collaborative referral relationships between dentist and ENT surgeons is essential to achieve the best outcomes for MSEO.

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

In the 12th century B.C. there were an estimated 50 million people on Planet Earth. By 850 A.D. there were an estimated 200 million. By 1804 there were about 1 billion. By 1980 there were 4.4 billion and today there is nearly 7.6 billion. By the 2050s, there will be 10 billion. How will we eat? What will we drink? Where will we live?

It is estimated that farmers can supply food for around 9 billion.

Turning the world into one giant slab of suburbia would require the wholesale destruction of existing ecosystems, with tract homes in the Amazon and turnpikes through Yellowstone.

Then there is water: Our world is wet, but just 3% of Earth's water is the fresh kind, and only a third of that is easy to get. Right now we use 86% of our fresh water for food alone. It irrigates almonds in the California desert and nourishes cattle in Argentina.

Food: If we farmed all of Earth's 37 billion acres—including every mountain and desert—we'd make enough food for 25 billion, but we'd run out of living space.

In 2018, the WHO reported that nine out of 10 already live with polluted air, but what, what, what would happen if there was an atomic war, or a deadly epidemic or a possible blow from outer space? Depletion would replace over-population in a very short time!

Food for thought.....

(Information for above was taken from Eleanor Cummins article which appeared in the Summer edition of "Popular Science," 2019.)

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### "INFORMATION PLEASE," THE STORY OF A YOUNG BOY & AN OLD TELEPHONE

When I was a young boy living in Seattle, my father had one of the first telephones. The polished case and shiny receiver were fastened to the wall. I was too little to reach the telephone, but listened with fascination when my mother used to talk to it. Then I discovered that inside the device lived an amazing person—her name was "Information Please." "Information Please" could supply anybody's number and correct time.

My first experience with this genie-in-the-bottle came when I whacked my finger with a hammer. The pain was severe but there was no one home to give me sympathy. I climbed a chair and picked up the telephone receiver. "Information Please," I said...a click then a small clear voice spoke to me, "Information." "I hurt my finger," the tears came now that I had an audience. "Isn't your mother home?" came the question. "Nobody's home but me," I blubbered. "Are you bleeding?" the voice asked. "No," I replied. "I hit my finger with a hammer and it hurts." "Can you open your icebox?" she asked. I said I could. "Then chip off a piece of ice and hold it to your finger," said the voice.

After that I called "Information Please for everything. She helped me with my math and told me my pet chipmunk, that I had caught in the park would eat fruit and nuts. When our pet canary died, I called "Information Please," and told her the sad story. She listened. I asked her, "Why is it that birds should sing so beautifully and bring joy to all families, only to end up as a heap on the bottom of a cage." She must have sensed my deep concern, for she said, quietly, "Paul, always remember that there are other worlds to sing in." I felt better.

When I was 9 years old, we moved across the country to Boston. I missed my friend very much. As I grew into my teens, the memories of those childhood conversations never really left me. Often in moments of doubt and perplexity I would recall the serene sense of security I had then. I appreciated now how patient, understanding and kind she was to have spent her time on a little boy.

A few years later, my plane put down in Seattle. Without thinking I dialed my hometown operator and, said "Information Please," Miraculously, I heard the small clear voice I knew so well. "Information," I hadn't planned this but I heard myself saying "Could you please tell me how to spell fix?" There was a long pause then came the soft spoken answer. "I guess your finger must have healed by now." I laughed, "so it's really still you," I said. "I wonder if you have any idea how much you meant to me during that time." "I wonder," she said, "If you know how much your calls meant to me. I never had any children, and I used to look forward to your calls." I told her how often I had thought of her over the years and I asked if I could call her again when I came back to visit. "Please do," she said, "Just ask for Sally."

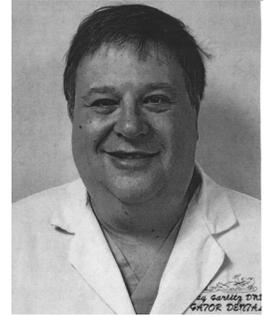
Three months later, I was back in Seattle. And a different voice answered "Information." I asked for Sally. "Are you a friend?" she asked, "Yes, a very old friend," I answered, "I'm sorry to have to tell you this," she said, "Sally had been working part-time, the last few years because she was sick. She died five weeks ago."

Before I could hang up she said, "Wait a minute. Did you say your name was Paul?" "Yes." "Well Sally left a message for you. She wrote it down in case you called. Let me read it to you. The note said, "Tell him I still say there are other worlds to sing in. He'll know what I mean." I thanked her and hung up. I knew what Sally meant.

### GREETINGS FROM OUR MARCO

#### PRESIDENT

Jay Garlitz, AA4F



Summertime in part for me is one of an elevated interest in ham radio. Six meter sporadic E affords fun and surprises and now has the added enhancement of FT8.

While openings to a particular distant QTH are unpredictable one can look back through years of logs and see which months and days have been productive in the past. We do know the exact science that creates this propagation and the way it is expressed but that makes it part of the fun on this magic band. This season did not disappoint with European QSOs in the log and decoding of signals from Japan here in Florida.

In June MARCO explored having an Echolink net. In contrast to Es (Sporadic E) and even 20m Echolink is totally predictable. John WB3GXW, a ham in the DC area, offered use of his conference node for our net (\*WASH\_DC\*), which is a great meeting locale for many reasons. It and his echolink repeater node are the ideal meeting place to be if there is a national emergency that would benefit from our medical support, ideal for coordinating our response. When using a smart phone you even see a list of all those logged in. It is an essay to sign up for Echolink on [www.echolink.org](http://www.echolink.org) **if you are a licensed ham.**

Technologically the net trials were a success. One member checked in from Japan and was 59. However only five MARCO members participated. Digitally supported voice over internet protocol linking of hams with analog transmissions on distant repeaters, computers and smartphones circumvents the use of the ionosphere and is not ham radio in its traditional form, just as FT8 is a new way to support communication. Technological advancement to support patient care in Medicine through digital enhancement of equipment, CME, connections with colleagues is embraced. Why not try this enhancement in ham radio that could be a vibrant addition to MARCO.

Join us for a MARCO Echolink net in September on Tuesday nights EDST (Wednesday morning UTC), at 0100 UTC. The easiest way to join in is by installing the Echolink app on a smart phone or tablet. Other options are installing the computer software for direct connect or on 2m/70cm using normal analog FM on a local Echolink enabled repeater. You may need to log in to your router and make a few changes. Feel free to contact me at [jay.aa4f@gmail.com](mailto:jay.aa4f@gmail.com) if you need assistance. You have the entire month of August to prepare!

Welcome to our two newest directors, 1st call district director Dr. Don Arthur K1DCA, and director-at-large Dr. Robert Conder K4RLC. I have featured Don in a new Aether column this month the "Director Spotlight." In October we also start highlighting a MARCO member each issue. Hopefully these features foster more camaraderie within our MARCO family!

Speaking of camaraderie on the professional side, please consider submitting an article to Warren for inclusion in the Aether, and agree to do a follow-up of the material on the Grand Rounds of the Air as a session net control. Warren would appreciate your participation and it would afford him the ability to enjoy Grand Rounds as a guest.

Yours in dedication to MARCO

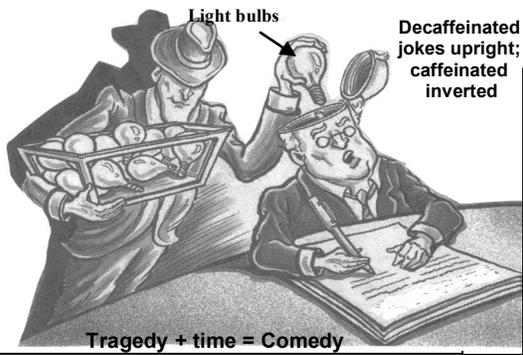
Jay, AA4FL

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### A CRY IN THE WILDERNESS

(A letter in QST from Richard Arnold A4FEH, Chesterfield, VA.)... "I have enjoyed Amateur Radio for 57 years, starting as Novice in 1962 and working up to Extra. Over the years I have been a party to many changes, like AM to SSB. Now we are moving very fast into the digital age with C4FM, System Fusion, and P25. In the past I was able to mentor new hams entering Amateur Radio, however now I am the one that needs mentoring...and the old timers are left hanging and shifting back to what we know. If we cannot get the information needed then our old timers will be left behind." *Sound familiar? How about an "Extra-Extra Class?"*

LIGHTEN UP...



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**Too Young yet too old...** When asked if she was covered by Medicare, she replied, "No, I'm too young for Medicare and too old for Men-to-care."

\*\*\*\*\*

**Being economical is just a way of spending money without getting any fun out of it.**

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**A lady in her later years made the statement: "I only feel young now when I am in an antique store."**

\*\*\*\*\*

**WATCH IT!!!** Those who build a trap for others usually stumble into it themselves.

**Tech support:** "Okay Bob, let's press the control and escape keys at the same time. That brings up a task list in the middle of the screen. Now type the letter "P" to bring up the Program Manager." **Customer:** I don't have a P. **Tech Support:** On your keyboard, Bob. **Customer:** What do you mean? **Tech Support:** "P"....on your keyboard, Bob. **Customer:** I'M NOT GOING TO DO THAT!

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**SIGNS:** In a restaurant window: "Don't stand there and be hungry, come on in and get fed up." In a Chicago Radiator Shop: "Best place in town to take a leak." In the front yard of a Funeral Home: "Drive carefully, we'll wait."

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**OLD AGE** is when it takes longer to rest than to get tired!

\*\*\*\*\*

**Bought the missus a hamster skin coat last week. Took her to the fair last night, and it took me 3 hours to get her off the Ferris wheel.**



*The other night, my wife asked me how many women I had slept with. I told her, "Only you, all the others kept me awake all night."*



*"It's been so long since I've had sex, I've forgotten who ties up whom." Joan Rivers.*



**Politician walks into a bar and yells "FREE DRINKS FOR EVERYONE!" Then he looks around and says, "Who's buying?"**

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**One of MARCO members favorites is partially closing shop....Alfred E. Newman, now 67, is closing down his Newsstand sales of MAD Magazine. He recently remarked "I thought getting old would take longer!"**



**A young ventriloquist is touring Norway** and puts on a show in a small fishing town. With his dummy on his knee, he starts through his usual dumb blonde jokes. Suddenly, a blonde woman stands on her chair and starts shouting, "I've heard enough of your stupid blonde jokes.. What makes you think you can stereotype Norwegian blonde women that way? What does the color of a woman's hair have to do with her worth as a human being? Its men like you who keep women like me from being respected at work and in the community and from reaching our full potential as people. Its people like you that make others think that all blondes are dumb! Your kind continue to perpetuate discrimination against not only blondes, but women in general, pathetically all in the name of humor!" The embarrassed ventriloquist begins to apologize, and the blonde interrupts yelling. "You stay out of this! I'm talking to that little punk on your lap,"

# MEMORIES OF YEARS AGO IN MARCO

Our History Book

## Fifteen years ago in Marco

### MediShare News

#### 15 years ago in MARCO, Aug. 2004

**Bob Currier**, our former net controller summarized his color blindness by requesting equipment makers to think of the color-blind more often. Stay away from dark reds, greens or purples. Make the laser pointer yellow, or orange, or blue. Change the dark red stop signs to orange and the green traffic lights to blue-green...BUT,, the sunsets are fine as they are; leave them alone.

**Gene Hoenig**, and his wife Judy, are planning on moving to a retirement community in Silver Springs, MD. to be closer to their children.

**Paul Lukas** N6DMV, told about his life as a ham in Hungary during WW II. and how Hungarian Boy Scouts were mistaken for enemy troops by American planes.

#### 10 years ago in MARCO, Aug.2009

MARCO's annual meeting took place in Chicago and thanks to President **Harryk Przekop**, WB9EDP, the gathering was a complete success. The business meeting took place in Harry's unusual home—a converted shrimp warehouse—part dwelling, part museum, part music studio and part ham shack. This was followed by a trip to the Fermilab where Harry was previously employed.

Marco's **Louis Lyell** WA5YMK submitted an article telling about the Mi-6 in Britain played a part in defeating the Nazi during WW II. (look for a repeat on this subject in the near future)

**Bob Morgan**, VE3OQM, reported his cat "Bowser" has diabetes but is doing just fine on two shots of insulin daily.

#### 5 years ago in MARCO, Aug. 2014

Outgoing Marco President **Mary Favaro** AE4BX is shown handing the gavel over to Marco's new President, **Jeff Wolf** K6JW during the May convention in Dayton.

The expression *Dammit I'm Mad* was explained, reads "Dammit I'm Mad" backwards! Try it.

There was an article about **Typhoid Mary** and an interesting article about Einstein's brain.

**Bob Conder** K4RLC brought up the subject of EMF and how it may affect humans. **Ian Kellman**, K3IK, simply replied, "Here we go again, let's panic!" He stated that most of his family lived into their nineties breathing the polluted air of NYC and even drinking the water, fully understanding that the water contains the evil chemical dihydrogen monoxide, even worse, fish have sex in it—oh my!" Ian went on to state, "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." **Bruce Small** KM2L and **Charley Nohava** N8GMP also responded.



**YOU THINK YOU HAVE A PROBLEM?**

**Louis J. Lyell**, WA5YMK, Mississippi writes: "Emails with these words will automatically go to TRASH: milleNNIALS, cool, awesome, proactive, reach out, in the pipeline, laundry list, end of the day, in the ballpark, touch base, laundry list, outside the box, bucket list, double/hunker down, push the envelope (List to be continued: suggestions invited.)"

# CME RANKINGS, July 8th+, 2019 BOB CURRIER MARCO GRAND ROUNDS OF THE AIR. (Corrections to Marco)

14.342, Sundays, 11 am Eastern, One Hour Cat. II CME

CALL	HRS.	NAME	QTH
KD4GUA	22	Warren	Largo, FL.
KNOS	22	Dave	Virginia
KC9CS	22	Bill	Seminole, FL.
NU4DO	22	Norm	Largo, FL.
WB9EDP	20	Harry	Batavia, IL.
N4TSC	20	Jerry	Boca Raton, FL.
W1RDJ	20	Doug	Cape Cod, Mass.
K6GZ	19	Bill	Hysteria, CA.
WB6OJB	19	Arnold	Pac. Pal., CA.
N5RTF	19	Chip	New Orleans, LA.
N2JBA	18	Ed	Amenia, NY.
KM2L	18	Bruce	Clarence, NY.
N6DMV	17	Paul	Torrance, CA.
N3IM	17	Keith	Mill Hall, PA.
NOARN	17	Carl	Denver, CO.
KE8GA	16	George	North Carolina
KE5SZA	16	John	Marietta, OK.
K6JW	16	Jeff	Palos Verdes, CA.
W6NYJ	14	Art	Beverly Hills, CA.
N4MKT	24	Larry	The Villages, FL.
N5AN	14	Bud	Lafayette, LA
KC9ARP	14	Michalin	Batavia, IL.
W4RLC	14	Bob	Raleigh, NC
KD5QHV	13	Bernie	El Paso, TX
WB1FFI	12	Barry	Syracuse, NY
W8LJZ	11	Jim	Detroit, MI
KK1Y	11	Art	Seminole, FL.
N9RIV	11	Bill	Danville, IL
W4DAN	9	Danny	Cleveland, TN
WA3QWA	9	Mark	Chesapeake, VA.
WA1EXE	9	Mark	Cape Cod, Mass.
N8CL	8	Chuck	Albany, NY.
KG4CSQ	8	Ralph	Alabama
AA4FL	7	Jay	Hawthorne, FL
WA1HGY	5	Ted	Massachusetts
KB5BQK	5	Linda	El Paso, TX.
KB8KEI	5	Jim	Tennessee
K17JCY	4	Jim	El Paso, TX
N9GOC	3	Pat	Champagne, IL.
WB9GET	3	Keith	Springfield, PA.
W8CRK	3	Roger	Cincinnati, Ohio

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
2014 (Year of Terrorist)	1756 (47 nets)	37.36
2015	1722 (49 nets)	35.14
2016	1687 (46 nets)	36.67
2017	1536 (46 nets)	34.13
2018	1500 (43 nets)	34.88
2019	833 (22 nets)	37.86

Record number of stations checked-in was 56, on June 2, 2019

### LITTLE KNOWN FACTS:

Andrew Jackson, the 7th President of the U.S. died in 1845. At his funeral, Jackson's pet parrot was taken outside....Why?

A. It kept swearing.

Who said, "Her hair glistened in the rain like a nose hair after a sneeze. (Could be the nose man, Jimmy Durante?)"

## DETECTING HIDDEN NUCLEAR MATERIAL

Good stuff!



Detecting *muons*—unstable subatomic particles that rain down from the atmosphere—could help the government identify where nuclear materials like plutonium and uranium are hidden, such as in a car or shipping container.

Detectors can be placed underground and in the walls and ceilings of locations like toll stops, border crossings and seaports to try to identify potentially dangerous materials.

This is how it works: Muons from space easily pass through most materials, including humans and when they pass through materials with a high atomic number—such as uranium and plutonium—they scatter and can be picked up with the 201B R&D 100 Award-winning detector. It does not require a big truck to move these things around since they are compact and easily movable. The idea is to be able to find nuclear weapons because they are made of very high density, very high atomic materials, usually—plutonium and uranium.

“Muons can scatter through them more than other materials, so as they are coming from outer space through Earth’s atmosphere, through such a material, you have a tracking system you can potentially look at the pattern of scattering of

muons as they are going through this material and you can identify them based on how much scattering you see.”

Muon trackers use planes of muon detectors to identify the path of a muon before it enters the region to be evaluated and as the muon exits the region. Software then compiles the data to calculate the trajectories of the muons. This results in a tomographic image and the identification of the material contained within the region. Muons can pass relatively unimpeded through most materials, but scatter when they interact with materials with a high atomic number. Materials with a high atomic number produce a unique signature that is different from other materials like lead, steel, or concrete.

If you have something in that vehicle that causes a lot of deflection of that muon path and that keeps happening in one place then you are going to stop that vehicle and you are going to look at it a lot more closely.

The new detector strips are fabricated with several aluminum micro strips on top to locate muons passing through the silicon below it. The detection medium is the silicon depletion layer, which is created by reverse biasing the sensor with a voltage of 200 volts.

The new detectors have an extremely slim profile, enabling muon trackers to detect shielded nuclear materials, explosives and other items the government would be interested in tracking.

In order for the tracker to work, the vehicle must be stationary with the detectors both underneath and above the subject.

One of the areas these lightweight strips can be particularly effective is at the seaports, which see millions of cargo containers arriving in the U.S. making them a prime delivery method for nuclear weapons. While these cargo ships are regularly scanned, concrete, lead and other materials can block these materials from conventional radiation detectors and x-ray scanners.

**What is a muon? An unstable subatomic particle of the same class as an electron (lepton), but with a mass around 200X greater. Muons make up much of the cosmic radiation reaching the earth’s surface.**

### GALILEO’S THEORY VERIFIED BY APOLLO 15

In the final minutes of the Apollo 15 moon walk, Commander David Scott performed a small science experiment for the live television viewers back on his home planet.

He dropped a .06-pound falcon feather and a nearly 3-pound aluminum hammer from the same height at the same time. In the vacuum of space, they both hit the lunar surface simultaneously, confirming astronomer Galileo’s theory that mass, or the weight of an object doesn’t have any effect on gravitational pull. The objects should fall at the same rate.



Because of the atmosphere on Earth, it doesn’t quite work that way—but it does on the moon. “How about that,” Scott said when they hit the ground. “Mr. Galileo was correct his findings.”

## WHO IS J. ALLAN WOLF?

J. Allan Wolf is the pen name of Jeff Wolf, K6JW, an active member and past President of MARCO. Jeff has been writing since at least as far back as the seventh grade, but he didn’t hit his stride as a writer until he began writing bad poetry and some pretty good humor in college in the 60s. During his residency, he continued to write and had a research article published in *Advances in Planned Parenthood*, the Journal of the Association of Planned Parenthood Physicians. With an appetite for getting his work published, Jeff embarked on a course of writing that, over the years, has seen pieces published in such varied places as *Medical Economics*, *The Pharos* (the journal of Alpha Omega Alpha), *R/C Modeler*, *QST*, *CQ*, and a number of other periodicals.

As a Board certified ob/gyn physician, Jeff used to spend endless hours in the hospital waiting for patients to deliver. During those long hours, he began to write fiction, the effort culminating in his first published book, *Spacebraid and Other Tales of Dykstopian Universe*. Following this, he shifted gears to write *Zendoscopy*, a coming of age story set in the 1950s, ‘60s and 70s. That book, well reviewed, has led to the recent publication of his third book, *Weathergirl*, set some years later than *Zendoscopy*, but featuring some of the characters from the earlier book.

*Weathergirl* centers on the story of one of those characters. Effie Mae, who has gotten married and divorced, and whose ex-husband has gone off the rails, abandoning a career as an accountant to become a financially strapped, third-rate nightclub magician shirking alimony payments. He decides that the way out of his money problems is to kill his ex and, in pursuit of his goal, he becomes one of the world’s most incompetent would-be wife killers. Early response to the book has been encouraging. As one reader has commented, “Wolf is a very sick, very funny guy.”

**(The above books are available on Amazon.com, BarnesandNoble.com and other online booksellers. My first two books are available in both print and e-book formats. *Weathergirl*, is my funniest book (although *Zendoscopy* definitely has its moments), so if you want something lighter to read that would be the best choice. Some of the characters in that book were introduced in *Zendoscopy*, but it’s not actually essential to read that book first. I always say that if you read any of my books and like them, tell everyone. If you hate them, don’t tell anyone!. Thanks...JW)**

### **STATINS INEFFECTIVE FOR PREVENTION OF PRIMARY CV DISEASE IN THOSE 75 YEARS + WITHOUT DIABETES**

Q. In older persons without a history of CVD, is statin treatment associated with better outcomes? A. Statin treatment in patients 75 years or older without preexisting CVD did not change the likelihood of developing CVD or reduce any cause mortality. However, patients 75 to 84 with diabetes benefitted from treatment. The study enrolled 46,864 patients 75 or older with no CVD in Spain.

Q. Are direct oral anticoagulants safe and effective for preventing stroke and embolism in patients with atrial fib & chronic kidney disease? A. Direct oral anticoagulants are as likely as warfarin to prevent all strokes and systemic embolic events in patients with atrial fibrillation. They do not increase the risk of major bleeding. The evidence remains insufficient to make recommendations for the use of direct oral anticoagulants.

**SIGN ON A COLLEGE BLACKBOARD...An “A” is worth \$80,00/year; a “B” is worth \$70,000/year; a “C” is worth \$50,000/year and a “D” is Welcome to Taco Belle.**

- Q. **How long can you survive with nothing to eat?** A. It depends on each person, but usually you can survive about a month as long as you have water to drink.
- R. **How many days can you go without sleep?** A. Each person’s limit for sleeplessness is different, but experts say about 11 days.
- EXTRA, Extra...New “female Viagra” gets approval....details pending**

## **RETHINKING ASPIRIN FOR PRIMARY PREVENTION OF CARDIOVASCULAR DISEASE.**

Administering aspirin during a heart attack or stroke can be lifesaving. The benefits of daily low dose (81 mg) aspirin therapy to prevent recurrent CVD (cardiovascular disease) events are also well established. Aspirin's routine use for primary prevention, however, has been the subject of controversy because of questionable benefits and increased bleeding risk. Aspirin therapy may reduce the relative risk of a first heart attack or stroke, but this benefit could be outweighed by the risk of G.I. bleeding. According to a 2011-2012 national survey, one-third of Americans 40 years or older take a daily aspirin, including 28% of adults without known CVD; therefore delineating these risks and benefits has significant implications.



The U.S. Preventive Services Task Force (USPSTF) currently recommends that adults 50 to 59 years of age start taking a daily low dose aspirin if they have a 10% or greater 10-year CVD risk, do not have bleeding risk factors, and are willing to take a daily aspirin for at least 10 years. Adults 60 to 69 with similar CVD risk may consider starting low-dose aspirin therapy but are at higher risk of bleeding and less likely to benefit overall, according to the USPSTF. They also found insufficient evidence to assess the balance of benefits and harms of starting low dose aspirin therapy for primary prevention in adults younger than 50 or older than 69.

Supporting evidence for the 2016 USPSTF recommendations included a systematic review of 11 randomized, controlled trials of aspirin therapy with myocardial infarction and stroke outcomes published between 1988 and 2014 with a review of major G.I. bleedings and hemorrhage strokes in trial participants. According to one member of the USPSTF at the time of the 2016 recommendation, the goal was to select adults at high enough CV risk that their expected benefit from aspirin therapy (including a possible reduction in the risk of developing colorectal cancer) would outweigh the harms of bleeding. However, in the decade since, most of the trials analyzed took place, fewer US adults are smoking, and more have become eligible for statins and antihypertensives, which could have reduced aspirin's incremental benefit. Also, the USPSTF review suggested that the presence of diabetes mellitus did not alter the effectiveness of aspirin therapy in reducing CVD events, but only three trials specifically recruited these patients.

In 2014, the FDA citing concerns about insufficient evidence, advised the general public against using low dose aspirin therapy for primary prevention of heart attack or stroke. "Indeed, three recent studies' findings are more supportive of the FDA recommendation than the USPSTF recommendation in the Aspirin to Reduce Risk of Initial Vascular Events (ARRIVE) trial, more than 12,000 European and US adults 55 years or older without diabetes were randomized to take 100 mg of enteric-coated aspirin or placebo daily for a median follow-up of 5 years. The researchers for the ARRIVE trial enrolled participants determined to be at a moderate risk of CVD (participants' mean atherosclerotic CVD risk score was 17.3% to 17.4%). With the caveat that less than 5% of participants had a cardiovascular event during the study, no difference occurred between the groups in a composite outcome of CV death, myocardial infarction unstable angina, stroke or TIA. However, 1% of the aspirin group experienced G.I. bleeding compared with only .5% of the placebo group (hazard ratio= 2.11; 95% confidence interval, 1.36 to 3.28).

The aspirin-placebo comparison in the ARRIVE trial was mirrored by another trial. A study of Cardiovascular Events in Diabetes, but this trial enrolled 15,000 adults 40 years or older with diabetes in U.K. primary care practices. After a mean follow-up of 7.4 years, a lower percentage of the aspirin group had experienced serious vascular events than the placebo group, but this benefit was offset by an increased percentage of major bleeding events. The researchers calculated a number needed to treat of 91 to prevent a vascular event and number needed to harm of 112 to cause a major bleeding event, from which they concluded that aspirin provided no net benefit."

Finally, the Aspirin in Reducing Events in the Elderly trial examined the effect of 5 years of daily low-dose aspirin on community dwelling

## **10 BENEFITS & HARMS FOR LOW-DOSE ASPIRIN IN PATIENTS WITH DIABETES MELITUS**

**Q. What are the benefits and harms of low-dose aspirin in adults with diabetes mellitus?**

**Bottom Line:** The 7,400 patients who took low dose aspirin experienced 51 fewer vascular deaths, nonfatal myocardial infarctions or nonfatal ischemic strokes; 29 fewer TIAs and 44 fewer revascularizations than patients who took placebo over a mean of 7.4 years. This is balanced by an additional 69 major bleeding episodes during that period with no effect on vascular or all-cause deaths, and no difference in the incidence of cancer.

This British study recruited adults 40 years and older with diabetes, no known cardiovascular disease, no contraindications to aspirin, and no major comorbidity that would keep them from participating in the study for at least five years. After a placebo run-in period to assure adherence, 15,480 participants were randomized to receive aspirin 100 mg once daily or matching placebo. They were also randomized to receive an omega-3 fatty acid capsule or placebo, those results are reported separately. The groups were balanced at the start of the study; the patients had a mean age of 63, 63% were men and 96% white.

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**ASPIRIN, EICOSAPENTAENOIC ACID & PLACEBO EQUALLY EFFECTIVE IN PREVENTING COLORECTAL ADENOMAS IN HIGH-RISK PATIENTS?**

**Q. Is aspirin or eicosapentaenoic acid (EPA) effective in preventing colorectal adenomas in patients with previous high-risk colorectal neoplasia?**

**Bottom Line:** After 12 months, neither aspirin nor EPA, alone or in combination, are any better than placebo at preventing colorectal adenomas in patients with high-risk neoplasia.

The systemic Evaluation of Aspirin and Fish Oil Polyp Prevention Trial was a factorial trial that randomized patients with high-risk colorectal neoplasms detected on colonoscopy. The included patients had three or more adenomas, one of which had to be 1 cm in diameter, or they had five or more smaller adenomas. The patients were randomized to receive EPA (1,000 mg twice daily) plus placebo, aspirin (300 mg daily) plus placebo, EPA plus Aspirin or placebo. A follow-up colonoscopy 12 months after enrollment; 66 did not have a follow-up colonoscopy and were excluded. The rate of subsequent adenomas at follow-up was high (63%) and not statistically significantly different for each group. The rate of adverse events was low in all groups.

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adults 70 year's or older in the US and Australia. There were no difference in the primary endpoint or disability-free survival (A composite of death, dementia, and persistent physical disability) or the prespecified secondary endpoint of CVD deaths, events, and hospitalizations. However, the aspirin group had a significantly higher rate of major hemorrhage and higher all-cause mortality.

A meta-analysis that pooled data from older primary prevention trials with these three new studies calculated a number needed to treat of 265 to prevent a composite cardiovascular outcome (cardiovascular mortality, nonfatal myocardial infarction, and nonfatal stroke and number needed to harm of 210 to prevent a major bleeding event, suggesting that aspirin provided no net benefit. Studies with an estimated population 10 year CVD risk of greater than 10% experienced a similar balance of benefits and harms (number needed to treat=196; number needed to harm =152.)

Though not designed to determine whether long term use of daily aspirin reduces colorectal cancer incidence or mortality, as other evidence has suggested, the new evidence should prompt the USPSTF to reevaluate their 2016 aspirin guideline. The new data do not exclude the possibility that aspirin may still benefit adults at very high CVD risk (e.g., 20% or more over 10 years) or those at lower risk who are unable to tolerate statins, but the data others suggest that the risk of low dose aspirin therapy for primary prevention outweigh any potential benefits. For most patients, we should be de-prescribing aspirin for primary prevention of CVD. To prevent heart attacks and strokes, family doctors should focus instead on smoking cessation and lifestyle changes, controlling high blood pressure and prescribing statins when indicated.

(Information on this page was taken from the "American Family Physician, June 1, 2019, and are the updated information on the apparent status of aspirin in today's medical world.)

(Survey summary: US Preventive Services Task Force USPSTF0 No good; FDA Good; American Heart Association Good effect on CV disease.)



British Post Office engineers inspect Guglielmo Marconi's wireless telegraphy (radio) equipment in 1897.

(Continued from last edition)

Shortly after the 1900s, Marconi held the patent rights for radio. Marconi would go on to win the Nobel Prize in Physics in 1909 and be more successful than any other inventor in his ability to commercialize radio into a global business. In the US some of his subsequent patented refinements (but not his original radio patent) would be overturned in a 1935

court case (upheld by the U S Supreme Court in 1943).

**20th century...**In 1900, Brazilian priest Roberto de Moira transmitted the human voice wirelessly. According to the newspapers, he conducted his first public experiment on June 3, 1900, in front of journalists and the General Consul of Great Britain in Sao Paulo, Brazil, for a distance of 5 miles. The points of transmission and reception were Alto de Santana and Paulista Avenue

One year after that experiment, he received his first patent from the Brazilian government. It was described as "equipment for the purpose of phonetic transmissions through space, land and water elements at a distance with or without the use of wires." Four months later knowing that his invention had real value, he left Brazil for the US with the intent of patenting his machine in Washington D.C.

Having few resources, he had to rely on friends to push his project. Despite great difficulty, three patents were awarded: "The Wave Transmitter" (Oct. 11, 1904), which is the precursor of today's radio transmitter. "The Wireless Telephone" and the "Wireless Telegraph" both dated Nov. 22, 1904.

The next advancement was the vacuum tube detector, invented by Westinghouse engineers. On Christmas Eve, 1896, Reginald Fessenden used a synchronous rotary-spark transmitter for the first radio program broadcast, from Ocean Bluff-Brant Rock, Mass. Ships at sea heard a broadcast that included Fessenden playing "O Holy Night" on the violin and reading a passage from the Bible. This was, for all intents and purposes, the first transmission of what is now known as *amplitude modulation* or **AM radio**.

In June 1912 Marconi opened the world's first purpose built radio factory at New Street Works in Chelmsford, England.

The first radio news program was broadcast August 31, 1920 by station 8MK in Detroit, Michigan, which survives today as all-news format station WWJ now under ownership of the CBS network. The first college radio station began broadcasting on Oct. 14, 1920 from Union College, Schenectady, N.Y. under the personal call letters of Wenell Kina, an African-American student at the school.

That month 2ADD (renamed WRUC in 1947) aired what is believed to be the first public entertainment broadcast in the US, a series of Thursday night concerts initially heard within a 100-mile radius and later for a 1,000-mile radius. In Nov. 1920, it aired the first broadcast of a sporting event. At 9 pm on August 27, 1929, Sociedad Radio Argentina aired a live performance of Richard Wagner's opera *Parsifal* from the Colesco Theater in downtown Buenos Aires. Only about 20 homes in the city had receivers to tune in to this radio program. Meanwhile, regular entertainment commenced in 1922 from the Marconi Research Center at Writtle, England.

Sports broadcasting began at this time, including the college football on radio broadcast of a 1921 West Virginia vs. Pittsburgh football game.

One of the first developments in the early 20th century was that aircraft used commercial AM radio stations for navigation. This continued until the early 1960s when VOR systems became widespread. In the early 1930s, single sideband and frequency modulation were invented by amateur radio operators. By the end of the decade, they were establishing commercial modes. Radio was used to transmit pictures visible as television as early as the 1920. Commercial televi-

sion transmission started in North America and Europe in the 1940s.

In 1947, AT&T commercialized the Mobile Telephone Service. From its start in St. Louis in 1946, AT&T then introduced Mobile Telephone Service to 100 towns and highway corridors by 1948. Mobile Telephone was a rarity with only 5,000 customers placing about 30,000 calls each week. Because only three radio channels were available, only three such customers in any given city could make mobile phone calls at one time. Mobile phone was expensive, costing 15\$ per month, plus local calls, equivalent to about \$176 per month. The Advanced Mobile Phone System analog mobile cell phone system, developed by Bell Labs, was introduced in 1978 and gave much more capacity. It was the primary analog mobile phone system in North America through the 1980s and into the 2000s.

In 1954, the Regency company introduced a pocket transistor radio, the TR-1. In 1955, the newly formed Sony company introduced its first transistorized radio. It was small enough to fit in a vest pocket. It was durable, because it had no vacuum tubes to burn out. Over the next 20 years, transistors replaced tubes almost completely except for high-powered transmitters. By 1963, color television was being broadcast commercially and the first radio communication satellite, *Telstar*, was launched. In the late 1960s, the US long-distance telephone network began to convert to a digital network, employing digital radios for many of its links. In the 1970s, LORAN became the premier radio navigation system.

Soon, the U.S. Navy experimented with satellite navigation, culminating in the launch of the Global Positional System (GPS) constellation in 1987. In the early 1990s, amateur radio experimenters began to use personal computers with audio cards to process radio signals. In 1994, the U.S. Army and DARPA launched an aggressive, successful project to construct a software-defined radio that can be programmed to be virtually any radio by changing its software program. Digital transmissions began to be applied to broadcasting in the late 1990s.

**Start of the 20th century...**Around the start of the 20th century, the Slaby-Arco wireless system was developed by Adolf Slaby and Georg von Arco. In 1900, Reginald Fessenden made a weak transmission of voice over the airwaves. In 1901, Marconi conducted the first successful transatlantic experimental radio communications. In 1904, the US Patent Office reversed its decision, awarding Marconi a patent for the invention of radio, possibly influenced by Marconi's financial backers in the States, who included Thomas Edison and Andrew Carnegie. This also allowed the US government (among others) to avoid having to pay the royalties that were being claimed by Tesla for use of his patents. In 1907, Marconi established the first commercial transatlantic radio communications service, between Clifden, Ireland and Glace Bay, Newfoundland.

**Julio Cervera Baviera** developed radio in Spain around 1902. Baviera obtained patents in England, Germany, Belgium and Spain. In May-June 1899, Cervera had, with the blessing of the Spanish Army, visited Marconi's radiotelegraphic installations on the English Channel, and worked to develop his own system. On March 22, 1902, Cervera founded the Spanish Wireless Telegraph and Telephone Corporation and brought to his corporation the patents he had obtained in Europe. He established the second and third radiotelegraph service in the history of the world in 1901 and 1902 by maintaining regular transmissions between Tarif and Ceut for three consecutive months, and between Jaea and Ibiza. This was after Marconi established the service between the Isle of Wight and Bournemouth in 1898.

**British Marconi...**Using various patents, the British Marconi company was established in 1897 and began communication between coast radio stations and ships at sea. This company, along with its subsidiaries Canadian Marconi and American Marconi, had a stranglehold on ship to shore communications. It operated much like the way American Telephone and Telegraph operated until 1983, owning all of its equipment and refusing to communicate with non-Marconi equipped ships. In June 1912, after the RMS Titanic disaster, due to increased production Marconi opened the world's first purpose built radio factory at New Street Works in Chelmsford and in 1932 the Marconi Research Laboratory. Many inventions improved the quality of radio, and amateurs experimented with uses of radio, thus planting the first seeds of broadcasting (Continued next edition.....).

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Roger Higley, W8CRK  
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 Nalin Nanayakkar  
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 Brad Banko, KB8CNE  
 Dan Mullins, WL7BLM  
 Clark Ballard, N7UH  
 Laurence Grayhills, K1UAT  
 Peter Racciato, N3BHO  
 James Petit, KB8KEI  
 Jim Patterson, W8LJZ

**Interest Expressed:**

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 Lee Dongwoo, DS1TOA  
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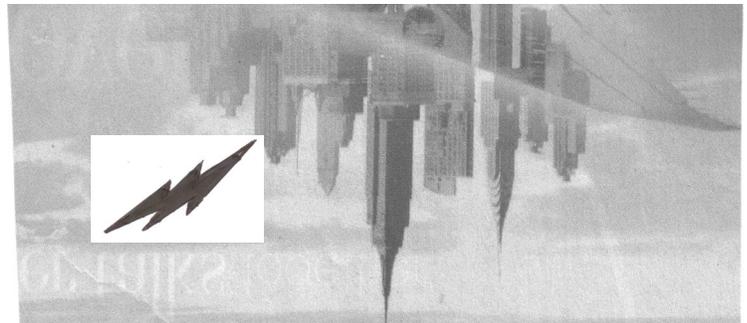
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