



Reg Rep Rap

by Dave Stubbs



In the August/September Lumens, I mentioned that it was the National Board's intention to issue a special plastic membership card in 2010 to recognize the 50th anniversary of Mensa in North America. At our recent Board meeting on January 30 & 31, we were advised

that production of the first batch of cards is planned for early February, based on the 2010 membership records as of the end of January. By the time you read this column, all those of you who were paid-up members prior to the cutoff should have received your card. For those of you who have not yet renewed for 2010, you will still be issued the new card when you renew, but, because the cards are being produced in batches by an outside source, you may have to wait several weeks before you receive it. As of January 31, the national membership count was 1,135, with 300 of these in the B.C. Region.

At the recent Board meeting, we also discussed our relationship with Events Management Services, the company in Kingston which is contracted to operate the Mensa Canada National Office. It was decided to ask the membership to advise their Regional Rep (in your case, me) of any issues or concerns they have had in recent dealings with EMS. The information provided will be compiled by Millie Norry, First VP/Secretary/National Office Liaison Person, for discussion with officials at EMS.

Another topic of discussion at the meeting was the need for new Proctors, especially in the many areas of the country that currently have no Proctor. In this region, we currently have only four Proctors, in Vancouver, Victoria, Campbell River, and Prince George, which means that potential members in large swathes of the province are discouraged from writing the test, and possibly joining, Mensa. If you live in one of these 'unserved' areas, such as the Okanagan, Kootenays, North-Western, or North-Eastern B.C., please give serious consideration to becoming a Proctor; we need you. If you want further information, phone or send me an email.

Lastly, a reminder to the Vancouver/Fraser Valley group that the AGM is being held Saturday, March 13, at Sheila Gair's home in Surrey. Sheila has room for at least 15 people and would like to see all the chairs filled! The meeting will be followed by a pot-luck supper. ☺

Leo's Lot

by Leo Jung



Beginning in March, Speakers Night will change to the first Wednesday of each month. Thanks for the suggestion!!

March 3, 2010: John Meier, Book Collector

John is an expert who collects books awarded with the Canadian Governor General Award for Fiction & Poetry. He visits universities around the country, and brings his unique collection along with a variety of authors who have received the Governor General Award..

Notice of AGM

*Please join us at the
Annual General Meeting*
Saturday, March 13, 2010 at 4:30 pm

Potluck dinner to follow.
Please bring a dish of your choice.

Sheila Gair's home
14372 Ridge Crescent, Surrey, BC

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Editor's Letter

by Lisa Le Blanc



*"Neither a lofty degree of intelligence
nor imagination nor both together
go to the making of genius.
Love, love, love. That is the soul of genius."*

Wolfgang Amadeus Mozart

My very first Mensa event was an AGM. It was a beautiful spring day, that March, not so long ago. Cherry blossoms swayed in the breeze, and green grass grew as I tromped up to see what Mensa was all about.

What a great way to find out about how things work. I met wonderfully active Mensans. Ate some fabulous food. Was invited to join all kinds of groups. And heard Stuart Munroe discuss *lumens'* search for a new editor.

Please make note of the AGM. March 13 at 4:30 p.m. at Sheila Gair's home. It will be followed by a potluck so bring along your favorite dish and join in the clamour.

Send in any thoughts or ideas you may have about *lumens*. We're looking for jokes, puzzles, quotes, quirks, rants, raves and any other random thoughts worth discussing.

Forward any submissions to: editor@lumens.ca.

*Look forward to hearing from you,
Lisa*



What is it?

Can you guess what they are loading into the aircraft? Turn to page 7 for the answer.

Here's another fine mess you've gotten me into...



The phaonmneal pweor of the hmuan mnid, aoccdrnig to a rscheearch, it deosn't mttar in what oredr the ltteers in a word are, the olny iprmoatnt tihng is that the first and last ltteer be in the rghit pclae. The rset can be a taotl mses and you can still raed it wouthit a porbelm. This is bcuseae the huamn mnid deos not raed ervey lteter by istlef, but the word as a wlohe. Amzanig, if you can raed this psas it on

Letters to the Editor

I am a member of MENSA International and will be arriving in Vancouver in April to live there indefinitely. However, since I don't know anyone in the city, I am trying to find a place to stay for a few days until I find a place with a roommate.

Another option I thought of was a homestay for a month or two so I can use that time to look for a place once I get to know people in the city. Please let me know if you can help me or provide me with some suggestions or orientation.

I also plan to attend some of the social gatherings and MENSA events in the city, to get to know the members in the area.

About four years ago, I travelled to Victoria and also had the opportunity to meet with members in that city which was a very good experience.

To tell you a little bit about myself, I live in Monterrey, Mexico, 30 years old, arriving on my own in Vancouver. I currently work as an IR Analyst in a big company and I was recently granted Permanent Residency in Canada.

I am looking forward to arriving in your beautiful and interesting city.

Best regards,
Yuri Morales, Monterrey, Mexico
(pronounced Judy in English)
yuri_morales@hotmail.com

Notice of AGM

Saturday, March 13, 2010

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Annual General Meeting*

To be held at 4:30 pm on
Saturday, March 13, 2010

Potluck dinner to follow.
Please bring a dish of your choice.

Sheila Gair's home
14372 Ridge Crescent
Surrey, BC

That's a good idea, Ollie, tell me that again...

A frustrated driver pushes his car into a gas station and tells the mechanic it died. After working on it for a few minutes, the car is idling smoothly.

'What's the story?' the driver asks.

'Just crap in the carburetor,' the mechanic replies.

So the driver asks, 'How often do I have to do that?'



Female Heart Attacks

by Diane K

I was aware that female heart attacks are different, but this is the best description I've ever read.

Women and heart attacks (Myocardial infarction). Did you know that women rarely have the same dramatic symptoms that men have when experiencing heart attack...you know, the sudden stabbing pain in the chest, the cold sweat, grabbing the chest & dropping to the floor that we see in the movies? Here is the story of one woman's experience with a heart attack.

I had a heart attack at about 10:30 PM with NO prior exertion, NO prior emotional trauma that one would suspect might've brought it on. I was sitting all snuggly & warm on a cold evening, with my purring cat in my lap, reading an interesting story my friend had sent me, and actually thinking, 'A-A-h, this is the life, all cozy and warm in my soft, cushy Lazy Boy with my feet propped up.

A moment later, I felt that awful sensation of indigestion, when you've been in a hurry and grabbed a bite of sandwich and washed it down with a dash of water, and that hurried bite seems to feel like you've swallowed a golf ball going down the esophagus in slow motion and it is most uncomfortable. You realize you shouldn't have gulped it down so fast and needed to chew it more thoroughly and this time, drink a glass of water to hasten its progress down to the stomach. This was my initial sensation---the only trouble was that I hadn't taken a bite of anything since about 5:00 p.m.

After it seemed to subside, the next sensation was like little squeezing motions that seemed to be racing up my SPINE (hindsight, it was probably my aorta spasming), gaining speed as they continued racing up and under my sternum (breast bone, where one presses rhythmically when administering CPR).

This fascinating process continued on into my throat and branched out into both jaws. 'AHA!! NOW I stopped puzzling about what was happening -- we all have read and/or heard about pain in the jaws being one of the signals of an MI happening, haven't we? I said aloud to myself and the cat, Dear God, I think I'm having

a heart attack!

I lowered the footrest dumping the cat from my lap, started to take a step and fell on the floor instead. I thought to myself, If this is a heart attack, I shouldn't be walking into the next room where the phone is or anywhere else ... but, on the other hand, if I don't, nobody will know that I need help, and if I wait any longer I may not be able to get up.

I pulled myself up with the arms of the chair, walked slowly into the next room and dialed the Paramedics...I told her I thought I was having a heart attack due to the pressure building under the sternum and radiating into my jaws. I didn't feel hysterical or afraid, just stating the facts. She said she was sending the Paramedics over immediately, asked if the front door was near to me, and if so, to unbolt the door and then lie down on the floor where they could see me when they came in.

I unlocked the door and then laid down on the floor as instructed and lost consciousness, as I don't remember the medics coming in, their examination, lifting me onto a gurney or getting me into their ambulance, or hearing the call they made to St. Jude ER on the way, but I did briefly awaken when we arrived and saw that the Cardiologist was already there in his surgical blues and cap, helping the medics pull my stretcher out of the ambulance. He was bending over me asking questions (probably something like 'Have you taken any medications?') but I couldn't make my mind interpret what he was saying, or form an answer, and nodded off again, not waking up until the Cardiologist and partner had already threaded the teeny angiogram balloon up my femoral artery into the aorta and into my heart where they installed 2 side by side stents to hold open my right coronary artery.

I know it sounds like all my thinking and actions at home must have taken at least 20-30 minutes before calling the Paramedics, but actually it took perhaps 4-5 minutes before the call, and both the fire station and St. Jude are only minutes away from my home, and my Cardiologist was all ready to go to the OR in his scrubs and get going on restarting my heart (which had stopped somewhere between my ar-

rival and the procedure) and installing the stents. I want all of you who are so important in my life to know what I learned first hand.'

1. Be aware that something very different is happening in your body, not the usual men's symptoms but inexplicable things happening (until my sternum and jaws got into the act). It is said that many more women than men die of their first (and last) MI because they didn't know they were having one and commonly mistake it as indigestion, take some Maalox or other anti-heartburn preparation and go to bed, hoping they'll feel better in the morning when they wake up ... which doesn't happen. My female friends, your symptoms might not be exactly like mine, so I advise you to call the Paramedics if ANYTHING is unpleasantly happening that you've not felt before. It is better to have a 'false alarm' visitation than to risk your life guessing what it might be!

2. Note that I said 'Call the Paramedics.' And if you can, take an aspirin. Ladies, TIME IS OF THE ESSENCE! Do NOT try to drive yourself to the ER; you are a hazard to others on the road. Do NOT have your panicked husband drive; he will be speeding and looking anxiously at what's happening with you instead of the road. Do NOT call your doctor -- he doesn't know where you live and if it's at night you won't reach him anyway, and if it's daytime, his assistants (or answering service) will tell you to call the Paramedics. He doesn't carry the equipment in his car that you need to be saved! The Paramedics do, principally OXYGEN that you need ASAP. Your Dr. will be notified later.

3. Don't assume it couldn't be a heart attack because you have a normal cholesterol count. Research has discovered that an elevated cholesterol reading is rarely the cause of an MI (unless it's unbelievably high and/or accompanied by high blood pressure). MIs are usually caused by long-term stress and inflammation in the body, which dumps all sorts of deadly hormones into your system to sludge things up in there. Pain in the jaw can wake you from a sound sleep. Let's be careful and be aware. The more we know, the better chance we could survive.

I am an ER nurse and this is the best description of this event that I have ever heard. Please read, pay attention, and send it

Obituary

Barbara Doreen Barker Edwards



*Barb with her Grandkids
Angie, Chris, Barb, Sarah, Quinten, Christine*



Hello Dear Friends of Barb,

I apologize for sharing this news in this fashion, but I do not know any other way of contacting you to share the news that Barbara Doreen Barker Edwards passed away on January 9, 2010. She was 61. I wanted you to know but I do not have your phone numbers. I do not want to trouble Michael with a list of who he is calling to share the sad news.

Michael was with her all day. He was with her when she passed away late in the afternoon. It was Elvis Presley's birthday (her favourite, as you know) the day before. Michael had Elvis songs playing in her room for her.

I'm enclosing a photo of her and one of her with her children and grandkids. (Angie and Chris, Sarah and Quinten and Christine) Let me know if you would like me to send you any photos of her from when I visited her 3 weeks before.

When we were together in December, we cried together. She said that there are times when she doesn't know where she is and she gets scared. She knows how much we all love her and are praying for her. When I was there with her in May, we set a goal of her getting well enough to go see her kids and grandchildren in Ontario. We talked about how she had reached that goal and we are so glad she saw them once more and told them all how much she loves them.

I know she is in heaven. She will be with our loved ones who have gone before. She won't have any more pain or fear.

I played this song for her and we cried together. I've included the words for you. They are a comfort for me and I hope that they will be for you as well.

Love, Barb's sister, Julie

When I Get Where I'm Going

by Brad Paisley with Dolly Parton

When I get where I'm going
On the far side of the sky
The first thing that I'm gonna do
Is spread my wings and fly

I'm gonna land beside a lion
And run my fingers through his mane
Or I might find out what it's like
To ride a drop of rain

Yeah when I get where I'm going
There'll be only happy tears
I will shed the sins and struggles
I have carried all these years

And I'll leave my heart wide open
I will love and have no fear
Yeah when I get where I'm going
Don't cry for me down here

I'm gonna walk with my grand daddy
And he'll match me step for step

And I'll tell him how I missed him
Every minute since he left
Then I'll hug his neck

So much pain and so much darkness
In this world we stumble through
All these questions I can't answer
So much work to do

But when I get where I'm going
And I see my maker's face
I'll stand forever in the light
Of his amazing grace

Yeah when I get where I'm going
There'll be only happy tears

Hallelujah

I will love and have no fear
When I get where I'm going
Don't cry for me down here

IQ Studies

by Leo Jung

Here are some large, very long lived studies of IQ, found recently. These and other studies can be found in the research section of the website of the British Medical Journal, at www.BMJ.com.

Longitudinal cohort study of childhood IQ & survival up to age 76 (2001)

Objectives: To test the association between childhood IQ and mortality over the normal human lifespan.

Design: Longitudinal cohort study.

Setting: Aberdeen.

Subjects: All 2792 children in Aberdeen born in 1921 and attending school on 1 June 1932 who sat a mental ability test as part of the Scottish mental survey 1932.

Main outcome measure: Survival at 1 January 1997.

Results: 79.9% (2230) of the sample was traced. Childhood mental ability was positively related to survival to age 76 years in women ($P < 0.0001$) and men ($P < 0.0001$).

A 15 point disadvantage in mental ability at age 11 conferred a relative risk of 0.79 of being alive 65 years later (95% confidence interval 0.75 to 0.84); a 30 point disadvantage reduced this to 0.63 (0.56 to 0.71). However, men who died during active service in the second world war had a relatively high IQ.

Overcrowding in the school catchment area was weakly related to death. Controlling for this factor did not alter the association between mental ability and mortality.

Conclusion: Childhood mental ability is a significant factor among the variables that predict age at death.

What is already known on this topic:

People in deprived conditions tend to have more illness and die younger. The reasons for this inequality in health are not fully established.

What this study adds:

IQ at age 11 years was significantly associated with survival up to 76 years in an Aberdeen cohort. The association was unaffected by adjustment for overcrowding. Men with high IQ were more likely to die in active service in the second world war.

The association of early IQ & education with mortality: 65 year longitudinal study in Malmö, Sweden (2009)

Objectives: To establish whether differences in early IQ explain why people with longer education live longer, or whether differences in father's or own educational attainment explain why people with higher early IQ live longer.

Design: Population based longitudinal study. Mortality risks were estimated with Cox proportional hazards regressions.

Setting: Malmö, Sweden.

Participants: 1530 children who took IQ tests at age 10 and were followed up until age 75.

Results: Own educational attainment was negatively associated with all cause mortality in both sexes, even when early IQ and father's education were adjusted for (hazard ratio (HR) for each additional year in school 0.91 (95% CI 0.85 to 0.97) for men and HR 0.88 (95% CI 0.78 to 0.98) for women).

Higher early IQ was linked with a reduced mortality risk in men, even when own educational attainment and father's education were adjusted for (HR for one standard deviation increase in IQ 0.85 (95% CI 0.75 to 0.96)). In contrast, there was no crude effect of early IQ for women, and women with above average IQ had an increased mortality risk when own educational attainment was adjusted for, but only after the age of 60 (HR 1.60 (95% CI 1.06 to 2.42)).

Adding measures of social career over and above educational attainment to the model (for example, occupational status at age 36 and number of children) only marginally affected the hazard ratio for women with above average IQ (<5%).

Conclusions: Mortality differences by own educational attainment were not explained by early IQ. Childhood IQ was independently linked, albeit differently, to male adult mortality and to female

To Members of Mensa Canada

Mensa Canada has a new plastic membership card for 2010, to recognize the 50th anniversary of Mensa in North America. It will be gold and black, and will last several years.

Ensure that you renew your 2010 membership RIGHT AWAY. At the same time, ensure your name is spelled correctly. The easiest way to renew is on-line at the Mensa Canada website.

The easiest way to correct name spelling, personal contact information or update the preferred e-mail address is also on-line at the Mensa Canada website.

IQ Studies (continued from page 6)

by Leo Jung

adult mortality even when father's education and own educational attainment was adjusted for, thus social background and own social career seem unlikely to be responsible for mortality differences by childhood IQ.

The clear difference in the effect of IQ between men and women suggests that the link between IQ and mortality involves the social and physical environment rather than simply being a marker of a healthy body to begin with. Cognitive skills should, therefore, be addressed in our efforts to create childhood environments that promote health.

What is already known on this topic:

Both intelligence and socioeconomic conditions are linked to disease, and there is a correlation between IQ and socioeconomic conditions. Controversy exists over whether IQ is the fundamental explanation for socioeconomic health differences, or if early socioeconomic conditions are the explanation for health differences by early IQ, or if neither proposition is correct.

What this study adds:

Mortality differences by own educational attainment in adulthood were not explained by childhood IQ. Mortality differences by childhood IQ in men were not explained by social position in childhood or own educational attainment. Women aged 60 years or over with above average IQ had an increased mortality risk compared with their less intelligent counterparts when own educational attainment was adjusted for.

Does IQ explain socioeconomic inequalities in health? Evidence from a population based cohort study in the west of Scotland (2006)

Objective: To test the hypothesis that IQ is a fundamental cause of socioeconomic inequalities in health.

Design: Cross sectional and prospective cohort study, in which indicators of IQ were assessed by written test and socioeconomic position by self report.

Setting: West of Scotland.

Participants: 1347 people (739 women) aged 56 in 1987.

Main outcome measures: Total mortality and coronary heart disease mortality (ascertained between 1987 and 2004); respiratory function, self reported minor psychiatric morbidity, long term illness, and self perceived health (all assessed in 1988).

Results: In sex adjusted analyses, indices of socioeconomic position (childhood and current social class, education, income, and area deprivation) were significantly associated with each health outcome. Thus the greatest risk of ill health and mortality was evident in the most socioeconomically disadvantaged groups, as expected. After adjustment for IQ, a marked attenuation in risk occurred for poor mental health (range of attenuation in risk ratio across the five socioeconomic indicators: 15-58%), long term illness (25-53%), poor self perceived health (41-56%), respiratory function (44-66%), coronary heart disease mortality (31-111%), and total mortality (45-131%). Despite the clear reduction in the magnitude of these effects after controlling for IQ, in half of the associations examined the risk of ill health in socioeconomically disadvantaged people was still at least twice that of advantaged people. Statistical significance was lost for only 5/25 separate socioeconomic health gradients that showed significant relations in sex adjusted analyses.

Conclusions: Scores from the IQ test used here did not completely explain the socioeconomic gradients in health. However, controlling for IQ did lead to a marked reduction in the magnitude of these gradients. Further exploration of

the currently scant information about IQ, socioeconomic position, and health is needed.

What is already known on this topic:

Socioeconomic inequalities in health are very well established. Understanding the mechanisms underlying these gradients is crucial if effective populationbased interventions are to be identified. IQ has recently been suggested to be "the epidemiologists' elusive 'fundamental cause' of social class inequalities in health".

What this study adds:

IQ does not completely explain socioeconomic gradients in health. It does, however, markedly reduce socioeconomic gradients in health, to an extent depending on the indicator of socioeconomic position and health under consideration.



What is it?

by Peter Walker

Can you guess what they are loading into the aircraft? It's a hard disk drive back in 1956...with 5 MB of storage. In September 1956 IBM launched the 305 RAMAC, the first 'SUPER' computer with a hard disk drive (HDD). The HDD weighed over a ton and stored a 'whopping' 5 MB of data. Do you appreciate your 8 GB memory stick now?

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