THE CUTTING EDGE

JOURNAL OF HORNSBY WOODWORKING MEN'S SHED INCORPORATED

LOCKDOWN EDITION NO 3

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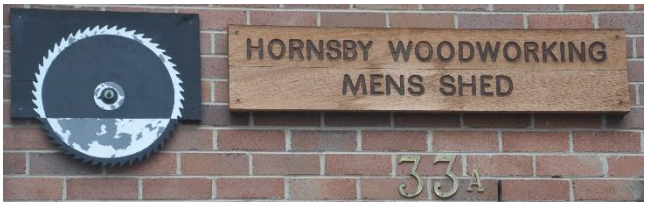
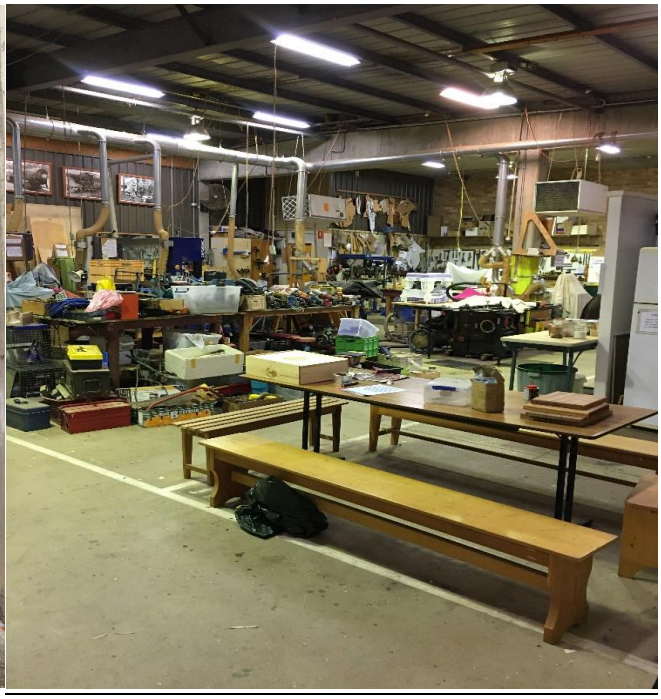


FOLLOWING A RECENT TRIP TO THE SHED, TO TAKE SOME PHOTOES FOR THE MAGAZINE, I CALLED OUR PRESIDENT, KEVIN WALLACE, REGARDING TOOLS LAYING ALL OVER THE SHED. THESE TOOLS WERE GOING TO BE SOLD AT NORTH ROCKS MARKETS JUST BEFORE THE SHUT-DOWN. UFORTUNATELY, IT RAINED ON THAT WEEKEND AND THE TOOLS ARE STILL SITTING IN THE SHED. SINCE THEN, WE HAVE ADDED TO THIS COLLECTIONFROM GENEROUS DONATIONS.

KEVIN SUGGESTED THAT A TOOL SALE FOR MEMBERS AND FRIENDS COULD BE ORGANIZED, AS TO HOW AND WHEN IT COULD HAPPEN IS UNKNOWN, THE COMMITTEE WILL DECIDE THE DETAILS, THEN INFORM THE MEMBERSHIP. IF YOU ARE INTERESTED IN THE SALE WHERE YOU COUD BRING A MATE ALONG, SEND AN EMAIL TO KEVIN. hwmspres@gmail.com

SAD SIGHT: SOME PHOTOS OF THE SHED IN LOCKDOWN.



COMPASSES

Re the problems with the compass in the issue below: I have 3 big compasses. The SS one, I bought from Mc Jing, I think it was, for $18, quite a few years ago at the T & WW Show. The arms are about 250 mm long. I cannot tell you what is the biggest circle that it will scribe.

The wood ones I made myself; the shorter about 300 mm long and the big one about double that. Drilling a hole then using a screw as the point was easy. To make the length infinitely variable, cut a slot in the wood and use a bolt sharpened to a point, a couple of washers either side of the wood slot and a nut to fix it. The pencils are held in a hole with a slot to the end then a screw to tighten. To make the wood part more robust with a slot, you would need to enlarge the X-section over mine, I guess. Mine are about 25 x 6 mm. See pic below.

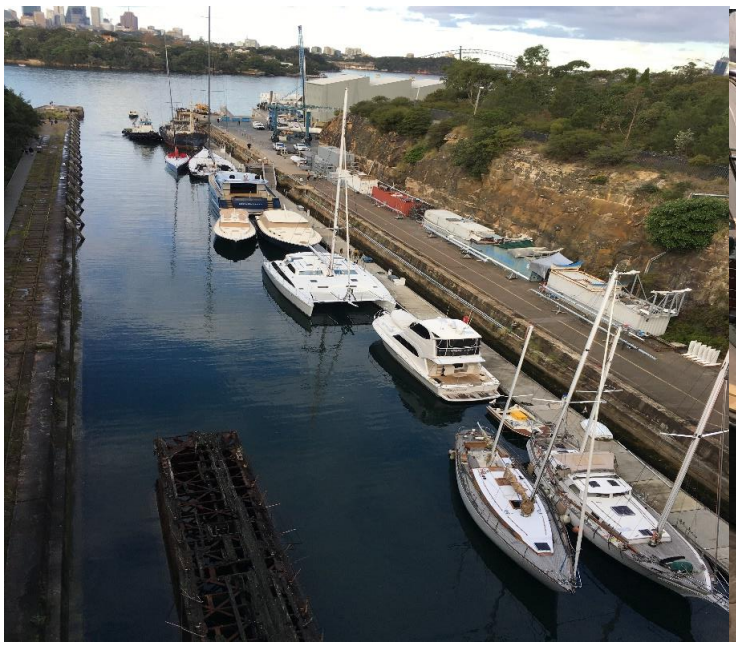
Cheers,

Ian Stewart.

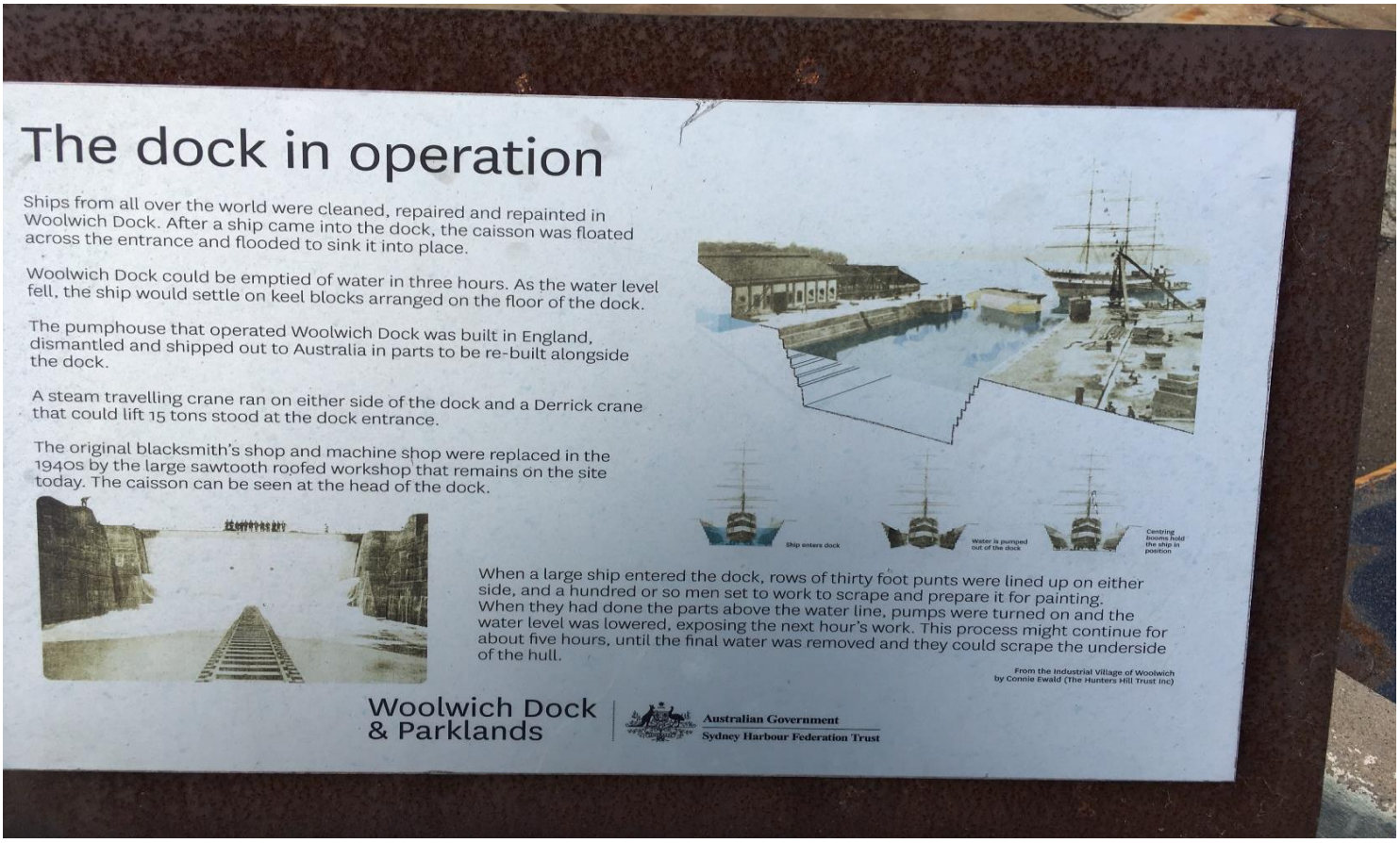
BELOW ARE SOME ARTICLES FROM MEMBERS

WOOLWICH DRY DOCK

FAMOUS SOLVEIG DUE TO COMPETE THIS YEARS SYDNEY TO HOBART



WOOLWICH DRY DOCK: DUG OUT OF SANDSTONE IN 1900, MEASURED 188 METRES LONG AND 27 METRES WIDE, IT WAS THE LARGEST DOCK IN AUSTRALIA. IT ACCOMODATED AND SERVICED LARGEST SHIPS OF THE DAY THAT SAILED IN OUR WATERS. IT IS SITUATED AT THE END OF WOOLWICH PENINSULA AT THE JUNCTION OF LANE COVE AND PARRAMATTA RIVERS. THE DOCK NOW SERVICES PLEASURE CRAFT, IT IS HOME TO THE FAMOUS WILD OATS X1 WHICH IS AT THE MOMENT WRAPPED UP IN PLASTIC, STILL AN AWSOME SIGHT. THE DOCK IS OPEN TO THE PUBLIC, WITH WONDERFULL WALKS AND VIEWS OF THE HARBOUR. WELL WORTH SPENDING AN AFTERNOON AT THE SIGHT.



Life in lockdown

Lots of time on my lathe? Getting the household jobs done? Reading the books I have been looking forward to? Bushwalks? No, none of the above! My son, Michael, has a lot of old sewing machines he has been collecting to send overseas, where women in poverty can use them to earn a living and possibly stay off the streets. He has an opportunity to supply as many as he can for Zambia as soon as possible and maybe also a dozen for Bangladesh. Excellent!

Many of the machines are 50-70 years old. They were made in their tens of thousands and the quality of manufacture is impressive. Most need little more than cleaning and oiling to work perfectly.

However, because the machines are old the electrics are unreliable and possibly dangerous. This is no great problem for the oldest as they had bolt-on motors which can be simply unbolted and replaced with cranks as in the 1957 model in the photo. Then they can go as table models. Newer machines have the motors built into the body. The mid-sixties one shown was Singer's premium model and is remarkably versatile, capable of two types of stitch, plus zigzagging, and a variety of cam controlled designs. The motors can be easily removed but not replaced. One solution has been to put these machines into old treadle tables or cupboards. They are the right size and fit surprisingly well, but there are all sorts of minor problems, such as lifting veneers on the table, machining the handwheel to take the drive belt and feeding the drive belt through the body of the machine. These all take time!

A very interesting machine is the blind hem stitcher, sewing a hem which is barely visible from the front side. The ingenuity is amazing, with a curved needle swinging from side to side and a pair of fingers picking up the thread loop and putting it over the needle to make a chain stitch. Date – I do not know, maybe 70 years old. It is a pleasure to clean and oil it and see it working!

There is an interesting contrast between the post war ones and the 1906 model shown. Compare the degree of decoration. I suspect sewing machines had moved from being treasured possessions in the drawing room to utility machines in the spare bedroom! Incidentally, after lying idle for nearly 40 years our 1906 one responded to a few

drops of oil and works perfectly!

So, I am having a very interesting time.

TOOLS EXPLAINED: BY RON KOUTCHAVLIS

DRILL PRESS : A tall upright machine useful for suddenly snatching flat metal bar stock out of your hands so that it smacks you in the chest and flings your beer across the room, denting the freshly-painted project which you had carefully set in the corner where nothing could get to it.

WIRE WHEEL. Cleans paint off bolts and then throws them somewhere under the workbench with the speed of light. Also removes fingerprints and hard-earned calluses from fingers in about the time it takes you to say, 'Oh sh*t'

ANGLE GRINDER. A portable cutting tool used to make studs too short.

PLIERS. Used to round off bolt heads. Sometimes used in the creation of blood-blisters.

BELT SANDER. An electric sanding tool commonly used to convert minor touch-up jobs into major refinishing jobs.

HACKSAW. One of a family of cutting tools built on the Ouija board principle... It transforms human energy into a crooked, unpredictable motion, and the more you attempt to influence its course, the more dismal your future becomes.

MOLE-GRIPS. Generally used after pliers to completely round off bolt heads. If nothing else is available, they can also be used to transfer intense welding heat to the palm of your hand.

OXY-ACETYLENE TORCH. Used almost entirely for setting on fire various flammable objects in your shop. Also handy for igniting the grease inside the wheel hub out of which you want to remove a bearing race.

TABLE SAW. A large stationary power tool commonly used to launch wood projectiles for testing wall integrity.

HYDRAULIC FLOOR JACK. Used for lowering an automobile to the ground after you have installed your new brake shoes, trapping the jack handle firmly under the bumper.

BAND SAW : A large stationary power saw primarily used by most shops to cut good aluminium sheet into smaller pieces that more easily fit into the trash can after you cut on the inside of the line instead of the outside edge.

TWO-TON ENGINE HOIST. A tool for testing the maximum tensile strength of everything you forgot to disconnect.

PHILLIPS SCREWDRIVER : Normally used to stab the vacuum seals under lids or for opening old-style paper-and-tin oil cans and splashing oil on your shirt; but can also be used, as the name implies, to strip out Phillips screw heads.

STRAIGHT SCREWDRIVER. A tool for opening paint cans. Sometimes used to convert common slotted screws into non-removable screws and butchering your palms. **PRY BAR**. A tool used to crumple the metal surrounding that clip or bracket you needed to remove, in order to replace a 50p part.

HOSE CUTTER. A tool used to make hoses too short.

HAMMER. Originally employed as a weapon of war. The hammer nowadays is used as a kind of divining rod to locate the most expensive parts adjacent the object we are trying to hit.

STANLEY KNIFE. Used to open and slice through the contents of cardboard cartons delivered to your front door; works particularly well on contents such as seats, vinyl records, liquids in plastic bottles, collector magazines, refund checks, and rubber or plastic parts. Especially useful for slicing work clothes, but only while in use.

ADJUSTABLE SPANNER: aka "Another hammer", aka "the Swedish Nut Lathe", aka "Crescent Wrench". Commonly used as a one size fits all wrench, usually results in rounding off nut heads before the use of pliers. Will randomly adjust size between bolts, resulting in busted knuckles, curse words, and multiple threats to any inanimate objects within the immediate vicinity.

BASTARD TOOL. Any handy tool that you grab and throw across the garage while yelling 'Bastard' at the top of your lungs. It is also, most often, the next tool that you will need.

FORWARDED BY: TIM SINCLAIR

This is written by a Canadian doctor who deals with COVID-19.
Well worth reading ...
Being safe during COVID-19, but the most important thing is to listen to your government and the guidelines. So this e-mail is not directed to medical advice, but rather a synopsis of where things are now as far as I see them.
As a health practitioner who is currently looking after COVID-19 patients in the ICU, I spend my days immersed in the science of this infection, how to treat it, and the epidemiological statistics around its spread. I often forget that some people don't spend their entirety of their days with this science, and I have found that many people are trying to figure out details about this infection from news reports, social media, and word of mouth. This variety of sources presents such a range of information it can be hard to sort out the truth from myth, inuendo, and rumour. I have thrown together this email to reflect some of the things I know about COVID-19 which might be of help.
First off, COVID-19 is a viral infection caused by SARS-CoV2 virus, which is a highly contagious virus that can be deadly in some people. It appears to be less deadly than Influenza, but more contagious than influenza.
COVID-19 is spread mainly by droplets, essentially the same as the common cold. Tiny particles of virus-laden mucus or saliva come from a person's mouth or nose and float through the air and land on surfaces. These particles are saliva or snot which contain millions of live virus particles. They are about 5-10 microns in size and travel out about a meter from the infected person's mouth or nose. At this point, they sink down and rain onto nearby surfaces. The virus/mucus particles stay in the air for up to three hours (much less in the wind or well-ventilated rooms) and are infectious on surfaces for various periods of time, based on the surface material. EG, up to 72 hours on plastics, 48 hours on stainless steel, and 24 hours on cardboard. Touching an infected surface and then touching another clean surface can transfer the virus. The virus is very susceptible to regular household cleaners though, thank God, and cleaning the surface which just about any brand of home cleaner/disinfectant kills it. And, of course if just left alone, the virus particles stop becoming infective over time. Even UV light (EG, from the sun) will kill the virus on surfaces.
Although people think that you mainly get COVID-19 from being coughed or sneezed on by an infected person, that is not likely the major way we get it. Vast majority of cases likely result from people getting the virus on their hands from touching surfaces with the virus on them, then touching their mouth, nose, or eyes. The virus then enters our bodies from either the mouth nose or eyes, or from getting it on your cheeks or face then wiping it into your mouth nose or eyes with hands, cloth, or pillows. You can still get COVID-19 from being close to a person who is sick and coughing, but that is far from your biggest risk. It is a virus on your hands then touching your face that is the biggest risk to your life! And studies have shown the average person touches their face 16 times an hour and isn't even aware of it!
The general strategy we are employing to prevent COVID-19 is to stay 2 meters apart so an

infected person doesn't spray droplets on you or you rarely cause you to inhale their droplets. But more importantly, we wash our hands to kill the virus we have picked up from surfaces we have touched. And we do not touch our face, so we do not put virus from our hands into our system through mouth, nose, or eyes. Sometimes we ask people to wear masks to protects others from our secretions, but the mask does not actually protect us as we will most likely get COVID-19 from our fingers not from the air. You may even touch your face more while wearing a mask as you constantly adjust it, so it is really to protect others from you. At work in the hospital we actually also wear goggles all the time to keep us from accidentally touching our eyes.

So that is how you get COVID-19 – touching virus-laden surfaces (door handles, gas pumps, money, shopping carts, ATM machines, debit card machines, store products someone else has handled, chip bags, countertops, paper bags, shaking hands, railings on stairs, etc) and then touching your mouth, nose, or eyes inadvertently before you have had a chance to clean your hands. But what about what happens once you get it.
So first off, once you have put the virus into your mouth nose or eyes it takes a number of days to get sick, as the virus needs to multiply in the cells of the linings of your airways, mouth, nose, sinuses, etc. This usually takes between 2 and 9 days to happen, with an average of about five. During that time, you appear to have increased infectivity to others, initially low, then higher as the virus multiplies in your system and some of the virus particles are shed from your body. Interestingly, you are likely most contagious in the 16 hours before you start to have symptoms to about two days after the symptoms start and are mild but getting worse. This means YOU ARE MOST CONTAGIOUS WHEN YOU ARE STILL FEELING OK AND MAY BE OUT AND ABOUT AND SPREADING IT EVERYWHERE. The average person who gets COVID-19 spreads it to two other people, and it is postulated this most likely occurs during the time just before they get symptoms.
Before I go on, I wanted to explain when people say symptoms of COVID-19, what exactly do they mean. Well there have been a number of studies done, especially looking at some decent sized groups of patients, and here are the initial symptoms with the percentage of people that get them:

- 85.5 % - fever greater than 38 Celsius
- 88 % - loss of smell or taste or both
- 68.6 % - dry cough
- 35.8 % - muscle aches or significant fatigue. Often the muscles that usually bother you from time to time, like back or neck. Like your usual muscle aches just more constant and worse
- 28.2 % - coughing up phlegm
- 21.9 % - shortness of breath. Getting winded walking or going upstairs
- 12.1 % - dizziness
- 4.8 % - diarrhea or loose stools
- 3.9 % - nausea and / or vomiting
- BUT REMEMBER, SOME PEOPLE DON'T HAVE ANY SYMPTOMS, ESPECIALLY SOME YOUNG PEOPLE, AND ARE WALKING AROUND SHEDDING VIRUS WITHOUT KNOWING

Now what about when you get infected, what does a case of it look like. Although the science isn't clear on this, there appears to be four different types of severity of COVID-19 cases as follows (this is just a best guess based on the science):

1) No symptoms to Mild Symptoms: The first five days (on average) you have no symptoms with an increasing level of infectivity. Then after about five days, and until a total of about 14 days, you are infective to others with very mild symptoms. Sniffles, frog in your throat, etc. What is important here is that you are CONTAGIOUS FOR ABOUT 14 DAYS WITHOUT ANY REAL SYMPTOMS. This could represent about 30% of all cases. More common in younger people.

2). Mild to Moderate Symptoms: The first five days (on average) you have no symptoms with an increasing level of infectivity. For the next five days, you have symptoms like listed above and generally feel poorly. Then you generally get better. However, you are contagious for about 3 weeks, but you are CONTAGIOUS FOR THE FIRST 5 DAYS WITHOUT SYMPTOMS. This could

represent about 55% of all cases.
3) Severe Symptoms: The first five days (on average) you have no symptoms with increasing level of infectivity. You then have a 4-day period of increasing severity of those symptoms above. It is bad with horrible fevers and sweats, feeling of doom, increasing trouble breathing, and then by about day 9 since the original date of infection you end up needing to go into the hospital. Generally you are in the hospital for about two weeks then can go home, but you are contagious for about 25 days total from when you first got infected, but you are CONTAGIOUS FOR THE FIRST 5 DAYS WITHOUT SYMPTOMS. This could represent about 10% of all cases, more common in older people.
4) Critical Illness: The first five days (on average) you have no symptoms with an increasing level of infectivity. Then over about three days you develop severe shortness of breath and require urgent hospital admission and quickly after hospital you are moved to the ICU and put on life support. You will be on life support 3 weeks to two months and will either come off life support or die during your ICU stay. Importantly, you are CONTAGIOUS FOR THE FIRST 5 DAYS WITHOUT SYMPTOMS. This could represent about 5% of cases, much more common in older people.
The tough part of all this is the fact that what severity category you are in between 1,2,3, or 4 is very much based on age. The older you are, the greater the chance you are in a severe category. It breaks out like this:

- For people age 10-19 who are healthy there is a 0.2 % death rate
- For people age 20-29 who are healthy there is a 0.2 % death rate
- For people age 30-39 who are healthy there is a 0.2 % death rate
- For people age 40-49 who are healthy there is a 0.4 % death rate
- For people age 50-59 who are healthy there is a 1.3 % death rate
- For people age 60-69 who are healthy there is a 3.6 % death rate
- For people age 70-79 who are healthy there is a 8 % death rate
- For people over 80 who are healthy there is about a 15-22 % death rate.

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SOME TURNING !!!