ished who is "worried to death." Some of the worriers need simply a holiday, whether it be going away or even a mere change of mental attitude.

10. *Indolence.* Rest and sleep. Save the "sugar" in the blood and in the muscles, glycogen (starch). Cut down the outgo. Cultivate repose. Calm down. Be lazy awhile.

11. *Out-of-door life.* Enough to develop a good appetite and sound sleep, but not enough to use up the food too rapidly. Good digestion follows. Out-door life is a tonic to anabolism.

12. *Advice from an expert physician,* one who really understands about the internal secretions and their uses. Find one who has really and practically studied these and knows how to use them with valuable therapeutic effect, an endocrinologist.

13. *If expedient, a warm climate.* A region not hot, but warm enough to encourage and allow the accumulation of body fat. (Five minutes in a cold bath is enough completely to burn up the glycogen and "start" the destruction of your body-fat.)

These may prove to be the "lucky thirteen" for some folks, possibly for some of you!

For a bit of more explicit advice: Take, *in addition to the regular meal, for breakfast,* two large dishes of some cereal, with at least a quarter-pint of thick cream and abundant sugar; this is to be taken before or after the usual meal. This nearly always "works," and would usually fatten a "bean-pole" into a "barrel," unless there be a "leak" out through the pituitary or some other gland.

But don't neglect the psychological factors. Try it a month, and keep a record of your weight weekly. Weigh yourself *accurately* every week, wearing *exactly* the same clothes, and at the same time of day, on the same scales,—in short, by the same method and the same conditions throughout. Then you will really know how much you are gaining in weight from day to day.

Like the neighbor-youth, when I was a boy, who told people sometimes that he thought it was "nice to be a little bad," the overlean woman must learn to be (temporarily at least) a little lazy, go one step, if not two, toward the hilarious, life-long dissipation of the all-too-familiar woman of forty who has lived so fatly that she needs help, often a real boost, to

step up the twelve-inch step of a car (be it a Pullman, a "trolley" at five cents per ride, or a limousine at \$2000 per year).

One must stoop to conquer, but here the stoop is a moral virtue too. One must be a "little bad" and over-eat and over-sleep and over-idle all around. Slide down a bit on the steep descent which the great Roman has claimed to be so easy.

Common sense is, of course, of all kinds, the most uncommon; but that precisely is what one most needs here,—common sense, based on real knowledge and driven by a firm and consistent will.

Bad as it is, better have a flat foot than a "flat head"! Climbing is a stunt, they say, but any one can fall. Charity is commendable, but see to it that it begins at home, for altruism is good, but without egotism it cannot persist. "Defy nature if you choose, but you will pay the price."

You cannot build body-fat out of chagrin or longing or good intentions, nor beauty out of hopes. And after all is objected, the Major is a very fine man, and your Lieutenant would be, or at least might be, a joy forever. Perhaps.

Plump up, then, and live happy ever after!

HEARING TEST APPARATUS.

BY JOSEPH PRENN, M.D., BOSTON.

THE accompanying photographs tell the story. The patient sits in a chair with both ear-pieces adjusted closely to his ears.

The examiner stands behind him. The sound carrying from the examiner to the patient is not affected by the length of the tubing. The ones used in this illustration are five feet long, but the writer has also used ten and twelve feet of tubing with the same result.

The examiner whispers into the speaking tube numbers or letters of different scales, such as 99, 44, 55, or 66, or a, oo, and s, first with both tubes open, then by compressing one tube or the other, thus shutting off the sound to the corresponding ear. If the patient claims deafness of the left ear, for instance, the right tubing is compressed, and vice versa.

The tuning fork is of more positive value. A tuning fork of 64, 125, or 512 seconds is

struck and the prongs are applied to the lumen of the speaking tube, which tests the air conduction of the patient. Then the tuning fork is struck again and the handle is gently applied to the rim of the speaking tube or over the rubber, as, for instance, of the stem of the "Y" piece metal, which tests the bone conduction of the patient. The order may be reversed. Here, again, by compressing one tube or the other, or by telling the patient to remove one earpiece or the other, the air or bone conduction, respectively, is tested separately from the same median point.

The patient is in no wise aware whether the air or bone conduction is being tested.

What is the idea? It may be used ordi-

narily without confusion to the patient, and with time-saving to the physician. (Weber and Rinné tests.)

It is particularly intended for use in cases of suspected malingering, in doubtful cases in the examination of recruits, and in certain accident insurance cases. In absolute nerve deafness the labyrinthine test, of course, will have to be resorted to.

The writer wishes to thank the Aural Department of the Boston City Hospital, where the idea of this apparatus first came to his mind, and the Massachusetts Charitable Eye and Ear Infirmary for the interesting discussion when he was made to elaborate upon the method of its application.

IDIOPATHIC EPILEPSY A SYMPATHICOPATHY.

By EDWARD A. TRACY, M.D., BOSTON.

(Concluded from page 874.)

In bringing this essay to a close, it appears desirable to review briefly the phenomena reported herein that demonstrate the diseased condition of the sympathetic neurones in idiopathic epilepsy. The chronic vasoconstriction spots which have been discovered, with their intensifying and fading while under observation,—even while the patient slept,—demonstrate a diseased condition of the sympathetic neurones involved in their production. The many abnormalities of the reaction times show, likewise, a diseased condition of the sympathetic neurones, upon which, it has been shown, the reaction times depend. The "newborn" vasoconstriction spots discovered on the photographs demonstrate a diseased condition of the sympathetic neurones involved in their production. An interesting and significant fact connected with these latter spots is their relation with an outburst of convulsions in the patient photographed. The photographs showing the "newborn" spots were taken at 11 a.m., Sept. 25, 1916. That night a series of six convulsions started at half-past two o'clock. There had been none for nine days. The reaction times taken at 6.30 p.m., the same day, showed an increase of irritability of sympathetic neurones. The increased irritability so frequently demonstrated in sympathetic neurones, preced-