

### BRAIN WAVE RECEIVER AND ITS ANATOMY.

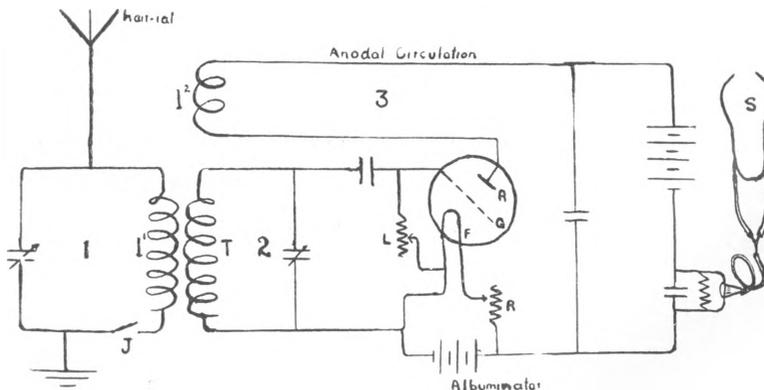
There has recently been a heavy boom in the sales of wireless sets, and medical students and practitioners find themselves at a disadvantage in not being able to diagnose faults in, or understand the principles of, this convenience. The following has been written in simple medical language for their edification.

I am writing this for the purpose of prescribing and explaining the mechanism of the super-anodyne wireless set. You are not supposed to be epicritical on the subject. Now, as you probably know, the hair-ial is designed for the conception of the karyo-kinetic impulses that traverse the anosmic ether-mixture in the form of electro-clonic waves. These minute radial pulse alternations are conducted into a primary hepatic cysticercuit, composed of an abortion inductance, fibrosclerotic condenser and earth. A secondary complication, by means of a step-up transfusion, magnifies the very small currents of alternating tonicity. Across it is fixed a retentiometer to maintain a positive Wasserman in the grid of a tricusped valve. The negative habinski goes to the medial fillet of this valve. The fillet, again, is maintained at correct dosage by means of encephalodes connected to the terminal phalanges of a low-tension albuminator. A

uræmiater is plateleted in the circuit for the correct dolichokerkic measurement of the fibrillations of the sinus-oidal auriculo-ventricular current.

A few aetiological factors and considerations will be required regarding the action of the valve. Its consistency comprises a grid, fillet and an (aphylact) ode. Commissurel wires connect the fillet to the ha(pto)phere—said albuminator and a constant kinesthetic current causes a hyperpyrexia in the fillet which becomes red, hot and acutely inflamed. The degree of inflammatory reaction can be intensified or made to subside by inserting a rheostosis in the circuit which regulates the amount of dyschezia in the directum current.

By the mechanism of diapedesis the poikilo-erythrocytic electro(pi)ons, without the nucleo-protons, escape from the arterio-capillary structure of the fillet, make their way across the connective-wire spaces of the cribriform grid, due to the attraction by the positive chemiotatic (steph)anions on the anaphylactode. They then circulate in the anodal plasmatic current, taking the peripheral zone, under a high essential hyperpietic voltage. The greater the inflammatory changes, the greater the diapedesis, the more iron(s). The variations in the spironemic charge on the grid, acting as continued small electro-provocative doses, by increasing the psycho-



MACROSCOPICAL SPECIMEN OF THE CYSTICERCUIITS.

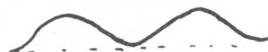
#### DESCRIPTION OF DIAGRAM.

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|---|--|
| A = Ana(phy)lact)ode.                       | L = Renal leak (acnes grid)            |
| F = Fillet.                                 | R = Rheostosis.                        |
| G = Cribriform Grid.                        | S = What you listen-in with.           |
| I <sup>1</sup> = Abortion inductance.       | 1 = Primary cysticercuit.              |
| I <sup>2</sup> = Coiled catheter induction. | 2 = Secondary complication.            |
| J = Ginglymus joint.                        | 3 causes re-duplication of the second. |

motoric negativism of the electropion-area, atavistically causes definite well-marked fluctuations in the polymorphonuclear electric discharges, giving rise to systolic and diastolic pulsations of the Corrigan type, in the anodal systematic circulation. These nystagmoid electrical movements cause alternate eventration and phrenic avulsion of the diaphragm of an ægophone.

Having completed the elucidation of the physical signs, you listen in to the latest program with your stethoscope after having tuned in to the poikilocycles of the metastatic disseminating stations. If, on auscultation, crackling tales, squeaking rhonchi, loud X-ray reports, harsh vesicular sounds, roaring murmurs and other atmospheric adventitious sounds are absent, you'll get a thrill of regurgi-

 High-Frequency Convulsions

 Self-Micturations

 Cheyne-Stokes type  
of Ectopic Beat Reception - a, a

To prevent electrical and other menstrual discharges in the grid condenser, a renal leak is shunted across the grid to the fillet by means of accumulative electrocardiograms.

Based on the well-known principle of the reaction of degeneration, re-duplication of the second cysticercuit through the first with the aid of a catheter induction and reciprocal innervation, increases the amplification, and the tricuspid valve is made self micturating. For increasing the nociceptive power, a bicuspid aortic and pulmonary valve may be incarcerated to produce an all-wave four-valve set.

A ginglymus joint-switch is syndesmosed in the primary cysticercuit to prevent abnormal inhibitions or excitations during the lightning pains of locomotor storms. Care must be taken to exclude fractures or dislocations of the various circuits. All wires must have insulating neurolemmal sheaths, and the different anastomoses firmly sero-agglutinated together in order to prevent partial or complete blockage of bundle conductivity.

A self-oscillating current is superfecundated upon the cerebrations of the in-coming high frequency peristaltic waves and this causes an exacerbation of regular ectopic beats with the formation of the audio-schizophrenic waves.

What ergo(ber)phere is all sensibilism and you should have no difficulty in the differential diagnosis of the above.

tation as the first pneumococcic strains of music cultivate through. —D.A.M.\*

\* Please read these separately and not as one word, no matter what your feelings.

#### GLOSSARY.

Super anodyne = super heterodyne.  
Step-up transfusion = step-up transformer.  
Retentiometer = potentiometer.  
Tricuspid valve = three-electrode valve.  
Dyschazia = resistance.  
Self-micturating = self-oscillating.  
Fillet = filament.  
Ginglymus joint = switch.

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It was a lesson in practical psychiatry. The superintendent was demonstrating a case of paranoia who refused to do some work one afternoon of the previous week.

Superintendent: Do you hear voices?

Paranoid: You mean imaginary voices?

S.: Yes.

P.: No, never.

Proceeding with the examination, the superintendent remarked: I hear you refused to do any work last Thursday afternoon.

Paranoid: Who is hearing voices now!