was found in all but one of these men but in only two-thirds of the women.

TABLE I.
COMPARATIVE TABLE OF BLOOD PRESSURE BY DIAGNOSIS, MEN AND WOMEN SEPARATELY.

	MEN				WOMEN			
	No. Cases	D.	S.	P.P.	No. Cases	D.	S.	P.P.
Dementia praecox	29	87	159	72	40	90	168	78
Paranoic condition, etc.	3	81	166	85	4	88	158	70
Epilepsy	5	87	149	62	1	115	232	117
Imbecility	7	89	142	62	2	98	154	56
Manic-depressive	15	83	159	76	18	88	157	69
Alcoholic	9	87	166	79	3	88	170	87
Senile dementia	4	94	168	74	11	97	178	81
Cerebral arteriosclerosis	1	86	168	82	1	98	196	98
Unclassified	2	92	170	78	1	88	158	70

EXTRACT FROM REPORT OF HOSPITAL FOR CONVALESCENTS.

BY WILLIAM H. DEVINE, M.D., BOSTON.

THIS hospital was established for the care of convalescents from influenza, and was organized at St. John's Seminary, Brighton, Mass.

As only one building was devoted to hospital purposes, it was not deemed advisable to admit young children, for fear of contagious diseases, and lack of facilities for isolating. After the first week, an isolation hospital (tents) was erected, and the management then felt that it was safe to admit them. Fortunately, this isolation hospital was not needed.

The hospital was opened October 6, 30 hours after the superintendent reported for duty, and was closed October 26.

The total number of patients admitted was 92. The oldest was 77, the youngest 4. All patients who applied 48 hours before the closing of the hospital were admitted.

TABLE OF ADMISSIONS.

Under 10 years of age	2
Between 10 and 20	14
" 20 " 30	23
" 30 " 40	27
" 40 " 50	10
" 50 " 60	6
" 60 " 70	4
" 70 " 80	4

66% of patients received were from 15-45 yrs. of age.
55% of patients received were from 20-40 yrs. of age.

TABLE OF DURATION OF STAY OF PATIENTS AT HOSPITAL.

20 days	1	10 days	4
18 "	2	9 "	2
17 "	1	8 "	4
16 "	1	7 "	3
15 "	4	6 "	16
14 "	3	5 "	9
13 "	3	4 "	10
12 "	1	3 "	10
11 "	4	2 "	10
1 day	2		

The average stay was 7 days. Total number of days spent was 630.

TEMPERATURE OF PATIENTS WHEN ADMITTED.

96 degrees and under	3
96 degrees to 97 degrees	26
97 " " 98 "	35
98 " " 99 "	18
99 " " 100 "	5
100 " " 101 "	2
101 " " 102 "	1

The number of sub-normal temperatures on admission indicated extreme debility, a marked characteristic of patients suffering from this disease. A majority were unable to proceed to wards without assistance, and more than 50% were conveyed on stretchers from admitting room to wards.

The treatment of the convalescents consisted of rest, abundance of good food, fresh air, and ordinary tonic medicines. Convalescence was rapid. All pneumonia cases pursued a favorable course.

A very large percentage of patients were men who work out of doors. This may have no significance, as nearly all came from the laboring classes—60% came from lodging houses.

Over 90% of the patients received were convalescents from influenza. About 8% of the patients had pneumonia. About 5% were found to be suffering from other diseases, in addition to influenza.

All patients recovered and were in good condition when discharged, with the exception of three suffering from pneumonia, who will spend

their convalescent period at some other institution, or at home.

In the report to Emergency Public Health Committee, due credit is given to the medical staff, nursing force, seminarians, teachers and other volunteer workers for their prompt response and very efficient assistance.

Selected Papers.

SPEECH-READING FOR THE WAR DEAF.

BY CLARENCE JOHN BLAKE, M.D., BOSTON,

*Professor of Otology, Emeritus, Harvard University;
President, Ninth International Otological Congress.*

I*

THE study of the means to be employed in dealing with the cases of war deafness, which constitute a part of the disability incident to the struggle upon which this country has entered, must necessarily include the provision of a substitute, or supplementary, means of communication between individuals other than that through the medium of hearing.

This, whatever the degree or the character of the impairment of hearing, whether it be a total loss of sound perception or a distortion of the auditory impression of the spoken word or sentence is of importance, because it supplies a medium of communication in proportion to the individual need of the patient on the one hand and aids in establishing that sense of helpful relationship which must be one of the welcomes extended to those who have waged their all in the defense of those principles for which this nation stands and by the preservation of which it continues to exist.

From the point of view of the surgeon, cases of war deafness fall into three general categories: Those in which there has been a previous disease of the ear; those in which the injury to the sound-transmitting apparatus of the ear originated in participation in war; and those in which, without objective structural injury, there has been the establishment of slowly progressive deleterious changes in the deeper-seated portions of the organ of hearing incident to protracted exposure to loud noise. In addition to these, there are the cases of ap-

parently complete loss of hearing, often accompanied by loss of speech and other functional symptoms which are the result of a profound impressionable shock to the nervous system, without auditory implication, for which no aural treatment is required, cases coming directly within the domain of neurology, but offering opportunity for helpful service on the part of the teacher of speech-reading under the direction of the neurologist.

From the point of view of the teacher, the differentiation should be not only that called forth by the degree of impairment of hearing, but by the individual adaptability of the pupil and the degree in which he will need to apply his acquired facility in the new means of appreciation of the spoken word when he faces the ordeal of trying again to take his place in the wage-earning competition of civil life. In this respect the teacher who can best visualize the influence exerted upon a well stabilized life of peaceful continuity by the interposition of a period of intense excitement and activity and the interjection of visual and auditory impressions of a most subversive character, will be the one to whom the medium of instruction in speech-reading will become the path leading to a broad field of usefulness, not only in helping the returned soldier or sailor, handicapped by an impairment of hearing, again to take his place in community life, but by making the teaching a medium of expression of appreciation of the service rendered.

The learning of speech-reading by the returned soldiers and sailors who need such instruction will be more or less important to all, and absolutely necessary to some, as a part of the effort at rehabilitation, and this work should be undertaken by the teacher chosen for that purpose, under authority, and by all others to whom the chance may later fall, in the true spirit of teaching as a contributive opportunity.

The application of speech-reading to the war deaf who will return to this country for repair, rehabilitation, and re-education can be made to cover a wide, a varied, and a helpful range, according to the degree of impairment, monaural or binaural, the possibility of surgical repair with a view to the betterment of intra-aural sound transmission, the consideration of the concomitant impairment of sound perception and the degree to which the new channel of speech transmission may be avail-

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