Lower down in the valley of the Engadine, at an elevation of 4,000 feet, is the large newly built bathing establishment of Tarasp-Schuls, with accommodation for three hundred persons. The mineral waters, both for drinking and for baths, saline, chalybeate, and sulphurous, are the great attraction; the saline, which are also alkaline, being stronger than those of Carlsbad or Kissingen. But the situation may also be recommended as a cool summer residence, being shaded by lofty and well wooded mountains to the south, with varied walks and drives on a dry soil, and with pure air. The high southern screen, however, unfits it for a winter abode; and it has no protection from the eastern blasts which come up the valley.

There is a considerable hotel, or Kurhaus, at Davos am Platz, situated in a high valley to the north of the Engadine, near the Strela pass. It stands about 5,000 feet above the sea, and is much frequented, on account of its cool pure air, and the whey-cure which is carried on there. I have passed some days there, and found the air pure and invigorating, where not contaminated by the effluvia of *liquid manure*, so profusely laid on the pastures in many parts of Switzerland—no doubt very good for the vegetation, but wholly spoiling the fragrance of the mountain breeze. How the composts or cesspools for these manures haunt you wherever you go among the high Alps! Even at Zermatt, that village of glaciers, at Brenil, on the other side of the Matterhorn—places from six to seven thousand feet high—and at most of the high mountain *châlets*, where you might expect to be above such nuisances, and to breathe the pure air of heaven, you find it poisoned by the stench from these cloacæ, in which purity and health are sacrificed on the altar of utilisation! However, although I happened to encounter this nuisance at Davos, it might have been accidental. The place has a reputation for great purity of air. One of my phthisical patients spent six weeks there this summer, and improved in appetite and general health, but without change for the better in the lungs; and he complained much of the dullness of the place. It is not likely to be suitable for winter-residence, as it has little or no shelter from cold winds.*

It was a chief object of my present tour to find a high site for summer sojourn, less in extremes than the Engadine, better sheltered from the bleak north and eastern winds; and the new baths of Bormio, on the south ascent of the Stelvio pass, seemed likely to answer to this description. The pamphlet of my friend Dr. Fedeli (*Sulle Acque Termali e Fianghi di Bormio*), and the fuller treatise of Drs. Meyer-Ahrens and Brügger (*Die Thermen von Bormio*), both published in the present year, had directed my attention to this place; and to these I must refer for details respecting the composition and properties of the waters, and their sundry applications for the cure of disease. My concern was chiefly with the situation as a mountain-residence for the many in summer, and possibly for the few in winter also.

I may as well take the reader with us in our way from the Engadine. On the 23rd of August, we left Samaden at five o'clock, to cross the Bernina, on a fine morning, with not a cloud to be seen; but the valley of the Inn and the grass-fields of Pontresina were white with frost. And, mounted on the *banquette* of the diligence, and whilst gazing with admiration on the magnificent views of mountain-peaks, pine-woods, snow-fields, and glaciers, which the zigzags command in such variety, I was right glad to rise above the cold shade of the Piz Languard group into the sunshine of the little valley in which lie, side by side, the Lago Nero and Lago Bianco—the one pouring its waters into the Adriatic, the other into the Black Sea. Above these, near the summit of the pass, at a height of 7,600 feet, stands the new Bernina Hotel, with fair accommodation, to tempt those aspiring individuals who do not find the Engadine high enough. It is a bleak dreary spot, more suitable to Alpine Club men than to invalids.

Beautiful as are the views in the ascent of the Bernina pass from Pontresina, those on the descent to Poschiavo are even more striking, from the greater depth and steepness of the valley into which the zigzag and serpentine versatility of the road carried us. At first, from the giddy heights of savage mountain-tops, diversified only with snow-peaks and glaciers, we gaze down into the blue haze beneath, and, in the far distance, discern the tracery of a rich valley, speckled here and there with buildings and towers, looking like a fairy-land below us. Not many minutes elapse, as we are rapidly whirled down, before we find ourselves among trees and shrubs—quite novelties, after the scanty silva of the Engadine. Birch, beech, ash, elm, oak, and chestnut, now appeared in succession; then acacias, contrasting their varied hues of verdure with the sombre pine and dark brown rocks; and soon the vine, the gourd, and other luxuriant creepers, gave tokens of the entire change of climate which we had made in this rapid descent. Poschiavo, the first town in the valley, is only 3,300 feet above the sea; so that, in little more than an hour, we had made a descent of more than 4,000 feet.

* Dr. Mayer-Ahrens gives the mean temperature of the whole year at Davos at 37° Fahr.

Poschiavo is not a good halting-place; but three miles beyond, on the brink of the lovely little lake of the Posciavino, stands the very comfortable hotel and bathing establishment of Le Prese, in the manager of which I was pleased to recognise an old acquaintance, M. Mella, formerly the proprietor of the Grande Bretagne at Bellagio, on Lake Como, who had made that delightful hotel so attractive to travellers. The mineral water is alkaline, sulphurous, and very slightly chalybeate. It is a cold spring; but there is a steam apparatus for heating the water for the baths, which are newly constructed of Italian marble. The waters are said to be particularly efficacious in dyspepsia, skin-diseases, chronic rheumatism, and scrofula.

The moderate height of Le Prese—about 3,000 feet—and its situation in a narrow valley flanked on either side with lofty mountains, would prevent us from considering it a very bracing or invigorating place; but it is much cooler than the Italian lakes generally, and presents a pleasant intermedium for spring and early summer, between those and the higher stations, and may prove cool enough in summer for many who have passed their winter in the Riviera or in South Italy.

From Le Prese the road descends 1,500 feet in ten miles, to the opening of the Val di Poschiavino into the Valtelline at Tirano, a thoroughly Italian town. From this the road gradually ascends all the way to Bormio; and the sooner travellers can get up the Valtelline, the better; for, like all the low Italian valleys, it is as malarious and unhealthy to animal life, as it is luxuriant and rich in vegetation. The tumultuous Adda, fed by a thousand mountain-torrents, is continually depositing an alluvium of mud on all the flatter parts of its course, which, forming a rich swampy soil, becomes, in the summer-heat, a hotbed for vegetable growth, but a reeking source of miasmata to man. It is, indeed, a sad and striking contrast to see under luxuriant vines, hanging in rich clusters among the gigantic maize-stalks, all teeming with fertility, the sallow peasants, with haggard faces and goitrous necks, many stunted and deformed, and very few presenting the complexion or configuration of health. This remark applies more to the lower Valtelline, from Tirano to Colico, than to the upper portion; and the improvement in the aspect of the inhabitants as we ascended the valley was very remarkable. At Bolladore, the flat part of the valley, with its exuberant fertility, ceases; and, after passing through a fine grove of Spanish chestnuts, the road enters the narrow defile of La Serra, with its stupendous walls of perpendicular rock, separating the rich Valtelline from the *paese freddo*, as the upper or Bormio end of this valley is termed. This, although bounded on every side by lofty mountains or savage rocks, is not wanting in brightness or fertility. The valley, emerging from the gorge, is first narrow, with wooded knolls beneath the towering mountains, but above expands into an undulating plateau of green fields, beyond which, on the right front, stands the dilapidated little city of Bormio; and to the left, on a rocky slope, the large establishment of the Bagni Nuovi, with the irregular buildings of the Bagni Vecchi beyond, at a greater height; niched at the foot of the great rocky barrier of the Stelvio mountains, which here terminate in perpendicular cliffs, as rugged and savage as weather-scarred limestone can make them.

[To be concluded.]

TWO CASES OF SUDDEN BLINDNESS: OPACITIES IN VITREOUS HUMOUR.

By ROBERT P. OGLESBY, Esq.,

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THE following cases will, I think, prove interesting from the peculiarity of their history. After diligent search, I have failed to find the record of any similar case.

CASE I.—A woman, who had the appearance of enjoying good health, and who stated that she was only 45 years of age (although she seemed considerably older), gave the following history.

On March 6th, 1867, when in the enjoyment of perfect vision, she looked for a length of time through a piece of smoked glass at the sun (eclipse). Directly afterwards, she commenced washing some clothes, when, much to her surprise, they appeared black and yellow. This curious condition of coloured vision lasted an hour; then her sight again became normal, and continued so three days. Early on the fourth day, she experienced "a curious sensation in the head", and immediately afterwards the left eye became dark, and remained so up to the time of examination (March 19th).

The eye was well formed, the cornea was bright, and the anterior chamber normal in size. The iris was healthy, but the pupil was fully dilated and motionless. Tension,—1. The movements of the eye were well performed. The ophthalmoscope showed a large floating body in

the vitreous humour. It was pear-shaped in form, and barely altered its position after the patient had moved the eye quickly up and down, and from side to side. It appeared to be attached by its pointed extremity somewhat firmly, the base floating in the vitreous humour immediately behind the lens. It was impossible to get a glimpse of the disk. The opacity was extremely dense, resembling a piece of thick crape. There were not any vessels near it. Now and again, as the film moved slightly, a retinal vessel could be seen. The retina and choroid appeared healthy, and the eye was free from pain. There was no history of syphilis. The heart was healthy, the urine was normal, and there was no suspicion of brain-mischief. Vision was limited to shadows.

Mercury had no effect; for, after mildly keeping up its specific action for a fortnight, the film remained unaltered in character, and vision had not improved. Iodide of potassium, given in increasing doses, produced a marked change. Vision in a few days so far improved that fingers could be counted. Unfortunately, at this stage she ceased to attend. Some months afterwards, I accidentally heard that she recovered a fair amount of vision.

CASE II.—A healthy-looking young man, by trade a mechanic, assured me that he had enjoyed good vision. On April 25th last, he accompanied a militia regiment from their barracks to a church at some considerable distance. The sun was shining brightly at the time, and the red cloth of the soldiers' tunics sadly dazzled his eyes. As he continued to stare at the soldiers, the left eye suddenly "went quite dark." He had no pain in the head, nor any other distressing symptom at the time, and was in excellent health. On his arrival at home, his mother noticed that the pupil of the now blind eye was much too large.

I first saw him on May 3rd. He then, and subsequently, enjoyed perfect health.

His previous history was perfectly satisfactory. His family history was also good. He did not inherit syphilis, nor had he ever contracted it. He did not smoke tobacco; he abstained entirely from spirituous liquors. No symptoms of organic mischief were present; the lungs, heart, urine, etc., on examination, being found healthy.

He suffered from converging strabismus and a slight degree of hypermetropia. The eyes performed their movements properly, though there was slight weakness of the external rectus of the right eye, which converged more strongly than its fellow; but the weakness was not due to any central nerve-mischief. The cornea of the ailing eye was bright; the anterior chamber of a normal size; and the iris, which was of a dark brown colour, presented no appearance of disease. The pupil was dilated, and acted sluggishly, and qualitative perception of light was absent. Tension was normal. He could just discern letters of 20 Jäger with the damaged eye; the healthy eye read No. 1. The eye was free from vascularity, intolerance of light, and pain. There was great centripetal contraction of the field of vision. The form of the field, at eight inches, was nearly round, and measured only one inch and a-half by one inch and three-quarters.

Ophthalmoscopic Examination.—A large dark body, the lower half of which resembled in appearance a piece of dark crape, the upper half being more translucent, and not unlike a piece of muslin, as the eye diverged, floated through the vitreous humour behind the lens, and entirely prevented any reflection from the fundus. Its base had an attachment at the lower and outer side. As the eye converged, it receded, and I saw the disk, retina, and choroid. The disk was hyperæmic, but the retinal vessels presented no abnormal appearance. The pigment of the choroid was so abundant that I could not see its vessels. The retina had the appearance of health.

An interesting feature in the case was the peculiarity of the floating membrane. As the eye diverged, and it slowly floated through the vitreous humour, it could be seen to unfurl by degrees until it was completely stretched out, as if it had been lying in folds one above the other. No vessel was to be seen near it. He was ordered to take ten grains of iodide of potassium three times a day.

On May 5th, vision had so far improved that No. 10 Jäger could be read. The ophthalmoscope showed an unaltered condition within the eye. On May 7th, the pupil was less dilated, and acted more readily. Vision had improved to No. 6 Jäger, and the field of vision had increased, at eight inches measuring four and a half by five inches. Both qualitative and quantitative perception of light were moderately good. The opacity was less dark, and there was a slight reflection from the fundus through it. The disk remained hyperæmic. On May 10th, he could read No. 6 Jäger. The film could hardly be seen. The disk looked healthy. On May 12th, the field of vision was perfect; the film could not be seen; he read No. 4 Jäger. On May 17th, he read No. 1 Jäger; the film was gone.

The hypothesis that a large membranous opacity should be suddenly formed, and in a few hours give rise to total blindness, is, I think, untenable. A more reasonable supposition is, that such membrane has

been slowly formed, that during the time of growth it has been firmly attached, and, from some unknown cause, a large portion has become detached, and, floating through vitreous humour behind the lens, caused sudden loss of vision.

HOSPITAL VERSUS HOME PRACTICE.

By J. MATTHEWS DUNCAN, M.D.

[Continued from page 464 of No. for Oct. 30th.]

THE comparison of hospital and home practice would, of course, be quite easy if satisfactory data were obtainable. The difficulty lies mainly in getting good data of home practice. This difficulty is greater, I believe, if amputations are made the special subject of comparison, than if deliveries are used for the purpose. I have already given reasons which, added to those of Messrs. Holmes (*Lancet*, August 7th, 1869) and Callender (*St. Bartholomew's Hospital Reports*, vol. v.) are sufficient to demonstrate the unsatisfactory and incomplete character of the amputation data which have been recently used to shew the superiority of home practice. Now, I propose to try what can be done, with the view of contrasting hospital and home practice, if we use confinements for the purpose.

There is no difficulty in getting good hospital data. I shall use those of the Dublin Hospital alone. It is the largest and the oldest lying-in hospital in the British empire, and it has a vast mass of reliable experience to present in a statistical form—above 190,000 cases in the course of above 100 years. Here, it is well worth while to remark, that the data of a hospital with well kept records are far more valuable than those of home practice. If the hospital be large enough, its unmixed data, being sufficient alone, have an unity that cannot exist in a mass of little scraps of private practice sewed together to make a whole for fit comparison. Further, the whole of the hospital's results are to be got. A private practitioner may not be able to give the whole even of his small experience. The bad times of the hospital are recorded as well as the good. The private practitioner, who has had bad times in practice, has an indisputable tendency and an inalienable right to maintain reticence regarding them. The practitioner with fine results is not unlikely to give them to the world, whether he be asked to do so or not. The practitioner with bad results is not unlikely to keep them to himself, even when asked by a friend to give them up.

The results of the home practice of midwifery may be arrived at in several ways. I shall describe them. They are all indirect and inexact when compared with the scrutiny of hospital books.

First: A lower limit can be got; that is, a figure which certainly indicates a less mortality than the real one. The value of this is easily shewn; for, if an author make the mortality of his own practice, or of lying-in generally, under the lower limit, then it is certain that his own practice has been erroneously given, or is quite exceptional, or that his estimate of the mortality of lying-in generally is erroneous.

This lower limit is obtained by reference to the reports of the Registrar-General. Under the heads metria and childbirth can be got a number of deaths of childbed, which, it is known, do not comprehend nearly all the deaths *in* childbed, which last is the figure that is wanted. The deliveries can be nearly exactly estimated from the number of children born, and the proportion struck. No doubt, there are various sources of inexactness and inaccuracy in all this, but still the value of the figure obtained in this way is generally admitted, and it is certainly nearly as valuable as any used in the whole of this inquiry.

Many grave errors would have been avoided in the discussion of the question now before us, if the value of this lower limit had been known. I shall illustrate this by reference to the work of Dr. Evory Kennedy on Hospitalism, etc. Dr. Kennedy is a Dublin practitioner. The Registrar-General's reports shew that the Dublin practitioners generally have had a mortality in their confinement cases of at least 1 in 114. That is the lower limit. Metria and childbirth deaths alone bring the mortality up to 1 in 114. As there are many deaths in childbed not included in either of these categories, it is quite certain that the mortality in childbed in Dublin is higher than this lower limit, 1 in 114. Now, Dr. Kennedy, in the work referred to (p. 78), states his belief that 1 in 256 may be held to be the mortality in childbed, a figure to be contrasted with the mortality in the Dublin Hospital—a manifest and great error. The hospital is naturally expected to have a higher mortality in lying-in than that of the city generally. The city generally has a mortality above 1 in 114. The figure therefore suited for comparison with the hospital mortality is considerably above 1 in 114. 1 in 256 is thus shewn to be an utterly misleading figure for any comparison or use.

Now, the lower limit for Edinburgh, as obtained from the Registrar-