showed suppurative choroiditis with detached retina, and, in another exudative choroiditis.

As regards the manner in which the larvae reached the posterior part of the eye there are three possible methods; first the direct way through the cornea, which, according to Kuznezow, can be frequently observed in Central Asia; secondly, as in Schmidt zu Wellenburg's case, through the sclera (in this case reaching the sclera from the cheek), and, lastly, through the blood-vessels and lymphatics, as Hess believed occurred in his case.

Ophthalmomyiasis may also be a secondary disease, the result of skin myiasis (creeping disease) or a consequence of myiasis of the nose with larvae boring into the orbit and destroying the eyes and causing septic meningitis. It may also result from a general myiasis which may attack unconscious or drunken persons sleeping out of doors. Patients suffering from ozena are particularly liable to attack (Schultz-Zehden).

REFERENCES

ANNOTATIONS

Ophthalmia Neonatorum in the Metropolitan Area

The following figures have been issued as the statistics for ophthalmia neonatorum in the Metropolitan area, together with the numbers admitted to St. Margaret’s Hospital for Ophthalmia Neonatorum under the Metropolitan Asylums Board:

<table>
<thead>
<tr>
<th>Year</th>
<th>Cases of ophthalmia neonatorum notified in the Metropolitan area</th>
<th>Cases admitted to St. Margaret’s Hospital for ophthalmia neonatorum</th>
</tr>
</thead>
<tbody>
<tr>
<td>1919</td>
<td>...</td>
<td>870</td>
</tr>
<tr>
<td>1920</td>
<td>...</td>
<td>1186</td>
</tr>
<tr>
<td>1921</td>
<td>...</td>
<td>1076</td>
</tr>
<tr>
<td>1922</td>
<td>...</td>
<td>866</td>
</tr>
</tbody>
</table>
There is no doubt that after the war there was a great increase of venereal disease, which is reflected in the number of cases of ophthalmia neonatorum which occurred.

The venereal clinics and the better education of the public with regard to preventive measures have apparently caused some decrease in their numbers. At the same time we must keep in mind that all cases of ophthalmia neonatorum are not due to the gonococcus, and that the 60 per cent., given in most statistics, holds good for the cases admitted to St. Margaret's Hospital.

When St. Margaret's Hospital was first opened the accommodation provided was barely sufficient to cope with the number of cases admitted, but the addition of two large open-air balconies for the accommodation of the infants who are admitted in a poor state of health without the mothers, added 24 more cots to the Institute with the result that there are now available 40 cots and 16 beds. Since these additional beds have been added, the hospital has never been worked at its full capacity, although according to the notifications there are more than a sufficient number of cases to fill it.

There are a number of reasons for this.

First, this Institution is still by no means known to the whole of the medical profession; secondly, a number of the cases notified are of the very mildest type and do not require institutional treatment; thirdly, cases are no doubt in some instances efficiently treated at home; fourthly, some hospitals still undertake the treatment of the cases as out-patients; and, fifthly, it has been said that this hospital is liable to become known as an institution for venereal disease. With regard to the last criticism, although some mothers must necessarily know the nature of the disease from which they are suffering, strict precautions are taken against their informing other patients who are admitted to the hospital. No doubt it would be better that the name of the disease should be masked by calling the institutions "Infant Welfare Centres" rather than hospitals for ophthalmia neonatorum.

The State Recognition of Opticians

If any confirmation of the wisdom of the recent recommendation of the Council of British Ophthalmologists on the question of the official recognition of opticians were required it is supplied by a case reported from Queensland where a scheme of this nature is in operation. The case is published by Dr. J. Lockhart Gibson, of Brisbane, in the Medical Journal of Australia for January 14, 1922. The patient was a girl of eight. Shortly before she came under Dr. Lockhart's care her parents had been advised to take