no parallax, and the vision is far better than would be the case with holes. It is possible that a hole will develop later in the right eye but the left appears to be recovering.

The fact that he is emmetropic is consistent with a macular burn for the sunlight would be focused exactly on the macula.

A CASE OF ECLIPSE BLINDNESS*

BY

N. A. JEVONS, Capt. R.A.M.C.

PRIVATE J. H., aged 25 years. This patient has always had good sight and at one time was the best shot in his battalion. So far as is known there was no deterioration in vision until the onset of the present condition. There was no previous ophthalmic history.

On July 9, 1945, he looked at the partial eclipse of the sun, on the first occasion through a photographic negative for about one minute and during the succeeding hour on three separate occasions, each of about twenty seconds, without any protecting screen and mainly with his right eye.

He first noticed symptoms on the following morning. On waking he had a slight ache in the inner corner of the right eye and immediately found that vision was blurred in this eye. Three days later he was referred to the Ophthalmic Department of a General Hospital in Italy.

On examination, V.R. was 6/18 (two letters). V.L. was 6/5. Both eyes were emmetropic. He volunteered the statement that when he looked directly at a letter on the test card he could only see each side of it. There was no evidence of inflammation in either eye. The pupil reactions were normal and the media clear. The only abnormal finding was at the right macula where there was a circular hole, about $\frac{1}{8}$ disc diameter across, with a flat base and steeply sloping sides. Around it, a faint ring reflex, due to oedema, could be seen. Examination with a Bjerrum screen showed the presence of a circular central scotoma of 1° to a 2 mm. white object and of about 2.5° to red.

On the following day he became aware of a circular black spot in front of the right eye and was conscious of this for three days.

One week later the macular oedema had subsided but apart from this there was no change. One month after the eclipse, some irregular patches of fine pigmentation had appeared around the hole. The visual acuity in the right eye was still 6/18 (partly) and the central scotoma could be demonstrated as before.

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* Received for publication, September 29, 1945.

Comment.—A case of eclipse blindness is described, which showed the typical features of this condition—diminished vision, coming on within a few hours of exposure to the sun, the presence of a scotoma and a macular hole. The macular damage and diminished visual acuity appear to be permanent.

A CASE OF SIDEROSIS BULBI*

BY

J. E. L. BENDOR-SAMUEL, Capt. R.A.M.C.

THE following case illustrates the value of interference in an eye with siderosis bulbi even in an advanced state and is thought worthy of publication in view of the possible frequency of such cases after war injuries.

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