

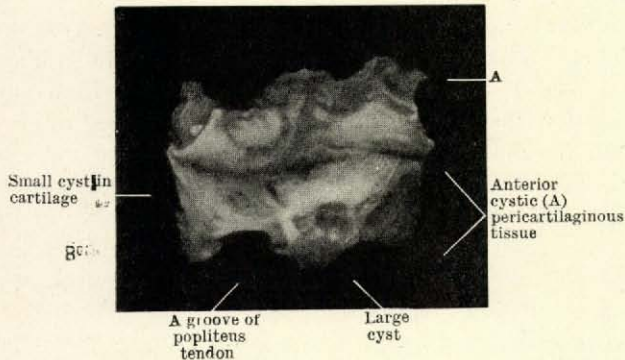
Clinical and other Notes.

A CASE OF A CYST OF THE EXTERNAL SEMILUNAR CARTILAGE.

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As this is a rare condition, the case is of interest. When seen the patient gave no definite history of an injury. He said that about four months previously he had fallen down some steps and might have hurt his knee slightly. He reported sick with a feeling of pain on the outer side of the joint and a sense of weakness of the knee-joint.

Clinical Signs.—There was a slight degree of fluid in the joint. The tone of the vastus internus was poor and there was a good deal of wasting of the thigh muscles. Just anterior to the external lateral ligament there was a swelling the size of a large pea; this felt elastic to pressure and was fixed.



Horizontal section of cartilage. Note the striated appearance of cut surface of the cartilage.

There was tenderness over the anterior end of the external cartilage and the infrapatellar pad of fat was enlarged. The cartilage area between its anterior end and the external lateral ligament felt "boggy" to touch, but there was no œdema. A radiogram of the joint showed no abnormality.

Condition found at Operation.—The external cartilage was detached from the tibia as far back as the external lateral ligament. The anterior end was embedded in the pad of fat, which was very large and showed considerable fibrosis. The connective tissue between the cartilage and the capsule had undergone cystic degeneration; there was one large definite

cyst, the remainder being merely a mass of tiny cysts. The cartilage was removed.

On horizontal section of the cartilage, one cyst the size of a pea was seen just anterior to the popliteus tendon; this was definitely intracartilaginous. There was another smaller cyst behind the level of the popliteus tendon, also intracartilaginous. There were several longitudinal spaces filled with a mucoid substance. The cartilage appeared to consist of bundles of fibrous tissues in irregular striations.

The specimen has been sent to the College at Millbank.

Cysts in connection with the semilunar cartilages are rare. They have been recorded by Ollerenshaw and Furnival in England and also by several continental surgeons.

The origin of these cysts is a matter of speculation. It is interesting to note that in all the cases recorded, with one exception, the external cartilage was involved.

Timbrell Fisher is of opinion that these cysts are ganglia occurring in the connective tissue between the peripheral border of the cartilage and the synovial membrane with which it is covered at this spot. He points out that these ganglia always occur in the same situation, i.e., at the place where the tendon of the popliteus muscle crosses the cartilage, and that this is the only situation where either cartilage receives a partial covering of synovial membrane in connection with its peripheral surface.

In the specimen I have described the condition noted by Timbrell Fisher is present. As well as this there are two definite intracartilaginous cysts which cannot possibly be due to the invasion of the cartilage by these connective tissue cysts. The irregular striation of fibrous tissue in this specimen is also of interest.

A microscopic section of the cartilage would be of great interest.

This note is published by kind permission of Lieutenant-Colonel H. C. Winckworth, R.A.M.C., Officer Commanding, British Military Hospital, Calcutta.

A CASE OF SECONDARY OPTIC ATROPHY.

By MAJOR J. A. BENNETT,
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THE following notes may be of interest on account of the relative rarity and the nature of the lesion:—

History.—On January 28, 1930, a soldier, aged 24, was knocked out in a boxing match on a troopship. His head hit the deck and a small wound one inch long over the left eyebrow resulted. He was admitted to the troops' hospital on board and complained of blindness in the left eye.

On February 15 he disembarked and was transferred to the 7th General Hospital, Shanghai, when his condition was found to be as follows:—

Pupils equal, movements normal. Tension normal in each eye.