

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.

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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.

Reaction to Light.—Left. No reaction of left pupil to direct light stimulus; exaggerated consensual reflex.

Right. Reacts to direct but not consensually.

Left eye has some perception of light; otherwise blind.

Ophthalmoscopic Examination.—Atrophy of the left optic nerve; disc greyish white in appearance with a small pinkish crescent at the nasal side. The edges of the disc are sharply defined and there is no retinal change round the disc. The retinal vessels are normal. Lamina cribrosa well seen.

Comments.—The lesion is in the left optic nerve. The history and present condition suggest that there might have been a fracture of the orbit involving the optic canal, probably causing an extravasation of blood between the nerve and canal, i.e., a hæmatoma of the sheath of the nerve.

The case is one of descending degeneration of the optic nerve, and as time goes on the optic disc will become quite white like a primary optic atrophy.

The man has been invalided to the United Kingdom.

A NOTE ON THE PREVALENCE OF PULMONARY AND OTHER FORMS OF TUBERCULOSIS IN LAGOS AS REVEALED BY POST-MORTEM EXAMINATION.

BY MAJOR W. J. E. BELL, D.S.O.,
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WHILST I was attached to the West African Medical Service on anti-plague duty in Lagos I had the opportunity during the year 1929 of performing a considerable number of post-mortem examinations at the public mortuary.

The primary object of these examinations was to ascertain the presence or absence of plague.

When engaged on this work I could not help being struck by the high incidence of tuberculosis, chiefly pulmonary, by the severity of the lesions and by the low standard of resistance found in the subjects, although from previous experience as Medical Officer of Health, Lagos, I knew that the disease was prevalent and possibly on the increase.

Previous statistics of this disease have, of course, been published in numerous annual medical and sanitary reports from Nigeria, but it is thought that these first-hand unofficial notes may have an interest for some readers of the JOURNAL OF THE ROYAL ARMY MEDICAL CORPS as a reminder that the malady is by no means confined to these northern countries, in which it has been recognized as a scourge from time immemorial.

The examinations consisted of routine naked-eye inspection of inflamed