

SURGICAL NOTES.

DERMOID CYST OF THE NECK.

SOMETIME ago we were consulted by a Mrs. J., a native of Watertown, N.Y. She had been for the preceding three years under the care of a number of physicians for a tumor of the thyroid, and had been treated with iodine, electricity, &c., but had derived no benefit therefrom.

On examination an enlargement the size of an egg was evident, apparently a part of the isthmus, and, as it moved up and down with the larynx in deglutition we were satisfied it involved the thyroid. It was semielastic, and, on using a small aspirating needle it gave one the impression that it was entering a cavity, but on withdrawal there was no trace of fluid. This seemed to warrant our conclusion that it was a cyst of the thyroid, containing colloid material so thick that it could not be withdrawn through the needle. As she seemed very anxious to have it removed in spite of the dangers incident thereto, which had been fully explained to her, we decided to operate, and on cutting down were surprised to find we had to deal with a dermoid cyst. It was held down by the middle lamella of the deep cervical fascia, and as this layer also passes over the thyroid, we can understand the movement in deglutition.

The tumor was attached to the greater cornu of the hyoid bone above, and, as it increased in size, had worked down between the thyroid cartilage and the carotid artery, so that when dissected out, the fossa in which it lay was bounded above by the hyoid, below by the isthmus of thyroid, internally by the cricoid and thyroid cartilages and externally by the carotid artery.

The wound quickly united and at the end of the week she left for home.

This cyst must have been congenital and had remained quiescent until about five years ago, when some irritation caused it to increase. The congenital origin is the only explanation of a dermoid cyst appearing in the mesoblast, and in this case it was,