

On examination of the teeth the canine on the left side is found missing, while that on the right is projecting through the alveolus slightly posterior to the line of the other teeth. This is very well shown in the beautiful cast which was made for me by Dr. J. B. Morison.

A probable diagnosis of Dentigerous Cyst having been made, I thought it advisable to have x-ray photographs taken in order to locate the missing tooth. These were taken by Mr. Watson of the Montreal General Hospital. The first consists of a lateral view of the skull. Due to insufficient exposure, however, even the teeth normally placed show but poorly, and in view of the deep burial of the displaced tooth, it is not to be wondered at that it does not show in the plate. At Mr. Watson's suggestion I next had a film exposed over the teeth and base of the tumour. Again we failed to find the missing tooth, as it was situated about one inch above the line of the other teeth. The film, however, shows a space between the incisor and the bicuspid where the missing tooth would normally appear.

On June 30th, 1905, being convinced that my diagnosis of Dentigerous Cyst must be correct, I operated on the patient in the Western General Hospital. An incision was made over the base of the tumour just above the roots of the bisucpids, the knife passing through a tissue having the feel of cartilage. Quite a gush of a clear, viscid fluid occurred.

The finger was introduced and found to enter a cavity where, about an inch and a half above the line of the teeth and half an inch to an inch internally, a tooth could be felt projecting into the cyst. This was easily pried out with a chisel and removed. The cavity was then lightly curetted and packed with gauze.

The patient was operated on at 2 p.m.; he left for the country about 6 p.m., and served his milk round as usual at 4 a.m. the next day.

The tooth appears to be a perfectly normal canine tooth, the crown of which was projecting into the cyst.

The subsequent treatment was the dressing of the cavity at required intervals. The cavity took much longer to close than I had anticipated and the patient was only discharged as cured about October 15th.

The patient is of interest only in proving the fact that the deformity due to such cysts is most readily and permanently removed. All that remains now is a slight thickening of the superior maxilla and a short healed sinus a quarter of an inch in depth at the site of the original incision.