

this gradually increases in quantity, the contiguous bone is removed to make room for it, and the cyst finally bursts and is obliterated by the advancing tooth. When deeply situated in the jaw neither of the above may occur, and a tumour results. (2) The cyst may be formed, due to cystic degeneration caused by the irritation of the erupting tooth on the surrounding tissues.

The tumour, as a rule, grows slowly and is painless. The face of the tumour is rounded and hard, and may be smooth or lobulated. It usually occurs before the age of thirty years. The diagnosis is not difficult when there is absence from its proper place of one or more permanent teeth, or presence of temporary teeth on one side with permanent on the other. The treatment is to remove the retained tooth.

This patient, L. H., is a boy aged 13 years; his occupation, driver of a milk waggon. When first seen, on May 8th, 1905, he complained of a deformity of the face due to a swelling about the upper jaw on the left side. Although this deformity has been present for some time, as the growth had been very gradual and at no time painful, and as the boy lived in the country, no physician had been consulted.

The patient states that he first noticed a slight swelling of the upper jaw in the summer of 1904, and that this had been gradually increasing in size until the present deformity resulted. On three separate occasions, twice during last summer, and once in the spring of this year, he had noticed a sudden slight increase in the swelling, accompanied by a feeling of tension in the tumour. This in a few days was followed by the discharge of a small quantity of rust coloured fluid, with relief from the feeling of tension.

The patient is an exceptionally healthy boy of good muscular development. On the left side of the face, a marked deformity is visible. This is due to a filling up and protrusion forwards of the normal concavity in front of the malar and below the orbital bone. This is especially marked in the lower part, so much so that the lips cannot be completely approximated on this side without difficulty. Besides the actual deformity, the main peculiarity is due to the partial eversion and displacement of the upper lip on the left side. This is better brought out when the patient talks or smiles.

On external palpation the tumour is smooth, rounded, hard and insensitive, and about the size of a small orange. On examination of the mouth the swelling is seen to begin just above the margins of the bicusps on the left side. On internal palpation it is found to be smooth, rounded and more or less resilient, giving the sensation of a thin layer of bone over a fluid cavity. It is quite insensitive except on deep palpation.