

described by Moure, consist simply of the natural excavation to which I am referring, but I think it extremely probable that the furrow has been frequently mistaken for excavating ulcers by others, as I believe they have by myself.

### **HYPERTROPHY OF THE ANTERIOR LIP OF THE HIATUS SEMILUNARIS.**

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WHEN the anterior part of the middle turbinated body is not very highly developed, and still more if, as the result of atrophic rhinitis, it is diminished in bulk, the groove of the hiatus semilunaris is often very plainly visible. More often it is concealed from view by its own anterior lip, which may form a fairly sharp ridge, shelving gradually towards the observer. This ridge, which is really the membrane covering the unciform process of the ethmoid, is sometimes the seat of considerable hyperplasia, and it very frequently comes in contact with the middle turbinated body, so that what is normally a groove is thereby converted into what is practically a tube leading more or less directly from the ostium of the maxillary sinus up to the frontal infundibulum. In extreme cases this hyperplasia is very considerable, and it may enlarge so as to form a rounded bolster-shaped swelling on the outer wall of the middle meatus, curving from above downwards and backwards so as to simulate an extra turbinated body. It is sometimes so rounded and so large that it may overgrow and acutely conceal the real middle turbinal, and present an appearance so like that body that it may be very readily mistaken for it, and indeed impossible to be distinguished from it by its ocular appearance, except in so far as the typical neck of the middle turbinal may seem to be wanting. By the use of the probe, however, that difficulty is removed, as it is then found impossible to pass this between the swelling and the side-wall as one could do if it were the middle turbinated body.

It is impossible to examine any very large number of noses without coming across this condition, but unless the singularity of the appearance and the nature of the swelling are kept before the mind, it is very apt to be overlooked; hence in studying the topography of the parts in any given nose it is essential to check the ocular appearances by means of the probe. The swelling I refer to

is to be distinguished from the soft boggy bulging described by Kaufmann as a lateral swelling, and which is usually associated with rarefying osteitis of the uncinatè process, such as occurs in some cases of suppuration in the maxillary antrum. This is probably an effort on the part of the disease to make a wide exit for the pus into the nasal fossæ. In cases of ethmoiditis with the formation of multiple polypi, hypertrophy of the anterior lip of the hiatus is frequently present, and I have found that after the removal of as many polypi as possible, even after ablation of the anterior part of the middle turbinal, there are still remaining small polypoid growths, showing only a very slight translucent bulging on the outer wall. After removal of the hypertrophy of the anterior lip, I have frequently been able to effect the removal of such polypi which had previously been mechanically impossible. For the best means of removing this hypertrophy I am indebted to the writings of Professor Killian.

The growth, consisting of a sessile ridge or lappet, is naturally difficult to seize either with forceps or snare; but the difficulty is to be met by transfixing it at its middle part with the point of one blade of a pair of scissors, cutting it through and removing the lower and upper halves respectively by means of a snare. Instead of scissors I have sometimes used a sharp knife, as there is not always room for the passage of the unoccupied scissors blade; but it need hardly be said that the patient's head must be securely held whilst transfixion is effected, so as to prevent the possibility of the patient's head being jerked forward on to the point of the instrument, whereby the possible though very unlikely accident of penetration of the orbital cavity may be avoided.

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### ON THE REMOVAL OF TONSILS IN ADULTS.

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THE removal of tonsils in adults is by no means the simple matter that it is in children, in that it is much more liable to be followed by certain ill effects. It is my purpose briefly to discuss these sequelæ, and the means by which they may be prevented.

Besides the dangers attending all open wounds, tonsillotomy in the adult may have two special consequences, which are so common as to merit serious attention. The first is the danger of hæmor-