

During sleep more harm is done than while awake, owing to the prolonged period during which the sleeper occupies the one position. This applies particularly to persons who habitually sleep on one side, owing to the effect which gravitation always has upon the tissues of the lower nasal fossa.

Collier very reasonably argues that when one-sided nasal obstruction occurs from any cause, this pressure from rarification not only acts upon the septum, but also upon the turbinateds, arch of the palate and other structures, producing the general collapse of the fossa, similar to the condition already described by Zeim in his account of experiments on animals.

Of course, before the effects of rarification could occur, there must be, from some cause or other, partial closure of one nasal cavity; then in due time the results indicated are likely to follow. In children this obstruction sometimes arises from neglected colds, and particularly from the habit of allowing the child to sleep too much on one side. It should be remembered, however, that in children the obstruction is rarely unilateral, as it is caused in the majority of instances by the pressure of adenoids, affecting equally the respiration through both posterior choanæ.

Many observers believe that a tendency to the formation of septal deviations is hereditary, while others think that this tendency rarely or ever occurs. From my own personal observations I believe that heredity is a serious factor in the history of obstructive lesions of the nose; just as it is a potent element in producing types of feature and of form. I have known many instances where different members of the same family have been affected by similar nasal lesions, particularly in regard to deviations of the septum. One of my patients in the city, a boy of nine years, has curve of the septum to the left. There is no indication whatever of traumatic injury. His father likewise had curve to the left, with spur enchondroma so large as to produce complete stenosis on that side, with deafness in the corresponding ear. On enquiry about the grandfather the only information I could get was that he was a snuff-taker, and that he always took it through the one side. The conclusion is obvious. No doubt he transmitted the hereditary tendency to his son and grandson.

Very many cases of nasal stenosis arise from traumatism. Bosworth believes that the majority do, particularly when occurring in early life—the septum at that period being more easily bent or broken from its normal position.

Then we have obstructions caused by the presence of hypertrophies of the turbinateds, the existence of polypi, new growths, etc., and the occurrence of frequent colds. From whatever cause the difficulty in respiration through one side may occur, it is always likely to be magnified by the addition of Collier's rarification.

The opposite effects of nasal and mouth-breathing upon the general health has been very carefully observed by medical men during recent years, with the result that it is now acknowledged by all that habitual respiration is physiological, while habitual oral respiration is pathological.

In the former the air is cleared from impurities, heated and saturated