

arising from defective nasal respiration, naively used the familiar expression, that he did not know but every disease of the body except housemaid's knee had its origin in an obstructed nose.

Be that as it may, it can at least be affirmed that nasal respiration is too essential a factor in the maintenance of good health to allow the impairment of it to be ignored. Its effects extend beyond the face, and in some instances even seriously influence thoracic development, the result being very noticeable. From this two peculiar forms of chest irregularity can be traced. These are flat chest and pigeon chest. Both are said to be the result of rachitis, added to mouth-breathing. I do not think, however, that rachitis is at all an essential factor in producing them. If present it may aid in developing deformity, but in the cases I have to show to-night it certainly did not exist.

Through the kindness of two of my patients I am able to show you to-night one example of each kind of unusual formation, both due to obstructed nasal breathing during all the earlier years of life.

The 1st is that of a young lady, well developed in every way but that of the upper thorax, which is markedly pigeon-chested in shape. She came to me over a year ago suffering from nasal stenosis, which she had been troubled with all her life. This arose from the presence of adenoids, and hypertrophy of the faucial tonsils. There was also nasal obstruction from spurs. These I removed with satisfactory results. The chest malformation, however, has remained permanent. You will notice in her case the prominence of the sternum and front ends of the ribs, with the lateral flattening of the latter toward the axillae. You may notice also the present perfect freedom of nasal breathing.

The 2nd is the case of a young gentleman, aged 15, height 5 ft. 11 inches, weight 140 lbs. He is now like a healthy, overgrown youth. When he came to me first, 2½ years ago, he was a thin and delicate boy, 5 feet high and weighing 90 lbs. He had almost complete nasal stenosis, owing to enlarged turbinates, adenoids, and hypertrophic tonsils. His chest was very flat, and in one place, which you will notice, even concave on its anterior surface. The complete removal of these impediments to normal respiration have had a good result, as you will see, upon his physical system. He has developed in every way, with the single exception of the thoracic wall, which retains its flattened and concave outline.

The question may be asked, the cause being the same in each of these cases, why the result should be so diverse. The reply is simply that the deformity would be in the direction of the least resistance. In nasopharyngeal stenosis inspiration is always more labored than expiration, necessitating the powerful action of the diaphragm to accomplish the inward breathing.

The young lady originally had a round, full chest, and the sternum standing prominently forward would not yield so readily as the ribs to the inner pressure, produced by every breath drawn, and this repeated with every breath during all her young life could easily mould the flexible ribs into their present irredeemable position.

In the youth the opposite was the case. He comes of a flat-chested family. The short sternum, lying on the same plane as the anterior ends