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On the Diseases of the Pharynx and Ears.

Walter Scott,

Fair enough—yet bridge tampered.

Sig. Incised Pharynx and Ears.
The pathology of the pharynx and epiglottis offers to us a kind of field of interesting observation, not only on account of the extensive, though complex anatomical relations which they bear to the great blood-vessels, nerves of the neck and thorax, but also on account of their close connection with important physiological functions. The pharynx will the sense of hearing, function of respiration, to the pharynx & epiglottis as that of deglutition.

As it is essential to the well-being of the animal economy, that these functions in a state of integrity, last, .
of them are capable to produce symptoms, satisfying in themselves, without being
their consequences, which are only too
frequently beyond the power of medicine
to remedy. Indeed, a healthy condition of
their structure and organization is second
only, in importance, to that of those
organs upon which the more immediately
vital functions depend.
From their extensive relations, as course,
yet are liable to many serious diseases.
These diseases simulate or are simulated
by many affections to which neighboring
parts are exposed. It is obvious then, that
it is only by a careful anatomical study
of these diseases, and a minute analysis of
their signs and symptoms during life, that
we can ever hope to arrive at a correct scheme
of a rational treatment. It may indeed
be that justice that many of these
are beyond the power of our art to cure,
but does that not make it all the more
imperative that they should be carefully
studied? As well to the formation of a,
Correct differential diagnosis, as to their probable termination. It will be unnecessary for me to dwell into any description of the anatomical relation, structure of these parts: but I will at once proceed to a consideration of some of the more important chronic affections to which they are subject. I intend to describe the nature, cause, symptoms, treatment of these various diseases of the spine, to discriminate between them to the diseases of neighboring parts, which simulate them.

The Pharynx is liable to all the changes to which other parts of the body are exposed. Constitutional gradual formations or deficiencies, may in no mean case, but as a consideration of these would be perhaps more curious than useful, I will pass them over in silence.
I will first mention inflammation. The Pharynx or Oesophagus, is liable to all the effects of disease, which occur during the progress of the termination of that abundant juice.

When suppuration occurs, it gives rise to very distressing symptoms. It may involve the whole tube, from which it may result from inflammation & abscess of the adjacent structures & neighboring parts. Although it may then be said to be of secondary occurrence, it is of great importance, owing to the danger to which it exposes neighboring parts.

John Bell in his surgical works mentions case of deep which abscess, &c. which, or otherwise which gave rise to both great Oesophageal & Tracheal abscesses, &c. which, in account of the difficulty which they meet with in penetrating the cervical fascia, these abscesses often extend by external incision, frequently found exit by ulceration into the Oesophagus or even into the Trachea. Of Enrole leukoce the necessity of early operation.
After evacuation, before the results are arrived at. If the abscess is left to the creative power of nature, the probability is that the pus will infiltrate and integrate the surrounding tissues, often at different points into the pharynx or oesophagus.

The evacuation of pus through the oesophagus may be followed by great immediate relief, but afterwards the food in passing downward will gain admittance through these openings. Then occurs a secondary abscess, ultimately the patient perishes by syphilitic pharyngitis. These cases, however are not altogether hopeless, as long as the patient may be cured by free external and dependent union, the latter always being in the mucous lining. Kept up by tonic and hemorrhage drainage.

These abscesses generally occur in patient of the oesophagus. Besides, as usually now in their proper, the quite easily expelled into oesophagus irrespective of the tube. Before they are thoroughly matured distinctly they are still felt to be compressed there.
they may be distinguished from any of other
lumina, by the occurrence of other symptoms
of the stumous constitution, they are also
generally accompanied by other symptoms
by pain, from the first.

Small pox jaundice have been described as
occurring in the pharynx, Medlar
but T. Mann in his "Proteus Anatomy
of the Stomach" says he
has examined the bodies of many
patients this have died of Small pox
have in attesting any such appearance;
the attributes the appearance, described
to enlargement of the mucous glands, which
frequently occur in children.

Leucorrhoea of the labia may be small
extent confined to the back wall of the
vagina, or it may be extensive extending
on the front wall. Leucorrhoea is seen in some
cases beautifully defined, in Baudri,
L'ingrang illustrations of Morbid Anatomy.
Leucorrhoea may be the result of absorption
Caused by the stumous always before distant
only inflammation of the esophagus following bullets is of importance. It may also take its origin from idiopathic inflammation, or the presence of foreign bodies in the tube. In the latter case, if the foreign body is not removed in time, ulceration may take place and lead to the formation of a fistula into the trachea or posterior mediastinum.

Ulcers connected with ulcers of the stomach may open into the esophagus and lead to the formation of the gastric fluid, after which the stomach may contract spasmodically. If the force of the gastric fluid into the esophagus it may act on the mucous membrane in the same manner that it does upon the lining membrane of the stomach to cause appearances of ulceration. This Dr. Virchow calls "digestive solution." He relates a case in which the tube behind the head was formed healthy and all the tube above that point was formed softened cicatricial. Several cases of rupture are on record. Dr. Munro mentions a preparation of this new
in which the Gullet of a child is affected to considerable extent in the longitudinal direction 

Gumare of the Gullet may also, almost make to break open, internal linings that the appearance of it as it be seen. At first seen it is difficult to determine if the softening of the mucous membrane 

Chiefly occurs in infants and children. If Mucus gives the case of a girl who swallowed Salicylic Acid for the purpose of committing suicide, whose bullet was discharged. The boy afterwards in the form of a black stool.

Infiltration of tubercular matter is lower means seen, when the bullet does occur causes difficulty in swallowing. Considerable loss of voice.

Alitinous exudations occur in Diphtherite Group, Aphthae, Scarlet Fever, etc. In Children in milder Infant, a large of whitish matter adheres closely to the mucous membrane of the Gullet, but it is soon cast off through into the Stomach.

Symptoms of various kinds are bound, growing from the walls of Pharynx, Esophagus,
Polypi are most frequent in the Pharynx, are often seen attached to the posterior part, hanging down into the Pharynx. Occasionally, however, they are found growing in the Oesophagus. The daily entry of the polypi gives by long and thin pedicles, sufficient long to allow them during vomiting, being forced into the mouth.

Coriophoristis, mites with indolent degenerative irritation, are by no means rare, but these with cysts, polypi, scirrhus growths or defects, will be best considered under the head of structure of the Oesophagus sick consequences.

A kind of hernia of the Oesophagus may be sometimes seen, in which the mucous membrane of the tube is protruded through the muscular coat. The food in passing down gets into it; thus it is difficult naturally or artificially. Cancer, compression of the tube, has a consequence great difficulty in swallowing.
We now come to the special diseases of the Pharynx & Trachea.

**Diphtherite**

The true history of this malady seems to be involved in considerable obscurity. It was perhaps first minutely observed, & especially described by some Spanish & Italian Physicians. Although most antitheses agree as to the general character & symptoms of the disease, that it is an affection of the fauces, tonsils, posterior nose, pharynx & trachea, that it sometimes spreads into the larynx to trachea, yet there are several points of discrepancy, that are difficult to be accounted for. H. W. S. in an account of the Father Tranquillus, as it occurred in an epidemic in Cornwall, describes it as an affection of the Pharynx, accompanied by a membranous crust, often extending into the trachea in a tubercular form, thus resembling ecorz. M. Reuter, in his works, described the disease under the name of Diphtherite, insisting that Diphtherite & ecorz are one & the same.
discussed: that the former was only the ultimate stage of the latter; that it proved fatal only by extending into the trachea. This statement is no doubt very plausible but it appears to me there are wide points of difference between the two diseases.

It by no means follows that an inflammation attaching the larynx, + extending by direct continuity of surface into the pharynx, perhaps thrown down to the stomach, is to be considered a variety of scroph. A disease which attacks the trachea, only sometime, the larynx, however difficult to distinguish, extends into the larynx.

Scroph, as commonly understood, is essentially a disease of the trachea + larynx accompanied by an evoluation of false membrane, provoking fatal by the impediments which the false membrane offers to respiration. Both disease, terminate fatally by asphyxia but as well might we argue that phthisis and dysentery on the same disease because both terminate fatally by asthenia.

Again as will be afterwards shown bleeding...
which is of so much service in Europe, by the
testimony of both Modern and Early Authors,
is not at all admissible in Diphtheritis. Indeed,
Rutheaus himself state that it is more represen-
tively injurious.
As he well knew he pointed out, by local applica-
tion, Diphtheritis may be prevented from spreading
into the air passages, while on the other hand
Croup primarily begins in the trachea.
Diphtheritis is cutaneous; Croup is not.
Croup begins with Catarhal symptoms, diph-
theritis with pain that brings the tongue,
tongue, often accompanied with great
difficulty in swallowing. Asymptomatic cases
are noted in Croup. Croup lasts or new
attacks in adults; whereas the Morbus
Measles occurs both in young people
and adults. These facts I think serve to
separate the two diseases, since their etiology
different in their nature.
Diphtheritic inflammation commences in one,
or sometimes in both tonsils, it spreads upward
backwards on the soft palate, posteriorly to
the pharynx. It is confined entirely to the
left to surface of these parts & display no tendency to implicate the submucous tissue. The lymphatic salivary glands in the neighborhood are apt to become swollen & painful, but this is an accidental symptom which goes little to much inconvenience in the first stage of the disease. The mucous membrane is red & painful, there is a raw appearance. The ulcer begins at first circumscribed but gradually expands, along the surface of the membrane. The affected part next becomes covered with a layer of semi-transparent perspired mucous, this covering is at first very thin than but slight attachment to the subjacent surface, but afterwards it becomes thicker by successive deposits in the form of layers. It comes firmly attached to the mucous membrane. During the progress of the inflammation this membrane seems to protect the raw surface, but afterwards it drops off spontaneously. If it should be readily torn off the inflamed area is afflicated instead of healing, and the mucous membrane may become ulcerated.
This peculiarity is at first caused by red white spots which under the microscope are found to consist of small coelomocytes, the prominent orifices of the mucous follicles.

According to Enrip, there is no relation between the intensity of the inflammation and the intensity of the formation of the false membrane. In fact, the less there is of the epithelial element, the more abundant will be the production of the false membrane. In putrid children there may be observed some proportion between the common or epithelial element, the specific element; but if the case be one in which the epithelialic element is particularly well marked, then the common element or inflammation, the specific element or exudation of false membrane will stand to each other in inverse ratios. The false membrane by being exposed to the air, to the moisture of the breath is apt to become blackened like coal to a very hot coal. This circumstance misled the Spanish and Italian physicians who looked upon it as a black. This error is
encouraged by the fact that portions of it become detached during the progress of the disease, at the beginning of an epidemic the disease always assumes its worst character but the virulence of the symptoms decline during the progress of the disease Constitutional symptoms vary according to the age, constitution of the patient The general strength is usually very much impaired, febrile symptoms being more or less present. The face is flushed, eyes watery, thin dry, thirst considerable, pulse small and quick - 100-120. - febrile hectic, the urine scanty, yellow colored. Nocturnal sweats occur; delusions often occur, among which the patient is hot restless, may have loss of appetite. The local symptoms however are generally slight. Sore throat, induration of the tonsils or faucial angina. Soreness of the eyes is always a very prominent symptom for the disease advances, great difficulty of breathing is manifest. The voice sounds as if the patient had a syphilitic ulceration of the throat.
With regard to the Pathology of the Disease we find the cuneus membrane of the first affected of a bright red color, somewhat softened, but not ulcerated, unless the false membrane have been torn off. It is covered, as before mentioned with an ash gray colored incrustation of considerable thickness. This crusty structure frequently descends into the larynx and trachea as the smaller bronchi. The tracheal membrane, sometimes also receiver a similar coating. The incrustation may assume the form of a circular tube but sometimes extends in long strips. Mr. Muttmore states that in all the cases examined by him no appearance of gauziness was observed. With regard to the contagious nature of the disease, most Authors are agreed that it is contagious. All persons, of whatever age are liable to an attack of this malady. Children however, girls more than boys, the inferior of both sex seem to be more prone to be affected. Virchow observes in the same as in other contagious disorders, in Niemey Toddani it exists to indulge.
A careful examination of the patient's circumstances of an attack of Diphtheria will invariably enable us to make a correct diagnosis of it from other diseases, by which it at first is simulated. And as advancement of the symptoms become more marked, the danger of a fatal termination very much increased.

As regards Prognosis, the disease has no stated issues, although the bulk of it may generally be said to be over in from two to six days. Occasionally however it may extend to 11 or 12 days. The favorable symptoms are abatement of the redness & watering of the eyes, the pulse falls from 120 to 80 or 90, becomes more full, the respiration are finds itself rapid, the skin becomes moist, the urine contains a Copious sediment; the false Membrane becomes detached & exfoliated, the subjacent mucous membrane assumes its natural appearance. On the other hand when the respiration become quicker & more laborious the voice weak & shrill, the pulse small & rapid, the cough as in Croup as former, a
laboring character, if the patient is constantly restless or if choleric supervene, then an unfavourable termination may be expected.

At the commencement of epidemics, great differences of opinion exist as to the proper treatment to be followed. Bloodletting, pectoration, irritant tonics, was local medicina, Alum powders, calomel and various tonics, all had their turn. Dr. Bettman of London was the first to propose a rational treatment: Bloodletting and other powerful evacuants are decidedly contraindicated. The bowels should be kept open by small doses of calomel, digitalis, followed by castor oil or saline infusion of tannin.

The following mixture may be ordered to be taken 2 or 3 times daily:

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<tr>
<th>Ingredient</th>
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<tr>
<td>Potassa Chlorate</td>
<td>81 V</td>
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<tr>
<td>Acidi Mur injected L</td>
<td>30 M</td>
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<td>Tinct. Nux Vomica</td>
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Topical applications in the hands of Dr. Bettman offered to the affl. service, he was in the
habit of using hydrochloric acid, either pure or diluted, he has most faith in the pure acid, one application of which in the eye has if sufficiently been observed that severity of the abscess, acid in that time. The acid may be diluted with spirits of honey. 

He speaks favourable also of albumens that in the case of children it seems best to use in preference to the strong acid, as it is not injurious if swallowed. If the little patient is restless during the application, it produces no serious effect on the surrounding tissues or which it may come in contact. 

Alcohol of silver has been used, but with no good effect when the disease has reached the air passages for the only thing that we can have recourse to is tracheotomy. Mr. Britten performed the operation three times, without success. In one case the patient was saved, the other too died. As the disease reaches the lungs before the trachea, this circumstance might seem to lighten our hopes of success in performing the operation, but at least it is a substitute
alternative, but if we are certain that the disease had not reached the skin, but that the large disease alone was affected, we cannot suppose with any show of reason that the mere recision of the skin would stop the progress of the disease. I may after the first symptom has been alleged as one of the greatest signs of the early rise of strong animal power, the lungy indicated in order to counteract the great exhaustion which accompanies this disorder.

Inflammation of the Edphalrus.
Edphalrus appears to occur seldom as a concomitant disease; it is therefore more often a result of other diseases than of primary origin. It occasionally takes place in the disappearance of cutaneous eruptions or on the sudden stop of any accustomed discharge. They often during the course or as a sequel of the scarlet fever, scrofulous eruptions, etc. Although it is thus secondary in its occurrence, it is not of the least importance, unless it should be acted on with great precision to say...
serious consequences, when it occurs comparatively
the predisposing causes seem to be long continued
Nystagmus, Throat, flatulence, the abuse of
alcoholic liquors, use of highly flavored Sobier
food, all of which, by their continuance or sudden
acceleration, may prove exciting causes.
The more obvious exciting causes are the sudden
intake of cold water while fasting,
swallowing too warm fluids, or solids, the
presence of foreign bodies in the tube, orifice
used in their extraction, the swallowing of any
of the Acid Corrosive Poisons &c.
The symptoms of this Disease are. Considerable
constitutional disturbance, frequent headache
with violent pain, elevation of burning
heat felt along the whole course of the Canal,
but which are mostly generally referred to the
back of the throat or between the shoulders.
The patient frequently feels as if a tight cord
were felt stretching along the dorsal vertebra
or as if a foreign body were lodged in the
epiglottis. The skin is appreates by the
superior laryngeal, right phrenic nerone, or, in great
increased by every effort at restitution, more deflexi
Some especially affected, which are often immediately
episiotomised or ejected with great force through
the nostrils, thus in usually great thickness.
The faeces are often not affected, but the mucous
secretion of the guts is stopped thus rendering
the tube dry & defecation little more difficult
painful, when oesophagitis occurs in children.
In the same dysphonia are observed, but
the accompanying fever of some more of the
respiratory cough. The milk they swallow is taken
up unchanged.
The disease may terminate in many ways;
Resolution, suppuration, ulceration or
Chronic disease. It has been stated that after
the introduction of constant poison, it may
terminate in gangrene, but perhaps the
appearance was due to the blocking of the
chemical action of the substance swallowed.
The virulence of the disease when it is to
end in resolution is generally over in the 6th
Day, but this favourable termination may be
delayed until the 11th. Its occurrence is
marked by the subsidence of all the general
local symptoms, occasionally by the discharge
of a false membrane.
When suppuration of the Osophagus occurs, the
localised remarkable increase fibrous symptoms,
violence, throbbing & feeling of distention in
the back with great dysphagia or even inability
to swallow, may be fatal according to Wadding.

In some cases the matter breaks to the discharge
from the whole surface of the eanae, in others
(tissue in the most frequent), the ulcerous
local appearance tends to a peculiar part of the coat of the eanae,
ulcrates into it, or it may occupy the cellular tissue behind the Osophagus, reaching
the neck, slaying from the surface of the vertebra.

The morbid appearances, observed after death
from Osophagitis are, general thickening of
the mucous membrane, thickening of the sub-
mucous tissue by means or by persistent in-
filtration, The mucous membrane is often
infected in spots or patches, finely thickened
or even rendered purple. The epithetium may
be thickened or partially destroyed.
When strong acids have been swallowed the tube
in disorganized, the mucous surface coated of a dull brown or black color. It was this appearance that led the old physicians to believe that it was mumps.  

D. Waton in his "Practice of Physic" tells the case of a girl who swallowed some oil of vstitol and came after brought up, while coughing, a complete crust of the Ees pharynx. This was not a false membrane but a complete thrush. Muscular fibers were observed on the outside of the thrush. When the pharynx is sub-acute or chronic it is either the result of a previous acute affection, or is consequent on various other diseases or various other exciting causes, such as inflammation, dysphagia, chronic inflammation of the lining membrane, the stomach &c. It is characterized by symptoms somewhat similar to those of the acute afebrile, but of course in a much milder degree. Swelling in the course of the tube between the shoulder, eructations of acid fluid, hoarseness up of hoarse voice, weak, interrupted pulse,  

gradual diminution in the most usual
Symptoms of the disease. If any coldness tendency to resolution, but go on to induration, structure of ulceration or even perforation of the cause at one or more points, the consideration of these results will come better under the head of structure. With regard to the prognosis in either the acute or chronic, an opinion should be very guarded, as they are both very dangerous diseases, especially when they occur in the human patient or during the course of the rheumatism for fever. When the swallowing of virulent poisons has been the exciting cause for prognosis should also take into account the probable state of the mucous membrane of the stomach as it is more liable to suffer than that of the oesophagus. In the case of the oesophagus the fluid passes quickly along the latter, but it remains in the stomach for some time than a deleterious effect. When the primary action has been slight, common signs should be looked for as soon as these cases structure in the general result.
The treatment of Clophlephiasis must be based on counter-philopatia. General and local bleeding by any
means should be employed. The latter should be kept as much as possible in a state of flux. No food or drink
should be given by the mouth until the acute symptoms are over. Cooling gentle barmans may be
prescribed. After the very acute stage
occasionally dried, if time be ample, espicius draughts of if these be much espion
or draughts containing inodorus barmans. Cyren and
Porphria will prove of much benefit. The
towards may be kept open by cathartic enemas.

In cases in which the upper part of the little
is principally affected, but nostrums, after
bleeding, will be very grateful to the health
of the patient.

In cases of Clophlephiasis occurring during the
periods or following continued fever an de-
flection can be boomed, as the symptoms then
are generally of a hypoaid character. The
use of Acodyne tonics strongly indi-
cated. Patrurte enemas during the first
stage of the disease should be employed.
In subacute Clophlephiasis derivatives will be
of great service, as for example, we may use


Bratin, below, open Incisive sinus, cutaneous
interventions to the throat. Between the shoulder,
In cases which go on to suppuration, cutaneous
must be continued until the evacuation of the
abcess, then the abscess burst, gradual
is generally obtained if the case may terminate
favorably. The treatment of ulceration, the
other results of suppuration will be considered
under the head of structure, as they most frequently occur in connection
with that disease.

Symptom of the Malignant Phlegmasia
Symptom of the Bulbus in a disease which gives
rise to painful, astringent symptoms, leading
to occasionally very alarming symptoms for the
results of numerous ovaries, figures
It most frequently occurs in the female sex,
especially in female of a nervous and delicate
constitution, therefore very liable to hysterical
fits. In these the symptom is the Common Act
has received the name of Globus hystericus.
It occurs in the Pharynx, sometimes in Stamina
always in hydrophobia. In the latter disease the paralysis of the pharynx is the most prominent symptom. It is often brought on by mental suffering, strangled fever, or the entrance of the rabid animal. There are many cases of the cervical portion of the spinal column, of the crural portion of the cord, or corresponding centra, in which cancerous tumours produce spasm of the bulb. For a time masked the real nature of the disease, spasm of the bulb is occasionally met with in typhus fevers, it is frequently met with in cases of obscure meningitis, meningo-encephalitis, pyoneuritis, or acute inflammation in the brain probably hysterical in its origin. It also occasionallybetrays the existence of acute chronic meningitis.

Spasm of the pharynx is characterized by a sudden difficulty or impossibility of swallowing, accompanied by the sensation as if a foreign body were lying wedged in the pharynx or larynx. And these symptoms are commonly disastrous as suddenly as they come on.
The mucus are ejected from the mouth, but if in
the esophagus, the bolus after lying for some
time above the head of the contractions, either, falls
into the stomach or up to the mouth again.
When the bolus falls on a contracting part it is
felt between the shoulders and a certain secre-
tion of mucus takes place in the mouth.
The spasm may last for only a few minutes,
but as frequently remains for many minutes.
Sometimes becomes permanent from frequent
recurrence.
The best means for diagnosing this disease
from organic structure or other diseases of the
gullet is to half a finger with a silver tube
at the end of it; along the tube. This way,
y by gentle pressure, be made to pass the seat
of the contractions. During this process,
In organic structure, the patient is generally
emaciated. The disease has been of long
standing. In Spasmodic disease the occurrence
of the symptoms is sudden, the patient is
in tolerable health.
Such dependance cannot be placed upon the
periodic diminution or disappearance of the
disease is organic lesion, as has been already stated, sometimes accompanied by phrenic tone structure. The treatment of this disease must obviously be very arduous, according to the nature of the cause which produced it. It seems it would be interesting for me to briefly into a detailed account of all the remedies required of the thing to be suspected for the treatment Memorial of this disease. A knowledge of this cause must lead the practitioner to the true natural mode of cure. If the disease result from hysteria, the treatment must be antisthenic to free inflammation of the spinal cord, the treatment must be directed against that disease. So on.

Paralysis of the Oesophagus. This disease results from a palsied state of the muscular fibers of the tube, being either sudden or gradual in its inception. It is characterized by complete inability to swallow in consequence of the want of propelling power from the oesophagus. This is in general an apologized of the food.

The tube simply remains in the tube until flushed down, or washed down by a draught of water. Then in no obstruction felt on passing or probing, sensation generally remains, but the patient is perfectly insensible at what part the tube has stuck. Perforation occurs if the patient gradually falls a victim to the disease. Palsy of the Bulb rarely occurs alone, but in general associated with disease of the Brain or Spinal Cord, or their coverings, causing some or partial paresis of the brain, slipping to the pneumogastric nerves may give rise to it. In cases where the palsy is partial, there are occasionally, the food may be regurgitated with considerable violence, the tube continuing to perform antisepctic action.

A refusal treatment the first point to be attended to is the general strength of the patient. This must be sustained as much as possible by passing food into the throat by an oesophageal tube or by nutrient column. If disease of the brain or spinal cord be the cause of the disease then our treatment must be directed against it, soothing and

...
Comes, irritation, by blister, pinch, or other
purgatives, must be tried according to the
symptoms in each individual case.

If the disease is supposed to be caused by
vomiting preceding upon the nerve, then chronic
medicines, such as soothing mercury, will afford
the best hope. In such cases, strychnia, thomastoff
ointments & embrocations applied along the
back are to be of some service. The last
physician recommended that patients to chew
acid substances which act by stimulating
the muscular fibers of the thoracic lobes.

Kapreky, by reflex action,

I intended to have considered Strictures &
some minor affections of the oesophagus but
find my time too short for doing so.

I must therefore content myself with what
these have instead to the learning of the
medical faculty.

Having had little or no practical expe-
rience of the diseases to which I have referred
my information has been mainly
derived from books. I must therefore plead
that as the opportunities of being thus versed in few, students do not in the nearest methods of treatment, few therefore, except in some few cases obliged to give the experience of those, who have met with treated scrofula in those at a previous period.

Walter Scott

Itchenry hospital
May 28th 1856.