

In order to distinguish spasmodic croup from these two diseases, the following points deserve attention:

In inflammatory or primary croup, the mucous membrane of the larynx and trachea is primarily affected, the attendant fever—symptomatic of the local disease—is of an inflammatory character, the exudation in the air-passages rapidly concretes to form an adventitious or false membrane, giving rise to the well-known symptoms, viz: the shrill croupy cough, stridulous voice, laborious and suffocative breathing, &c.; and lastly, the attack is generally the result of exposure to cold and wet, and is usually preceded, for a day or two, by symptoms of slight catarrh, as cough and hoarseness, &c.

In Diphtheritis, the affection of the larynx is secondary to disease of tonsils and pharynx, is preceded by general disturbance and accompanied by fever of a typhoid character. There is dysphagia and frequently a very fetid breath, and the disease, when it occurs, is epidemic and contagious.

In Laryngismus Stridulus, the most characteristic features are the following:—

1. The *suddenness* of the attack, without any premonitory symptoms, general or local, that would lead to the anticipation of its approach.

2. The *period* of its commencement, viz.: during sleep. As generally happens, the child is perfectly well during the day, plays about cheerfully and actively, becomes somewhat tired and peevish at night and impatient for bed, and probably after two or three hours' sleep, it suddenly awakes, labouring under the symptoms of laryngeal irritation and spasm.

3. The *rapidity* of its progress and of its fatal termination, which has been known to take place four hours after the commencement of the attack.

4. *Complete absence of the inflammatory pulse* and sometimes of the slightest febrile excitement. This is especially observed when the attack first comes on, but in a short time, the repeated spasms, the difficult and suffocative breathing, give rise to extreme restlessness of the patient, when the skin becomes warm and the pulse quick and irritable. Care must, therefore, be taken not to attribute this febrile disturbance to a local inflammation of the larynx which does not exist.

5. The local characters of the complaint are—the shrill trembling *stridulous* voice—the *croaking* sound, heard in the larynx during respiration, and becoming very distinct on coughing—the paroxysmal nature of the cough, which returns at different intervals, and threatens imme-