

laryngeal spasm in these instances, we are not inclined to consider it in the light of a distinct disease, as it is obvious the affection is merely accidental, and claims no pretensions to regularity, either in symptoms or in period of occurrence. On the other hand, *Laryngismus Stridulus*, or *spasmodic croup*, as it is frequently called, is a disease which usually supervenes without any obvious exciting cause, attacks its victim during sleep, and observes a periodical regularity in its paroxysms. It is, moreover, a disease of childhood, and seldom or ever occurs, so far as we can discover, beyond the age of seven, even in children who have been constantly subject to it previously to that period of life. We believe it to be an idiopathic disease, and purely nervous in its character—dependent upon some specific cause, probably atmospheric, which produces primarily a general mobility of the nervous system, and a morbid irritation of the nerves supplying the larynx; the capillary circulation of a confined portion of the mucous membrane becoming secondarily affected. This opinion of the origin and nature of the disease is based upon the following considerations:—

1. The general absence of any evident predisposition on the part of the patient. It is not confined, as is supposed by some authors, to those constitutions which partake of the relaxed and irritable habit and in which there might be expected to exist a much stronger susceptibility to the display of spasmodic action. It appears to attack children generally, and even when in the most favorable state of health.
2. The absence of any apparent exciting cause, beyond what may be obscurely referred to some unknown atmospheric influence.
3. The periodicity of the paroxysms, and the marked tendency of the disease to return at the same particular time, in successive attacks.
4. The fact of its attacking, in some rare instances, not one, but several members of a family about the same time.
5. Change of locality has been shown to check the tendency to return.
6. Repeated attacks become gradually less severe, and the disease ultimately ceases altogether to affect its former victim.

The diagnosis of spasmodic croup is not always a matter of easy calculation, since there are two other affections of the air-passages, that produce somewhat similar local symptoms, but which it is of primary importance to distinguish, as they are essentially distinct. The first is *Inflammatory Croup*, described by authors under the name of *Cynanche trachealis*, and called *primary croup* by Stokes; the second is *Diphtheritis of Bretonneau*, called *secondary croup* by Stokes.