membrane is loose, succulent, moist and reddened; the submucous tissue is sometimes swollen, sometimes not, while small superficial ulcerations are often found in cases quite recent. It is usually in the higher grades of this inflammatory action that we are summoned. The milder forms are not seen by us. They are commonly given over to quack treatment, instead of being left, as they should be, to nature unthwarted by senseless remedies.

In the third place, CROUPOUS LARYNGITIS consists of inflammatory action affecting the mucous and submucous tissues, the areolar, glandular and other structures within its range or adjacent, accompanied by an exudation, consisting of cells and interlocking and rapidly coagulating fibrin. If you object that this definition includes diphtheria, it cannot be denied. If a difference be admitted, it is that the inflammation called diphtheritic is of a higher grade than the croupous. Clinically there is some difference as to location, and therefore as to treatment, but pathologically separate them if you can.

Before proceeding to the bedside, let us stop to answer the following query: Do you admit no higher grade of inflammation than the catarrhal, and yet which is not croupous? In other words, may not the child you are going to see have acute laryngitis? In other mucous membranes, as the intestinal in dysentery, of the conjunctiva, of that of the tympanic cavity in suppurative otitis, of the urethra, we have such; but in the larynx it is of *extremely* rare occurrence as a disease *per se* and of idiopathic origin. If we leave out obviously exciting causes, it is a fair question whether we ever see acute laryngitis. The scald from hot steam and the occurrence of laryngitis from extension from adjacent regions, as from inflammation of the œsophagus, due to swallowing boiling or corrosive liquids, and as following some diseases, is not uncommon, notably variola, diphtheria, and scarlatina.

With these remarks, in regard to pathology, let us approach the bedside to carefully diagnose before we begin to treat. If we have ventured there without having laid the sound basis of accepted and regular pathology, we are rank empirics and likely to remain such.

Of these three diseases, laryngismus, catarrhal laryngitis and pseudo-membranous croup, it is to be observed that the latter two consist of inflammation, the first in spasm. In laryngismus we have no cough, no aphonia, no fever; the temperature is within the normal range or below it. Our reliable and well-tried thermometer is the touchstone, and settles the question as to the presence or absence of the first. The skin is not hot, but rather cool, while the child presents a pallor the opposite of flush, and this too when *a priori* we would expect the system to manifest irritation. Spasm of the glottis has so far interfered with aëration of the blood as to have produced this even abnormally cool condition.

Might not the skin, you ask, during the last days of a true croup, about or likely to be fatal, be just as cool, and how then are we to distinguish? In true croup we have a history with no intermission, barely a remission, of alarming symptoms, and especially a history of *fever*. There has been and is yet considerable *cough*. These are almost absent in laryngismus. If the latter has lasted several days already, it is because the exciting irritant is still present. In case contraction of the thumbs or feet, twitchings, squint, or general convulsions are, or have been present, they belong to the spastic affection, to the neuroses, and not to the inflammatory.

One of the journals, on which I cannot now lay hand, some time ago, recorded a striking case of laryngismus, well illustrating a point or two here brought out. A young child, and the great majority of cases of laryngismus are under a year, had been a sufferer for several days. The case was exceedingly well marked—as well marked as the treatment, often changed, was ineffectual. An enema seeming necessary, and that, judging by the record of the case, given more by routine than by rational indication, a body half-a-finger in length was brought away. On examination it proved to be fæcal accumulation around half a head of rye or some other grain. The child was instantly better, as if by magic. I lost two of the first three cases I saw, by a too exclusive reliance on the empirical use of bromide of potassium. In America the source of irritation is in the alimentary canal nineteen times out of twenty, somewhere between mouth and anus, in the gums, stomach, duodenum, colon, or rectum. Laryngo-spasm is a frequent symptom of rickets. The worst and most persistent case I ever saw was cured by recognizing this fact and pushing the administration of iron