

pressure on some motor nerve. The opinion generally held is that it is a reflex irritation of the larynx from some remote disturbance. The symptoms come on at night suddenly. The child breathes with difficulty and with a peculiar inspiratory stridor. Convulsions or opisthotonos may occur. This passes off in a few minutes with a loud inspiration, which is the end of the spasm. It may result in asphyxia. Attacks recur at intervals of weeks, months or years. There is no fever or coughing. When the spasm is over the child is perfectly well. The treatment is directed first to arrest the paroxysm, and second, to prevent recurrence. For the first, plenty of fresh air should be admitted to the room, the feet may be plunged into cold water, the clothing loosened, the head lowered, cold compresses to the head, or cold water dashed into the face. Mustard plasters may be applied to the back of the neck, and morphia with atropine, injected. Ammonia and chloroform inhalations will help, if respiration is not completely arrested. Emetics are not of much use. Intubation may be done if there is time. Between attacks the system must be built up by hygienic measures, good ventilation, open air, nourishing food, proper clothing and the daily cold bath. If the act of nursing causes a spasm, feeding must be managed with a spoon. As the condition is closely allied to eclampsia, the bromides, chloral hydrate, and antipyrin are suitable remedies.