the lantern, and shut it up; the flies, one by one, dropped dead, in less than a minute.

It may be questionable whether all insects would be readily destroyed in this way; however, I have killed large moths, by placing them under a funnel, and permitting prussic acid to trickle down its sides.

ART. III.—On the Treatment of recent Catarrh. By D. J. Corrigan, M. D., Physician to, and Lecturer on the Theory and Practice of Medicine at Jervis-street Hospital, &c.

As Catarrh has been of very frequent occurrence during the few last years, and threatens to retain its prevalence, a few observations tending to determine a disputed point in its treatment, may perhaps be not undeserving of attention. For recent Catarrh, the antiphlogistic treatment is that generally recommended by medical writers; while the popular mode of cure, which is often the result of experience on a large scale, consists of the exhibition of stimulants at the onset of the disease, and this treatment is sanctioned by Laennec, a high authority it will be allowed, on this subject.

Those who advocate the antiphlogistic treatment, and decry the cure by stimulants, say, that stimulants should never be employed, that there is danger of their superinducing pneumonia, by causing the inflammation to extend along the bronchial tubes, and to involve the texture of the lungs; it must however be admitted, and indeed the fact is familiar to almost every one, that by the exhibition of a heating stimulant at bed-time, a severe Catarrh has often been removed within the space of twelve hours. Whenever in practical medicine, we find opposite lines of treatment equally recommended for any one disease, we may gene-
rally conclude, that however similar cases may seem, the disease, about which there is a difference of opinion, possesses more than one species, which accurate examination might discover, and which would explain the conflicting advices on treatment. This has already been exemplified in the instance of croup, on the treatment of which there was for a long time a great difference of opinion, now easily reconciled and accounted for by the discovery that there are two species of that disease, closely resembling one another in all their prominent symptoms, but yet distinct in their natures. In like manner, there are, I believe, two species of Catarrh very similar in their general symptoms, but yet distinct in their pathology, and, as in the instance of croup, to be treated in different ways.

When Catarrh prevails as an epidemic, there is usually the closest similarity in the principal symptoms of nearly all the cases. The symptoms, it need scarcely be observed, are, suffusion of the eyes, discharge of acrid mucus from the nostrils, hoarseness, fits of coughing very frequent, and particularly troublesome on lying down at night, accompanied with scanty glairy expectoration, flying stitches through the sides, apparently seated in the attachments of the diaphragm, and produced by the violent efforts of coughing, and sensations of internal heat, soreness and oppression referred to the trachea, or sternal regions. The fact soon forced itself upon my observation, that the same line of treatment was not suitable for all cases, even though their leading symptoms presented a very great similarity. The antiphlogistic treatment which I at first adopted in accordance with the general advice given in books, produced very opposite results. In some cases the relief obtained was marked and immediate, while in other apparently precisely similar cases, there was an aggravation of the symptoms, or at best, no alleviation whatever; and if diarrhoea, either natural or artificial, oc-