

and Leroux. In physical signs, the cases counterfeit pleurisy with large effusion. There are absolute dullness, and total extinction of vocal fremitus, of vocal resonance and of respiratory sounds. After death the bronchi are found filled with a solid, fibrinous, and sometimes fibrillated material, like diphtheritic membrane, slightly adherent to the mucous membrane. The diagnosis is more or less uncertain. But in cases of doubt an exploratory puncture may, owing to its harmlessness, always be tried. Although many cases have been recorded (as M. Grancher has recognized) by clinical and by pathological observers, this variety of pneumonia has not yet found its way into the text-books. WM. R. HUGGARD, M.D.  
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THE BEST FORM IN WHICH TO ADMINISTER PUMPKIN SEED.—Dr. L. Wolff (*Proc. Penn. Pharm. Assoc.*—*Canada Pharm. J.*), recommends for adults :

First. Fifteen grains of the resin in pill form. (The resin may be prepared by exhausting the recently dried and well comminuted seed with petroleum benzine, treating the residue repeatedly with ether, chloroform, and alcohol, and evaporating to dryness; or by extracting the oil with ether or chloroform, and shaking with stronger alcohol, or by evaporating an emulsion of the seed to dryness, treating with stronger alcohol, filtering and drying.)

Secondly. One to two fluid ounces of the alcoholic fluid extract in broken doses and largely diluted; both of these taken fasting in the morning, to be followed two or three hours later by a dose of castor oil. Or, better than either of these for children, are emulsions of one ounce of the recently dried and finely comminuted seed, and one-half ounce of granular sugar, with four ounces of water, in which preparation the natural oil works as a mild laxative; this also to be taken in broken doses, following closely on each other after a fast of six to eight hours.

## THE DIFFERENTIAL INDICATIONS FOR THE USE OF DYNAMIC AND FRANKLINIC OR STATIC ELECTRICITY.

BY DR. A. D. ROCKWELL.

When a distinguished professor can say to a large class of students that a simple Faradic apparatus will practically answer every purpose in medical electricity, it is in order to discuss this subject. To state that electricity has been used conveys but little meaning unless the *kind* of electricity is mentioned, and, still further, the method of its application. It is not, however, to be supposed that one form of electricity is adapted to one line of disease, a second to another, and a third to still another. But there are certain pathological conditions which always call for a certain kind of electricity, and if benefit is to follow it must be through this special form, all others being useless, or worse than useless. For example, in hemiplegia, where there exists, as is often the case, an exalted electro-muscular contractility, electricity, if used at all, should be in the form of Faradization, and with an exceedingly mild, rapidly interrupted current. Even when muscular contractions are somewhat less readily called out than in the normal condition, the same current is, as a rule, preferable. On the contrary, when there is very great diminution of electro-muscular contractility, the galvanic current is always indicated, the Faradic coming into play only when the muscles give evidence of positive reaction to its influence.

In most cases of paraplegia, complete or proximate loss of Farado-muscular contractility exists, at least for a short time. The galvanic current alone is applicable in these cases, and for the purpose of restoring nerve-excitability. The Faradic current may be useful in attempting to improve the impaired nutrition of the paralyzed members. When we wish to directly affect the central nervous system, the constant current alone is applicable. In the majority