THERAPEUTICS OF KOLA*.

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In presenting this paper, I do not claim to offer anything strikingly new, but it is my purpose to direct anew your attention for thoughtful consideration to one of the most valuable drugs of our newer materia medica. This drug has been known to the profession of this country now for nearly twenty years, but notwithstanding this fact, its medicinal virtues are not generally known among general practitioners, and few of those who use it fully appreciate its capabilities. The drug to which I refer is kola—the seed, or nut, of *Sterculia acuminata.*

Kola, being, as is now fully established, a general tonic stimulant acting primarily on the cerebrospinal centers, has a wide field of usefulness. Its stimulation is peculiar in that it is tonic in effect and does not leave the secondary depression and "all-gone" feeling which, like the after-effects of the ordinary stimulants, is calculated to gradually develop into an irresistible desire for a continuation of the use of the drug. Thus kola is not a habit-forming drug, a point of inestimable value in its favor. In substantiation of this assertion I will state that although I have made extensive inquiries of physicians located in different parts of the country, many of whom use kola extensively in their practice, I have yet to hear of a "kola fiend."

Mr. James W. T. Knox, who, under the supervision of Prof. A. B. Prescott, of the University of Michigan, devoted more than two years to the investigation of kola, and who has devoted more scientific study to the drug than perhaps any other one man in this country, has this to say relative to the kola habit. I quote from the *Pharmacologist,* Vol. i, No. 2: "The statement is occasionally met with that the continued employment of kola or its preparations as a medicinal agent or light stimulant results in the contraction of a 'habit.' This habit has been described as being either more or less dangerous than the morphin habit—depending considerably on the fertility of the writer's imagination—and its effects on the body and soul have been depicted in a manner well worthy of DeQuincey. My own experience refutes these statements so completely that I feel constrained to relate it. After all, in my own opinion, the kola habit is a myth, the creature of the disordered imagination of some would-be sensational newspaper reporter, and has no other existence."

There are thousands of habitués of stimulant drugs in this country today, in a pitiful and most deplorable condition, the victims of an unconquerable habit dating its commencement from the use of a physician's prescription calling for the drug to which the victim is addicted. Among these may be mentioned as most prominent, the inebriates of alcohol and coca. Being cognizant of this lamentable truth, the physician should hesitate and consider well before prescribing one of these mischievous drugs.

There may be rare cases where the peculiar stimulant effects of either one or both of these drugs are indispensable, but I hold, and I think my position is fully supported by clinical evidence, that the happy stimulation of kola would be highly satisfactory in the great majority of cases where a general stimulant is indicated. This being the case, kola should be one of the most frequently used drugs of the materia medica, for a large percentage of cases treated by the general practitioner are of an asthenic type and call for the use of some supportive and stimulant treatment. Kola is admirably adapted to such a class of cases, for its co-operating tonic action maintains its beneficent stimulation.

The physiologic action of kola is analogous to that of caffein, but, in its fresh state, especially, differs in that it is more pronounced and prolonged. Just why fresh, undried kola should possess such remarkable advantages over the drug in the dry state is not clear, but it seems that a rational and plausible explanation is that the caffein in the former is presented to the system in such a form, dissolved in the natural juices of the drug, that it is readily liberated in a nascent and highly active condition. Whatever may be the true reason therefor, the fact remains that the fresh, undried kola is by far the most effective and preferable. Dr. Le Bon was among the first experimenters to call attention to the superiority of the action of kola in the fresh state, and his assertion that only the fresh drug is capable of producing the remarkable effects that has rendered kola so notable and so highly prized by the natives of the country whence it comes has since been verified time and again. The failure of some physicians to get good results from the use of kola has no doubt been due, in some instances, to the employment of preparations representing the dried drug.

Of the new therapeutic application of kola, where its success has been particularly noteworthy, is its exhibition in the treatment of that obstinate disease of childhood—pertussis. Blocker reports that he has used it in a large number of cases with surprisingly good results—the attack being cut short and the child's condition rapidly improved. How this kindly action of kola in this disease is effected, I will not essay to theorize. However, that its influence has been so grateful in a large number of cases should be an incentive for further trial along this line to the end that its true value in this disorder become established.

In asthma, kola has proved itself to be peculiarly beneficial, relieving many cases, some permanently, where other medicinal agents have failed to give good results.

On the hypothesis that asthma is a true neurosis of the respiratory apparatus, it seems obvious that kola should be of material service in that affection. It must be admitted that there are a variety of causes that will produce an asthmatic condition, but the manifestations of the disease are always nervous in character. Kola has been employed with signal success in some very obstinate cases of asthma, and this fact entitles it to be considered in formulating a treatment for this dyscrasia. At best, asthma is very unsatisfactory to treat, and any drug promising to give prolonged relief to the distress of an asthmatic patient should have a careful trial. There are some forms of asthma where kola, or for that matter any other medicinal treatment, will be useless, for example, those cases due to pressure of tumor on the pneumogastric nerve. Because kola acts well in a number of cases of asthma, it must not be taken for granted that it is a specific for that disease, and, if it fails in some instances, it does not follow that it is valueless in all. This is an axiom that should be applied to all drugs in their respective therapeutic applications.

Kola is a decided diuretic. It acts more energetically on some people than it does on others. In my own experience it has proven to be very prompt and satisfactory as a diuretic, even more so than caffein and digitalis combined. There are indications that strongly suggest some peculiar direct action on the kidney, although its

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action is largely indirect, by increasing the blood-pressure. Being a reliable diuretic, it is highly serviceable in Bright's disease, cardiac and renal dropsies, rheumatic and rheumatoid conditions, and in all cases where a stimulus to diuresis is indicated, and particularly in those cases characterized by atonic conditions.

As a cardiac tonic, it ranks well with digitalis, and, like the latter, as just stated, causes an increase of urine. Kola, unlike digitalis, does not have a cumulative action; hence it is a good substitute for digitalis and may be used wherever the latter is indicated, or the two may be advantageously combined. Kola is, then, of service in cardiac diseases, in cases of shock with collapse, delirium tremens, etc.

Melancholia is another morbid manifestation which is by no means rare in which kola gives admirable results. There have been cases, apparently irremediable, that have been entirely cured by the timely use of kola. The value of kola in this disease is gradually becoming more widely and better known, and, as a result, it is now used in nearly if not all of the leading institutions for the treatment of mental diseases.

In alcoholism and morphinsm, two deplorable conditions, the effects of kola as a stimulant and supportive are of great service in sustaining the system against shock from gradually reducing or interdicting entirely the use of alcohol or morphin, respectively. It is true, the cure of these habits depends largely on moral suasion and a determination on the part of the victim to rid himself of his vice, but, withal, a stimulant whose effects will replace those of the irresistible habit-drug without itself producing a depressed and vitiated condition of the system, is of immense value in tiding the individual through the ordeal of breaking away from the influences to which his system is so accustomed.

Kola is of value in combating and preventing surgical shock. Administered before and after a surgical operation its power of conserving strength and exerting a tonic influence on the nervous system will certainly render the patient less liable to collapse. It has been used by some of our leading surgeons for this purpose and invariably with success.

Uterine inertia, when due to nervous exhaustion or occurring in weakly, debilitated women, has been found to be amenable to the action of kola. Kola is also useful in normal parturition to sustain the strength of the patient and stimulate the uterus to its best action.

The sustaining, strength-conserving power of kola, its characteristic action, makes it then of great importance as a therapeutic agent. It renders it peculiarly applicable to all those conditions where fatigue and exhaustion are imminent. Many physicians take advantage of this property of the drug to sustain themselves through extra and long-continued work, and especially if their duties call for loss of sleep.

Oxygen as an Antidote for Coal Gas.

Herbert E. Friend's case demonstrates that oxygen is directly curative for coal-gas intoxication. The patient, after lying all night in a room in which gas was escaping, was found in profound coma, pulseless, the eyes open, pupils widely dilated, face and lips dusky, and in a condition of marked opisthotonos. The respiration was shallow and irregular and the heart-sounds hardly audible. Strychnin and digitalis were injected in full doses, and oxygen administered as soon as procured. The relief it gave was the more striking because each interval in its use was followed by a return of urgent symptoms. The muscular spasms subsided in four hours and the conjunctival reflex returned after six hours, though consciousness was not complete until the next day.—*Progressive Medicine, Vol. iii.*

FLOATING KIDNEY SIMULATING DISEASES OF THE GENITAL ORGANS IN WOMEN.*

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By the division of labor and the increasesd attention which each branch of our art thereby receives, mistakes both in diagnosis and treatment are growing fewer year by year. As far as diseases of women are concerned, the writer believes that 95 per cent. of those who submit to treatment are entirely cured; and even this small percentage of failures would be still further reduced if we could eliminate all errors of diagnosis. Floating kidney is one of those diseases which gives rise to so many symptoms which we have been accustomed to attribute solely to the genital organs, that it is no wonder that its presence has often not been recognized, and the patients suffering from it after having undergone one or more gynecologic operations have continued to suffer and complain as much as ever of those reflex disturbances which we thought depended entirely on a laceration or displacement of the uterus or on some disease of the ovaries or tubes.

Most of the failures to cure women by gynecologic treatment are due to defective diagnosis by the inexperienced or careless, the result being operation for one disease when there are other and more important ones present, many women have been operated on for lacerated cervix only, and have been promised a cure which they did not obtain because they also had endometritis, retroversion with fixation, pus tubes and ovaries, appendicitis and lacerated perineum, and should have had not only an amputation of the cervix, but also a dilatation and curetting, repair of the perineum, removal of tubes and ovaries and vermiform appendix and ventrofixation. Other failures are due to incompetent operating, as when the operator fails to follow Emmet's expressed directions to remove all the scar tissue before sewing up a lacerated cervix. When a complete and thorough diagnosis has been made and all the abnormal conditions present have been remedied by skilful operations and other treatment, the result is satisfactory in almost 100 per cent. of the cases.

There are some failures which occur in the practice of the most experienced specialists which, however, are none the less humiliating to him and disappointing to the patient and her family physician. The two most important causes of these are appendicitis and floating kidney, but the latter topic will be quite sufficient to occupy the time for one paper. We are indebted to Hahn, Landau, Lindner, McCosh, Keen, Senator, Schmidt, and more especially to Noble of Philadelphia and Edebohls of New York for having brought the question so forcibly before us. As the writer has met with quite a number of these cases, in which the displaced kidney produced all the symptoms of diseases of the genital organs while the latter were perfectly healthy, or in which well-defined diseases of the uterus and appendages coexisted with displaced kidney, so that the patient continued to suffer as much as ever even after the thorough removal or repair of the affected genital organs, it may be interesting to study this rather obscure condition so that we may all more readily recognize it

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