

with boiling water for a very short time and immediately pouring the prepared infusion away from the leaves and sediment.

The deleterious effects of tea are in some degree due to the alkaloids, which when taken in constant or excessive doses produce insomnia, restlessness, mental depression and general nervous derangement. Occasional small doses act as cerebral stimulants; poisonous doses may produce great prostration and death. However, the greatest injury of tea-drinking is due to the astringent action of the tannin ingested; what may be called a tanning of the sensitive mucous membrane and its contained glands along the whole gastrointestinal tract is gradually effected. This leads to a loss of sensibility to food stimuli, imperfect secretion of the digestive elements and insufficiency of intestinal movements, resulting at first in flatulence and chronic constipation and ultimately in obstinate indigestion and its associate and consequent evils. It is true that occasionally a cup of hot tea does stimulate digestion, but it is the heat that stimulates and not the alkaloid.

Excessive coffee-drinking is also an obnoxious habit, although in a less degree than tea-drinking. Dyspepsia, insomnia, cardiac derangements and other ills are laid at its door. On account of the identity of their alkaloids there has been a general disposition to consider tea and coffee the same in their physiologic effect. This idea is erroneous, as the alkaloids are not the only constituents of these substances. Exclusive of its alkaloids, coffee contains aromatic and other agents which render it a stimulant to the whole digestive tract—sialogogic, stomachic, carminative, deodorant, and mildly laxative. Tea has no such auxiliary effect on the digestion, and in constant and excessive quantities impedes and destroys it. In addition coffee has been proven to be a more prompt and efficacious nerve restorant.

While protesting against the pernicious use of either substance as a daily beverage, from a medical standpoint, our preference is emphatically for coffee. Contrast the vigorous, refreshing odor and flavor of a good cup of coffee with the delicate fragrance and insipid taste of even a high grade tea; contrast the clear complexion and general physical aspect of the individual whose morning meal is a bowl of diluted coffee and who takes his after-dinner cup, with the nervous, emaciated, habitually constipated dyspeptic whose "eye opener" and "night cap" is tea, and all reason for argument as to our preference ends.

CORRESPONDENCE.

Medical Law in Wisconsin.

MILWAUKEE, Oct. 26, 1897.

To the Editor:—In the article on "National Medical Legislation," by Dr. Greeley, in the JOURNAL, October 23, the Sec-

retary of the Wisconsin State Society is quoted to the effect that we have no efficient medical law in the State. That was undoubtedly true when Dr. Greeley got his information, but it is not true now. We have a law which has been in operation several months and is working well. The law established a State Board of Medical Examiners. A diploma from a recognized medical school or satisfactory examination before the Board is required.

My impression is that Dr. Greeley's article is incorrect as regards Indiana. I am quite sure that this State also has recently enacted a very efficient law.

Very truly yours, GILBERT E. SEAMAN, M.D.

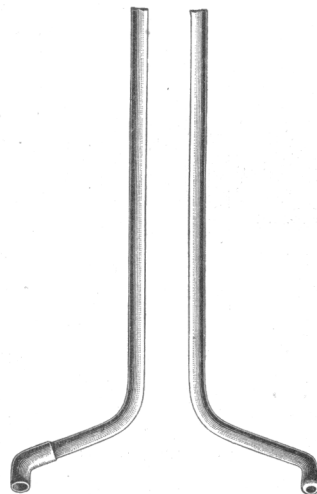
NEW INSTRUMENTS.

ORAL RIGHT AND LEFT EUSTACHIAN CATHETERS AND TENT HOLDERS.

BY EPHRAIM CUTTER, M.D.
NEW YORK.

Experiment has shown that the Eustachian tubes have three angles each of 45 degrees, viz.: 1. Upward from the horizontal pharyngeal plane. 2. Outward right and left from a vertical antero-posterior medium pharyngeal plane. 3. Backward from a medium transverse pharyngeal plane.

It is evident that if these angular measurements are correct for the average Eustachian tubes, the catheters for them must conform to these angles. Again, the access through the mouth behind the soft palate is freer and easier than through the narrow nares with sensitive cavernous erectile tissues on the turbinated bones and with a vomer, all which often are irregularly formed, placed and twisted, hindering facile movements to the catheters, Eustachian.



1. Oral catheter for left Eustachian tube. 2. Oral tent holder for right Eustachian tube.

Again, if the aurists are rhinologists, the mirror will allow "them" (him or her) to see the catheter enter or entered into the Eustachian tube, so that its penetration is proved by sight. With these contrivances it is hoped that operators will find access to the Eustachian opening better than with the conventional catheter which does indeed turn upward and outward but not backward.

Prof. J. Solis Cohen, of Philadelphia, recommends that patients have their own oral catheters. The material is silver or German silver.

Of course these angles will not suit all cases, as it has been found that the Eustachian orifices vary. But when the catheters are introduced *per os* it is easy to adjust them to these variations, which adjustment is impossible when the catheter enters through the nares.

Some years ago the writer made oral Eustachian catheters