

TAKING COLD

Published @ 2017 Trieste Publishing Pty Ltd

ISBN 9780649368617

Taking Cold by Francke H. Bosworth

Except for use in any review, the reproduction or utilisation of this work in whole or in part in any form by any electronic, mechanical or other means, now known or hereafter invented, including xerography, photocopying and recording, or in any information storage or retrieval system, is forbidden without the permission of the publisher, Trieste Publishing Pty Ltd, PO Box 1576 Collingwood, Victoria 3066 Australia.

All rights reserved.

Edited by Trieste Publishing Pty Ltd.
Cover @ 2017

This book is sold subject to the condition that it shall not, by way of trade or otherwise, be lent, re-sold, hired out, or otherwise circulated without the publisher's prior consent in any form or binding or cover other than that in which it is published and without a similar condition including this condition being imposed on the subsequent purchaser.

www.triestepublishing.com

FRANCKE H. BOSWORTH

TAKING COLD

TAKING COLD.

BY

e
FRANCKE H. BOSWORTH, M. D.,

*Professor of Diseases of the Throat in the Bellevue Hospital
Medical College of New York.*



1891.

GEORGE S. DAVIS,
DETROIT, MICH.

TABLE OF CONTENTS.

| | PAGE |
|--------------------------------------|------|
| COLD, abortion of | 44 |
| course of | 17 |
| general treatment of | 43 |
| how we take | 1 |
| local treatment of | 49 |
| parts affected by | 8 |
| LARYNGITIS | 64 |
| PHARYNGITIS | 60 |
| RHINITIS | 51 |
| TONSILLITIS, Acute (or quinsy) | 65 |
| Follicular | 67 |

PREFACE.

It seems somewhat singular that taking cold has not been the subject of more full consideration in our ordinary text-books of clinical medicine, especially when we consider the fact that such a large number of diseases are the direct results of an exposure to cold. This is probably due to the fact that a systematic treatise on medicine includes a description simply of specific diseases, whereas taking cold is not ordinarily placed in the catalogue of absolute diseased conditions. The importance, however, of clearly understanding the *rationale* or method by which a morbid condition arises from an exposure to cold cannot be over-estimated. Moreover, I am disposed to think that, not only among the laity, but even among medical men, somewhat vague and indefinite views are entertained in regard to this matter. In the sixteenth volume of Ziemssen's Cyclopaedia, there is a somewhat elaborate article on "Slight Disorders Caused by Taking Cold," by Seitz, who treats the subject in what seems to me an exceedingly abstruse and impractical manner. As far as I know, this was the only chapter in any of our standard text-books, until my own work on Diseases of the Throat and Nose appeared in 1881, wherein a chapter was devoted to this consideration. This was followed by a chapter on the same subject by Woakes, in the third edition of his book on Post-Nasal Catarrh, and subsequently Seiler devoted a chapter to this subject. In a later work published by myself on Diseases of the Nose and Throat, in the first volume, I have devoted a chapter to the same subject.

The following pages are practically an elaboration of the views previously set forth by myself. I have endeavored

VIII.

to treat the subject in as practical a manner as possible, and whereas this little monograph is intended, as I understand it, for the profession, I have endeavored to adapt it for the laity as well. The subject, I think, is a much larger one than it is generally considered to be, and hence, in the effort to condense it within the scope of the series of publications in which it appears, I have been compelled to pass over many points which seem worthy of consideration, while others have been treated briefly and somewhat hurriedly. That part of the subject, however, which I deem of the greatest importance, viz., the manner in which we take cold and the proper method of preventing it in the wise regulation of our habits of life, especially with reference to bathing and clothing the body, I have treated at such length as will, I hope, clearly convey the ideas which it has been my endeavor to advocate.

F. H. B.

26 West Forty-sixth street, New York city.

TAKING COLD.



HOW WE TAKE-COLD.

While as a matter of personal experience taking cold is quite familiar to most of us, if we were to ask ourselves why we take cold, and just how we take cold, we might find it by no means an easy question to answer. In the minds of most people the word "cold" is naturally associated with low temperature, and they confuse the idea of taking cold with that of absolute cold, regarding the penalty which they suffer as the result of an exposure to cold, as due somehow to a direct loss of heat from the body.

Now, this is an entirely erroneous idea. The body is constantly losing heat, radiating it in large quantities sometimes, without in any way suffering therefrom; in fact, the radiation of heat from the body is a constant process and a conservative one. Furthermore, when the demand for heat is very great, as when the thermometer ranges below the freezing-point, the supply is fully equal to the demand. A swimmer will plunge into the water at a temperature of 25° to 30° below that of his body and remain immersed for hours even without suffering, and yet the loss of heat by radiation must necessarily be very great. This loss is thoroughly made up by the rapid heat-production which is going on in the system as the result, in part, of the vigorous exercise which he

is compelled to keep up during his immersion. Again, in the Turkish bath, after spending some time in a hot room at a temperature of from 160° to 190° , one plunges directly into a cold bath, not only with impunity but with a sense of refreshment and invigoration. We have here, then, instances wherein the absolute loss of heat from the body is very great indeed, and yet the process is attended with no danger to the general system, in the way of taking cold or other penalty. We must, therefore, look further for some rational explanation of the method by which, and the reason why we take cold.

In order to understand this, it is first necessary to understand what bodily heat is, or, as it is usually termed in works of physiology, animal heat. What is the source of animal heat? As we know, the temperature of the body in health is constantly maintained, at all seasons and at all time, at a temperature of $98\frac{1}{2}^{\circ}$. Any variation from this standard, be it even very small, constitutes a condition of disease. In former times, many theories were proposed by physiologists to account for this equable and unvarying temperature of the body. As we know, the process of oxidation in chemistry is attended with the development of heat. When physiologists recognized the fact that the blood came oxygenated from the lungs, they conceived the idea that here was the source of heat in the body; in other words, that the lungs acted as a sort of furnace for supplying heat to the whole body in the

process of oxidation of the blood. This theory, however, very soon became untenable when it was discovered that the temperature of the blood in the lungs varied in no appreciable degree from that in the extremities of the body or portions the farthest distant from the lungs. As advances were made in our knowledge of animal chemistry, the fact became known that all the processes of nutrition, viz., the growth and development of the body, really constituted a form of oxygenation, a process attended with the evolution of heat, and that in this process of nutrition of the body, heat production was going on in every organ and tissue of the organism. This, then, is the source of animal heat, and the process is not confined to any one portion or member of the organism, but goes on everywhere, maintaining not only the lungs and the heart and other internal organs at an equable temperature of $98\frac{1}{2}^{\circ}$, but maintaining the limbs, at the furthest extremities even, at this same temperature. Now, clinical experience teaches us, with reference to taking cold, that the penalty of the exposure is incurred not from subjecting the whole body to a lower temperature, but only a portion of it. If, for instance, we sit in a warm room with a draft of air striking the back of the neck, all other portions of the body being protected, or if we venture out on a damp evening in thin slippers, chilling the feet, the immediate result, almost invariably, is a cold. We see, therefore, how this results from exposure of a