

city,* is sufficient to account for a cold of the Ben Nevis variety. This supposition is strengthened by the fact that such colds can sometimes be averted by the use of a mild antiseptic spray.

The other variety of cold, that due to chill, may be "caught" without the least exposure to infection, but when there has been some definite and distinct chilling of the body. This may result from exposure to a cold wind or other inclement weather without the usual warm garments or greatcoat, sitting in damp clothes, or getting the feet wet. Even the sudden getting out of bed on to a cold floor with the bare feet may have such a result. Colds contracted in this way undoubtedly occur, and again the question arises: How? Several explanations have been given, but the most probable is the disturbance, in some way, of the local protective mechanism of the nose. The general lowering of the body vitality not only makes the owner more liable to micro-organic attack, but it renders the cilia of the upper respiratory mucous membrane less active. Consequently the thin layer of nasal secretion already mentioned is not moved on so quickly, and inspired micro-organisms are so permitted to accumulate and establish themselves. The circulation also becomes less active, and the breathing more shallow, so that the nasal blood supply is considerably disturbed. The good effect of active exercise, such as running, skipping, or jumping, as a preventive of taking cold after a chill, is well-known. It acts by rendering the circulation and respiration more brisk, whereby the nasal blood supply and the movement of the cilia are restored and the protective function of the nose again comes into play. The voluntary performance of deep breathing will often have the same effect.

Having thus briefly discussed how colds occur, let us turn to the effects of their frequent repetition. The most important of these are nasal obstruction and adenoids. Colds imperfectly recovered from and repeated again and again result in overgrowth of tissue and consequent obstruction. The integrity of the cilia and of the mechanism of the nasal circulation becomes impaired, with resulting weakening of the nasal protective function. Thus there is formed a vicious circle, the cold upsetting the protective function, and the

* The relative percentage of micro-organisms in the air of the city and that of the country may be roughly compared by the results obtained by Aitken's Dust-counter. According to that apparatus the purest natural air, that of the Western Highlands of Scotland, may contain as little as 16 to 7,000 particles to the cubic centimetre, whilst city air (London, Paris) contains from 160,000 to 210,000 particles.

latter rendering the individual more liable to nasal catarrhs.

Adenoids are simply a chronic enlargement of the normal lymphoid tissue of the nasopharynx—an enlarged tonsil high up behind the nose. Lymphoid tissue is prone to chronically inflame, and, when adenoids have become established, they form a lurking place and storehouse for micro-organisms, whence they can emerge and attack the body whenever it is below par. I have given elsewhere† incontestable reasons for the removal of adenoids when present, the influence they exert in causing colds in children is another cogent reason for their extirpation. But what is really as important as their removal is their prevention. Frequent colds is one of the most potent causes of adenoids, and their prevention can be accomplished by attention to the proper hygiene of the nose, and the rational use of the pocket-handkerchief.

The far-reaching consequences of chronic and recurrent colds, nasal obstruction, and adenoids in causing diseases of the lower air passages, deafness, and suppuration of the middle ear, with its attendant dangers, do not admit of discussion here.

The thinking reader of what I have said will have probably already arrived at some form of treatment for colds. The most important is not treatment but prevention. Remembering that there are two ways of catching a cold, avoid infection and avoid chill. The latter is easier than the former. Regular exercise, fresh air, warm but light clothing, will do wonders if one has a normal nose to start with. Given ordinary care, frequent recurring colds spell nasal abnormality, and the sooner it is recognised and remedied the better. Sometimes a chronic cold merely requires a little help in the way of a mild antiseptic spray or douche to throw it off, sometimes some nasal obstruction requires skilled treatment.

When one has been exposed to chill, active exercise is of great value in warding off a cold; when this is impossible, a series of deep respirations should be taken *through the nose*, thus obtaining the immediate result of active exercise in a modified form.

When infection has been risked, a mild antiseptic spray or douche will often avert the result, even when the first symptoms have appeared. The use of the pocket-handkerchief seems to be very badly understood by many people. To violently wring the nose whilst indulging in loud trumpeting effects nothing, save to call attention to the trumpeter. The nostrils should be gently cleared alternately,

† *British Journal of Children's Diseases*, Aug., 1907.

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