

## "CATCHING COLD," A POPULAR ERROR.

THERE is a great lack of correct knowledge in relation to the nature and causes of disease. This often operates greatly against the success of the physician in the treatment. It is very manifest in regard to "colds," about which we have often written in the pages of this journal. As we oft' have, too, in relation to the common fear of mild drafts of fresh air. DR. AUSTIN FLINT, some time ago, contributed the following timely remarks to the N. Y. *Medical Journal*:

The phrase to "catch cold," so often in the mouths of physicians and patients, is a peculiar solecism. It implies not only that the term cold denotes something positive, but that this something is a living entity, a sort of demon in ætiology, which does not catch, but is caught by the unfortunate victims. The synonym *Erkältung* pervades German literature remarkably. There are few diseases in the nosology in the causation of which "catching cold" does not enter, according to German writers. At the present time a question under discussion in Germany is whether pneumonic fever is attributable to "catching cold," and there appears to be an emancipation of the minds of some of the most distinguished of the physicians of that country from the traditional notion that this disease is the work of the ætiological evil spirit represented by the term "cold."

There is an indefinite latitude in the phrase to "catch a cold." The phrase is used to denote inflammation or catarrh of the mucous membrane of the air-passages, but its application is extended to various affections in various situations. There is but little ground for its application to the ætiology of the so-called nasal, pharyngeal, laryn-

geal, and bronchial catarrh; but I shall confine my remarks to the supposed danger of "catching cold" as involved in therapeutics.

If most persons outside of the medical profession were to be asked what they considered as chiefly to be avoided in the management of sick people, the answer would probably be "catching cold." I expect that this question would be answered in the same way by not a few physicians. Hence it is that sick-rooms are poorly ventilated, and patients are oppressed by a superabundance of garments and bed clothes. The air which patients are made to breathe, having been already breathed and rebreathed, is loaded with pulmonary exhalations. Cutaneous emanations are allowed to remain in contact with the body, as well as to pervade the atmosphere. Free exposure of the body is deemed hazardous, and still more so bathing or sponging, the entire surface of the body being exposed. Patients not confined to the bed, especially those affected with pulmonary diseases, are overloaded with clothing which becomes saturated with perspiration, and is seldom changed for fear of the dreaded "cold."

These sketches are from life, and the observations of every practitioner furnish real illustrations; the supposed morbid agency of cold is a traditional error deeply rooted in the popular mind. It interferes often, in no small degree, with the satisfactory management of cases of disease. It is an obstacle in the way of securing for patients hygienic conditions, the importance of which may be greater than that of drugs. It is obstructive to the adoption, in cases of fever, of the antipyretic treatment, which is, perhaps,