

When You Feel Yourself Coming Down With A Cold

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DRAWINGS BY PAUL CARRUTH

HOW do you treat colds, Doctor?" a patient asked me the other day. I was tempted to give her the reply of the old-time doctor: "With contempt, madam, with contempt." However, on second thought, I decided I had better explain to her our more recent concept of colds, and how the treatment varies in accordance with their classification. Some years ago when, as a young doctor, I was in attendance at the clinic of a famous physician, I remember he spent some time discussing a patient who was apparently coming down with a severe cold in the head.

The physician had turned his back to leave, when a student in the amphitheatre piped up: "But what are you going to give the patient?" The clinician turned about, looked quizzical for a moment, stroked his chin, and replied: "Well, about ten days, I guess."

Here we have two methods of treating a cold—with contempt and with time. The second method is certainly superior to the first, for a minimum of harm would be done if patients with colds, especially if attended by fever, would just take a rest for a week or ten days. In fact, when a cold has become well established, I doubt if there is any method of treatment that can do much to shorten the course of the affliction.

I have been studying colds for twenty-five years, and more recently I have come to the conclusion that there are at least six different aspects of the affliction which goes by the common name of "cold."

While there are certain general lines of treatment that are more or less adapted to all colds, nevertheless, each group, owing to its different cause, is best managed by treatment directed more specifically to correcting those remote and immediate conditions which are actually responsible for that particular kind of cold.

Let me first give you my classification of colds, and then I will take them up one by one and discuss the treatment I have found best for these different groups:

1. *Colds with fever*—constitutional or the "flu" type of colds.
2. *Colds without fever*—the annual

type, or the acute infectious type of colds.

3. *Recurrent colds*—colds resulting from sinus or other chronic nose and throat infections, the catarrhal type of colds.

These first three types of colds represent the contagious group. They are undoubtedly caused by some form of living organism, probably one that is too small to be seen by our present-day microscopes.

4. *Deficiency colds*—the coryza type of colds, resulting from calcium deficiency

type of cold with some other type. It is these combined types of colds that present the greatest difficulty in working out a satisfactory and effective plan of treatment.

Of all the common minor maladies afflicting us mortals probably none are more troublesome or more completely misunderstood than colds.

The time has come when colds should not be treated "with contempt," especially when they manifest a tendency to hang on. Neglected colds may predispose certain susceptible individuals to bronchitis and pneumonia, if not tuberculosis, and lay the foundation for other constitutional disorders.



THE average person, when coming down with a severe cold, is taken rather suddenly with sneezing and chilliness, which may or may not be followed by a state of general fever. The majority of our colds are without fever. Now, this is the same group of symptoms that accompanies the onset of many infectious diseases, such as diphtheria, scarlet fever, whooping cough, measles, pneumonia, and influenza. This is why it would be an excellent idea to isolate for two or three days all school children showing symptoms of a fresh cold, in order to find out if they are affected merely with a cold or if they are coming down with one of the other contagious diseases.

I'm often asked "Why do people take cold?" That's a difficult question to answer specifically. Some folks succumb to infectious colds through over-eating, particularly when they eat an excess of proteins and other acid ash-forming foods, such as cereals. Constipation is another contributing factor. Under- or over-dressing, drafts and undue exposure, and lack of physical exercise also predispose to colds.

Certain individuals are almost sure to have a cold if they get their feet wet, but I doubt sometimes if this is a true infectious cold. I think that colds resulting from wet feet more often belong to one of the non-infectious types.

The first thing to do when coming down with an infectious cold is to clean out the

or diminished alkali reserve of the blood, acidosis.

5. *Irritation colds*—colds resulting from dust, diminution of the nasal secretions, or lack of humidity.

6. *Hay-fever colds*—summer colds, so-called rose-fever colds.

These last three types of colds are non-contagious. If any living organism is concerned in their production, such organism must play a secondary rôle.

Perhaps we should also include a seventh group, which might be called *combination colds*. We certainly do see colds in which there is a combination of either No. 1 or No. 2 with the more chronic catarrhal form of No. 3. We can have colds which are a combination of No. 2 and No. 4, or No. 2 and No. 5, and we may even have a combination of the hay-fever

digestive tract thoroughly by taking a cathartic or an enema. Then take a hot bath and go to bed with a hot-water bottle to the feet. Drink an abundance of liquid—hot water or hot lemonade—and leave the rest to nature. One thing, however, is of special importance: be careful not to get chilled after taking a hot bath.

The diet should be light, consisting mostly of fruits, vegetables, toast, and milk. Avoid too much meat and the more hearty foods.

Exercise is sometimes good in the early stages of a cold, but do not indulge in it if you have a fever. A fever calls for bed and the doctor.

Nose sprays and throat gargles are helpful if used when you are coming down with a cold, but they haven't much effect after you are in its clutches.

ONE: *Treatment of colds accompanied by fever:* Colds accompanied by fever should be taken seriously. One thing is imperative: you must go to bed and stay there until the temperature has been normal at least twenty-four hours, or until your doctor has given you permission to be up and about your business.

In these more general and constitutional types of colds it is doubly important that the bowel tract should be thoroughly cleansed; that the diet should be light, and that plenty of water should be taken. It is also a good thing, in these cases with fever, to give at the beginning two- or three-teaspoonful doses of baking soda. The soda can be stirred up in two thirds of a glass of lemonade or orangeade, and is valuable in decreasing the acidity in the blood.

If you have had a real siege of the flu, if you have had a cold with fever, about a month after you have recovered send a specimen of urine to your doctor to find out how the kidneys are. Flu and fever have a tendency to leave the kidneys in a weakened condition.

The important thing when you have a cold with fever is to *keep your skin warm*, thereby helping to avoid such complications as bronchitis and pneumonia. I do



not mean that you should be kept over-warm to the point of sweating; neither should the atmosphere of the sick chamber be over-heated. It is possible to have an abundance of fresh air in the sick-room and yet, by means of hot-water bottles to the feet and suitable covering, to keep the skin warm. Be sure to have the arms covered with a bed jacket if you are propped up in bed. By keeping the skin thoroughly warm congestion of the internal organs is prevented.

A FEVERISH cold is often accompanied by headaches and severe pains in various parts of the body, particularly in the spine, in which case aspirin or other forms of salicylate should be taken, under the direction of the doctor.

One of the most valuable treatments that can be administered for colds of this sort is the hot full bath. The temperature should be somewhere between 105° to 110° F.—and may be continued anywhere from three to ten minutes, according to the strength and comfort of the patient. Throughout this bath, an ice-cold moist cloth should be kept on the head. I suggest a towel wrung out to the point where it will not drip, and wrapped around the forehead, back of the head, and overlapped on the top of the head. In this way all the advantages of a hot bath will be secured, while the disadvantage of over-heating the head

will be avoided. Those who administer such a treatment to one suffering from a flu cold should have ready warm sheets and blankets in which to wrap up the patient the moment he emerges from the bath, and they should see to it that he is quickly and thoroughly dried, and then so expertly manage this proceeding that the patient will not break out in secondary perspiration nor be subject to chilling in getting from the bathroom back into bed. Before taking such a hot bath, it is a good plan to clean out the bowels by means of a warm soapsuds enema.

TWO: *Treatment of colds without fever—the annual or acute infections:* These are the colds that tend to "run through families." They are spread largely by common drinking glasses, towels, handkerchiefs, and carelessness concerning the nasal toilet.

It is true, every now and then, that some member of a large family will fail to take this autumnal or winter cold. I recently saw a case where one of the children in a family of nine came home from school with a cold. In a few days all were infected except one boy, twelve years of age. He often escapes a cold that otherwise goes through the family. It is very difficult to account for this peculiar immunity to colds, but we see it every now and then.

The first thing to do when you feel you are coming down with a cold of this sort is to make early use of gargles and antiseptic oils in the nose and throat. I believe such treatment, in connection with other measures, has power to stop a cold if resorted to promptly. As in the case of colds with fever, cleanse the bowel tract, take a hot bath, use a few teaspoonfuls of soda, drink an abundance of liquids, and eat fairly lightly for a day or two.

The method of treatment which is most effective in applying antiseptics to the nose and throat is to lie down on the back, and with a medicine dropper drop two or three dropperfuls of some oily antiseptic into the nose and let it run back into the post-nasal passages and on down into the throat. You can do this every ten or fifteen minutes for a few hours during the onset of your cold. In this stage, the irrigation of the nose and throat with lukewarm normal salt solution—a teaspoonful of salt to a pint of water—is also effective. This salt water should never be snuffed up the nose, but gently drawn into the nose and allowed to run out through the mouth. In snuffing it up there is danger of infecting the ears through the Eustachian tubes.

You can secure an excellent throat gargle by simply asking at your drugstore for the official "Dobell's solution." Another excellent gargle is the following:

Sodium bicarbonate	1/2 drachm
Sodium borate	1/2 drachm
Sodium benzoate	1 grain
Eucalyptol	35 drop
Menthol	1/2 grain
Distilled water	8 ounces

A good antiseptic (Continued on page 119)



oily compound to drop into the nose in the early stages of a cold is the following:

Oil of eucalyptus	20 drops
Menthol	10 grains
Liquid paraffin	2 ounces

In all forms of colds, particularly these annual colds, the diet should be what doctors call "basic" in character; that is, foods should be eaten which tend to increase the alkali reserve of the blood stream. This means that more fruit, vegetables, and dairy products must be eaten; less meat, eggs, and cereals. Potatoes should take the place of bread at such times.

NOW, what shall we do for the sore throat or the tonsillitis that sometimes accompanies these colds? Aside from any good that gargling may do, I think the best way to treat a sore throat is by means of the so-called "heating compress."

Take a piece of linen cloth, one or two thicknesses—or cheesecloth, four or five thicknesses—between three and four inches wide and about twelve inches long. This is wet in ice water or cold water and is wrapped snugly about the neck. It should be wrung so dry that there will be no danger of dripping.

Over this piece of wet cloth, wrap a piece of mackintosh or oiled silk, making sure that the wet cloth underneath is fully covered. In an emergency, one can use newspapers, table oilcloth, paraffin paper, or any other waterproof material.

The third layer should consist of one or two thicknesses of flannel about four inches wide, wrapped snugly about the neck, so as to prevent evaporation of any of the moisture from the wet cloth next to the skin. This throat compress should be worn all night, and the linen cloth next to the skin should be slightly moist when the compress is removed in the morning.

This compress constitutes the best-known local and external treatment for incipient sore throat, colds, pharyngitis, tonsillitis, together with hoarseness and tickling of the throat. When the compress is taken off in the morning, the throat and the back of the neck should be thoroughly rubbed, either with ice or ice water and a rough towel for two or three minutes, and then carefully dried. It is very important that you do not forget this application of cold when the compress is removed in the morning, as it is absolutely necessary to prevent chilling of the throat during the day.

Some doctors think that the ordinary stock "cold vaccines," if given in large amounts at the onset of a cold, are beneficial, and I have seen some apparently good results from this procedure. I don't know whether the vaccines are specific or whether the benefit comes from stirring up the body in a reaction against a foreign protein. It may be that we shall find some day that any foreign protein injected at such a time is beneficial. But one thing must be remembered—it has to be given at the very onset of a cold in

order to have any effect on these attacks.

Three. *Treatment of recurrent colds, the catarrhal type:* They are the colds which come and go many times during the year as the result of chronic sinus infections, and other abnormal conditions of the nose and throat. All the methods I have already suggested for the prevention of colds and for their treatment are valuable in these cases, but they are only palliative. The important thing to do for this group of colds is to consult a nose and throat specialist, find out the real cause of the trouble, and have it corrected. There may be more than one condition at the bottom of such recurrent colds. Sinuses may be infected; tonsils may be diseased; adenoids may be present. The drainage of the nose may be interfered with by a crooked septum or by enlarged turbinates.

Just as certainly as we have three groups of colds that are contagious, we have three that are non-contagious. They are confined almost entirely to susceptible individuals. That these colds are not contagious is proved not only by observation, but by repeated experiments in which the secretions of the noses of acutely afflicted individuals have been transplanted to those of non-afflicted persons, without producing any symptoms of a cold.

While attention to general hygiene and all efforts to upbuild the health and increase the vital resistance are of some value in this group of colds, the thing of great importance is to remove the specific causes which underlie it.

FOUR: *Treatment of the deficiency colds:* The colds resulting from calcium deficiency or diminished alkali reserve in the blood—the acidosis colds.

In recent years we have come to recognize a peculiar type of cold which may appear in the summer or winter, and which, in some respects, resembles an attack of hay fever in that the chief manifestation is a copious water discharge from the nasal mucous membrane. This discharge is sometimes almost like scalding water running out of the nose. An examination of the blood in many of these cases shows a deficiency of calcium. Now, it is not always an easy matter to get the blood to take and hold it, and while the doctor will probably prescribe certain definite amounts of calcium to be taken each day, at the same time it will be a good plan for such patients to make regular use of the calciumiodized table salts which are on the market at the present time. When we are successful in restoring to normal the calcium content of the blood, these cases show remarkable improvement, and finally are cured.

In the case of "alkali deficiency colds"—those frequent and varied attacks which go under the name of colds and which are caused by an overamount of acid in the blood (acidosis)—we are confronted with the simple proposition of quickly restoring the alkaline balance of the blood. In the

case of colitis of this type, a testing of a fresh specimen of urine, which ordinarily runs about 30° of acidity, in laboratory terminology, will show that the kidney secretion is running an acidity of 50° to 60°, or even higher.

The way quickly to counteract this acidity is to take a rounded teaspoonful of baking soda, stirred up in two thirds of a glass of orangeade or lemonade, and repeat every thirty minutes until three or four doses have been taken. Of course the scientific way to do this would be, after first testing the kidney secretion, to repeat these tests at frequent intervals and regulate the soda medication in accordance with the reduction in urinary acidity. It is almost equally undesirable to over-alkalinize the blood; but in the majority of these cases the giving of three or four doses, as suggested, will be quite safe.

The real and permanent treatment of this sort of cold is to prevent this condition of acidosis by means of proper diet. It should be borne in mind that all foods, except the fats and sugars, which are completely burned up in the body, leave behind an "acid" or "alkaline" ash, and this type of cold is to be prevented by making sure that your diet leans slightly toward the alkaline side of the column. The following parallel arrangement will show where most of our foods belong.

Acid Ash Foods

1. Animal foods: All forms of flesh foods, fish, fowl, etc., including all kinds of meat broths' soups, beef tea, bouillon, etc.
2. Eggs.
3. Breadstuffs: All kinds of breads, whether made of wheat, rye, or corn, crackers, toasts, griddle cakes, etc.
4. Pastries: All sorts of pies and cakes—except fruit pies and other desserts containing milk or sour fruits.
5. Cereals: Rice, oatmeal, and breakfast foods of all kinds, including the flaked and toasted breakfast foods.
6. Peanuts, plums, prunes and cranberries (plums and cranberries fall into this column because of their benzoic acid, which the body cannot oxidize).

Alkaline Ash Foods

1. Dairy products: Milk, ice cream, cottage cheese, cheese, buttermilk, etc.
2. Potatoes and bananas.
3. Soups: All forms of vegetable and fruit soups and broths.
4. Fruit juices: All the fresh fruit juices (except plums).
5. Fresh fruits: All fresh fruit, sweet and sour, except plums and cranberries.
6. Vegetables: All kinds, especially beets, carrots, celery, lettuce.
7. Dried fruits: Figs, raisins, dates, currants—all except prunes.
8. The legumes: Beans, peas, and lentils.
9. The nuts: All nuts belong in this column—including almonds.

I have seen many cases of frequently recurring colds, where nose and throat conditions are perfect, cured by eating more largely of the alkaline ash foods.

FIVE: *Treatment of irritation colds:* Colds resulting from dust, diminution of nasal secretions, and lack of humidity.

Here again we meet with another group of non-contagious colds. A cold is often brought on by some extraordinary house-cleaning on the part of the housewife. Workingmen have colds caused by dusty workrooms. I have known many a cold to be started up by sweeping out a garage or by trying to clean up the basement. Of

course there may be a chronic diseased condition of the nose and throat, and this dust proves to be the agent that precipitates the fresh outbreak of the smoldering chronic infection.

In the case of many individuals over forty years of age, the mucous membrane of the nose seems to have largely lost its power of providing the germicidal secretions which were abundant in earlier years. This dry condition of the nose seems to predispose to that irritation which is capable of setting up the violent reaction we call a cold. This type of cold can largely be prevented by anointing the nostrils with a little simple ointment, such as borated vaseline. There are many of these ointments on the market which are not irritating to the nose, and which prevent that undue drying out and the formation of crusts during sleep. I don't think it is a good thing to start this practice early in life unless absolutely necessary, for when started it will probably have always to be kept up. A simple ointment for this purpose is the following:

Menthol 3 grains
Camphor 10 grains
Oil of eucalyptus 15 drops
Petrolatum (white) 1 ounce
Mix into ointment and put up in tube.

Squeeze a little ointment out of the tube onto the tip of the little finger and thoroughly anoint both nostrils.

A great deal of this tendency to dryness in the nose is due to habitual lack of humidity in the air of our living- and working-rooms. This is one problem of modern civilization which has not been solved. Wonderful advances have been made in the past fifty years in the heating problems, but the humidification proposition has not kept pace with our heating development. If we could satisfactorily humidify the air in our living-, working-, and sleeping-rooms, I am satisfied that a very large percentage of the colds belonging to this group would immediately disappear; until we can improve our humidification about the best thing we can do is to resort, especially during the night time, to the simple ointments already suggested.

Colds of this irritation type can also be caused by numerous odors, fumes, dust, and gases, as well as by certain articles of diet. Certain susceptible individuals can bring on a cold, a mild bronchitis, or even an asthma attack, by inhaling too much smoke, or breathing in engine fumes.

We have long known that too much starch in the diet of young children definitely predisposes them to colds; but this probably acts by way of increasing the acidity of the blood stream, about which I have already spoken.

Every person should study himself in this way, and try to ascertain if there is any particular thing in his habits of eating and living which is associated with his attacks of colds.

SIX. *The hay-fever type of cold—so-called "summer colds":* In reality these hay-fever or "rose-fever" attacks are not colds, but they are included in this classification because of the fact that many persons do not recognize that they have hay fever, but regard themselves as peculiarly susceptible to certain types of "summer colds."

The management of the hay-fever type

of cold is simply the management of hay fever. Up to the present time the only *sure* cure is to pack up and clear out—beat it to some locality where they don't have hay fever.

In recent years the use of hay-fever vaccines, especially if repeated year after year, has afforded some relief to many people. But, after all, they only afford transient relief.

HAVING studied the best methods of treating these six different types of colds, let us summarize those which are in general adapted to helping any and all of them, aside from the hay-fever group.

FIRST: By way of prevention try to improve the general circulation. Do the best you can to overcome the tendency toward cold hands and feet. This is where the morning cold bath, properly taken, is of value, and where exercise is of particular service.

SECOND: In the matter of diet, avoid over-eating of such foods as meat, eggs, and cereals. See that the diet is on the "basic" side of the column. That is, that you eat more largely of fruits, vegetables, and dairy products.

THIRD: Do everything possible to maintain a cheerful frame of mind. Worry, depression, and anxiety, are all predisposing causes of those disturbances of circulation and digestion which are contributory to "catching cold."

FOURTH: See that the bowels move regularly, and that you have a good sweat once or twice a week. Keep the skin clean by at least two good warm baths and soap shampoos weekly.

FIFTH: As far as possible, train yourself to stand moderate drafts, sudden changes in temperature, but don't go to extremes. It is all right to make a sane effort to "harden" yourself, but let us be reasonable in these efforts to prevent colds. Particularly avoid wearing too warm under or outer clothing indoors during the winter months.

SIXTH: Remember that gargles and nose sprays should be used in the early hours of infection.

SEVENTH: The most important first aid to be employed in colds is the hot bath being very particular to avoid chilling when getting out of the bath and into bed. Pay equal attention to the prevention of a secondary and profuse perspiration.

EIGHTH: Take a cathartic the moment you find you are "coming down with a cold." Castor oil is perhaps the best cathartic for general use, though salts act more quickly.

NINTH: It will not be out of place, in all forms of cold, to take a few doses of an alkali, such as common baking soda. Three or four teaspoonful doses, taken thirty minutes apart, is a safe general rule.

TENTH: Go to bed with a hot-water bottle to the feet and keep warm, but have plenty of fresh air in the room.

ELEVENTH: Drink an abundance of liquids, either hot or cold—water, ginger ale, lemonade, orangeade. For the first day take at least one glass of liquid every hour.

TWELFTH: In all colds, take a light diet for the first day or two, preferably liquids; but if the temperature is normal, a more liberal soft diet can be followed.