ON "CATCHING" COLD.

BY A FAMILY DOCTOR.

HERE are at least a thousand and one ways of catching cold, so that if one explanation is thought inadequate by our friends, they find it very easy to suggest another. Chief among the ways, we may mention sitting in a draught, sleeping in a damp bed, and wet feet. The consequences—to the popular mind—of catching cold are almost equally numerous. They include bronchitis, pleurisy, inflammation of the lungs, sore throat, rheumatism, erysipelas, as well as a host of other diseases. Most of us know, however, that many of these illnesses are due to a distinct and definite cause, and that they cannot be due to the accident of catching cold. I, therefore, propose in this paper to consider what we mean by "catching cold," how we may best avoid doing so, and what really may be the consequences.

The body is maintained in health, as I have had occasion to remark previously, by the regular and efficient performance of all the bodily functions. If any of these are disturbed, then we suffer ill-health. The real cause of catching cold is a chill. We must, therefore, inquire how a chill affects the bodily functions. The temperature of the body in health is kept constantly at 98·6° F., and this is accomplished by means of nerve influence, which regulates not only the production of heat, but also the amount which is dissipated by means of the skin. If we are exposed to a high temperature (as in a concert-room in winter, or by reason of powerful sunshine in summer), the fine blood-vessels on the surface of the skin become dilated and filled with blood, so that more heat than usual is lost; while if we are exposed to a low temperature (when we leave the concert-room or on an autumn evening), the blood recedes from the surface of the body, and less heat is lost. The volume of the blood remains unaltered; it consequently follows that the regulation of the bodily temperature depends upon an unequal distribution of the blood, and when the skin receives less than its usual supply, some of the internal organs must receive more. Let us imagine a person sitting in a draught. We are always doing so, and, in the vast majority of instances, nothing happens—and, in fact, the sensation is often more grateful than otherwise. But occasionally we feel chilly, and when we wake next morning we find we have caught cold. A cold generally affects the upper part of the air-passages—the throat and nose. A feeling of discomfort and dryness is experienced, and we feel out of sorts. This may pass away, or we may have running from the nose, which gradually subsides, and we are usually quite well again in two or three days. What happened? The blood was diverted from the skin to the throat and tonsils, which became congested in consequence. The balance was not restored, as is generally the case, and the excessive congestion resulted in a slight inflammation. Excessive dryness is felt, eventually followed by increased secretion. Once this condition is induced, even over a small area, instead of remaining limited, it may extend and an attack of bronchitis may be developed. Of course, if we were originally much over-heated, as after great physical exertion, the sequence of events I have described is more likely to occur — the initial congestion is naturally intense, less likely to be allayed, and a cold is more probable under such circumstances. Another method of inducing chill depends upon the habit of wearing too thin boots, and the feet become cold—perhaps the day is damp or wet. Or we may change our clothing so that we become more susceptible to atmospheric influences — indeed, colds are more frequent in the spring and autumn, when the temperature is apt to vary greatly. There is sound sense in the old adage, "Ne'er cast a clout, till May be out"—in fact, it is always wise to adapt our clothing to the weather rather than to the season.

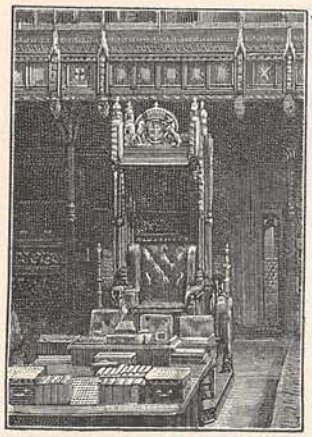
It is a matter of common observation how often a cold "spreads through a house." One of the inmates catches cold, then the rest follow suit. They did not all take chills. It would be absurd to imagine such a series of accidents. The real explanation is that a common cold very often becomes infectious, just like measles, for example; so that, for the sake of prudence, it is always wise to avoid too near association with anyone suffering from a cold. The ultimate effect of a chill depends upon the individual. If he has a weak spot, the cold "settles there." If his lungs are weak, then bronchitis, or even inflammation, may result; or perhaps the kidneys may suffer, or acute indigestion may follow. We can easily understand the reason —reaction is feeble, so that the normal condition of the organ is not restored.

How are we to avoid the evil consequences of a chill? If we are in sound health, we are not as likely to be affected injuriously by accidental draughts or chills as when we are enfeebled by disease or any excesses. One of the most frequent predisposing causes of a common cold is over-indulgence in alcohol. The habit of taking a "nip" to keep out the cold often defeats its own object, for alcohol lowers the tone of the system—it is less able to recover from an effect of any change in its environment. Besides, the organs of those who indulge freely in alcohol are not healthy: degenerative changes begin early in them, and, consequently, those people must be considered unhealthy. The effect of exposure is not only more likely to result in illness, but the illness is also more likely to be serious than in sound and healthy people, for the functions of the affected organs are still further interfered with.

Coughs are even more common than colds. A cough is due to the irritation of a part of the air-passages or of the nerves supplying them. In bronchitis, for example, the cough is due to the presence and accumulation of mucus, and is the effort of Nature to dislodge it. Very often, however—and these cases are too frequently overlooked—a cough is due to local causes. The tonsils may be enlarged, or the uvula — that little tongue dependent between the tonsils—may be swollen and elongated, or there may be small granulations on the back of the throat. In these cases local treatment is necessary, and drugs are, for the most part, of little service. Cough may also depend upon a reflex irritation from the ear (it is known that the bad habit of picking the ear with the head of a pin often induces a cough), or from a disordered stomach (the morning cough of many people is closely dependent upon dissipation the previous evening). The nerve may even be irritated directly by the presence of a tumour pressing upon it. The cough, in these cases, has a distinct character—it is stridulous. And other affections as well may be recognised by a characteristic cough: *e.g.*, we all know the peculiar spasmodic cough of whooping, and the short, hacking, painful cough of pleurisy. The absence of secretion, as in the early stages of bronchitis, makes the cough hard and dry; as the secretion increases, it gradually becomes softer and loose. A cough may, therefore, give valuable indication of disease. Although due, in the majority of cases, to transient causes, it is never safe to neglect its indications. Persistent cough is often the first sign of commencing disease in the chest, unless it be due to local causes operating in the throat. In any case, it is best to seek advice. Not only is a cough a proof of personal ill-health, but it is always a source of public annoyance.

COMMENCING IN THE COMMONS.

BY ALFRED F. ROBBINS.



"THE EMPTY CHAIR."

THE most important day in the politician's year is that which sees the opening of Parliament. Like many matters of general concern that are much mentioned, there is a deal in connection with this event which is little known. When the Queen performs the ceremony, the newspapers are filled with descriptions which fail to describe the inward and most interesting features of the function. On the more frequent occasions when the Lords Commissioners undertake the duty, the published accounts are more meagre than those of the latest race-meeting. And yet it is on this opening day that, from the earliest gleam of wintry sunshine on the empty Speaker's Chair to the cry, "Who goes home?" that rings through the corridors with the midnight chimes, a series of ceremonies proceeds which, more than at any other time, links the Parliament of the present to the Parliaments of the past, and binds the Britain of the House of Hanover with the England of the Angevin Kings.

Tuesday or Thursday is the date now most commonly chosen for the opening of the Houses. Monday has been avoided throughout the century until very recently, because it appeared to involve Sunday travelling on the part of members, while Wednesday is never chosen, because it is by Standing Order an abbreviated parliamentary day, and even the most daring Prime Minister is not likely