“You’ll Catch Your Death of Cold.” Really. (But Not Really.) — Part One

How something as annoying but as non-lethal as the common cold caused me to think that Charon’s canoe was docked in my front yard.

December 3, 2019 By Jeff Neurman

As many of my devout readers are undoubtedly aware, there has been an overwhelming silence emanating from me and this blog for the past couple of weeks. And, as these same followers also are certainly aware, I always have something to say about pretty much everything so such a silence is quite atypical for me. So, pray tell, what caused this lack of pontification from me? To put it simply, I thought I was on death’s doorstep for several days. It turns out that I was actually, however, suffering from what is probably best classified as a cold (and which still has me feeling quite suboptimal). But I think it is a fair question of you, the reader, to wonder how something as admittedly annoying but as non-lethal as the common cold could cause one to think that Charon’s canoe was being docked in my front yard.

For starters, I think it is only appropriate for me to state that I am not a hypochondriac. I am related to a number of such people, and I know I am not like that. Plus, the vernacular usage of the term implies an irrational obsession with illness and maladies in general. Applying that understanding of the term, I am pretty sure that it is impossible to be simultaneously a hypochondriac and one with cancer. I assert this because, rather unfortunately, there is no illness, ache, pain, sniffle or cough that one living with cancer could readily dismiss as unimportant or even simply uninteresting. Particularly when one has a chronic (i.e., incurable) form of cancer, constant vigilance regarding one’s health is not only prudent but often mandatory. In fact, a better term for those of us with cancer would be hyperchondriac because no matter how much attention we pay to our health, we cannot be as knowledgeable about our badly-behaving bodies as would be ideal. (I note that Merriam-Webster does not recognize hyperchondriac as a term, but Urban Dictionary does. Let’s get into the 21st century, M-W!)

Justifications addressed, this all began innocently enough. As is typically the case, I noticed an annoying tickle in my throat, followed by an even more bothersome soreness therein. This came as somewhat of a surprise to me because I have yet to be sick in the 14 months since I completed chemotherapy, a feat I attribute to the fact that I am still required to take daily antivirals as well as an antibiotic every Monday, Wednesday and Friday. (I’m thinking now of shifting this to a Tuesday/Thursday/Saturday schedule but I would have to clear that with my oncologist first.) Of course, the reason that I still must take all of these pills is that my white blood cell count — which

is what necessitated the chemo in the first place — is now so low that my immune system apparently is on an extended leave of absence. Whatever the impact of all of this, by the next morning I found myself dealing with major chest and throat congestion along with one of those sore throats that are so painful you wonder how long you can go without swallowing. Nevertheless, since I am rapidly zeroing in on my 50th year on this planet, I have had many a cold before and was not overly concerned. I even managed to do a five-mile jog that morning. This, it turns out, may have been somewhat of an exercise (pun intended) in bad judgment.

For that night, as I tried fitfully to sleep, I awoke with terrible chills, the kind that are so hypothermia-inducing that I was too cold to even get out of bed to put on additional clothes. Finally, I mustered the remaining residual internal heat to teeter into the closet for socks and a sweatshirt, but getting them on my person was terrifically challenging as I was shaking so badly from the chills. Concerned — to understate it greatly — I woke up poor Melissa. She is, after all, a medical doctor. She immediately took my temperature, but none registered. In fact, she later told me she was concerned that my core temperature might actually have been too low. Interesting. Somehow, despite my incessant teeth chattering, we managed to fall back into a semi-sleep state.

When morning finally arrived, I gradually managed to pull it together. I find that with any cold, first thing in the morning is usually the worst time. But as the day wore on, I continued to wear down. I was very tired, but other than being a bit achy and with a sore throat and an “unproductive” cough, I was not overly concerned. That night, however, I decided to take my old college-cold standby — NyQuil — as I am convinced, despite my lack of formal medical training, that the surest way to prolong a cold is to get inadequate sleep, which of course with a cold is definitional.

Soon after passing out from the NyQuil, I awoke in a daze — a familiar byproduct of taking NyQuil — drenched to a comparable degree to the amount I was on my morning run the day before. I groggily changed my clothes, and determining the sheets were not too bad, I fell back into an unconscious state. This too, however, ended abruptly with another schvitz-fest. Fortunately, I had done laundry earlier in the day or I would soon be running out of possible pajamas. Despite all of this, I did not bother to wake Melissa or even take my temperature. I figured this was a fever breaking, which for some reason I considered to be a positive, even if my bedding did not.

The next day — a Saturday — continued in much the same fashion. Yet I still was not overly concerned. Although I had never had rigors nor need to make multiple wardrobe changes in the wee hours of the night from any cold, I still thought that that was all it was. I was miserable, but again, with a cold that is definitional. Atypically for me, I saw no cause for alarm.

Then came the cause for alarm. On Sunday morning, I was feeling consistently crappy. I was about to pop a couple of Tylenol on the slim hopes that it might make me feel marginally less marginal, but I decided I would check my temperature first. Although this would likely seem to most people to be a sensible and, more importantly, regular step to take, the fact is that I almost never run a temperature no matter how ill I become. Perhaps it is because I am somewhat of a cold fish to begin with, but the last significant temperature (by which I mean over 100 F) that I can recall was when I had pneumonia as a child, when our mercury-infused thermometer read a robust 104. So,

despite 35 years without a known fever, I decided — somewhat out of curiosity — to take my temp. After the three minutes were up, I was very surprised — and concerned — by the reading — over 103. Given my general incoherence, and my specific cold-induced incoherence at that moment, I hailed Melissa to give it a look. As a doctor, she does not panic in these situations. She did not, of course, like what she saw (which sadly validated my reading of the now faux-mercury in the tiny glass tube) but, because she is a doctor and thus a person of science, she decided that more data should be collected. And, because again she is a doctor, we have many types of thermometers in our home. After taking my reading with two other different such measuring devices, we determined that the first reading was indeed not due to a faulty thermometer. At this point, Melissa took charge: She called her hospital and told them — and then me — that I needed to go to the emergency room. Now I was in a state of high alarm — as well as high temperature.

This post originally appeared on It's in My Blood. It is republished with permission.

© 2026 Smart + Strong All Rights Reserved.
http://beta.docker.cancerhealth.com/blog/catch-death-cold-really-really-part-one