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ON
DISORDERS WHICH ARE VARIABLE,
AND ON THE
PRACTICAL INFERENCES WHICH ARE DEDUCIBLE FROM
THE CHARACTER OF CHANGEABLENESS.

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BY T. WILKINSON KING.

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DISCOVERIES WHICH ARE VARIABLE

AND OF THE

THEORY OF THE EARTH AND ITS HISTORY

THE CRISTIANITY OF CHANDLER

BY J. WILKINSON

THE GUY'S HISTORY



To establish accurate notions of a morbid condition, and of the best means of treating it, are amongst the highest kinds of service which the science of medicine can require; and the more extensively the notion may apply—the more generally a rule may serve—the more its elucidation is to be desired. The following attempt to approach such a principle of knowledge is brought forward without any pretence of original research; for it consists very principally of the details of general and settled experience. It forms an essay in the true sense, and involves a great variety of the most common affections.

In the progress of this endeavour, many difficulties have arisen; and the fear of attempting too much (as well of the imputation) has been before my eyes: but I am encouraged to hope that the reader will at least find his labour somewhat repaid by the varied facts and experiences thus presented in a connected order. I am tempted further to hope that my efforts may concur with the rising tendency and growing wants of Medical Science. Having, in another place\*, attempted to set in order the most general fundamentals of our profession, the present reflections are designed to stand as a rational continuation and additional illustration of those principles, and also as an independent and unconnected doctrine, to be admitted or rejected by itself. With the prospect of being able to advance like views of a series of

\* "Some First General Laws or Fundamental Doctrines of Medicine and Surgery," &c. London, 1840.



secondary laws, I anticipate increasing evidence of the justness of the whole; although I am very sensible that more able and devoted minds may readily surpass these too feeble and cursory expositions.

A very little attention will suffice to discover, that there is a considerable number of affections in which Variability is a marked character;—and these, as a class, appear to me to deserve especial attention in a practical point of view.

Many variable diseases are called *chronic*, but without sufficient grounds: and since many variable diseases are acute, and many chronic diseases may not be variable, I shall not anticipate any material objection to the simple term of distinction which I have adopted, without much regard for authority.

The term scarcely seems to need a definition. Almost all that is vexatious to the practitioner, in disease not necessarily fatal, points to its meaning. Sometimes better, and then worse;—now even quite well, but relapsing to-morrow;—restored more or less gradually—relapsing more or less suddenly;—such is variable disease: and when all its forms are considered, with some reference to causes, and the remedial indications which the knowledge of them demands, I trust the propriety, and indeed necessity, of discriminating the whole series will be evident.

Those who have attended to the many *seemingly* slowly progressive forms of strumous disease, whether in the eye, the knee, the chest, or elsewhere, will, I think, be ready to admit the one defined idea of variable disease; which, however, a few remarks may serve to strengthen and enlarge.

The expression "*chronic disease*" appears too general, and indeed indefinite, in the common acceptation. Perhaps it is already declining in use: and I think it is certain, that most diseases which have been called *chronic*, consist of more or less acute relapses, with pretty gradual periods of recovery; which, however, are not always or necessarily tardy:—for this, observe the progress of all the different protracted catarrhs.

I venture to digress with a few further remarks on the term *chronic disease*; which, while it seems indispensable, requires strict limitation, if it is to be safely employed: and,



in endeavouring to effect this, I may be enabled directly to illustrate the definition of variable affections.

In the first place, (omitting, for the present, all reference to carcinomatous or malignant diseases,) I deem it necessary to exclude the idea of a finished or settled disorganization, whether partial or complete. Disease is properly a process—something going on: it is the disorder of an action; and not the change in the part acting;—at least, I must assume it to be such. Chronic inflammation, with tumefaction of the liver, is a disease which commonly terminates in an irregular contraction and induration; and then the disease (*called* chronic) is ended; and a certain permanent disorganization is established, little susceptible of change in itself, although it may maintain *true* chronic disease elsewhere, as in the case of ascites. Again, in advanced necrosis, the dead bone is the sustaining cause; and the surrounding induration is a settled result, whilst the disease in operation is ulceration.

The reader may attach no importance to this distinction of stages; but he cannot pursue a pathological reflection without the knowledge that primitive morbid actions are simply perverted natural functions; and that the consequent disorganization is often totally different, although far short of destruction. Thus a passage may be closed; a fresh one opened; a new secretion set up; a new joint formed, or an original one ankylosed: but there is a wide difference between these (comparatively) unchanging results, and the morbid *actions* which induced them. Indeed, no one should hesitate in discriminating between a disease in progress or action, and every kind of finished disorganization; and it is the more essential to distinguish the two, as they are often intimately connected and variously combined. They are, however, always perfectly distinct, and often independent of each other; though, in particular cases, either one may produce the other: and whether they commence in acute, *variable*, or chronic disease, the end may very well be in a condition of disorganization which is not materially mischievous or rapidly dangerous; as in contractions of the heart's valves, thickening of the membranes of the brain, or obliteration of a portion of lung. Very many of the diseases styled *chronic* proceed variably, or slowly subside; or having sub-



sided, are liable to be renewed. Parts considerably disorganized may admit of fresh disturbance and further change ; but their acquired states are otherwise generally permanent ; at least, there are numberless instances of these kinds ; and to these my observations may be restricted. In studying the common traits even of the majority of diseases, the character which I have endeavoured to establish will continually enforce attention ; and most of all, perhaps, in relation to many different chronic diseases : for it will appear, that it is their remarkable and almost constantly distinguishing feature, that they evince a tendency, and often repeated efforts, towards reparation or subsidence, with occasional relapses from temporary deranging causes. Sometimes, as it is said, the disease wears itself out ; that is, the restorative efforts gain the ascendancy often by judicious treatment, or merely from the absence of deranging influence, but especially at certain periods of life : and, in truth, so great an effect does age produce, that the cases in question would now and then appear to be restored without the concurrence of other favourable causes : but this is only an appearance, not a reality, as we may hereafter find.

As examples of reparative kinds of chronic affections, many ulcers might be adduced ; and particularly the erratic (healing on one side, and extending on the other) ; and also numerous variable painful and dyspeptic disorders. Nothing, I suppose, can be much more certain, than that we every now and then observe some instances of continued derangement, or even of disorganization, which, if it do not actually become repaired, presents at least a manifest degree of improvement ; and, notwithstanding, frequently goes on, to the ultimate destruction of life. Sometimes an extremely similar state proceeds, uninterruptedly, to a fatal conclusion. Occasionally, too, we may see the less promising case happily cured ; whilst, on the other hand, that which may justly have been deemed favourable, proves, even in the ablest hands, ultimately destructive. But that almost all cases of the kind alluded to seem to admit of remedy or considerable palliation, at one period or another, is a fact which gives them a particular interest, and claims the utmost attention.

In those cases where death occurs, we find it to result



from the gradual obstruction of one or more important functions, or from the general exhaustion which is produced. It may frequently perhaps be referred to the combination of these two causes; or rather, as I believe (after many examinations of such cases after death), from a sudden accession of inflammation in a vital organ, as an arachnitis, a pneumonia, or hydrothorax. Repeated relapses, exposure, and the medical treatment (whether good or bad), may have concurred to waste the patient: the slightest cause produces the acute attack, and the patient is said to have died of exhaustion. There is, doubtless, a period after which no remedy would avail; yet it is a common, a fair, and a profitable reflection, that *certain diseases, sometimes fatal, may be cured or repaired in a different constitution; or, that under more favourable circumstances, even in the same individual, they might have admitted much palliation.* All kinds are remediable, at certain stages: and, for the most part, experience cannot easily decide that any given state is not so.

We have seen that the disposition to return is common to many kinds of disease; and we may understand how it happens that ordinary causes of derangement tend to affect the organ which is most susceptible (which is said to be the weakest). Now here, to obviate the cause, is to cure the disease; for the available truth is, that these cases preserve the character of reparability, or a strong restorative tendency,—a power which does not seem to have been hitherto well explained, with regard to any diseases\*. *But it is the*

\* That many diseases exert spontaneous curative energy—that they are innately disposed to subside, extraneous influence being removed—is, I conceive, amongst the most general laws of medicine. The proof of this is as wide and clear as the descriptive parts of all nosography; but it is not easy to put it in few words. (Vide "*First General Laws*," &c. p. 26.) It is not possible for one to understand the nature of the restorative efforts, without a knowledge of the processes which physiologically maintain the balance of health; and with this knowledge it must be hard for any one to deny that diseases naturally tend to decline. *The assertion must be admitted for every kind of curable disease.* It shews, too, how all sorts of disorders get well, under all kinds of treatment; not to say, all kinds of mismanagement and neglect. I do not admit that the tendency is ever merely apparent; still less do I allow that it is absent when not apparent. I believe it to belong, in the most complete degree, to all variable diseases.



*combination of restorative action and relapse which is to guide the practitioner in the detection of variable diseases, and in every step of their proper treatment.*

A brief remark may serve to point out the relation of malignant diseases to our present subject. I think that we cannot say they return, when removed; but that, correctly speaking, they are rather continued, than renewed. The disease may appear in a part adjoining, or in a more distant organ; and we may admit, for the present\*, that, whether in one part or the whole frame, its progress exhibits only different degrees of rapidity. Sometimes it may be quiescent; but the inclination towards repair seems almost or altogether deficient. Occasionally, an acceleration seems to take the place of a relapse. Still, however, death mostly occurs by an acute inflammation, superadded on the wasted body; as a phlebitis obstructing a necessary current, or a watery bronchitis, &c., as we saw in many variable or chronic affections.

The sum of the foregoing reflections on Variable Diseases is this:—They are to be distinguished by a more or less dilatory and devious course: and all which are here treated of, are, at least in kind, not necessarily fatal; though one or another instance may seem difficult of controul, and even intractable. These diseases are susceptible of arrest and reparation, often spontaneously; but for the most part easily relapsing; and liable to return, when cured.

These, in different degrees, are the main characteristics of all variable diseases; which, when arranged together for the advantages of comparison, will be found to throw light upon each other: and I have been led to suppose that the rise, progress, and treatment of the whole series, however various, will hereby be reasonably illustrated.

The common occurrence of different variable affections renders it needless for me to particularize them very carefully. They cannot be difficult of detection. Inflammations and fevers will every now and then afford instances, and likewise a majority of painful affections. There seems to be no form of struma to which the term *variable* may not

\* The truth seems to demand some reserve, even here: what is granted is for the sake of illustration by contrast, rather than for the purpose of a settled distinction; as may yet be shewn.



at times be applicable: and the same may be said of all the different catarrhs, and many affections of the digestive organs, the skin and nervous system, and even also the circulatory. Although I feel assured that experience must go with me, I fear even this brief enumeration must excite objection: I therefore restrict myself. As to the forms of ague, hectic, epilepsy, tic douloureux, and some others, I shall merely say, that I by no means exclude them; but my desire is now only to maintain the previous considerations.

Should it be objected, that it is overstraining the point of distinction to represent one trait of a disease as an isolated or exclusive distinction; I would briefly reply, that I confidently expect that a reasonable attention to the whole progress of any set of variable affections will eventually justify this partial course; which, if it require any excuse, does not seem to demand more of me, than to refer the objector, and the learner, who is in need of other knowledge, to those countless works which are at least partial in the exclusion of the present doctrine. It needs scarcely be said, that I advert to the books on diagnosis and ordinary practice.

The subjects of our inquiry are not unnaturally arranged in the following plan; although my aim is here to contrast the main differences, rather than to give a list of the varieties.

*Different Modes in which Diseases appear variable.*

1. Many diseases are often seen successively mending and declining for months; or re-appearing after many months, as struma in the knee, or an ulcer.

2. One affection may be observed in a similar manner alternating with another, whether acute or chronic: and here, also, may be found more or less of restorative interval and sudden decline. Diarrhœa and phthisical catarrh offer a common example.

3. Acute diseases, in their ordinary course, will every now and then be found to grow worse on a sudden, and unexpectedly, and sometimes as it were by successive leaps with or without signs of convalescence: this is seen in rheumatism, fevers, &c.

4. Acute affections are liable to distinct relapses, mostly during the early days of convalescence. Perhaps there are



no phlegmasiæ, or fevers, to which this does not apply, in some sense or degree.

5. Certain affections are subject to simple metastasis: and, again, to an alternating metastasis; as, gout, gout and phrenitis, gout in the stomach (?), &c.

I hope that many will see a consistency and use in this mode of bringing together dissimilar cases; and that a few remarks on the preceding varieties may serve to render the intention more apparent to all.

1. The instance of a strumous joint serves to indicate directly the influence of local causes of recurrent disease; as, motion, gravitation, or ill-judged pressure. Other cases of this first kind seem to relapse by the immediate action of cold, or even heat (to the part); or even, perhaps, of an excessive stimulant action of air only: so it is with particular kinds of ophthalmia, or asthma, perhaps. In the example of ulcers which have existed long, habit seems to explain their retrograde course: or, at least, when an old sore is partially or completely healed, the arrest of the habitual secretion must assist to explain the subsequent inflammation and renewal of discharge: and yet more pointedly, when we compare this event with the apoplexy or internal phlegmasia that often takes its place.

2. With respect to the alternating forms of variable disease, they manifest, I think, pretty constantly, a reparative stage before the recurrent attack or secondary affection: and when the causes of the first and subsequent disturbances are duly investigated, it will be often easy to explain why the secondary affection arises, and is renewed now and then, in preference to the primary disease. The instance of phthisis is not a very simple one. The restorative periods may be marked enough; but the frequent persevering relapses, along with the regimen, produce wasting and decline of all the functions with increased susceptibility. The digestive organs are disproportionably subject to disturbance. The action of the skin is suppressed by day, and perhaps by night, or only at times encouraged; whilst for a period the lungs may be placed under unusually easy



circumstances, with regard to the state of air, as well as the freedom and quantity of circulation. But this is only a partial explanation by the way. In the alternations of gout and catarrh, the first disease may be referred to diet, or constipation, or the like; and the latter to the state of the atmosphere, as cold, &c.; while the period of convalescence, which is more or less considerable, depends on the natural efforts of the frame.

3. The remark, that diseases, whose ordinary course is steady, may get worse as it were by leaps, is no doubt true: and again, more vital parts may become affected, and yet these events may be only relapses: for still attention will discover very frequently a tendency to convalescence, even in the course of some of the worst cases.

I do not seek to shew that all such cases of recurrent disease are dependent on renewed or superadded disturbance from without; though this is, I believe, the most common cause. We must look watchfully for internal causes: but let us not fail to beware of the external, as temperature, diet, and remedies; and especially to watch lest the latter unawares serve to augment the patient's fast-increasing susceptibility to the former causes. There is reason enough to conclude that morbid accumulations and sudden out-breakings\* of disease may, at least occasionally, occur independently of external influences. The causes of disease are, however, separate topics, and demand distinct attention: they can only here be used in the way of passing explanation.

4. With respect to distinct relapses when the restorative processes are in full activity, surely it is reasonable, without pressing these views too far, to assume the concurrence of some fresh disturbance from without;—and as, with regard to

\* The periodic nature of many and very various seizures seems justly to depend for explanation on the study of what is periodic in the physiological sense: but this, too, is a neglected topic, and would first require to be brought forward;—as the structure of the eye must be learned before its disorders can be understood. Beyond the study of Periodicity, as to disease, there will not remain many residual facts relative to the internal accumulation or evolution of morbid causes; *i.e.* not many of an intricate nature.



5. Metastasis, we should include the possibility of a too hasty process of cure ; as of a large ulcer by efficient dressings &c. ; or as of inflammation by cold. These last cases seem to me to add strong reflections\* to the mutual illustration which the several cases adduced afford.

However these opinions may seem strained or over-refined, I shall not here consider it my province, in order to justify myself, to expatiate at length upon the most important corroboration of their value ; namely, the causes and the remedies of these most common forms of disease. The exposition of the laws which belong to constitution and to the periodicity of diseases should first be attempted ; but I shall at present confine myself to a few remarks, which may assist to explain the main object of the views I have been dwelling on.

The observer will pretty readily determine for himself how far he can avail himself of the distinction advocated : yet I would once again earnestly ask, Is it nothing to see at a glance that the patient has a variable affection—a manifest, nay, even obstinate tendency to get well ? Is it not a most impressive observation, when perhaps he is on the verge of destruction, that but for some simple, unknown, or undiscoverable causes of retrogression, there is reason to know the disease is ready to disappear.

Who shall venture to assert that metastasis is not from cold, or a similarly avoidable cause, acting perhaps even in the moment of convalescence ? Who will say that relapse in fevers or acute phlegmasiæ is not to be prevented by more studious attention to deranging influences ?

Is not he but an indifferent observer, who does not con-

\* Indeed, it must be confessed, that without a continual reference to the idea of new causes—sometimes from within, sometimes from without, and not seldom both from within and from without—the records of medical treatment, and of the progress of diseases, are fallacious, almost without hope. Practical works almost always strike me as deficient here, and so far unavailable. Surely it is plain that the reader should not be left to discover all the hourly distinctions between the diseases and the relapse, and between the power of remedies and the powers of nature ; that is to say, if it be true that diseases tend to subside of themselves, and accidental relapses (so to speak) are indeed common.



tinually detect the action of almost hourly causes affecting the progress of his patients, alike in chronic or acute cases? And do they not themselves discover oppression, at a certain time, after particular meals; and after exposure, as in a carriage, in a cold room, or even in bed?

One who has a disease, the nature of which may be manifest, or as yet undiscoverable, will present himself; saying, "I have a cough, or a pain in my side, or a headache, an uneasiness at the stomach, or disordered bowels;—every now and then I am unwell or worse, and in bad spirits;—my looks and flesh are imperceptibly declining. I have been ailing a good while. I am told there is nothing serious in my symptoms; and I often feel so well, as to be convinced of this; and then, as soon, I am ill again. I am very careful, but I think I am growing weaker."

The proper reply is:—"I think you are not careful enough. Perhaps you are not temperate in all things; or very likely you take cold unawares." Change of air is recommended in such a case;—from the daily exposure of a stage-coach, the Exchange, the counting-house, or loitering, inactive (in body), in the cold damp corners of business; from bad hours, habits, and excitement, to simpler pursuits elsewhere;—and country air has all the merit of the cure, when the sole advantage may be, that daily relapse has been prevented (the recurrent cause obviated), and nature has done the rest.

I have to remark, that I have passed over a variety of anomalous affections, which essentially belong, in nature and treatment, to the preceding catalogue; though I cannot but regard the extension of these views as of much importance. A natural disposition to recovery is a valuable part of diagnosis in any case, if it only tends to the watchful removal of disturbing causes; but its most universal application should fall in with the addition of remedies to our plan, when to the abstraction of all disturbance we endeavour to excite the tardy functions, moderate the active, and support the natural tendency to an equiponderance of the whole.

With respect also to diagnosis, *variability* is still further an available character; for its presence or absence will



materially assist in the discrimination of difficult or doubtful cases. Should it be asked, if I have seen the principle thus employed; the best answer seems to be—"I think I have seen the cases in which it ought to have been made available." Here, too, I may remark—as well to apologize for these pages as to maintain their object,—that the more the student\* carries this view with him in reading practical treatises, so much the more, I believe, will he find it indispensable.

The sum of the foregoing, in a few words, may be thus stated.—There are indispensable distinctions between variable and other diseases; as the simply chronic, the acute, or the malignant; and all these are to be held distinct alike from each other, and from every form of settled disorganization. The several forms of variable disease, whether acute or chronic, illustrate different causes of Variability; and of course, the different prophylactic means, by which, in each particular instance, the *innate restorative efforts* are most to be facilitated. A reference to Variability will facilitate diagnosis, and cannot be omitted without rendering the treatment of every day more or less fallacious.

If it be true, that many diseases are variable, and moreover that most diseases tend to get well spontaneously, which I suppose none will deny; then it needs not to be shewn, that attention to the causes of variability leads directly to certain curative indications; and it needs not to be shewn that the law which explains restorative efforts is not opposed to the fact of variability: but it is evident that the law and the fact are essential to each other in the way of illustration.

The fact that many diseases are variable, I consider to be a law second only in importance to the most general that medicine embraces.

\* I am far from applying this to those who do not observe for themselves. I would suggest it only as serviceable when the *simplicity* of the treatises fails under the test of practice.