AN
INAUGURAL DISSERTATION
ON
Discrimination in the
Practice of Medicine;

 SUBMITTED TO THE
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OF THE
University of Nashville,
FOR THE DEGREE OF
DOCTOR OF MEDICINE.

BY
Henry M. Jones
OF
Tennessee.

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To

W. H. Bowling, M.D.,

This Dissertation is Most

Respectfully Inscribed, By

The Author.
Discrimination in the Practice of Medicine.

Among the requisites demanded of him who presents himself a candidate for the degree of "Doctor of Medicine," we observe the following: "He shall write an acceptable Thesis.

Now, whatever views may be entertained by me, with reference to the evidence afforded by this measure of the preliminary education of the candidate, of which it is designed to be the exponent, I freely attempt the duty which is imposed by this time-honored custom.

In order to conform to this requirement, I have selected the subject of "Discrimination in the Practice of Medicine."

My attention has been directed to the consideration of this topic, not through the anticipation..."
tion of accomplishing the task with little labor, nor
mainly, through the expectation of being able to
present, in a very vivid light, the importance
of its practical bearing and application; but
mainly, from the simple fact, that I expect
to meet, in practice, with more difficulty, suf-
fer more anxiety, and undergo more perplex-
ity in exercising, and in endeavoring to ex-
erce rightly, the faculty of discrimination,
than under all other embarrassing circum-
stances combined.

Whenever, and through whatever avenue of
approach, we expect difficulties, anxieties, tem-
pleiments and embarrassments, common pru-
dence dictates that we bestir and adjust,
our most available armor, so that, in the event
of engagement, we may confront them bold-
ly, contend with them vigorously, and, if victo-
ry can be gained, overcome them entirely.
The science of Medicine, regarded as a whole, is confessedly one of unequalled abstraction and complexity. Indeed, there is so much that is uncertain, so much problematical, so much hypothetical, and so much absolutely unknown in connection with it, that the name of a science, in the sense of actually denied it altogether. Whilst its obscurity, in many instances, may its utter darkness in some particulars, must be acknowledged, still, we believe, that it has a sufficiency of correct and well-established principles to secure for it a merited place in the circle of sciences.

Having made a few general remarks, and stated the incontrovertible proposition, that the science of medicine is confessedly difficult, the next step in a regular procedure would be to verify the assertion made.
but, add  and limited, and the truthfulness
of the proposition can be established as well, by
portraying a few of the difficulties encountered
in the practice of medicine, as by showing
the difficulty comprehensible science itself. I will pass over the latter, and proceed
to a consideration of the former.

In the practice of medicine, the most
embarrassing difficulty, no doubt, is discri-
mination— that is, the act of seeing,
and feeling, hearing, smelling, and I
may add, tasting, the differences between
things. However conducive it may be
to the interest of the client that his coun-
selor compare carefully and discrini-
inate accurately the evidence presented;
however important it may be to the poor
trembling criminal, that the judge
act with calm deliberation and with
impartial rectitude, that he may have justice weighed out to him; however necessary it may be for the prosperity, integrity and perpetuity of a nation, that its rulers at home, and its envoys abroad, scan and scrutinize most searchingly every question pertaining to its domestic and foreign relations: for the preservation, for the comfort, for the alleviation and restoration of the sick and afflicted, it is no less, nay, it is more necessary, because more difficult, that the physicians discriminate most minutely, not only every ascertainable irregular and abnormal action and condition, but also, every healthy function and structure of the human body. Up to the thinking and experienced practitioners of medicine, the exercise of this observing and discriminating pow-
is often attended with many impediments and obstructions, and his practice, not infrequently, rendered unsatisfactory as a consequence, to the unthinking and unobservant. The practice must be one of mere routine, an almost automatic pursuit, frequently entirely unadapted to circumstances. And here, I may be permitted to remark, by the way, lies one great obstacle to the progressive advancement of medical science. It is true, the followers of this course, for the most part, glide along smoothly enough; and when one of their patients dies, they console themselves by saying, with a self-sufficient air, and with a cast of countenance as knowing as that exhibited by a shooting corer, "He was treated..."
descended to a term: "if all the doctors in the state had been there, they could not have saved him."

But, without entering into a review of the course pursued by this class of unthinking practitioners, it is clear that the honor of medicine and the good of humanity, by far too largely suffice it to say, their defect is referable chiefly to a vicious habit, early formed. They have not been taught, or they have not accustomed themselves to investigate methodically and laboriously any subject of importance whatever. We see, every day, an illustration of the truth of this statement; for among hundreds of young men, apparently engaged in any scientific pursuit, a very small proportion exhibit the evidences of a well-trained mind.

Without further digression or delay, I will
resume and continue the consideration of the subject in hand: and for the sake of method and convenience, the following divisions may be made, namely:

Pathologic, Diagnostic, Prognostic, and Therapeutic Discrimination.

Each one of these divisions would furnish material amply sufficient for a thesis, but as it is desirable in every case to ascertain what the morbid condition is, to appropriate to it its proper name, to arrive at some conclusion as to the probable result, and to determine the indications of treatment, I have thought that a short notice of each, would serve to illustrate, not only in a more general way, but also in a manner more practical and interesting, the immense value of the subject.

Whilst the above general divisions may,
with convenience, be adopted, still, owing to the intimate relationship existing between the different heads; it will often be advantageous to associate and blend them, one with another; nor will any great violence be done to the subject in this way, for in practice they are thus intimately associated and blended.

Before adducing any examples to show the importance of principles in medicine, the following self-evident proposition may be stated as strictly true, namely: A correct pathology is the basis of all correct medical treatment.

And, as a corollary, I may assert, that it is equally as irrational to undertake to treat a disease skilfully, without a knowledge of its nature, as it is to attempt to worship God acceptably, without an acquaintance with his attributes.
The first division of the subject is, Pathological Discrimination; and the first inquiry to be instituted under this head, appertains to the ascertaining, whether or not there is anything morbid in the case presented, and to fix the boundary between physiological and pathological action, and, thus, indirectly between normal and altered structure.

In order to be prepared to make the first step indicated in the investigation of a case, a relative standard of health must be erected, which may serve as a sort of medical compass and square, by which to measure the amount of deviation in any given instance. But this is far removed from an easy matter, as regards functional derangements, for the action that is considered healthy in one individual,
would be regarded morbid in another; and
what might be accounted normal in a cer-
tain person at one time, at a different peri-
od, and under different circumstances,
would be set down as abnormal. Hence,
there is no invariable mathematical med-
ical standard of measurement, but a sort
of sliding and accommodating adjuster,
the government of which, depends alto-
gether on previously unknown conditions.
After death, the dreadful may reveal, in most
cases, the morbid changes which any part
of the body has undergone—healthy anato-
my affording in such instances an accu-
rate standard of comparison; but during
life, we can judge of the probable condition
of internal and hidden parts, only through
the manifestations of signs and symp-
toms, which signs and symptoms, were—
...first to certain anatomical lesions which have been discovered in connection with similar manifestations on former occasions.

The habit, age, sex, temperament, the part affected, rate of progress of the malady, primary or secondary; its cause, course and complications; all these and much more, must needs enter into the account, in many instances, before a satisfactory conclusion can be arrived at, as to what the pathological condition may be under which the patient is laboring. Although different lesions may be attended with like symptoms, and, again, unlike symptoms may accompany similar pathological status, at least, so far as can be ascertained by the senses, still, in most instances, distinguishing characters may be
observed which indicate the changes undergone in the parts of parts implicated.

For instance, a patient may complain of severe pain in one side—increased by pressure, coughing, or a full inspiration; and diffused over considerable space; and that side of his chest may be almost motionless during the acts of respiration. These are symptoms, so far as they go, of pleurisy; but without the hot skin, flushed face, full, hard, and accelerated pulse, and the physical signs of pleurisy, we would not have sufficient evidence to warrant us in announcing that the patient’s pleura is in a state of inflammation.

But we conclude that he probably has pleurodynia, and, if upon further inquiry, we ascertain that he has had shew-
mation, or that he is even of a rheumatic family, we feel certain that we have the correct pathology of the case, and pronounce it rheumatic inflammation of the intercostal muscles, or pleurodynia, and of course, treat him accordingly. Here, the cases supposed, and the one with which it might be compounded, are really somewhat alike pathologically—both being inflammations, but owing their origin to a different cause, at least, remotely, and different tissue being involved in each, the difference of symptomatology can be readily understood; and the course proper to be pursued in the treatment is equally manifest. Again, an individual may be attacked with severe pain in one side, and have great difficulty of respi-
oration. A physician, being called to such a case, might come to the conclusion, that the patient is laboring under pneumonia, or pleuro-pneumonia, whereas it is, perhaps, nothing more than neuralgia.

The following case, which actually occurred, and which I heard related by a very eminent practitioner and teacher of medicine, may be cited as pertinent, and strongly elucidative.

A lady complained of severe pain in one side, much difficulty of breathing, and some other manifestations of disease, which induced the attendant, who was calling in, to conclude that she was attacked with pleuro-pneumonia. Acting upon this conclusion, he bandaged one arm; in the course
of a few hours that not giving relief, he
fled from the other arm. She was also
purged actively and nauseated distress-
ingly. None of these measures doing
any good, but positive injury by the
exhaustion occasioned, he (the attend-
ing physician) "gave her up to die."

At this juncture, (as is not uncom-
mmon) another physician was sent
for. He, in examining the case, as-
certained that the lady was free from
pain during the night, and had been
from the beginning of her attack,
from this circumstance, and from
the fact that she occasionally had vi-
olent paroxysms of dyspnea—threaten-
ing suffocation. Knowing also that
she had become worse and worse un-
der the reducing treatment, to which
She had been subjected, it very naturally concluded, that it was a case of neuralgia of the great muscle of inspiration—the diaphragm. He prescribed, accordingly, four powders of quinine and Dover's powder; one to be taken evening and morning, for two successive days. In a short time the lady was up, attending to her affairs.

This case shows how easily we may be deceived, or mistaken, and also how very important it is that we obtain a clear and correct knowledge of the nature of disease, with a view to its judicious and timely removal. It is useless to multiply examples, illustrative of the indispensability of knowing what is wrong and how it
is wrong, before we can properly employ means or get at right. Before passing from this division of my subject, I may be permitted to remark, however, that when any one of the great vital organs, the brain, the heart, or the lungs is asailed, or even strongly threatened, a nice discrimination and analysis of symptoms, are most urgently demanded, for whether the enemy attack the Dome of Thought, the Fountain of living streams, or, the great depraving and replenishing pneumonic Apparatus, a few hours of uninterrupted exercise of power, in a large number of instances, will suffice for the fell Destroyer to demolish The Fortress, and when it falls, its dependencies must instantly succumb.
After the foregoing remarks on the first division of the subject, it is obviously not important to say much, with reference to the second—Diagno
tic Discriminations; for when the intimate nature of a disease is made out, we need have no difficulty in naming it, as many are not wanting by which to call all morbid pro-
cesses and conditions. But the converse of the latter proposition is not true: pathology, in the present state of medical science, is unable to sat-
isfy, eternally, the demands which a burning morbid lays at its door.

This being the case, the fact becomes apparent that we have, primarily two
kinds of diagnosis; the one, bearing a direct relationship to the morbid
condition of a certain part; the other, having reference to the nosological arrangement and classification of a number of symptoms, which group of symptoms, taken collectively, is called a disease.

Diagnosis may also be said to be general and special; the former, comprehending the distinction between the elements of disease; the latter, pointing out the part involved, and the character and extent of the mischief.

It is well enough, that every change in condition of function and structure should have a name; and it is desirable and necessary, that we so far comprehend the nature of disease, or be so well acquainted with the phenomena exhibited by it, that we can readily refer it to its proper place and rank in the
nusological list, whether its nature be un-
derstood, or its manifestations only, recog-
ized. If pathology were perfect, and un-
healthy action readily detected and
localized, it appears to me, that it would
be of little moment, as regard treatment,
whether we have any names for disease
or not. But, owing to the imperfect
state of that science, and the consequent
unsolved condition of practice, all
advances in medicine depend on
diagnosis; and as diagnosis results from experience, the names
of diseases serve as nuclei around
which experience may accumulate.
Hence arises the necessity of know-
ing one disease from another.
If any doubt exists about the iden-
ty of the object contemplated, whatever
observation we may make, and however much experience we may obtain, our observation and experience go for nothing, so far as the investigation and advancement of the question in hand is concerned. Diagnosis, therefore, fixes the object, about which observation is to be exercised and experience gained.

As to the third division of the subject, Prognostic Discrimination, a few remarks will suffice.

If the practitioners comprehend the nature, tendency, and extent of the malady with which they have to contend, he will be prepared, in most instances, to pronounce the probable course and result of the case.

It is important from several considerations, that the tendency of a disease
should be perceived. In the first place, when a disorder is deemed controllable by remedial agents, they may, sometimes, be brought to bear in anticipation, and, thus, either entirely prevent the eruption of certain threatened events, or when that is impracticable, diminish, to some extent, their intensity, and favor their more speedy subsidence. In the next place, the practitioner may be called to express an opinion as to whether advantage or disadvantage would be most likely to result from the adoption of certain suggested remedial influences, in the cases of susceptible patients, or of individuals otherwise afflicted, or predisposed, who may conjecture, or whose friends may conceive, that a removal to a climate differing in some
atmospheric influences, or that travelling,
or the adoption of some other procedure,
would accomplish a cure, or, at least, pro-
long life beyond what they could reasona-
ably expect under their present circum-
stances. In all such instances a care-
ful examination will be requisite, in
order that he may be competent to set fairly
before those whom it most concerns,
what may be expected in case the pro-
fused aid should, or should not be employ-
ed. Another consideration, to which,
a great deal of importance is attached,
relates to the propriety of making known
to a patient, of whose life there is doubt,
his critical condition. In no instance
is the truth of the old adage, "Circumstan-
ces alter cases," more apparent than
here. Some points of interest pertain
lamentably scarce. There is an immense Materia Medica; it is true, and a great deal said and written therapeutically; so that, one might think, after familiarizing himself with the smell, taste and sensible properties generally of its various articles, and learning that Ipecacuanha

Narcanthus and many other substances will provoke vomiting, and that the effervescent draught, Cinnebar and many other amphi病例 will often alloy it, that calomel will purg, and gum arrest purging; that alcohol will increase the force and frequency of the intestines; action, and veratrum viride, diminish its force and lessen its frequency, and gaining possession of a wonderful quantity of such facts, one might think, I say, that the practicing


medicine ought to be a very plain and simple business, that a full and complete knowledge of the effects of these many agents, is not possessed by the most learned therapist.

Thus, he knows that quinine will neutralize, or, in some manner destroy the poison, on which depend the symptoms of an intermittent fever. He observes, also, the symptoms of syphilis, by degrees subside, and the patient returns to a state of health, under the use of mercury, or iodide of potassa, but in what particular way, these, and other curative effects are brought about, he is entirely ignorant. The modus operandi of medicine, in its restricted sense, being altogether mysterious. Servant of physicians.
have accumulated a large number of ultimate facts relative to the effects of medicines on the human organism, which, if they do not know how they are produced, are of incalculable benefit to mankind. And, leaving out of notice the minutiae of their action on the blood and the secretions, their influence over tissue change, etc., becomes the most skillful practitioner, who has learned by observation and experience, what results most commonly follow the exhibition of this, or that remedial agent, under certain circumstances and conditions.

In no particular does the superiority of one practitioner over another become more apparent than in the
administration of drugs—therapeutical discrimination. Of two physicians having access to the same storehouse of medicinal agents, both practicing in the same locality, where it would seem that like causes would prevail, and produce like effects; the one shall have almost uninterrupted success, whilst the other shall signally fail. Nay, more, both shall prescribe the very same remedy in the same disease, and for the same patient; one will "lick well," whilst the other will not "lick well." Now the luck of the one, or, rather his success (because he gives medicine, not depending on chance or accident, but in accordance with well-established principles) depends on how his therapeutical discrimination.
practical knowledge; whilst the ill luck, or unsuccessfulness of the other, is as plainly referable to his lack of such knowledge. Should the latter at any time meet with success, which he will, not unfrequently, it is, in his case, an instance of luck due enough, for, the very cases, which he expects to terminate fatally, frequently recover and, vice versa.

The practice of such a physician is but little, if any, better, than that pursued by some kind relations, who will pour into the stomach of the unfortunate patient, draughts of various sorts and combinations; some of which, if properly used, are well enough, but, from being often misapplied, are positively injurious:
Others of such combinations, are simply in
tent, whilst others are not only ineffic-
cacious, but, the mere placenta of all
uncannies.

Now by the way of illustrating this
sort of practice, (whilst I would not re-
proach, or even ridiculing, the kind fe-
male followers of Aesculapius; for what
they do in this line, is always from
the kindest of motives) I will relate
an instance which fell under my
own observation. The case alluded
to, occurred several years ago, in the
person of a lad about twelve years
of age. Whilst he was convalescent
from a very protracted remittent fe-
ver, he was occasionally attacked with
paroxysms of the most exasperating
colic. These paroxysms were excited
Sometimes by one cause and sometimes by another, and of course the indication of treatment varied accordingly. On one occasion, he was very violently seized with an unusually obstinate paroxysm; the usual remedies — landanum, paregoric, and a multitude of traditional King eumall, such as calamus, root tea, were all tried in vain. At length, some one suggested as a dernier resort, and also as a 'never did fail' the following done — namely —

- Gun powder, one teaspoonful,
- Castor oil, one tablespoonful,
- Black excrement of tar, one teaspoonful.

He intimately mixed in a cup of warm coffee, and taken at once.

The patient, who was nothing from
the severity of his pain, now doubling himself into a hump, and now resuming a right line, now grasping and hugging his pillows and now hanging himself across the foot board of his bedstead, was asked if he would take the profound draught; “yes” he replied “I will take any thing that you think will do me any good.” The bottle being prepared and handed to him, he shut his eyes, and by means of a few forced acts of deglutition, it was soon lodged in his stomach. Now, without detailing the result of this case, let it be sufficient to state, that if “Sensible Medicine” will oft the presence of “Thef Jefferson” what, with the same intention,
would a huge fecal impaction be, being assaulted by the supererogation of all materia, propelled by castor oil and gunpowder? Why, most assuredly it would, unhesitatingly, roll itself rapidly away from the presence of its foul and obtrusive assailant!

Whilst I would ask pardon for whatever outré expressions that occur in the above narration, I may be allowed to repeat that, too many physicians (so called) practice upon a plan very analogous to that depicted in this instance. The habit of such appears to be in accordance with the principle, upon which, an individual changes his loading piece, preparing to its discharge
into a covey of birds.

If one shot will not kill,
Probably many will.

Although, in ordinary instances, the therapeutic indications are sufficiently manifest, still, cases do not infrequently occur in which, the most exquisite nicety of judgment and tact, is called into requisition. The principle is a good one, however, never to permit oneself to be led into the pernicious habit of administering physic without a definite object in view.

In conclusion, I would remark, that we should know that he, to whom we are professionally
called, is in a pathological state. We should know also, what part, or parts of his organism are deranged; what the general character of that derangement is; what it is specially; its tendency, its cause; and, lastly, the indications for its removal.

Knowing these things, and acting in accordance with our knowledge, we shall do good to mankind, honor and advance the science which we have chosen, and enjoy the pleasures of an approving conscience.

January, 1837

Henry M. Dorius