

AN  
INAUGURAL DISSERTATION

ON  
*Discrimination in the  
Practice of Medicine*

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BY

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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 anticipa-

tion of accomplishing the task with little labor, nor vainly, 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, suffer more anxiety, and undergo more perplexity in exercising, and in endeavoring to exercise rightly, the Faculty of discrimination, than under all other embarrassing circumstances combined.

Whenever, and through whatever avenue of approach, we expect difficulties, anxieties, perplexities and embarrassments, common prudence dictates that we buckle on, and adjust, our most available armor, so that, in the event of an engagement, we may confront them boldly, contend with them vigorously, and, if victory can be gained, overcome them entirely.



The science of Medicine, regarded as a whole, is confessedly one of unequalled abstruseness 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, is, by some, actually denied it altogether. Whilst its obscurity in many instances, nay, 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, ad id est 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 difficultly comprehensible science itself. I will pass over the latter, and proceed to a consideration of the former.

On the practice of medicine, the most embarrassing difficulty, no doubt, is, discrimination, 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 counsellor compare carefully and discriminate 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 emissaries 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 morbid action and condition, but also, every healthy function and structure of the human body. Up to the thinking and experienced practitioner 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 hooding ord,<sup>66</sup> - He was treated



secundum artem: 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, (a class for the honor of medicine  
and the good of humanity, by far too large,)  
suffice it to say, their defect is referable, chief-  
ly, to a vicious habit, early formed. They  
have not been taught, or they have not ac-  
customed themselves, to investigate method-  
ically and laboriously any subject of im-  
portance whatever. We see, every day, an  
illustration of the truth of this statement;  
for among hundreds of young men, appa-  
rently engaged in any scientific pursuit,  
a very small proportion exhibit the eviden-  
ces of a well trained mind.

Without further digression or delay, I will

resumo and continues the considerations 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 relationships 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 skillfully, 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 ascertainment, whether or not there is any thing 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 derangement, for the action that is considered healthy in one individual,



would be regarded morbid in another; and what might be accounted normal in a certain person at one time, at a different period, and under different circumstances, would be set down as abnormal. Hence, there is no invariable mathematical medical standard of measurement, but a sort of sliding and accommodating adjuster, the government of which, depends altogether upon previously unknown conditions.

After death, the scalpel may reveal, in most cases, the morbid change, or trace any part of the body has undergone, - healthy anatomy affording in such instances an accurate 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 symptoms, which signs and symptoms, we re-

fer 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 states, 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 part or 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 a 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 rheu-

matism, 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 case supposed, and the one with which it might be confounded, are, really somewhat alike pathologically, both being inflammations, but, owing their origin to a different cause, at least, remotely, and different tissues 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-



ration. 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 called in, to conclude that she was attacked with pleuro-pneumonia. Acting upon this conclusion he bled her from one arm; in the course

of a few hours that not giving relief, he  
bled from the other arm. She was also  
purged actively and nauseated distress-  
ingly. Some of these measures doing  
any good, but positive injury by the  
exhaustion occasioned, he, (the attend-  
ing physicians) "gave her up to die."

At this juncture, (as is not uncom-  
mon,) 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 dyspnoea threaten-  
ing suffocation. - Knowing also that  
she had become worse and worse un-  
der the reducing treatment, to which

she had been subjected, he, very rationally 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 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 to cure it 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 as-  
sailed, or even strongly threatened, a  
nice discrimination and analysis  
of symptoms, are most urgently de-  
manded; for whether the enemy attack  
the Dome of thought, the Fountain of liv-  
ing streams, or the great depurating  
and replenishing pneumonic Apparatus,  
a few hours of uninterrupted exercise  
of power, in a large number of instan-  
ces, will suffice for the full 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—Diagnostic Discrimination; for when the intimate nature of a disease is made out, we need have no difficulty in naming it, as names are not wanting by which to call all morbid processes and conditions. But the converse of the latter proposition is not true: pathology, in the present state of medical science, is unable to satisfy, energetically, the demands, which a turning nosology 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 changed condition of function and structure should have a name; and it is desirable, and necessary, that we, so far comprehend the nature of a 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 understood, or its manifestations only, recognized. If Pathology were perfect, and unhealthy actions 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 unsettled condition of practice, all advances in medicine depend upon diagnosis, and as diagnosis results from experience, the names of diseases serve as nuclei, around which experience may accumulate.

Here, arises the necessity of knowing one disease from another.

If any doubt exists about the identity of the object contemplated, whatever

Observation we may make, and how ever 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 practitioner comprehend the nature, tendency and extent of the malady, with which he has 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 irruption 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 an advantage or disadvantage would be most likely to result from the adoption of certain suggested remedial influences, in the cases of scrupulous patients, or, of individuals otherwise afflicted, or predisposed, who may conceive, 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, prolong life beyond what they could reasonably expect under their present circumstances. In all such instances a careful examination will be requisite, in order that he may be competent to sit fairly before those, whom it most concerns, what may be expected in case the professed aid should, or should not be employed. 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, "Circumstances 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 familiar-  
izing himself with the smell, taste and  
sensible properties generally, of its various  
articles; and learning that Ipecac, tar-  
tarenutic and many other substances  
will provoke vomiting; and that the  
effervescent draught, limewater and  
many other appliances will often allay  
it; that calomel will purge, and opium  
arrest purging; that alcohol will in-  
crease the force and frequency of the  
heart's 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 practice of

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medicine ought to be a very plain and simple business. But a full and complete Therapeutical Knowledge, of even one of these many agents, is not possessed by the most learned Therapeutist.

Thus, he knows that quinine will neutralize, or, in some manner destroy the poison, on which depend the paroxysms of an intermittent fever: he observes, also, the symptoms of syphilis, by degrees subside, and the patient return to a state of health, under the use of mercury, or iodide of potassium; 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. Barren physicians



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have accumulated a large number of ultimate facts relative to the effects of medicine 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 &c., he 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 store-house  
of remedial agents, both practicing  
in the same locality, where, it would  
seem, that like causes would pre-  
vail, and produce like effects; the  
one shall have almost uninterrupted  
success, whilst the other shall signal-  
ly fail. Nay, more, both shall prescribe  
the very same remedy, in the same  
disease, and for the same patient;  
one will "succeed well;" whilst the other  
will not "succeed well." Now, the luck  
of the one, or, rather his success, (be-  
cause he gives medicine, not de-  
pending on chance or accident, but  
in accordance with well established  
principles) depends upon his thera-

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 infrequently, it  
is, in his case, an instance of luck  
sure 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 pur-  
sued by some kind matrons, who  
will pour into the stomach of the  
unfortunate patient, draughts of va-  
rious sorts and combinations; some,  
of which, in proper cases, are well  
enough, but, from being often mis-  
applied, are positively injurious;

Others, of such combinations, are simply inert: whilst others, are not only inefficacious, but, the in plus ultra of all unclassness.

Now by the way of illustrating this sort of practice, (whilst I would not reproach, or even ridicule, the kind female followers of Absculapinus; 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 fever, he was occasionally attacked with paroxysms of the most excruciating colic. These paroxysms were excited



Sometimes by one cause and sometimes  
by another; and of course the indica-  
tions of treatment varied accordingly. On  
one occasion, he was very violently seiz-  
ed with an unusually obstinate  
paroxysm; the usual remedies—  
Laudanum, purgative, and a mul-  
titude of traditional "King cures",  
such as calamus, soot tea &c.,  
were all tried in vain. At length,  
some one suggested as a dernier re-  
sort, and also as a "never did fail,"  
the following dose—nearly:-

℞. Gun powder, one teaspoonful.

Castor oil, one tablespoonful.

Black excrement of a gun, one teaspoonful.

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

The patient, who was a nothing from

the severity of his pain, now doubling himself into a hoop, and now resuming a right line; now grasping and hugging his pillow, and now hanging himself across the foot board of his bedstead, was asked if he would take the proposed draught; "yes," he replied "I will take any thing that you think will do me any good."

The bonne bouche 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 Mucos" will fly the presence of "Sheep Saffron"; what, with the same intention,

would a huge faecal impaction do,  
being assaulted by the upper crust  
of all nations, propelled by castor oil  
and gun powder? Why, most as-  
suredly it would, unhesitatingly,  
roll itself rapidly away from  
the presence of its foul and ob-  
trusive assailant!

Whilst I would ask pardon for  
whatever outré expressions, that oc-  
cur in the above narration, I may  
be allowed to repeat that, too many  
physicians (so called) practice upon  
a plan very analagous to that depic-  
ted in this instance. The habit of  
such, appears to be in accordance  
with the principle, upon which an  
individual charges his fowling  
piece, preparatory 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 ones self 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 derange-  
ment is; what it is specially; its  
tendency; its cause; and, lastly, the  
indications for its removal.

Knowing these things, and act-  
ing 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. Jones.