

The Principle of Specificity

UNDERLYING MOST of the criticisms regular physicians brought against rationalistic systems of practice was the objection that they fostered mechanical, indiscriminate treatment. That physicians actively regarded the specter of treatment by rote as such a menace to both therapeutic success and the profession's standing reflects the pivotal place the principle of specificity occupied in professional values. Specificity—an individualized match between medical therapy and the specific characteristics of a particular patient and of the social and physical environments—was an essential component of proper therapeutics. Treatment was to be sensitively gauged not to a disease entity but to such distinctive features of the patient as age, gender, ethnicity, socioeconomic position, and moral status, and to attributes of place like climate, topography, and population density.

The commitment of American physicians to therapeutic specificity was remarkably durable. Despite the dramatic upheavals that occurred in therapeutic theory, epistemology, and practice during the first two-thirds of the nineteenth century, the principle of specificity endured virtually uncontested as a central dogma in the regular therapeutic belief system. Not until the late 1860s did its primacy begin to weaken substantially.

Admonitions to heed the various elements encompassed by the principle of specificity permeated therapeutic instruction. A medical teacher in Ann Arbor in 1855, for example, itemized the "circumstances which modify indications" for correct treatment: "Age of the patient. The Sex . . . Constitution . . . The temperament. The disease going on in the organ. Idiosyncrasies, or personal peculiarities. Variation of the pulse. Habits of the patient. Tolerance of medicines. Cli-