DISEASES OF THE HEART: THEIR DIAGNOSIS AND TREATMENT

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Diseases of the Heart: Their Diagnosis and Treatment by Albert Abrams

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ALBERT ABRAMS

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Diseases of the Heart:

Their Diagnosis and Treatment.

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PREFACE.

This little book was never intended to aspire to the dignity of a treatise on diseases of the heart. The primary object was to make it useful to the practical physician in the diagnosis of cardiac diseases. The cardiac diagnostician is often like the veterinarian, for his diagnosis is based essentially on objective signs. He must depend largely on the Baconian or inductive method of ratiocination, in contradistinction to the deductive method.

The former analytic method of diagnosis is a conclusion drawn from concrete facts. Mistakes in diagnosis may be attributed to the following causes: 1. Incomplete or careless examination. 2. Misinterpretation of symptoms, due to errors in judgment. 3. Ignorance of the methods of examination. 4. Prejudiced preconception. 5. Incompleteness of medical diagnosis. 6. Placing too much reliance on the results of treatment. 7. Incomplete history of the case, and the incomplete development of symptoms. 8. Simulation or dissimulation on the part of the patient.

1. Errors in diagnosis are not so much due to ignorance as carelessness. Sir William Savory tritely remarks, "Consciousness of one's ignorance may do much to avert the errors of carelessness, and he who has confidence in his own judgment should of all men be most careful in inquiry."

Unfortunately, we of to-day treat the disease, but not the patient. "And I said of medicine, that this is an art which considers the constitution of the patient, and has principles of reason and action in each case." It is but a few years ago, that a physician punctured a pregnant uterus with a trocar, believing that he was dealing with a case of ascites. We recall the grave error occurring in the practice of a famous English surgeon who mistook a swelling in the neck for an abscess, who, with more precipitation than reflection, plunged his lance into the tumor and death from hemorrhage resulted.

2. Under the caption of misinterpretation of symptoms due to errors in judgment, mistakes may arise from (a) placing too much reliance on the subjective symptomatology; (b) giving undue prominence to one symptom to the exclusion of others; (c) grouping symptoms which are the effect of disease, and not the disease itself. When the pathologist makes an autopsy he records many of the pathological conditions found, as anatomic diagnoses. The clinician should be similarly guided. It would appear at times as if, in our struggle to establish a diagnosis, it would be better to make none at all, rather than group symptoms under such equivocal expressions as pseudoangina, arrythmia, cardiac palpitation, etc. Such expres-

sions mean practically nothing in etiologic diagnosis.

3. Ignorance of the methods of examination is responsible for many unfortunate mistakes. The rejected applicants of insurance companies furnish a large contingent. Nephritis is diagnosed because albumin is present in the urine, diabetes, because sugar is found, and heart disease because murmurs are heard. An unprincipled physician could reap a harvest, by putting in condition for re-examination many rejected applicants, diseased or otherwise, for life insurance.

4. Prejudiced preconception arises from two causes: (a) Placing too much reliance on the history of the patient; (b) being misled by first appearances. Like the critic who never read a book before he received it because he might be prejudiced, so it should be with the physician—he should not learn the history of his patient before he examines him. Diseases present such various pictures, that with our mental astigmatism, we can see anything we want. The personal history of the patient should only be used in confirming the objective examination.

5. When a disease runs a typic course diagnosis is, as a rule, easy; but when the affection is atypic, one is frequently led into error. The physician is too often inclined to misinterpret the limitations of his art, mistaking the latter for his own delin-

quencies. Myocarditis is more often an anatomic than a clinic diagnosis. Differentiation between cardiac dilatation and pericardial effusion is exceedingly difficult at times and to puncture the dilated heart with the idea that the latter condition is present is a gross error. Treatment should never be attempted before a diagnosis is made. Better no treatment than meddlesome therapy. *Qui bene dignoscit, bene curat.* It is related of Frerichs, that after examining a patient, he was in doubt about the diagnosis. The patient insisting about knowing the nature of his trouble, Frerichs comforted him with the assurance that the diagnosis would be determined at the autopsy.

6. We are frequently led into error by mistaking recovery for cure, thereby ignoring the *vis medicatrix naturae.* I have seen many patients with organic cardiac murmurs, the latter becoming less intense after the administration of chalybeates. Under the circumstances, one would be inclined to regard the murmurs as anemic. Upon more mature consideration, this view would be dispelled. Impoverishment of the blood attends nearly all organic cardiac affections and only succeeds in intensifying the murmurs, hence iron only removes the factor in intensification.

7. Diagnosis must be held in abeyance in many cases owing to undeveloped symptoms and incomplete history of the case. Problematic diagnoses