

visualization of the inf. vena cava in cases of extensive carcinoma of the cardiac portion of the stomach or their lymph nodes metastasis and pancreatic tumors, and relative or no block if the extension of tumors was mild or not present. We believe that transosseous venography is very valuable for knowing spreads of tumors outside these digestive organs.

218. INITIAL CLINICAL FINDINGS AND PROGNOSIS IN GASTRIC ULCER

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It is of practical importance for the choice of an appropriate therapeutic method to predict the course of a gastric ulcer when it is detected. This report describes the prognosis of 499 patients with gastric ulcer under medical treatment and its possible relation to the characteristics of an ulcer at the first examination.

Overall cure rate of this series was 75 per cent in 3 months and 86 per cent in 6 months. Of 157 patients followed up over 3 years after healing, recurrence of ulcer was noted in 27 per cent within a year, 52 per cent within 2 years and 73 per cent within 3 years. In the respective periods, 5, 9 and 21 per cent of these 157 patients were subjected to surgery.

Gastric acidity: Cure rate of gastric ulcer in 6 months was 77 per cent in achlorhydric, 89 per cent in hypochlorhydric, 91 per cent in normochlorhydric and 95 per cent in hyperchlorhydric patients.

Depth and size of ulcer: There was an inverse relationship between the depth of ulcers on roentgenograms and their curability, *i.e.* deeper ulcers were difficult to be cured. However, no obvious correlation was found between the size and curability of ulcers.

Gastrocamera findings:

- 1) Elevated margin—Cure rate in 6 months was 96 per cent in ulcers without this sign and 86 and 76 per cent in those with moderate and marked ones, respectively.
- 2) Henning sign—91 per cent of ulcers without and 86 per cent of those with the sign healed in 6 months.
- 3) Radiated mucosal folds—91 per cent of ulcers without this finding healed in 6 months, while 86 and 77 per cent of those with moderate and marked ones healed in the comparative period, respectively.

On the other hand, a study on 244 patients observed for more than one year revealed no relationship between the findings described above and the tendency for an ulcer recurrence.

219. CLINICAL OBSERVATIONS OF GASTRIC AND DUODENAL ULCERS IN THE AGED

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Clinical observations of 269 gastric and duodenal ulcer operations performed during the past 6 years at the Tokyo Metropolitan Hospital showed that the incidence of penetrated ulcers is high among those in the aged group. Of the 269 cases a total of 23 cases had penetrated ulcers

(8.5%). Twenty-one out of 110 cases were over the age of 50 (19.1%), 17 males and 4 females, a ratio of 4:1, whereas only 2 cases were under the age of 50 both penetrations of the duodenum. The incidence of penetrations into the pancreas was found to be high (14 cases) followed by the liver gallbladder etc. Of the 21 cases there was an average of 3.3 years between onset of symptoms to time of operation. These could be divided into 2 types the prolonged and the short, the longest being 20 years and the shortest 2 weeks.

Pain was experienced in 16 cases, nausea vertigo etc. in 5 cases. Hemorrhage was noted in 8 cases with gross bleeding in 3 cases all from the duodenal ulcer. Of the 21 cases there were only 2 cases, both over the age of 70 who died. A large duodenal penetration with gross hemorrhage occurred preoperatively and a complete resection could not be performed hence postoperative hemorrhage lead to irreversible shock.

It may be concluded that there is a higher incidence of gastric and duodenal ulcer penetrations in the older age group. Because medication is not effective in many of these cases there is a limit to conservative treatment.

220. THE SOCIAL PSYCHOLOGICAL BACKGROUNDS IN THE GASTRIC AND DUODENAL ULCER PATIENTS.

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Among the factors which are suspected to play roles in the etiology of the gastric and duodenal ulcers, there are emotional stress, environmental factor and personality of the patient.

We studied these problems through two approaches, personal interview and personality test.

Clinical materials included 101 gastric and duodenal ulcer patients and 50 healthy control subjects.

In personal interviews, the social and private living environments at the time of the disease were questioned in detail.

In the majority of young and middle aged patients (74%), environmental factors played significant role. Especially the stress in their business participated strongly in the occurrence of the peptic ulcer (62%). On the other hand, in the elderly patients the participation of the environmental factors were relatively small (47%), but additional unknowns including iatrogenic factor were suggested in the etiology.

In personality test we employed Y. G. Test (modified Guilford Test by Yatabe) and T. P. I. Test (Todai Personality Inventory; modified method of M. M. P. I.). Cases which indicated any abnormality in either of the two tests, additional R. S. (Rorschach) Test was performed.

Results of the personality tests were as follow; In Y. G. Test, "B" type was predominant in ulcer patients (23%) compared to the control groupe (14%). In the typing of the personality, "B" is thought to be socially unadaptable, emotionally unstable and impulsive. In the test, elderly patients showed less deviation in the personal pattern than young and middle aged. In T. P. I. Test, abnormal scores were obtained more in ulcer patients (47%) than control (20%). Statistical analysis revealed significant predominancies in the scales of Hc. (hypochondria), Hy. (hysteria), Ep. (epilepsia) and Ma (mania) in ulcer patients compered to the control. There was no significant difference in the results of the personality test between gastric and duodenal ulcer groups. In R. S. Test, an uniformity of the character was seen in ulcer patients.