

D-
L

R

SYMPOSIUM ON GASTRODUODENAL ULCER AND CANCER

INTERNATIONAL STUDY AMONG

THE

BLACK — BRONZE — WHITE — YELLOW — AZTEC — BANTU
BASA — BEDOUIN — ESQUIMO — MAORI — RED-SKIN INDIAN
YAQUI — ZAPOTECAN PEOPLES

BY

Prof. Dr. WILLIAM NIMEH, F.A.C.P.

VOLUME II

(First Part)

82 CONSULTANTS
33 COUNTRIES

SYMPOSIUM
ON GASTRODUODENAL
ULCER AND CANCER

FOREWORD

Unforeseen and unavoidable circumstances delayed the publication of this second volume.

To those who miss the routine reference numbers and the bibliography we wish to say that the names cited in the text are so well known and their works are found in nearly all books on the subject. We agree with Rigler that "an inadequate bibliography is worse than none ; a complete one would outweigh a small text", which may justify our bold break with tradition.

To those who may find fault and minimize the value of the study in this volume because of similar opinions or redundancy of thought, we quote our friend, Maestro Urrutia : "Opinions and statistics vary so much and for this reason conclusions cannot be reached taking the work all together. It is preferable to analyze the work individually. This is the reason why you invite me to cooperate with you in your book, and to contribute in that which I believe to be original".

To all those who helped us in one way or other, our most sincere gratitude.

Beirut, Lebanon

1958

WILLIAM NIMEH

CONTENTS

QUESTIONNAIRE AND ANSWERS	1
QUESTIONNAIRE.	3
ANSWERS	5
ALASKA	
ALBRECHT, C. EARL	5
ARABIA	
HARRISON, PAUL W.	7
MIKHAIL, I.K.	7
PAGE, R.C.	7
ARGENTINA	
BONORINO UDAONDO, C.	11
NASIO, J.	11
AUSTRALIA	
LOVELL, S.H.	15
NEWTON, A.	15
AUSTRIA	
FINSTERER, H.	21
GOTTLOB, R.	26
MANDL, F.	25
BRAZIL	
BRANCO RIBEIRO, E.	27
BULGARIA	
CHILOFF, K.	33
CANADA	
MEAKINS, J.C.	35

CZECHOSLOVAKIA

HERFORT, K.	37
---------------------	----

CHINA

SCOVEL, F.G.	41
WANG, C.	42

CUBA

MILANÉS, F.	45
---------------------	----

DENMARK

CLEMMESSEN, J.	47
MEULENGRACHT, E.	50

EGYPT

ABUNNASR, A.L.	51
AZMI, S.	51

FRANCE

GOSSET, J.	53
GUTMANN, R.	54
MOUTIER, F.	56
SAVIGNAC, R.	58
VAUTHEY, M.	62

GERMANY

BERG, H.H.	63
FELIX.	65
SAUERBRUCH, F.	65
VON HABERER.	66

GREAT BRITAIN

BAILEY, H.	69
MAINGOT, R.	70
ROGERS, L.C.	71

INDIA

CRUICKSHANK, M.M.	73
KHAN, A.K.M.	76

IRAQ

EL-BEDRI, A.L.	77
------------------------	----

ITALY

BASTIANELLI, R.	81
PAOLUCCI DI VALMAGGIORE, R.	82

JAPAN

OHTSUKI, K.	85
---------------------	----

LEBANON

HADDAD, S.	87
RUBEIZ, N.	88

MEXICO

AGUILAR ALVAREZ, J.	91
BAZ, G.	93
URRUTIA, A.	93
ZUCKERMANN, C.	96

NEW ZEALAND

ROBERTSON, C.	97
-----------------------	----

NORWAY

KAHRS, T.	99
SCHRUMPF, A.	99

SOUTH AFRICA

BREBNER, I.W.	103
-----------------------	-----

SPAIN

GONZALEZ CAMPO, J.	105
GOYANES, J.	106

SWEDEN

HELLSTROM, J.	109
-----------------------	-----

SWITZERLAND

HENSCHEN, C.	111
----------------------	-----

SYRIA

KHATER, M.	113
--------------------	-----

TURKEY

OZDEN, A.M.	115
---------------------	-----

UNITED STATES OF AMERICA

ANDRESEN, A.F.R.	117
BASSLER, A.	118
BOCKUS, H.L.	119
CRUMP, A.	120
CUNHA, F.	121
DRAGSTEDT, L.R.	123
EUSTERMAN, G.B.	124

JOHNSON, E. C.	127
JONES, C.M.	127
JORDAN, S.M.	136
KELLOGG, E.L.	129
KELLOGG, W.A.	131
KUSHLAN, S.D.	134
LAHEY, F.H.	135
MARSHALL, S.F.	136
LYON, V.B.B.	136
MARTIN, L.B.S.	137
MEYER, K.A.	138
MONTROY, J.F.	139
MOORE, F.D.	140
MORRISON, S.	141
OCHSNER, A.	142
THOREK, M.	143
UNION OF SOCIALIST SOVIET REPUBLICS	
PETROV, B.A.	149
SAVITSKY, A.	149
YUGOSLAVIA	
KOSTITCH, M.	157
FIRSTS AND PIONEERS.	158
RADIOGRAMS	

QUESTIONNAIRE
AND
ANSWERS

QUESTIONNAIRE

1. What is the frequency and relationship between gastric and duodenal ulcer in your country, and in your practice?
2. Excluding complications that impose surgical intervention, what is your criterion in recommending surgical treatment for gastroduodenal ulcer? Are you not conservative along this line?
3. What is the cause of ulcer, and the tendency of increase of duodenal ulcer?
4. Why is ulcer more common in men than in women; rare among colored races and savages?
5. How many ulcers of the greater curvature of the stomach have you encountered in your practice?
6. What is the percentage of complete and permanent relief from symptoms of operated gastric and duodenal ulcers in your practice?
7. What is the mortality of gastrectomy of all types in your practice, or in your country?
8. What is the mortality of gastroenterostomy, when used for gastric carcinoma, as compared with resection?
9. What is the incidence of gastroduodenal malignancy in your country? Is it primary or secondary to a pre-existing ulcer?

A N S W E R S

A L A S K A

Dr. C. Earl ALBRECHT

Commissioner of Health

Territorial Department of Health

Juneau, Alaska.

The Eskimos inhabit for the most part the area of Alaska north of the Arctic Circle and along the Kuskokwim and Yukon Rivers. In these areas, medical care is quite limited, and reporting extremely slow and inaccurate.

We have no statistics on the incidence of gastric and duodenal ulcers in Alaska. For the most part, white patients who can afford to, go "outside" for medical treatment.

Mortality is very low, as far as death reporting goes. In 1945 and 1946, there were two deaths each year from ulcers (not differentiated). In 1947 there was only one death attributed to ulcers. All the above occurred among the white population. It is quite likely that there may have been deaths among the Eskimo and Indian population from this cause but they were not reported as such.

ARABIA

Dr. Paul W. HARRISON, B. Sc., F.A.C.S.

Bahrain.

Arabia is a very primitive country and follow up work is very meager.

1) We see approximately a dozen cases of duodenal ulcer in a year. I have seen only one or two gastric ulcers since beginning work here thirty years ago.

2) Practically without exception the duodenal ulcer cases coming to us are old cases, suffering from marked pyloric obstruction, vomiting, visible peristalsis, etc. Most of these cases have a gastroenterostomy done, and the results are satisfactory. We treat some cases with alkalis, but not so many, for very few will give the necessary time to get a good result.

3) I do not know that we are seeing an increase in duodenal ulcer.

4) In so far as it is due to nervous tension, and the tendency to spasm of muscle groups of the involuntary type, women seem more resigned to the hard things of life than men are. I think that the same thing is true of the negroes.

5) Ninety per cent of good results I think, of our G.E. cases, but, as I said, we deal with the most favorable type.

Dr. R.C. PAGE

Director

Dr. I.K. MIKHAIL, F.R.C.S.

Arabian American Oil Company Hospital

Dhahran, Saudi Arabia.

Statistical record of all the gastrointestinal cases admitted to Aramco Hospital over a period of six years between 1952 through 1957.

This record by no means represents the distribution of gastrointestinal diseases among the natives of Saudi Arabia, but it represents the distribution of these diseases among those natives that report to our hospital, keeping in mind that Saudi Arabia is a large country where there are other medical facilities that take care of natives.

ARABIAN AMERICAN OIL COMPANY HOSPITALS

Dhahran. Saudi Arabia

GASTRO-DUODENAL DISEASES

AMONG NATIVES IN SAUDI ARABIA	1952	1953	1954	1955	1956	1957	TOTAL
Gastritis, acute phlegmonous			3				3
Tuberculosis of stomach	1						1
Gastritis, acute infectious and toxic	2	1	1	1		2	7
Gastritis, acute simple	3	8	11	14	10	6	52
Gastritis, acute simple exogenous, suspected		1				1	2
Foreign body of stomach due to trauma	1						1
Foreign body in stomach, non- traumatic		1					1
Perforation of stomach due to foreign body					1		1
Polyp of stomach, neoplastic						1	1
Adenocarcinoma of stomach		3	3	2	3	4	15
Carcinoma of stomach, type not specified					4	2	6
Carcinoma of stomach, suspected.			1		1	2	4
Lymphoma of stomach, type not specified				1			1
Chronic gastritis, non-specific . . .		9	10	3	2	3	27
Chronic gastritis, non-specific, suspected		1			1		2
Gastritis, chronic, atrophic		1					1
Ulcer of stomach	1	1	2		1	3	8

GASTRO-DUODENAL DISEASES

AMONG NATIVES IN SAUDI ARABIA	1952	1953	1954	1955	1956	1957	TOTAL
Ulcer of stomach, suspected	1	1	1				3
Perforation of stomach due to ulcer		1					1
Acute gastric indigestion, cause unknown	2	2	2	2		2	10
Chronic gastric indigestion, cause unknown		3	1	1	2		7
Hematemesis due to undetermined cause	3	2	3		9	3	20
Cardiospasm, congenital				1			1
Achalasia, suspected	1						1
Achlorhydria due to chronic atrophic gastritis					1		1
Pylorospasm, congenital		1					1
Pylorus, hypertrophic stenosis of, congenital			2		1	2	5
Pylorospasm					3		3
Stenosis of pylorus, acquired	1					2	3
Duodenal spasm					6		6
Duodenal ulcer	10	11	10	11	8	18	68
Duodenal ulcer, suspected		4	5		4		13
Duodenal ulcer with perforation . .	4	2		2	5	2	15
Duodenal ulcer with constriction .				2	1		3
Duodenal ulcer with hemorrhage .					4	6	10
Duodenal ulcer with hemorrhage, suspected		1		1		1	3
Carcinoma Duodenal papilla		1					1
							<hr/>
						TOTAL	308