THE PSYCHOGENIC FACTOR IN HÆMATEMESIS.

By Dr. A. T. M. WILSON,
Great Britain.

THE usual cause of hæmatemesis is erosion of the gastric mucosa through some acute peptic ulcer, or as a complication in chronic peptic ulcer. Dated clinical and personal histories and an outline of the characteristics of the individual before the onset of symptoms were obtained from 16 female and 34 unselected male patients with severe hæmatemesis.

The two sets of dates were compared in order to elicit, without leading questions, information as to the occurrence of disturbing events in the patients' lives shortly before the hæmorrhages.

Of the 58 hæmatemeses they collectively suffered, 45 were preceded by some gross alteration in the patient's life, of such a kind that it was likely to produce emotional stress. In 10 of the remaining 11 instances, despite the absence of external changes, there was evidence of precedent gross emotional stress. As in peptic ulcer, the " events " found classified themselves most easily in relation to the nature of work, to money matters, or to serious illness of near relatives.

The psychological tensions which resulted could most simply be described as affecting security, independence or dependence. All the patients had symptoms—habitual restlessness, minor phobias, depression lasting from a few hours to a few days—suggesting the presence of chronic conflicts, and hence chronic states of tension. In these circumstances the individuals are sensitized to certain disturbing events, and with increased stress are prone to suffer psychological and physiological disturbances which are abnormal both in degree and in type. From the personal history of the common type of these patients it is easy to see that the precocious and apparently successful assumption of adult responsibility, through necessity or ambition, or both, has often been concerned in the development of their character traits in general, and of their strong primitive moral attitudes in particular. The latter go a long way to explaining the prominence of physiological conversion rather than behaviour disorders in these patients as a result of tensions and conflicts, which for the same reason are often unrecognized or indiscriminated. Patients sometimes gained relief from days of psychological tension and pain immediately after the hæmorrhage—a dramatic event with fatal possibilities, which freed them, by expiation, from their intense conscientiousness. The active energetic ulcer patients both suppress and repress the expression of emotion, and produce in this way

continued tension, and hence the continued gastric disturbance which has been shown to lead to ulcer formation.

In a smaller group of patients the primitive dependence-independence conflict is not entirely endo-psychic, but predominantly between the individual and the environment.

The selection of gastric function as the channel through which, in hæmatemesis and ulcer, the tension of these and other re-activated conflicts is partially discharged, is perhaps most likely to be the result of similar tensions in very early phases of development, which condition the personal picture of bodily disturbance which follows stress.

The enjoyment and use of anxiety and the development of a martyred attitude is common in these patients. If at all marked, this character disorder is likely to prove resistant to psychotherapy, but the ulcer-producing conversion may often be broken down without much difficulty. To produce the best results in simple treatment, ulcer patients must first be helped to convince themselves of the sequence of external and internal events. Prophylactic treatment should start as soon as stress begins, and before the onset of dyspepsia.

It is hoped that follow-up of feeding disorders in childhood will throw further light on these problems.