Whatever views may be held on the resistance of the tissues in the etiology of gastric ulcer, and how a lowered resistance may be brought about, there can be no two opinions on the part played by the gastric juice itself. It has long been recognized that true gastric ulcer only occurs in such parts of the alimentary canal as are reached by this fluid, namely: The lower end of the esophagus, the stomach, the duodenum, and the small intestine in the case of a gastro-enterostomy. With truth these erosions have been called peptic ulcers.

Speaking more specifically with regard to age, the following table from Welch is very instructive:

Age	1–10	10-20	20-30	30-40	40-50	50-60	60-70	70-80	80-90	90-100	over 100
No. of Cases	1	32	119	107	114	108	84	35	6	....	1
Totals	33		226		222		119		7		

In the matter of sex and location, it has been noted that ulceration of the stomach is twice as frequent among women as among men, whereas in the case of duodenal ulcers four males suffer to one female.

III. Varieties and Site.

It has long been known that gastric ulcers assume a variety of clinical forms, each with its characteristic anatomical features. W. H. Welch has classified them thus:

1. Latent ulcers without symptoms, and discovered only at an autopsy.

2. An acute form of ulceration which ends in speedy perforation, with few symptoms or none, preceding the fatal attack.

3. The hemorrhagic form, in which, after a brief course, and, perhaps, with few symptoms, there is a severe loss of blood.

4. The gastralgic form, in which there is dyspepsia with pain and vomiting as the leading symptoms.

5. A chronic hemorrhagic form with recurrent attacks of bleeding, accompanied by pain, vomiting, and other symptoms.

6. A form in which there is severe cachexia. This is usually the terminal stage of one of the other forms, but may come on rather acutely, as if the disease was a rapid cancer of the stomach.