

regurgitant vomiting and secondary jejunal ulcer.

*Regurgitant Vomiting.*—Regurgitant vomiting, in the early days one of the most formidable terrors of all gastro-anastomotic cases, is now being rapidly obligated to oblivion. The early literature abounds with instances in which this “vicious circle” has proved the undoing of the patient, but in the elimination of this one complication, perhaps more than in any other, has the improved technic of these later days produced the most brilliant results. We have learned conclusively that the posterior anastomosis, rather than the anterior, mitigates against its occurrence; we have learned that an intestinal loop of less than ten inches is likely to forestall any complication of this nature, and we have also learned that where, as a result of adhesions or other causes, the anterior anastomosis must be made, or the jejunal loop be longer than twelve inches, that an entero-anastomosis between the afferent and efferent loops of bowel, about four inches below the anastomotic opening, will effectually prevent any such distressing occurrence.

When, however, the vicious circle does become established, and even in the most carefully performed technic it is yet occasionally liable to happen, the symptoms are often severe, alarming, and fraught with the gravest danger. In most instances the vomiting appears within the first two or three days, though occasionally it may not supervene for several weeks. In a recent case in my own practice all went well for three weeks, the patient had returned home feeling in the best of condition, when suddenly and without warning regurgitant vomiting appeared, and almost at once became so severe that he was compelled to return to the hospital and have an entero-anastomosis performed before relief was obtained.

The quantity of ejected material may vary from several ounces to several pints, and usually appears only once, or at most twice, in the twenty-four hours. There is seldom any retching, and as a rule the act of vomiting is painless, the fluid simply pouring from the mouth without the slightest effort on the part of the patient.

Vomiting of this nature is the result of obstruction high up in the bowel. As a rule the obstruction is found in the afferent loop, which, when it is more than nine or ten inches in length, becomes “waterlogged” and sags heavily from the anastomotic opening.

Among the means at our disposal for the relief of this condition, the first which should be tried is lavage of the stomach, and it is sometimes remarkable the amount of relief which may be obtained by this simple proceeding. In some instances it will entirely abolish all the symptoms. This lavage should be continued at least twice daily for several days, when, if in spite of its continuance, regurgitation continues, the abdomen should be reopened and entero-anastomosis performed between the proximal and distal limbs of the jejunum, about four or five inches