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The object of *Gut* is to publish original papers and reviews concerned with practice and research in the field of gastroenterology. The field is that of alimentary, hepatic, or pancreatic disease, and papers may cover the medical, surgical, radiological, or historical aspects. They may also deal with the basic sciences concerned with the alimentary tract, including experimental work. The report of a single case will be accepted only if it is of sufficient interest in relation to a wider field of research.

There will be a section devoted to short papers on laboratory and surgical techniques and methods of investigation where these are not part of a lesser survey.

COMMUNICATIONS Papers should be addressed to the Editor, *Gut*, B.M.A. House, Tavistock Square, London, W.C.1. Papers are accepted only on the understanding that they are not published elsewhere without previous sanction of the Editorial Board. They should be in double-spaced typewriting on one side of the paper only. On the paper the name of the author should appear with initials (or distinguishing Christian name) only, and the name and address of the hospital or laboratory where the work was performed. A definition of the position held by each of the authors in the hospital or laboratory should be stated in a covering letter to the Editor. Communications should be kept short, and illustrations should be included when necessary; coloured illustrations are allowed only if monochrome will not satisfactorily demonstrate the condition. It is not desirable that results should be shown both as tables and graphs.

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ABBREVIATIONS In general, symbols and abbreviations should be those used by British Chemical and Physiological Abstracts. In any paper concerning electrolyte metabolism, it is desirable that data be calculated as mg./l. as well as (or alternatively to) mg./100 ml.

REFERENCES These should be made by inserting the name of the author followed by year of publication in brackets. At the end of the paper, references should be arranged in alphabetical order of author's name. Such references should give author's name, followed by initials and year of publication in brackets, *the title of the article quoted*, the name of the journal in which the article appeared, the volume number in arabic numerals, followed by numbers of first and last pages of article. Abbreviations are according to *World Medical Periodicals* (published by B.M.A. for World Medical Association), thus: Chandler, G. N., Cameron, A. D., Nunn, A. H., and Street, D. F. (1960). Early investigations of haematemesis. *Gut*, 1, 6-13.

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The June 1966 Issue

THE JUNE 1966 ISSUE CONTAINS THE FOLLOWING PAPERS

- Aflatoxin K. R. REES
- Motor responses of human gastrointestinal tract to 5-hydroxytryptamine *in vivo* and *in vitro* J. J. MISIEWICZ, SHEILA L. WALLER, and MARTIN EISNER
- Gastric intrinsic factor secretion after partial gastrectomy S. ARDEMAN and I. CHANARIN
- Alkaline areas in gastric mucosa after gastric surgery W. M. CAPPER, T. J. BUTLER, and K. G. BUCKLER
- Effect of aspirin on explanted gastric mucosa FREDERICK O. STEPHENS, GERALD W. MILTON, and JOHN LOEWENTHAL
- Chronic gastritis and gastric ulcer IAN R. MACKAY and I. G. HISLOP
- The gastric mucosa in anaemia in Punjabis BETTY COWAN, SAMUEL JOSEPH, and V. K. SATIJA
Part I *In iron-deficiency anaemia*
Part II *In megaloblastic anaemia*
- Massive growth of yeasts in resected stomach IVAR BORG, FRANK HEIKENSKJÖLD, BIRGITTA NILÉHN, and LENNART WEHLIN
- Effect of colchicine on intestinal function in the rat R. J. LEVIN
- Granulomatous ileocolitis RICHARD H. MARSHAK, ARTHUR E. LINDER, and HENRY D. JANOWITZ
- Electron microscope appearances of juvenile and Peutz-Jeghers polyps R. O. WELLER and I. MCCOLL
- Studies *in vivo* of the ileocaeco-colic sphincter in the cat and dog R. J. JARRETT and J. C. GAZET
- Exocrine and endocrine pancreatic function in diabetes mellitus and chronic pancreatitis N. PETERS, A. P. DICK, C. N. HALES, D. H. ORRELL, and MARTIN SARNER
- Study of peroral colonic and peritoneal absorption in normal and pathological conditions using a dye M. SEDKY ABDOU, EMAD SALEM, GAMALAT MEGAHED, and M. DANASOURY
- Amoebic liver abscess draining into the bile ducts R. L. VIANA
- Sigmoidoscopy and cytology in the detection of microscopic disease of the rectal mucosa in ulcerative colitis J. MCK. WATTS, H. THOMPSON, and J. C. GOLIGHER
- Methods and techniques*
- Colonic biopsy instrument
- European Pancreatic Club
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proximal half of the second part of the duodenum is a little narrower than the distal half which has a definite convex margin towards the normal pancreatic tissue.

This emphasis on the transverse duodenal folds is most important in connexion with the diagnosis of pancreatitis. In chronic pancreatitis the medial wall of the duodenum becomes involved and causes a loss of the transverse folds on the inner aspect of the duodenal loop and an irregular saw-toothed appearance of the medial margin (Fig. 2). Later the lumen is distinctly narrowed, which shows itself particularly in loss of the normal convexity of the medial margin of the distal half of the second part. Still later in the disease this may produce the Frostberg inverted '3' sign and mimic neoplastic changes with marked irregularity and indentation of the medial margin.

Post-operative changes can also be detected (case 2). In this particular instance sphincterotomy led to visualization of the common bile duct by air. Carcinoma of the head of the pancreas can be detected at a much earlier stage. The irregular duodenal margin, the loss of folds, and the indentation of the medial part of the duodenal loop are easily detected, and the appearances are moreover constant.

Lesions within the duodenal loop are unobscured by dense barium and shown in the same way as papillomas and neoplasms in the colon, when a double-contrast technique is used. This examination is particularly applicable to tumours of the papilla of Vater. Without going into any detail, it may also be mentioned that the retro-duodenal space is particularly well shown, as it is unobscured by barium in the stomach (Fig. 3).

Even small diverticula can be demonstrated, but more important in this regard is the fact that the inner aspect and contents of a diverticulum are clearly shown (Fig. 4b) where it can be seen that the ulcer in the diverticulum has been demonstrated. The barium fleck in the diverticulum corresponds to

the ulcer seen on the surgical specimen (Fig. 4c). It is also hoped that the rare carcinoma of a diverticulum will now be capable of diagnosis.

SUMMARY AND CONCLUSIONS

A new method for the examination of the duodenum, using gas distension with atonicity, is presented. Some of its uses and the normal and abnormal appearances are briefly mentioned. It is hoped that by using this method lesions of the head of the pancreas and duodenum will be diagnosed earlier and result in more effective treatment.

We should like to thank Professor Sheila Sherlock and clinicians of the Royal Free Hospital for referring cases. We should also like to thank Mr. Gilson and members of the Photographic Department of the Royal Free Hospital for preparing the illustrations.

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NOTICE

CZECHOSLOVAKIAN SOCIETY OF GASTROENTEROLOGY AND NUTRITION

The Czechoslovakian Society of Gastroenterology and Nutrition is preparing two international symposia of scientific papers to be held on 24 and 25 October 1966 in Karlovy Vary, Carlsbad, Czechoslovakia. Papers to be read at the first symposium, under the Chairmanship of Professor K. Herfort, will be on 'Rare forms of pancreatitis', and at the second symposium, under the Chairmanship of Dr. Z. Mařatka, the papers will be on 'Ulcerative colitis'. Applications and requests for further information should be sent to either Professor K. Herfort, Karlovo nám. 32, Prague 2, or to Dr. Z. Mařatka, Hospital Bulovka, Prague 8.