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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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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.