Our recent paper focused primarily on describing the histological features of microscopic colitis in case of well-defined cases. We have previously, however, studied different aetiological aspects in both lymphocytic and collagenous colitis. The importance of factor(s) in the faecal stream has also been discussed by others.

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Helicobacter pylori reinfection

EDITOR—We read with interest the article by Schütze et al (Gut 1995; 36: 831–3). It is difficult to imagine how transmission of reinfection has been shown to occur for the first time with near certainty.

Besides transmission from the spouse, there are at least three possibilities of reinfection of the H pylori bacteria. It has been demonstrated in the dental plaque of patients from developed1 and developing patients. Furthermore, H pylori in the dental plaque persists despite its clearance from the gastric mucosa after treatment. Hence, dental plaque is considered a potential source of reinfection by the same strain of H pylori.2 (2) It is possible that both the patient and the spouse had acquired infection of the same strain of H pylori from a common source. Contaminated water supply has been previously shown to act as a common reservoir of infection.3 The fact that the prevalence of serum antibodies to H pylori is higher in different age groups of subjects, both in developing (50% at 5 years) and developed (50% at 50 years) countries is comparable, shows facoecoral mode of transmission of H pylori and hepatitis A virus in our first study.4 Familial spread from another member of the family has been reported.1 The study does not provide any data of other family members or the exact mode of transmission (kissing?) from the spouse.

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Gastric emptying in patients with insulin dependent diabetes mellitus

EDITOR—The paper by Nowak et al (Gut 1995; 37: 23–9) reports on the highly variable gastric emptying rates in patients with diabetes mellitus. The finding of accelerated (apart from the classic delayed) gastric emptying in humans with insulin dependent diabetes mellitus is consistent with previous findings.1 The authors investigated the possible correlation between gastric emptying and chronic renal failure caused by diabetes. As the values obtained in this study have a very wide distribution, they concluded that the influence of chronic renal failure on gastric emptying cannot be estimated from their own results. However, chronic renal failure is associated with autonomic neuropathy, which is consistent with previous findings.1 In another study, small groups of patients with chronic renal failure of non-diabetic aetiology given longterm dialysis showed different patterns of gastric emptying, according to the involvement of the autonomic nervous system. In subjects with no autonomic neuropathy gastric emptying was faster than normal. In subjects with only parasympathetic neuropathy gastric emptying was similar to controls but in subjects with both parasympathetic and sympathetic autonomic, it was delayed. In this study gastric emptying was measured from the sonographic registration of central autonomic activity, according to Bolondi.4 This method has a good correlation with the radioisotopic method. The spectrum of the gastric emptying curves of the patients studied by Nowak et al seems to be very similar to our results in the same manner. We believe that a similar focus on delayed gastric emptying resulting from diabetes mellitus will bring similar results. Indeed, as Nowak et al show, autonomic neuropathy is the main factor that changes the emptying of the stomach.

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1 Those patients who did not have evidence of autonomic neuropathy are the ones known to be appreciated by the public.