Spiller reviewed possible mechanisms for low-level residual intestinal inflammation in new IBS after gastroenteritis. However infective gastroenteritis might be followed by another mysterious 'functional' alimentary disorder: dyspepsia.

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In response

Professor Baron correctly draws our attention to the fact that IBS is not unique in the functional gastrointestinal diseases (FGIDs) in being precipitated by an infectious insult. The outbreak of salmonellosis in Spain was followed by functional dyspepsia in nearly 1 in 5 of infected individuals.[1] A large series of patients with functional dyspepsia from a tertiary referral centre reported a presumed post-infectious origin in 17% of the patients. This might be important to recognise for management purposes since they had more early satiety, weight loss, nausea, and vomiting than those without an infectious onset and also more frequently had impaired accommodation.[2]

As well as aiding management, recognising post-infectious cases of FGIDs are particularly useful to aid understanding. Since they have a defined onset it is easier to work out the direction of causality of the multiple risk factors. Prospective studies of post-infectious IBS clearly show that developing IBS is dependent on psychological central factors as well as peripheral gastrointestinal factors. One would suspect functional dyspepsia would be similar in this respect.

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■ CONVERSATIONS WITH CHARLES

Screen for malignant arrhythmias in all young (and elderly) athletes?

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I read the other day that Italians are required to have a medical examination, including an electrocardiogram (ECG), if they are to participate in sport organised by a third party. As we finished our relatively gentle game of tennis at the club I mentioned this to Charles.

'So if we were in Italy we would have had our ECG checked as we walked onto the court this evening!'

'That's going a bit far, Charles' *I replied.*

'Of course it is, but it makes my point. A difficult question that applies to all screening procedures is "How often?". I might have an ECG today and have a silent coronary tomorrow.'

'That's true but what you can do is look statistically at the law of diminishing returns from repeated examinations and set an appropriate interval in the light of this.'

'True, but I thought that exercise benefits those with heart disease. Might not the person be discouraged and the club, or at least its insurance company, be apprehensive if the ECG did suggest coronary abnormality!'

'Any competent physician should be able to advise his patient appropriately and so effectively indemnifying the club against serious mishaps.'

'That only covers those with known disease, Coe! What about those with occult disease? Surely they are better to exercise in happy ignorance.'

'There is certainly an argument that there is likely to be net benefit in encouraging exercise in those with