and have a pecuniary interest in doing so, it is important to show we are not doing harm. In view of the costs in terms of time and money involved, it is important to show that we are doing some good.

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Screening elderly people

Sir,

One of the reasons for considering screening elderly people to be worthwhile is that it may reveal previously undiagnosed problems in those screened. This may result in an increased uptake of medical services.[1,2] However, as those patients aged over 75 years come to have their second annual check, it seems likely that the scope for identifying problems will be diminished.

Of the 175 patients over 75 years old in a single handed practice who had an annual check in the first year of the new contract, 154 patients were reviewed in the second year, 21 patients having died or moved away. Table 1 shows the problems identified during the course of the year through normal, patient-initiated consultations, and at the time of the second annual check.

It would appear that patients in this age group are quite capable of presenting to the doctor with conditions requiring a new diagnosis (21 patients) but a small number of new diagnoses were also made at the second annual check (seven patients). In four of these seven cases the diagnosis was hypertension. Measuring blood pressure is not a requirement of the annual check for elderly people, but in view of the recent research on the benefit of treating hypertension in elderly people this may be a worthwhile exercise.[3]

Of the 154 patients having a second annual check, either in the surgery or at home, 63 had problems requiring action. It is difficult to equate this with benefit to patients, but it seems that problems with vision and hearing are more likely to be identified at the annual check than to be presented by patients during normal surgeries. Conversely, it seems that deteriorating mobility and mental function are more likely to be presented to the doctor during normal consultations.

Table 1. Problems requiring action identified among the 154 patients aged over 75 years.

	No. of patients with problem:	
	Identified during normal consultations	Identified at the second annual check
New diagnoses	21	7
Deteriorating mobility	4	0
Deteriorating mental function	5	0
Needed to be moved to residential home as unable to cope	2	1
Increased medication required	6	9
Treatment no longer needed	0	4
Needed to be registered blind	1	0
Needed to be registered partially sighted	1	1
Referral for hearing aid needed	1	5
Vaccination required	0	12
Referral to optician needed	0	4
Ear needed to be syringed	0	9
Referral to ophthalmologist needed	0	4
Referral to social services needed	0	2
Letter to other agencies required	0	2
Referral for surgery needed	0	3
Total	41	63

These results indicate that a change in emphasis could be beneficial for the second and subsequent annual checks for those aged over 75 years.

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Treating candidiasis in community child health clinics

Sir,

Colonization with candida is common in infancy, one study reporting 82% of infants aged four weeks being colonized.[1] It is therefore not surprising that many babies require treatment for candida infections.

I would like to report a study of the incidence and treatment of candidiasis in two community child health clinics in South Sefton, Merseyside. Both study clinics were in areas of high socioeconomic deprivation (underprivileged area scores of 15, 23 and 45 for the wards covered).

Three clinics were held each week, two with the same doctor and one without a doctor. Treatment was prescribed and dispensed by the doctor when she was available, according to an agreed district policy. If a doctor was not available, the child was referred by the health visitor to the general practitioner for treatment. For this study, any child with clinical candidiasis not receiving appropriate treatment at the time of attendance was included. Children already receiving treatment were not included. Cases were collected prospectively for 13 weeks between September and November 1991.

There were 912 attendances during the study period and 399 were seen by the doctor. A total of 83 cases of candidiasis were seen in 73 children. All except two of the children were under one year old. Of the 83 cases, 42 (51%) were cases of perineal candidiasis only, nine (11%) were of oral candidiasis only and 32 (39%) were of both. Thus, there were 41 occurrences of oral candida infection and 74 occurrences of perineal infection. One child also had a facial infection.

Parents recognized candida infection in 33 of the 115 occurrences (29%). They recognized 16 occurrences of oral candidiasis (39%) compared with 17 occurrences of perineal candidiasis (23%). Reasons parents gave for attending the clinics were as follows: weighing (32), candidiasis (20), child health surveillance (16),