

immunization (eight), minor ailments (four) and nappy rash (three). Six of those presenting their child for treatment of candidiasis had been referred by a health professional, such as a health visitor or midwife, visiting the home. In babies attending the clinic for reasons other than candidiasis, candida infection had been noticed by the health visitor while weighing the baby. Of the affected babies, 94% were bottle fed. Antibiotics had been taken by 28% of infants in the two weeks preceding the onset of candidiasis.

Of the 41 occurrences of oral candidiasis, 38 were treated with nystatin suspension, two with miconazole gel and one child was referred to the general practitioner. Of the 74 episodes of perineal infection, 34 were treated with Timodine<sup>®</sup> cream (Reckitt and Colman), 33 with nystatin cream, three with miconazole cream, and four children were referred to their general practitioner. The facial infection was also treated with nystatin cream.

This study shows that 9% of child health clinic attendances had clinical candidiasis requiring treatment. No comparable community studies could be found but a Liverpool study of hospital admissions showed an incidence of 7%.<sup>2</sup> Extensive use of dummies<sup>2,3</sup> and usage of antibiotic may be associated with candidiasis.

The high incidence of candidiasis justifies a policy of having treatment available at child health clinics, as described by Polnay.<sup>4</sup> Community child health clinics are likely to continue in deprived areas for the foreseeable future, as Hart's inverse care law is likely to apply to health promotion activity as in other areas of work.<sup>5</sup> Informal discussion with local general practitioners confirm their support for this service as they have no desire to increase their inevitably high consultation rates any further. Travel costs and inconvenience to parents would also increase if they had to attend their general practitioner for a prescription. Pharmacy dispensing fees would add to National Health Service costs.

The potentially divisive nature of the new contract for general practitioners and the reforms in the NHS should not be allowed to interfere with the current cooperation between general practitioners and community doctors in providing an effective service to disadvantaged parents and children.

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## Diverticular disease

Sir,

Diverticular disease is a common condition and occurs in 50% of patients aged over 50 years.<sup>1</sup> The disease is often discovered incidentally as it remains asymptomatic in around 90% of the population.<sup>1</sup> However, its symptoms of abdominal pain with or without change in bowel habit are not pathognomonic and can be ascribed to other more serious diseases of the distal large bowel. Similarly, both diverticular disease and colonic neoplasms have an average age of diagnosis that is in the seventh decade.

In my general practice two patients with recently diagnosed descending and sigmoid colonic carcinoma had undergone a barium enema examination within the previous eight years which had demonstrated diverticular disease. In July 1992, the records of all patients with a current diagnosis of diverticular disease were, therefore, examined to determine the clinical management of patients with this condition and to identify other pathologies occurring within this group. The total practice population is 9974 and of these 3097 (31%) are aged 50 years or over.

Sixty three patients with diverticular disease were identified (2% of total practice population aged 50 years or over). The mean age of these patients was 71 years (range 48-95 years), only one patient being under 50 years of age, and the male:female ratio was 1:2.7. Forty seven patients (75%) had undergone barium enema investigation of which four had been normal (these four patients were diagnosed clinically), 37 had shown diverticular disease and six had revealed diverticular disease and colonic polyps. Eleven patients (17%) had been diagnosed purely on clinical grounds, no radiology or other investigation having been performed. In five patients other investigations revealed coexisting colonic carcinoma (two patients), ulcerative colitis (one), irritable bowel (two) and gallstones plus peptic ulcer (one).

Thus, 11 of the 63 patients had a coexisting pathology, the most common being adenomatous polyps (six patients). Four patients had later suffered a serious complication of diverticular disease — haemorrhage (one patient), peritonitis (two) and perforation (one). Fifteen patients (24%) had been referred for secondary care.

Diverticular disease is a condition most commonly found in the distal colon of elderly women. However, it is not a disease without serious complications. Nor can the diagnosis be made purely on clinical findings — 17.5% of patients with diverticular disease may have a coexisting condition, not always diagnosed on barium enema alone.

It is too simplistic to expect to investigate a patient's symptoms appropriately, reveal a condition which may be the cause of those symptoms and then to ascribe all future symptoms to the condition diagnosed. When diseases can occur coincidentally, with similar symptoms and signs, we should always be prepared to review a diagnosis critically and reinvestigate to discover the true cause.

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## Chronic mental illness in general practice

Sir,

Goldberg and Jackson's attention to improving liaison between primary care and the specialist in the context of mental illness is very welcome (editorial, July *Journal*, p.267). They contrast the widespread use of protocols and shared care plans for patients with chronic physical illnesses with the lack of proactive approaches to patients with long term mental illnesses in the community.

In planning a strategy of care for patients with chronic mental illness an essential first step is to define the scale of the problem. In our practice a medical student (S H) carried out a study in October and November 1991 scrutinizing the notes of all the practice patients (3986 at the time of the study) and identifying those patients aged over 16 years with chronic mental illness. The following categories of patients were used, that seemed to generate the principal burden of work for