References

- ¹ Jones RAK, Robertson NRC. Small for dates babies: are they really a problem? *Arch Dis Child* 1986;**61**:877-80.
- ² Falkner F. Key issues in perinatal growth. *Acta Paediatr Scand [Suppl]* 1985;**319**:21-5.

FRANK FALKNER
*Department of Pediatrics,
 University of California,
 San Francisco, California 94143,
 United States of America*

Drs Jones and Robertson comment:

We thank Professor Falkner for his interest in our paper. Our study was not directed, however, at the problem he is addressing. In fact, there is much to suggest that the 'proportional' small for dates baby actually poses fewer immediate neonatal problems than the one with overt fetal malnutrition. We agree our results should not be applied in developing countries.

We acknowledge that the proportionally small SFD baby may do less well in terms of growth and even long term neurological development, and indeed that it may well be modifiable by improvements in many aspects of the maternal nutritional and social environment. Nevertheless, these babies do extremely well in the neonatal period, and, sadly, there is nothing that the neonatal paediatrician can do to influence their long term outcome.

Interaction between chloramphenicol and acetaminophen

Sir,

It is unfortunate that the study by Spika and colleagues

on the interaction between chloramphenicol and paracetamol¹ did not include data on the pharmacokinetics of chloramphenicol after treatment with paracetamol had been stopped. The clearance of chloramphenicol has been shown to increase during a course of treatment from 268 ml/h/kg on day 2 to 383 ml/h/kg on day 10.² These incidental findings were subsequently confirmed in a carefully controlled study of 10 children who were examined on two separate occasions while remaining on the same intravenous dose of chloramphenicol.³ The mean elimination half life for chloramphenicol fell from 3.0 hours to 2.3 hours during the course of treatment. It is therefore possible that the changes in chloramphenicol pharmacokinetics observed by Spika and colleagues were unrelated to paracetamol.

It is regrettable that the editors decided not to use the English language in a British journal and hence paracetamol was described as acetaminophen and rifampicin as rifampin.

References

- ¹ Spika JS, Davies DJ, Martin SR, Beharry K, Rex J, Aranda JV. Interaction between chloramphenicol and acetaminophen. *Arch Dis Child* 1986;**61**:1121-4.
- ² Tuomanen EI, Powell KR, Marks MI, *et al.* Oral chloramphenicol in the treatment of *Haemophilus influenzae* meningitis. *J Pediatr* 1981;**99**:968-74.
- ³ Nahata MC, Powell DA. Chloramphenicol serum concentration falls during chloramphenicol succinate dosing. *Clin Pharmacol Ther* 1983;**33**:308-13.

I A CHOONARA
*St James's University Hospital,
 Leeds LS9 7TF*