the child's behaviour includes many months before diagnosis. Although parents may attempt to review the entire 6 months, they are likely to recall recent events more clearly and to give more weight to them in their replies. Second, data were collected 1 month after the definitive diagnosis, but this diagnosis was the culmination of an extended evaluation process which, in one of the hospitals, involved 4 visits to the clinic. Therefore, the diagnosis was at least a strong possibility for much of the 6 months before the first CBCL was completed. Finally, these concerns do not apply to the cases of long-term hyperlipidemia.

The second issue concerns the omission of the social competence section. We decided to omit this section because our primary interest was in psychological and behavioural problems. The social competence section was also omitted in the interests of time; as it was, each mother spent more than an hour completing questionnaires. The social competence of these children is certainly of interest and concern.

Finally, we feel that a division of CBCL scores into high ("clinical range") and normal is the most meaningful way of examining data on a group of children in a research study. We agree that a score near the cut-off point needs to be interpreted within the whole clinical context when treating an individual child. Yet we know that children with scores in the clinical range are much more likely than those with normal scores to have behavioural problems that cause important difficulties in their lives. It is true that the clinical significance of a mean score of 62 in one group versus 64 in another group is not at all clear.

A larger-than-normal proportion of our subjects had behavioural problems. This is a cause for concern and needs to be assessed in other populations before widespread lipid screening can be recommended.

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Correction to French edition of *CPS*

I wish to inform *CMAJ* readers of a correction to the product monograph for Fluoracaine, by Dioptic Laboratories, that appeared in the 32nd (1997) edition of the *Compendium des produits et spécialités pharmaceutiques*.[1] The information in the product monograph should be replaced with the following:

FLUORACAINE (TM)
Dioptic
Sodium de fluorescéine — Chlorhydrate de proparacaïne
Agent de diagnostic ophtalmique — Anesthésique

Présentation : Un mL de solution stérile ophtalmique contient du sodium de fluorescéine à 0,25 % et du chlorhydrate de proparacaïne à 0,5 %. Agent de conservation : thimérosal à 0,01 %. Flacons compte-gouttes de 5 mL. Protéger de la lumière. Réfrigérer entre 2 et 8°C.

We apologize for any inconvenience this error may have caused our users.

M. Claire Gillis, BSc (Pharm)
Editor-in-chief
Compendium of Pharmaceuticals and Specialties (CPS), 32nd edition

Reference

1. *Compendium des produits et spécialités pharmaceutiques*. 32e éd. Ottawa : Association pharmaceutique canadienne; 1997:680.

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