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The above letter was referred to the author of the article in question, who offers the following reply.

*To the Editor:* I have reviewed the letter by Dr. Melzer and, overall, find it supportive of our conclusions.

Summarizing our work on a different level, we have been able to show that pediatricians are an important component of family practice training. When the training occurs in an environment of cooperation where there is a need for both types of providers, the result to the community is a family physician who is highly capable of providing care to most hospitalized children.

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### Severe Guillain-Barré Syndrome Associated with *Campylobacter jejuni* Infection

*To the Editor:* I would like to point out an important, recently published article: "Quinolone-Resistant *Campylobacter jejuni* Infections in Minnesota, 1992 to 1998" (Smith Kirk E, Besser JM, Hedberg CW, et al. *N Engl J Med* 1999;340:1525-32). It is frightening that the Food and Drug Administration did not ban the use of quinolones in animals used for food in 1992. Even though the FDA banned their use in 1997, enrofloxacin was licensed for use in beef cattle in 1998.

On a recent visit to Canada in early May of this year, I contracted a *Campylobacter* infection that was resistant to ciprofloxacin. Because of the potential serious complications of *Campylobacter* infection in humans, I strongly concur with the conclusion: "A well-coordinated international program is needed to assess worldwide use of antibiotics in animals used for food and to ensure appropriate limitations of such use if it is shown to be deleterious to human health."

One wonders whether any decisions are made for long-term health, or do short-term profits (eg, feed lot cattle and crowded poultry farms) always win out?

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