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The risks of sensible treatments

It is counterintuitive that one injection of vitamin K could cause cancer in children and that human insulin might cause more problems in humans than animal insulin. Yet both of these possibilities have evidence to support them and are discussed in this week's issue.

The idea that the vitamin K given to the newborn to prevent haemorrhagic disease might cause childhood cancer first emerged from a cohort study of all the children born in one week in April 1970. Today we publish a case-control study from Avon, and the authors again find an increased risk of cancer in children given vitamin K—but only in those given it intramuscularly (p 341). As David Hull writes in an accompanying editorial (p 326), it is not yet proved that vitamin K causes childhood cancer, but he advises giving the drug by mouth when possible while more research is carried out. There are animal and cell studies to suggest that vitamin K might be mutagenic, and the finding might offer an evolutionary explanation of why it is that normal babies who are breast fed develop a deficiency of vitamin K.

Human insulin produced by genetic engineering

became available in the late '70s, and over the next decade most diabetics were transferred to the new insulin. Evidence that human insulin might be associated with reduced awareness of hypoglycaemia emerged in 1987, and the scale of the risk has been hotly debated ever since. This week two groups debate the issue from different perspectives (pp 351 and 355), while John Gerich writes an editorial (p 324): he thinks that the risk is small but agrees that more research is needed to settle the issue.

Finally, this week sees the publication of an inquiry into the poor treatment of patients at Ashworth Hospital, one of the three special hospitals in England for mentally disturbed offenders (p 334). Reports cataloguing neglect and mistreatment in the hospitals were familiar a decade ago, but the hope was that the establishment of the Mental Health Act Commission would stop such poor treatment. But the appearance of this report is an argument, writes Robert Bluglass in an editorial (p 323), for closing the hospitals and finding a much better way of managing the patients.

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Editor's Choice