

## GOITRE INCIDENCE IN WORKERS AND THEIR FAMILIES ON THE EAST/WEST HIGHWAY (BRITISH SECTION)

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Although it is a well known fact that incidence of goitre is high in Nepal it is of interest to compare the various incidences in different areas of the country,

Since January 1969, 1,212 patients have been studied and classified according to W.H.O. specifications into categories I., with a palpable goitre, grade II with a visible goitre, grade III very large goitres easily visible and A (adenoma). The incidence has been further related to age groups and subdivided into grade/age groups. The results are shown below. Cases over 60 years of age have not been included as the numbers are too few to be reliable.

The majority of workers are Gurungs and Magars coming from the Western Hill areas, together with a number of Tharus, Sunwars and a few of Indian extraction. Further work will enable us to build up a composite picture of the actual goitre incidence related to the district of origin of the workers.

Total number of cases studied : 1,212

Total number of males 968

“ “ “ females 244

Males : Goitre present – 357 cases 36.8%

Females : “ “ 139 cases 57.0%

The degree of thyroid enlargement was estimated related to WHO specification, and was distributed as follows:

Table I

Males Grade I	245	68.6%	Females Grade I	71	51.1%
Grade II	82	23.0%	Grade II	56	40.3%
Grade III	5	1.4%	Grade III	2	1.4%
Adenoma	25	7.0%	Adenoma	10	7.2%

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- C. The Out-Patient theatre was re-decorated and supplied with new equipment, drugs and dressings.
- D. A. B.C.G. programme was put into full operation in November 1968 in Morang district and at the time of writing the 30,000 mark has just been passed. Direct B.C.G. undertaken as suggested by W.H.O. and the programme has been undertaken in full co-operation with Nepalese nursing staff. A preliminary publicity visit is made to Panchayat a few days before the main party is sent and in most cases the response has been excellent. It is hoped that we shall be able to extend this programme in the near future to Sunsari district and eventually to the Hill areas.
- E. Related to the above programme we have been able to supply considerable quantities of anti-tuberculous drugs and this will enable the treatment of active cases to be vastly extended.
- F. Considerable work has been done by our nurses to assist in nursing teaching and a marked improvement has been brought about in several fields.
- G. A combined surgical/medical team was sent to Dankhuta at the beginning of the year and we were able to fully equip the operating theatre. The response from patients was considerable and we hope to send further teams in the future.
- H. A scheme has been suggested to HMG by which drugs can be supplied to isolated Hill areas at a cheap price. It was felt, after touring various centres in the Hills, that this could be one way in which we could help. It is to be hoped that HMG will accept this scheme and that if it is successful it may be extended to other areas of the country.
- I. In the near future a skin clinic is to be opened-primarily for the treatment of Hansen's disease. In view of the recent W.H.O. conference in Kathmandu and in the light of our own experience we feel that an urgent need exists for such a move.

In summary I would like to say that we have enjoyed our first year in Nepal, made a lot of friends and look forward to the years ahead in the knowledge that we can achieve something of value in the Health field. Nepal has come a long way in just over 15 years, it will go much further in the future.

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