Letter To Editor

Kunde Hospital,
c/o, British Embassy, Kathmandu

30th August, 1967.

The Editor,
Journal of the Nepal Medical Association,
6/31, Judha Sadak.

Dear Sir,

I read with considerable interest the comments of 'Baidyaraj's Column, in the January 1967 issue of JNMA. I refer to his comments on the use of radio-active isotopes by the medical research team based on the hospital established in Kunde by Sir Edmund Hillary.

It is unfortunate that your correspondent did not first correlate and collect the facts before rushing so hastily into print.

It is indeed true that the International Atomic Energy Agency and the welcome Research Trust provided that the finance for an intensive research programme into the problems of goitre amongst the Sherpa people of the Khumbu region of Nepal. For three months during the latter part of last year a team of five New Zealand doctor and one physicist undertook the initial work this research programme.

Your correspondent is incorrect in stating that the results of such research will only be communicated to the sponsoring agencies. An undertaking was given to the Minister of Health in his Majesty's Government that all results and conclusions of the project would be communicated to him. It is also the research team to publish the results of their work in the world literature and several preliminary papers are at present being prepared to this end. It is also the intention to publish a comprehensive and less technical account of the

therapy trial and its results in the journal of the Nepal Medical Association and this will be submitted to the editors of this journal in due course.

Your correspondent does himself a disservice by suggesting that it is the intention of the research workers involved to withhold information on the trial and its results from the members of the Nepal medical fraternity. In a country such as Nepal where goitre and its accompanying stunting of intellectual and physical growth is so widespread, the dissemination of information on this eminently preventable disease is of utmost importance. The New Zealand doctors have not least desire to withhold the results of their work from their Nepalese colleagues.

'Baidyaraj' expresses dissatisfaction that the radio-active isotopes have been used in the remote Khumbu region rather than in the medically advanced centre of Kathmandu. In order to explain this apparent anomaly one has to consider the type of research being undertaken.

The Khumbu region suffers from a major goitre endemic. It is one of the few areas in the world where the effects of iodine deficiency can still be seen in their natural state uninfluenced by advances in medical practice. The Kathmandu valley has been influenced by modern medicine for many years, there, goitre is less of a problem than in the remote hill regions. It was for these reasons that the International Atomic Energy Agency and the Wellcome Research Trust expressed their interest in a project of world wide significance. It was for these reasons that prestigious organisations gave their support to a scheme aimed at helping not only all the people of Nepal, but also those in more distant lands. To suggest that Kathmandu is being bypassed is to selfishly ignore the ultimate national benefits of this work.

'Baidyaraj' I was not deceived by his teachers when they said that Himalayan goitre could not be cured by administration of radio-active iodine. The isotopes used during this research work were not of a therapeutic nature. They were used to determine the rate of iodine uptake by the thyroid gland and the levels in urine and serum of the people under test.

It may pique 'Baidyaraj' that he has not been kept informed of developments in this goitre research programme. As a member of the team involved

I submit that the magnitude of the task does not allow for rapid publication of date. Altogether more than 1200 people have been involved in the therapy trial. Over 600 of them have been very intensively studied in the following ways: radio-up:ake and excretion levels; blood levels of MIT, DIT, T4 and PBI, electrocardiograms, bone age, x-rays of the children, height and weight measurements infant mortality and menstruation data on all women; serum cholesterol levels; peripheral utilisation of thyroxine and clinical assessment of goitre size. With such large numbers of people and such a mass of data to be processed it is impossible to publish meaningful reports as rapidly as one would perhaps wish.

I can only repeat that full report will shortly appear in the relevant world literature and that when conclusive data and recommendations are to hand these will be submitted to the editors of the Nepal Medical Association Journal.

I remain,

Your's faithfully

J. R. McKinnon, MB. Ch. B. (NZ)

Resident Doctor Kunde Hospital.

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