

CORRESPONDENCE

ENDEMIC GOITRE: A PREVENTABLE AND YET HIGHLY PREVALENT DISEASE IN SARAWAK

Dear Sir,

The occurrence of goitre has long been known in Sarawak. Our general impression indicates that goitre is common in the interior regions particularly in areas bordering Indonesia, extremely common in the Lubok Antu District of the Second Division, but quite rare in the coastal areas, municipalities and bigger towns where wide access to sea foods is possible. Although the interior region is characterised by the hilly and mountainous terrain is more than fifty (50) percent of the Sarawak land area, it holds only 10-15 percent of the total population. Taking this fact into account, the general goitre prevalence rate would not be as high as portrayed. Various studies (two of which were quoted in your article) had, to some extent, confirmed our general impression on the goitrous areas in the State: Dr. G.H. Alexander in 1979, who incidentally surveyed only two areas, Kanowit and Lubok Antu Districts (in Third and Fourth Division respectively) stated 0.6 to 0.8 percent prevalence among 500 school children in Kanowit Town, while one of Dr. G.F. Maberley's study areas is in the coastal fringes of Second Division which is non-goitrous. The Medical Department Nutrition Surveys undertaken by Dr. A.J.U. Anderson from 1974 to 1978 reported a range of 15 percent to 90 percent prevalence among school children and mothers of the Ibans of Sut and Mujong (Seventh

Division) and Lemanak (Second Division), Kayan and Kenyah of the Baram (Fourth Division) and Penan of Mulu (Fourth Division) but almost none among the Iban of Ulu Mukah (inland Third Division), Bidayuh of Tebakang (inland First Division), Malay of the Sarawak River Delta (First Division) and the Melanau of Mukah (coastal Third Division).

Recognizing this problem, the Medical Department had taken preventive measures even as early as in the late fifties through the salt-iodization programme. Despite our various promotive efforts in the commercial sector, even with free iodizing and transport services, distribution of iodized coarse salt through the commercial route seems to be ineffective, particularly in the First and Second Division. The department also tried out other methods, in collaboration with Dr. G.F. Maberley, in certain affected areas for a number of years using iodized oil injection which was recently found to be effective in reducing endemic goitre but considered uneconomical, and the iodination of village water supply which appeared to have several advantages, besides also being effective. As a result of the poor commercial distribution, steps were taken from 1979 to complement the existing distribution by making available iodized salt free of charge through all the medical and health facilities, particularly through the maternal and child health

services.

The latest measure is a legislation by the State Government for the iodization of fine table salt effective July 1981 and to be fully enforced in January 1982. The legislation does not call for iodized coarse salt because it was believed unnecessary for several reasons. It has been reported that at least 80 percent of coarse salt is used for salting of fish, jellyfish and other foods, and as fertilizers, therefore not much is actually consumed. There were complaints that iodized coarse salt is a relatively-poor preservative compared to the non-iodized salt. Also it has been observed that more and more people in the rural areas are turning to fine table salt for their daily cooking and consumption as their living standards improve. Nonetheless, with the enforcement of the legislation, health education and information would be stepped up on the use of iodized table salt for daily consumption. At any rate, the department would still continue its normal distribution of iodized coarse salt especially in the event of any difficulty in use of table salt in the affected areas.

It is our belief that with these measures, the

problems of goitre in the State would be reduced in a few years time.

Thank you.

Yours faithfully,

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Director of Medical Services,
Sarawak

REFERENCE

Chen P.C.Y. Endemic goitre: a preventable and yet highly prevalent disease in Sarawak. *Med J Malaysia* 1981;36 67- 69.

Editorial Comments

We take this opportunity to congratulate the Sarawak State Government and the Director of Medical Services, Sarawak, for the praiseworthy action that they have taken to safeguard the people of Sarawak from goitre.

Hon. Editor

BOOK REVIEW

WHO EXPERT COMMITTEE ON BIOLOGICAL STANDARDIZATION: Thirty-first Report, Technical Report Series 658, World Health Organization, Geneva, 1981, 325 pp.

This is an excellent detailed report of the WHO Expert Committee on Biological Standardization whose functions include the designation of international reference materials, the establishment of international requirements and the formulation of guidelines for biological substances, as well as recommendations for various procedures. A guideline for the quality assessment of antitumour antibiotics has been incorporated and the production and testing of blood and

plasma products discussed in detail. Three International Reference Preparations of Human, Bovine and Rabbit Thromboplastins have been established so that the preparation, testing and calibration of thromboplastic products from different tissue sources as oral anticoagulants can be standardized. Guidelines for the national control of vaccines and sera are also spelt out so that developing countries can establish quality control in the various phases of production and manufacture of these products.

The annexes are extensive and detailed and should serve as a good source of reference for meeting the needs of biological standardization.

S. K. LAM