

and R. W. Lam. Use of 8-anilino-1-sulfonic acid (ANS) in radioimmunoassay of triiodothyronine (T₃) in unexposed subjects. *Am Fed Clin Res* XX: 216, 1973.

F. Delange, J. Goldstein-Golaire, and others. Endemic goiter prevention by iodine: a reassessment. *J Clin Endocrinol* 1196-1204, 1973.

By your criteria they would still be in reason we think deaf-mutism cretinism syndrome is that we find it in the normal population, subjects with other features of deafness would say that endemic deafness is not an entity to be confused with endemic cretinism. We think that if you want to do quick surveys of the population, there will be good results for cretinism if you find impaired hearing tones of more than 40 decibels. The prevalence of deafness with cretinism is 92 per cent. The whole field of this association is supported by the fact that in any population going to find an occasional patient with deafness and an occasional patient with deaf-mutism. Such patients might be confused with cretinism. It is difficult to recognize such patients because there is known endemic cretinism.

I would like to challenge Dr. Delange's statement that deaf-mutism is a good indicator for cretinism. Last summer I studied the Uele region in Africa, where 1000 people and found a prevalence of deaf-mutism of 1.5 per cent. The prevalence of deaf-mutism was only 0.1 per cent, the same as might be expected in any region of the world. In this example deaf-mutism should not be regarded as a universal tracer for cretinism.

THE ROLE OF IODINE IN INTELLECTUAL DEVELOPMENT IN AN AREA OF ENDEMIC GOITER

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Well-documented studies on endemic cretinism have demonstrated that this disorder is found in geographic association with endemic goiter (1-6). Traditionally, the term "endemic cretin" has been applied to subjects with obvious mental retardation and defects in hearing, speech, and walking. As has been demonstrated in the Ecuadorean Andes (6, 7), the incidence of endemic cretinism is related more to the socioeconomic situation of a community than to the magnitude of its iodine deficiency. The following questions, among others, remain to be answered: What is the extent of intellectual deficiency in areas where endemic cretinism is highly prevalent? Can iodine deficiency, which may lead to cretinism, also cause less obvious intellectual deficiencies? What time factors are involved in the effects of iodine deficiency on intellectual development? These questions are particularly important when we consider that areas of endemic cretinism usually harbor, in addition to iodine deficiency, protein-calorie malnutrition, cultural deprivation, and adverse socioeconomic and sanitary conditions.

The study presented here is part of a program to prevent goiter by the administration of iodized oil in an endemic area of rural highland Ecuador (8, 9). It was designed to evaluate the role of iodine in intellectual development in areas of endemic goiter, i.e., the role of iodine in *endemic mental retardation*, including both obvious and more subtle degrees of mental retardation.

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Several general observations indicated to us the need for such a study. We carried out an epidemiologic inventory of the total population of eight rural villages in those provinces of the Ecuadorean Andes which are most affected by goiter (3, 7, 10, 11), and demonstrated a close relationship between the severity of the endemic and the incidence of cretinism. In that survey we regarded mental deficiency as the most distinguishing feature of the cretin. To support this diagnosis, we required that mental deficiency be obvious to the examiners and be confirmed by the manner in which the subject lived in relation to the rest of the community. By this we mean that his family would consider him incapable of performing the normal activities of the average inhabitants of his village, such as agricultural tasks and minor crafts. This criterion was employed because many residents of these communities exhibit a degree of simplicity and naivete in comparison with urban dwellers. The surveyors had the strong impression that rather than two absolute and discrete conditions, there was a continuum in levels of intelligence from "normal" subjects to those diagnosed as cretins.

The present study is presented as additional support for such a continuum. It is based on studies of two groups of subjects in two of the previously studied communities, Tocachi and La Esperanza. These were done on a "defective group" of 77 persons ranging from 9 to 60 years of age, including almost everyone who had obvious abnormalities in walking, speech, hearing, and mental capacity, separately or combined, and a "normal group" of 50 adults chosen at random or by intention, including local leaders, artisans, farmers, and servants. In these two groups intelligence was scored by

using adaptations of the Gesell, Leiter, and Binet-Simon tests, the first two for the subject who was deaf or mute (12). By the Stanford-Binet classification (13), the "defective group" scored in the idiocy, imbecility, mental weakness, and borderline defective categories. The "normal group" scored in the mental weakness, borderline defective, low average, normal, and high average categories. Thus, overlapping was found between the "defective group" and the "normal group" when they were compared in terms of mental age and IQ's (Table 1). The results indicated also that in these communities a significant percentage of the "normal" population could, in fact, be classified as mentally weak or borderline defective. Nevertheless, there are inherent difficulties, which we recognize, in any direct comparison of these IQ values with those obtained in another culture.

Two periods during embryogenesis are important in considering the effects of iodine deficiency on intellectual development. One is the first 8 weeks of gestation, when the central nervous system begins to form and develop (14). The other is the initiation of fetal synthesis of thyroid hormones, which occurs at about the 12th week of intrauterine life (15).

In the present study we were aware that intelligence is an elusive entity and that under any conditions intelligence tests are only estimates of mental capabilities. Furthermore, assessment of intellectual capacity presents

additional problems when one is working across cultural barriers among persons largely deprived of educational opportunities and for whom social contacts are limited or virtually nonexistent.

SUBJECTS AND METHODS

This study was conducted in Tocachi and La Esperanza, two remote and entirely comparable neighboring rural Andean communities (8). Severe chronic iodine deficiency, protein-calorie malnutrition, and a high prevalence of goiter and cretinism are the most important characteristics of these Spanish-speaking villages.

In March 1966, every person in Tocachi was injected with iodized oil. In December 1968, all women of childbearing age were reinjected and all children born after 1966 were injected. La Esperanza remained the control village. Details of this iodine supplementation program and of ongoing studies have been reported elsewhere (8, 9, 16-18).

The children born in Tocachi during the seven-year period of the study were divided into two groups:

Tocachi Group 1: Children in whom correction of iodine deficiency occurred between the fourth to seventh month of fetal life directly by intramuscular injection of the mother.

TABLE 1. Distribution of "defective" and "normal" persons from Tocachi and La Esperanza, Ecuador, by IQ's in the Stanford-Binet classification.*

| Intelligence quotient (IQ) | Defectives (No.) | Normals (No.) | Classification (Stanford-Binet) |
|----------------------------|------------------|---------------|---------------------------------|
| 0-19 | 35 | | Idiocy |
| 20-49 | 40 | | Imbecility |
| 50-69 | 1 | 9 | Mental weakness |
| 70-79 | 1 | 22 | Borderline defective |
| 80-89 | | 5 | Low average |
| 90-109 | | 13 | Normal or average |
| 110-119 | | 1 | High average |

*Terman, L. M., and M. A. Merrill, *Stanford-Binet Intelligence Scale*, Houghton Mifflin Company, Boston, 1962.

Tocachi Group 2: Children in whom iodized oil prior to conception

The children from La Esperanza, in whom received iodine, were grouped

La Esperanza Group 1: Children matched by age and sex with one child in Tocachi Group 1. A particular child in Tocachi Group 1 was used.

La Esperanza Group 2: Children matched by age and sex with one child in Tocachi Group 2. A random selection when n

The principal test used was the Stanford-Binet Intelligence Scale. The adaptation involved picture vocabulary with local characters for ages 2 through 9 years was translated into Spanish by a Peruvian physician who had worked in Tocachi and La Esperanza for more than 10 years. He had a good knowledge of the habits, and speech patterns. The children tested were at least 36 months old. The Stanford-Binet items for the 2-year children, three were from Tocachi Group 1, one from Tocachi Group 2, and three from La Esperanza Group 1, and three

TABLE 2. Number of persons in each group

| Group |
|----------------------|
| Tocachi Group 1 |
| La Esperanza Group 1 |
| Tocachi Group 2 |
| La Esperanza Group 2 |

*Spiegel, M. R. *Statistical Methods*

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|------------------------------------|
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| Mental weakness |
| Borderline defective |
| Low average |
| Normal or average |
| High average |

Intelligence Scale, Houghton

Tocachi Group 2: Children of mothers given
iodized oil prior to conception.

The children from La Esperanza, none of
whom received iodine, were grouped as follows:

La Esperanza Group 1: Children pair-
matched by age and sex, one for each
child in Tocachi Group 1. When more
than one child was available to match a
particular child in Tocachi, random selec-
tion was used.

La Esperanza Group 2: Children pair-
matched by age and sex, one for each
child in Tocachi Group 2, again with
random selection when necessary.

The principal test used was an adaptation of
the Stanford-Binet Intelligence Scale (13). The
adaptation involved picture recognition and
vocabulary with local characteristics. The tests
for ages 2 through 9 years were adapted and
translated into Spanish by a team of Ecu-
adorean physicians who had worked in Tocachi
and La Esperanza for more than 10 years and
had a good knowledge of the villages’ customs,
habits, and speech patterns. All the children
tested were at least 36 months of age, but some
failed to successfully complete all the Stan-
ford-Binet items for the 2-year level. Of these
latter children, three were from Tocachi Group
1, one from Tocachi Group 2, four from La
Esperanza Group 1, and three from La Espe-

ranza Group 2. For them, items from the Catell
Infant Intelligence Scale were used to establish
the baseline at which all test items could be
completed successfully. Once established, this
baseline was used for scoring in the same
manner as the baseline established with the
Stanford-Binet items. Other details of the
methods used in this study have appeared in
three preliminary reports (19-21).

A total of 216 children were tested: 103 (60
males and 43 females) in the treated village,
Tocachi, and 113 (57 males and 56 females) in
the control village, La Esperanza. Only children
who manifested appropriate behavior during
examination were included. We rejected those
who refused to cooperate at any time during
the test. These consisted of five from Tocachi
Group 1, two from Tocachi Group 2, and
eleven from the two La Esperanza groups. Most
of these rejected children were reexamined one
year later (five in Tocachi Group 1, two in
Tocachi Group 2, and eight in the La Esperanza
groups). Also rejected were one boy and one
girl (twins), on the grounds of extremely poor
physical condition and severe malnutrition;
they would have belonged to Tocachi Group 2.

RESULTS

As shown in Table 2, the mean IQ score in
Tocachi Group 1 was 71 and in La Esperanza

**TABLE 2. Number, sex, mean IQ scores and range, SD and “Z” Test* value
of p of the children tested from Tocachi and La Esperanza.**

| Group | Number | | IQ Mean value (range) | SD | “Z” Test Value of p |
|----------------------|--------|----|--------------------------|------|------------------------|
| | M | F | | | |
| Tocachi Group 1 | 24 | 16 | 71.72 (41-101) | 14.6 | No sig. |
| La Esperanza Group 1 | 26 | 24 | 69.16 (42-105) | 13.3 | |
| Tocachi Group 2 | 36 | 27 | 83.66 (55-105) | 13.4 | p < 0.002 |
| La Esperanza Group 2 | 32 | 31 | 72.74 (40-105) | 14.0 | |

*Spiegel, M. R. *Statistics*. McGraw-Hill, Mexico City, 1970, 169 pp.

Group 1 it was 69. This difference was not significant. In Tocachi Group 2 the mean IQ value was 83, and in La Esperanza Group 2 it was 72, a highly significant difference ($p < 0.002$).

Since children with IQ scores below 70 are considered mentally retarded, many children in both villages must be regarded as mentally defective (Table 3). However, only 9.5 per cent of the children in Tocachi Group 2 scored in the mentally defective range. Furthermore, in this group there were no children scoring below 50, the range corresponding to idiocy-imbecility. The lowest IQ's in Tocachi Group 1, La Esperanza Group 1, and La Esperanza Group 2 were 41, 42, and 40, respectively. Not a single subject had an IQ below 20, the range corresponding to idiocy. The highest IQ was 105, found in children belonging to Tocachi Group 2 and in both La Esperanza groups.

When the distribution of IQ scores of each group is charted (Figure 1), the curves of Tocachi Group 1 and of both La Esperanza groups tend to be skewed in the direction of mental deficiency, while the curve of Tocachi Group 2 has a clear tendency toward normal.

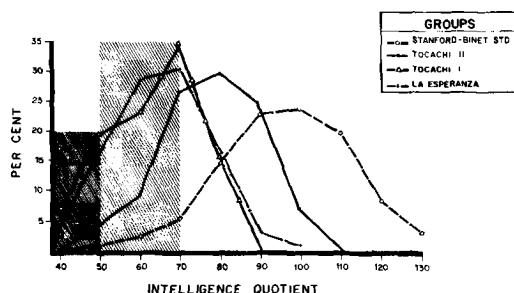
DISCUSSION

Three facts emerge from our findings: 1) The general performance of the children was poor. 2) The spectrum of intellectual capacity was wide, covering practically all mental categories. 3) The children in whom chronic iodine deficiency was corrected prior to conception showed less intellectual impairment.

TABLE 3. Distribution of IQ scores for each group of children tested from Tocachi and La Esperanza.

| IQ | Tocachi Group 1 | | La Esperanza Group 1 | | Tocachi Group 2 | | La Esperanza Group 2 | | Classification Stanford-Binet |
|--------|-----------------|------|----------------------|------|-----------------|------|----------------------|------|-------------------------------|
| | No. | % | No. | % | No. | % | No. | % | |
| 90-109 | 4 | 10.0 | 3 | 6.0 | 21 | 32.8 | 10 | 15.8 | Normal or average |
| 80-89 | 9 | 22.5 | 7 | 14.0 | 20 | 31.7 | 9 | 14.2 | Low average |
| 70-79 | 11 | 27.5 | 15 | 30.0 | 16 | 25.3 | 22 | 34.9 | Borderline defective |
| 50-69 | 13 | 32.5 | 21 | 42.0 | 6 | 9.5 | 19 | 30.1 | Mental weakness |
| 0-49 | 3 | 7.5 | 4 | 8.0 | — | — | 3 | 4.7 | Idiocy and imbecility |

FIGURE 1. Distribution of IQ scores within each of the study groups from Tocachi and within the combined groups from La Esperanza.



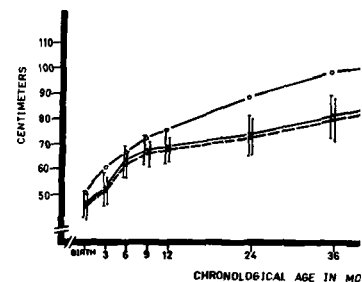
Note: The Stanford-Binet standard is given for comparison. The darkly shaded area corresponds to the "idiocy-imbecility" category, the lightly shaded to "mental weakness."

We have presented elsewhere the limitations of the methods of intellectual assessment used in this study (19, 20). Nevertheless, there are good reasons for believing that the poor general performance of the children did not reflect difficulty in comprehension of the test beyond that expected from their low intelligence. More than 70 per cent of the children comprehended the tests and completed them satisfactorily. A greater number of children in Tocachi Group 2 performed the tests successfully. Furthermore, the results obtained in the children were quite similar to those found in adults of the same communities, except that defective adults had lower IQ's than the lowest IQ's found in children. This might be partly explained by the severely deprived conditions under which the mentally retarded live in these communities (21, 22).

The poor general intellect of these children, including even Group 2, may be considered in nutritional and environmental terms. They live in communities in which their daily diet does not reach 1,900 mg of animal proteins. These conditions have been worsening for generations (23). The development of children from retarded in relation to that of children from developed countries is illustrated in Figures 2 and 3.

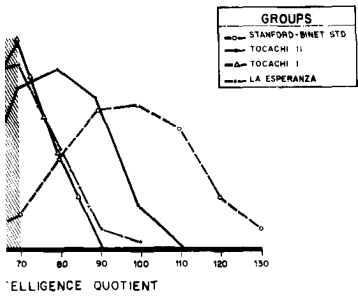
Additional understanding of the retardation occurring during the growing period can be gained from a consideration of growth. This measure is not constant in children. Increments in growth vary with age. Height increases rapidly during the first 9 months, followed by a period of deceleration. At age 9, at which time it accelerates again, adolescence. As illustrated in Figure 2, a marked difference can be noted on comparing the growth curves of Tocachi and La Esperanza children with the curve established by Wilkins for American children. Not only is the growth of Ecuadorean children generally slower, but the deceleration stage is more protracted. This critical period from the first to the second year of life. In this period, growth is governed by genetic factors but by environmental ones as well (24). The retardation of life and particularly during the

FIGURE 2. Height (mean \pm standard deviation) from birth to 5 years, of children born in Tocachi and La Esperanza during 7-year period of



Note: Comparative values for United States are taken from Nelson (25).

Distribution of IQ scores within each group from Tocachi and within the groups from La Esperanza.



Stanford-Binet standard is given for the darkly shaded area corresponds to the "normal" category, the lightly shaded to "borderline" category.

Presented elsewhere the limitations of the use of intellectual assessment used (19, 20). Nevertheless, there are reasons for believing that the poor general performance of the children did not reflect a lack of comprehension of the test beyond that from their low intelligence. More than 90 percent of the children comprehended the test and completed them satisfactorily. A large number of children in Tocachi Group 2 completed the tests successfully. Furthermore, the results obtained in the children were quite similar to those found in adults of the same age, except that defective adults had lower IQ's than the lowest IQ's found in children. This might be partly explained by the retarded conditions under which the children lived in these communities.

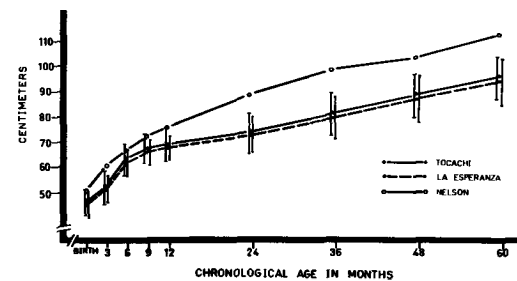
Children tested from

| La Esperanza Group 2 % | Classification Stanford-Binet |
|------------------------|-------------------------------|
| 15.8 | Normal or average |
| 14.2 | Low average |
| 34.9 | Borderline defective |
| 30.1 | Mental weakness |
| 4.7 | Idiocy and imbecility |

The poor general intellectual performance of these children, including even those of Tocachi Group 2, may be considered in relation to their nutritional and environmental circumstances. They live in communities in which the average daily diet does not reach 1,900 calories. Consumption of animal proteins is minimal (8). These conditions have been progressively worsening for generations (23). The physical development of children from both villages is retarded in relation to that of well-nourished children from developed countries (24, 25), as illustrated in Figures 2 and 3.

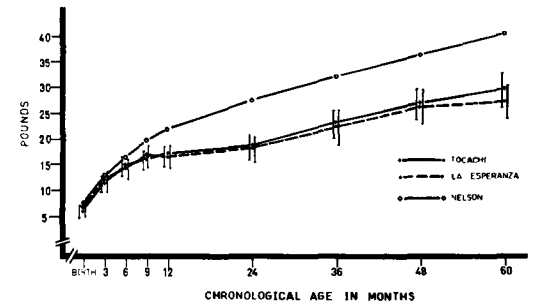
Additional understanding of the changes occurring during the growing period can be gained from a consideration of growth rates. This measure is not constant in the child, since increments in growth vary widely with age. Height increases rapidly during the first year, followed by a period of deceleration until age 9, at which time it accelerates again with adolescence. As illustrated in Figure 4, a great difference can be noted on comparison of the curves of Tocachi and La Esperanza with the curve established by Wilkins (25) for North American children. Not only is the rate of the Ecuadorean children generally slower, but the deceleration stage is more pronounced in the critical period from the first to the third year of life. In this period, growth is governed not only by genetic factors but by nutritional and environmental ones as well (26). During fetal life and particularly during the first two years

FIGURE 2. Height (mean ± standard deviation) from birth to 5 years, of children born in Tocachi and La Esperanza during 7-year period of study.



Note: Comparative values for normals in the United States are taken from Nelson (24).

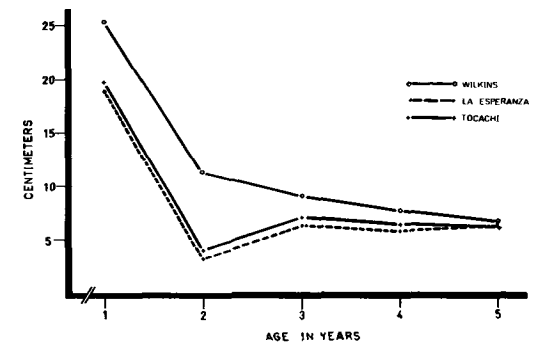
FIGURE 3. Weight (mean ± standard deviation) from birth to 5 years, of children born in Tocachi and La Esperanza during 7-year period of study.



Note: Comparative values for normals in the United States are taken from Nelson (24).

of postnatal life, nutritional factors have important physical, chemical, and functional effects on the human brain (27-30). Severe limitations during this period lead to exaggerated responses to certain stimuli, poor ability to extinguish responses, and decreases in cognitive and perceptual development. Perhaps a great deal more could be said if one could determine the effects of alienating forces, such as cultural deprivation and the precarious physical and emotional condition of the family, on the total development of the child. Some of these factors are explored in the studies of Cravioto *et al.* on rural Mexican children (31).

FIGURE 4. Annual increment of height from birth to 5 years of males born in Tocachi and La Esperanza during 7-year period of study.



Note: Comparative values for normals in the United States are taken from Wilkins, L. A., *Diagnosis and Treatment of Endocrine Disorders in Childhood and Adolescence*, C. C. Thomas, Springfield, Ill., 3rd ed., 1961.

In this study we noted levels of intelligence that ranged from normal to the obviously retarded with IQ's below 50. If, by convention, we define endemic cretins as those with a mental capacity at the idiocy-imbecility level, we can state that correction of iodine deficiency before conception prevents endemic cretinism. On the other hand, correction of iodine deficiency after the third month of intrauterine life appears to have no effect on future intellectual ability, at least under the conditions of our field trials. This suggests that the mental development of a child may be dependent on maternal thyroid function during embryogenesis or perhaps, as a working hypothesis, that it may be related to an extrathyroidal action of iodine on the development of the central nervous system during early embryogenesis. Possibly maternal thyroid function may be important to adequate placentation.

Endemic cretinism has not been reported in areas where, despite severe chronic iodine deficiency, the diet is adequate or in places where, despite severe protein-calorie malnutrition, the iodine supply is adequate. The present work indicates that iodine deficiency is a necessary condition for the appearance of endemic cretinism in a community. Whether it alone is a sufficient condition for endemic cretinism cannot be answered at present.

Even in Tocachi Group 2, a significant number of children showed mental retardation. This suggests that factors other than iodine deficiency play a role in their intellectual development. When intellectual deficiency persists in areas of endemic goiter after correction of iodine deficiency, other causes should be searched for, particularly protein-calorie malnutrition.

SUMMARY

This study assesses the effects of prenatal iodine administration on intelligence in children from an iodine-deficient area of rural Ecuador.

In one village, Tocachi, all inhabitants were injected with iodized oil in 1966. Two years later, all children born since 1966 were injected and all women of childbearing age were re-injected. A neighboring village, La Esperanza, provided untreated controls. The children of Tocachi were divided into two groups: Group 1 had been exposed to adequate iodine supply beginning at the fourth to seventh fetal month, while in Group 2 adequate iodine had been available from the moment of conception. The children of La Esperanza were divided into two groups to correspond chronologically with those of Tocachi. An approach to intellectual assessment was conducted, using the Stanford-Binet Intelligence Scale as modified by the authors.

The mean IQ values for Tocachi Group 1 and for the two groups from La Esperanza ranged from 69 to 73, with no significant differences. Group 2 from Tocachi had a mean value of 84, which was significantly greater than its control group in La Esperanza ($p < 0.002$). In Tocachi Group 2, no child had an IQ below 50, in contrast to the other three groups.

If cretins are defined as subjects with mental capacities at the idiocy-imbecility level (i.e., obvious mental retardation), provision of adequate iodine supplies from the time of conception onward appears to prevent endemic cretinism.

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e, Tocachi, all inhabitants were iodized oil in 1966. Two years after born since 1966 were injected. The children of childbearing age were re-examined in the neighboring village, La Esperanza, as treated controls. The children of the village were divided into two groups: Group 1, exposed to adequate iodine supply from the fourth to seventh fetal month, and Group 2, where adequate iodine had been present from the moment of conception. The children of La Esperanza were divided into two groups: Group 1, which correspond chronologically with the Tocachi. An approach to intellectual development was conducted, using the Stanford-Binet Intelligence Scale as modified by the

IQ values for Tocachi Group 1 and Group 2 were 69 to 73, with no significant difference between the two groups. In Group 2 from Tocachi had a mean IQ of 75, which was significantly greater than the control group in La Esperanza (p < 0.05). In Tocachi Group 2, no child had an IQ below 70, in contrast to the other three

groups defined as subjects with mental retardation (i.e., below the idiocy-imbecility level (i.e., below the level of mental retardation), provision of iodine supplies from the time of conception forward appears to prevent endemic

ACKNOWLEDGMENTS

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DISCUSSION

Dunn: I think this study is very important, because it shows that with iodine deficiency the population is not sharply divided between obvious cretins and completely normal subjects, but there seem to be many gradations between these two. Thus the whole population is at risk for some impairment of intellectual function. The economic consequences of this to a community must be enormous. Dr. Bautista has been doing a somewhat similar study in a village in Bolivia with severe iodine deficiency, and he has found mean scores on the Stanford-Binet test of approximately 70-75, as you have. Finding a culture-free test of intelligence is an old problem, and there are certainly many difficulties in comparing test scores of isolated rural populations with those of North American urban children. This does not affect the use of this test for comparative purposes within a community, but I think it is less certain that a score of 70 implies the same degree of mental deficiency in rural Ecuador that it does in urban United States. The Bolivian study will attempt to correlate the Stanford-Binet with the Bender-Gestalt, class rankings by the teachers, and probably an analysis of the subsets in the Stanford-Binet testing; and perhaps from all this Dr. Bautista will be able to tell us which measures are the most valuable for grading intelligence in these cultures.

Finally, I wonder if you can tell us whether iodine given between conception and the fourth

month of gestation affects later IQ scores. This would help to pinpoint the time at which iodine is most critical.

Fierro: We did try dividing our data into several other groups and found no differences. The only improvement was in the children exposed to adequate iodine from the moment of conception.

Perinetti: The original studies in school-children in Mendoza before iodization did not show a decrease in intellectual capacity, height, or weight in comparison with nonendemic regions. Perhaps the difference is that some of the other factors described by Dr. Fierro, such as malnutrition, were not present.

Pretell: In our experience in Peru, iodine deficiency may be associated with impaired intellectual capacity but does not seem to affect height or weight. This is our conclusion from data on children followed for five years after injection of iodized oil, when compared with uninjected controls from the same community. We do note growth retardation when compared with the American standards, but the growth rate is the same as that of noniodine-deficient Peruvian population from the coast. We thus would attribute this to a population standard and not to iodine deficiency or its correction. Also, from very careful anthropometric measurements, we do not find malnutrition to be a contributing factor.

IODINE DEFICIENCY

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Dietary deficiency of iodine sequence, endemic goiter, con of the most extensive prob malnutrition in the world. In American countries, endemic been recognized as a severe problem, with the most affected Andean region of Ecuador (1), Bolivia (4). Nevertheless, little been paid to the implementation programs for prophylaxis and indeed, the prevalence of endemic have worsened during the past decades. World Health Organization has endemic goiter a relatively low priority attention, chiefly because the disease on development in the born periods have not been well

The association of endemic endemic goiter is well recognized increases the importance of because it has adverse effects on ment of the community. The incidence rate among cretins may be quite who survive into adulthood and degrees of physical or mental impairment severely limits their value to the community.

Querido has strongly advanced thesis that the prevalence of cretins to the severity of iodine deficiency

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