

villages that had more than 90% of the tubewells contaminated. No contamination was found in 41 (8%) villages.

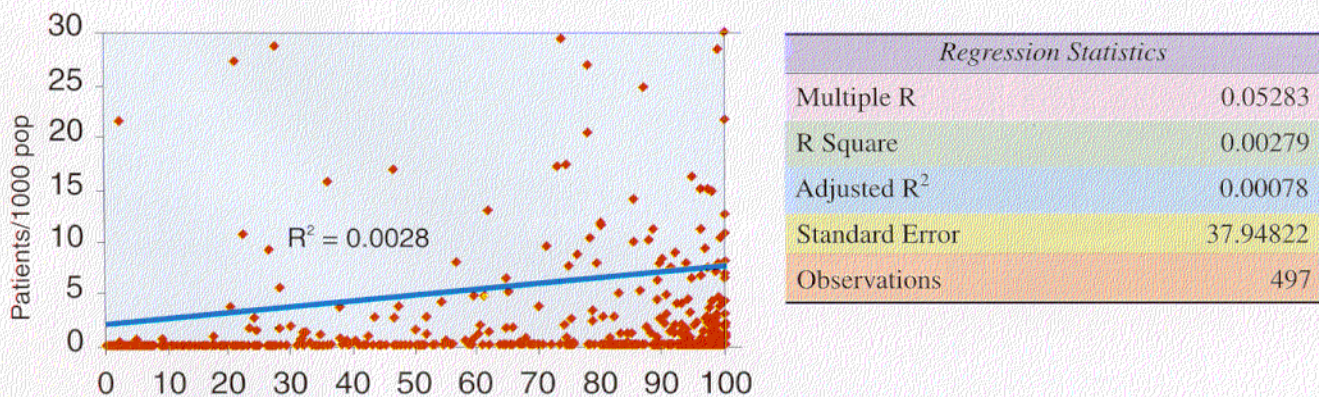
4.5 Patients

Patients were identified only by inspecting visible symptoms. The prevalence rate of 2.8/1000 population even by this method is perturbing. The actual number may rise significantly as many people affected by arsenic may not manifest visible symptoms. About 56 percent of the total population surveyed are drinking from contaminated tubewells, but are not showing any visible signs of arsenicosis. In 46 villages all the tubewells were found to be contaminated, but no patients were identified. Overall, there seems to be little correlation ($R^2 = 0.003$) between percentage of contaminated tubewells and number of patients (Fig. 1).

The first phase of the survey found 163 children under 14 who showed visible signs of arsenicosis. This indicates that children are also susceptible to developing arsenicosis, and requires immediate investigation.

Overall, 59% of the patients were male. About 34% of the patients were female. This shows a gender bias among the patients. However, this may be established only after conducting additional confirmatory tests. It is possible that women were reluctant to be examined by male medical workers who tried to identify patients by visual inspection. On the other hand, it is possible that men consume more water as they work outdoors and thereby have a larger total intake of arsenic.

Fig. 1. TW contamination vs. number of patients



Note: patients identified by visible signs only