SOCIO-ECONOMIC PROBLEMS OF CANCER PATIENTS

USHA BHATT

The Indian Cancer Society,
Hospital Avenue, Parel, Bombay 12.

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First Published April 1963

Printed by : Sri K. A. Raman, at Saxon Press, Bombay 1
Published by : Dr. D. J. Jussawalla, for the Indian Cancer Society, Parel, Bombay 12

Price Rs. 2.50

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Foreword

"Seek and Ye shall find"

The basic function of a Rehabiliation Service is self-evident, but it needs to be stressed that the accent should be on "service from all the known angles". A fragmentary picture must not emerge from the shooting end for too long. Total rehabilitation should always be the ultimate goal and this end result should be achieved within a reasonable period of time, and well before the first Cosmonaut prepares to land on Mars!

Justice delayed, they say, is justice denied. This is equally true of rehabilitating the sick, and truer still when applied to the cancer victim, who needs whole hearted help in many ways, beyond the call of duty as laid down in the Hippocratic Oath.

When one has faced cancer patients across the table for over two decades, it becomes increasingly easy to gloss over the psychological and social trauma each new patient has to face, in addition to the physical torture he has to bear from the rigours of cancer.

The rural patient is often bewildered and bemused, and generally over-awed by a strange and cold city. He has difficulties, that he knows will not interest a busy doctor. The unfortunate fact remains that these miserable and frightened people have many a complaint which does not seem to fall within the province of the specialists usually found in a cancer centre.

Routine acceptance of misery often dulls the "conscience" of Hospital staff members, and prevents them from finding the time, or registering the emotions, so necessary for obtaining the solution of a disturbing problem, and especially one so full of blind alleys and unmetalled roads.

To give adequate help, however, one has first of all to know what type of aid to offer.

This effort has now been made by the Indian Cancer Society's Rehabilitation Unit, the very formation of which in 1960, was the first step in the overall plan evolved by us to find a way out of the problems, that have now been revealed as it were, straight from the horses' mouth.

Dr. Miss Bhatt has spent a fruitful year, interviewing patients with patience, diligence, and care, and this brochure will serve to show how far we have achieved the goal for which we set out originally in 1961, full of zeal and fire.

We sincerely hope that this Service, organised by us at the Tata Memorial Hospital, will fulfil in full measure the role indicated by the title, and that we shall find it possible to totally rehabilitate the unfortunate cancer patient, during, after, and way beyond the active treatment phase of the disease.

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Introduction

There is always a challenge when venturing into the unknown. Several years ago we began to wonder what form of occupational therapy, if any, was needed by patients suffering from cancer. We did not know enough, nor could we get any definite information on the subject, beyond some likely guesses and suppositions. Out of this "wondering" has developed, by courtesy of the Superintendent of the Tata Memorial Hospital and the co-operation of the Clinical staff, a project of the Indian Cancer Society, concerning Rehabilitation of the Cancer Patient, which is reported in the pages that follow.

Initially, the Indian Cancer Society sponsored a small Occupational Theray Unit at the Tata Memorial Hospital, utilising the help of senior students from the Nagpur Occupational Therapy School, who did this work as a part of their clinical training programme. This effort soon developed into a full-time service with a staff occupational therapist; but it soon became evident that cancer patients were also in need of physiotherapy; hence a physiotherapist was added to the group.

Then we came across personal problems of patients involving social welfare, economic distress in the family, and psychological difficulties, of which we did not know enough. The more we delved in these matters the more obvious it became, that there was first of all the need to know of the difficulties besetting a cancer patient in India, and of the socio-economic impact on such a person's family. So a third staff member had to be added to the two already working for us, Dr. Miss Usha Bhatt, who joined us as a medico-social research worker in 1961,

This investigation has been done with great care by Dr. Bhatt, and she has had the full co-operation of the other two members of the Rehabilitation Unit. It may be considered a rather small sample, but we believe that it clearly indicates the lines along which rehabilitation work should be developed in future, if we are to give the comfort and assistance to our cancer patients that they deserve.

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in Occupational Therapy & Rehabilitation.

CHAPTER I

Nature of the Problem

Cancer is one of the most challenging and baffling diseases man has had to face through the ages. Although of ancient vintage, it is one of the scourges yet to be conquered, despite the great advances made in medicine and surgery. It often creeps in silently and stealthily, and the victim becomes aware of its presence only after it is firmly established. Fortunately, adequate knowledge of the basic facts about cancer can lead to early detection; and radiation, surgery and chemotherapy can then check the disease, if not cure it completely. Every day new drugs and techniques are being evolved and knowledge of various aspects of the disease is increasing rapidly. One hopes that medicine will soon be in a position to remove its deadly sting and reduce it to the category of a preventable and curable malady.

The medical aspects of the disease are known to-day. But the social economic and psychological impacts have not yet caught the attention of social service groups or the medical profession. It has so far been customary to take into consideration only the medical or physical aspects of a disease, and only recently have doctors come to realize that every illness has a psychological background as well. It is essential to consider the effects of local customs and traditions on the psychology of every patient, as well as the attitude society takes towards such a person and his or her disease.

In India, the foundation of the Tata Memorial Hospital in 1941 by the Sir Dorab Tata Trust marked the first milestone in the fight against cancer. Since 1951, people in our country have become more cancer-conscious than they were ever before, because of the publicity and propaganda carried out by the Indian Cancer Society, through pamphlets, journals, posters, exhibitions, seminars and talks. With the establishment by the Society, of two detection centres in Bombay, and a number of treatment centres and hospitals in other towns, a reduction in the mortality rate of cancer will soon be noticed.

We have made an attempt to study the socio-economic problems of cancer patients. To many, they may appear superfluous, but a knowledge of these vital hidden aspects tends to make the picture of the disease clearer and more comprehensive. Human life is an integrated whole. Although to obtain detailed knowledge, we may minutely analyse only one aspect of a problem at a time, it is only when we consider it as a whole that we get a clear perspective. We are otherwise apt to lose sight of the main objective. Analysis and synthesis are both necessary for the solution of complex matters.

We know a few facts about cancer - that it is one of the great killers; that more often it affects those on the wrong side of forty; that it is a form of abnormal growth of body cells; that it is not contagious in the normal sense of the word; that tobacco and industrial fumes are likely to make the respiratory system and the upper gastro-intestinal tract more susceptible to the disease; that its site varies according to individual habits and environment; and that it is a disease which often creeps in slowly and stealthily. There are, however, many questions yet unanswered. Amongst others, we do not yet know the reactions of the patient or his family and friends to the diagnosis of cancer; we do not know about its impact on the activities of daily living, on the social life of the patient, on his job, and on his future outlook on life itself. A cancer victim is not merely a person with a diseased body. He is also an individual with a family and friends. He has a physical disease that can be treated by the doctor, but he also has attitudes and aptitudes, interests and instincts, hopes and dreams of the future which are all affected by the malady. The usual human problems are involved, fear of losing a job, uncertainty of acceptance by one's family and friends; concern about the future of near and dear ones. These common problems of life are greatly intensified by the onset of cancer.

The very word 'cancer' spells disaster and ruin to most people. They tend to become paralysed with fear and panic. Very few can accept the disease lightly and calmly. Most patients have need of consolation, assurance, help and guidance in living within the limitations imposed by the disease even after treatment by surgery or radiation. Time is a great healer but social workers and religious faith can also help the patient in accepting the disease. There are some patients who cannot withstand the shock of knowing that they have cancer, and are apt to behave abnormally afterwards. Others prefer to know the truth rather than grope around in the insecurity of an uncertain diagnosis.

How does the man in the street react to a cancer patient? Pity and fear often mingle with each other, when he hears of such a patient. In India one yet asks "why" a man suffers from a disease. Our people, especially if illiterate, are more interested in the supernatural, and in religious dogmas than in scientific facts. The belief in Karma – (the patient suffers from cancer because of his misdeeds, either in this life or in a previous existence) – has conflicting impacts on the personality of the patient, and his family and social circle. It facilitates acceptance of the disease by the patient, but it makes the acceptance of such a patient by society, more difficult. The disease may affect his marital life, his work, his interests and his daily routine.

He has yet another factor to face, the economic problem. How many cancer patients can retain their jobs after the onset of the disease, and if so, for how long ? If they are unemployed, how can they maintain themselves ? What help do they need? How much do they spend on their disease? These economic implications can be quite serious.

Then other questions arise. Why do patients come so late to the hospital ? Is it because of ignorance, or due to a wrong diagnosis by their family physician, or is it because of lack of diagnostic facilities in their home-towns ? From what parts of the country do they come for treatment to Bombay ? Where do they stay during the period of treatment ? What habits might have led to cancer ? How many return for a regular check-up ?.

This study deals with all the problems mentioned above. Statistics and planning go hand in hand. In order to have better facilities for cancer patients it is necessary to know the type of aid needed, and the volume in which it is required. The super-structure of service cannot be built without the foundation of statistics. Statistical analysis has helped us to establish cancer detection centres, as, nearly 50 per cent of patients seeking help at the Tata Memorial Hospital to-day, are found not to have cancer, and merely come for a check-up.

This is the first study of its kind in India, and as such, may suffer from limitations common to work in an unchartered field. Another draw-back is the very fact that it is a social study. It thus lacks the exactitude of a scientific laboratory investigation. The results of a social study can only point to a probability, there can never be any certainty about them. However one may try, the qualitative aspect of human personality, cannot be reduced to mere tabulations and figures.

This information was collected by interviewing patients, by talking to their relatives, and through home visits and correspondence, after the patients had left the hospital. The medical data were gathered from the case charts and verified at follow-up examinations. The information about ward-patients is more comprehensive, as they could be interviewed more than once, and as their stay at the hospital made it possible to establish a closer rapport with them than with the out-patients, most of whom were interviewed only once. With the exception of a few, in most cases a follow-up study was maintained either through home visits, correspondence, or personal contacts at the Hospital, when these patients returned for a medical check-up.

CHAPTER II.

General Information

The following classification of the 500 cases interviewed, was made according to the type of cancer found.

Refer Table I. (Annexure)

Out of 500 cases only 418 (83.6%) were confirmed pathologically as having cancer. The remaining 82 cases (16.4%) were only suspected of having cancer but were ultimately found to have benign tumours or other non-cancerous conditions.

Cancers of the oral cavity, oropharynx and hypopharynx were of commonest occurrence. They accounted for 20.5 per cent of the total and 24.5 per cent of the cancer cases. In the report from the Tata Memorial Hospital (from 1941 to 1957) also, cancers in this location had the highest incidence. But in the Hospital report they accounted for nearly 50 per cent of the cases, whereas in this sample they acccounted for 20.5 per cent only. This discrepancy may be attributed to the fact that we had a lesser number of out-patients in this survey. According to sex, 30 per cent of the males and 16 per cent of the females had cancers in this region. Cancer of the oesophagus accounted for 11 per cent of the total number and nearly 13 per cent of the cancer cases. 10 per cent of the males and 7 per cent of the females had cancer of the oesophagus. In the Hospital report this site accounted for nearly 8.8 per cent of all cases. Here there is a similarity to the Hospital report, because many patients with cancer of the oesophagus need surgical treatment and have to be admitted as in-patients. (Out of a total of 3505 oesophageal cancer patients treated at the Hospital up to 1957, only 125 had radiotherapy as out-patients. Cancers of the stomach, colon, rectum and anal canal were found in 8.8 per cent of the total number and in nearly 10 per cent of the cancer cases in this survey. 3 per cent of the males and 7 per cent of the females had cancers at these sites. In the Hospital report, such cases accounted for only 4 per cent of the total. Cancers of the breast accounted for 9.8 per cent of our total and nearly 12 per cent of the cancer cases. In the Hospital report this site accounted for 7 per cent of the total and 20 per cent of the female cases. In this sample it accounted for 27 per cent of the female registrations. Cancer of the cervix etc. accounted for 12.5 per cent of the total and 14 per cent of the cancer cases in this survey. It accounted for nearly 35 per cent of the total of 178 females having cancer. This figure approaches the Hospital percentage

of 40. Cancer of the penis etc., accounted for 3.8 per cent of the total number seen and nearly 5 per cent of the cancer patients. In the Hospital report it accounted for nearly 3 per cent of the cancer cases. Of the total number 2.8 per cent, and of the cancer patients in this study nearly 3 per cent, had leukemia and allied conditions. In the Hospital report they accounted for about 2 per cent of the cancer cases. Cancers of the bones and soft tissues accounted for 6.6 per cent of our total number and nearly 8 per cent of the cancer cases. In the Hospital report they accounted for about 2 per cent of all the cases. Cancer of the skin and cancer of the lung accounted for nearly 1 per cent and 1.5 per cent of cancer cases in this survey respectively. In the Hospital report also, both these conditions were found to be infrequent and accounted for a little over 1 per cent of the cancer cases. Cancers of the kidney and bladder accounted for nearly 2 per cent of the 418 patients in this study. In the Hospital report their incidence was found to be a little over 0.5 per cent. Cancer of the larynx accounted for 3.2 per cent of the total and nearly 4 per cent of the cancer cases in this series. Cancer of the thyroid accounted for nearly 1 per cent of the cancer cases interviewed whereas in the Hospital report its incidence was reported to be 0.5 per cent.

This sample thus seems to be fairly representative of the various types of cancers seen.

Refer Table II (Annexure)

The ratio between outdoor and indoor patients is 2:3. Fewer out-patients were interviewed because less than 50 per cent of patients attending the Hospital to-day are found to have cancer. Out of a total of 75,887 cases registered at the Tata Memorial Hospital from 1941 to 1957, only 40,402 (53%) had proved cancer; whereas of 9,136 cases registered during the year 1960, a mere 4,014 (44%) were classified as cancer patients. It was also felt that ward patients had a greater need of having someone to talk to, than the out-patients, in order to inspire confidence and to make their hospitalization more acceptable. There is not much difference between the number of males and females interviewed in the wards. This may be attributed to the equal number of beds in the male and female wings. For the out-patients however, the sex ratio was different because patients were picked at random. Of the total number, 54.2 per cent were males and 45.8 per cent females. Of 271 males in the survey,240 had cancer (88%); whereas of 229 females in the sample, 178 cases (77%) were found to have the disease.

The ratio in the Hospital is roughly 1 female to 3 males. The ratio in the survey is different (2 to 3) because of the larger proportion of ward patients studied. Of 418 cancer cases 42 per cent were females and 58 per cent males.

Refer Table III (Annexure)

The highest number of cancer patients were found in the age-group 41-60 years. Of the total of 265 cases in this age-group, 223 had a cancerous lesion. More than 53 per cent of the 418 cancer cases studied, fell within this age-group. Of these 223 cases, 131 (58%) were males and 92 (42%) females. Excepting cancers of the cervix, penis, bones and soft tissues, almost all types of cancer had their highest incidence in this age-group. Roughly, in the general population in India, this age-group accounts for 20 to 25 per cent of the total. If we further subdivide this age-group into two (a) those between 41 to 50 years and (b) those between 51 to 60 years, we find that 125 cancer cases fall into (a) age-group, i.e.40 per cent; whereas 98 cases fall into the (b) age-group, i.e. 13 per cent of the cancer cases. In the age-group 41 to 50 years, 68 were males (54%) and 57 females (46%). In the age-group 51 to 60 years, 63 were males (64%) and 35 females (36%). Thus, the age-group 41 to 50 years had the highest incidence of cancer of almost all types, excepting cancers of the gastro-intestinal tract and the larynx. These two categories were more frequently seen in the age-group 51 to 60 years.

In the age-group 21 to 40 years, there were 155 cases, 26 of them having non-cancerous conditions. 31 per cent of the 418 cancer cases were found in this age group. Of the 129 cancer patients in this age group, 64 cases (49%) were males and 65 cases (51%) were females. Although the ratio in the total showed a greater number of females than males, i.e. 86 out of 145 cases, a greater number of females were found to have benign or non-cancerous conditions. For cancerous conditions the ratio of males to females was almost the same.

In the age group below 20 years there were 23 cases, 6 of whom had non-cancerous lesions. Of the 17 cancer cases in this category 13 (77%) were males and 4 (23%) were females. 4 per cent of the 418 cancer cases were found in this category. A majority of patients in this category. (10 out of 17) i.e. 59 per cent had cancer of the bones or soft tissues. The age-group below 20 years had the lowest incidence of cancer. It is

believed that the incidence of cancer is less in this age-group. But another reason may be that in this survey only those who could discuss their problems were interviewed. No patient below 10 years of age was considered.

In the age-group over 60 years there were 57 cases, 8 of whom had non-cancerous conditions. Of the remaining 49 cases, 33 were males (67%) and 16 females (33%). Of the 418 cancer cases 12 per cent were found in this age-group.

Thus out of 418 cancer cases, 4 per cent were found in the age-group below 20 years; (this being the lowest incidence) 31 per cent were found in the age-group 21-40 years; 53 per cent in the age-group 41 to 60 years; (this being the highest incidence) and 12 per cent in the age-group 61 years and above.

Of 240 males having cancer, 13 cases (5%) were below 20 years; 64 were found in the age-group 21 to 40 years; (i.e. 26%); 131 cases (54%) in the age group 41 to 60 years; (28% in age-group 41 to 50 years and 26% in the age-group 51 to 60 years) and 33 cases (15%) in the age-group above 60 years. Of 178 females, 4 cases, a little more than 2 per cent, were in the first age-group i.e. below 20 years; 65 cases (36%) were found in the age-group 21 to 40 years; 92 cases (52%) were found between 41 and 60 years of age; (32% were in the age-group 41 to 50 years, 20% in the age-group 51 to 60 years) and 16 cases (nearly 10%) were found in the last age-group, over 60 years. Thus for both the sexes the incidence is highest in the age-group 41 to 60 years and lowest in the age-group below 20 years.

Refer Tables IV and IV-A (Annexure)

Of the 418 cancer patients, 311 (74%) were Hindus, 54 (13%) were Muslims, 31 (8%) were Christians and 22 (5%) were Parsees. The 1951 Census figures for various communities were 87.19 per cent Hindus, 9.92 per cent Muslims, 2.30 per cent Christians and 0.03 per cent Parsees. The discrepancy between our sample and the Census figures is evident. But we cannot definitely attribute this to a higher incidence of cancer in certain communities. It may be that with better education and a higher standard of living, cancer could be detected more easily in certain communities, as for example in the Parsees. Our data reveal a few interesing facts: (1) The comparatively higher incidence of breast cancer among Parsees. (17 per

cent of the total number of breast cases) (2) Absence of any patient in "F" group i.e. cancer of the penis etc. amongst the Muslims. The higher incidence of breast cancer amongst Parsee women has been attributed to late marriages in that community, whereas the lower incidence of cancer of the penis etc. amongst Muslims has been attributed to the practice of circumcision. It is not possible to suggest a correlation between any other type of cancer and a particular community, from this data.

Refer Table V. (Annexure)

No correlation could be established between any caste and a particular type of cancer. It seems that the number of patients from the higher castes is greater than the number from the so-called lower castes. It may mean that with a better standard of living and education, those come to know of the disease and its correct treatment more readily than those in the lower castes, most of whom would come to the hospital only as a last resort after trying every other indigenous type of treatment. Awareness of the cancer problem was definitely more in the higher income groups.

Refer Table VI. (Annexure)

Out of a total of 500 cases, 40.6 per cent came from Greater Bombay alone, 14.2 per cent were from Gujarat and 25.4 per cent from Maharashtra. Together these three geographical areas accounted for 80.2 per cent of all cases. A factor which influenced this part of the data was the absence or presence of treatment facilities for cancer, in the area from which the patient came. Fewer cases came from Andhra Pradesh, Madras and Calcutta than from Uttar Pradesh and Punjab because the former did have some facilities for the treatment of cancer patients. Of the 19 cases from neighbouring countries, 11 were from Goa,* three from Africa, two from Pakistan and three from Aden, as there are no special facilities for treating cancer in these countries. Another noteworthy feature is that fewer females came from other parts of the country than the males, whereas from the city of Bombay itself more females sought help than males. In India, with the unequal social status of the two sexes, unless it is absolutely essential, females are not taken to a distant treatment centre. Of the 297 cases coming from other parts of the country 124 were females; (41%) the rest were males (59%).

* Goa was a Portuguese territory when this study was carried out.

Refer Table VII. (Annexure).

Of 297 patients coming from outside Bombay a majority had put up with their relatives and friends, some were accommodated at Dharmashalas,** hotels and the like, some stayed in the hospital as they had no other place to go to, and a few stayed at railway stations. Most patients found the accommodation problem most perplexing. They longed to stay at a place near the Hospital. They did not want to tax their relatives and friends because of the shortage of accommodation in Bombay, and also because the period of treatment was long for most of them. It was also found that although cancer is not contagious, the relatives were often reluctant to keep cancer patients in their homes for fear of catching the disease. Of the 297 cases, 188 (64%) expressed a keen desire for proper housing. A convalescent home and residential quarters are urgently needed for them. These patients were quite ready to pay for accommodation according to their means. They could manage to stay in some hotels or lodges only by concealing their disease. Otherwise they would not have been admitted in most of the cheaper places.

** Dharmashala = Guest house.

CHAPTER III.

Pre-disposing and Aggravating Factors. Types and Extent of Cancer.

Table VIII shows whether the patient was in a condition to benefit by operation or the disease had gone to a stage where only palliative treatment could be given.

Refer Table VIII (Annexure)

Out of 500, two hundred and twenty one cases (44%) were considered operable when they arrived at the Hospital. After the first examination 13 did not return at all because of fear of treatment. Of the 418 cancer cases seen, 42 per cent were considered operable. 41 per cent came very late and were found to be inoperable. Only 15.5 per cent were in the first stage of the disease. Many of those in the operable category had further deterioration in their condition later. 10 of the inoperable cases had refused operation earlier, when their cancer was yet operable.

Refer Table IX (Annexure)

Out of a total of 418 patients 55 per cent had metastases. Of these, 49 per cent had metastases to the adjoining areas or nodes and the rest had metastatic spread to distant areas. 45 per cent had no metastases. But this category also includes about 20 patients who did not come back at all for treatment after the diagnosis, or disappeared half way through treatment. In 57 cases (13%) there was a recurrence of the disease.

Refer Table X. (Annexure)

In 28 cases (5.6%) there was a history of either cancer or benign tumour in the family, or in the earlier life of the patient. 15 gave a history of cancer in the family. In the remaining 13 cases the patient gave a history of having had a tumour elsewhere, some years previously.

Refer Table XI. (Annexure)

In only 26.2 per cent was there an absence of any personal habits that could be construed as predisposing to cancer. Out of a total of 102 cases with cancer of the mouth etc, only 12 had no addiction to habits. The rest (slightly

more than 88 per cent) had one or more habits like *pan* eating, *bidi* smoking, tobacco chewing, inhaling snuff, and consuming alcohol. Nearly 16 per cent of oesophageal cancer cases had no particular habits, the remaining 84 per cent had some of the habits mentioned above. Out of 43 patients with cancers of the stomach, rectum and colon, such habits were present in 31 (72%). The relationship is not obvious here as in the first group, but the presence of these habits might have made the person more susceptible to cancer. In breast cancer cases some other factors were considered. Unmarried single women, lactating mothers, married women with no children and women having no issues for a long time, seem to develop this type of cancer more frequently. In 42 out of 49 breast cancer patients, such factors were present. In cervix cases, 23 women had more than five deliveries. 3 of the patients with cancers of the penis etc. had venereal disease, 9 had habits like smoking bidis, chewing pan, etc. and 7 had no habits. 14 out of 33 patients having cancer of the bone or soft tissues, gave a history of injury or trauma. Some had a fall, others were injured by a ball or a nail or some heavy object such as a log of wood. Excepting one, all the lung cases gave a history of smoking, with the addition of other habits in some cases. Likewise, with the exception of two patients all those with cancer of the larynx were addicted to tobacco in some form or the other.

Refer Table XII (Annexure)

Of the 500 cases 43.4 per cent were strict vegetarians, and the remaining 56.4 per cent were non-vegetarians. Of the 418 cases definitely diagnosed as having cancer, 54 per cent were non-vegetarians, and 46 per cent were vegetarians. Although the non-vegetarians were more in number in this sample than the vegetarians, the data is not sufficient to associate any particular type of cancer with the type of diet taken. We do not have the ratio of vegetarians versus non-vegetarians in India, but vegetarians mainly predominate in the Hindu community.

Refer Table XIII (Annexure)

Cancer is of insidious onset. Its first symptoms are usually ignored for a long time by many patients and also unfortunately by some of the general medical practitioners who see these patients initilly. More than 50 per cent of the cases were diagnosed late. Only 15.4 per cent came to the hospital within a month after tht first symptoms were noticed.

Pan = betel leaf chewed with lime and tobacco.
Bidi = Indigenous brand of cheroot in miniature.

Refer Table XIV (Annexure)

"Ignorance" was the commonest reason (40%) for coming late. Symptoms such as a lump in the breast, a non-healing wound, dysphagia, dyspepsia and vaginal or rectal bleeding were ignored for quite some time by the patients. They never thought these symptoms could indicate a serious disease. The first doctor's wrong diagnosis was the next commonest (34%) cause for coming late to the hospital. The general practitioner often failed to notice the first signs of cancer, and wrongly treated many patients. Thus, cancer of the rectum was taken for dysentery or piles, cancer of the lung for tuberculosis or bronchitis and cancer of the stomach for peptic ulcer or gastritis. Distance of the treatment centre from the residence of a patient was the third limiting factor. People found it difficult to come to Bombay soon after the first symptoms, from distant places like Uttar Pradesh, Punjab, Goa and Africa. Lack of facilities for medical treatment, was one of the reasons given by the villagers. Economic distress also made it impossible for some patients to come to a distant hospital. Women having many children, especially if infants, could not leave home quickly, without making adequate arrangements for their care, and could not come to the hospital for treatment soon after the onset of symptoms. Fear of operations and a frightening diagnosis held back a few. Patients with cancer of the penis were at first ashamed to speak about their disease to anybody. Some old fashioned women did not wish to be treated by male doctors, for cancer of the cervix and, therefore delayed coming to the hospital until it became a necessity. Generally they reported to the hospital very late, and two cases waited for even five years after the appearance of the first symptoms. Four males with cancer of the penis also felt shy in reporting to a doctor soon after noticing symptoms. They approached a physician only after a year or so.

Refer Table XV. (Annexure)

There are various causes to explain the lapse of time between the date of application and the beginning of treatment at the Tata Memorial Hospital. In a few cases marked (*) the diagnosis of cancer could not be confirmed at an earlier stage. There are 11 such cases. Their treatment therefore, could not be started soon. In 5 cases the patients themselves did not start treatment out of fear. A young man of 26 with cancer of the penis, who had come to the Hospital for treatment a year before, refused surgical treatment at the time because he was convinced that the disease could be cured by radiation. But when his condition became unbearable he came back for treatment. Unfortunately his case had so advanced

that he soon expired, leaving his young wife and mother, helpless. In another case a 52 years old man with cancer of the rectum refused operation and went home. He was the head of a joint family, with 8 members to support. He came back after three months, but nothing could help him then and he died soon afterwards.

A boy of 15 was advised amputation for an Ewing's tumour of the right arm. His father, however, did not give his consent to the operation and took the boy back home. With great efforts and after showing a number of people without arms at work at a sheltered workshop for the physically handicapped, he was persuaded to allow the operation to be carried out. Unfortunately four months had elapsed in between and although the boy's arm was removed, he soon developed metastases in the lungs and the spine. In another instance a 40 year old man, the only earning member of a family of five, refused operation for a cancer of the larynx. He agreed only after six months when his condition had deteriorated. In three cases with cancer of the cervix, the women felt shy to get treated by a male doctor. But ultimately they came back with advanced cancer. Fifty patients found it difficult to take treatment soon because they had family responsibilities or financial problems which they wished to settle first. 41 patients said that they had to wait to get admission to the wards because of a long prior waiting list.

CHAPTER IV.

Treatment of Cancer.

Refer Table XVI. (Annexure)

Almost all modes of treatment were tried by patients suffering from cancer before coming to the Hospital. Only 13 cases came immediately without trying to obtain treatment elsewhere. The rest had tried household remedies, Ayurvedic, Unani or Homeopathic medicines and quack treatment, and went from one doctor to another, in the hope of getting cured in the initial stages of the disease. They came to the Hospital only after the disease had taken firm root. This points to the necessity of educating both the public and the medical practitioners, and of the need for establishing cancer diagnostic units in the districts. People should also be cautioned against seeking treatment from quacks and charlatans. Ten persons who were treated by this unholy tribe, had tried all sorts of herbs given as magic cures for cancer, but instead of alleviating their suffering these wonder-cures had only made them feel worse. They had sought the aid of sanyasis, fakirs* and even laymen, who claimed to have a cure for cancer. Four patients used branding to get rid of the disease in their limbs which had to be amputated afterwards. One patient with a reticulum-cell sarcoma of the right leg used leeches to remove the "bad blood", which he thought had caused his trouble. A 24 year old man from a village in Uttar Pradesh, the only earning member of a joint family consisting of his old parents, younger brother, sister, wife and three children, tried quack remedies for five months for a cancer of the buccal mucosa. He went to the district hospital only when his condition became unbearable. The case was ultimately referred to the Tata Memorial Hospital, but by then he had reached a stage where even palliative surgical or X-ray treatment could not be offered. In another case, a 35 year old woman graduate from Lucknow took Homeopathic medicines for cancer of the base of the tongue, for seven months, and finally when she was unable to take even liquids came to the Hospital for help. She was in great agony and could not sleep even with the aid of sedatives. Still another case, a 55 year old man, who was the head of a nuclear family, (with wife and 5 children) went to quacks for one and a half year, for a cancer of the stomach and came to the Hospital only later, in an inoperable condition.

In some cases the doctors could not diagnose the disease earlier. Two women with cancer of the rectum, who were living in Bombay were wrongly

* Sanyasis-Fakirs = ascetics.

treated for dysentery for two years by their family doctors. When they ultimately reached the Tata Memorial Hospital, their cancer was hopelessly advanced. Likewise four women with cancer of the cervix were not diagnosed earlier by their doctors and only came here four years later in an advanced condition. In two cases, the patients were themselves doctors, yet did not even suspect cancer for nearly a year.

There were patients who refused an operation and insisted on having radiation but consented for surgery when their condition became worse. A 56 year old male with cancer of the oesophagus refused operation for five months and then pleaded for surgery when he developed a metastasis in the spine.

Need for Occupational Therapy and Physiotherapy.

These are two comparatively new services used in the rehabilitation of cancer patients. Their significance is being realised only to-day. It was felt that some cases would have benefited if they had been given early occupational therapy and physiotherapy. During one of the home visits, the social research worker found that a woman, after her left breast had been removed for cancer, was having some difficulty in moving her left arm. The case was referred to the Occupational and Physiotherapy Units. This woman was able to regain normal movements very soon. In a similar instance another woman was asked to report for occupational therapy and physiotherapy. She was a sales-woman and her work demanded that she should be able to lift and carry packages of some weight. In spite of persuasion she did not come, and developed contractures which forced her out of a job.

Refer Table XVII (Annexure)

Out of a total of 300 ward patients more than half were given occupational therapy and/or physiotherapy. In 13 cases the psychological needs which occupational therapy might have met, were not quickly recognised. Excepting one, all patients with cancer of the bone or soft tissues were given occupational therapy and/or physiotherapy. For orthopaedic problems the need for both occupational therapy and physiotherapy was realised soon enough. But after breast surgery, the need was not felt so urgently. Most breast cancer patients post-operatively need occupational therapy and physiotherapy to regain the full range of movements of their arm and to strengthen weakened muscles. Of those who were given occupational therapy

alone, 14 were sent to the Unit, by the social research worker. Of the 46 cases who were ultimately given both occupational and physiotherapy, 5 were referred by the social research worker. This table does not include cases in which only advice about exercises and rehabilitation was given to the patients. Nearly a dozen patients benefited from such advice.

Fifty-seven per cent of the ward patients were given books from the library of the Cancer Society. Formerly the library books were being distributed by the occupational therapist to those patients who were referred to her for "diversion". Later this work was taken over by the social research worker, as it was found to facilitate rapport with the patient and was an easy method of first approach.

Refer Table XVIII (Annexure)

Cancer has many secondary effects on the body. Only 24 persons reported that they felt normal. They were the ones who had come when the disease had just set in. General weakness and pains were the most frequent secondary effects. Loss of appetite, fright and sleeplessness were the other frequent after-effects. A few patients also complained of giddiness, fatigue and poor digestion. More than half the cases with cancers of the oral cavity, oropharynx and hypopharynx and all the patients with cancer of the larynx reported having difficulty of speech.

Refer Table XIX. (Annexure)

One hundred and eighty-six patients (37.2%) complained of restriction in movements due to the disease. Nearly 46 per cent of the 186 cases, were bed-ridden, and as such, all of their movements were restricted. Ten per cent had restriction of movements of the arm. They included 10 breast cases, seven with cancers of the bone or soft tissues of the arm, and one person with paralysis of the upper extremity. The largest number reported restriction of leg movements; a majority of these were suffering from cancer of the cervix and cancer of the bones or soft tissues of the leg. In 10 cases there was a restriction of neck movements from a variety of causes.

The cancer had made most of the patients dependent on others for the activities of daily living such as dressing, combing of hair and walking This adversely affected their social and economic life.

Refer Table XXI. (Annexure)

Only 31 patients felt the need for a prosthesis. A patient with cancer of the soft palate developed deafness but was too poor to buy a hearing aid. Another patient with facial paralysis needed a splint and had already purchased one. Five patients with cancer of the rectum needed and were able to buy colostomy bags. Of 49 females with breast cancer, only 5 expressed a desire for an artificial breast and said they could spend for these prostheses. The rest did not think it necessary to have an artificial breast Some said they were old, some came from villages and did not care to give it a thought, whereas a few used cotton padding and were quite satisfied with it. Of ten lower extremity amputees, only one had bought an artificial leg, seven could not buy one, as they were poor, and two were in such a bad physical condition, that an artificial leg was not advised for them. All the seven were using crutches. The Rehabilitation Unit obtained crutches for five patients through the medical social worker of the Hospital.

Of 16 cases having bone or soft tissue tumours of the leg, but who were not amputees, six needed no artificial support at all, four were using crutches, four were bed-ridden, and as such, could not benefit from a prosthesis, and two needed a wheel-chair but were not in a position to buy it. Of the three arm-amputees only one needed an artificial arm but was not in a position to buy one. The second patient, an old man of 75, with amputation of the right arm refused an artificial limb, saying that it was written in his Karma to be without an arm; whereas the third patient, a 15 year old boy with an amputated right arm, was too weak to use a prosthesis.

Refer Table XXII. (Annexure)

The period of treatment varied from fifteen days to more than six months. Most of the patients in this study were new cases. Very few old patients of the Hospital (94) were interviewed. That accounts for the smaller number of persons in the latter category. Duration of the disease and the longevity of the patient seem to be more significant than the period of treatment. These are discussed in other tables. Thirteen persons did not complete the treatment (radiation) recommended. Two died soon after operation, having resorted to quack treatment initially. Likewise two who did not even begin the treatment, also expired soon. If they could have been persuaded to take the prescribed treatment or to complete the treatment being given, their lives might have been saved.

Refer Table XXIII (Annexure).

Out of a total of 500 cases 31.6 per cent felt great improvement in their condition after treatment, and felt almost normal at the time of the last check-up. Another 34.4 per cent were somewhat better than before the treatment was started, but still did not feel quite well. Of the rest, 11.4 per cent did not find any appreciable change in their condition after treatment; 14.6 per cent reported that they felt worse than before, as instead of relieving them of pain, the additional after-effects of treatment made them feel worse. Eleven patients (2.2%) did not take the treatment suggested, because they got scared. Even with other modes of treatment they did not feel any better. All the 26 cases who needed no further treatment, felt normal at the last follow-up. Three cases were referred back without any treatment whatsoever, because they were too advanced. Thus 66 per cent of the patients had benefited considerably by the treatment given to them.

Refer Table XXIV (Annexure)

The duration of the disease is calculated from the observation of the first symptom till the last follow-up in 1961. Very few cases were alive for more than ten years after the onset of the disease. Of the total of 418 cancer cases, only six lived for more than 10 years, one of of whom expired after 11 years. One of these was a woman, who had been operated for a cancer of the breast; another was a bone tumour problem, the third was a patient with skin cancer; the fourth had had a glandular cancer, and the fifth was a kidney cancer patient. The number of those who lived for more than five years and less than ten years is also comparatively small. The duration of life, of patients with cancers of the oesophagus, stomach and rectum appears to be short. Out of a total of 500 cases in our sample 94 were old cases, 12 of whom expired. The remaining had come to the Hospital for the first time. Unless a bigger sample of old patients is taken, the longevity or mortality rate of different types of cancer cannot to judged.

Refer Table XXV (Annexure)

Various reasons were given by patients for not coming regularly for check-ups. Five stated that they could not keep coming because of financial difficulties; ten stated that they could not come because of the distance involved; seven found it too strenuous to report to the Hospital, as their physical condition was not good; and 29 did not come for check-up because they did not realise its importance. Some of them, including a doctor

used to come regularly for check-up in the initial post-treatment stage, but when they found that nothing abnormal was detected for some time afterwards, thought they were cured completely and stopped reporting. They did not bother to come to the Hospital till recurrence of the disease forced them to do so. One patient came after five years, two after four years and one after three years–all of them with advanced disease.

CHAPTER V.

Economic Aspects of Cancer.

Refer Table XXVI (Annexure)

Cancer raises a serious economic problem by rendering many patients incapable of holding regular jobs, as can be seen from Table XXVI. Out of a total of 500 cases, only 24.6 per cent were capable of carrying on with their former occupations, 9.8 per cent were unemployed and 16.8 per cent were unemployable, as they were in such a bad state that it was not possible for them to hold a regular job. Out of 418 cancer cases 24 per cent were employed, 10 per cent unemployed and 20 per cent were unemployable. The serious implication can be seen from the fact that a majority of those in the unemployed and unemployable categories were males and therefore their unemployment had a more adverse effect on the economy of the whole family than in the case of females. Of the 240 male cancer patients, 36 per cent were employed, 11 per cent unemployed and 31 per cent were unemployable; whereas a majority of the 178 female cancer petients (76 per cent), were housewives. In 5 cases the male patients had to retire from work early because of their disease. In the case of housewives, the disease raised another problem, that of management of the household and looking after the children. Out of 136 housewives who had cancer, 87 (64%) were not able to manage their household duties in the same way as previously. For students there was another problem. Some were able to continue their studies with a break during the period of treatment, whereas 14 students had to give up their studies because of their disease.

Refer Table XXVII (Annexure)

In spite of the disease, 102 cancer patients were able to work at their jobs. Two of them were doctors suffering from cancer of the buccal mucosa and the larynx. Although their practice was affected they were able to carry on with their professional duties with the help of assistants. Twenty were businessmen, with small or big jobs such as building contractor (1), grocers (3), sugar merchants (2), cloth merchants (9), broker at stock exchange (1), tobacco merchants (2), timber merchant (1), and jeweller (1). Twenty-one were doing white collar work being *munims** (2), typists (4), clerks (11), insurance agent (1), travelling salesman (1), accountant (1), and station master (1), Thirteen were artisans working as goldsmiths

*Munim = Manager of a private firm.

(4), tailors (5), cobbler (1), carpenters (2), and barber (1). Two were hawkers of iron junk and *agarbatti***. Five were industrial workers in mills or factories. The mechanics worked as foremen and fitters in the railway workshops and as motor mechanics (2), 14 were farmers; 8 were teachers; 6 were peons, watchmen or domestic servants; 2 were land-owners and 2 worked as Police havaldar*** and priest respectively. In most cases the job was not strenuous but sedentary. In a few cases the patients had recovered from cancer and were almost normal once again. As such, they were able to carry on even with heavy jobs as mechanics or manual labourers.

Refer Table XXVIII (Annexure)

Out of 418 cancer cases 125 (20%) lost their jobs because of cancer. In some instances the condition of the patients was so bad that they were not even able to supervise their own business or profession or continue doing work with assistants. Out of 8 patients who could not continue practising their profession, 3 were doctors, 2 college lecturers, 1 a civil judge, 1 a lawyer and one a nurse. Eight persons were unable to manage their business of general contractors, mill-gin stores suppliers, mechanics and cultery merchants. Nineteen were unable to carry on even with sedentary occupations of clerks, typists, accountants, cashiers and managers. Nine were artisans, such as tailors, embroidery workers, and carpenters. The unemployed group (42 cases) could often go back to regular work in open industry, provided they were trained for some other jobs, than the ones they were doing before; whereas the unemployable patients (83 cases) could not work at a regular job. but some could be given light craftwork or could be suitably self-employed, or could work in a sheltered workshop.

Refer Table XXIX (Annexure)

Out of the 418 cancer cases very few (16 per cent) were able to maintain themselves on their own income. In the employed group too, only 73 out of a total 102 cases, were able to maintain themselves in this way. The rest had to supplement their income from other sources, such as from past savings, income of other members of the family, help from relatives, loans and even public charity. Thus cancer meant a double loss to the productiveness of the community, the cancer patients themselves being unproductive and in addition becoming a burden on the resources of others.

**Agarbatti = Indigenous incense candle ***Havaldar = sergeant

Refer Table XXX. (Annexure)

Cancer is a costly disease to treat. Even when treatment is free, those who come from other parts of India to Bombay, have to bear the expense of transportation and boarding and lodging in the city, for themselves and their relatives. As the period of treatment is generally long, many patients had to resort to various means to raise funds for their maintenance. The amount spent varied from Rs. 25/- to Rs.10, 000. The long duration of the disease, the distance of their homes from Bombay, and treatment as private patients were the three main causes for the large amount of money spent on treatment. Thirty-seven patients had to incur debts to meet their expenses and eleven collected funds from charitable friends and relatives. In seven cases the treatment fees were met by the employer, three patients having been employees of private firms, whereas the remaining four received insurance money. Two persons took loans from a farmers' co-operative society, and the employer respectively. Seven sold their land, jewellery, bullocks or houses, to meet the expenses of treatment. In one case a 30 year old man suffering from acute leukemia, sold his land, bullocks, his wife's jewellery and practically everything he had, to come to Bombay from his village in Satara. He had three young children. All efforts to save his life proved futile and he died at the Hospital, leaving his whole family destitute. Thus cancer seems to raise a serious economic problem for the patient and his family.

Refer Table XXXI. (Annexure)

Of 163 heads of nuclear families 77 were unemployed. This meant that their economic situation was more serious than that of families where the patients were either dependents or heads of a joint family, as then there were other members available to support the family. Twenty-eight patients had no family, 16 of these were males and 12 were females. The number of heads of families in the sample, is a little less than the number of dependents.

Refer Table XXXIII. (Annexure)

Sixty-one families had no earning member. Cancer had incapacitated the heads of 47 families for any type of gainful work. These families had no regular source of income, and were maintaining themselves either by selling whatever valuables they had, or by accepting help from relatives and friends. Of the 500 families, 55.2 per cent had only one earning member. In 55 cases the only earning member was the patient, whereas in seven cases

the only earning member was the female in the family. Twenty-eight patients had no family, half of these were earning and half non-earning. It is significant that the only earning member supported 6, 7, 8, 9, 10 or even more than 10 members in the family. The number of members in the family ranged from one to 25.

Refer Table XXXIV. (Annexure)

In order to obtain a correct idea of the economic condition of the family of a patient, the income per month per member of the family was considered. This was found by dividing the total income by the number of members in the family. This gives a truer picture than if only the total income is taken into consideration. More than half the families (261 families) had an income below Rs. 25 per member per month, including 78 families with practically no income at all. Thus more than 50 per cent of the families were found to be too poor to be able to bear the economic burden that cancer entailed.

CHAPTER VI.

Impact of Cancer on Domestic and social Life.

Refer Table XXXV. (*Annexure*).

A majority of patients were treated with deep sympathy by their families. But other reactions were not uncommon. In 26.2 per cent, the members of the family were afraid of the disease. They were either afraid about the health and well-being of the patient, or were afraid of the economic consequences of the disease, or of catching the disease themselves. In 10.2 per cent, the families had become panicky on hearing of the diagnosis. Panic is a different reaction from fear, both in intensity and quality. These families were under constant psychological stress and felt that the future had become hopeless. In 4.6 per cent members of the family were indifferent to the patient, and did not care much for him. In such cases the patient happened to be either a non-earning member, or a dependent. In 2.2 per cent the patients were neglected by their families. In all these cases the families were very poor and large, and as such, felt the patient to be a burden on their meagre resources. In 0.6 per cent, the patients were overprotected by their families. All of them were rich, and the patient happened to be the head of the family. The members of the family made a great fuss over the patient and even after his physical condition had returned to normal, would not allow him to do anything on his own.

Out of a total of 500,380 patients (76%) reported that their disease had affected their family life. The effects of the disease on the family life were varied. In some cases the female members of the family were compelled to earn; in others there was nobody to earn. The normal life of the family was disrupted in most instances. In the case of females, they were not able to carry on with their household duties, and to look after their children. There was also a psychological tension created amongst the members of the family. In a few instances the sexual life of the patient was affected. So they were unable to lead a normal life. In many cases the members of the family had to help the patient to carry on with the activities of daily living, such as dressing, bathing, combing of hair etc.

Refer Table XXXVI. (*Annexure*)

Nearly 42.2 per cent of the patients reported that their friends and relatives were sympathetic and that their disease did not make any difference to them. 27.8 per cent said that friends and relatives looked down upon them. Most of these patients could not actively participate in social life, and were pitied by everybody. In 24 per cent the reaction was fear, as their friends and relatives tried to avoid them for fear of catching the disease, or for fear of

demands for help. In some cases they were not even prepared to accommodate these cancer patients coming from other parts of India, in their homes in Bombay. In five per cent, friends had become indifferent to them, and would not even bother to enquire about their health.

Effect of Cancer on Social Life.

In 180 cases (36%) the disease had not affected the social life of the patient. The way in which the social life was affected in the remaining 64 per cent is shown in the next Table.

Refer Table XXXVII. (Annexure).

Various reasons were given by patients for the adverse effect of the disease on their social life. A great majority (43) were unable to participate actively in social intercourse because of restriction of movements due to the disease. They could not go out and mix with people after the onset of cancer. Twenty-two per cent were hardly able to move out of their beds, and, as such, could not lead an active life. Nearly 12 per cent had their speech affected. Thus, with the means of communication and speech thrown out of gear they were no longer regarded as being socially active. Ten per cent said that it was difficult for them to lead a normal social life because they were avoided by people out of fear. Poor finances, foul smell, deafness, dimness of vision, disfigurement and shyness to mix with normal people, were other reasons given by patients for not being able to lead a normal life.

Refer Table XXXVIII. (Annexure)

A majority of patients reported that their life partners were very sympathetic after the onset of the disease. In 18.8 per cent the marriage partners were much depressed and perturbed. The thought of losing their dear ones was constantly obsessing them, and they could not concentrate on anything else. In 14.6 per cent, the reaction was fear. The persons were more afraid of the consequences of the disease and how it would affect their own life, than about the suffering of their spouse. In 3 per cent, the reactions were, "negligence or indifference". It was quite surprising to find that two patients, one male and one female, were forsaken by their marriage partners after the onset of the disease. The man sent his wife to her parents saying that he could no longer look after her, whereas in the other case the husband was deserted by the wife who preferred to stay with her parents. In 15.2 per cent the spouse had died before they got cancer whereas 13.2 per cent had not yet married. Ten of the unmarried group reported that their disease hindered their matrimonial prospects.

CHAPTER VII.

Psychological Aspects of Cancer.

Refer Table XXXIX (*Annexure*)

The first reactions of the patients to cancer were naturally quite severe. These seemed to depend upon their personality, social status, economic condition, extent of the disease and knowledge about the implications of cancer. Nearly 50 per cent were scared and were either afraid of the treatment or worried about their jobs, families or future. 23.6 per cent, were only a little anxious about their disease. They did not think that they had any serious illness in the initial stages. 15.4 per cent were panic-stricken. For them life had lost all its charms, and they felt deeply shocked on learning of the diagnosis. 11.8 per cent accepted their disease as being God's will, and appeared to take it philosophically.

There was a great difference between the first reactions of the patients to the disease and their secondary reactions. These secondary reactions are considered below.

Refer Table XXXX (*Annexure*).

With the passing of time and an improvement in their general health the reactions of the patients to cancer also changed. Of the 500 cases 18.4 per cent felt that they had become almost normal once again. Twenty-six per cent were feeling insecure either because of their physical condition, or because of their social and economic difficulties, or because of the uncertainty of the cure; whereas 27.4 per cent were much depressed because of a change for the worse in their physical, social or economic condition. 1.4 per cent of the patients felt guilty for ignoring the disease in the beginning, whereas 18 per cent aceepted their disease as something pre-ordained in their lives.

Two hundred and twelve patients (42.4%) felt better than before, whereas 288 patients (57.6%) felt worse or did not seem to feel any change. The reasons for feeling better or worse are considered in the next table.

Refer Table XXXXI (*Annexure*)

Mainly two factors accounted for patients feeling better. A large majority felt better because of improvement in their physical condition after treatment. Nearly an equal number felt better becaue of their faith in God,

and because they believed that the disease was the result of their "Karma." * Some also reported that with the passing of time they had become used to their disease, and had learnt to accept it.

A majority of those who felt worse, gave worsening of their physical condition as the main cause for this feeling. They either felt no improvement in their condition in spite of treatment, or had a recurrence or were scared of getting recurrent disease. Some felt that their disease was incurable; some were scared of the operation or other treatment; others had already lost a limb or were afraid of losing one from cancer. A few were afraid of the hospital environment and of seeing others in distress, as they had never been hospitalized before. Of the nine who were worried about their appearance, seven were females, who had lost their breasts surgically and two were males who had had hemimandibulectomy (removal of half of the lower jaw). Nearly one-third of those who felt worse, were worried about their domestic and economic problems. They included mothers who were perturbed about their children; heads of the family who were concerned about the future of the other members as they could no longer continue to earn; those who had no family felt lonely and desolate; those who were neglected by their families felt rejected and a few had their pride hurt, because their wives or daughters had to earn to make both ends meet.

Belief in Karma (Fate) : Belief in 'Karma' had contradictory reactions on the patient and his social circle. Whilst it made acceptance of the disease on the part of the patient easier, it made the social acceptance of the cancer patient by others more difficult. In 163 cases (32.6%) the relations and friends did not think that the patient suffered from cancer because of his Karma. These included almost all Muslims and nearly half of the Parsee and Christian patients. The remaining were Hindus (67.4 %) in whom the relatives and friends attributed the disease to their Karma.

One hundred and eighty-six patients (37.2%) did not believe in Karma. Two patients said that they could neither answer in the affirmative nor in the negative. Three hundred and twelve patients (62.4%) attributed their disease to their misdeeds either earlier in this life or in a past life. Almost all Muslim patients did not believe in Karma. But amongst the Hindus, even the most educated held on to this belief very firmly. One patient, an assistant civil

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* Karma = fate

surgeon himself, called cancer '*Karmaroga*'.* He said that science says it is susceptibility, whereas religion calls it Karma. He argued that some people have habits that could lead to cancer yet they do not get it, whereas others have no such habits and yet develop cancer. In his own case, being a doctor, he had taken all measures to detect cancer, yet thrice his biopsy showed no malignancy, and only after a year or so the diagosis of cancer could be made. Normally he felt that as a doctor he should have himself diagnosed cancer much earlier, but due to his Karma his disease was diagnosed late and he had to suffer.

Consolation from religion: Religion seems to have a pacifying effect on suffering patients. Prayers and faith in God enabled many a cancer patient to endure the disease bravely. There were people who did not care much for religion before the onset of the disease. But after the onset of cancer there was a metamorphosis in their outlook. The solitude imposed upon them by their disease seemed to shake off all the shallowness out of them, and made them more serious-minded. In some cases, the patients always had a firm faith in God and so took their disease philosophically as the will of God. Three youths in the prime of life were typical examples of this reaction. One was a medical student, the other a post-graduate student of literature, and the third a post-graduate student of politics. All of them reported that before the onset of the disease, they believed in enjoying life but after they developed cancer they became religious-minded and abandoned their former gay life for an inward quest.

Four hundred and forty-two persons (88.4%) reported that they were religious-minded. Fifty-eight people said that they were not so. Nearly one-third (18 cases) said that they were religious-minded before, but after the onset of the disease they had lost faith in God or religion. Suffering made them rebellious against an unjust destiny, which had frustrated all their plans. Two of these patients said that they had more faith in their doctors than in God or religion.

One hundred and six people (21.2%) said that religion did not give them any comfort in their suffering. These include 58 cases who were not religious-minded, and 48 others who were religious-minded, yet could not find comfort in religion. Thirty-two patients (6.4%) had little consolation from religion whereas 362 people (72.4%) said that they obtained great solace from their faith.

Karmaroga* A disease attributable to one's misdeeds either in this life or in a previous existence.

CHAPTER VIII.

Conclusions.

We feel that cancer raises a series of problems for the patient, the physician, the family and for society as a whole. Chapter I shows that the effects of the disease are not confined to the physical being alone, but are wide spread, covering the psychological, social and economic fields as well. It is necessary to know the nature and extent of any problem before finding a solution for it. This survey was undertaken to learn the magnitude and extent of the socio-economic problems raised by cancer. It has brought to our notice several factors that should serve as a guide in the expansion of the various ancillary services needed for cancer patients.

Chapter II shows that more than half the cancer patients fall in the age-group 41 to 60 years. Periodic medical check-up especially of people on the wrong side of forty, should enable detection of many cases in the earlier stages of the disease. Another point of major inportance is the magnitude of the housing problem of patients coming from other parts of India to Bombay for treatment. They have great trouble in finding accommodation because people still think that cancer is contagious. Nearly 64 per cent of these patients expressed a keen desire to stay somewhere near the Hospital. They would have gladly paid for such accommodation instead of spending money on taxi hire. They managed to stay with relatives or friends in Bombay or in lodging and boarding houses only with immense difficulty. Most of them find this too expensive and exhausting. If it is not possible to obtain lodgings for them near the Hospital, they should be accommodated at a place from where they could come to the Hospital for out-patient treatment, by special subsidised transport.

Chapter III shows that nearly 42 per cent of patients came to the Hospital in an inoperable condition. Only 15,4 per cent came in good time soon after the appearance of the first symptoms. The patient's own ignorance and the family physician's wrong diagnosis, were the two main reasons given for the delay in reporting to the Hospital. This points to the necessity of educating both the general practitioners and the public, and of making them more cancer-conscious. The Indian Cancer Society is rendering valuable service in this respect by sponsoring exhibitions, seminars, films, lectures, publication of pamphlets, and organization of conferences. The organisation of detection units in district hospitals and of treatment centres in the capital cities of each state would go a long way towards helping in the early detection and timely treatment of cancer patients.

Some co-relationship was seen between such habits as *pan*-chewing *bidi* and cigarette smoking, and tobacco-chewing, and particular types of cancer. Education of the masses pointing out the dangers of excessive use of tobacco, alcohol and *pan*, would help in reducing or eliminating many predisposing or aggravating factors of cancer.

Pamphlets advertising wonder cures for cancer are at times distributed to patients and their relatives right in front of the Hospital. Films and posters showing the difference between the right and the wrong types of treatment would enable people to understand more easily the dangers of being so gullible.

There were a few patients who refused treatment or left before the treatment could be completed. Some were later persuaded by rehabilitation workers to undergo the prescribed treatment. It is most essential that the rehabilitation unit should get in touch with patients as early as possible, preferably on the first or second day of arrival at the Hospital. This would also help in preparing the patients to accept the treatment offered, in making their hospitalization more pleasant, and in warding off fears and misgivings about the disease and its treatment. Early referral to the Rehabilitation Unit would solve psychological problems, as well as help to reduce the days of hospitalization. The occupational therapy and physiotherapy departments should be fully equipped so that maximum benefit can be obtained by patients.

Patients were found to get bored, restless, upset, or even scared of the hospital atmosphere, especially ambulant patients who had nothing to do, and no place to go. A recreation hall with a soothing and gay decor is urgently required, where they can go and relax for some time with their doctor's sanction. This hall should have four sections. (a) General relaxation in comfortable chairs and sofas with radio, music, wall paintings etc. (b) Library, where daily papers in English and vernacular, and books and magazines should be kept. Nearly 57 per cent of ward-patients during the year under study, took advantage of the small library maintained by the Rehabilitation Unit of the Cancer Society. (c) Indoor games such as carrom, snakes and ladders, cards etc. should be available in the third section. (d) The fourth section should have toys for children and light craftwork etc. This whole project should be under the charge of the Rehabilitation Unit, with volunteers who could help in looking after the details.

Another service greatly needed by patients is an Information centre at the Hospital. Many patients were found to be ignorant of the facilities available at the Hospital as well as outside in the city, such as railway concessions, or accommodation at the Sarvodaya* at Dadar, and other similar places. There should be pamphlets available in vernacular languages and English, giving details of such facilities, and also explaining the facts about cancer and how to live with the disease.

Some patients who continued as outdoor patients were found to have given up taking treatment because their general condition was so weak that they could not wait for long on the hard benches in the various departments. They need some place to lie down or recline. Also the general procedure of giving appointments may be reviewed so that waiting time for the patients may be reduced. In some cases the patients were found to have known about their prognosis. There were instances where patients had been told that they were "inoperable". This had broken down the morale of the patient as well as of his family.

It seems that many patients do not realise the importance of a regular check-up at the Hospital after completing treatment. There were patients who came regularly twice or thrice after their discharge from the Hospital, but did not turn up later, till their disease again took a serious turn. Advantages of a regular follow-up must, therefore, be explained to the patients, both orally and through pamphlets.

Patients were also found to be in need of guidance and instruction about the use and care of prostheses, the care of the tracheostomy tube, the use of colostomy bags, the value of learning oesophageal speech etc. Many patients were helped in these problems by the Rehabilitation workers, who would either call other patients, who were successfully managing their lives with such devices, to demonstrate them or would themselves teach the patients. Fear of amputation was overcome by taking the patients or their relatives to the sheltered workshop for the physically handicapped or by showing them pictures of rehabilitated amputees.

Sarvodaya = a lodging house subsidised by a charitable organisation.

Patients need information about the sources, cost and use of prostheses. Some samples should be kept with the Rehabilitation Unit, so that patients could be better convinced about the utility of prostheses. Many patients were found to be too poor to afford prostheses. If adequate funds are available needy patients could be helped to buy crutches etc.

The Rehabilition Unit helped ten patients to obtain crutches free of cost. Two of the amputees were referred to the All-India Institute of Physical Medicine and Rehabilitation, for artificial limbs. The Rehabilitation Unit helped these patients to obtain funds to cover the cost of artificial limbs.

Correspondence with patients was developed as a part of the survey. This was beneficial both to the survey work and the patients. The Rehabilitation staff could thus learn about the condition of the patient, and find how far he had succeeded in getting back to normal living. Patients and their relatives appreciated this service, as they could write and get advice about their problems. This also helped the patients to return for check-ups, soon after development of further symptoms.

Chapter V shows that 30 per cent of the patients were forced out of their jobs by cancer. Forty-two per cent of the males were in this group. These people can be trained for some other gainful work whereby they could earn once again. In 11 per cent of the cases there was not a single earning member in family, as cancer had incapacitated the heads of the family. Fifty per cent of the families were too poor to afford the treatment—medications, prostheses or other expenses incidental to the disease. In many cases they had to sell their only possessions such as land, jewellery, house, cattle and practically everything they had, to meet such expenses.

One of the important findings of the survey was the acute economic distress of most cancer patients, especially those coming from out-stations. To relieve their distress and to enable them to maintain themselves during the period of treatment, the Rehabilitation Unit started a small service to give them piece-work jobs. In the month of June 1962, sorting work was brought from a plastic factory for the patients. In July 1962, another type of work was undertaken by the Department, that of recaning chairs, belonging to the Tata Memorial Hospital. The authorities were quite satisfied with the first order and the Superintendent very kindly agreed to continue to give this work to the patients. On an average, every month

nearly ten patients benefit from this kind of help. At this stage it was decided to extend this aid only to patients taking treatment at the Tata Memorial Hospital, if they were capable of doing the work. The job is given to one of the relatives, when the patient is too ill to work personally. From June 18th 1962, when this service was first offered up to December 10, 1962 patients had earned nearly Rs. 1,500. Their daily wages varied from Rs. 2.25 to Rs. 3/-. So far thirty-two patients have benefited. The service is highly appreciated as it keeps the mind occupied and at the same time gives a sense of security to the patient.

Chapter VI deals with the impact of cancer on the domestic and social life of the patient. The intensity of reactions of members of the family as well as of society towards cancer, can be minimized through education, and acceptance of the disease made easier for all concerned.

Chapter VII shows the psychological impact on a patient of the knowledge that he has cancer. Factors that make a person feel better or worse are classified. Religion, prosthetics, a pleasant atmosphere at the Hospital, some means of earning while at the Hospital, and sympathetic conversation—can all be fruitfully utilised in making adjustment to the disease easier.

This survey has thrown some light on a number of hidden aspects of cancer but only the establishment of a Cancer Registry would give full opportunity to understand the various other factors involved and to draw final conclusions from the massive data collected.

It is hoped that this survey will help in establishing or developing services that will make the life of cancer patients happier and more comfortable

TABLE I: Types of Cancer among the 500 patients interviewed

Type of Cancer*			No. of cases
A.	(1)	Cancer of the Oral Cavity, Oropharynx and the Hypopharynx	102
	(2)	Suspected of the above cancer, but not found to be so. ...	16
		Metastatic Node	1
B.	(1)	Cancer of the Oesophagus	55
	(2)	Suspected but not found to have the above cancer ...	2
C.	(1)	Cancer of the Stomach, Colon, Rectum, Anal canal & Liver	44
	(2)	Suspected but not found to have above cancer ...	10
D.	(1)	Cancer of the Breast	49
	(2)	Benign or non-cancerous conditions of the Breast ...	12
E.	(1)	Cancer of the Cervix, Uterus, Ovary, Vulva and Vagina ...	61
	(2)	Benign or non-cancerous condition of the Uterus etc. ...	13
F.	(1)	Cancer of the Penis, Testis and Prostate	19
G.	(1)	Leukemia, Lymphosarcoma and Hodgkin's disease ...	14
	(2)	Multiple Myeloma	1
	(3)	Suspected but found to have non-cancerous conditions of the Lymph glands	5
H.	(1)	Cancer of the Bone or Soft Tissues	33
	(2)	Suspected but found to have non-cancerous conditions of the bone or soft tissues	4
I.		Cancer of the Skin	4
J.	(1)	Cancer of the Lung and Mediastinum	6
	(2)	Suspected but not found to have cancer of the above type	1
K.	(1)	Cancer of the Kidney and Urinary Bladder	8
	(2)	Suspected but found to have benign tumours of the Kidney and Bladder	2
L.	(1)	Cancer of the Larynx	16
	(2)	Suspected but not found to have cancer of the Larynx ...	4
M.	(1)	Cancer of the Thyroid	4
	(2)	Benign conditions of the Thyroid	8
	(3)	Goitre	3
N.	Miscellaneous:		
	(1)	Cancer of the Eye	1
	(2)	Benign naso-pharyngeal conditions	2
		Total number of cases:	500

* Order and classification of the various types of cancer are according to the Repot of the Tata Memorial Hospital upto the year 1957.

TABLE II: Outdoor and Indoor Patients: Distribution by Sex

Type of Cancer	Outdoor		Indoor		Total		Grand
	Male	Female	Male	Famale	Male	Famale	Total
A. Cancer of the Mouth ...							
(a) Cancer of the Oral Cavity ...	22	14	12	6	34	20	54
(b) Cancer of the Oropharynx ...	22	3	3	1	25	4	29
(c) Cancer of the Hypopharynx ...	14	5	...	...	14	5	19
Suspected but not found to have Cancer ...	8	4	...	4	8	8	16
Metastatic Node ...	...	...	1	...	1	...	1
B. Cancer of the Oesophagus ...	12	2	30	11	42	13	55
Suspected but not found to have Cancer ...	1	1	...	...	1	1	2
C. (a) Cancer of the Stomach ...	2	1	8	3	10	4	14
Suspected but not found to have Cancer ...	1	1	3	...	4	1	5
(b) Cancer of the Rectum, Colon etc. ...	2	...	19	8	21	8	29
Suspected but not found to have Cancer ...	2	...	2	1	4	1	5
(c) Cancer of the Liver ...	...	...	1	...	1	...	1
D. Cancer of the Breast ...	...	9	1	39	1	48	49
Suspected but not found to have Cancer ...	...	3	...	9	...	12	12
E. Cancer of the Cervix etc. ...	...	33	...	28	...	61	61
Suspected but not found to have Cancer ...	...	3	...	10	...	13	13
F. Cancer of the Penis etc. ...	4	...	15	...	19	...	19
G. Leukemia Lymphosarcoma, or Hodgkin's disease ...	6	...	4	4	10	4	14
Suspected but not found to have the above disease ...	1	1	1	2	2	3	5
Multiple Myeloma ...	...	...	1	...	1	...	1
H. Cancer of the Bone or Soft Tissues ...	2	2	25	4	27	6	33
Suspected but not found to have Cancer ...	...	...	3	1	3	1	4
I. Cancer of the Skin ...	...	..	3	1	3	1	4
J. Cancer of the Lung etc. ...	...	...	6	...	6	...	6
Suspected but not found to have Cancer ...	...	...	1	...	1	...	1
K. Cancer of the Kidney & Bladder ...	...	...	6	2	6	2	8
Suspected but not found to have Cancer ...	...	...	...	2	...	2	2
L. Cancer of the Larynx ...	10	...	6	...	16	...	16
Suspected but not found to have Cancer ...	4	...	...	...	4	...	4
M. Cancer of the Thyroid ...	1	...	2	1	3	1	4
Benign tumours of the Thyroid ...	...	...	2	6	2	6	8
Goitre ...	1	2	...	...	1	2	3
N. Miscellaneous ...							
(a) Cancer of the Eye ...	...	1	...	...	...	1	1
(b) Nasopharynx-benign tumours ...	...	...	1	1	1	1	2
TOTAL:	115	85	156	144	271	229	500
	200		300				

TABLE III DISTRIBUTION BY AGE — GROUP AND SEX

TYPE OF CANCER	Below 20 years* M	F	Total	AGE GROUP Between 21 40 years M	F	Total	Between 41 & 60 years M	F	Total	Over 61 years M	F	Total	Grand Total M	F
A. Cancer of the Mouth ...														
(a) Cancer of the Oral Cavity ...	1	2	3	9	5	14	19	12	31	5	1	6	34	20
(b) Cancer of the Oropharynx ...	...	...	...	5	2	7	17	2	19	3	...	3	25	4
(c) Cancer of the Hypopharynx ...	...	...	...	3	1	4	10	4	14	1	...	1	14	5
Suspected but not found to have Cancer	...	1	1	1	2	3	6	3	9	1	2	3	8	8
Metastatic Node ...	...	...	...	...	...	...	1	...	1	...	...	...	1	...
B. Cancer of the Oesophagus ...	...	...	...	7	4	11	30	9	39	5	...	5	42	13
Suspected but not found to have Cancer ...	...	...	...	...	...	...	...	1	1	1	...	1	1	1
C. (a) Cancer of the Stomach ...	...	...	...	2	2	4	5	2	7	3	...	3	10	4
Suspected but not found to have Cancer ...	...	...	...	1	...	1	2	1	3	1	...	1	4	1
(b) Cancer of the Rectum, Colon etc. ...	...	...	...	7	3	10	9	2	11	5	3	8	21	8
Suspected but not found to have Cancer ...	...	...	...	...	1	1	2	...	2	2	...	2	4	1
(c) Cancer of the Liver ...	...	...	...	...	...	...	...	...	...	1	...	1	1	...
D. Cancer of the Breast ...	...	...	...	...	13	13	1	32	33	...	3	3	1	48
Suspected but not found to have Cancer ...	...	1	1	...	6	6	...	5	5	...	...	...	...	12
E. Cancer of the Cervix ...	...	...	...	...	29	29	...	26	26	...	6	6	...	61
Suspected but not found to have Cancer ...	...	...	...	...	5	5	...	8	8	...	...	...	...	13
F. Cancer of the Penis etc. ...	...	...	...	10	...	10	9	...	9	...	...	...	19	...
G. Leukemia, Lymphosarcoma or Hodgkin's disease ...	1	...	1	4	3	7	5	...	5	...	1	1	10	4
Suspected but not found to have the above disease	1	...	1	...	...	...	1	3	4	...	...	...	2	3
Multiple Myeloma ...	...	...	...	1	...	1	...	...	...	...	...	...	1	...
H. Cancer of the Bone of Soft Tissues ...	8	2	10	10	1	11	8	2	10	1	1	2	27	6
Suspected but not found to have Cancer ...	1	...	1	1	1	2	1	...	1	...	...	...	3	1
I. Cancer of the Skin ...	...	...	...	1	...	1	2	1	3	...	...	...	3	1
J. Cancer of the Lung etc. ...	1	...	1	1	...	1	4	...	4	...	...	...	6	...
Suspected but not found to have Cancer ...	...	...	...	...	...	...	1	...	1	...	...	...	1	...
K. Cancer of the Kidney & Bladder ...	...	...	...	...	1	1	2	1	3	4	...	4	6	2
Suspected but not fount to have Cancer ...	...	...	...	...	...	...	...	2	2	...	...	...	...	2
L. Cancer of the Larynx ...	...	...	...	2	...	2	9	...	9	5	...	5	16	...
Suspected but not found to have Cancer ...	...	...	...	...	...	...	3	...	3	1	...	1	4	...
M. Cancer of the Thyroid ...	1	...	1	2	1	3	...	...	...	...	...	...	3	1
Benign tumours of the Thyroid ...	...	...	...	1	5	6	1	1	2	...	...	...	2	6
Goitre ...	...	1	1	1	1	2	...	...	...	...	...	...	1	2
N. Miscellaenous ...														
(a) Cancer of the Eye ...	...	...	...	...	...	...	...	...	...	...	1	1	...	1
(b) Nasopharynx–benign tumours ...	1	1	2	...	...	...	...	...	...	...	...	...	...	2
TOTAL ...	15	8	23	69	86	155	148	117	265	39	18	57	271	229

* This age–group includes patients between the ages 10 and 20 only. No patient below 10 years of age was interviewed in this study.

TABLE IV: Distribution by Communities

TYPE OF CANCER	Hindus	Muslims	Christians	Parsis	Total
A. Cancer of the Mouth					
(a) Cancer of the Oral Cavity ...	45	5	3	1	54
(b) Cancer of the Oropharynx ...	22	7	—	—	29
(c) Cancer of the Hypopharynx ...	17	2	—	—	19
Suspected but not found to have Cancer ...	13	—	1	2	16
Metastatic Node ...	1	—	—	—	1
B. Cancer of the Oesophagus ...	39	12	2	2	55
Suspected but not found to have Cancer ...	2	—	—	—	2
C. (a) Cancer of the Stomach ...	9	4	1	—	14
Suspected but not found to have Cancer ...	4*	—	1	—	5
(b) Cancer of the Rectum, Colon, etc. ...	22**	2	3	2	29
Suspected but not found to have Cancer ...	3	—	1	1	5
(c) Cancer of the Liver ...	1	—	—	—	1
D. Cancer of the Breast ...	28	5	8°	8	49
Suspected but not found to have Cancer ...	8	2	1	1	12
E. Cancer of Cervix etc. ...	46	6	4	5	61
Suspected but not found to have Cancer ...	6	1	4	2	13
F. Cancer of the Penis etc. ...	16	—	1	2	19
G. Leukemia, Lymphosarcoma, or Hodgkin's disease ...	12	2	—	—	14
Suspected but not found to have the above disease ...	3	1	1	—	5
Multiple Myeloma ...	1	—	—	—	1
H. Cancer of the Bone or Soft Tissues ...	26	3	4	—	33
Suspected but not found to have Cancer ...	3	—	1	—	4
I. Cancer of the Skin ...	—	2	2	—	4
J. Cancer of the Lung etc. ...	5	1	—	—	6
Suspected but not found to have Cancer ...	1	—	—	—	1
K. Cancer of the Kidney & Bladder ...	7	—	1	—	8
Suspected but not found to have Cancer ...	—	—	2	—	2
L. Cancer of the Larynx ...	12	2	—	2	16
Suspected but not found to have Cancer ...	1	2	1	—	4
M. Cancer of the Thyroid ...	3	1	—	—	4
Benign tumours of the Thyroid ...	3	—	2	3	8
Goitre ...	3	—	—	—	3
N. Miscellaneous					
(a) Cancer of the Eye ...	—	—	1	—	1
(b) Nasopharynx—benign tumorus ...	2	—	—	—	2
Total : ...	364	60	45	31	500
Cancer Cases : ...	311	54	31	22	418
Percentage : ...	74	13	8	5	100

NOTE: *Includes 1 Sikh; **Includes 3 Sikhs; °Includes 1 Jew.

TABLE IV(a): Incidence of Various Types of Cancer in Different Communities *

Type of Cancer	Hindus	Muslims	Christians	Parsis
A. Cancer of the Mouth ...	23.0	23.0	6.0	3.0
B. Cancer of the Oesophagus ...	11.0	20.0	4.5	6.5
C. Cancer of Gastro-intestinal system ...	7.0	10.0	9.0	6.5
D. Cancer of the Breast ...	7.5	8.0	18.0	26.0
E. Cancer of the Cervix ...	12.5	10.0	9.0	16.0
F. Cancer of the Penis ...	4.0	0.0	2.0	6.5
G. Leukemia, Lymphosarcoma or Hodgkin's disease ...	3.0	3.0	0.0	0.0
H. Cancer of the Bone or Soft tissues ...	7.0	5.0	9.0	0.0
I. Cancer of the Skin ...	0.0	3.0	4.5	0.0
J. Cancer of the Lung ...	1.5	1.5	0.0	0.0
K. Cancer of the Kidney and Bladder ...	2.0	0.0	2.0	0.0
L. Cancer of the Larynx ...	3.5	3.0	0.0	6.5
M. Cancer of the Thyroid ...	0.0	1.5	0.0	0.0
N. (a) Cancer of the eye ...	0.0	0.0	2.0	0.0
	82.0	88.0	66.0	71.0
Had non-cancerous conditions ...	18.0	12.0	34.0	29.0
Total :	100.0	100.0	100.0	100.0

* In terms of percentages.

TABLE V Distribution by Castes *

	Brahmins.	Agricultural	Banias	Artisans I	Artisans II	Scheduled & Backward	Rajputs	Marathas	Not Known	Total
A. Cancer of the Mouth										
(a) Cancer of the Oral Cavity	4	4	12	3	4	6	6	6	...	45
(b) Cancer of the Oropharynx	2	3	6	1	2	...	3	3	2	22
(c) Cancer of the Hypopharyn	1	1	2	3	..	3	1	2	4	17
Suspected but not found to havex Cancer	4	2	1	1	...	...	1	3	1	13
Metastatic Node ...	...	...	1	...	..	...	...	...	...	1
B. Cancer of the Oesophagus ...	8	4	9	2	4	1	1	6	4	39
Suspected but not found to have Cancer ...	1	...	...	...	...	...	...	1	...	2
C. (a) Cancer of the Stomach ...	2	1	1	...	2	...	1	2	...	9
Suspected but not found to have Cancer ...	1	...	...	...	...	...	1	2	...	4
(b) Cancer of the Rectum, Colon, etc. ...	3	...	8	...	1	1	4	4	1	22
Suspected but not found to have Cancer ...	...	...	...	...	...	...	...	2	1	3
(c) Cancer of the Liver ...	1	...	...	...	...	...	...	...	...	1
D. Cancer of the Breast ...	11	3	5	2	2	3	...	2	...	28
Suspected but not found to have Cancer ...	...	1	1	...	2	...	...	...	4	8
E. Cancer of the Cervix etc. ...	10	2	12	2	2	3	2	7	6	46
Suspected but not found to have Cancer ...	4	...	...	...	...	...	...	1	1	6
F. Cancer of the Penis etc. ...	5	...	3	...	1	3	1	2	1	16
G. Leukemia, Lymphosarcoma, or Hodgkin's disease ...	2	1	...	1	...	2	1	4	1	12
Suspected but not found to have the above disease ...	...	...	1	...	2	...	...	...	...	3
Multiple Myeloma ...	...	...	1	...	...	...	...	...	...	1
H. Cancer of the Bone or soft Tissues ...	4	2	6	1	1	2	1	5	4	26
Suspected but not found to have Cancer ...	...	1	1	..	...	...	...	...	1	3
I. Cancer of the Skin ...	...	...	...	...	..	...	...	...	...	...
J. Cancer of the Lung etc. ...	...	...	4	..	1	...	...	...	...	5
Suspected but not found to have Cancer ...	...	1	...	...	...	...	...	...	...	1
K. Cancer of the Kidney & Bladder	2	...	3	...	...	1	1	...	...	7
Suspected but not found to have Cancer ...	...	...	...	...	...	...	...	...	...	...
L. Cancer of the Larynx ...	...	...	5	..	1	...	2	1	3	12
Suspected but not found to have Cancer ...	...	...	1	...	...	...	...	...	...	1
M. Cancer of the Thyroid ...	...	...	...	...	..	...	1	...	2	3
Benign tumours of the Thyroid ...	...	...	...	2	1	...	...	...	...	3
Goitre ...	...	...	...	...	...	1	...	1	1	3
N. Miscellaneous										
(a) Cancer of the Eye ...	...	...	...	...	..	...	...	...	...	...
(b) Nasopharynx – benign tumours ...	...	...	1	...	...	1	...	...	...	2
	65	27	84	18	26	27	27	54	37	364

*CASTE: NOTE: Agricultural includes Kunbi, Patel, Gauli, Ayar etc. Bania includes Bhatia, Jain, Lohana, Vani, Vaishya, Kayastha, Agarwal etc. Artisan group I includes Sunar, Suthar, Darji, Teli, Pancholi, Halwai, Chhatri. Artisan group II includes Chamar, Mochi, Bhandri, Navi or Barber, Kumbhar etc. Scheduled and Backward includes Koli Mahar, Bagri Mang, Buddha, etc. Rajput includes Kshatriya, Brahma-Kshatriya, Khatri, J,t, Sikh etc. Maratha is a separate category as the occupations common to them are both agriculture as well as sodiering.

TABLE VI Distribution According to Place of Residence and Sex

TYPE OF CANCER	Greater Bombay			Gujarat Saurashtra			Maha-rashtra			Mysore Andhra Madras			Rajasthan			Uttar Pradesh			Bengal Bihar			Himachal Pradesh Punjab			Madhya Pradesh			From other Countries			Grand Total
	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total	
A. Cancer of the Mouth																														
(a) Cancer of the Oral Cavity ...	11	7	18	5	5	10	8	3	11	1	...	1	1	2	3	4	2	6	1	...	1	...	...	...	4	...	4	...	...	...	54
(b) Cancer of the Oropharynx ...	10	2	12	6	...	6	6	...	6	...	...	...	2	...	2	...	1	1	...	...	...	...	...	...	1	1	2	...	...	...	22
(c) Cancer of the Hypopharynx ...	3	1	4	2	...	2	7	3	10	1	1	2	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	19
Suspected but not found to have Cancer	2	2	4	2	2	4	2	4	6	...	...	...	...	...	...	2	...	2	...	...	...	...	...	...	...	...	...	...	...	...	16
Metastatic Node ...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
B. Cancer of the Oesophagus ...	15	4	19	7	2	9	12	5	17	3	...	3	...	...	...	1	1	2	...	...	...	...	...	...	2	1	3	2	...	2	55
Suspected but not found to have Cancer	1	1	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2
C. (a) Cancer of the Stomach ...	4	1	5	3	1	4	2	2	4	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	14
Suspected but not found to have Cancer	2	1	3	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	5
(b) Cancer of the Rectum, Colon, etc.	7	6	13	2	2	4	4	...	4	1	...	1	...	...	...	2	...	2	...	...	...	3	...	3	...	...	...	2	...	2	29
Suspected but not found to have Cancer	1	...	1	...	1	1	2	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	5
(c) Cancer of the Liver ...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
D. Cancer of the Breast ...	...	24	24	1	7	8	...	6	6	...	...	...	...	...	...	...	3	3	...	...	...	...	...	...	...	3	3	...	5	5	49
Suspected but not found to have Cancer	...	7	7	...	...	...	...	3	3	...	...	...	...	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	12
E. Cancer of the Cervix etc. ...	...	24	24	...	4	4	...	25	25	...	...	...	...	1	1	...	4	4	...	1	1	...	1	1	...	...	...	...	1	1	62
Suspected but not found to have Cancer	...	9	9	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	2	...	1	1	13
F. Cancer of the Penis, etc. ...	10	...	10	2	...	2	5	...	5	...	...	...	...	...	...	...	...	...	1	...	1	1	...	1	...	...	...	...	...	...	19
G. Leukemia, Lymphosarcoma, or Hodgkin's Disease ...	2	3	5	1	...	1	6	1	7	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	14
Suspected but not found to have the above disease ...	2	1	3	...	1	1	...	1	1	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	5
Multiple Myeloma ...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
H. Cancer of the Bone or Soft Tissues ...	7	3	10	1	...	1	10	2	12	...	...	...	1	1	2	3	...	3	...	...	..	1	...	1	2	...	2	2	...	2	33
Suspected but not found to have Cancer	...	1	1	2	...	2	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	4
I. Cancer of the Skin ...	1	...	1	2	1	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4
J. Cancer of the Lung etc. ...	2	...	2	2	...	2	1	...	1	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	6
Suspected but not found to have Cancer	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
K. Cancer of the Kidney & Bladder ...	2	1	3	1	1	2	1	...	1	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	1	...	1	...	...	...	8
Suspected but not found to have Cancer	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	2	2	2
L. Cancer of the Larynx ...	9	...	9	2	...	2	2	...	2	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	1	...	1	16
Suspected but not found to have Cancer	2	...	2	1	...	1	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4
M. Cancer of the Thyroid ...	1	1	2	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	4
Benign tumours of the Thyroid ..	1	5	6	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	8
Goitre ...	...	2	2	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3
N. Miscellaneous ...																															
(a) Cancer of the Eye ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	1
(b) Nasopharynx - Benign Tumours	...	...	...	...	1	1	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2
Total ...	97	106	203	42	29	71	71	56	127	9	1	10	6	6	12	18	11	29	2	1	3	5	1	6	13	7	20	8	11	19	500
Percentage ...			40.6			14,2			25.4			2.0			2.4			5.8			0.6			1.2			4.0			3.8	100

TABLE VII : Accommodation Problem

Place of residence in Bombay	No. of Cases	Percentage
With relatives or friends ...	192	66.0
At lodges, dharmashalas etc. (rast House) ...	71	25.5
In hospital premises only ...	18	6.5
At railway station ...	6	2.0
Total ...	297	100.0

TABLE VIII

Distribution of Cases According to Prognosis on Admission

TYPE OF CANCER	Operable	Palliative or Inoperable	At the first stage of the Disease	Under Observation	Total
A. Cancer of the Mouth					
(a) Cancer of the Oral Cavity ...	16(2*)	24(4+)	14	...	54
(b) Cancer of the Oropharynx ...	1	20(1+)	8	...	29
(c) Cancer of the Hypopharynx ...	1	8	10	...	19
Suspected but not found to have	3	...	...	13	16
Motastatic Node Cancer ...	1	...	...	...	1
B. Cancer of the Oesophagus ...	25(2+)(2")	25(5+)	5	...	55
Suspected but not found to have Cancer ...	...	...	...	2	2
C. (a) Cancer of the Stomach ...	3	11(5+)(1=)	...	...	14
Suspected but not found to have Cancer ...	3	...	...	2	5
(b) Cancer of the Rectum, Colon etc. ...	18(2+1*1=)	11(4+)	...	...	29
Suspected but not found to have Cancer ...	1	..	...	4	5
(c) Cancer of the Liver ...	1	...	...	...	1
D. Cancer of the Breast ...	38	6(3+)	4	1	49
Suspected but not found to have Cancer ...	11(1=)	...	...	1	12
E. Cancer of the Cervix etc. ...	15(1+)	35(5+)(1=)	11(1=)	...	61
Suspected but not found to have Cancer ...	10	...	...	3	13
F. Cancer of the Penis etc. ...	15	4(3+)	...	...	19
G. Leukemia, Lymphosarcoma, or Hodgkin's disease. ...	3	9(2+) (1=)	1	1	14
Suspected but not found to have the above disease. ...	2	...	...	3	5
Multiple Myeloma ...	...	...	...	1	1
H. Cancer of the Bone or Soft Tissues	23(4") (1+)	4(1+)	6(1")	...	33
Suspected but not found to have Cancer ...	3	...	...	1	4
I. Cancer of the Skin ...	4(1+)	...	...	...	4
J. Cancer of the Lung etc. ...	...	6(1+)	...	...	6
Suspected but not found to have Cancer ...	...	...	...	1	1
K. Cancer of the Kidney & Bladder ...	2	4	2	...	8
Suspected but not found to have Cancer ...	2	...	...	...	2
L. Cancer of the Larynx ...	6(1*)	7	3	...	16
Suspected but not found to have Cancer ...	...	...	...	4	
M. Cancer of the Thyroid ...	4(1")	...	...	...	4
Benign Tumours of the Thyroid	8	...	...	...	8
Goitre ..	...	...	...	3	3
N. Miscellaneous ...		1	...	...	1
(a) Cancer of the Eye ...	...	...	...	...	2
(b) Nasopharynx-benign tumours...	2				
Total ...	221 (4*7+7"2=)	175 (34+,3=)	64 (1=,1")	40	500
Cancer Cases ...	176	175	64	3	418
Percentage ...	42.0	41.5	15.5	1.0	100

Note: * Refused operation. + Number of patients expired. " Ran away without completing the treatment. = Did not come after the disease was diagnosed.

TABLE IX

Type of Cancer and Metastases

TYPE OF CANCER	Metastases in adjoining areas	Metastases in other areas	No Metastases	Total
A. Cancer of the Mouth				
(a) Cancer of the Oral Cavity ...	39 (4)	1 (1) (spine)	14 (4)	54
(b) Cancer of the Oropharynx ...	20 (1)	1 (1) (liver)	8 (1)	29
(c) Cancer of the Hypopharynx ...	11 (2)	...	8 (1)	19
Metastatic Node ...	Primary	not sure		1
B. Cancer of the Oesophagus ...	6	4 (2) (2 spine, 1 mediastimum & lung, 1 lung)	45 (7)	55
C (a) Cancer of the Stomach ...	4	...	10	14
(b) Cancer of the Rectum, Colon etc. ...	7	...	22	29
(c) Cancer of the Liver ...	Primary	not sure		1
D. Cancer of the Breast ...	28 (4)	2 (1) (general metastases)	19	49
E. Cancer of the Cervix etc.	50 (3)	...	11	61
F. Cancer of the Penis etc. ...	9 (1)	2 (1) lung & brain	8 (1)	19
G. Leukemia, Lymphosarcoma, or Hodgkin's disease ...	8 (2)	2 (1) (1 spine, 1 multiple secondaries)	4	14
Multiple Myeloma ...	1 (1)	...	...	1
H. Cancer of the Bone or Soft Tissues ...	4	8 (4) (lung)	21 (2)	33
I. Cancer of the Skin ...	...	...	4 (2)	4
J. Cancer of the Lung etc. ...	3 (cervical)	3 (Iliac)	...	6
K. Cancer of the Kidney & Bladder ...	...	2 (2) (rib, spine)	6 (3)	8
L. Cancer of the Larynx ...	11 (2)	...	5 (1)	16
M. Cancer of the Thyroid ...	...	...	4 (2)	4
N. Miscellaneous ...				
(a) Cancer of the Eye ...	...	...	1	1
TOTAL ...	285 (20)	25 (13)	190 (24)	418
PERCENTAGE ...	49	6	45	100

NOTE : Figures in brackets suggest cases with recurrence.

TABLE X History of Cancer in the Family of the Patient

	TYPE OF CANCER	History
1.	Female Benign tumour-parotid	Sister-in-law died of cancer
2.	Female Tumour in neck (right side)	Patient had fibroid uterus
3.	Female Cancer of the oesophagus	Patient had fibroid uterus
4.	Male Cancer of the oesophagus	Lump on throat removed before 10 years.
5.	Male Cancer of the Colon	Patient had peptic ulcer 30 years ago
6.	Female Cancer of the Breast	Patient had chronic cervical Lymphadenitis
7.	,, ,,	Patient had chronic cervicitis 7 years ago
8.	,, ,, ,,	Patient had fibroid uterus operated before 10 years
9.	,, ,, ,,	Patient had fibroid uterus
10.	,, ,, ,,	Brother had cancer of the stomach
11.	,, ,, ,,	Husband's sister had cancer of the cervix
12.	,, ,, ,,	Mother had cancer of the cervix
13.	,, ,, ,,	Patient had atrophic ovary
14.	,, ,, ,,	Patient operated for tumour in stomach before 25 years or so
15.	,, Fibro-Adenoma of the Breast	Patient had fibroid uterus
16.	,, ,, ,,	,, ,, lump in neck operated 30 years earlier
17.	,, ,, ,,	Mother had tumour in abdomen
18.	,, Cancer of the Cervix	Husband had throat cancer
19.	,, Fibroid uterus	Sister had cancer of the cervix
20.	,, ,,	Mother had cancer of the cervix
21.	,, ,,	Sister had cancer of the breast
22.	,, ,,	Grandmother had cancer of the breast
23.	,, Chondrosarcoma-multiple exostosis	Brother, eldest son and daughter have similar structure
24.	Male Lympho-sarcoma	Ealargement of neck since birth
25.	,, Cancer of Throid	Thyroid swelling since birth
26.	,, Thyroid Adenoma	Brother and sister died of cancer-site not known
27.	Female Toxic Goitre	Sister had same trouble
28.	,, ,, ,,	Brother had cancer of the Thyroid. He took X-rays but refused operation

TABLE XI Predisposing Factors and Habits in Cancer

TYPE OF CANCER	Pan Bidi Tobacco.	Pan & Bidi	Pan & Tobacco. chewing	Pan with Tobacco.	Pan without Tobacco.	Pan Bidi Alcohol Tobacco.	Bidi & Tobacco.	Bidis	Cigarettes	Tobacco Chewing	Cigarettes & Alcohol	Snuff	Betalnut	Injury	History of Venereal disease	History of same disease in family	No habit or History
A. Cancer of the Mouth																	
(a) Cancer of the Oral Cavity ...	4	3	10	11	...	1	4	4	2	1	1	1	2	1	...	...	9
(b) Cancer of the Oropharynx ...	1	3	4	2	...	1	1	(14+1v)	...	...	...	...	...	...	...	...	2
(c) Cancer of the Hypopharynx ...	...	3	2	3	...	...	1	8	...	1	...	...	...	...	...	...	1
Suspected but not found to have Cancer ...	1	...	1	2	...	1	...	5	...	...	...	3	...	...	...	1	2
Metastatic Node ...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...
B. Cancer of the Oesophagus ...	1	5	5	8	4	...	...	15	(3 +1s)	1*	3	...	...	...	...	...	9
Suspected but not found to have Cancer ...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	...	..	...
C. (a) **Cancer of the Stomach** ...	1	1	1	1	...	...	...	3	1	2	1	1	...	...	...	...	2
Suspected but not found to have Cancer ...	...	1	1	...	...	...	...	...	...	...	...	...	1	...	...	...	2
(b) **Cancer of the Rectum, Colon etc.** ...	...	3	1	1	...	1	2	4	3	3	1	...	...	...	...	...	10
Suspected but not found to have Cancer ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4
(c) **Cancer of the Liver** ...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
D. Cancer of the Breast ** ...	...	...	2	2	...	...	...	...	...	...	...	1a	...	...	...	4	2
Suspected but not found to have Cancer ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	3
E. Cancer of the Cervix etc. ** ...	...	...	3	4	...	...	3	...	...	1	...	...	...	...	...	1	27
Suspected but not found to have Cancer ...	...	1	...	2	...	...	...	...	...	...	...	...	...	...	...	3	6
F. Cancer of the Penis etc. ...	...	...	1	...	...	...	1	2 (1*)	1	2	...	1	...	...	3	...	7

G. Leukemia, Lymphosarcoma or Hodgkin's disease	...	...	...	3	...	...	...	3		1		1	...	1	...	...	...	1	4
Suspected but not found to have the above disease	...	...	2	...	...	...	...	...		...		...	...	...	...	...	...	...	3
Multiple Myeloma	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...	...	1
H. Cancer of the Bone or Soft Tissues	...	...	2	1	2	...	...	...	1	...		...	...	...	...	13+1p	...	1	12
Suspected but not found to have Cancer	...	...	...	...	...	...	...	...	...	...		1	...	...	...	2	...	...	1
I. Cancer of the Skin	...	...	...	...	...	...	...	...	1	...		...	...	...	...	1	...	...	2
J. Cancer of the Lung	...	...	...	1	...	...	...	1	2	1		...	...	...	...	...	...	...	1
Suspected but not found to have Cancer	...	...	...	...	...	...	...	...	1	...		...	...	...	...	...	...	...	...
K. Cancer of the Kidney & Bladder	...	...	...	1	...	...	...	...	1	3		...	...	...	...	...	..	...	3
Suspected but not found to have Cancer	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...	...	2
L. Cancer of the Larynx	..	1	2	...	1	...	...	2	3	5		...	...	...	...	...	...	...	2
Suspected but not found to have Cancer	...	...	...	1	...	...	...	...	1	...		...	1	...	...	...	...	...	...
M. Cancer of the Thyroid	...	...	...	1	...	...	...	...	1	...		...	...	...	...	...	...	...	2
Benign tumours of the Thyroid	...	...	1	...	...	...	...	...	...	...		...	...	...	...	...	...	1	6
Goitre	...	...	...	...	...	...	...	...	1	...		...	...	...	...	...	...	2	...
N. Miscellaneous																			
(a) Cancer of the Eye	...	...	...	...	...	...	...	...	1	...		...	...	...	...	...	...	...	...
(b) Nasopharynx - benign tumours	...	...	...	...	1	...	...	...	...	...		...	...	...	...	...	...	...	1
TOTAL ...		9	26	39	43	4	4	15	73	22		13	9	8	3	18	3	15	127
					125	25%						140	28%						
					109 or 24% of Cancer patients					124 or 30% of Cancer patients									

Note: v Venereal Disease * With alcohol @ with pan p history of small pox

** Of the breasr cases, 3 were lactating mothers. 7 had last delivery before 5 years. 19 had last delivery before 10 years or more. 7 were married women with no issues at all. Of cases suspected of breast cancer 1 had last delivery before 5 years or more, 5 had last delivery before 10 years or more and 8 were spinsters or widows. 23 of the cerxix cases had more than 5 deliveries, (one of them had ceasarian operation) whereas 4 of the cases suspected of cancer of cervix had more than 5 deliveries.

TABLE XI *Predisposing Factors and Habits in Cancer*

TYPE OF CANCER	Pan Bidi Tobacco.	Pan & Bidi	Pan & Tobacco. chewing	Pan with Tobacco.	Pan without Tobacco.	Pan Bidi Alcohol Tobacco.	Bidi & Tobacco.	Bidis	Cigarettes	Tobacco Chewing	Cigarettes & Alcohol	Snuff	Betalnut	Injury	History of Venereal disease	History of same disease in family	No habit or History
A. Cancer of the Mouth																	
(a) Cancer of the Oral Cavity ...	4	3	10	11	...	1	4	4	2	1	1	1	2	1	...	...	9
(b) Cancer of the Oropharynx ...	1	3	4	2	...	1	1	(14+1v)	...	...	...	...	...	...	...	...	2
(c) Cancer of the Hypopharynx ...	...	3	2	3	...	...	1	8	...	1	...	...	...	...	...	...	1
Suspected but not found to have Cancer ...	1	...	1	2	...	1	...	5	...	...	...	3	...	...	...	1	2
Metastatic Node ...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...
B. Cancer of the Oesophagus ...	1	5	5	8	4	...	...	15	(3 +1s)	1*	3	...	...	...	...	...	9
Suspected but not found to have Cancer ...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	...	..	...
C. (a) Cancer of the Stomach ...	1	1	1	1	...	...	...	3	1	2	1	1	...	...	...	...	2
Suspected but not found to have Cancer ...	...	1	1	...	...	...	...	...	...	...	...	...	1	...	...	...	2
(b) **Cancer of the Rectum, Colon etc.** ...	...	3	1	1	...	1	2	4	3	3	1	...	...	...	...	...	10
Suspected but not found to have Cancer ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4
(c) **Cancer of the Liver** ...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
D. Cancer of the Breast ** ...	...	...	2	2	...	...	...	...	...	...	...	1a	...	...	...	4	2
Suspected but not found to have Cancer ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	3
E. Cancer of the Cervix etc. ** ...	...	...	3	4	...	...	3	...	...	1	...	...	...	...	...	1	27
Suspected but not found to have Cancer ...	...	1	...	2	...	...	...	...	...	...	...	...	...	...	...	3	6
F. Cancer of the Penis etc. ...	...	...	1	...	...	...	1	2 (1*)	1	2	...	1	...	...	3	...	7

TABLE XII Type of Diet

TYPE OF CANCER	DIET		Total
	Vege-tarian	Non-Vege-tarian	
A. Cancer of the Mouth			
(a) Cancer of the Oral Cavity ...	29	25	54
(b) Cancer of the Oropharynx ...	16	13	29
(c) Cancer of the Hypopharynx ...	7	12	19
Suspected but not found to have Cancer ...	10	6	16
Metastatic Node ...	1	...	1
B. Cancer of the Oesophagus ...	22	33	55
Suspected but not found to have Cancer ...	1	1	2
C. (a) Cancer of the Stomach ...	6	8	14
Suspected but not found to have Cancer ...	1	4	5
(b) Cancer of the Rectum, Colon etc. ...	12	17	29
Suspected but not found to have Cancer ...	...	5	5
(c) Cancer of the Liver ...	1	...	1
D. Cancer of the Breast ...	22	27	49
Suspected but not found to have Cancer ...	1	11	12
E. Cancer of the Cervix etc. ...	30	31	61
Suspected but not found to have Cancer ...	5	8	13
F. Cancer of the Penis etc. ...	10	9	19
G. Leukemia, Lymphosarcoma, or Hodgkin's disease ...	3	11	14
Suspected but not found to have the above disease ...	1	4	5
Multiple Myeloma ...	1	...	1
H. Cancer of the Bone or Soft Tissues ...	13	20	33
Suspected but not found to have Cancer ...	2	2	4
I. Cancer of the Skin ...	...	4	4
J. Cancer of the Lung etc. ...	4	2	6
Suspected but not found to have Cancer ...	...	1	1
K. Cancer of the Kidney & Bladder ...	5	3	8
Suspected but not found to have Cancer ...	...	2	2
L. Cancer of the Larynx ...	11	5	16
Suspected but not found to have Cancer ...	1	3	4
M. Cancer of the Thyroid ...	...	4	4
Benign tumours of the Thyroid ...	2	6	8
Goitre ...	...	3	3
N. Miscellaneous			
(a) Cancer of the Eye ...	...	1	1
(b) Nasopharynx-benign tumours. ...	1	1	2
Total ...	218	282	500

TABLE XIII.

Interval Between First Symptoms and Diagnosis of Cancer or Otherwise

TYPE OF CANCER	Less than 1 month	Between 1 & 3 months	Between 2 to 6 months	Between 6 to 12 months	Between 1 to 2 years	Between 2 to 3 years	Between 3 to 5 years	More than 5 years	Total
A. Cancer of the Mouth									
(a) Cancer of the Oral Cavity	5	26	12	8	2	...	1	...	54
(b) Cancer of the Oropharynx	10	7	8	3	1	...	...	...	29
(c) Cancer of the Hypopharynx	10	5	1	1	...	1	1	...	19
Suspected but not found to have Cancer ..	2	8	1	1	...	...	4	...	16
Metastatic Node ...	...	...	1	...	...	...	...	...	1
B. Cancer of the Oesophagus ...	9	27	9	7	3	...	...	...	55
Suspected but not found to have Cancer ...	...	...	1	...	1	...	...	...	2
C. (a) Cancer of the Stomach ...	1	3	2	2	4	1	1	...	14
Suspected but not found to have Cancer ...	...	1	1	1	...	...	1	1	5
(b) Cancer of the Rectum, Colon, etc. ...	1	8	3	12	3	2	...	...	29
Suspected but not found to have Cancer ...	1	1	1	1	...	1	...	...	5
(e) Cancer of the Liver	...	...	1	...	...	...	...	...	1
D. Cancer of the Breast ...	10	16	8	3	10	...	...	2	49
Suspected but not found to have Cancer ...	4	3	...	3	1	...	1	...	12
E. Cancer of the Cervix etc. ...	7	15	14	12	8	1	3	1	61
Suspected but not found to have Cancer ...	...	4	3	1	1	1	3	...	13
F. Cancer of the Penis etc. ...	3	3	4	5	2	2	...	...	19
G. Leukemia Lymphosarcoma, or Hodgkin's disease ...	2	2	3	6	...	...	...	1	14
Suspected but not found to have the above of disease ...	2	...	2	...	...	...	1	...	5
Multiple Myeloma ...	...	...	...	...	1	...	...	...	1
H. Cancer of the Bone or Soft Tissues ...	2	6	9	11	1	...	2	3	33
Suspected but not found to have Cancer ...	1	1	1	...	1	...	...	...	4
I. Cancer of the Skin ...	...	...	...	1	...	1	1	1	4
J. Cancer of the Lung etc. ...	...	3	2	...	1	...	...	...	6
Suspected but not found to have Cancer ...	...	1	...	...	...	...	...	...	1
K. Cancer of the Kidney & Bladder ...	1	2	1	3	...	...	1	8
Suspected but not found to have Cancer ...	...	...	1	1	...	...	...	...	2
L. Cancer of the Larynx ...	3	6	1	3	3	...	...	...	16
Suspected but not found to have Cancer ..	1	1	...	1	1	...	...	...	4
M. Cancer of the Thyroid ...	...	1	...	1	...	...	1	1	4
Benign tumours of the Thyroid	3	2	...	...	1	...	...	2	8
Goitre ...	1	2	-	...	...	...	...	...	3
N. Miscellaneous									
(a) Cancer of the Eye ...	...	...	...	...	1	...	...	...	1
(b) Nasopharynx - benign tumours ...	...	...	...	...	1	1	...	...	2
Total ...	77	153	91	85	50	11	20	13	500
Percentage ...	15.4	30.6	18.2	17.0	10.0	2.2	4.5	2.6	100.0

TABLE XIV Reasons for Coming Late to the Cancer Hospital *

TYPE OF CANCER	Came in time	Own ignorance	Distance	No facilities	Economic stress	Family responsibilities	Doctor's wrong diagnosis	Fright	Shame
A. Cancer of the Mouth									
(a) Cancer of the Oral Cavity ...	8	30	8	2	4	...	28	5	...
(b) Cancer of the Oropharynx ...	5	21	1	1	1	1	8	2	...
(c) Cancer of the Hypophraynx ...	11	5	1	...	...	...	5	1	...
Supected but not found to have Cancer ...	2	6	3	1	1	1	4	...	...
Metastatic Node ...	...	...	...	...	...	...	1	...	...
B. Cancer of the Oesophagus ...	6	28	5	2	1	...	30	4	...
Suspected but not found to have Cancer ...	...	...	...	...	...	...	2	...	...
C. (a) Cancer of the Stomach ...	1	9	1	1	...	...	7	...	...
Suspected but not found to have Cancer...	...	3	...	...	...	...	4	...	...
(b) Cancer of the Rectum, Colon, etc. ..	...	10	6	4	1	1	16	1	...
Suspected but not found to have Cancer...	1	2	...	...	...	...	4		...
(c) Cancer of the Liver ...	...	...	...	...	...	...	1	...	...
D. Cancer of the Breast ...	14	17	6	5	...	4	...	3	...
Suspected but not found to have Cancer ...	5	5	...	2	...	...	1	...	...
E. Cancer of the Cervix etc. ...	5	35	7	6	1	2	28	2	9
Suspected but not found to have Cancer...	1	9	...	...	...	...	9	1	2
F. Cancer of the Penis etc. ...	2	10	2	1	...	...	10	1	4
G. Leukemia, Lymphosarcoma, or Hodgkin's disease ...	2	8	1	1	1	1	7	1	...
Suspected but not found to have the above disease ...	2	2	...	...	...	...	1	...	...
Multiple Myeloma ...	...	...	...	...	...	...	1	...	...
H. Cancer of the Bone or Soft Tissues ...	2	16	5	3	2	...	18	1	...
Suspected but not found to have Cancer...	2	...	1	...	...	1	...	...	...
I. Cancer of the Skin ...	...	...	1	...	...	...	4	...	...
J. Cancer of the Lung etc. ...	...	2	...	1	...	...	6	...	...
Suspected but not found to have Cancer...	...	...	...	...	...	...	1	...	...
K. Cancer of the Kidney & Bladder ...	...	4	1	...	...	1	4	...	...
Suspected but not found to have Cancer...	...	1	...	...	...	...	1	1	...
L. Cancer of the Larynx ...	7	6	1	...	...	...	4	2	...
Suspected but not found to have Cancer...	1	3	...	...	..	...	2	...	...
M. Cancer of the Thyroid ...	...	3	2	2	...	...	2	...	...
Benign tumours of the Thyroid ...	...	2	...	...	...	...	2	2	...
Goitre ...	1	2	...	...	...	...	1	1	...
N. **Miscellaneous**									
(a) Cancer of the Eye ...	...	1	...	1	...	...	...	...	...
(b) Nasopharynx-benign tumours ...	...	2	...	...	...	...	1	...	...
TOTAL ...	78	242	52	33	12	12	213	27	15–606
Percentage ...	15.6	40.0	9.0	6,0	2.0	2.0	34,0	4.5	2.5—100

* These reasons are discussed in order of frequency because many patients had given more than one reason for coming late to the hospital.

TABLE XV

Interval Between Application for Admission and Beginning of Treatment

TYPE OF CANCER	8 days	15 days	1 month	2 months	3 months	More than 3 months	Not needed	Not taken	Referred back	Total
A. Cancer of the Mouth										
(a) Cancer of the Oral Cavity ...	7	11	21	10	...	2*	...	1	2	54
(b) Cancer of the Oropharynx ...	4	7	18	...	...	...	...	...	...	29
(c) Cancer of the Hypopharynx ...	3	3	8	5	...	...	...	...	...	19
Suspected but not found to have Cancer	2	2	1	...	...	...	11	...	...	16
Metastatic Nede ...	...	...	...	1	...	...	...	...	...	1
B. Cancer of the Oesophagus ...	20	10	13	8	2	1*	...	...	1	55
Suspected but not found to have Canter	...	...	...	...	...	...	2	...	...	2
C. (a) Cancer of the Stomach ...	4	5	2	1	1*	...	...	1	...	14
Suspected but not found to have Cancer	2	1	1	...	...	...	1	...	...	5
(b) Cancer of the Rectum, Colon etc. ...	12	4	9	2	...	...	...	2	...	29
Suspected but not found to have Cancer	3	1	1	...	...	...	...	...	...	5
(c) Cancer of the Liver ...	...	...	...	...	...	1*	...	...	...	1
D. Cancer of the Breast ...	18	5	15	6	4(2*)	...	...	...	...	49
Suspected but not found to have Cancer	4	2	1	2	1*	1	1	...	...	12
E. Cancer of the Cervix etc. ...	18	3	18	17	3	...	...	2	...	61
Suspected but not found to have Cancer	4	2	1	1	1	1*	3	...	...	13
F. Cancer of the Penis etc. ...	3	3	7	5	...	1	...	...	...	19
G. Leukemia Lymphosarooma, or Hodgkin's disease ...	6	...	4	1	...	1	...	2	...	14
Suspected but not found to have the above disease ...	2	1	1	...	1	...	...	...	...	5
Multiple Myeloma ...	...	...	...	...	...	1*	...	...	...	1
H. Cancer of the Bone or Soft Tissues ...	18	4	3	5	2	...	...	1	...	33
Suspected but not found to have Cancer	1	...	2	1	...	...	...	...	...	4
I. Cancer of the Skin ...	3	...	...	1	...	...	...	...	...	4
J. Cancer of the Lung etc. ...	2	1	3	...	...	...	...	...	...	6
Suspected but not found to have Cancer	...	1	...	...	...	...	...	...	...	1
K. Cancer of the Kidney & Bladder ...	1	2	4	1	...	...	...	...	...	8
Suspected but not found to have Cancer	...	1	1	...	...	...	...	...	...	2
L. Cancer of the Larynx ...	7	4	3	1	...	...	...	1	...	16
Suspected but not found to have Cancer	4	...	...	...	...	...	...	...	...	4
M. Cancer of the Thyroid ...	...	...	...	3	...	...	...	1	...	4
Benign tumouts of the Thyroid ...	1	2	2	2	1*	...	...	...	...	8
Goitre ...	...	...	...	...	...	...	3	...	...	3
N. Miscellaneous										
(a) Cancer of the Eye ...	...	...	1	...	...	...	...	...	...	1
(b) Nasopharynx - benign tumours	...	...	...	...	2	...	...	...	...	2
TOTAL ...	149	75	141	73	18	9	21	11	3	500
PERCENTAGE ...	29.8	15.0	28.2	14.6	3.6	1.8	4.2	2.2	0.6	100

TABLE XVI Type of Treatment *

TYPE OF CANCER	Household	Ayurvedic	Homeopathic	Medical	Specialist	Operative	Radiation (X-rays or Cobalt)	Chemotherapy	Quack
A. Cancer of the Mouth									
(a) Cancer of the Oral Cavity	17	11	2	43	...	20	41	...	2
(b) Cancer of the Oropharynx	5	3	1	20	1	4	29	1	...
(c) Cancer of the Hypopharynx ...	2	1	...	13	...	1	17	...	1
Suspected but not found to have Cancer ...	10	3	...	14	...	6	2	...	...
Metastatic Node ...	...	...	...	...	...	1	...	...	...
B. Cancer of the Oesophagus ...	9	7	...	50	1	34	20	1	1
Suspected but not found to have Cancer ...	1	...	...	2	...	...	1	...	...
C. (a) Cancer of the Stomach ...	8	4	...	12	2	11	2	...	2
Suspected but not found to have Cancer ...	2	1	...	4	...	3	...	...	...
(b) Cancer of the Rectum, Colon etc. ...	7	6	3	26	...	26	7	...	...
Suspected but not found to have Cancer ...	1	...	...	6	...	3	...	...	...
(c) Cancer of the Liver ...	...	...	...	1	...	1	...	...	...
D. Cancer of the Breast ...	11	3	2	22	...	44	22	1	...
Suspected but not found to have Cancer ...	3	5	...	9	...	8	5	...	...
F. Cancer of the Cervix etc. ...	18	9	...	37	15	25	39	...	...
Suspected but not found to have Cancer ...	2	1	1	11	...	10	2	...	...
F. Cancer of the Penis etc. ...	7	4	...	17	...	19	7	1	...
G. Leukemia, Lymphosarcoma or Hodgkin's disease ...	5	3	...	12	...	4	12	1	1
Suspected but not found to have the above disease ...	2	...	...	3	...	2	...	...	...
Multiple Myeloma ...	...	...	...	...	...	1	...	1	...
H. Cancer of the Bone of Soft Tissues ...	12	9	2	22	12	19	10	2	3
Suspected but not found to have Cancer ...	1	...	...	3	...	3	...	...	...
I, Cancer of the Skin ...	1	...	...	2	1	4	...	...	...
J. Caacer of the Lung etc. ...	1	...	5	...	...	1	3	3	...
Suspected but not found to have Cancer ...	...	...	...	1	...	...	...	...	...
K. Cancer of the Kidney and Bladder ...	2	3	...	3	...	3	2	...	...
Suspected but not found to have Cancer ...	...	...	...	2	...	2	...	...	...
L. Cancer of the Larynx ...	3	3	1	8	...	5	9	...	...
Suspected but not found to have Cancer ...	...	...	...	2	...	2	1	...	...
M. Cancer of the Thyroid ...	2	1	...	3	...	...	...	...	...
Benign tumours of the Thyroid	4	2	...	7	...	8	...	...	...
Goitre ...	2	...	...	1	...	...	...	...	...
N. Miscellaneous									
(a) Cancer of the Eye ...	1	...	...	...	...	...	1	...	...
(b) Nasopharynx - benign tumours ...	...	...	...	2	1	2	...	...	...
Total ...	139	79	17	358	33	272	232	11	10=1151
Percentage ...	11.5	7.0	2.0	31.5	3.0	22.5	20.5	1.0	1.0=100

* NOTE: In order of frequency.

TABLE XVII Need for Occupational Therapy and/or Physio-Therapy

TYPE OF CANCER	PRESCRIBED				Total Ward Patients	Patients Benefited by Library Service
	Occupational Therapy	Physio-Therapy	Both Occupational & Physio-Therapy	Total		
A. Cancer of the Mouth ...						
(a) Cancer of the Oral Cavity...	3	6	5	14	18	12
(b) Cancer of the Oropharynx	...	...	...	...	4	4
(c) Cancer of the Hypopharynx	...	...	...	...	...	...
Suspected but not found to have Cancer ...	1	...	...	1	4	2
Metastatic Node ...	...	1	...	1	1	1
B. Cancer of the Oesophagus ...	5	14	5	24	41	25
Suspected but not found to have Cancer ...	...	...	...	...	...	...
C. (a) Cancer of the Stomach ...	2	4	1	7	11	3
Suspected but not found to have Cancer ...	...	...	...	...	3	2
(b) Cancer of the Rectum, Colon etc.	...	7	7	14	27	18
Suspected but not found to have Cancer ...	...	...	...	...	3	3
(c) Cancer of the Liver ...	...	...	...	...	1	1
D. Cancer of the Breast right ...	5	6	1	12	24	7
left ...	5	2	5	12	16	7
Suspected but not found to have Cancer ...	1	1	...	2	9	4
E. Cancer of the Cervix etc. ...	3	8	2	13	28	17
Suspected but not found to have Cancer ...	...	2	...	2	10	4
F. Cancer of the Penis etc. ...	3	1	2	6	15	8
G. Leukemia, Lymphosarcoma, or Hodgkin's disease ...	1	...	...	1	8	4
Suspected but not found to have the above disease ...	...	...	...	...	3	...
Muliple Myeloma ...	...	...	...	...	1	1
H. Cancer of the Bone or Soft Tissues	9	5	14	28	29	22
Suspected but not found to have Cancer ...	1	...	2	3	4	4
I. Cancer of the Skin ...	...	...	1	1	4	2
J. Cancer of the Lung etc, ...	1	...	1	2	6	4
Suspected but not found to have Cancer ...	...	...	...	...	1	...
K. Cancer of the Kidney & Bladder	2	...	...	2	8	4
Suspected but not found to have Cancer ...	...	...	...	...	2	...
L. Cancer of the Larynx ...	4(2*)	1	...	5	6	3
Suspected but not found to have Cancer ...	...	...	...	...	...	...
M. Cancer of the Thyroid ...	...	...	...	...	3	2
Benign tumours of the Thyroid	...	1	...	1	8	5
Goitre ...	...	...	...	...	...	...
N. Miscellaneous						
(a) Cancer of the Eye ...	...	...	...	...	...	...
(b) Nasopharynx-benign tumours	...	...	...	...	2	2
TOTAL ...	46	59	46	151	300	171

Note: *Oesophageal speech.

TABLE XVIII. *Secondary Effects of Cancer.* *

TYPE OF CANCER	General weaknes	Pain	No Appetite	Giddiness	Fatigue	Poor Digestion	Sleeplessnss	Fright	Difficulty in speech	Loss of Weight	Others @	Normal
A. Cancer of the Mouth												
(a) Cancer of the Oral Cavity ...	44	45	18	9	8	5	19	14	25	...	2	2
(b) Cancer of the Orapharynx ...	9	22	14	8	7	5	11	7	12	...	...	2
(c) Cancer of the Hypopharynx ...	10	11	4	...	2	3	3	2	13	...	...	1
Suspected but not found to have Cancer ..	8	11	6	1	2	4	4	2	5	...	...	...
Metastatic Node ...	...	1	...	...	...	...	...	...	...	...	1	...
B. Cancer of the Oesophagus ...	40	33	36	17	9	8	14	20	2	8	1	...
Suspected but not found to have Cancer ...	2	2	2	...	2	...	...	...	...	...	...	...
C. (a) Cancer of the Stomach ...	11	11	10	1	1	2	4	4	...	6	1	...
Suspected but not found to have Cancer ...	4	5	3	1	...	2	1	1	...	...	...	...
(b) Cancer of the Rectum, Colon, etc. ...	22	24	15	1	2	6	12	3	...	20	...	...
Suspected but not found to have Cancer ...	4	...	2	1	1	2	1	...	...	2	...	...
(c) Cancer of the Liver ...	1	1	1	...	...	...	...	...	...	...	...	...
D. Cancer of the Breast ...	26	31	9	6	7	3	12	13	...	...	...	4
Suspected but not found to have Cancer ...	5	7	1	2	2	1	...	5	...	...	...	2
E. Cancer of the Cervix etc. ...	52	41	21	17	16	5	23	22	...	...	...	2
Suspected but not found to have Cancer ...	11	9	4	3	1	1	2	1	...	...	...	4
F. Cancer of the Penis etc. ...	9	14	6	4	2	2	8	5	...	...	1	2

G. Leukemia Lymphosarcoma, or Hodgkin's disease ...	14	9	7	5	4	2	7	4	1(H)	...	2	1
Suspected but not found to have the above disease...	...	2	2	1	...	...	...	...	...	...	...	2
Multiple Myeloma ...	1	...	1	...	1	...	...	...	...	1	...	...
H. Cancer of the Bone or Soft Tissues ...	15	30	2	...	3	2	5	22	...	...	...	...
Suspected but not found to have Cancer ...	...	3	...	...	1	1	...	2	...	...	...	1
I. Cancer of the Skin ...	2	3	...	...	1	...	...	2	...	...	1	...
J. Cancer of the Lung etc. ...	6	5	4	1	1	1	3	2	...	...	7	...
Suspected but not found to have Cancer ...	1	1	...	...	...	...	...	...	1	...	...	...
K. Cancer of the Kidney & Bladder ...	7	7	3	...	1	1	2	3	...	...	..	...
Suspected but not found to have Cancer ...	2	1	...	...	...	...	...	...	...	...	...	...
L. Cancer of the Larynx ...	15	14	6	...	1	2	5	8	16	...	...	...
Suspected but not found to have Cancer ...	1	1	...	1	1	...	...	2	4	...	...	...
M. Cancer of the Thyroid ...	1	2	1	...	...	1	...	1	...	...	...	...
Benign tumours of the Thyroid ...	5	2	...	...	...	...	...	2	...	...	...	1
Goitre ...	3	2	1	1	...	...	2	2	...	...	...	...
N. Miscellaneous												
(a) Cancer of the Eye ...	1	1	...	...	...	...	...	...	...	...	...	...
(b) Nasopharynx - Benign Tumours ...	...	1	...	...	...	...	...	...	...	...	2	...
TOTAL ...	332	352	169	80	76	59	118	149	79	37	18	24=1493
Percentage ...	22.0	23.0	11.3	5.6	5.2	4.0	8.0	10.0	5.4	2.5	1.4	1.6=100

* In order of frequency

@ This group includer 2 cases with deafness, 9 cases with breathlessess, 2 cases with facial paralysis, 2 with partial paralysis of limbs.

H Hodgkin's disease.

TABLE XIX Restriction of Movements

TYPE OF CANCER	Bed-ridden	Restriction of hand movements	Restriction of leg movements	Restriction of neck movements
A. Cancer of the Mouth				
(a) Cancer of the Oral Cavity ...	3	1 (right)	1	1
(b) Cancer of the Oropharynx ...	1	...	...	2
(c) Cancer of the Hypopharynx ...	...	...	...	...
Suspected but not found to have Cancer ...	...	...	...	...
Metastatic Node ...	...	...	...	1
B. Cancer of the Oesophagus ...	4	...	...	...
Suspected but not found to have Cancer ...	...	...	...	...
C. (a) Cancer of the Stomach ...	12	...	...	...
Suspected but not found to have Cancer ...	2	...	...	...
(b) Cancer of the Rectum, Colon, etc. ...	27	...	...	...
Suspected but not found to have Cancer ...	4	...	...	...
(c) Cancer of the Liver ...	1	...	...	...
D. Cancer of the Breast ...	...	10(5right) (5 left)	...	...
Suspected but not found to have Cancer ...	...	...	...	...
E. Cancer of the Cervix etc. ...	3	...	48	...
Suspected but not found to have Cancer ...	...	...	...	...
F. Cancer of the Penis etc. ..	2	...	2	...
G. Leukemia, Lymphosarcoma, or Hodgkin's disease ...	6	...	...	1
Suspected but not found to have the above disease	...	...	...	...
Multiple Myeloma ...	1	...	...	...
H. Cancer of the Bone or Soft Tissues ...	6	7(3right) (4 left)	17	...
Suspected but not found to have Cancer ...	...	...	3	...
I. Cancer of the Skin ...	...	...	1	...
J. Cancer of the Lung etc. ...	6	...	...	...
Suspected but not found to have Cancer ...	...	...	...	...
K. Cancer of the Kidney and Bladder ...	6	..	...	...
Suspected but not found to have Cancer ...	...	...	...	...
L. Cancer of the Larynx ...	1	...	..	...
Suspected but not found to have Cancer ...	...	...	...	...
M. Cancer of the Thyroid ...	...	...	...	2
Benign tumours of the Thyroid ...	...	...	...	3
Goitre ...	...	...	...	...
N. Miscellaneous				
(a) Cancer of the Eye ...	1	...	...	...
(b) Nasopharynx – benign tumours ...	...	...	...	...
Total ...	86	18	72	10=186
Percentage ...	46	10	40	4=100

TABLE XXI Prosthetics

TYPE OF CANCER	Type of Prosthesis	No. of patients
A. (a) Cancer of the Oral cavity	Hearing aid	1
	Splint for facial paralysis	1
C. (b) Cancer of the rectum	Colostomy bag	5
D. Cancer of the breast	Artificial breast	5
	Calliper for paralised leg	1
H. Cancer of the bone or soft tissues	(i) Crutches	5
	(ii) Wheel chair	2
	(iii) Artificial leg	7
	(iv) Walking stick (discarded crutches)	1
	(v) Artifical arm	1
Suspected but not found to have bone cancer	Crutches	1
I. Cancer of the skin	Artificial leg	1
	TOTAL	31

TABLE XXII Period of Treatment at Tata Memorial Hospital

TYPE OF CANCER	Less than 15 days	15 days to 1 month	1 month to 1½ months	1½ months to 2 months	2 months to 3 months	3 months to 6 months	more than 6 months	No treatment			Period of treatment Not known	Total
								Not needed	Not taken	Referred back		
A. Cancer of the Mouth ...												
(a) Cancer of the Oral Cavity ...	6(2*)	13(1)	13(1)	9(4)	5(3)	2(1)	(1)	...	1	2	2	54
(b) Cancer of the Oropharynx ...	1	5(1*)	16(1)	4(1)	2(1*)	(1)	...	...	...	...	...	29
(c) Cancer of the Hypopharynx ...	1	2	6(2)	2	4(2)	1	...	...	...	...	3	19
Suspected but not found to have Cancer ...	2	1	2	..	...	...	...	11	...	...	...	16
Metastatic Node ...	...	...	(1)	...	...	...	...	...	...	...	...	1
B. Cancer of the Oesophagus ...	6(2*)	19(2)	15(3)	3(1)	7(3)	(2)	...	...	...	1	2	55
Suspected but not found to have Cancer ...	...	...	...	...	...	...	...	2	...	...	...	2
C. (a) Cancer of the Stomach ...	2	5	2	3(2)	..	...	1	...	1	...	...	14
Suspected but not found to have Cancer ...	1	...	1	...	...	...	...	1	...	...	2	5
(b) Cancer of the Rectum, Colon etc. ...	2	8	4(1)	4(1)	4	(4)	...	...	2	...	1	29
Suspected but not found to have Cancer ...	1	3	1	...	...	...	...	...	...	...	...	5
(c) Cancer of the Liver ...	...	...	...	...	1	...	...	...	...	...	...	1
D. Cancer of the Breast ...	13(1)	11(3)	3(2*)	10(6)	6(3)	(1)	(3)	...	...	...	2@	49
Suspected but not found to have Cancer ...	7	4	...	...	...	...	...	1	...	...	...	12
E. Cancer of the Cervix etc. ...	4	18(1)	8(2)	14(3)	6(3)	6	(3)	...	2	...	...	61
Suspected but not found to have Cancer ...	1	7	...	2(1)	...	...	...	3	...	...	...	13
F. Cancer of the Penis etc. ...	3	6	2	...	(6)	(2)	...	...	...	...	...	19

F. Cancer of the Penis etc.	...	3	6	2	...	(6)	(2)	...	...	...	...	...	19

G. Leukemia, Lymphosarcoma, or Hodgkin's disease	...	2	6(2)	4(2)	...	...	...	...	...	2	...	...	14
Suspected but not found to have the above disease	...	2	1	...	...	...	...	...	2	...	...	...	5
Multiple Myeloma	...	1	...	...	...	...	...	...	...	...	...	...	1
H. Cancer of the Bone or Soft Tissues	...	4(2*)	9	6(1)	...	7(1)	3(2)	(3)	...	1	...	...	33
Suspected but not found to have Cancer	...	1	1*	2	...	...	...	...	...	...	...	...	4
I. Cancer of the Skin	...	2	1	1	...	...	...	...	...	...	...	...	4
J. Cancer of the Lung etc.	...	2	2	...	1	1	...	...	...	...	...	...	6
Suspected but not found to have Cancer	...	1	...	...	...	...	...	...	...	...	...	...	1
K. Cancer of the Kidney & Bladder	...	1	2	...	2(1)	...	(3)	...	...	...	...	...	8
Suspected but not found to have Cancer	...	1	1	...	...	...	...	...	...	...	...	...	2
L. Cancer of the Larynx	...	...	1	6(1)	...	4(3)	4(3)	...	...	1	...	...	16
Suspected but not found to have Cancer	...	...	1	...	...	...	...	...	3	...	...	...	4
M. Cancer of the Thyroid	...	1	...	...	...	(1)	...	(1)	...	1	...	...	4
Benign tumours of the Thyroid	...	4	2	...	...	...	2	...	...	...	...	...	8
Goitre	...	...	...	...	...	...	...	...	3	...	...	...	3
N. Miscellaneous													
(a) Cancer of the Eye	...	...	1	...	...	...	...	...	...	...	...	...	1
(b) Nasopharynx - benign tumours	...	...	1	...	...	(1)	...	...	...	...	...	...	2
Total	...	72	131	93	54	55	31	12	26	11	3	12	=550
Percentage	...	14.4	26.2	18.6	10.8	11.0	6.2	2.4	5.2	2.2	0.6	2.4	=100

Note : * Did not complete; @ Operated outside; () Figures in brackets show the number of cases in which the treatment was not continuous but taken at more than one time,

TABLE XXIII

Improvement After Treatment †

TYPE OF CANCER	Almost normal	Some what better	Still bad	Worse	Treatment		Re-ferred back	Total
					Not taken	Not needed		
A. Cancer of the Mouth								
(a) Cancer of the Oral Cavity ...	13	21	11 (2*)	6	1	...	2	54
(b) Cancer of the Oropharynx ...	10	11	1	7(2*)	...	...	...	29
(c) Cancer of the Hypopharynx ...	7	8	3	1	...	...	...	19
Suspected but not found to have Cancer	5	...	...	...	...	11	...	16
Metastatic Node ...	...	1	..	...	...	...	...	1
B. Cancer of the Oesephagus ..	17	17	8	12(2*)	...	...	1	55
Suspected but not found to have Cancer	...	...	...	...	...	2	...	2
C. (a) Cancer of the Stomach ...	1	5	3	4	1	...	...	14
Suspected but not found to have Cancer	2	2	...	...	...	1	...	5
(b) Cancer of the Rectum, Colon etc. ...	5	12	4	6	2	...	...	29
Suspected but not found to have Cancer	2	1	2	...	...	...	...	5
(c) Cancer of the Liver ...	...	1	...	...	...	...	...	1
D. Cancer of the Breast ...	29	14	3	3	...	...	...	49
Suspected but not found to have Cancer	8	3	...	...	...	1	...	12
E. Cancer of the Cervix etc. ...	13	22	10 (1*)	14	2	...	...	61
Suspected but not found to have Cancer	8	2	...	...	...	3	...	13
F. Cancer of the Penis etc. ...	9	5	1	4	...	...	...	19
G. Leukemia, Lymphosarcoma or Hodgkin's disease ...	1	8	1	2	2	...	...	14
Suspected but not found to have the above disease ...	3	...	...	...	...	2	...	5
Multiple Myeloma ...	...	1	...	...	...	...	...	1
H. Cancer of the Bone or Soft Tissues ...	6	16	5	5(2*)	1	...	...	33
Suspected but not found to have Cancer	2	1	...	1*	...	...	...	4
I. Cancer of the Skin ...	2	1	...	1	...	...	...	4
J. Cancer of the Lung etc. ...	...	2	2	2	...	...	...	6
Suspected but not found to have Cancer	...	1	...	...	...	...	...	1
K. Cancer of the Kidney and Bladder ..	2	3	2	1	...	...	...	8
Suspected but not found to have Cancer	2	...	...	...	...	...	...	2
L. Cancer of the Larynx ...	4	7	...	4	1	...	...	16
Suspected but not found to have Cancer	...	...	1	...	...	3	...	4
M. Cancer of the Thyroid ...	...	3	...	...	1	...	...	4
Benign tumours of the Thyroid ...	5	3	...	...	...	...	...	8
Goitre ...	...	...	...	...	...	3	...	3
N. Miscellaneous								
(a) Cancer of the Eye ...	...	1	...	...	...	...	...	1
(b) Nasopharynx – benign tumours ...	2	...	...	...	...	...	...	2
Total ...	158	172	57	73	11	26	3	500
Percentage ...	31.6	34.4	11.4	14.6	2.2	5.2	0.6	100.00

Note: * Did not complete Treatment.

† Improvement after treatment is judged partially from the medical report and partially from what the patient thinks of his condition.

TABLE XXIV Duration of the Disease

TYPE OF CANCER	3—6 Months	6—9 Months	9—12 Months	1—1½ Years	1—2 Years	2—3 Years	3—5 Years	5—10 Years	More than 10 Years	Total
A. Cancer of the Mouth ...										
(a) Cancer of the Oral Cavity ...	1	16(2)	8	11	8(2)	5	4	1	...	54
(b) Cancer of the Oropharynx ...	2	9	4	6(1)	3	3	...	2	...	29
(c) Cancer of the Hypopharynx ...	3	2	6	3	...	2	2	1	...	19
Suspected but not found to have Cancer ...	1	4	6	2	...	1	2	...	...	16
Metastatic Node ...	...	...	1	...	...	...	...	...	...	1
B. Cancer of the Oesophagus ...	5(3)	22(1)	10(2)	12(1)	3	3	...	...	...	55
Suspected but not found to have Cancer ...	...	...	1	...	...	1	...	...	...	2
C. (a) Cancer of the Stomach ...	(1)	2	2	3(2)	1	4(1)	(1)	...	..	14
Suspected but not found to have Cancer ...	...	1	1	1	...	...	1	1	...	5
(b) Cancer of the Rectum, Colon etc. ...	2	3	7(1)	7(2)	5(2)	5(1)	..	...	...	29
Suspected but not found to have Cancer ...	1	1	1	1	...	...	1	...	...	5
(c) Cancer of the Liver ...	...	...	1	...	...	...	...	...	...	1
D. Cancer of the Breast ...	6	12	9	8(1)	1	10(1)	1	(1)	1	49
Suspected but not found to have Cancer ...	1	3	2	1	2	1	1	1	...	12
E. Cencer of the Cervix etc. ...	4	8	10	13(1)	4(1)	13	3(1)	5(2)	(1)	61
Suspected but not found to have Cancer ...	...	3	...	3	3	1	2	1	...	13
F. Cancer of the Penis ...	...	...	5(1)	8(1)	2	3(1)	1	...	...	19

G. Leukemia, Lymphosarcoma, or Hodgkin's disease	...	2(1)	1	3	4(1)	1	...	1	1	1	14
Suspected but not found to have the above disease	...	1	1	1	1	1	...	...	...	...	5
Multiple Myeloma	...	...	...	...	...	1	...	...	...	...	1
H. Cancer of the Bone or Soft Tissues	...	(1)	4	6(1)	11	2	1	3	4	1	33
Suspected but not found to have Cancer	...	...	2	1	...	...	...	1	...	...	4
I. Cancer of the Skin	...	...	...	...	...	...	(1)	2	...	1	4
J. Cancer of the Lung etc.	...	(1)	2	2	...	...	1	...	...	...	6
Suspected but not found to have Cancer	...	1	...	...	...	...	...	...	...	...	1
K. Cancer of the Kidney & Bladder	...	...	...	2	1	...	3	...	1	1	8
Suspected but not found to have Cancer	...	...	...	...	...	1	1	...	...	...	2
L. Cancer of the Larynx	...	2	3	2	2	2	3	2	...	...	16
Suspected but not found to have Cancer	...	...	1	1	1	...	1	...	...	...	4
M. Cancer of the Thyroid	...	...	...	...	1	...	...	...	3	...	4
Benign Tumours of the Thyroid	...	1	1	2	1	..	...	...	1	2	8
Goitre	...	...	2	...	1	...	...	...	...	...	3
N. Miscellaneous											
(a) Cancer of the Eye	...	...	...	...	...	...	1	...	...	...	1
(b) Nasopharynx - benign tumours	...	...	...	...	...	...	1	1	...	...	2
TOTAL	...	36	103	94	102	40	65	29	23	8	500
Percentage	...	7.2	20.6	18.8	20.4	8.0	13.0	5.8	4.6	1.6	100

Note: Figures in brackets show the number of patients expired.

TABLE XXV

Follow-Up

	No. of cases	Percentage
Expired	41	8.2
Referred back because too advanced	53	10.6
Regular follow-up so far	255	51.0
Not called for check-up	48	9.6
Ran away before taking any treatment	14(2*)	2.8
Left treatment half way	14(1*)	2.8
Called if any trouble	24	4.8
Irregular follow-up	51	10.2
Total ...	500	100.0

* Suggests the number of patients expired.

TABLE XXVI. Type of Cancer and Employment Status

TYPE OF CANCER	Employed *			Unemployed **			Unemployable†			Student			Ex-Student			House-wives (Famales)	Retired (Males)	Grand Total		
	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total			M.	F.	Total
A, Cancer of the Mouth																				
(a) Cancer of the Oral Cavity ...	16	1	17	7	3	10	5	3	8	...	1	1	1	1	2	10	5	34	20	54
(b) Cancer of the Oropharynx ...	9	...	9	2	...	2	10	...	10	...	...	...	...	...	...	4	4	25	4	29
(c) Cancer of the Hypopharynx ...	8	...	8	...	...	...	4	...	4	...	...	...	...	...	...	5	2	14	5	19
Suspected but not found to have Cancer	5	1	6	...	...	...	...	...	...	...	1	1	1	...	1	6	2	8	8	16
Metastatic Node ...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1
B. Cancer of the Oesophagus ...	16	...	16	4	1	5	17	1	18	...	...	...	...	...	...	11	5	42	13	55
Suspected but not found to have Cancer	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	1	1	2
C. (a) Cancer of the Stomach ...	3	1	4	...	...	...	6	1	7	...	...	...	...	...	...	2	1	10	4	14
Suspected but not found to have Cancer	3	...	3	1	...	1	...	...	...	...	...	...	...	...	...	1	...	4	1	5
(b) Cancer of the Rectum, Colon, etc. ...	7	...	7	1	...	1	8	...	8	...	...	...	1	...	1	8	4	21	8	29
Suspected but not found to have Cancer	1	...	1	1	...	1	...	...	...	...	...	...	...	...	...	1	2	4	1	5
(c) Cancer of the Liver ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	1
D. Cancer of the Breast ...	...	9	9	1	4	5	...	3	3	...	...	...	...	...	...	32	...	1	48	49
Suspected but not foune to have Cancer	...	2	2	...	...	...	...	...	...	...	1	1	...	...	...	9	...	...	12	12
E. Cancer of the Cervix ...	...	2	2	...	3	3	...	...	...	...	...	...	...	...	...	56	...	...	61	61
Suspected but not found to have Cancer	...	...	...	...	1	1	...	..	...	...	...	...	...	...	...	12	...	...	13	13
F. Cancer of the Penis etc. ...	12	...	12	2	...	2	2	...	2	...	...	...	1	...	1	...	2	19	...	19

TABLE XXVII

Jobs Performed by the Employed Cancer Patients

TYPE OF CANCER	Professionals	Businessmen	White-collar workers	Artisans	Hawkers	Industrial workers	Manual labourers	Mechanics	Farmers	Teachers	Menials	Land-owners	Others	Total
A. (a) Oral Cavity ...	1	3	3	2	...	3	...	1	2	1	1*	...	...	17
(b) Oropharynx ...	...	2	2	1	...	1	...	...	2	...	1	...	...	9
(c) Hypopharynx ...	...	1	...	2	...	...	1	1	2	...	1	...	...	8
Metastatic Node ...	...	1	...	...	...	...	...	...	...	...	...	...	...	1
B. Oesophagus ...	...	2	4	3	1	...	...	...	2	1	1	1	1	16
C. (a) Stomach ...	...	2	1	...	...	...	...	...	...	...	1*	...	...	4
(b) Rectum ...	...		1	2	...	1	...	1	...	...	...	1	...	7
D. Breast ...	...	1*	3*	1*	...	...	...	...	1*	3*	..	...	...	9
E. Cervix ...	...	...	...	...	...	..	...	...	...	1*	1*	...	...	2
F. Penis etc. ...	...	3	2	...	1	...	1	...	4	1	...	...	...	12
G. Hodgkin's etc. ...	...	...	2	...	...	...	1	...	...	...	...	...	...	3
H. Bone or Soft Tissues ...	...	...	2		...	...	...	1		1	...	...	...	6
K. Kidney & Bladder ...	...	...	1	...	...	...	...	...	...	...	...	...	...	1
L. Larynx ...		3	...	1	...	...	...	...	...	...	...	...	...	5
M. Thyroid ...	...	1	...	...	...	...	...	...	...	...	...	...	1	2
Total ...	2	20	21	13	2	5	3	4	14	8	6	2	2	102

Note : * Female

TABLE XXVIII. Jobs from which the patients were thrown out by cancer

TYPE OF CANCER	Professionals	Businessmen	White-collar workers	Artisans	Hawkers	Industrial workers	Manual workers	Mechanics	Farmers	Teachers	Menials	Others	Total
A. (a) Cancer of the Oral Cavity													
Unemployed ...	...	1	...	...	...	...	3(2*)	...	4	...	2(1*)	...	10
Unemployable ...	...	1	...	...	...	2	...	...	2	...	3*	...	8
(b) Cancer of the Oropharynx													
Unemployed ...	...	...	...	...	..	...	2	...	...	...	...	...	2
Unemployable ...	1	...	2	...	1	2	2	...	1	...	1	...	10
(c) Cancer of the Hypopharynx													
Unemployable ...	...	...	...	...	...	...	2	..	1	...	...	1**	4
B. Cancer of the Oesophagus													
Unemployed ...	2(1*)	...	...	...	...	2	...	...	..	...	1	...	5
Unemployable ...	1	...	6	1	2	...	3	..	3	1	1*	...	18
C. (a) Cancer of the Stomach													
Unemployable ...	...	...	1	1	...	2	...	...	1	...	1*	1@	7
(b) Cancer of the Rectum													
Unemployed ...	1	...	...	...	..	...	...	...	...	...	...	...	1
Unemployable ...	...	2	2	1	...	1	...	...	1	...	...	1***	8
D. Cancer of the Breast													
Unemployed ...	1*	...	1*	...	...	...	...	...	2(1*)	...	1*	...	5
Unemployable ...	...	...	...	3*	...	...	...	...	...	...	...	...	3
E. Cancer of the Cervix													
Unemployed ...	...	...	...	...	...	...	2*	...	...	...	1*	...	3

F. Cancer of the Penis															
Unemployed	...	...	...	...	...	...	2	...	...	...	...	...	...	2
Unemployable	...	...	...	...	...	...	...	1	...	1	...	...	...	2
G. Hodgkin's disease etc.															
Unemployed	...	...	...	1	...	...	...	...	...	2	...	...	1***	4
Unemployable	...	1	...	...	...	...	...	...	...	2	...	...	...	3
Multiple Myeloma															
Unemployed	...	...	1	...	...	...	...	...	...	...	...	...	...	1
H. Cancer of the Bone or Soft Tissues															
Unemployed	...	...	...	2(1)	1*	...	...	...	...	2	...	...	...	5
Unemployable	...	...	...	1	...	...	1	2	1	1	...	...	1&	7
I. Cancer of the Skin															
Unemployed	...	...	...	...	...	1	...	...	...	...	...	...	...	1
J. Cancer of the Lung															
Unemployable	...	...	2	1	...	2	...	...	...	...	...	1	...	6
K. Cancer of the Kidney and Bladder															
Unemployed	...	...	...	1	...	...	...	...	...	...	...	1	...	2
Unemployable	...	1*	...	...	...	...	...	...	...	...	...	...	...	1
L. Cancer of the Larynx															
Unemployable	...	...	1	1	2	...	2	...	...	...	...	...	...	6
N. (a) Cancer of the Eye															
Unemployed	...	...	...	...	...	...	...	...	...	...	...	...	1*£	1
		8	8	19	9	6	14	17	1	23	1	13	6	125

Note: * Female " Male @ Milkman ** Tonga driver *** Car driver & Policeman £ Fisher woman

TABLE XXIX :

Way of Maintenance *

	Own Income	Past Savings	On income of members of family	Help from relatives	Debt	Public charity
Employed ...	73	7	18	4	9	2
Unemployed ...	...	11	21	5	7	6
Unemployable ...	...	14	40	24	12	10
Students ...	...	...	6	...	...	...
Ex-students ...	...	...	14	...	1	...
Housewives ...	...	...	136	20	...	...
Retired ...	...	15	21	1	...	...
Total ...	73	47	256	54	29	18 = 477
Percentage ...	16	10	54	11	5	4 = 100

* In order of frequency.

TABLE XXX

Money Spent on the Treatment of Cancer

Amount in Rupees	From Salary or Savings	How Raised?				Insurance	Selling of Property	Total
		Debt	Paid by Employer	Charity	Loan			
Less than Rs. 25/- ...	28	1	...	...	...	...	...	29
Between Rs. 26/- & Rs. 50/- ...	61	4	3	4	...	1	...	73
Between Rs. 51/- & Rs. 100/- ...	60	9	1	3	...	...	...	73
Between Rs. 101/- & Rs. 200/- ...	74	5	...	3	...	...	1	83
Between Rs. 200/- & Rs. 300/- ...	42 (1s)	1	...	...	2	...	1	46
Between Rs. 301/- & Rs. 500/- ...	75 (5s) (3p)	6	...	1	...	1	1	84
Between Rs. 501/- & Rs. 700/- ...	20 (3s) (1p)	1	1	...	...	...	...	22
Between Rs. 701/- & Rs. 1000/- ...	33 (10s) (1p)	2	...	...	...	...	1	36
Between Rs. 1001/- & Rs. 1500/- ...	14 (5s) (1%)	2	...	...	...	...	2	18
Between Rs. 1501/- & Rs. 2000/- ...	14 (9s) (1o)	3	...	...	...	...	1	18
Above Rs. 2000/- ...	15 (9s) (5o) (1%)	3	...	...	...	...	...	18
Total ...	436	37	5	11	2	2	7	500

s-Semiprivate case p-Private case o-Old case %-Diagnosis not sure.

TABLE XXXI

Position of the Patients in their Families and Type of Family

	Nuclear Family	Joint Family J 1	Joint Family J 2	Joint Family J 3	Joint Family J 4	No Family	Total
Head of the family	163	52	12	...	...	...	227
Dependent	154	58	23	5	5	...	245
No family	...	...	...	...	...	28	28
Total	317	110	35	5	5	28	500
Percentage	63.4	22	7	1	1	5.6	100

Nuclear family : A family with a man, his wife and unmarried children.
Joint family J 1 : A family with a man, his married sons and their families.
Joint family J 2 : A family with married brothers living together.
Joint family J 3 : A family with other relations on the father's side.
Joint family J 4 : A family with other relations on the mother's side.

TABLE XXXII

Relationship of the Dependents to the Head of the Family

Wife	...	133
Daughter	...	15
Sister	...	13
Mother	...	33
Aunt	...	1
Daughter-in-law	...	4
Mother-in-law	...	4
Sister-in-law	...	3
Grand mother	...	1
Son	...	28
Father	...	1
Brother	...	8
Nephew	...	1
	Total	245

TABLE XXXIII

Earning Members and Size of the Family

Number of Earning Members	No. of members in the family										More than 10	Total
	1	2	3	4	5	6	7	8	9	10		
Nil	14	20	8	5	5	5	...	3	1	...	...	61
One	14	31 (7) (3*)	29 (6) (1*)	49 (12) (1*)	46 (9) (2*)	40 (7)	23 (6)	23 (4)	9 (2)	10 (2)	2	276
Two	...	2	9	5	17	22	10	17	10	4	13	109
Three	...	...	...	3	1	6	5	6	3	3	13	40
Four	...	...	...	...	...	...	...	...	1	3	3	7
Five	...	...	...	...	1	...	...	...	...	1	2	4
Six	...	...	...	...	...	...	...	...	...	1	1	2
Seven	...	...	...	...	...	...	...	...	...	...	1	1
Total	28	53	46	62	70	73	38	49	24	22	35	500

NOTE : Figures in bracket suggest the number of cases where the patient was the only earning member of the family. (*) Suggest the number of cases where the female member such as the wife or daughter of the patient was the only earning member.

TABLE XXXIII

Earning Members and Size of the Family

Number of Earning Members	No. of members in the family										More than 10	Total
	1	2	3	4	5	6	7	8	9	10		
Nil	14	20	8	5	5	5	...	3	1	...	...	61
One	14	31 (7) (3*)	29 (6) (1*)	49 (12) (1*)	46 (9) (2*)	40 (7)	23 (6)	23 (4)	9 (2)	10 (2)	2	276
Two	...	2	9	5	17	22	10	17	10	4	13	109
Three	...	...	...	3	1	6	5	6	3	3	13	40
Four	...	...	...	...	...	...	...	...	1	3	3	7
Five	...	...	...	...	1	...	...	...	...	1	2	4
Six	...	...	...	...	...	...	...	...	...	1	1	2
Seven	...	...	...	...	...	...	...	...	...	...	1	1
Total	28	53	46	62	70	73	38	49	24	22	35	500

NOTE : Figures in bracket suggest the number of cases where the patient was the only earning member of the family. (*) Suggest the number of cases where the female member such as the wife or daughter of the patient was the only earning member.

TABLE XXXIV

Income per Member of the Family

Income per month	Cases without family	Cases with family	Total
Less than Rs. 10/- ...	2	30	32
Between Rs. 10/- & Rs. 25/- ...	4	147	151
Between Rs. 25/- & Rs. 50/- ...	4	108	112
Between Rs. 50/- & Rs. 75/- ...	...	41	41
Between Rs. 75/- & Rs. 100/- ...	1	31	32
Between Rs. 100/- & Rs. 150/- ...	1	26	27
Between Rs. 150/- & Rs. 200/- ...	2	14	16
Between Rs. 200/- & Rs. 300/- ...	...	11	11
No regular income	...	17	17
Nil	14	47	61
Total ...	28	472	500

TABLE XXXV

Reactions of the Family to the Disease

Reactions	No. of Cases	Percentage
Sympathy ...	235	47.0
Pity ...	10	2.0
Indifference ...	23	4.6
Sympathy and pity ...	8	1.6
Fear ...	131	26.2
Panic * ...	51	10.2
Negligence ...	11	2.2
Over-protection ...	3	0.6
No family ...	28	5.6
	500	100.0

* It means complete breakdown of the morale of the Family.

TABLE XXXVI

Reactions of Friends to the Disease

Type of reaction	No. of cases	Percentage
Sympathy ...	211	42.2
Pity ...	139	27.8
Fear ...	120	24.0
Indifference ...	25	5.0
No friends ...	5	1.0
	500	100.0

TABLE XXXVII

Reasons Showing how Social life was Affected

Reasons	No. of cases
Restriction of movements due to general weakness ...	137
Inability to move out of bed ...	70
Inability to speak or difficulty in speech ...	37
Avoidance by people due to fear ...	33
Inability to move and talk ...	16
Poor finances ...	10
Foul smell due to disease ...	4
Deafness ...	2
Eye defect ...	1
Shyness and inferiority on the part of the patient ...	8
Man-like appearance of females ...	2
TOTAL ...	320

TABLE XXXVIII :

Reactions of the Spouse to the Disease

Reactions	No. of Cases	Percentage
Sympathy	171	34.2
Panic *	94	18.8
Fear	73	14.6
Indifference	10	2.0
Negligence	5	1.0
Sub Total ...	353	70.6
Marital status in the remaining cases		
Divorcee	2	0.4
Widow	51	10.2
Widower	28	5.6
Single	66	13.2
Grand Total ...	500	100.0

* It means complete breakdown of the morale.

TABLE XXXIX

First Reactions of Patients to their Disease

First Reactions	No. of cases	Percentage
Fear ...	246	49.2
Panic ...	77	15.4
Anxiety ...	118	23.6
Fatalism ...	59	11.8
Total ...	500	100.0

TABLE XXXX

Second Reactions to the Disease.

Reactions	No. of cases	Percentage
Normal ...	92	18.4
Insecure ...	130	26.0
Isolated ...	11	2.2
Depressed ...	137	27.4
Inferior ...	2	0.4
Isolated & Insecure ...	24	4.8
Guilty ...	7	1.4
Depressed & Insecure ...	7	1.4
Fatalistic attitude ...	90	18.0
Total ...	500	100.0

TABLE XXXXI Causes for Change in Patient's Attitude

(a) Causes of change for better	No. of cases
Improvement in condition after treatment	75
Faith in God	46
Fatalism	21
Had a full life	40
Faith in doctor	8
Cancer not detected	16
No problems	2
Minor disease	2
Hope of cure	2
	212

(b) Causes of change for worse	No. of cases
No improvement	65
Recurrence	26
Fear of recurrence	12
Incurable	4
Fear of operation or radiation	9
Fear of loss of leg	8
Loss of arm	3
Loss of leg	10
Fear of loss of arm	2
Scared of hospital	10
Seeing others in distress	2
Shy to be treated by male doctor	3
Appearance	9
Worry of future	12
Burden to family	5
Finance	10
Worry about children & family	38
Worry about job	18
No family to care	6
Negligence by family	11
Wife has to earn	5
Unnatural way of living	6
Helpless condition-dependence on others	7
Expectant mothers afraid about their child	3
Hanging between life and death	4
TOTAL	288

THE SEVEN DANGER SIGNALS

1. Any sore that does not heal.
2. A lump or thickening in the breast or elsewhere in the body.
3. Any unusual bleeding or discharge.
4. Any change in a wart or mole.
5. Persistent indigestion, or difficulty in swallowing.
6. Persistent hoarseness or cough.
7. Any change in normal bowel habits.

Anyone of these symptoms may be "your" warning signal. Your prompt action may save your life.

Of course these are common every-day symptoms, and in most cases do not occur from a background of cancer. But let your doctor decide this fact. Do not assume knowledge you do not have, unless you are bent on making your wife an early widow or your husband an eligible widower. The choice is yours.