# ANALYSIS OF CASES SEEN TILL MARCH 1981 AT THE AIISH

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All India Institute of Speech and Hearing (AIISH) started functioning from 9th of August 1965. From that day till today for about 16 years, the Institute has offered help to those who have visited us seeking help. Some of their visits are self-referrals, some through magazines, newspapers, friends, doctors, old cases, Speech and Hearing Camps (where they are screened and referred to AIISH for thorough evaluations) and through Krishna Rajendra Hospital (K.RH) of Mysore.

From 1965 to 1981, the case load has increased from one case per working day to 15 cases per working day. This number is only for the new cases registered at AIISH. When the repeat (re-test) cases, therapy cases and follow-up or re-evaluation cases are considered the average cases, per working day ranges from 9 to 70 from 1965 to 1981. For the present paper only the fresh registration cases are considered.

Each case is registered at the Records section of the Institute. A complete case history is taken and the case undergoes Diagnostic, Testing at different departments for various problems. Depending upon the complaint by the case him/her self or by the informant about their problem the registration is categorized. There are several categories of registration. General complaint of speech and hearing problem are coded as general registration. Pure ENT cases who come with the complaint of ear-aches, ear discharge, nose problems such as allergic rhinitis, acute rhinitis, throat problems such as tonsillitis, sore throat etc., and foreign body in the ear or nose are registered under ' N ' category.

Cases who are referred from K.R. Hospital, Mysore, by AIISH doctor at OPD (KRH) are registered under 'K' category. Cases referred by doctors from other hospitals, Mysore, and outside and by private doctors with reference letters are categorized under 'ref' cateogry. The cases whose purpose of visiting AIISH is obtaining a certificate from the Psychology Department that they are mentally handicapped for the purpose of financial assistance from the Karnataka Government are registered under 'P' category. Such cases should have IQ less than 35 in order to be eligible for the financial assistance.

Though when and where necessary cases are evaluated at all or several departments registration at Medical Records is categorized as specified and number is given under those series. The number of cases tested under different series are presented in Table 1.

In the Institute, cases from several Indian states and Union territories and some countries overseas have been tested. Out of the total 36,982 cases, 22 are from abroad. Table 2 gives the details of these cases.

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TABLE 1

Number of cases tested from August 9, 1965 to March 31, **1981,** under different categories and the percentage

| SI. No. | Category | No. of cases | Percentage |
|---|---|---|---|
| 1. | General Registration | 27604 | 74.64 |
| 2. | 'N* registration | 5245 | 14.18 |
| 3. | 'K' registration | 3487 | 9.43 |
| 4. | ' Ref' registration | 545 | 1.55 |
| 5. | 'P' registration | 101 | 0.27 |
| | Total | 36,982 | |

TABU- 2

Number of cases tested from different countries overseas

| | | |
|---|---|---|
| 1. | Canada | 1 |
| 2. | Middle East | 4 |
| 3. | Ceylon | 3 |
| **4.** | East Africa | 1 |
| 5. | Egypt | 1 |
| 6. | Nepal | 1 |
| 7. | Malaya | 3 |
| 8. | England | 1 |
| 9. | Sweden | 1 |
| 10. | Bangladesh | 1 |
| 11. | USA | 3 |
| 12. | Mauritius | 1 |
| 13. | Singapore | 1 |
| | Total | 22 |

Table 3 gives the particulars regarding the states in India from where the cases came and their percentage to the total.

Out of the 22 states in India, cases from 17 states only have been seen at the Institute.

Cases from several districts from Karnataka are tested. In their analysis Mysore district and proper Mysore cases are categorized under two different sections for statistical purposes. The result of the analysis district-wise are given in the Table 4.

TABLE 3. Cases from different states in India

| SI, No. | Name of the State/Union territory | No. of cases seen | Percentage |
|---|---|---|---|
| 1. | Karnataka | 32,452 | 87.8 |
| 2. | Kerala | 1940 | 5.25 |
| 3. | Tamilnadu | 1189 | 3.22 |
| 4. | Andhra Pradesh | 875 | 2.37 |
| 5. | Assam | 16 | 0.04 |
| 6. | Gujarath | 22 | 0.06 |
| 7. | West Bengal | 43 | 0.12 |
| 8. | Uttar Pradesh | 51 | 0.14 |
| 9. | Maharashtra | 127 | 0.34 |
| 10. | Orissa | 35 | 0.09 |
| 11. | Madhya Pradesh | 42 | 0.11 |
| 12. | Rajasthan | 21 | 0.06 |
| 13. | Bihar | 49 | 0.13 |
| 14. | Punjab | 9 | 0.02 |
| 15. | Hariyana | 5 | 0.01 |
| 16. | Jammu and Kashmir | 1 | 0.002 |
| 17. | Nagaland | 1 | 0.002 |
| 18. | Union territories | 82 | 0.22 |
| | Total | 36,960 | 99.98 |

TABLE 4. Cases from different districts of Karnataka State

| | | | |
|---|---|---|---|
| 1. | Mysore City | 15,453 | 47.61% (Mysore District: Total 61.86%) |
| 2. | Mysore District | 4625 | 14.25% |
| 3. | Mandya District | 3332 | 10.27% |
| 4. | Bangalore | 2965 | 9.14% |
| 5. | Hassan | 1281 | 3.95% |
| 6. | Coorg | 713 | 2.19% |
| 7. | Shimoga | 650 | 2.003% |
| 8. | Tumkur | 620 | 1.91% |
| 9. | Kolar | 514 | 1.58% |
| 10. | Chitradurga | 442 | 1.36% |
| 11. | South Kanara | 410 | 1.26% |
| 12. | Chickamagalur | 402 | 1.24% |
| 13. | Dharwar | 320 | 0.99% |
| 14. | Bellary | 216 | 0.67% |
| 15. | Raichur | 116 | 0.36% |
| 16. | Bijapur | 101 | 0.31% |
| 17. | North Kanara (Karwar) | 99 | 0.31% |
| 18, | Belgaum | 92 | 0-28% |
| 19. | Gulbarga | 79 | 0.24% |
| 20. | Bidar | 22 | 0.07% |
| | Total | 32,452 | 99.99% |

From the Table 4 it is understood that there have been cases from all the 19 districts in Karnataka State (India 1977-78; A reference manual compiled by the Research and Reference Division, Ministry of Infoimation and Broadcasting, Govt. of India, there are 19 districts in Karnataka State).

Further, the data were analysed in terms of major problem (Speech/Hearing/ Speech and Hearing/Psychology/ENT). For this analysis the provisional diagnosis in the case file is considered. The results are tabulated as in the Table 5.

TABLE 5

Percentage of cases under different problems

| | |
|---|---|
| Speech Problem | 19.57% |
| Hearing Problem | 35.04% |
| Hearing and Speech | 17.01% |
| Hearing/Speech/Psychological Problem | 3.02% |
| Pure Psychological Problem | 0.27% |
| ENT Problem | 22.06% |
| Incomplete, referred elsewhere for other evaluations, etc. | 2.49% |

Among the total cases, both Indian and foreign, 66.7 per cent are males and 33.3 per cent are females that is approximately a ratio of 2:1 between male and female. This finding is supported by the 2.4:1 ratio between male and female cases obtained by P. Rama Mohan Babu and Satyendra Kumar (1972) on analysing 1000 consecutive AIISH cases.

Before drawing any conclusions, it is made clear that the main limitation of the above analysis is that it is the analysis of cases tested at AIISH situated in Mysore. That explains the increased percentage seen in Table 3, seen against Karnataka State (87.8 per cent) and against Mysore district in Karnataka State 61.86 per cent of the total Karnataka population tested here. It is also observed that the States nearer to Karnataka State such as Kerala and Tamilnadu, and districts nearer to Mysore district in Karnataka State such as Mandya, Bangalore and Hassan had comparatively more cases.

In the first place, we cannot draw any conclusion on Indian Speech and Hearing cases or Karnataka cases as the analysis is just of the cases who have visited AIISH. We are not aware of the cases tested elsewhere in Karnataka or in India.

Several factors affect a handicapped person in seeking help from the specialists. Ignorance of the problem as such can play a role. In such a condition we have to question the percentage obtained against even Mysore population. Some cases may be ignorant of their problems. There may be even ignorance of the facilities available. One may know his problem but not the facility available for overcoming it. If one knows the problem and facilities available he may

either be unable to utilise the facility or hesitate to take specialist's advice. Lack of facility is also a factor. Attitude of the society towards the handicap also contribute.

## Conclusion

1. Incidence of hearing loss is higher. This agrees with the findings of the analysis of Speech and Hearing camp cases, M.G. Subrahmanyaiah and H.S. Sathyan, 1973.
2. Male cases are more than females. Reason may be that males are more susceptible to Speech and Hearing problems or that female cases are not brought to the Institute due to social stigma, or the problem is tried to be hidden in view of their future (which in real sense is not doing so), or that the females need some one to accompany them. This needs to be looked into further. This is supported by many earlier findings, (Syed Mehaboob *et ah,* 1973, Rama Mohan Babu and Satyendra Kumar, 1972).
3. Help is not sought from the Institute uniformly. Finance, distance etc.,may be the contributing factors.

The difference shows the lack of facility for others and less number against some districts and states only denotes that only that much per cent case had facility to approach us and there are likely to be more speech and hearing cases who have sought help elsewhere or who have not sought help at all in those states and districts also. This emphasizes the need to start more centres to cater to the needs of Speech and Hearing Handicaps dwelling all over India.

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