INTRODUCTION

The problem of cancer in India and other parts of the world is a major one. Although observations on cancer have been recorded in the "Sushruta Samhita" in the vedic age, it was however, from the later part of the nineteenth century that keen interest has been paid by Indian workers on this problem. Inspite of all the advances in medical sciences, cancer remains one of the most dreaded diseases.

The study of cancer is the study of life itself—its normalcies and aberrations—and as such it presents an exciting and difficult challenge to the scientific imagination. The research community engaged in the research in cancer now realize that the study of neoplastic disease will likely reveal many of life's secrets, form intricacies of a single cell's metabolism to the complex interrelationship of the entire organism. The scope of cancer research is rapidly expanding to encompass and utilize a wide variety of scientific disciplines as they apply to investigations of nature, causes and characteristics of cancer and to the problems of diagnosis, treatment and prevention.
It is well known that some cancers with predilection to certain organs or sites of the body are prevalent in certain parts of the world. In the north eastern India particularly in Assam, cancer pyriform sinus tops the list (Barua, 1964).

A firm relation has already been established between tobacco and cancer. The cigarette is probably more widely used on the global scale than any other commercial consumer product the only possible exception being the match, a product which incidently very well used with the cigarette. The health risk associated with tobacco use have been well documented, specially for cancer (Davis L, 1987). Since 1950 intensive research has been going on regarding the possible relation between smoking and health. During 1961-64 three major reports were published one in Denmark, one in England, and another one in the USA. All confirm that a serious health problem is caused by cigarette smoking. Since then many studies have been carried out on the relationship between tobacco and cancer, but many things left untouched for final conclusion. The list of target sites for tobacco related cancers are impressive,
these are lung, urinary bladder, renal pelvis, oral cavity, pharynx, larynx, oesophagus, pancreas and possibly kidney and liver (Zardige DG, 1986). The present study undertaken only in the cases of laryngopharynx and that too in relation to tobacco smoking. I have also considered measurement of blood nicotine level and blood bio-chemical parameters including blood glucose, lipid profile, and important enzymes like serum alkaline phosphatase, SGOT, SGPT to see reflection of these on cancer laryngopharynx cases with the habit of tobacco smoking.

We in the doorstep of 21st century have seen wondrous development in medical science, but the benefit of this development is not shared by all in this world, the main reason of which is economic gap, which is increasing day by day. For a developing country like India, we must develop a practical strategy to meet this challenge, keeping in perspective the limited resources available in the country. This can perhaps be done by shifting the primary focus of attention for prevention of cancer and also its early diagnosis. Considering the problem in Assam, I proposed a study on "Tobacco smoking and its relation to cancer laryngopharynx in Assam". There
There are three purposes of this study. The first is to find out the numbers of cancer laryngopharynx cases in Agra in relation to normal population, the second is to find out any relation with blood nicotine level with that of laryngopharyngeal cancers and the third is to see any relation of cancer laryngopharynx with that of other blood biochemical parameters like blood glucose level, lipid profile i.e., cholesterol and triglycerides and some of the important enzymes like serum alkaline phosphatase, SGOT, SGPT.