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Chaitra 5, 1881 (Saka)

LOK SABHA DEBATES

(Seventh Session)



(Vol. XXVIII contains Nos. 31—40)

LOK SABHA SECRETARIAT
NEW DELHI

62 n.P. (INLAND)

THREE SHILLINGS (FOREIGN)

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LOK SABHA DEBATES

7875

LOK SABHA

Thursday, March 26, 1959/Chaitra 5,
1881 (Saka)

The Lok Sabha met at Eleven of the
Clock

[MR. SPEAKER in the Chair]

ORAL ANSWERS TO QUESTIONS

Export of Vanadium Ore

+
*1485. } Shri R. C. Majhi:
 } Shri Subodh Hansda:

Will the Minister of Commerce and
Industry be pleased to state:

(a) whether the exports of vanadium ore are now allowed; and

(b) if so, the total quantity of vanadium ore exported so far?

The Deputy Minister of Commerce and Industry (Shri Satish Chandra):

(a) Export of vanadiferrous ore is permitted subject to certain restrictions

(b) Nil till October, 1958 Late figures are not yet available.

Shri R. C. Majhi: May I know what kinds of vanadium ore are permitted for export?

Shri Satish Chandra: The vanadiferrous ores are permitted to be exported provided they have been tested for the Uranium content, and it does not exceed the permissible limit of 0.04 per cent.

Shri R. C. Majhi: May I know whether the private sector is allowed to export?

Shri Satish Chandra: Yes, through S.T.C., but no exports have taken place so far.

430 LSD—1

7876

State Trading Corporation of India (Private) Limited

*1486. Shri Keshava: Will the Minister of Commerce and Industry be pleased to state:

(a) whether it is a fact that the ships sent by the foreign buyers had to go back without the commodity bargained by the State Trading Corporation of India (Private) Limited; and

(b) if so, what is the loss incurred by the State Trading Corporation by way of compensation and demurrage for the delayed supply or non-supply of the commodities as per agreement?

The Minister of Commerce (Shri Kanungo): (a) In one case in December 1956, shipping space for 1000 tons of Manganese Ore was arranged by the State Trading Corporation's overseas buyers but had to be cancelled for want of cargo of the required specification

(b) No loss was incurred

Shri Vidya Charan Shukla: The hon. Minister while replying to a similar question in November 1957, had stated that some demurrage had occurred but that because of expeditious despatches later on, the demurrages were likely to be offset by the despatch money May I know what amount of despatch money was earned by the State Trading Corporation, which was offset against claims for demurrages?

Shri Kanungo: This was about the special liner The other question was regarding chartered ships. I have not got the exact figures, but then, more or less, the despatch money earned was much more than the demurrage that was paid.

Shri Fanigrahi: May I know who the mine-owner is, who could not

supply these 1000 tons of manganese ore, for which the State Trading Corporation had to pay demurrage?

Shri Kanungo: Demurrage was not paid. There has been no loss. It might be remembered that it was in December, 1956, and the State Trading Corporation came into operation in the middle of 1956 and this was one of its first operations.

Shri Ansar Harvani: Was it due to the failure of the mine-owners to provide the manganese ore, or was it failure on the part of the railways to provide wagons to take the manganese ore to the port?

Shri Kanungo: It was mostly due to transport difficulties.

Nuclear Research Institute at
Hyderabad

+
*1487. { Shri Ram Krishan Gupta
Shri Subiah Ambalam

Will the Prime Minister be pleased to refer to the reply given to Unstarred Question No 2156 on the 19th December, 1958 and state

(a) whether Government have received any assurance from the Osmania University for the integration of Hyderabad Science Society with that University; and

(b) if so, whether any assistance has been given to the institution for setting up of Nuclear Research Institute at Hyderabad?

The Prime Minister and Minister of External Affairs (Shri Jawaharlal Nehru): (a) The assurance from the Osmania University regarding integrating the activities of the proposed Institute of Nuclear Research, Hyderabad is still awaited.

(b) Does not arise.

Shri Ram Krishan Gupta: May I know the details of the scheme which has been submitted by this society?

Shri Jawaharlal Nehru: I do not know the details of the scheme except that it is proposed to be managed by a governing board consisting of the

representatives of the Department of Atomic Energy, the Osmania University and the Hyderabad Science Society and the Government of Andhra Pradesh.

As a matter of fact, so far as we know, nothing very significant has been done so far. Any research centre or institute of nuclear research would require a great deal of organisation, a great deal of finances, and a great deal of highly qualified technical personnel. Till all that is visible, one cannot say anything definite. Therefore the Department of Atomic Energy said that the matter can only be considered if the Osmania University undertakes the responsibility for it. And the Osmania University have said thus far that they will give a piece of land in their campus, but otherwise they have not promised to take responsibility. There the matter remains now.

Shri Ram Krishan Gupta: May I know whether there is any proposal to set up such institutions under the auspices of the Department of Atomic Energy?

Shri Jawaharlal Nehru: That means whether there are any proposals to set up separate institutions. No, Sir. The universities set up institutions and the Atomic Energy Department may help them, it has helped them. There is no point in the Atomic Energy Department setting up separate institutions. It sets up its own; they are not separate. That has its own team.

Mr. Speaker: He wants to know whether any branches are going to be set up.

Shri Jawaharlal Nehru: There is no question of branches. The Atomic Energy Department functions in various parts of India and in various activities. There are plants, they are processing things, there are reactors; there is no separate research station.

The other day, speaking here, I pointed out that our technical personnel was so limited that we cannot

separate them; in fact, even in Trombay, which is one of our main centres, and which has now, I think, 700 very competent scientists working, 700 is not adequate. The House will observe how difficult it is to set up competent research centres with the equipment, the apparatus and the trained personnel. It is not a question of one professor professing. It is a very complicated affair.

Employment Exchange

*1488. **Pandit D. N. Tiwary:** Will the Minister of Labour and Employment be pleased to state

(a) whether it is a fact that a large majority of the employees of the Employment Exchanges in the country are still on temporary basis;

(b) if so, what was the position at the time of transfer of the administration of the Employment Exchanges to the State; and

(c) whether any suggestion has been sent about the service conditions of these employees?

The Deputy Minister of Labour (Shri Abid Ali): (a) The information is not available as the administration of Employment Exchanges is within State sphere.

(b) All the employees at the time of transfer were temporary

(c) Yes; service conditions of employees were mutually agreed upon between the Central and State Governments at the time of transfer.

Pandit D. N. Tiwary: May I know whether at the time of the handing over of this department to the States, all the employees were temporary, and if so, whether any instruction has been given to make them permanent or whether there is any likelihood of these employees being made permanent?

Shri Abid Ali: Yes, at the time of transfer, it was agreed that 60 per cent of the employees would be made permanent. Since then, some of the States have made most of these employees permanent; for instance, in

Bihar, the number of persons at the time of transfer was 172; now it is 309; 100 per cent posts have been made permanent there. Similarly, in West Bengal, 60 per cent of the posts have been made permanent, in U.P. 100 per cent, and so on.

Pandit D. N. Tiwary: Which are the States which have not yet taken this step?

Shri Abid Ali: They are Andhra Pradesh, Assam, Bombay, Madhya Pradesh, Mysore, Madras, Rajasthan and Orissa, and we are pursuing the matter with them.

अ, भक्त ब्रह्मण माननीय मंत्री जी ने कुछ दिनों पहले एक प्रश्न का उत्तर देते हुये यह बताया था कि प्रत्येक जिले में एक रोजगार दफ्तर खोला जायेगा। तब फिर केवल ६० प्रतिशत लोगों को ही स्थायी क्यों बनाया जा रहा है और सब को स्थायी क्यों नहीं किया जाता? इसमें क्या कठिनाई है?

श्री आबिद अली ६० परसेंट पोस्ट्स को परमानेंट बनाया जा रहा है। हम तो चाहेंगे कि ज्यादा हो जाये, मगर यह मामला स्टेट गवर्नमेंट्स के सुपुर्द है।

Shri Jaipal Singh: Since I asked my supplementary last time when this question was brought up here, may I know why Government continue to countenance the establishment of parallel employment exchanges in Jamshedpur? There is the Government one, and there is the steel company one. Why should there be two at the same place?

Shri Abid Ali: There is one private employment exchange in Jamshedpur. We cannot stop it.

Shri B. K. Galkwad: There is a complaint that wherever there are employment exchange offices situated, the people from the local area are compelled to register and renew their names personally. If there is such a rule, may I know whether Government will change it and allow such candidates to register and renew their names even by post?

Shri Abid Ali: They are allowed to renew their application through post also

Shri Hem Barua: May I know whether it is a fact that there is a wide-spread disparity so far as the pay scale of the employment exchange employees initially appointed by the Central Government and those subsequently appointed by the State Governments are concerned, if so, whether Government are aware of the dissatisfaction that is spreading among the State Government employees?

Shri Abid Ali: Their emoluments at the time of transfer were protected by allowing them special pay. Now, after the employment exchange department has been transferred to the State Government, certainly they should be in line with the State Government employees.

Shri S. M. Banerjee: May I know whether at the time of the transfer of their services to the State Government, their seniority was also taken into account and whether their seniority will be counted along with other State Government employees?

Shri Abid Ali: That is one of the difficulties because some of these employees are not being made permanent. Their seniority has to be adjusted vis-a-vis the employees under the State Government.

Shri S. M. Banerjee: Should I take it then that their services prior to the transfer, that is under the Central Government, have not been taken into account and they have started afresh under the State Government?

Shri Abid Ali: That information has not come to me.

Fandit D. N. Tiwary: In view of the fact that the cards of the employment exchanges are renewable after every three months, the rural people find great difficulty in coming to the employment exchange offices and renew their cards. May I know whether the Government is considering a proposal to make the period longer to three or four months?

Shri Abid Ali: This question has been considered on several occasions, and it was thought necessary not to change the period, but as I have submitted earlier, applicants can renew their application through post also.

Shri Bose: May I know if at the time of the transfer the employment exchanges were decided to be made permanent and any rules were framed for the employees there?

Shri Abid Ali: The rules ought to be framed by the State Government; or, rather, they have to be governed by the rules which are already in existence there.

Mr. Speaker: He wanted to know whether the arrangement was that these employment exchanges should be made permanent.

Shri Abid Ali: Yes, Sir.

सरकारी कर्मचारियों की बस्तियों में सुविधाएँ

*१४८६ श्री भक्त वर्दान क्या निर्वाण प्रावस और सभरण मंत्री २६ नवम्बर, १९५८ के ताराकित प्रश्न सख्या ३६१ के उत्तर के सम्बन्ध में यह बताने की कृपा करेंगे कि दिल्ली व नई दिल्ली में सरकारी कर्मचारियों के बस्तियों में रहने वाले व्यक्तियों को और अधिक सुविधाएँ देने की दिशा में और क्या प्रगति हुई है ?

The Deputy Minister of Works Housing and Supply (Shri Anil K. Chanda): A statement is laid on the Table of the House [See Appendix V, annexure No 32]

श्री भक्त वर्दान इस सम्बन्ध में अब तक जो कार्य हुआ है, उस को बहुत सन्तोषजनक नहीं कहा जा सकता है। मैं जानना चाहता हूँ कि वे कौन सी बातें प्रयत्न करें हैं, जिन के कारण इन सुविधाओं को पहुँचाने में इतनी देरी हो रही है ?

Shri Anil K. Chanda: So far as this Committee is concerned, its function is only to go over the various colonies and recommend what facilities should be offered in which colony. There are different administrative authorities

who have to do the necessary things, but from the report you will see that a considerable amount of progress has been achieved during the last few months.

श्री भक्त बर्ज़न : क्या गवर्नमेंट के ध्यान में यह बात आई है कि तीसरी और चौथी श्रेणी के कर्मचारियों की जो बस्तियां दिल्ली में बसाई गई हैं, वे केन्द्रीय सचिवालय और दूसरे दफ्तरों से बहुत दूरी पर हैं, जब कि पहली और दूसरी श्रेणी के कर्मचारियों, जो कि कारों से भी पहुंच सकते हैं, की बस्तियां नजदीक बसाई गई हैं ? अतः क्या प्रागे इस बारे में ध्यान रखा जायेगा, क्योंकि उन लोगों को बहुत मुसीबत का सामना करना पड़ता है ?

अध्यक्ष महोदय : यह भ्रमल बात है ।

श्री भक्त बर्ज़न : श्रीमन्, उन के लिये यह भी एक बड़ी कठिनाई है । स्कूल और दफ्तर उन बस्तियों से बहुत दूर है और उन लोगों को बहुत असुविधा होती है ।

Mr. Speaker: But it does not arise out of this question.

श्री अ० मु० तारिक : मैं जानना चाहता हूँ कि दिल्ली में जितनी सरकारी मुलाजिमों की कालोनीय बनाई गई है, उन में से ऐसी कितनी हैं, जहां मार्केट और स्कूलों की दिक्कतें हैं—जहां बिल्कुल बाजार नहीं है और कोई स्कूल नहीं है, और इस सिलसिले में गवर्नमेंट क्या कर रही है ।

(میں جاننا چاہتا ہوں کہ دہلی میں جتنی سرکاری ملازموں کی کالونیز بنائی گئی ہیں ان میں سے ایسی کتنی ہیں جہاں مارکیٹ اور سکولوں کی دقتیں ہیں۔ جہاں بالکل باؤلر نہیں ہے اور کوئی سکول نہیں ہے اور اس سلسلے میں گورنمنٹ کیا کر رہی ہے۔)

(-)

Shri Anil K. Chanda: If the hon. Member will kindly refer to the report, he will see what action has been already taken with regard to the putting up of shops in the Government colonies. The full detailed information is supplied in that report.

श्री भक्त बर्ज़न : माननीय मंत्री जी के अनुदान के अनुसार देर से देर कब तक इन इलाकों को ये पूरी सुविधायें उपलब्ध हो जायेंगी ? क्या इस सम्बन्ध में कोई लक्ष्य निर्धारित किया गया है—एक वर्ष, दो वर्ष या तीन वर्ष ?

Shri Anil K. Chanda: There are 27 items of various facilities which have to be offered to these colonies, and naturally the time-factor would be different. For instance, so far as parks are concerned, all of them have been provided; so far as dispensaries are concerned, constructions are being taken in hand, but for the time being flats are being provided where these dispensaries are being located.

श्री जयपाल सिंह : क्योंकि "कालोनी" एक आपत्तिजनक शब्द है, इस लिये इस की जगह पर दूसरे शब्द का व्यवहार किया जाये ।

Mr. Speaker: The hon. Member may suggest.

Shri Jaipal Singh: "Colony" is an objectionable word, I thought we had got rid of colonialism!

Mr. Speaker: I agree. Hon. Members may send suggestions to the hon. Minister.

Shri B. K. Gaikwad: May I know whether Government are aware that it is very difficult to the Scheduled Castes to get houses in caste Hindu localities? So, will Government make some arrangement to provide houses for such people coming from the Scheduled Castes?

Shri Anil K. Chanda: So far as I am aware, there are no disabilities for Scheduled Caste employees to get accommodation according to their needs and priority.

Legal Help to Unions in Supreme Court Cases

*1490. **Shri S. M. Banerjee:** Will the Minister of Labour and Employment be pleased to state.

(a) whether any Unions have approached the Government for affording legal help to defend employees' interest in Bonus case in the Supreme Court in January, 1959; and

(b) if so, with what results?

The Deputy Minister of Labour (Shri Abid Ali): (a) Certain Unions requested that the Government of India should intervene in the appeals filed by the banks and defend the decision of the Labour Appellate Tribunal by engaging a Counsel

(b) The Government did not accede to the request

Shri S. M. Banerjee: May I know whether most of the telegrams were sent to the hon. Minister requesting him not to allow Shri M. C. Setalwad, Attorney-General, to appear for the employers, and if so, the steps taken by the Government, and whether they made any approach to the Law Minister in this connection?

Shri Abid Ali: Government is not a party to either of these cases, and the appointment of the Attorney-General or the Advocate-General, is according to the rules already in existence. Therefore we cannot intervene in such matters.

The Minister of Labour and Employment and Planning (Shri Nanda): May I add a word? The hon. Member had further asked whether the Law Minister had been consulted in this connection. The Labour Ministry had referred the matter to the Law Ministry and the position explained to us was that where Government was not a party, the Attorney-General could not be restricted in this matter.

Shri S. M. Banerjee: May I know whether Government propose to appoint a panel of lawyers to defend the workers' interests in the Supreme Court because of the fact that the

workers cannot spend so much money and engage Shri Setalwad?

Shri Nanda: I cannot immediately answer this question by saying "yes" or "no", but I do feel that considering the difficulties of the workers in this matter, something may have to be considered as to how they can be helped.

Shri S. M. Banerjee: May I know whether the Government would request the Attorney-General not to appear for the employer in the larger interests of the good industrial relations between the Government and the workers?

Shri Nanda: I have already answered

Shri S. M. Banerjee: The fact is that he is a man who commands the confidence of the entire country, and he goes on defending certain capitalists. It gives him a bad name too.

Mr. Speaker: Shri Tyagi

Shri Tyagi: Is it the intention of the Government to give all legal help to these unions in the lower courts as well?

Shri Nanda: I did not say that it was the intention. I thought, considering the handicaps of the workers, the matter required consideration.

Shri Tyagi: That means acceding to the request

Shri Prabhat Kar: In cases where the appeal is made against a Central Government Tribunal's award where the Central Government is itself a party, may I know whether Government will see that the Attorney-General is not allowed to appear against the award?

Shri Nanda: My reply covers that.

Mr. Speaker: The hon. Minister says....

Shri T. B. Vittal Rao: The hon. Minister stated that where the Government is not a party it is difficult to intervene, but what about cases where

the Government itself is a party to the dispute?

Mr. Speaker: That is what he has answered. The Attorney-General will not be allowed to appear on the other side.

Shri Prabhat Kar: May I draw the attention of the hon. Minister to the fact that in 1950 in the first special leave petition where the Central Government was also a party, the Attorney-General appeared on behalf of a particular employer? When a representation was made

Mr. Speaker: We are nine years ahead now.

Shri Prabhat Kar: ... the then Labour Minister intervened and made it clear that the Attorney-General cannot appear in case where the Central Government is a party. May I know whether since then the policy has been changed?

Shri Nanda: I have stated it very categorically that it is only where the Government is, not a party that the other question arises; where the Government is a party, the question does not arise.

Mr. Speaker: That principle continues.

Whenever hon. Members get to know of specific instances, they may write to the Minister drawing his attention to them.

Shri Prabhat Kar: I am sorry, Sir. We have informed the Government. Where the Central Government are a party....

Mr. Speaker: What is the meaning of labouring it? The hon. Minister has said again and again that wherever the Central Government are a party, the Attorney-General won't appear against the Central Government and against the workers. But if individual cases have come to the notice of the hon. Member, he may draw the attention of the hon. Minister to them. Am I right?

Shri Nanda: Yes.

महत्त्वा गांधी के जीवन को घटनाओं के रिकार्ड तैयार करने के लिये आकाशवाणी की योजना

*१४६१ श्री बिभूति मिश्र: क्या सूचना और प्रसारण मंत्री यह बताने की कृपा करेंगे

(क) क्या यह सच है कि आकाशवाणी महत्त्वा गांधी के जीवन से सम्बन्धित घटनाओं के रिकार्ड तैयार करने की एक योजना तैयार कर रहा है,

(ख) यदि हा, तो क्या उन्होंने महत्त्वा गांधी द्वारा चम्पारन में धारम्भ किये गये प्रथम आन्दोलन से सम्बन्धित घटनाओं को रिकार्ड तैयार कर लिया है, और

(ग) यदि हा, तो उस का व्योरा क्या है ?

सूचना और प्रसारण मंत्री के सहायक सचिव (श्री छा० चं० जोशी): (क) जी, हाँ।

(ख) और (ग). चम्पारन आन्दोलन से सम्बन्धित कुछ प्रमाणिक स्रोतों से मिली हुई बातों को रिकार्ड किया गया है। ३० जनवरी, १९५७ को चम्पारन के बारे में एक रेडियो डाक्यूमेन्टरी भी प्रसारित की गई।

श्री बिभूति मिश्र मैं जानना चाहता हूँ कि चम्पारन के सम्बन्ध में सरकार को जो प्रमाण व सबूत मिले हैं, वे कौन कौन से जरियों से मिले हैं ?

सूचना और प्रसारण मंत्री (डा० केसकर): चम्पारन के बारे में सभी सोसिस् के बारे में तफसील के साथ बताना मेरे लिये कठिन है लेकिन जो बहुत से लोग जीवित हैं, जिन्होंने उस आन्दोलन को देखा है और उसके बारे में कुछ लिखित भी पुस्तकें हैं और कुछ आर्टिकल्स हैं, वे सभी इसमें ले लिये गये हैं।

श्री बिभूति मिश्र: क्या यह सही है कि बिहार सरकार ने चम्पारन में गांधी जी ने जो आन्दोलन चलाया था उससे सम्बन्धित,

प्रमाण व सबूत और दूसरे कागजात केन्द्रीय सरकार को भेजे हैं और क्या उन से सरकार मदद ले रही है ?

डा० केशकर : बिहार सरकार ने चम्पारन के बारे में एक बहुत अच्छी पुस्तिका तैयार की है और वह सेंट्रल गवर्नमेंट के पब्लिकेशंस डिविजन ने प्रकाशित की है ।

Shri D. C. Sharma: May I know if the events connected with the life of Mahatma Gandhi in other countries such as the U.K and South Africa will also be recorded like the events connected with his life in India?

Dr. Keskar: That will be taken into consideration if practically it is possible for us to do so

पंडित डा० ना० तिवारी क्या सरकार को मालूम है कि चम्पारन से आये हुये दो माननीय सदस्यों ने १९१७ में गांधी जी के साथ चम्पारन में काम किया था, क्या उनसे कोई राय ली गई है ?

डा० केशकर : हर एक से राय लेना तो बड़ा मुश्किल है और हो सकता है कि कुछ ऐसे लोग बचे हों जिन से राय मशविरा न किया गया हो और अगर ऐसे सदस्य या दूसरे ऐसे श्रोता हैं, अगर वे लिखें तो उनके बारे में भी बहुत कुछ डाकुमेंट्री बन सकती है ।

Shri Ayyakannu: May I know if the epic fast of Mahatma Gandhi on the historic event of the Poona Pact will also be recorded in detail in the scheme?

Dr. Keskar: I cannot answer in respect of every particular and specific incident of Gandhi ji's life: I can only inform hon Members that we are at present preparing a Radio Biography of Gandhiji, and certainly all important incidents of his life will be included in it

Dr. Sushila Nayar: Is it a fact that the records of Mahatma Gandhi's voice in AIR are undergoing deteriora-

tion? If so, what steps have Government taken or propose to take to preserve them and prevent their deterioration?

Dr Keskar: Though this does not arise out of this question, I might inform the hon. Member that the records are not undergoing deterioration. They are kept in a very safe and very scientific way. The record of Gandhiji's voice is of considerable length; more than 12 hours of his various speeches, more especially, the prayer speeches, have been recorded. At present, we are engaged in selecting the best amongst them and preparing permanent master records, and also getting some which can be made available to the public as commercial records. In fact, one or two commercial records have already been made available

Reconstitution of Planning Commission

*1494. **Shri Harish Chandra Mathur:** Will the Minister of Planning be pleased to state

(a) whether Government have considered the necessity of reconstituting the Planning Commission and strengthening its office for framing the Third Five Year Plan, and

(b) what are the broad requirements of the Commission in order to efficiently deal with the Third Plan?

The Deputy Minister of Planning (Shri S. N. Mishra): (a) and (b). The staff arrangements of the Planning Commission have been recently reviewed and the necessary reorganisation has taken place. In making these arrangements, the requirements for the preparation of the Third Five Year Plan have been kept in view. No further action has been considered necessary in this connection.

Shri Harish Chandra Mathur: May I know what is the nature of reorganisation in the Planning Commission?

Shri S. N. Mishra: The staff has been strengthened, particularly at those points where thinking and study are specially required.

Shri Harish Chandra Mathur: May I know how many study teams have been appointed and what arrangements exist for examining the reports of these study teams?

Shri S. N. Mishra: I do not exactly understand to which study teams the hon. Member refers.

Shri Tyagi: May I know who is the sanctioning authority of the expenditure that the Planning Commission incurs on account of the employment of Class IV and other subordinate officers?

Shri S. N. Mishra: I should think it is the Finance Ministry.

Shri Ferose Gandhi: Why is it that when the last census of the Central Government employees was carried out by the Central Statistical Organisation, the Planning Commission were unable to supply information as to the number of people working under them?

Shri S. N. Mishra: I do not exactly remember at which point, and how, the Planning Commission did not furnish the number of people working under them. At the moment, we are in a position to give any figure that the hon. Member wants.

Shri Panigrahi: In view of the importance which has now been given to the introduction of joint co-operative farming and service co-operatives, is there any proposal to expand the Planning Commission to include experts on these co-operatives so as to frame the plan?

Shri S. N. Mishra: This is a suggestion; it also has an assumption that persons in the Planning Commission do not possess the necessary knowledge about it.

Shri Panigrahi: Is there any expert in the Planning Commission on these subjects?

Shri Harish Chandra Mathur: When I referred to study teams, the hon. Minister said that he did not understand which teams I meant. To make an assessment of the situation under

the Second Five Year Plan and to prepare notes on the various schemes for the Third Five Year Plan, various teams have been appointed, for transport, industry and all that. May I know if these study teams appointed in the various Ministries are not known to the Planning Commission?

The Minister of Labour and Employment and Planning (Shri Nanda): There is a number of Working Groups—the word used is a little different—functioning in several Ministries also, jointly, that is, with representatives of the Planning Commission and of the Ministries and other experts. They constitute those Groups. Their reports come to the Planning Commission and are considered there.

Shri Harish Chandra Mathur: Is the hon. Minister aware that there has been inordinate delay in the appointment of these Working Groups and they are being now hustled to submit their reports expeditiously? If so, is he aware that this will affect the preparation of the Third Five Year Plan?

Shri Nanda: No, there has not been any delay of which I am aware, and nobody is being hustled.

Indian Workers in U.K.

*1496. **Shrimati Ila Palchoudhuri:** Will the Prime Minister be pleased to state:

(a) whether Government of India's attention has been drawn to the news appearing in the 'Pioneer' dated the 14th February, 1950 that workers of a British Sterling Metals Factory at Nuneston (Birmingham, England) recently went on strike as a protest against employment of Indians on skilled work;

(b) whether the Government of India have received any report about the matter from the Indian High Commission in U.K.;

(c) if so, the details thereof; and

(d) the steps, if any, taken by Government in regard to such discrimination?

The Parliamentary Secretary to the Minister of External Affairs (Shri Sadath Ali Khan): (a) and (b) Yes.

(c) About 680 workers went on strike on the 10th February, 1959, in the Nuneaton Works of Sterling Metals Ltd., in support of some men who had refused to work beside Indians transferred from the Company's Coventry factory. There had been a stoppage of work on the 9th February but a resumption was made on the morning of 10th February to permit negotiations. These negotiations, however, broke down because the men demanded that the Company should remove the Indians from the core block machines. The Indian workers in question had been in the employment of the company since 1950 and had constantly operated similar machines in the Company's Coventry works for years, working alongside British workers. The Company, in common with the Trade Unions, does not recognise any colour bar. The matter is under investigation.

(d) The Government do not propose to take any steps as this is a private industrial dispute.

Shrimati Ila Palchowdhuri: Is the Government aware of the fact that the British company is inclined to keep the skilled and semi-skilled type of work for the British people and is not inclined to give it to Indians, if possible, although they may be just as efficient?

The Prime Minister and Minister of External Affairs (Shri Jawaharlal Nehru): I do not know; that might be so. What can we do about it if they do so? A company can engage such people as it chooses.

Shri S. M. Banerjee: May I know whether this action on the part of the British workers is a sort of racial discrimination and, if so, has any protest been made to the Government of U.K.?

Shri Jawaharlal Nehru: It has been stated in the course of the reply that both the U.K. Government and the company objected to that action on

that very ground. So, there is no necessity for us to protest.

Shri Hem Barua: May I know whether it is not a fact that there is dearth of workers—more so skilled workers—in the United Kingdom for post-war reconstruction work and it is this compulsion of circumstances that has forced the British Government and the British firm to employ Indians? If so, may I know what steps Government have so far taken to see that Indians employed in the firms are protected and the chances of racial bitterness in Britain are reduced?

Shri Jawaharlal Nehru: I do not know how we are supposed to protect them in firms there.

Shri Hem Barua: Through our High Commissioner

Mr. Speaker: What can be done? Only withdraw them from service.

Shri Hem Barua: We are in the Commonwealth. Will it not be taken up at the Commonwealth level?

Mr. Speaker: The hon. Minister has already said that the Government and the company were not in favour of this discrimination by the workers. If the workers refuse to work, what has to be done? The hon. Member will himself suggest.

Shri Jawaharlal Nehru: The matter has subsided, it is over.

Indian Textiles

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*1497. { Shri Daljit Singh:
 Shri Raghunath Singh:

Will the Minister of Commerce and Industry be pleased to state:

(a) whether it is a fact that export of Indian textiles to Iran has declined on account of stiff competition from Japan;

(b) if so, to what extent during the last six months; and

(c) the nature of steps taken or proposed to be taken in this regard?

The Deputy Minister of Commerce and Industry (Shri Satish Chandra):
(a) to (c) A statement is laid on the Table of the House

STATEMENT

(a) Yes, Sir But this decline is not solely due to competition from Japan.

(b) Exports in the second half of the year 1958 have declined by little over 50 per cent as compared to the export of the first half of the same year

(c) (i) The Cotton Textiles Export Promotion Council has been collecting market intelligence on sale of Indian textiles in Iran markets Propaganda measures for increasing exports of Indian textiles in that country are also taken

(ii) Government of India have announced in October-November, 1958 the Cotton Textiles Export Incentive Scheme in order to promote export of Indian textiles to foreign markets including Iran

(iii) The import duty which is assessed by weight by the Iran Government weighs more on Indian coarse and medium varieties This matter has been taken up with the Government of Iran

Shri Daljit Singh. May I know the value of Indian textiles exported to Iran during the years 1957 and 1958 separately?

Shri Satish Chandra: During 1957, value of the cloth exported to Iran was Rs 4,31,000 During 1958, (figures are available only up to October), the value was Rs 24,96,000

Shri Raghunath Singh: It appears from the statement that more than 50 per cent of export has declined as far as Iran is concerned May I know what steps are being taken to re-capture the market?

Shri Satish Chandra: The Export Promotion Council is trying to establish closer contact with the trade there. There has been some difficulty Iran has entered into bilateral

arrangements with the East European countries—Russia, Czechoslovakia and others—on a barter basis for the supply of some of its goods and to get textiles in return.

Secondly, the duty in Iran is charged by weight, with the result that medium and coarse cloth is taxed more heavily than the finer varieties of cloth The matter has been taken up with the Government of Iran

Shrimati Ha Palchoudhuri: May I know whether the Government is aware of the fact that Japan has been studying the designs there in Iran and redoing them? Have we redone our designs so that our designs may be suited to what the Iran Government and the Iran people like?

Shri Satish Chandra: Al. these things are done Market surveys are undertaken Delegations are sent by the Export Promotion Council set up for the purpose The fact is that Japan has improved its performance this year over last year, but if we take the figures for the last few years, and compare 1958 figures with those of 1955 even Japan has gone down It is better this year as compared to last year But, compared with earlier figures, it has not been able to export as much as it used to

Shri Ram Krishan Gupta: May I know whether there is any proposal to export fine cloth?

Shri Satish Chandra: Efforts are made to export all varieties of cloth which are being produced. But, so far, Iran has been taking mostly medium varieties of cloth from us As there is increasing competition, we are discussing with the Iran Government the question of charging customs duty on *ad valorem* basis rather than by weight

Shri Tyagi: With a view to encouraging our textile exports to foreign countries, are the Government considering any proposal to restrict the use of fine cloth in India?

The Minister of Commerce and Industry (Shri Lal Bahadur Shastri): No, Sir We are not considering that

proposal. In fact, we have suggested that henceforth even the superfine mills will have to export their cloth. Up till now they have not been generally exporting their cloth. Now, we have made it almost a rule that these mills which, use imported cotton will have to export a certain percentage of their cloth.

Shri Tyagi: A good idea.

'India Wins Freedom' by Maulana Azad

*1498. **Shri U. C. Patnaik:** Will the Prime Minister be pleased to state:

(a) whether he has verified the authenticity of Maulana Azad's book 'India Wins Freedom' before he gave permission to the Minister of Scientific Research and Cultural Affairs to publish it; and

(b) if so, the points on which he accepted authenticity of the book?

The Prime Minister and Minister of External Affairs (Shri Jawaharlal Nehru): (a) and (b). **Shri Humayun Kabir** spoke to me about the manuscript of Maulana Sahib's book and later sent it to me to read. He marked some paragraphs in it which appeared to him controversial and he suggested that these might be left out.

I read this manuscript in its entirety. I took it for what it was, that is, a book put in English by **Shri Humayun Kabir** at the dictation in Urdu by Maulana Azad. There was no question of my verifying the authenticity of the book. Nor did any question arise of my giving permission for its publication. As I was given to understand that it was Maulana Azad's desire that the book should be published, I felt that his wishes should be acted upon. I felt also that, in view of Maulana Azad's wishes, even the controversial passages which **Shri Humayun Kabir** wished to omit, should be retained. There was no question of my agreeing with Maulana Sahib's opinions or not. It seemed to me unfair that there should be any omissions, except such as had previously been indicated by Maulana Sahib himself.

There were one or two minor factual errors about date, etc. which I pointed out and which were subsequently corrected. I took the manuscript to represent broadly Maulana Azad's recollections and thinking, though the language used was not necessarily his in all places.

Shri U. C. Patnaik: In view of the fact that our entire Indian achievements and partition have been condemned in the book, and in view of the fact that all the Indian leaders have been condemned therein, may I know what steps the Prime Minister took to verify the authenticity of the book, namely, whether it emanated from Maulana Sahib or whether there was some deviation in the translation or transcription of the work?

Shri Jawaharlal Nehru: I have answered that question. I saw then and see now no reason or no way of verifying these now. I have no doubt about the fact that these are Maulana Sahib's dictations. Perhaps here and there, in minor matters, they might not have been correctly transcribed in English. But I have no shadow of doubt about the authenticity of the book. How can I verify such things? It is beyond me.

Shri U. C. Patnaik: I wanted to know whether the Prime Minister, before giving his permission to the publication of the book, tried to find out, whether it was really Maulana Sahib's because it has painted the 1947-48 disturbances in black colours and it has painted our leaders in black colours.

Shri Jawaharlal Nehru: The hon. Member is repeating the same question. I see absolutely no reason why I should have suspected or should suspect now the authenticity of this work. I have no shadow of doubt, as I have said. The fact that Maulana Sahib held such opinion which may not be liked or may not be agreed to by others is neither here nor there. I believe that he is expressing his opinion. The book criticises me. It

never struck me for an instant that because he criticises my attitude I should suppress that part.

श्री रघुनाथ सिंह : इस बात को देखते हुये कि हिन्दुस्तान के पार्टीशन की जो जिम्मे-दारी है वह आपके ऊपर और स्वर्गीय पटेल साहब के ऊपर इस पुस्तक में डाली गई है और अच्छे और शोभनीय शब्दों का प्रयोग थायद उसमें नहीं किया गया है, तो क्या यह उचित होगा कि इस सम्बन्ध में आप जो वास्तविक स्थिति है उस पर प्रकाश डालें ?

श्री जवाहरलाल नेहरू : सवाल के जवाब में प्रकाश डालूँ, यह तो एक इतिहास की बातें हैं और उस पर ऐतिहासिक लोग लिखेंगे। हाँ कुछ प्रकाश जो हम अपनी याद से दे सकते हैं वह दे देंगे और सच बात तो यह है कि ऐसे मामले में किसी की याद भी पक्की नहीं होती है और दो भादमी जो एक वाक्य को देखें उनकी भलग भलग याद होती है। मेरी राय में मौलाना साहब ने कई बातें उसमें लिखी सन् ३६ और ३७ के बारे में जो वाक्याती तौर पर सही नहीं है लेकिन अब यह उनकी याद की बात है जो कि उन्होंने लिखी है।

श्री प्र० सि० शौक्ता : क्या मैं जान सकता हूँ कि जिस वक्त आपको यह मैनूस्क्रिप्ट रेकर की गई तो आपने रिसर्व मिनिस्टर साहब से पूछा था कि मौलाना मरहूम ने क्या कोई ऐसी बसीयत की है कि इसको छापने से पहले प्राइम मिनिस्टर को दिखा लिया जाय और अगर इस क्रिस्म की कोई बसीयत नहीं थी तो क्या आपने इसके लिए उनसे जवाब तलब किया कि इतने बड़े भादमी की सवानेजर्बा एक प्राइम मिनिस्टर की मंजूरी वा नामंजूरी और कुछ रिमार्कस घोषित करने के लिए क्यों रेकर की गई क्योंकि अगर प्राइम मिनिस्टर जैसा फ़रालदिल भादमी नहीं होता और कोई तंगदिल भादमी उसमें के कुछ चीजें निकालने के लिए कह देता तो रिसर्व मिनिस्टर साहब उनके उसमें से निकाल देते। अगर कोई ऐसी

बसीयत थी तो बतलाई जाय और अगर नहीं थी तो यह जो कुछ हुआ बहुत सतत हुआ।

श्री जवाहरलाल नेहरू : मौलाना साहब ने जब यह किताब लिखाई थी तो इस खयाल से लिखाई थी कि उनकी जिन्दगी में वह छपेगी। यह तो खयाल नहीं था कि यकायक उनका इंतकाल हो जायगा और इस लिए बसीयत लिखने का कोई सबाल नहीं था। बदक्रिस्मती से वह एक वम से बीमार हुए और उनका इतकाल हो गया और यह मामला फिर पीछे हल करना पड़ा उन लोगों को जो कि उनके बाद रह गये थे।

श्री प्र० सि० शौक्ता : मेरे सवाल का जवाब नहीं दिया गया। क्या प्राइम मिनिस्टर साहब ने रिसर्व मिनिस्टर से पूछा था कि...

Mr. Speaker: I am not going to allow these questions. The hon. Member has strung four or five questions. The main question, as I understood it, was to find out whether he had given instructions that this piece should be shown to the Prime Minister and his opinion should be taken. The hon. Prime Minister has said that Maulana Azad did not issue such instructions. In these circumstances, the main question has been answered.

Shri Kesava: May we know if the Prime Minister had an opportunity to look into this manuscript during the lifetime of Maulana?

Shri Jawaharlal Nehru: No, Sir. I did not see the manuscript. I had heard vaguely that he was dictating something which was to be published. I knew that vaguely. I had not seen anything before.

Raja Mahendra Pratap: There is only one question. Our hon. Prime Minister has got great regard for Maulana. We also have great regard for Maulana. Having his opinion before us, is it not time for us to undo Pakistan and unite India and Pakistan?

Mr. Speaker: Next question.

Subsidised Industrial Workers' Quarters at Kanpur

*1499. **Shri Jadhav:** Will the Minister of Works, Housing and Supply be pleased to state:

(a) whether it is a fact that the Uttar Pradesh Government has been asked by the Centre to eject the non-industrial class of tenants from the subsidised industrial workers' quarters at Kanpur; and

(b) if so, the reaction of the Uttar Pradesh Government thereto?

The Deputy Minister of Works, Housing and Supply (Shri Anil K. Chanda): (a) The Government became aware during October, 1958, and January, 1959, that out of the 9864 houses built at Kanpur under the Subsidised Industrial Housing Scheme for the eligible Industrial workers in the private sector, as many as 4825 houses had been allotted by the U.P. Government to ineligible persons including employees of the State Government and Defence Installations. The State Government were advised in February, 1959, to arrange for the vacation of these houses progressively for allotment to eligible industrial workers;

(b) the State Government have since intimated that further allotment of subsidised houses to non-eligible persons had been stopped and that efforts were being made to get the houses already allotted to non-eligible persons, vacated for allotment to eligible Industrial workers.

Shri Jadhav: May I know whether these houses have been occupied and if so by whom?

Shri Anil K. Chanda: Yes, Sir, temporarily by State employees and employees of the defence installations at Kanpur.

Shri S. M. Banerjee: May I know whether it is a fact that at the time when the quarters were constructed because of the high rent no industrial worker occupied them and it was the defence employees—both industrial and non-industrial—who occupied

these houses? May I know whether the defence employees organisations had protested to the hon. Minister and whether this matter has been taken up with the Defence Ministry for sympathetic consideration?

The Minister of Works, Housing and Supply (Shri K. C. Reddy): The whole matter is being discussed with the Defence Ministry and also as between the State Government and ourselves. We have not yet arrived at any final decision.

Shri S. M. Banerjee: May I know whether till the time both the Ministries arrive at a definite conclusion these employees whether industrial or non-industrial belonging to the defence installations and the State Government will not be evicted?

Shri K. C. Reddy: We need not anticipate the final decision.

Manufacture of Gliders

*1500. **Shri Halder:** Will the Minister of Commerce and Industry be pleased to state:

(a) whether it is a fact that Indian technicians have been able to manufacture a good type of Glider which has been test flown by Wing Commander Suri of the Indian Air Force on the 11th August, 1958, and

(b) if so, whether Government propose to start manufacturing units to produce such Gliders, their spares and other allied equipment?

The Minister of Industry (Shri Manubhai Shah): (a) Yes, Sir.

(b) There is no proposal under consideration of Government for starting new units for the manufacture of Gliders and spare parts, as the productive capacity of the indigenous manufacturers is considered sufficient to meet the requirements of the country.

Shri Halder: May I know whether the glider which was manufactured by Messrs. Aeronautical Services Limited, Dum Dum was test-flown by Wing Commander Suri and was the first glider to be manufactured in India?

Shri Manubhai Shah: Yes, Sir. This was the first commercial glider manufactured in India and Wing Commander Suri carried out trials which were found to be satisfactory.

Shri Halder: What was the reason that the services of the Aeronautical Services Limited, Dum Dum were not recognised? Some other agency which designed a glider was presented a certificate by the Prime Minister though it first appeared on 22nd February, 1950. That was rewarded while the other one was not rewarded.

Shri Manubhai Shah: These are two different gliders which the hon. Member is mentioning. One is a single seater glider manufactured by the Aeronautics Services Limited of Calcutta. The other is a two seater glider evolved by the technical centre of the Civil Aviation Department which the hon. Prime Minister looked at the trial time. It was found to be very satisfactory. This two seater glider design which has been approved by the DGCA is also going to be manufactured in Calcutta and other factories in India including the Hindustan Aircraft Ltd.

Loan Assistance from the Life Insurance Corporation

*1502. **Shri B. C. Mullick:** Will the Minister of Works, Housing, and Supply be pleased to state:

(a) whether it is a fact that the Central Government have sent a communication to the State Governments, requesting them to indicate their requirements of loan assistance from the Life Insurance Corporation for constructing rental accommodation for their employees;

(b) if so, when; and

(c) whether Government have received replies from the State Governments?

The Deputy Minister of Works, Housing and Supply (Shri Anil K. Chanda): (a) to (c). Yes, Sir; the State Governments were requested last month, to intimate their require-

ments of funds to be provided by the Life Insurance Corporation, for provision of rental housing to State Government employees; and most of them have sent in their replies.

Shri B. C. Mullick: May I know the amount that the Corporation has agreed to spare?

Shri Anil K. Chanda: One crore of rupees for 1958-59 and for the subsequent two years.

Shri B. C. Mullick: For how many years will this assistance continue?

Shri Anil K. Chanda: At the moment, they have agreed for the next three years from 1958-59.

Shri B. C. Mullick: In what manner will the money be distributed among the States?

Shri Anil K. Chanda: We first wrote to the four State Governments which have been most affected by the States reorganisation in 1956 as we considered that their need was the greatest and of those four States, Madhya Pradesh did not want to draw any money out of this. Subsequently, we informed all the State Governments that if they wanted to borrow out of this fund, they should send in their requisition. We have received replies from all excepting four, and according to the demands sent in by the States we have allotted this Rs. 1 crore for 1958-59 to Andhra Pradesh, Mysore, Rajasthan, West Bengal and Madhya Pradesh.

Shri Jadhav: What was the total demand of all the States?

Shri Anil K. Chanda: As I said, these are the five States which sent in their demands. We met their demands fully excepting in the case of Madhya Pradesh. At first Madhya Pradesh did not want to draw any money. Later on they wanted the whole of Rs. 1 crore. It was not possible to give the entire amount to Madhya Pradesh. We have allotted them Rs. 52 lakhs.

Shri Jadhav: What was the total demand?

Mr. Speaker: He has said that the total demand was met—Rs. 1 crore.

Shri Anil K. Chanda: Excepting in the case of Madhya Pradesh, all the other demands have been fully met. Madhya Pradesh did not want to draw the money at first and later on wanted the entire amount of Rs. 1 crore, whereas we have given them Rs. 52 lakhs.

Shri Prabhat Kar: May I know whether all the amount which has been asked for will be utilised by the State Governments?

Shri Anil K. Chanda: It is only very recently that LIC wanted that the money should be drawn during this year. We received the information from LIC only in February. We immediately got into touch with the State Ministers concerned, and it is expected that during the next two or three days the money would be drawn by the States.

सरकार का सि० सहमत क्या यह सही है कि मध्य प्रदेश की सरकार ने आपको लिखा है कि उनकी पूरी रकम उनको दी जाये, पर वह रकम यहाँ से नहीं दी जा रही है ?

Shri Anil K. Chanda: As I said, at first we received information that Madhya Pradesh was not interested to draw on this amount, but later on they wanted the entire amount of Rs. 1 crore. Since there were other States who were also sending in their demands we had to apportion the amount between the States which wanted to take this loan. As I have indicated, the biggest amount of Rs. 52 lakhs out of Rs. 1 crore has been given during the current year to Madhya Pradesh.

सरकार का सि० सहमत : मेरे कहने का मतलब यह है कि ऐसी कौनसी हिच बा रही है कि पूरा एमाउंट मध्य प्रदेश सरकार को नहीं दिया जा रहा है जब कि वह बार बार लिख रही है ?

Shri Anil K. Chanda: The total amount available is Rs. 1 crore and if the whole amount is given to one State, the other States will not get any benefit out of this loan.

Accident in Giridih Colliery

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*1503. { Shri Bose:
Shri M. K. Ghosh:
Shri Keshava:

Will the Minister of Labour and Employment be pleased to state:

(a) whether any enquiry has been made into the accident which occurred in the Government owned Giridih Colliery on the 2nd March, 1959 causing death of 4 persons;

(b) if so, the findings of the enquiry; and

(c) whether the causes of the accident were similar to that of the accident which occurred in the same colliery on the 27th January, 1959 causing death of a number of persons?

The Deputy Minister of Labour (Shri Abid Ali): (a) Yes.

(b) The accident was due to an underground fire which gave rise to poisonous fumes resulting in the death of four persons.

(c) There was no accident in this colliery on the 27th January, 1959.

Shri Bose: May I know if this poisonous gas has also been found in the adjacent area of the pit and a number of workers have been retrenched from there?

Shri Abid Ali: There was no poisonous gas but fumes. So far as the surrounding areas are concerned, we have no information.

Shri Keshava: May I know if any enquiry has been held in this regard; if so, with what result?

Shri Abid Ali: The Regional Inspector of Mines enquired into the matter, and in his opinion it was a mere accident.

Shri T. B. Vittal Rao: May I know whether a copy of the report of the

Regional Inspector of Mines will be laid on the Table of the House?

Shri Abid Ali: We will consider it.

Shri Bose: May I know whether there were many lapses of rules in the colliery which is a very old one?

Shri Abid Ali: The report is being examined.

Industries (Development and Regulation) Act

*1505. **Shri Jhulan Sinha:** Will the Minister of Commerce and Industry be pleased to state:

(a) whether any action has been taken against defaulters in Bihar under sections 15 and 16 of the Industries (Development and Regulation) Act, 1951 during the last 5 years; and

(b) if so, the nature thereof?

The Minister of Industry (Shri Manubhai Shah): (a) and (b). A statement is laid on the Table of the House.

STATEMENT

(a) and (b). So far, investigation has been made into the affairs of only one Industrial Undertaking in Bihar engaged in the manufacture of sugar (viz., M/s. Sugauli Sugar Works, Ltd., District Champaran, Bihar). On account of continued disputes amongst the Directors, the factory was being mismanaged and it was apprehended that it would not work during the 1956-57 season. The Investigating Panel reported to the Government that the state of affairs of the Company were not so alarming as to warrant immediate assumption of its management by the Government of India under the Industries (Dev. & Reg.) Act and suggested that the supervisory control assumed by the Central Government under the Essential Commodities Act might continue with some additional powers for the Authorised Controllers to issue further directions to the Management. Action was taken accordingly with the concurrence of the State Government. The supervisory control over the factory is still being continued under the Essential Commodities Act and the factory is working.

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Shri Jhulan Sinha: At the end of the statement it is said: "Action was taken accordingly with the concurrence of the State Government. The supervisory control over the factory is still being continued under the Essential Commodities Act and the factory is working." With reference to this statement, may I know whether there has been any change in the standard of efficiency after the factory started working under directions from Government from what it was when the factory was being managed by the partners themselves?

Shri Manubhai Shah: It was due to mismanagement on the part of the original proprietors that it was taken over. So, obviously, it has been running very much better and because of that we are continuing to operate it. As soon as the partners are reformed or the management is reorganised, it can be handed over to such management. We do not want to hold on to this factory for all the time.

Shri Jhulan Sinha: The statement says that investigation has so far been made into the affairs of only one industrial undertaking in Bihar. May I know whether a factory known by the name of Indian Sugar Works, Siwan was placed in a similar situation and it ceased to work after some years causing very much inconvenience to the public because of the failure of the Government to intervene and take appropriate action?

Shri Manubhai Shah: I could not follow the question.

Mr. Speaker: Is the hon. Minister aware of any individual case? He wants notice, evidently.

Shri Manubhai Shah: No, Sir; I have not followed the question.

Mr. Speaker: Hon. Member will speak a little louder and more slowly.

Shri Jhulan Sinha: May I enquire if the Government is aware that Indian Sugar Works, Siwan was placed in a similar situation and it ceased to work because of the failure

of the Government to intervene at the appropriate time and take appropriate action?

Shri Manubhai Shah: That was not the case. This particular factory when examined by government experts was found to be not profitable to be taken over and run by Government. As the House is aware, under the Industries Act first an investigating committee is appointed under section 15. If the report of that committee is favourable, only then an authorised controller or a board of control for management is appointed. In respect of the factory which the hon. Member mentioned it was not found to be economic.

Shri Jhulan Saha: May I know whether actually an enquiry was held under the provisions of the Act into the affairs of that factory?

Shri Manubhai Shah: As I have mentioned already, it is not necessary that a particular section of the Industries Act should be invoked. We have powers under different sections and also under the Essential Commodities Act. An enquiry of a technical nature could be conducted by Government even under its own executive authority. That particular factory was examined and it was not found to be economic or in the interests of running it.

Shri S. M. Banerjee: May I know the number of cotton textile and jute mills where such committees have been appointed under this Act?

Shri Manubhai Shah: The total number of committees so far appointed either directly under the Act or otherwise is 17 in the case of textile mills, 9 in the case of sugar mills and 2 in the case of engineering industries.

Shri Jadhav: May I know whether the reports submitted by these committees will be laid on the Table of the House?

Shri Manubhai Shah: These are committees specifically appointed for a specific purpose, and unless any hon

Member is interested in a particular report we generally do not lay all the reports on the Table of the House. If the hon. Member is interested in any particular committee's report, we will certainly be glad to furnish him with the same.

Import of Cotton from Egypt

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*1506. { **Shri Radha Raman:**
Shri Shree Narayan Das:

Will the Minister of Commerce and Industry be pleased to state:

(a) whether it is a fact that Government have decided to allow a special import quota of 30,000 bales of Egyptian Cotton to Textile Mills direct;

(b) if so, the terms and conditions on which the mills have been allowed to import such cotton;

(c) whether it is also a fact that similar variety of cotton at cheaper price or on barter basis is available in Sudan; and

(d) if so, the reasons why import from Sudan has not been allowed?

The Minister of Industry (Shri Manubhai Shah): (a) to (d). A statement is placed on the Table of the House. [See Appendix V, annexure No. 33]

Shri Radha Raman: In the statement it is said that the import of cotton is subject to the export of textile goods to these countries. May I know what is the total quantity of textile goods exported to these countries or expected to be exported to these countries during the current year?

Shri Manubhai Shah: No firm estimates are made. As my hon. colleague in a previous question answered, for every country we are trying to step up the exports and because of the new incentive schemes of linking exports with imports, the exports are definitely looking up

Shri Radha Raman: In the statement it is mentioned that importers have been advised to ensure that

equal quantities are imported against their licences from Egypt and Sudan. The statement mentions about the import of 15,000 bales from Egypt. May I know whether any orders have been given to the Sudan Government?

Shri Manubhai Shah: No orders have been given to Sudan Government, but there are certain importers and exporters who have been instructed that while dealing with import of cotton, between these two friendly countries a proper balance may be maintained and orders placed in an equitable manner.

Shri Radha Raman: It is suggested that this cotton is imported against exchange of engineering goods. May I know the details of engineering goods that are exported?

Shri Manubhai Shah: Sewing machine, electrical fans, diesel engines, some cookers, hurricane lanterns and various other items of engineering goods are sent out to middle-eastern countries, particularly to Sudan and Egypt.

Shri Tyagi: It has just been stated that in the case of imported cotton the mills are directed to export a certain quantity of textiles. May I know what is the ratio fixed for the textile exports in relation to the cotton imported?

Shri Manubhai Shah: Just now, the entire export promotion scheme, as the hon. House is aware, is broadly linking up the entire import of the foreign cotton to the total export from the country of different varieties of cloth. That is the broad pattern. That is, to the extent of the value earned out of the export of cloth from India the import of cotton will be allowed. Then, 60 to 66 $\frac{2}{3}$ per cent of imported cotton is linked up directly with the export made by a particularly mill. Then 10 per cent is allowed to be retained by them, and 80 to 86 and odd per cent is allowed to be sold as per the direction of the Textile Commissioner. The third share is that about 4 to 6 per cent

according to the different ranges of export is permitted for import of chemicals, dyestuffs and other things. Ten per cent of the foreign exchange earned is for the retention for import of machinery for modernization, improvement, and processing, etc. by the exporting mills.

Shri Khimji: How do the cotton prices compare with those of Egyptian cotton?

Shri Manubhai Shah: I would not like to compare the prices. All I can say is that in a particular contract, the Egyptian prices were lower. But that is not always the rule. Sometimes, one price is higher and sometimes the other price is higher.

Shri Khimji: Is it a fact that the Sudan cotton prices have considerably gone down in recent weeks?

Shri Manubhai Shah: That is true; sometimes the prices of cotton are lower. At one stage, the Egyptian prices were very much lower and we therefore cannot just disturb the balance of friendly countries, because import and export is a two-way traffic. Therefore, we have to maintain the necessary balance.

Shri Tyagi: I want just to get a clarification. In fact, I was under the impression that if any mill used any imported cotton, that mill will be forced to export a certain proportion of its textiles to foreign countries. But, now, from the hon. Minister, I understand that this proportion of export is linked with other types of imports that the mills may need like dye-stuffs etc. I wanted to know whether the export is enforced in lieu of the imported cotton or in lieu of certain other imports that the mills require.

The Minister of Commerce and Industry (Shri Lal Bahadur Shastri): Those mills which get imported cotton have to export a certain percentage of their textiles as I said before.

Shri Tyagi: Is the quota fixed for each mill?

Shri Lal Bahadur Shastri: The proposals came from the Textile Federation itself. They had a long discussion with the Textile Commissioner, and it has been mutually agreed that the exporters who are the manufacturers as well, will export a certain percentage of their cloth. No law has been made, but it has been agreed to, and it is expected that about ten per cent of their production they might be able to export.

SHORT NOTICE QUESTIONS

Transfer of Charlands to Pakistan

S. N. Q. No. 12. Shrimati Ila Palchoudhuri: Will the Prime Minister be pleased to state:

(a) whether it is a fact that the matter of the future of about 9,100 fishermen families who have been affected by the recent transfer of Charlands in Murshidabad district under the Noon-Nehru Pact has been referred by the Government of West Bengal to the Government of India;

(b) if so, the full details thereof, and

(c) the action taken or proposed to be taken by the Government of India in regard thereto?

The Parliamentary Secretary to the Minister of External Affairs (Shri Sadath Ali Khan): (a) and (b). In their latest report, the Government of West Bengal have stated that it is not correct to say that the implementation of the Bagge Award on the boundary between the districts of Murshidabad and Rajshahi has directly resulted in affecting the fishermen families adversely. According to the West Bengal Government, the difficulty has arisen because the Pakistani Border Police have, since the demarcation according to the Bagge line, been denying to our fishermen and their boats, the transit facilities, which they used to give before, in parts of the river where both banks are in possession of Pakistan, to carry on fishing in Indian waters lower down, and are also preventing our fishermen from using the

entire width of the river for navigation where the boundary is mid-stream and thus hindering the use of large and expensive fishing nets used by our fishermen which are required to be drawn across the entire width of the river though actual fishing operations are confined to the stretch of the river falling within our side of the international boundary.

The Government of West Bengal have also reported that the total number of fishermen families affected is 4,125.

(c) Our High Commission in Karachi has been instructed to take up this matter with the Government of Pakistan and to request them to agree to representatives of the Government of West Bengal and the Government of East Pakistan working out mutually satisfactory detailed arrangements for transit facilities for the fishermen and their boats and for freedom of navigation across the entire width of the river provided that actual fishing operations are confined within the limits of the particular State of which the fishermen are nationals

A reply from the Government of Pakistan is awaited.

Shrimati Ila Palchoudhuri: May I know whether the Government is taking any steps to see, in case fishing is not allowed by Pakistan—they may not do it but their attitude is like that, sometimes—that these fishermen are rehabilitated, because fishermen cannot take to other professions easily?

The Prime Minister and Minister of External Affairs (Shri Jawaharlal Nehru): First of all, I think the obvious course in such matters is for arrangements to be arrived at which are to the mutual advantage of the two countries. In the present case it will be noticed that nobody has been physically shifted. It is the river boundary that has been clarified—whether midstream or one side of the river to the other. About the difficulty that has been put in the way of

the fishermen in regard to fishing, it seems to be obvious that the same thing will occur to Pakistani fishermen in some of the stretches of the river. This kind of attempt merely to come in the way of the other party is not advantageous to any country. I hope it will be settled, as normally it is settled. People are allowed to fish within their territories. Some arrangements are arrived at.

The question of rehabilitation as such does not arise, at present at least and I hope not for the future. As the hon. Member says, fishermen can only be rehabilitated where they can fish, in some other stretch of the river. The areas are limited.

श्री रघुनाथ सिंह : श्री १७ मार्च को वेस्ट बंगाल असेम्बली में श्री वी० सी० राय ने यह बात कही थी कि इस वॉर्डर की रक्षा के लिये यह आवश्यक है कि हम को आर्मी की सहायता दी जाये। मैं यह जानना चाहता हूँ कि सैन्टर उन को आर्मी की सहायता देने जा रहा है या नहीं।

श्री जवाहरलाल नेहरू : इस का इस सवाल से कोई सम्बन्ध नहीं है। यह तो मल्लाहों की रक्षा का सवाल है।

अध्यक्ष महोदय : यह प्रश्न इस में नहीं उठता है।

श्री जवाहरलाल नेहरू : लेकिन मैं जवाब देने के लिये तैयार हूँ, अगर आप इजाजत दें।

अध्यक्ष महोदय : जैसा आप मुनासिब समझें।

श्री जवाहरलाल नेहरू : आर्मी की रक्षा तो हमेशा दी जाती है, यानी दूसरे देश से जो हमारी सरहद है, उस की रक्षा आर्मी के हाथ में होती है। लेकिन आर्मी वहां पहरा नहीं देती है। अगर ज़रूरत होती है, तो वह बुलाई जाती है। मुख्य मंत्री जी ने जो वहां कहा, वह ठीक था—वह हमारी सलाह

से कहा था कि फौज को ज्यादा अधिकार दिया जाय कि वह निश्चय करे कि कहां कहां उस को देखभाल करनी है। जैसे कि हमारी फौज आसाम की सरहद पर देखभाल कर रही थी, वह करती है। उम की जिम्मेदानी ज़रा बड़ा दी गई है।

Tukergram

S.N.Q. No. 13. Shri Hem Barua: Will the Prime Minister be pleased to state:

(a) whether Government's attention has been drawn to a statement made by a Foreign Office spokesman of Pakistan, emanating from Karachi, dated the 17th March, 1959 repudiating the statement made by the Hon'ble Prime Minister in Parliament to the effect that Tukergram belonged to India;

(b) if so, whether it is a fact that the aforesaid spokesman has emphatically said that Tukergram "rightfully belonged to Pakistan" and it was given to Pakistan according to the Bagge Award; and

(c) if so, what steps, if any, Government have taken to explain the correct position vis-a-vis Pakistan's claim so far as Tukergram is concerned?

The Parliamentary Secretary to the Minister of External Affairs (Shri Sadath Ali Khan): (a) and (b). Government have seen a report in the Pakistan press of 19th March, 1959, to the effect that an official of the Pakistan Foreign Ministry had asserted that Tukergram belonged to Pakistan because it was on the Pakistan side of the Kusiara river.

(c) Our High Commission in Karachi has been instructed to bring to the notice of the Pakistan Government:—

(i) that Tukergram which falls within the district of Cachar had been awarded to India under the Radcliffe Award, and had been continuously in Indian possession till it was forcibly occupied by Pakistani armed forces in August, 1958;

- (ii) that the Prime Ministers of India and Pakistan during their meeting in September, 1966, had agreed that Pakistani forces should withdraw from Tukurgram and restore the status quo.

Our High Commission has also been instructed to express the deep concern of the Government of India at the attempted repudiation of the Agreement between the Prime Ministers of India & Pakistan by an official of the Foreign Ministry of Pakistan and to request the Government of Pakistan to take very early action for withdrawal of Pakistani forces from Tukurgram, and implement the Prime Ministers' Agreement in this regard.

Shri Hem Barua: In view of the fact that the Prime Minister of Pakistan, at the time of the Nehru-Noon agreement, gave a categorical assurance to vacate Pakistani troop from Tukurgram, may I know whether Government propose to dislodge the Pakistani occupants of Tukurgram, if necessary by force of arms?

The Prime Minister and Minister of External Affairs (Shri Jawaharlal Nehru): We do not propose to use force of arms for this purpose in the present context.

Shri Tyagi: I want to know why not. When the territory of India has been occupied by our enemy, why can't we use arms when they occupied it by force of arms?

Shri Jawaharlal Nehru: Is the hon. Member raising a philosophical question or a practical question?

Shri Tyagi: It is a question of policy; I want a clarification.

Shri Jawaharlal Nehru: In this particular case of Tukurgram, we do not propose to do it for the simple reason—I should be quite frank—that Tukurgram being situated where it is, it involves a major invasion of Pakistan. It is a border issue, but it is not a minor issue and one has to think quite clearly when one should undertake a major invasion of Pakistan.

Shri Hem Barua: May I know whether Government are aware of the fact that though Tukurgram might be a small village, it is fast developing into a military bastion of strength and at the same time, it is only within a range of 50 yards from where our area on the border of Bhangra Bazar can be attacked and this was being done? There was firing from Tukurgram across the Kusiara river which destroyed some of our property on this side of the river. May I know whether this fact has been specifically brought to the notice of the military regime in Pakistan, because military regimes always do not care nor do they willingly disappear. They are there and there is some apprehension that it might take a more serious turn.....

Mr. Speaker: The hon. Member is making a speech. It is long for me to understand. As I understand, what he has said, is has this matter been taken up with the Pakistan Government in view of the fact that they are establishing bases there.

Shri Jawaharlal Nehru: Yes, Sir; repeatedly.

Shri Hem Barua: May I know whether the attention of the Government has been drawn to a statement made by a Pakistani foreign office official in reply to an article in the *Manchester Guardian* to the effect that 110 square miles of Pakistani territory are under illegal occupation of India, whereas only 36 square miles of territory are under occupation of Pakistan. If so, may I know whether Government have assessed whether it is a fact and whether Tukurgram is included in those 110 square miles?

Mr. Speaker: I am not going to allow any statement made by somebody to be raised here. If the hon. Member thinks over it a little more deeply and calmly, such a question need not have been put.

Shri Hem Barua: I want to know whether Tukurgram is included in those 110 square miles or not. This is a very simple question.....

Shri Jawaharlal Nehru: How do I know what the Pakistani official meant by 110 square miles and what the *Manchester Guardian* meant. The hon. Member brings in a newspaper in London and a Pakistani official and wants me to reply to what they said.

Shri Hem Barua: I want to know whether the Prime Minister has looked into it.

Shri Jawaharlal Nehru: I have not even heard of this thing.

Shri Vajpayee: In view of the fact that the Government of India is not prepared to take military action to liberate Tukurgram and in view of the fact that claims and counterclaims are being made by India and Pakistan, may I know if there is a proposal to refer the whole issue to arbitration?

Mr. Speaker: It is a suggestion for action

Shri Jawaharlal Nehru: May I again make it clear? We have to consider each matter not on any ground of high principle, because we have taken military action and we will take military action where it is considered necessary. But always before we think of taking military action, naturally we want to settle the matter in a peaceful way. So far as Tukurgram is concerned, they had agreed to do this. It would not be advisable, even though Pakistan does not carry out this agreement, for us to take major military action in regard to this particular matter. But everything depends on future developments—what one may do or may not do. There is no question of referring this particular matter to arbitration.

Shri Tyagi: So, military action is not taboo.

Some Hon. Members rose—

Mr. Speaker: I have allowed a sufficient number of questions.

WRITTEN ANSWERS TO QUESTIONS

Building for Rubber Research Institute and Rubber Board's Office

*1494. **Shri Rajendra Singh:** Will the Minister of Commerce and Industry be pleased to refer to the reply given to Starred Question No. 7 on the 17th November, 1950 and state:

(a) whether the construction of the combined building of Rubber Research Institute and Board's office has commenced;

(b) if so, by what time it would be completed; and

(c) the name of the party to whom the C.P.W.D. has entrusted the construction work?

The Minister of Commerce (Shri Kanungo): (a) No, Sir.

(b) Does not arise.

(c) C.P.W.D. is about to invite tenders for the work.

Welding Gases

*1492. **Shri V. P. Nayar:** Will the Minister of Commerce and Industry be pleased to state:

(a) what are the requirements of welding gases as estimated during 1961-62 when the three Steel Plants under construction go into production; and

(b) whether there will be self-sufficiency in the indigenous manufacture of Acetylene by that time?

The Minister of Industry (Shri Manubhai Shah): (a) The estimated requirements of Welding Gases after the three steel plants under construction go into production are 1,000 million cubic feet per year of Oxygen and 150 million cubic feet per year of Dissolved Acetylene.

(b) Yes, Sir.

Radar System in Pakistan

*1493. **Shri Wedeyar:** Will the Prime Minister be pleased to state whether it has come to the notice of

Government of India that reports are current about a powerful radar system being established in Pakistan by the United States?

The Parliamentary Secretary to the Minister of External Affairs (Shri Sadath Ali Khan): Yes, Sir.

Export of Manganese Ore

*1495. Shri Aurobindo Ghosal: Will the Minister of Commerce and Industry be pleased to state:

(a) whether the private sector is allowed to export Manganese ore along with the State Trading Corporation of India (Private) Ltd, and

(b) if so, what is the percentage of export made by the private sector in the years 1957-58 and 1958-59 so far?

The Deputy Minister of Commerce and Industry (Shri Satish Chandra):

(a) Yes, Sir

(b) July 1957 to June, 1958, 66.4 per cent.

July 1958 to December, 1958, 63 per cent.

Employees of the Rehabilitation Department

*1501. Shri Ajit Singh Sarhadi: Will the Minister of Rehabilitation and Minority Affairs be pleased to state:

(a) whether it is a fact that there are a large number of employees in the various offices of the Rehabilitation Ministry who have put in more than 10 years' service and have not been made permanent and are not entitled to any pensionary benefits; and

(b) if so, the reasons therefor and what steps are being taken to make them permanent?

The Deputy Minister of Rehabilitation (Shri P. S. Naskar): (a) There are a number of such employees

(b) The offices subordinate to the Rehabilitation Ministry are all purely temporary organisations and the posts therein cannot, therefore, be declared permanent. As and when the staff from any of the offices is declared

surplus, efforts are made to absorb them in other Ministries and Departments of the Government of India. Declarations of quasi-permanency are also issued in respect of persons who become eligible

Sale agents for Indian Cement in Ceylon

*1504. Shri Chandak: Will the Minister of Commerce and Industry be pleased to state:

(a) whether it is a fact that two sale agents have been appointed for selling Indian cement in Ceylon,

(b) how much annual business each of the sale agents has guaranteed; and

(c) what penalty will be imposed on the sale agents individually if they fail to fulfil their respective quotas and how the penalties, if accrued, will be recovered?

The Minister of Industry (Shri Manubhai Shah): (a) and (b). No sale agents have been appointed in Ceylon, but contracts for export of 24000 tons of cement have been executed by the State Trading Corporation of India (Private) Ltd. with two parties, for 12,000 tons in each case, to be lifted during a period of six months

(c) The contracts provide for payment by an irrevocable and confirmed Letter of Credit and for settlement of disputes by arbitration in New Delhi.

Export of Iron Ore

*1507. Shri Panigrahi: Will the Minister of Commerce and Industry be pleased to state:

(a) whether it is a fact that no order for the export of iron ore from Calcutta Port during 1958-59 has yet been placed,

(b) the amount of iron ore which now lies in the Calcutta Port and awaits export, and

(c) what is the reason for not placing so far the order for the export of iron ore from Calcutta Port for 1958-59?

The Deputy Minister of Commerce and Industry (Shri Satish Chandra): (a) and (c) Orders for 1958-59 have been placed on the different sectors serving Calcutta Port depending on the expected availability of transport facilities

(b) About 72,000 tons as on 28th February, 1959

Central Committee on Employment

*1508 { Shri Ram Krishan Gupta
Shri L. Achaw Singh
Shri S. M. Banerjee:
Shri Bihhuti Mishra
Shri Panigrahi.

Will the Minister of Labour and Employment be pleased to state

(a) whether the Central Committee on Employment has been fully constituted

(b) whether the Committee have held any meetings, and

(c) if so, the main recommendations made by the Committee?

The Deputy Minister of Labour (Shri Abid Ali): (a) Yes

(b) No

(c) Does not arise

Furniture Manufacturing Factory

*1509 Shri V. P. Nayar: Will the Minister of Works, Housing and Supply be pleased to state

(a) whether Government of India have any plans to start a large scale furniture manufacturing factory to meet Government of India's requirements, and

(b) the amount spent every year on furniture during the course of the Second Five Year Plan period?

The Deputy Minister of Works, Housing and Supply (Shri Anil K. Chanda): (a) No, Sir

(b) Except for furnishing residences of Ministers, Members of the Planning Commission, Judges of the Supreme Court and Members of Parliament,

the responsibility of furnishing offices rests with the Ministries themselves, their attached, and subordinate offices and with the Centrally Administered Area Administrations and their offices. The amount spent every year on furniture is, therefore, not readily available

Legislation for Compulsory Employment of the Handicapped

*1510. { Shri S. M. Banerjee:
Shri Warior:
Shri Tangamani.

Will the Minister of Labour and Employment be pleased to state

(a) whether it is a fact that Government is considering to have a legislation for compulsory employment of the handicapped, and

(b) if so, whether any scheme has been submitted by International Labour Organization?

The Deputy Minister of Labour (Shri Abid Ali): (a) No

(b) Does not arise

Closure of Coffee Houses

*1511. { Shri Ram Krishan Gupta:
Shri D. C. Sharma:

Will the Minister of Commerce and Industry be pleased to refer to the reply given to Starred Question No 497 on the 3rd December, 1958 and state

(a) whether all the remaining coffee houses have since been closed; and

(b) if not, the reasons therefor?

The Deputy Minister of Commerce and Industry (Shri Satish Chandra): (a) Yes, Sir, except three at Calcutta, Parliament House, New Delhi and Srinagar

(b) These are being retained on account of their prestige value, and their propaganda value for Indian Coffee among visiting foreigners

Amrita Patrika, Allahabad

*1512. { Shri S. M. Ramerjee:
Shri Tangamani:
Shri Panigrahi:
Shri Braj Raj Singh:
Shri A. K. Gopalan:

Will the Minister of Labour and Employment be pleased to state:

(a) whether negotiations for the settlement of dispute between the employees and employers of Amrita Patrika, Allahabad have failed;

(b) if so, the reasons for this failure; and

(c) the further steps likely to be taken in the matter?

The Deputy Minister of Labour (Shri Abd Ali): (a) Yes

(b) The negotiations which were arranged by the Chief Minister U.P. Government failed because the representatives of the employers and the employees could not agree about the basis on which wages would be payable to the workers on the resumption of the publication of Amrita Patrika.

(c) The Central Government have on the 19th March, 1959 referred the dispute to a National Industrial Tribunal for adjudication.

Marble Work Training Centre at Agra.

2321. Shri Ram Krishan Gupta: Will the Minister of Commerce and Industry be pleased to state the nature of assistance given by the Central Government to finance a training-cum-production centre in the art of marble work at Agra?

The Minister of Commerce and Industry (Shri Lal Bahadur Shastri): A loan of Rs. 15,000 for financing a training-cum-production Centre in the art of marble work at Agra was sanctioned in favour of the Government of Uttar Pradesh during 1956-57. This was not utilised. This was again

provided in 1957-58. It was not also utilised. No provision has been made in 1958-59. It is understood that the State Government is running a Training-cum-Production Centre for Marble work at Agra.

Off-take of Cement in Punjab

2322. Shri Ram Krishan Gupta: Will the Minister of Commerce and Industry be pleased to state the total off-take of cement from the factories in the Punjab during 1958-59 so far?

The Minister of Commerce and Industry (Shri Lal Bahadur Shastri): A quantity of 4,45,317 tons of cement was despatched from the Cement factories in the Punjab during the period from 1-4-1958 to 28-2-1959.

Off-take of Cloth in Punjab

2323. Shri Ram Krishan Gupta: Will the Minister of Commerce and Industry be pleased to state the total off-take of cloth from the textile mills in Punjab during 1958 (mill-wise)?

The Minister of Commerce and Industry (Shri Lal Bahadur Shastri): A statement giving the required information is placed on the Table. [See Appendix V, annexure No. 34]

Textile Industry

2324. Shri Ram Krishan Gupta: Will the Minister of Commerce and Industry be pleased to lay a statement on the Table showing the installed capacities of all the units manufacturing cotton cloth in the country and state whether all the Cotton Textile Mills are working at present to their fullest capacity?

The Minister of Commerce and Industry (Shri Lal Bahadur Shastri): A statement is placed on the Table.

STATEMENT

The total installed capacity as on 1-1-1958 of spindles and looms with

cotton textile mills in the Indian Union is as follows:

Spindles	13,054,098
Looms	201,280

All the mills are not working to their fullest capacity as at present. Out of about 13 million spindles about 0.9 million spindles and out of 2 lakhs looms about 18000 looms are remaining idle due to partial or complete closure of the mills.

Advisory Committees

2325. Shri Ram Krishna Gupta: Will the Minister of Labour and Employment be pleased to state the total expenditure incurred by the various Advisory Committees constituted by the Ministry of Labour and Employment in the year 1958?

The Deputy Minister of Labour (Shri Abid Ali): About Rs. 36,400.

Atomic Fuel Fabrication Plant

2326. Shri D. C. Sharma: Will the Prime Minister be pleased to refer to the reply given to Unstarred Question No. 2763 on the 25th September, 1958 and state the further progress made towards the setting up of an atomic fuel fabrication plant?

The Prime Minister and Minister of External Affairs (Shri Jawaharlal Nehru): The construction of the building for the Fuel Fabrication Plant is almost complete and the installation of the air ventilation system is nearing completion. All the services in the building are scheduled to be in position by June, 1959.

A good part of the equipment has been installed. The commissioning of the equipment and trial runs will start in April, 1959, for which sufficient service facilities have been provided in the Plant.

Import of Films

2327. Shri Pangarkar: Will the Minister of Commerce and Industry be pleased to state:

(a) the total number of films imported into India from U.S.A. and England during 1958-59; and

(b) the total number of films exported to the above countries during the same period?

The Minister of Commerce and Industry (Shri Lal Bahadur Shastri): (a) and (b). A statement is laid on the Table. [See Appendix V, annexure No. 35].

Documentary Films on Influenza and Cholera Epidemics

2328. Shri Pangarkar: Will the Minister of Information and Broadcasting be pleased to state:

(a) whether any films have been produced regarding Influenza and Cholera epidemics by the Films Division; and

(b) if so, the details thereof?

The Minister of Information and Broadcasting (Dr. Keshkar): (a) and (b). The following documentary films produced by the Films Division contain references to Cholera:—

- (1) Danger in Every Drop
- (2) Health for Millions
- (3) Importance of Pure Water
- (4) Friend and Foe.

No film has so far been produced exclusively about Cholera or Influenza epidemics.

India's Films Winning International Awards

2329. Shri Pangarkar: Will the Minister of Information and Broadcasting be pleased to state the names of such Indian films which have won international awards during 1958-59?

The Minister of Information and Broadcasting (Dr. Keshkar): Names of the Indian films which won inter-

national awards in 1958-59 are given below.—

Name of the film	Name of the event	Award
<i>Feature Films</i>		
1. Pather Panchali (Bengali)	(a) International Film Festival, Vancouver, Canada. (b) Stratford Film Festival, Stratford. (c) Sixth Annual Joseph Burstyn Award, New York.	First Prize. Film Critics' award as the best feature film of the year. Named as the third best foreign language film of 1958.
Do Ankhen Barah Haath (Hindi)	(a) VIII International Film Festival, Berlin. (b) First Samuel Goldwyn International Film Award of the Foreign Press Association of Hollywood, U.S.A.	1. Special award of Silver Bear for impressive treatment of a social problem". 2. A special prize from the Seven Nation Jury of the International Catholic Cinematographic Bureau for its "deep and poetic symbolism". Best Foreign Film Award of 1958
3. Mother India (Hindi)	VIII International Film Festival, Karlovy Vary (Czechoslovakia).	Smt. Nargis received a prize "for her stirring and persuasive performance in the leading role".
4. Aparajito (Bengali)	International Film Festival, San Francisco	Shri Satyajit Ray won Silver Plaque and a certificate for the best direction of the film.
<i>Documentary Films</i>		
1. Stars Man Has Made (English)	V International Seminar on Electronics and Nuclear Problems, Rome.	Awarded a cup for its "technical and artistic qualities".
2. Busy Hands (English)	VIII International Display of Cinematography, Publicity, Industry and Technics Use, Milan (Italy).	Awarded "Mention of Honour" by the Documentary Film Section of Fiera de Milano.
3. Khajuraho (English)	5th Beuniel International Documentary Film Festival, Yorkton, Canada.	Awarded "Honourable Mention" award in the Creative Art Category.

Export of Manganese Ore

2330. Shri Panigrahi: Will the Minister of Commerce and Industry be pleased to state:

(a) what steps Government propose to take to increase the export of manganese ore to U.S.A., Japan, France, U.K., Canada, West Germany, Italy, Belgium, Czechoslovakia, Poland, Norway and Sweden; and

(b) the quantity of manganese ore exported to these countries from India during 1955-56, 1956-57, 1957-58 and 1958-59 so far?

The Minister of Commerce and Industry (Shri Lal Bahadur Shastri): (a) and (b). Two statements giving the required information are placed on the Table [See Appendix V, annexure No 36].

Educated Unemployed in Andhra Pradesh

2331. Shri M. V. Krishna Rao: Will the Minister of Labour and Employment be pleased to state the number of unemployed Graduates and Matriculates on the Live Registers of the Employment Exchanges in Andhra

Pradesh as on the 28th February, 1959?

The Deputy Minister of Labour (Shri Abid Ali): The number as on 28th February, 1959 is not available. The position as on 31st December, 1958 is given below:

Category	Number on Live Register as on 31-12-58
Graduates	3,088
Matriculates (including inter-mediate)	27,202

राष्ट्रीय नमूना सर्वेक्षण निदेशालय

२३३० पंडित ब्रज नारायण खन्नेज
क्या प्रश्न है, यह बताने की कृपा करेंगे कि :

(क) क्या मंत्रिमंडल सचिवालय के राष्ट्रीय नमूना सर्वेक्षण निदेशालय के अर्ती सम्बन्धी नियम बना लिये गये हैं, और

(ख) यदि नहीं, तो उसके क्या कारण हैं ?

प्रश्न नं० तथा वैदेशिक-कार्य मंत्री (श्री. जवाहरलाल नेहरू). (क) और (ख) इस दफ्तर के पहली व दूसरी श्रेणी के रिज्यूटमेंट रूल्स यूनियन पब्लिक सर्विस कमिशन की सम्मति से तय हो चुके हैं। तीसरी श्रेणी के रिज्यूटमेंट रूल्स पर विचार किया जा रहा है और जल्दी ही तय हो जायेंगे।

Production of Ammonium Phosphate

2333. Shri Rami Reddy: Will the Minister of Commerce and Industry be pleased to state:

(a) whether the Andhra Sugars of Vijayawada in Andhra Pradesh have proposed to set up an Ammonium Phosphate Production Plant at Vijayawada;

(b) whether any representations have been made to Centre either by the Andhra Sugars or by the State Government in this connection;

(c) the cost of the plant; and

(d) other details?

The Minister of Commerce and Industry (Shri Lal Bahadur Shastri): (a) M/s. Andhra Sugars have recently sent a proposal to set up a factory near Vijayawada for the manufacture of Soda Ash, Ammonium Nitrate, Ammonium Chloride and Ammoniated Superphosphate.

(b) No representation has been received from the State Government; an application has been received from the Company recently for grant of a licence under the Industries (Development and Regulation) Act, 1951.

(c) and (d). The cost of the above plant has been indicated in the application as Rs. 11 crores, out of which the foreign exchange component is about 6 crores. The main raw materials will be coal and salt. The authorized capital of the company is Rs. 1 crore out of which Rs. 30 lakhs is issued and paid up. The balance is proposed to be issued. Authorized capital may be increased and loans raised from the public if necessary. Foreign technical collaboration and investment or arrangements for the procurement of plant and machinery and mode of payments have not been indicated. The scheme is under examination.

Plan Publicity in Rajasthan

2334. Shri Onkar Lal: Will the Minister of Information and Broadcasting be pleased to state the amount of money sanctioned in 1958-59 for Plan Publicity in Rajasthan?

The Minister of Information and Broadcasting (Dr. Keskar): The Planning Commission have approved in the State's Budget a provision of Rs. 9.05 lakhs for Plan Publicity during 1958-59.

Branch Offices of the Press Information Bureau

2335. Shri Onkar Lal: Will the Minister of Information and Broadcasting be pleased to state the number of branch offices of the Press Information Bureau which have been opened during 1958-59 in Rajasthan?

The Minister of Information and Broadcasting (Dr. Keskar): A branch office of the Press Information Bureau was opened at Jaipur during 1958-59.

Medium Industrial Estates in Rajasthan

2336. Shri Onkar Lal: Will the Minister of Commerce and Industry be pleased to state,

(a) whether there is any proposal to set up Medium Industrial Estates in Rajasthan; and

(b) if so, the details thereof with their location?

The Minister of Commerce and Industry (Shri Lal Bahadur Shastri): (a) and (b). The Rajasthan Government propose to set up nine Industrial Estates during the Second Plan period. The location and estimated cost of these estates are given below. The Estate proposed for Bhilwara is medium sized:

Location	Cost (Rs in lakhs)
Jaipur	25.00
Makhapura	3.00
Bhilwara	10.00
Ganganagar	5.00
Jodhpur	4.00
Kotah	5.00
Bharatpur	8.41
Sumerpur	3.00
Udaipur	3.00
Total	66.41

Educated Unemployed in Rajasthan

2337. Shri Onkar Lal: Will the Minister of Labour and Employment be pleased to state:

(a) whether the number of educated unemployed in Rajasthan has increased;

(b) what has been the effect of schemes undertaken by Government to reduce unemployment,

(c) whether any further schemes are under consideration; and

(d) if so, what are they?

The Deputy Minister of Labour (Shri Abid Ali): (a) The number of educated persons registered with the Employment Exchanges in Rajasthan increased by 1,508 during 1958

(b) Additional employment opportunities have been created

(c) and (d) All the Schemes under the Five Year Plans are designed to provide increasing employment opportunities to educated persons as well as others

Competent Officers

2338. Shri M. C. Jain: Will the Minister of Rehabilitation and Minority Affairs be pleased to state

(a) the number of Competent Officers working under the Evacuee Interest (Separation) Act, 1951 on 1st April, 1957, 31st March, 1958 and 31st October, 1958, separately;

(b) what is the area of jurisdiction of each of them; and

(c) how many of them are supernumerated?

The Deputy Minister of Rehabilitation (Shri P. S. Naskar): (a) and (c). The information is being collected and will be laid on the Table of the Lok Sabha in due course

**Meeting of the Standing Committee of
the Export Promotion Advisory
Council**

2339. { Shri Rajendra Singh:
Shri Ram Krishan Gupta.
Shri Ajit Singh Sarhadi.
Shri Anwar:
Shri Vajpayee:

Will the Minister of Commerce and Industry be pleased to state

(a) whether it is a fact that a meeting of the Standing Committee of the Export Promotion Advisory Council was held in December, 1958

(b) if so, the recommendations made by the Advisory Council, and

(c) the measures taken to implement them?

The Minister of Commerce and Industry (Shri Lal Bahadur Shastri):
(a) Yes, Sir

(b) and (c) A statement is laid on the Table [See Appendix V, annexure No 37]

Ambar Charkha

2340. Shri Keshava: Will the Minister of Commerce and Industry be pleased to state

(a) the number out of the 75,000 Ambar Charkhas which were introduced and were in operation on 1st April, 1957, the date on which the Khadi and Village Industries Commission took over the functions of the Khadi Board, and

(b) how many more Ambar Charkhas since 1st April, 1957 have been introduced by the Commission and put into operation in the country?

The Minister of Commerce and Industry (Shri Lal Bahadur Shastri):
(a) 48742 Ambar Charkhas were introduced during 1956-57. It is estimated that 42,000 Ambar Charkhas were in operation on the 1st April, 1957

(b) On the basis of information so far received 1,64,818 Ambar Charkhas were introduced between 1st April, 1957 and 31st January, 1959. The number of additional Ambar Charkhas in operation during that period is estimated at 1,50,000

Second Five Year Plan

2341. { Shri Ram Krishan Gupta:
Shri D C Sharma:
Shri Daljit Singh:
Sardar Iqbal Singh.

Will the Minister of Planning be pleased to state

(a) whether pruning of Second Five Year Plan has affected Punjab, and

(b) if so, the particular projects which are likely to be affected?

The Deputy Minister of Planning (Shri S. N. Mishra): (a) and (b) State projects are being dealt with on a year to year basis as resources are determined

Accidents in Collieries

2342. Shri Pangarkar: Will the Minister of Labour and Employment be pleased to state

(a) the number of accidents which occurred in the collieries of India during the last three months, and

(b) the number of casualties as a result thereof?

The Deputy Minister of Labour (Shri Abd Ali): (a) and (b) During the months of November and December, 1958 and January, 1959, 633 accidents occurred 51 persons were killed, and 616 injured, as a result of these accidents

**Rehabilitation of Displaced Persons
from East Pakistan**

2343. Shri S. M. Banerjee: Will the Minister of Rehabilitation and Minority Affairs be pleased to state.

(a) whether all displaced persons from East Pakistan now in Uttar Pradesh have been rehabilitated;

(b) the total amount spent on their rehabilitation upto the 1st January, 1959; and

(c) the number of displaced persons rehabilitated?

The Deputy Minister of Rehabilitation (Shri P. S. Naskar): (a) Yes, except 94 families sent from camps in West Bengal to Uttar Pradesh in December, 1958 who are in the process of being rehabilitated

(b) Rs 65 lakhs

(c) 1,468 families

Displaced Persons from West Pakistan in U.P.

2344 Shri S M Banerjee: Will the Minister of Rehabilitation and Minority Affairs be pleased to state

(a) whether all displaced persons from West Pakistan now in U.P. have been rehabilitated,

(b) if so number of such displaced persons,

(c) amount spent on them upto the 1st January, 1959,

(d) whether all the claimant displaced persons have been paid their compensation, and

(e) if not, number of such displaced persons?

The Deputy Minister of Rehabilitation (Shri P. S. Naskar): (a) Yes The task of Rehabilitation has nearly been completed

(b) 6,00,211 displaced persons

(c) Rs 12,83,53,359

(d) No

(e) Only 9236 claimants out of 66,119 claimants remain to be paid

भारत में लोक-नृत्य

०३४५ { श्री भक्त बर्दान
श्री पद्म देव

क्या सूचना और प्रसारण मंत्री २० नवम्बर, १९५८ के अतारकित प्रश्न संख्या

२०७ के उत्तर के सम्बन्ध में यह बताने की कृपा करेंगे कि

(क) क्या "घरती की झकार", चित्र जो कि भारत के लोक नृत्यों के आधार पर बनाया जा रहा था, इस बीच तैयार हो चुका है और जनता को दिखाया जा रहा है, और

(ख) यदि नहीं, तो देरी के क्या कारण हैं ?

सूचना और प्रसारण मंत्री (डा० केश-कर): (क) और (ख) "घरती की झकार" फिल्म तैयार हो चुकी है? अभी तक भारत-वर्ष की कोई भी प्रयोगशाला ईस्टमैन कलर (Eastman Colour) ने फिल्मों को नहीं बना सकती थी, इसलिये चित्रों को (Prints) इंग्लैंड की एक प्रयोगशाला के द्वारा बनवाना पड़ा। उन्होंने अंग्रेजी संस्करण की एक प्रति दे दी है। भाषा है कि शेष प्रतियां जून तक मिल जायेंगी। फिल्म दिखलाने की व्यवस्था की गयी है और आवश्यक प्रतियां मिलते ही सिनेमाओं में दिखलाई जायेंगी।

आयात अनुज्ञप्तियां

२३४६ { श्री खुशकत राय
श्री डॉ० क० गोपालम
श्री वारियर

वाणिज्य तथा उद्योग मंत्री ११ दिसम्बर, १९५८ के अतारकित प्रश्न संख्या १३१५ के उत्तर के सम्बन्ध में यह बताने की कृपा करेंगे कि

(क) जिन समवायों को ये आयात अनुज्ञप्तियां दी गई थी, उनका जन्म भारत में हुआ है, अथवा विदेशों में और उनका कार्यक्षेत्र भारत तक ही सीमित है अथवा अन्य देशों में भी फैला हुआ है, और

(ख) उक्त समवायों के संचालकों के नाम क्या हैं ?

परिलिख्य तथा उद्योग यंत्रों (जी लाल बहादुर .
शास्त्री) : (क) दोनों ही कम्पनियां अर्थात्
बी० ईडको प्राईवेट लि०, और वेकफील्ड
वेन्चर्स प्रा० लि०, बम्बई रूपया कम्पनियां
हैं और भारत में ही पंजीकृत (रजिस्टर्ड)
हुई हैं। इन कम्पनियों का विदेशों में कारो-
बार है अथवा नहीं, यह जानकारी उपलब्ध
नहीं है।

(ख) दोनों कम्पनियों के संचालकों
के नाम ये हैं : -

१ बी० ईडको प्राईवेट लि०, बंबई

१. श्री याह्याभाई इस्माइलजी, रंग-
वाला, ४१३, कल्या बाजार,
बम्बई।

२. श्री एरिच वेन्जल, भारत भवन,
बालकेसबर रोड, बम्बई।

३. श्री बलवन्तराय कल्यानजी
पारिख, प्लाट नं० १२ म्युनिसिपल
गार्डन के सामने, सियोन, बम्बई,
२२।

२. बी० वेकफील्ड वेन्चर्स प्राईवेट लि०, बम्बई

१. श्री रवीन्द्र अजीतराय मेहता,
अजीत विला' भोबिन उन रोड,
न्यू गामदेवी, बम्बई-७।

२. श्री महेन्द्र लाल, २१८ घोड-
बन्दर रोड, अंबेरी, बम्बई।

Protected Industries

2347 { Shri V. F. Nayar:
Shri Easwara Iyer:

Will the Minister of Commerce and
Industry be pleased to state:

(a) whether it is a fact that the
Houses of Tatas, Birlas and Dalmias
control the working of several units
of production in protected industries;
and

(b) whether a statement giving the
details of such units enjoying pro-
430 LSD-3

tection at present, regarding the
capital, Managing Agency Commission
and total profits and losses in the
years 1957 and 1958 will be laid on
the Table?

The Minister of Commerce and In-
dustry (Shri Lal Bahadur Shastri):
(a) and (b). The industries and the
names of the units which are protect-
ed under the Indian Tariff Act, as
amended from time to time are readily
available. The balance sheets of all
the companies are published annually
and are readily available. If, how-
ever, the Hon'ble Member is interest-
ed in a particular unit or in a cate-
gory of industry, the Government
will be glad to furnish such infor-
mation.

Central Assistance to Orissa

2348. Shri Panigrahi: Will the Min-
ister of Planning be pleased to state:

(a) the Central assistance given to
the State of Orissa for the fourth
year of the Second Five Year Plan;

(b) whether there was any short-
fall in the plan expenditure of the
State Government during the year
1957-58; and

(c) if so, to what extent?

The Deputy Minister of Planning
(Shri S. N. Mishra): (a) The agreed
amount of Central assistance for the
1959-60 Annual Plan of Orissa is
Rs. 13.50 crores.

(b) and (c). Against the budgeted
outlay of Rs. 18.86 crores for the
Annual Plan 1957-58, the actual ex-
penditure reported by the State Gov-
ernment amounts to Rs. 17.28 crores.

Quarters for Central Government Officers in Delhi

2349. Shri Ram Krishan Gupta: Will
the Minister of Works, Housing and
Supply be pleased to state:

(a) whether any overall assess-
ment of the residential quarters re-

quired for Central Government officers in Delhi has been made;

(b) if so, the number of quarters required class-wise; and

(c) the number of quarters to be built during the remaining period of Second Five Year Plan (class-wise)?

The Minister of Works, Housing and Supply (Shri K. C. Reddy): (a) Yes. Requirements of residential accommodation are assessed annually on the basis of applications received from all entitled officers in Delhi/New Delhi.

(b) The total number of residential units required from the general pool in three broad categories, is as follows:

- (1) For officers drawing Rs. 500/- per mensem and above.—4,607.
- (2) For officers drawing less than Rs. 500/- per mensem (excluding class IV and work-charged staff)—36,267
- (3) For class IV and work-charged staff—25,454

(c) In the three categories referred to in reply to part (b), (1), 149, (2) 6,812, and (3) 3,708 respectively.

Foreign Trainees in Atomic Energy Establishment, Trombay

2350. Shri D. C. Sharma: Will the Prime Minister be pleased to state:

(a) the number of trainees from the countries of South and South East Asia in the Atomic Energy Establishment at Trombay;

(b) the names of the countries from which they come; and

(c) the kind of assistance given to such trainees by Government?

The Prime Minister and Minister of External Affairs (Shri Jawaharlal Nehru): (a) and (b). Three trainees

from Burma are at present receiving instruction in the Atomic Energy Establishment, Trombay.

(c) Two of the trainees have been sent at the expense of the Government of Burma, whereas one is being trained at our expense under the Colombo Plan. The expenditure on the latter's travel between Burma and India and within India also, on his maintenance during the period of training, and on books and medical treatment will be defrayed by us.

Indian Visitors to Pakistan

2351. Shri D. C. Sharma: Will the Prime Minister be pleased to state:

(a) whether any cases of hardship and harassment experienced by Indian visitors to Pakistan have come to the notice of the Government of India during 1958;

(b) if so, number of such cases;

(c) the nature of such cases; and

(d) the action taken by the Government?

The Prime Minister and Minister of External Affairs (Shri Jawaharlal Nehru): (a) to (c) About 393 cases have been reported. These may be broadly classified as follows:—

- (i) Refusal of extension of visas.
- (ii) Detention of passports.
- (iii) Allegation of smuggling
- (iv) Allegation of violation passport and visa rules.
- (v) Arrests on suspicion.

(d) In each case the Pakistan authorities have been asked to take necessary steps to remove hardship.

Trainees sent abroad for Training in Cooperative Cottage Industry

2352. Shri Subiman Ghose: Will the Minister of Commerce and Industry be pleased to state:

(a) whether any trainees were sent by the Government of India to England

for training in Co-operative Cottage Industry in 1958;

(b) if so, how many of them are female students; and

(c) the terms and conditions on which they were sent and expenditure incurred for the purpose?

The Minister of Commerce and Industry (Shri Lal Bahadur Shastri):
(a) No, Sir.

(b) and (c) Do not arise

Sewing Machines

2353. Shri S. M. Banerjee: Will the Minister of Commerce and Industry be pleased to refer to the reply given to Unstarred Question No 563 on the 19th August, 1958 and state the number of sewing machines exported to Yugoslavia during 1958 and 1959 so far?

The Minister of Commerce and Industry (Shri Lal Bahadur Shastri): 3,400 sewing machine heads had been shipped by the end of December, 1958, and none in 1959 so far

Loan to U.F. Government

2354. Shri S. M. Banerjee: Will the Minister of Planning be pleased to state:

(a) whether it is a fact that the U.P. Government have approached the Union Government for more financial aid for Rihand Dam, Jamuna Hydrel Scheme at Dehradun and Matatila Power Project at Jhansi; and

(b) if so, the amount likely to be given as loan and aid separately during 1959-60?

The Deputy Minister of Planning (Shri S. N. Mishra): (a) No, Sir.

(b) Does not arise.

Increase in Exports

2355. Shri Pangarkar: Will the Minister of Commerce and Industry be pleased to state:

(a) whether there has been any increase in the exports from the States since the remission of sales-tax in respect of certain items; and

(b) if so, to what extent?

The Minister of Commerce and Industry (Shri Lal Bahadur Shastri):
(a) No remission of sale-tax is allowed by State Governments on goods exported out of the country.

(b) Does not arise.

Children's Film Society

2356. Shri Aurobindo Ghosal: Will the Minister of Information and Broadcasting be pleased to state:

(a) whether any children's film has been produced by the Children's Film Society so far; and

(b) if so, how many and in what languages?

The Minister of Information and Broadcasting (Dr Keskar): (a) Yes, Sir

(b) (1) Feature films 4 (Original in Hindi with a version of one in Bengali and one in Tamil)

(2) Short films 3 (Original in Hindi with a version of one in Bengali).

(3) Adaptations 10 (2 from Indian and 8 from foreign films).

Educated Unemployed

2357. Shri Subiman Ghose: Will the Minister of Labour and Employment be pleased to state:

(a) whether it is a fact that Planning Commission have collected statistics of educated unemployed in 1958;

(b) if so, the number of educated unemployed in 1958 State-wise; and

(c) the number amongst them who are Graduates and under-Graduates, State-wise?

The Deputy Minister of Labour (Shri Abid Ali): (a) No.

(b) and (c). Do not arise.

Import of Hand Sewing Needles

2358. Shri Subman Ghose: Will the Minister of Commerce and Industry be pleased to state:

(a) whether it is a fact that Hand Sewing Needles are imported into India from Japan and other places outside India;

(b) if so, what was the amount spent on import of this article in 1958; and

(c) whether any steps have been taken to manufacture these in India?

The Minister of Commerce and Industry (Shri Lal Bahadur Shastri): (a) Yes, Sir.

(b) Rs. 2,62,000 (January, 1958—November, 1958).

(c) Messrs. Needle Industries (India) Private Ltd., Ketti, Nilgiris Hills (S.I.) having a capacity of 125 million needles per annum have started production of hand sewing needles since January, 1959.

Technological Institute of Textiles, Bhiwani

2359. Shri Ram Krishan Gupta: Will the Minister of Commerce and Industry be pleased to state:

(a) whether it is a fact that representatives of I.N.T.U.C. Union of Bhiwani have sent a memorandum for investigation into the affairs and accounts of the Technological Institute of Textiles, Bhiwani; and

(b) if so, nature of the steps taken thereon?

The Minister of Commerce and Industry (Shri Lal Bahadur Shastri):

(a) and (b). Yes, Sir. A representation from the T.I.T. Karamchhari Sangh (INTUC) has been received, but as these matters fall mainly within the purview of the State Government, the representation has been forwarded to the State Government for being looked into.

Small Machinery for Tea Industry

2360. Shri Hem Raj: Will the Minister of Commerce and Industry be pleased to state:

(a) whether it is a fact that small machinery for the manufacture of tea is in use in Ceylon;

(b) what is the daily output and price of this machine;

(c) whether Government propose to import these machines for use in the Indian Small Tea Estates; and

(d) whether Government propose to take any steps for their manufacture in India?

The Minister of Commerce and Industry (Shri Lal Bahadur Shastri): (a) and (b). It is understood that the types of machinery used in Ceylon have more or less the same capacity as those produced and used in India.

(c) and (d). Indications are that producers with limited financial resources are not interested in buying machines which are costly and beyond their means. Should, however, tea estates evince interest in Standard Small size machines such as rollers, driers etc for processing 30 lbs of tea per hour, one of the firms would be in a position to manufacture these out of imported components.

बरोजगारी

२३६१ श्री विप्लव शिखर: क्या कृपा करके बरोजगार मंत्री यह बताने की कृपा करेंगे कि :

(क) क्या सरकार ने देश के उच्च शिक्षित तथा साथ ही अधिक्षितों में बेरोजगारी

कारी तथा कम-रोजगारी का अन्त करने के लिये कोई योजना बनायी है और तारीख निश्चित कर ली है ; और

(ख) यदि हाँ, तो उसका स्वरूप क्या है ?

अन्त उद्योगों (और आश्रित श्रमियों) :
(क) और (ख). पंचवर्षीय आयोजनाओं की सभी योजनाओं को इस तरह बनाया गया है जिससे बेरोजगारी और कम-रोजगारी (अच्छर एम्प्लायमेंट) का अन्त हो। प्रयत्न में दिये गये सुझाव के अनुसार इस काम के लिये कोई तारीख निश्चित नहीं की जा सकती।

मधुमक्खी-पालन की आस्ट्रेलियन पद्धति

२३६२ श्री रघुनाथ सिंह, क्या बालिष्य तथा उद्योग मंत्री यह बताने की कृपा करेंगे कि क्या सरकार का मधुमक्खी-पालन की आस्ट्रेलियन पद्धति को, जो कि सर्वश्रेष्ठ प्रमाणित हो चुकी है, भारत में लोक-प्रिय बनाने के लिये कोई ठोस कदम उठाने का विचार है ?

बालिष्य तथा उद्योग मंत्री (श्री लाल बहादुर शास्त्री) : मधुमक्खी-पालन की आस्ट्रेलियन पद्धति नामक कोई विशेष पद्धति नहीं है। आस्ट्रेलिया में मधुमक्खी-पालन की आधुनिक पद्धति अपनाई गई है जिस में लकड़ी के छरने और कहीं भी उठा कर रखे जा सकने वाले फ्रेम काम में लाये जाते हैं। यह पद्धति भारत में पहले से ही अपनाई जा चुकी है। अन्तर केवल इतना ही है कि आस्ट्रेलिया के मधुमक्खी पालक यूरोपीय मधुमक्खी (एपिस मैसीफेरा) का प्रयोग करते हैं, जब कि भारत में भारतीय मधुमक्खी (एपिस इंडिका) प्रयोग की जाती है। हालांकि यूरोपीय मधुमक्खियों के छरों में अधिक मक्खियाँ होती हैं और उन में कमेटी मक्खियाँ भी

अधिक होती हैं जिससे यूरोपीय मधुमक्खी का बहुद-उत्पादन भारतीय मधुमक्खी की अपेक्षा अधिक होता है, फिर भी यूरोपीय मधुमक्खी आयात करना संझनीय नहीं समझा गया है। इन मक्खियों को अन्तर काउल बुड नामक रोग हो जाता है और वास्तव में भारत में उन का आयात करने पर प्रतिबन्ध लगा हुआ है। भारतीय मधुमक्खियों की कमियाँ रानी मधुमक्खी की नस्ल सुधार कर दूर की जा सकती हैं और इस समस्या को हल करने के लिये भारत में गवेषणा कार्य चल रहा है।

सादी तथा शायोषण आयोग का विकास कार्यक्रम तथा इस उद्योग के विकास के लिये दी जा रही विभिन्न सुविधाओं और सहायताओं जैसे वित्तीय, शैल्पिक, वित्तीय व्यवस्था, प्रशिक्षण आदि, को इस तरह दिया जा रहा है, जिस से निर्धारित समय में अधिक कुशलता पा सके।

Export of Mats

2363. Shri Subiman Ghose: Will the Minister of Commerce and Industry be pleased to state:

(a) whether it is a fact that mats called Sital Pati are exported from West Bengal to Burma, Ceylon, Saudi Arabia, Iraq and other foreign countries; and

(b) if so, what is the foreign exchange earned in the years 1957 and 1958 from the export of this article?

The Minister of Commerce and Industry (Shri Lal Bahadur Shastri): (a) and (b). Export trade statistics of India are not recorded State-wise but for the country as a whole. Sital Pati mats are not classified separately but are included in the heading "Mats and Mattings of vegetable plaiting materials (bamboo, canes, rattans, straw and willow)". A statement showing country-wise exports of these mats during 1957 and 1958 is placed on the Table. [See Appendix V, annexure No 28.]

Manipur Public Works Department

2364 Shri L. Achaw Singh: Will the Minister of Works, Housing and Supply be pleased to state:

(a) whether it is a fact that wharfage of about Rs 10,000 was paid by the Manipur Public Works Department for cement ordered through the Railways; and

(b) if so, the steps taken to fix the responsibility?

The Minister of Works, Housing and Supply (Shri K. C. Reddy) (a) Yes

(b) The explanation of the officer concerned has been called for and suitable disciplinary action will be taken

Production of Sodium Sulphate

2365. Shri L. Achaw Singh: Will the Minister of Commerce and Industry be pleased to state

(a) whether there has been any production of sodium sulphate by any private firm in India,

(b) whether the indigenous production is sufficient to meet the requirements of the country,

(c) if not, the quantity annually imported by the State Trading Corporation, and

(d) the total amount of foreign exchange spent every year?

The Minister of Commerce and Industry (Shri Lal Bahadur Shastri):

(a) Yes, Sir The production during 1958 was 17,536 tons

(b) No, Sir

(c) and (d) The State Trading Corporation imported 4000 tons in 1958 and 5,000 tons in 1959 which was paid for in Indian Rupees. The total imports otherwise than through the State Trading Corporation during 1958 (upto November) were of the value of Rs 22 lakhs approximately

Renewal of Passports of Minority Community in East Pakistan

2366. Shrimati Bena Chakravarty: Will the Prime Minister be pleased to state

(a) the number of applications outstanding in East Pakistan from minority community to obtain renewal of passports or to get new passports; and

(b) the outcome of the talks held recently by Dr P K Banerjee, Indian Deputy High Commissioner, Dacca with Pakistan Central Minister, Shri Habibur Rahman?

The Prime Minister and Minister of External Affairs (Shri Jawaharlal Nehru): (a) Government of India are not concerned with the issue of passports to members of the Minority Community of Pakistan and have no information on the subject

(b) Government of India are not aware of any such talks between Shri P K Banerjee, Acting Indian Deputy High Commissioner, and Mr Habibur Rahman, Pakistan Minister for Education, Information and Broadcasting

Radio Station, Cuttack

2367. Shri Sanganna: Will the Minister of Information and Broadcasting be pleased to state

(a) whether any additional improvements have been made in the Cuttack Radio Station during the year 1958-59,

(b) if so, what are they, and

(c) the expenditure incurred thereon?

The Minister of Information and Broadcasting (Dr. Keekar): (a) and (b) Yes, Sir The power of the Station has been raised from 1 KW Mediumwave to 20 KW Mediumwave

(c) Rs 9,15,463 (up to the end of December, 1958)

Quarters in the Compensation Pool in Bombay State

2368 Shri Goray: Will the Minister of Rehabilitation and Minority Affairs be pleased to state:

(a) how many Government built quarters which form part of the Compensation Pool are situated in the Bombay State;

(b) how many of these quarters are in occupation of non-claimants, and

(c) the number of Government built quarters of Bombay State whose price has been fixed finally?

The Deputy Minister of Rehabilitation (Shri P. S. Naskar): (a) 42,634

(b) 13,721

(c) 36,848

Research on Radiation Hazards

2369 Shri L. Achaw Singh: Will the Prime Minister be pleased to state

(a) whether the attention of Government has been drawn to the finding of the experts conducting research in India on radiation hazards that radiation on generative tissues may affect fertility, and

(b) the steps taken to prevent the radiation hazard and whether any remedy has been discovered?

The Prime Minister and Minister of External Affairs (Shri Jawaharlal Nehru): (a) It is now fairly well established that reproductive cells or germ cells may be damaged or destroyed by ionising radiations resulting in impaired fertility or even total sterility. The degree of damage is dependent upon the type and amount of radiation as well as duration of exposure. Radiation hazards are of two types, (i) external and (ii) internal. In the case of the external hazard, the radiation source lies outside the body and can bring about its deleterious effects by acting on vulnerable components of active cells. Internal hazard arises from ingestion or inhalation of radioactive materials.

(b) The following steps are taken to prevent radiation hazards:

External

- (i) Proper shielding of the radiation sources
- (ii) Maintaining sufficient distance from the radio-active material
- (iii) Limiting the time spent in radiation area
- (iv) Wearing of "film badges" by personnel working with ionising radiations in order to determine the radiation dose and the amount of radiation received

Internal

Preventing radioisotopes from entering the body by employment of proper control techniques such as wearing of protective clothing and gloves and care in the handling of radioactive substances

No specific remedy has so far been discovered against radiation. However, research is being carried out to find substances that would confer protection against radiation damage or rectify the damage done

Glucose and Starch from Tapioca

2370. Shri Maniyangadan: Will the Minister of Commerce and Industry be pleased to state

(a) whether any steps have been taken by Government for promoting the manufacture of glucose and starch from tapioca, and

(b) if so, the details thereof?

The Minister of Commerce and Industry (Shri Lal Bahadur Shastri): (a) and (b) A statement is laid on the Table

STATEMENT

Nearly two years ago the Government of India had sanctioned a scheme submitted by Messrs Corn Products Refining Company, New York, to set up a Tapioca Starch Factory in Kerala

in collaboration with Messrs Parry & Co., Madras, for producing Tapioca Starch on the condition that 75 per cent. of the production would be exported. The said scheme has since been abandoned by the promoters of the Company.

Starch is already being produced from Tapioca by one or two factories in Kerala State, e.g., Tapioca Starch is also produced at Salem by a large number of sago factories who use it as a raw material for the manufacture of Sago. There are over 100 sago factories round about Salem District in Madras State.

The Government of India have also encouraged the production of Glucose from Tapioca Starch. Messrs Kamla Sugar Mills Ltd., Udumalpet, Coimbatore District, have been licensed under the Industries (Development and Regulation) Act, 1951 for the production of Glucose Powder, for a capacity of 130 tons per month, using Tapioca Starch as the raw material. This unit is likely to go into production in the near future.

Classification of Accidents in Mines

2371. Shri T. B. Vittal Rao: Will the Minister of Labour and Employment be pleased to state:

(a) whether it is a fact that accidents in mines are being classified as statistical and non-statistical;

(b) if so, the basis for such classification;

(c) whether it is also a fact that details of non-statistical accidents are not being published since 1950;

(d) if so, the reasons therefor; and

(e) the total number of accidents—statistical and non-statistical separately for each year since 1950?

The Deputy Minister of Labour (Shri Abid Ali): (a) Yes.

(b) Accidents not connected with mining are classified as non-statistical accidents.

(c) Yes.

(d) As non-statistical accidents are not mining accidents, it was decided to discontinue publication of statistics relating to them in the reports from 1950 onwards.

(e)

Year	Total number of accidents	
	Statistical	Non-Statistical
1950	2,214	85
1951	2,848	111
1952	4,028	98
1953	4,454	112
1954	4,673	119
1955	4,502	110
1956	4,400	124
1957	3,841	124
1958*	4,004	85

*Provisional.

Small-Scale and Cottage Industries in Madras

2372. Shri Elayaperumal: Will the Minister of Commerce and Industry be pleased to state:

(a) whether any schemes for the development of small-scale and cottage industries in Madras State during the year 1959-60 have been sanctioned;

(b) if so, the amount proposed to be spent; and

(c) the nature of schemes?

The Minister of Commerce and Industry (Shri Lal Bahadur Shastri): (a) According to the latest procedure, no sanction is necessary from the Central Government for continuing schemes. Only in the case of new schemes, technical approval of the Government of India is necessary. So far technical approval has been accorded to one scheme of small scale industries.

(b) While considering the Annual Plan of Madras for 1959-60 the following Central assistance was agreed to

by the Planning Commission for various cottage and small-scale industries:—

S. Industry No.	(Rs. in lakhs)		
	Central Assistance		
	Loans	Grants	Total
1. Handlooms .	20.00	72.00	92.00
2. Small Scale Industries .	40.00	7.00	47.00
3. Industrial Estates .	15.00	..	15.00
4. Handicrafts .	2.50	4.00	6.50
5. Sericulture .	1.00	1.50	2.50
6. Coir .	0.44	0.62	1.06
TOTAL .	78.94	85.12	164.06

In respect of Khadi and Village Industries, the allocation is made directly by the Khadi and Village Industries Commission from out of the total funds placed at its disposal by the Central Government in any year. The Khadi & Village Industries Commission has provisionally allotted Rs. 102.67 lakhs as loans and Rs. 57.68 lakhs as grants to the State of Madras for these industries during 1959-60.

(c) Schemes proposed to be included in the State Development Plan 1959-60, for which Central Assistance has been asked for are given in the statement laid on the Table. [See Appendix V, annexure No. 39].

Production of Khadi in Madras State

2373. Shri Elayaperumal: Will the Minister of Commerce and Industry be pleased to state:

(a) the quantity of Khadi produced in Madras State in 1957 and 1958; and

(b) what steps have been taken or are proposed to be taken to increase the production?

The Minister of Commerce and Industry (Shri Lal Bahadur Shastri):
(a) and (b). A statement containing

the required information is laid on the Table.

STATEMENT

(a) The total production of Khadi including Ambar Khadi during 1957-58 and 1958-59 (upto the end of January 1959) was 74.04 lakh sq. yards and 51.15 lakh sq. yards, respectively. The latter figure is based on incomplete reports received from the various institutions, etc. upto 31-1-1959.

(b) The Khadi and Village Industries Commission is giving financial assistance for the development of Khadi industry. The Commission has also arranged to extend technical and organisational assistance through weaving guides, supervisors and other technical personnel.

Tenements for Displaced Persons in Delhi

2374. { Shri S. M. Banerjee:
Shri Warier:
Shri Tangamani:

Will the Minister of Rehabilitation and Minority Affairs be pleased to state:

(a) whether new tenements are being constructed for displaced persons who are living in camps in Delhi; and

(b) if so, the number of such tenements?

The Deputy Minister of Rehabilitation (Shri P. S. Naskar): (a) There are no camps for displaced persons in Delhi.

(b) Does not arise.

Industries in Assam

2375. Shri Hem Barua: Will the Minister of Commerce and Industry be pleased to state:

(a) what are the industries on small-scale and large-scale basis that the Union Government have directly set up or helped the State Government to set up in Assam during 1955-56, 1956-57, 1957-58 and 1958-59: so far;

(b) what is the total amount invested in these projects; and

(c) whether the financial aid has been given as grant or loan?

The Minister of Commerce and Industry (Shri Lal Bahadur Shastri): (a) and (c). A statement giving the available information is placed on the Table. [See Appendix V, annexure No 40].

(b) The information is being collected and will be placed on the Table of the House in due course

C.P.W.D. Workshops

2376. { Shri Easwara Iyer:
Shri A K Gopalan:
Shri Tangamani:

Will the Minister of Works, Housing and Supply be pleased to state:

(a) the names of the workshops in the C.P.W.D. which are registered under the Factories Act; and

(b) the number of workers according to each category of post employed in each workshop?

The Minister of Works, Housing and Supply (Shri K. C. Reddy): (a) and (b) A statement is placed on the Table of the Lok Sabha. [See Appendix V, annexure No. 41].

Nuts and Bolts

2377. Shri Daljit Singh: Will the Minister of Commerce and Industry be pleased to state the total value of nuts and bolts imported in India during 1958 and 1959 so far (country-wise)?

The Minister of Commerce and Industry (Shri Lal Bahadur Shastri): A statement giving the information for the period January-November 1958 is placed on the Table [See Appendix V, annexure No. 42].

Import figures for later months are not yet available

Only special types which are not yet manufactured in the country are allowed to be imported. The rest of the categories which are manufactured in the country are totally banned.

Training in Peaceful Uses of Atomic Energy

2378. Shri Daljit Singh: Will the Prime Minister be pleased to state:

(a) the names of the institutions in foreign countries other than U.S.A. and U.K. where Indian students are being trained in peaceful uses of Atomic Energy (country-wise); and

(b) the number of students being trained in each country?

The Prime Minister and Minister of External Affairs (Shri Jawaharlal Nehru): (a) and (b). The Department of Atomic Energy has not given financial assistance to any students for training in foreign countries other than USA and UK in peaceful uses of Atomic Energy

Land for Displaced Persons near Jungpura (Delhi)

2379. { Shri S M Banerjee
Shri Warior:
Shri Prabhat Kar-

Will the Minister of Rehabilitation and Minority Affairs be pleased to refer to the reply given to Starred Question No 1073 on the 9th September, 1958 and state:

(a) whether the land behind Jungpura has since been made available to the Rehabilitation Ministry by the Ministry of Defence;

(b) if not, what are the difficulties involved;

(c) whether it is a fact that the land in question belongs to the compensation pool; and

(d) if so, what steps the Rehabilitation Ministry propose to take to utilise this land for the purposes for which it had been acquired?

The Deputy Minister of Rehabilitation (Shri P. S. Naskar): (a) No.

(b) and (d). The land is required for Defence purposes and is not available for being utilised for purposes of rehabilitation.

(c) It is Nazul land.

Indian Sentenced to Death in Pakistan

2386. Shri Ram Krishan Gupta: Will the Prime Minister be pleased to state:

(a) whether Government have received details of the case in which an Indian, Sardool Singh of Amritsar, was sentenced to death by a military court in Sialkot (Pakistan);

(b) if so, the nature thereof; and

(c) whether the Pakistan Government have agreed not to carry out the execution until the details of the case are made known to Indian Government?

The Prime Minister and Minister of External Affairs (Shri Jawaharlal Nehru): (a) to (c). The Indian High Commission in Karachi have asked the Government of Pakistan for a copy of the judgment and for full facts of the case. These are awaited. At the request of the Indian High Commissioner, the Government of Pakistan have asked the West Pakistan Government for suspension of execution of the sentence until further orders from the Central Government.

Doothpur Colony in Tripura

2381. Shri Bangshi Thakur: Will the Minister of Rehabilitation and Minority Affairs be pleased to state:

(a) whether it is a fact that due to the flood and cyclone that occurred in the month of October, 1958 in Tripura the inmates of Doothpur Colony of Fatkrey in Kailasahar, Tripura have suffered very badly; and

(b) if so, the help given by Government to those affected?

The Deputy Minister of Rehabilitation (Shri P. S. Naskar): (a) and (b).

Only a few families were slightly affected. Some gratuitous relief was given to them.

Prime Minister's Secretariat

2382. Shri L. Achaw Singh: Will the Prime Minister be pleased to state:

(a) how many permanent posts of various grades exist in the Prime Minister's Secretariat;

(b) how many of the posts of each grade are borne on the C.S.S. and how many have been classified as ex-cadre; and

(c) how many persons who originally belonged to C.S.S. were confirmed on ex-cadre posts of higher grades?

The Prime Minister and Minister of External Affairs (Shri Jawaharlal Nehru): (a) 54 (Besides these, there is one permanent post of Staff Car Driver and 21 in Class IV for which no Central Service exists).

(b) Posts included in different Central Sectt Services. 44

Ex-cadre posts. 10

(c) None. (Confirmations against the ex-cadre posts were made before the Central Secretariat Service Schemes were finalised. In the circumstances the question of confirming persons originally belonging to Central Secretariat Service or Central Secretariat Stenographers' Service against such posts did not arise. However, all the persons who were confirmed against these posts were eligible for appointment to Central Secretariat Service or Central Secretariat Stenographers' Service).

Compensation Claims of Displaced Persons from Baluchistan

2383. Shrimati Sucheta Kripalani: Will the Minister of Rehabilitation and Minority Affairs be pleased to state:

(a) whether it is a fact that compensation claims have been filed by

displaced persons from Quetta (Baluchistan) in respect of non-listed moveable evacuee property;

(b) if so, the details of such property and the value of compensation claimed; and

(c) what action Government propose to take in the matter?

The Deputy Minister of Rehabilitation (Shri P. S. Naskar): (a) No claims for compensation in respect of non-listed moveable evacuee property were invited from displaced persons. However, under the Indo-Pakistan Movable Property Agreement, lists of movable property lying with Custodians were to be exchanged between India and Pakistan as a prelude to the exchange of listed movables. The evacuee owners were given time upto 31st December, 1956, to apply for the restoration of articles not included in the lists received from Pakistan. The applications received were forwarded to the diplomatic representatives of India in Pakistan for taking up the matter with the authorities concerned in that country.

(b) Full particulars of such property and the value of articles are not available as they had not been indicated in a number of applications received from the owners

(c) The cases have been pursued with the Government of Pakistan with a view to their verification by the Pakistan Government. There is no scheme under contemplation for the payment of compensation for moveables left by evacuees in Pakistan as such claims are not susceptible of verification.

Border Incident

2384. Shri P. C. Boroach: Will the Prime Minister be pleased to state:

(a) whether it is a fact that East Pakistan riflemen fired at Indians on Murshidabad border in West Bengal on March 6 last and carried away a wounded Indian to Pakistan; and

(b) if so, what steps Government have taken to bring back the said Indian from Pakistan?

The Prime Minister and Minister of External Affairs (Shri Jawaharlal Nehru): (a) Yes, Sir. On the morning of 6th March, 1959, East Pakistan Riflemen fired several rounds on Indian nationals harvesting in their fields in Char Rajanagar of Raninagar P.S., district Murshidabad. Later on, three Pakistani nationals, armed with lathis and followed by four East Pakistan Riflemen, appeared on the scene and after assaulting Rati Kanta Mondal and Makhan Mondal, both Indian national, kidnapped the latter to Pakistan.

(b) The Government of India took up this question with the Government of Pakistan as well as with the Government of East Pakistan. The latter have promised to return Makhan Mondal and we are awaiting confirmation of his release from our Deputy High Commissioner, Dacca.

Development of Dandakaranya Area

2385. Shri Panigrahi: Will the Minister of Rehabilitation and Minority Affairs be pleased to state:

(a) the number of persons so far provided employment in the first phase of development of the Dandakaranya area;

(b) how many of them have been employed in the operation of road transport, distribution of consumer goods, dairy units, manufacture of bricks and tiles, reclamation of land, construction of project buildings, construction of roads, village construction, irrigation works and carpentry centres separately;

(c) whether any persons have been appointed as doctors, health assistants, teachers, petty shopkeepers, fishermen, administrative personnel of various categories, technicians and skilled workers; and

(d) if so, their number, occupation-wise and the States from which they have been recruited?

The Deputy Minister of Rehabilitation (Shri P. S. Naskar): (a) 2,929.

(b) The information is as follows:—

Work on which employed	No. of persons employed
(i) Operation of road transport	92
(ii) Distribution of Consumer goods	2
(iii) Dairy Units	Nil
(iv) Manufacture of bricks and tiles	200
(v) Reclamation of land	100
(vi) Construction of Project Buildings	1000
(vii) Construction of roads	Nil
(viii) Village construction	Nil
(ix) Irrigation Works	100
(x) Carpentry Centres	400

(c) and (d). While no teachers and fishermen have so far been appointed, the number of persons appointed in other professions is as follows:—

(i) Doctors	4
(ii) Health Assistant	1
(iii) Petty Shopkeepers	30
(iv) Administrative Personnel, technicians and skilled workers	1000
	Approximately

The persons mentioned above belong to various States.

Chairman, Dock Labour Board, Calcutta

2387. { Shri B. Das Gupta:
Shri Braj Raj Singh:
Shri Mahagaonkar:
Shri S. M. Banerjee:
Shri Tangamani:
Shri E. B. Saut:
Shri Jadhav:
Shri A. V. Ghare:

Will the Minister of Labour and Employment be pleased to state:

(a) the number of dock workers in gangs of Dock Labour Board, Calcutta, who have been charge-sheeted, suspended or otherwise punished since the assumption of special powers by

the Chairman, Dock Labour Board, Calcutta, and what is the nature of allegation against the workers; and

(b) the number of dock workers who were charge-sheeted, suspended or otherwise punished from the 4th November, 1958; upto the first week of March 1959 before the Chairman assumed special powers?

The Deputy Minister of Labour (Shri Abid Ali): (a) In all 90 workers have been charge-sheeted and suspended, pending enquiry, for slow work.

(b) 217. Out of these, 28 were charge-sheeted and suspended pending enquiry, 82 were only charge-sheeted and without suspension, and the remaining 107 were punished mostly by warning.

Shri S. M. Banerjee (Kanpur): I want to submit, as you are aware . . .

Mr. Speaker: On the short notice question?

Shri S. M. Banerjee: No, it is different.

Mr. Speaker: I am not going to allow these interruptions. I have repeatedly informed him; let him write to me, and I will bring it up.

Shri S. M. Banerjee: There is no question of writing; it is just a very honest type of appeal to you and through you to the Labour Minister.

Mr. Speaker: If any hon. Member wants to get up, he must speak on matters which are on the Order Paper, unless there is some sudden occurrence in the House itself, in which case, without any notice, he can get up and inform me. If it is any other matter, it must be brought to my notice and I must consider whether it is a matter which ought to be brought before the House before I allow him to speak.

12-19 hrs.

RE: POINT OF PRIVILEGE

Shri P. K. Deo (Kalahandi): Mr. Speaker, Sir, on the 23rd of this month, I gave notice to you of my desire to raise a question of breach of privilege under Rule 222 of the Rules of Procedure and Conduct of Business in Lok Sabha. In this connection, I would like to draw your attention to a news item appearing in the daily Oriya paper *Samaj* of 18-3-1959. The news item appears in the front page under the bold heading "Who does not give false accounts?". It ends with an interrogation mark. The news is reported from Bhubaneshwar on 17-3-1959 by a staff reporter of the *Samaj*.

Sir, the English translation is this:

"In reply to the criticism of some members that Block Development Officers have been using Government jeeps for their own work and have been submitting false accounts so that they may not be caught, Dr. Mehtab, the Chief Minister, replied in a realist manner. Aiming at the critics, the hon. Chief Minister said that Members of the Legislative Assembly and Members of the Parliament also furnish false accounts (false vouchers). The Chief Minister further sought the advice of others for its remedy."

It is a very serious charge. To give false accounts to the Government is a criminal offence which amounts to cheating and at the same time, forgery under sections 420 and 463 of the Indian Penal Code for which seven years' rigorous imprisonment and two years rigorous imprisonment respectively and fine have been prescribed. If any particular Member of Parliament has given any false account and it has been brought to the notice of the Chief Minister, he might have been perfectly right to mention his name. But to pass a sweeping and general remark like this against all the Members of Parliament that they have

been submitting false accounts is deliberate, calculated, mischievous and defamatory.

Mr. Speaker: I suppose these are the observations of the hon. Member. He is repeating what ought not to have been said by the Minister.

Shri P. K. Deo: *May's Parliamentary Practice* clearly says that reflections upon members, even if the particular member is not named or otherwise indicated are equivalent to a reflection on the House.

Mr. Speaker: I have heard him sufficiently.

Shri P. K. Deo: Just one minute. In this connection, I would like to draw the attention of the august House to the fact that Members of this House are men of integrity, they are representing several lakhs of people each and that they are engaged in the pursuit of their duties to this country, and making these serious charges against their conduct has lowered them in public estimation, making it very difficult for them to function in this country. Secondly, these utterances of Dr. Mehtab have been magnified by the report of the staff reporter of *The Samaj*; where he says that these remarks have been made "in a realist manner". Thirdly, the way in which it has been published in the paper, in the front page inside a box with a big headline "Who is not giving false accounts" makes the editor and management of the paper also chargeable.

In this connection, I would like to submit that Dr. Mehtab selected the most opportune time to hit the Members of Parliament below the belt. He thought that he will get the protection of article 194(2) of the Constitution under which any action or any legislative procedure in the Legislative Assembly of a State cannot be questioned in any court of law. But I do not think that protection will apply in this case to be referred to the Privilege Committee of this House.

So, I appeal to the Prime Minister who is the Leader of the House that there should be a stop to this mud-slinging and to you, Sir, the *prima facie* case has been established and, therefore, Dr. Mehtab and the editor of *The Samaj* may be called to the Bar of this House to explain their conduct and, in the alternative, the matter may be referred to the Privileges Committee for investigation and report by a specified date.

Shri Tyagi (Dehra Dun): On a point of order My submission is that there is no convention or established practice in the British Parliament to ban all types of criticism of Members of Parliament. If motions of this type are allowed by this House the difficulty that would arise would be that Members of Parliament will become absolutely immune from any criticism whatsoever in a democracy. That is not the meaning of the privileges of the House. Therefore, I submit that the press and the people outside must be at liberty to criticise even Members of Parliament, if they so desire, because criticism is always helpful and it does not in any way affect

Shri V. P. Nayar (Quilon): There is no point of order.

Shri Tyagi: My point of order, therefore, is that such a small matter as reference to Members of Parliament with regard to any matter pertaining to their domestic affairs or private life such as that "Members of Parliament are merry making or Members of Parliament do drink" ought not to be referred to the Privileges Committee.

Shri Nath Pal (Rajapur): What is the point of order?

The Minister of Home Affairs (Shri G. B. Pant): I do not at all think this report is correct. If any statement like that has been made, it is unfortunate and I would be sorry that any responsible person should have made such a statement. But, so far as the motion of privilege is concerned,

the proceedings of all legislatures and Parliament are privileged and no action can be taken in one House for anything that is said in another House. It may be right, it may be wrong, it may be something trivial or small. We may not like that at all. But, still, this is not the remedy. So, while I would be sorry if such a statement has been made, no question of privilege arises.

Mr. Speaker: I merely brought it up for the purpose of finding out what exact jurisdiction we will have, before I give consent to raise it in the House itself. This is a preliminary stage. I am not giving my consent just now. I told the hon. Member when he came to me about the two reasons. First of all, we do not have the statement of the hon. Chief Minister, what exactly he said, because people who are sitting in the galleries may understand it in a different way. Whenever any statement is made in this House, if any hon. Member wants a certified copy of the same, it is supplied. So, I told him that we do not have the original statement with us. Assuming he produces the statement and the statement is exactly in the same terms which have been sent to us, apart from the question of merits as to whether they amount to a question of privilege, as suggested by the hon. Member, or a trivial matter, as pointed out by Shri Tyagi, and so everybody must have the right to abuse Members of Parliament—it is not a matter which I am deciding now, and I am afraid if I agree with the hon. Member then no Member of Parliament will be safe—I understand there are small things and there are big things. What are the things that a reasonable, responsible person ought not to care, ought not to take notice of, what are serious matters, who is the person that utters, under what circumstances he utters—these are the matters that have to be considered. Now I am not going into the merits or giving my decision on those grounds. I also agree with the views of the hon. Home Minister. I am not going to give my consent for

[Mr. Speaker]

the reason that each House in supreme so far as its own proceedings are concerned, the immunity that we have in this House from being charged for defamation or any other charge by any other person or any other legislature, the same immunity applies to him also. If really the hon. Chief Minister has said what he is alleged to have said here it is regrettable, as the hon. Home Minister has said. I am sure that if any hon. Minister or any member in any other House takes advantage of the immunity there, the other 14 States with their legislatures, including Upper Houses, will also take advantage of it. Now, if it is really true, this ought not to be continued. I hope and trust that this wholesome principle will be followed everywhere—no House will cast any aspersion and no Member will cast any aspersion on any member of the other House or any other House in this way. I do not give my consent to this. I will treat it as closed.

Shri Jaipal Singh (Ranchi West-Reserved-Sch. Tribes): I think a clarification is called for in the light of what has been stated here, which is now public property. It is obvious that the MLAs and MPs referred to in what has been presented to us, belong to only one State.

Shri P. K. Deo: No, no.

Mr. Speaker: I am sure he refers to MLAs of his own State and MPs of this country.

12-29 hrs.

RELEASE OF A MEMBER

Mr. Speaker: I have to inform the House that I have received the following wireless message dated the 25th March, 1959, from the Superintendent of Police, Rohtak:—

"I have the honour to inform you that Chaudhary Pratap Singh

Daulta, Member, Lok Sabha, who was convicted on the 10th March, 1959 and imprisoned for two months and a fine of Rs. 200 or in default to undergo one month's further simple imprisonment for being a member of unlawful assembly in District Courts, Rohtak, was released from District Jail, Rohtak, under the orders of Punjab Government on the 25th March, 1959 at 12 noon."

He is already here.

12-30 hrs.

PAPERS LAID ON THE TABLE

CASES OF TENDERS NOT ACCEPTED BY INDIA STORES DEPARTMENT

The Minister of Works, Housing and Supply (Shri K. C. Reddy): Sir, I beg to lay on the Table a copy of the statement of cases in which the lowest tenders have not been accepted by the India Stores Department, London, during the half year ending the 31st December, 1958. [Placed in Library, See No. LT-1316/59.]

NOTIFICATION UNDER REQUISITIONING AND ACQUISITION OF IMMOVABLE PROPERTY ACT

Shri K. C. Reddy: Sir, I beg to lay on the Table, under sub-section (2) of Section 17 of the Requisitioning and Acquisition of Immovable Property Act, 1952, a copy of Notification No. S.O. 511 dated the 7th March, 1959. [Placed in Library. See No. LT-1317/59.]

COMMITTEE ON PRIVATE MEMBERS BILLS AND RESOLUTIONS

THIRTY-NINTH REPORT

Sardar Hukam Singh (Bhatinda): Sir, I beg to present the Thirty-ninth Report of the Committee on Private Members' Bills and Resolutions.

ESTIMATES COMMITTEE

Forty-fourth Report

डा० सुजीता नायर (भाती) : अध्यक्ष महोदय, मैं प्राक्कलन समिति के सनापति की ओर से सार्वजनिक स्वास्थ्य विषय पर स्वास्थ्य मंत्रालय के बारे में प्राक्कलन समिति की चवालीसवीं रिपोर्ट—भाग २ पेश करती हूँ।

Shri T. B. Vittal-Eao (Khammam):
 Some Samiti?

Mr. Speaker: It is on the Order Paper.

Shri V. P. Nayar (Quilon): What is the equivalent for Estimates Committee?

Mr. Speaker: Hon. Members should look into the rules. The Hindi equivalents have been circulated to hon. Members and are available. I am very glad that hon. Members are anxious to know the names in Hindi and I am sure that the same interest will be evinced and in less than six months they will get ready.

12.31 hrs.

**CALLING ATTENTION TO MATTER OF URGENT PUBLIC IMPORTANCE
 ACCIDENT TO CALCUTTA-BOMBAY MAIL**

Shrimati Ila Palchoudhuri (Nabadwip): Sir, under Rule 197, I beg to call the attention of the Minister of Railways to the following matter of urgent public importance and I request that he may make a statement thereon:

"The accident to Calcutta-Bombay Mail near Chakradharpore on the South-Eastern Railway on the 20th March, 1959."

The Deputy Minister of Railways (Shri Shah Nawaz Khan): I regret to apprise the House of brief details of the collision on 20th March, 1959, at Chakradharpur Station of the South Eastern Railway in which No. 2 Up Howrah-Bombay Mail was involved.

430 LSD.—4.

At about 2.00 A.M. on the night of 19th/20th March, 1959, while No. 684 Down Goods train from Rourkela side was waiting at the Down Outer Signal of Chakradharpur Station on the double line section of the South Eastern Railway for No. 2 Up Mail to pass from Chakradharpur, No. 656 Down Goods also coming from Rourkela side collided into its rear. As a result seven wagons of No. 656 Down Goods got derailed blocking the Up main line. Meanwhile, No. 2 Up Howrah-Bombay Mail from Howrah left Chakradharpur at about 2.10 A.M. and its engine collided with the derailed wagons of No. 656 Down which, as stated above, were fouling the Up line. One third luggage and brake van and one third class bogie coach next to the engine of No. 2 Up Mail got derailed. As a result of this, the driver of No. 2 Up Mail and the Assistant driver of No. 656 Down Goods sustained serious injuries and were admitted into the Chakradharpur Hospital. 15 persons received minor injuries, out of whom 6 were passengers and the remaining were railway staff including the Fireman and the Augwala of No. 2 Up Mail and the Guard of No. 656 Down Goods. All of them were attended to in the Railway Hospital at Chakradharpur and then proceeded by No. 2 Up Mail which left after a detention of about 10 hours. The Guard of No. 656 Down Goods was, however, subsequently admitted into the Railway Hospital at Adra. Through communication which was interrupted was restored at about 12.00 hours on 20th March, 1959. The Government Inspector of Railways, Calcutta, commenced his statutory enquiry at Chakradharpur on 21st March, 1959 and concluded it on 22nd March, 1959; his report is awaited.

The driver of No. 2 Up Mail unfortunately died in the Hospital on the evening of 22nd March, 1959. The Assistant Driver of No. 656 Down Goods is still in hospital at Chakradharpur and is progressing satisfactorily. The Guard of No. 656 Down

[Shri Shah Nawaz Khan]

is also progressing satisfactorily in the Adra Hospital and is likely to be discharged in about three days' time.

An ex-gratia payment of Rs. 500 has been made to the family of the deceased driver of No. 2 Up Mail, and Rs. 100 each to the Assistant Driver and the Guard of No. 656 Down Goods.

12.35 hrs.

COAL GRADING BOARD (REPEAL) BILL*

The Minister of Steel, Mines and Fuel (Sardar Swaran Singh): Sir, I beg to move for leave to introduce a Bill to repeal the Coal Grading Board Act, 1925, and to provide for certain matters incidental thereto.

Mr. Speaker: The question is:

"That leave be granted to introduce a Bill to repeal the Coal Grading Board Act, 1925, and to provide for certain matters incidental thereto"

The motion was adopted.

Sardar Swaran Singh: Sir, I introduce the Bill.

12.36 hrs.

****DEMANDS FOR GRANTS—contd.**

MINISTRY OF HEALTH

Mr. Speaker: The House will now take up discussion and voting on Demands Nos. 42, 43, 44, 45 and 122 relating to the Ministry of Health for which five hours have been allotted. Hon. Members desirous of moving cut motions may kindly hand over at the Table within fifteen minutes the numbers of the selected cut motions. I shall treat them as moved, if the hon. Members in whose names these cut motions stand are present in the

House and the cut motions are otherwise in order.

DEMAND No. 42—MINISTRY OF HEALTH

Mr. Speaker: Motion moved:

"That a sum not exceeding Rs. 12,92,000 be granted to the President to complete the sum necessary to defray the charges which will come in course of payment during the year ending the 31st day of March, 1960, in respect of 'Ministry of Health'."

DEMAND No. 43—MEDICAL SERVICES

Mr. Speaker: Motion moved:

"That a sum not exceeding Rs. 6,07,83,000 be granted to the President to complete the sum necessary to defray the charges which will come in course of payment during the year ending the 31st day of March, 1960, in respect of 'Medical Services'."

DEMAND No. 44—PUBLIC HEALTH

Mr. Speaker: Motion moved:

"That a sum not exceeding Rs. 15,15,32,000 be granted to the President to complete the sum necessary to defray the charges which will come in course of payment during the year ending the 31st day of March, 1960, in respect of 'Public Health'."

DEMAND No. 45—MISCELLANEOUS DEPARTMENTS AND EXPENDITURE UNDER THE MINISTRY OF HEALTH

Mr. Speaker: Motion moved:

"That a sum not exceeding Rs. 80,60,000 be granted to the President to complete the sum necessary to defray the charges which will come in course of payment during the year ending the 31st day of March, 1960, in respect of 'Miscellaneous Departments and Expenditure under the Ministry of Health'."

*Published in the Gazette of India Extraordinary Part II—Section 2, dated 26-3-1959.

**Moved with the recommendation of the President.

**DEMAND NO 122—CAPITAL OUTLAY
OF THE MINISTRY OF HEALTH**

Mr. Speaker: Motion moved:

"That a sum not exceeding Rs 11,43,97,000 be granted to the President to complete the sum necessary to defray the charges which will come in course of payment during the year ending the 31st day of March, 1960, in respect of 'Capital Outlay of the Ministry of Health'"

Mr. Speaker: Does the hon Minister want to say anything at this stage? No, he will reply

Shri D S Raju.

Shri Nath Pai (Rajapur) Normally it is your practice to call upon an Opposition Member to open the debate

Mr Speaker: But hon Members have not provided any doctor in the Opposition to get up and speak here

Shri V. P Nayar (Quilon) The hon Minister does not happen to be a doctor. Shri Raju could have spoken, later with advantage

Mr. Speaker. Shri Raju is an eminent doctor. He was in the INA. He has got rich experience and he rarely speaks in the House. Let us have the benefit of his advice

Shri D S. Raju (Rajahmundry)
Mr Speaker, Sir, I thank you very much for giving me this chance of saying a few words on the Demands for Grants of the Ministry of Health

Mr. Speaker: The hon Member may come to one of the front benches.

I will give preference to doctors and then I will call others

Shri S. M Banerjee (Kanpur) And those who come from the families of doctors

Shri D. C. Sharma (Gurdaspur) He is as close very near to my hon friend, the Minister

Shri D. S. Raju: I must confess that the Demands are inadequate and fall

short of our expectations to meet our essential needs so far as the improvement and maintenance of the standards of health are concerned. I do not wish to compare with what is happening in other countries. Comparisons are always odious. But I must say that most of the advanced western countries are spending much more money than what we are doing and this too in spite of the fact that their standards are very high. They are doing that because they have found that it is necessary and inescapable

The problem of health is not so simple as it looks. It is a complicated one. It is not a thing which can be presented to the people on a platter. Neither the Health Ministry can do it, nor the doctors can do it, nor the hospitals can do it. It is a thing which must be understood and the responsibility lies not only with the Health Ministry but also with the entire Cabinet. It is the responsibility of the Lok Sabha Members and of public citizens. It is the responsibility of the individual also. So, it is a joint responsibility

Now, I would like to mention the new trends in the appreciation of health problems. Man is no longer an isolated individual living in a blissful past of a prehistoric life. He has to live in a family. He has to live in a community. He has to live in a society and perhaps as a citizen of the world at large. So much so, he is very intimately connected with what is happening in the family, in the society and in the world at large. So, he is bound to be influenced by factors affecting the family, community and the country and the world. In view of the advances of the present scientific world, we have got to come together. What is happening outside in distant corners of the world is affecting us very intimately and vitally. In the light of this new approach, we must base and understand the problems of health

I must congratulate our Central Health Ministry on the formation of the Central Health Council which has

[Shri D. S. Raju]

come into existence in 1952 under the Constitution. It was a very welcome step, a sort of a major high policy making body discussing the various problems of health, suggesting ways and means to the Health Ministry and the State Governments and suggesting ways of implementing the policies. However, I would like to mention that the Central Health Council should have been enlarged to include representatives of other Ministries also. Because, as I said before, that is a joint responsibility and it will be much better if these problems are discussed across the table, face to face with representatives of other Ministries and important matters emphasised on them instead of simply forwarding them to the Ministries concerned.

As I also said, health problem is a very complicated problem. Take, for instance, the problem of food and see how intimately it is connected with health. Unless and until we give adequate food to our people, we can never improve their standard of living. I say, not only in quantity, but also in quality. The present average calorific value is 1800 per adult. From the scientific point of view, that is very inadequate. The minimum required is about 2000 calories per man per day. We are not able to give at the moment that basic necessity. Apart from the quantity of it, there is the qualitative aspect also. What we need most are the subsidiary foods, such as milk, meat, eggs and fish. The Minister of Industries and Agriculture comes into the picture. It is essential that we provide the basic qualitative structure of the diet. In this connection, I would like to mention that the nation should encourage poultry farms, dairy farms and piggeries also which give adequate nutritive value. We should throw out our sentiments if necessary and deal with practical realities in a scientific way.

Also, the problem is much more complicated. We want food and we

want food for our growing population. That is another factor to reckon with. Our population is growing very rapidly. At the moment, we are 400 millions. By the end of the century, I think we will be 800 millions at this rate of growth.

An Hon. Member: More.

Shri D. S. Raju: This problem is assuming very grave proportions. I would like to have an assurance from the Health Ministry that this problem is being viewed with the necessary concern? At this rate, growth of population is far more serious than the effects of the atomic bomb. You may ask, what is the connection between these two. The atomic bomb destroys and annihilates man whereas growth of population is to the contrary effect. But, if this growth is allowed to continue at this rate, by the end of the century, I think we will be quarrelling for every inch of land in this country and perhaps we will be quarrelling for every breath of life. That will be our condition if we do not solve this problem, we will destroy ourselves. That is why I said that the potential dangers of population growth are worse than the atomic bombs.

Then, I come to the problem of urbanisation. I was trying to impress upon the hon. Members this very complicated problem. Look at problem of the cities. They are bulging to an enormous degree. Small villages have become towns. Small towns have become cities and cities have become corporations. In the cities, see how difficult it is to accommodate the people, find food for them, and clothe them and provide sanitary conditions for them. All these are very grave problems. We create slums also in these big cities. Slums, as you know, are frequently the potential sources of social and political upheaval. We must anticipate these troubles, take up this problem very seriously and fix the limit for the

maximum expansion of any city. Unless we deal with this question now at this stage, later on, we might find this problem insoluble. Actually, over-congestion does seriously affect the health of the people. A large number of people living in small tenements—this is the cause of so many epidemic diseases. For instance, the recent influenza epidemic was due to this congestion and it spread like wild fire because of the congestion. Damp roof, damp floor, are potential sources of the spread of tubercular infection. Even though we give good food, to the people accommodation is very important, to prevent the spread of tuberculosis. We know tuberculosis is such a grave problem for India.

Next, I come to education. Unless the people are taught the elementary principles of hygiene, this problem could never be understood by the people and properly appreciated by them. These are the problems of health which demand the attention and co-operation of all the Ministries

Coming to the responsibility of the Central Health Ministry, I must congratulate them for what they have done during the last few years. It was an uphill task against the background which was beset with many difficulties. Only eleven years ago, the baby of our infant republic was handed over to us. It was such a grotesque and uncouth baby, very unhealthy. Hardly did we think that it would survive. It has stood all these 11 years and is now able to stand up very proudly. As our Prime Minister lately said, an elephant takes time to stand up. It has taken time and it has stood up and it is now marching ahead.

Regarding achievements, when you assess the value of any work, it must be understood in the perspective against the background of the difficulties which it has had to contend. I have got a word of praise for the Contributory Health Service scheme, which is now mainly intended for the Central Government employees in Delhi and around. It is now covering

nearly 4½ lakhs of Central Government employees and their families. It appears it is very much appreciated. More and more people are flocking to the dispensaries. They have taken a right step to see that no undue delay is caused in waiting at the dispensaries for the Central Government servants. It is a very good step and I hope it will be implemented and the experiment will be tried fully, so that it will serve as a pilot scheme for the rest of the States

Coming to the various control schemes which the Central Ministry of Health has undertaken, they are really worth while, especially the control of malaria. Malaria is still the worst killer in India. The Central Government is spending now about Ra. 45 crores in converting this malaria control programme into a malaria eradication programme, which they hope to do in the next three years. If malaria could be eradicated from this country in the next three years, I think it will be a glorious achievement. Even if they could partially succeed, still, it will be an achievement. But, there are formidable difficulties. This is a colossal problem to deal with 400 million people. In fact, malaria is endemic all over the country. They are hoping to cover at least 300 million people in the next 2 or 3 years. Each unit has to cover about a million people and it requires thousands of jeeps, plenty of materials, quantities of D.D.T., a number of Health Visitors, etc. All these are necessary conditions for the fulfilment of this programme. But, any amount of trouble and any amount of money that is spent is well worth undertaking. This is a grand scheme and I hope to see the day when the Government would be able to tell the world and tell this country that malaria has been eradicated from this country.

Shri V. P. Nayar: Not in this country

Shri D. S. Raja: It is actually not a scheme to control mosquitoes. It is

[Shri D. S. Raju]

only a scheme to destroy malaria. If that scheme could be accepted and if the mosquitoes also will be destroyed, that will be a happier day for India.

Shri V. P. Nayar: May I ask a question? I hope the eminent doctor will kindly reply to this question. We have heard from the reports that some varieties of mosquitoes like Anopheles have developed resistance to D.D.T. How do we propose to meet the situation?

Shri D. S. Raju: It is a race actually between us and the mosquitoes. We are trying to destroy them as quickly as possible. It all depends on who succeeds in the end.

Mr. Speaker: Can we have more effective and more virulent DDT?

The Minister of Health (Shri Karmarkar): As a matter of fact, no mosquito has yet developed resistance in India

Shri D. S. Raju: Coming to the control of Tuberculosis it is a vast problem affecting millions of people in India. There are about five million Tuberculosis patients. It is a colossal figure and there are about half a million deaths due to tuberculosis. It has been estimated that about half a million beds are required to treat all these tuberculosis patients, and about 7,000 clinics will be necessary to give treatment to them. It is not possible for all the patients to be provided in the hospitals. You have to find Rs. 5,000 crores which you can never dream of. The only solution is to develop tuberculosis clinics where all these patients can be diagnosed, advised and then treated in a domiciliary fashion. Thanks to the advance of science, we have the latest anti-biotics, streptomycin etc and some of these preparations are very effective. Certain advanced cases which would have been rejected as not curable a few years ago are now being satisfactorily cured by anti-biotics.

In this connection I would request the Health Minister to make a very determined effort to make such drugs self-sufficient in India. They should be produced in adequate quantities before it is too late. At present we are importing these anti-biotics to a very large extent. That costs us huge sums of money. If we could be self-sufficient in this respect, we could save some foreign exchange. I think we are manufacturing almost sufficient quantity of Penicillin. If the production of the factory could be increased, we will, I think, be able to meet the needs.

Now, as regards the cure and control of Leprosy, Sir, we have got a very good remedy in Sulphones.

Mr. Speaker: What is it?

Shri D. S. Raju: Sulphones, which is a latest drug, and which is very cheap. Here, no hospitalisation is necessary. Leprosy clinics could deal with these patients. The patients can come to the clinics and swallow one or two pills a day. If they do it for a year or two, cure can be assured.

Shri Khadilkar: It is only one type. The other type is not amenable to this.

Shri D. S. Raju: There are two types. One is the neural type and the other skin type. It is much more effective on the skin type. It is a very cheap remedy. We could easily manufacture and supply sufficient quantity of Sulphone drugs to the various patients in clinics.

The name 'Leprosy' has got a very bad odour about it. People are afraid of it. People who are cured of the disease of leprosy are to be taken back to society. I wonder whether it is possible to change this into some other innocuous name, as one of the skin diseases.

Mr. Speaker: Even when that name is not used, there is so much of contamination. If you say 'It is all right,

and there is nothing, people will not believe. It will be spread. That is what people will say.

Shri D. S. Raju: We have to isolate contagious ones and treat them.

Mr. Speaker: The leper embraces a child. A man who is weak tends to show off that he is all right. He may, by embracing the child, inject contagious germs. So, the first thing is, he must be segregated.

Shri Karmarkar: Leprosy requires prolonged contact.

Mr. Speaker: They must be segregated first.

Shri D. S. Raju: Leprosy requires prolonged contact for years together.

Dr. Sushila Nayar (Jhansi): There is a lot of misconception on the subject of leprosy. It is not so highly infectious that one touch is going to result in infection. Nor, is there much difference between the two types—Neural and Lepromatous leprosy? They are both different stages of the same disease. This has been proved according to the latest researches. For communication of infection, prolonged and repeated contact is necessary.

Mr. Speaker: The idea of the hon. Member is that whenever a man is cured, he must be allowed to remain as a good citizen. That does not mean that they could come into contact with our children even before they are cured, thus injecting poison. So, both these things have to be taken care of.

Shri D. S. Raju: They should be kept in colonies. These colonies must be made self-sufficient. There are a large number of voluntary organisations in India like the Ramakrishna Mission, various Christian organisations, the Khusht Nivarak Sangh etc. All these organisations are doing wonderful work. They are rehabilitating them and they are working self-sufficiently. In this connection I would say that whatever money the Central Government is going to pay them will be amply rewarded.

Now, Sir, it is the responsibility of the State Governments to protect and safeguard the health of the people. The Centre actually comes in by way of giving them monetary help, and by way of affording them technical information, collected from various sources. This is the main function of the Central Ministry and, rightly so, I think. We have a few Central Institutions. We have got one in Delhi, namely, the All-India Institute of Medical Sciences. It is a premier organisation in the country and we are all anxious to hear every now and then from the hon. Minister to the effect that everything is going on well with this Institute. So, we are all anxious, now, at this stage, that solid foundations must be laid for this Institute, so that it might be able to attract scientists from all over the world. It might do research, fundamentally and basically.

In this connection I would like to say that we must concentrate on post-graduate work. We want a number of post-graduate teachers, experienced men, to work in various medical colleges all over the country. We want them very urgently. This is one of the problems which I would like to emphasise. Our Health Ministry should concentrate upon these things. And, we would like to be assured that the All-India Institute of Medical Sciences is focussing its attention upon post-graduate teaching. If it has a definite and a purposeful role, it may continue as an autonomous body. Otherwise the idea of integrating it into the University of Delhi should be thought out.

Mr. Speaker: The hon. Member is so near the Institute.

The hon. Member generally speaks of this. I called him because he is a Doctor, and he must have gone round and seen and given the benefit of his experience to Members here.

Shri D. S. Raju: There are two Members from Parliament side, Sir. Their views will be more authentic than mine.

[Shri D. S. Raju]

In this connection I would like to say something in support of the All-India Services, like the I.M.S. Though a bad odour was attached to its name, it has done very good work in the past. The time is ripe now when we should think of an All-India Medical Service, just on the lines of the I.A.S. and I.F.S. and other All-India Services, at least for one reason, namely, it will help the All-India Service to emotionally and spiritually integrate and harmonise inter-State relations. So, Government should give serious thought to the starting of the All India Medical Service.

15 hrs.

Another point that I would like to refer to is this, that it is high time that we thought of the awarding of the highest diploma like the fellowship of the Royal College of Surgeons and the Royal College of Physicians in England, by a central academy in Delhi. We got enough teachers with sufficient experience and learning to undertake this work. That will give us the highest uniform standards for the whole country. Wherever we want professors, wherever outstanding men are needed, we can supply them from this place. So, I would suggest that a Central academy be started for the purpose of giving fellowships on the model of the fellowship of the Royal College of Surgeons and the Royal College of Physicians in England.

Now, I would like to refer to the indigenous systems of medicine. There are in this country about 54 colleges of integrated medicine, granting diplomas which are almost equivalent to the allopathic graduate's M.B.B.S. They are supported and helped by the State Governments; and the students come to the college of integrated medicine after passing the Intermediate examination, and I do hope that no restrictions will be placed in their registration, and all the facilities and privileges will be accorded to them on the same scale as for the allopathic graduates. It is unfair to discrimi-

nate. After all, we need graduates. And many of them in private practice are doing very good work.

Shri KhadHkar (Ahmednagar): What has the hon. Member got to say regarding the recent order discriminating against the use of antibiotics?

Shri D. S. Raju: I personally feel that there should be no discrimination in regard to the facilities given to them in regard to the usage of drugs in Schedule H.

Shri Karmarkar: I have got something good to say.

Shri D. S. Raju: I feel that this discrimination is unfair.

There are about 54 colleges now, and at a time when we are badly in need of doctors, we must encourage students from these colleges also.

The next most important problem is expansion of medical colleges. Wherever we go round in India, we find that all the hospitals are overcrowded. I had the opportunity to go to Kerala recently and visit some of the hospitals there, and I found two patients for one bed, one underneath the other, because there is such a rush. I found the same thing in the Madras hospitals also. They are overcrowded. The doctors are also overworked, and they are not able to cope with the work. So also, there is shortage of nurses. This is a very important problem which must be tackled. Even America with less than half the population of India has got 80 medical colleges, and they are now trying to expand the number to one hundred. But we in India have got only 54 medical colleges at the moment. Of course, we have made very rapid progress. I have no doubt about it. The starting of a medical college is a very great event of national importance. There is no doubt about it. It requires enormous sums of money, of the order of Rs. 80 to 100 lakhs, for starting a medical college and for equipping it properly. So, it requires nearly a crore of rupees. So, it is not an easy thing.

Shri V. P. Nayar: If it is allopathy, that is true.

Shri D. S. Raja: But people want those colleges; there is a demand for them; so, we cannot help it. So, every facility and every opportunity and every available rupee should be set apart for the expansion of medical education, either for expanding the existing colleges or for starting new colleges.

According to the present estimates, we need about 120 colleges in India. How can we do this? In this connection, I must bring to the notice of the hon. Minister that lately a new event has happened in Kakinada. In Kakinada, the private citizens, under the Medical Education Society, have collected moneys to the tune of about Rs. 20 lakhs; they got the affiliation of the Andhra University, and the approval of the Government of Andhra Pradesh and they have started a medical college in the extremely short period of three months' time. This is a very good effort, a very good private voluntary effort. (Interruption).

Mr. Speaker: An hon. Member wants to know who the president of that association is.

Shri D. S. Raja: It is one doctor. It is immaterial who he is.

Shri V. P. Nayar: We understand that it is an eminent doctor by name, Dr. Raju.

Shri D. S. Raja: I said that it was immaterial. It may be X today, and it may be Y tomorrow.

Shri Karmakar: It might be Shri V. P. Nayar tomorrow.

Shri D. S. Raja: I must congratulate the people of Kakinada, and congratulate the dynamic leadership given by our Chief Ministry of Andhra Pradesh and his very able assistant, the Director of Medical Services, Major Rao, and the gentleman who so very willingly donated about Rs. 5 lakhs, namely Mr. Harishchandra Prasad, who was very generous,

noble-minded and philanthropic. I would like to emphasise that the fountain springs of fellow-feeling, of love and human understanding have not dried up yet, because there are still people like them living in the country. I would suggest that that should be taken as an example, and other States also might come forward and follow suit. That is the only way in which we can help the urgent needs of the people, so far as medical education is concerned.

In this connection, I would like to say that much money is being spent on buildings, which, I personally feel, is unnecessary. We can do well with less amounts. Who knows? In the next decade or two, much of the designs and much of the equipment may become obsolete. So, why should we waste money on these things? What we should do is to invest every rupee that we have got in getting the best teacher and getting the best equipment, and we must economise on building constructions. I have made this suggestion before, and I would like to make it again.

Before I conclude my remarks on this topic, I would request the hon. Minister to have a soft corner for those voluntary institutions which are doing tremendously good work, such as the Christian missions, the Ramakrishna Mission and various other voluntary organisations. They are doing tremendously good work, and they are able to secure the services of the best doctors in the country, and they give relief to the people at a cheaper rate.

About drugs, I would request Government to make an earnest attempt to make the country self-sufficient in almost all the essential drugs as equipment, X-ray plants, surgical operation theatres etc. are all very essential, and we should try to get as much as possible of these equipments.

[Shri D. S. Raju]

Regarding the issuing of licences, it is very important that when import licences are given, very great care is exercised in getting the right type of dealers, for, otherwise, blackmarketing is liable to occur, and it will cause very serious damage to the health of the people

I have mentioned so far the responsibility of the State Governments, the Central Health Ministry and the members of the public. But the individual's responsibility is also there. Unless the individual himself is prepared to understand the elementary principles of sanitation he will never be healthy. After all as they say, you can take a horse to the trough, but you cannot make him drink, unless he himself feels thirsty, you can not make him drink. So also, the individual must be made to understand the essential and basic principles of sanitation and that he has got to live a life in contact with or in harmony with the surroundings. Otherwise, we shall never be able to make him a healthy man.

Finally, I feel that the attainment of health is a by-product. Nobody need bother about it. It is useless to bother about the calories and about the food that one eats or about the work that one does. Health should be a by-product in the course of the normal activities in the pursuit of his normal avocations. Then, health automatically comes. This basic requirement must be remembered by everyone.

I thank you very much for the opportunity that you have given me.

Shri V. P. Nayar I am following an eminent doctor, and as I understand that I shall be followed by another eminent doctor, I think I shall not go into any technical matters.

I have read the annual report very carefully, and compared it with the annual report which we had before the discussion last year. I must confess, with due respect to what has been observed by the hon. Member

who preceded me, that I am not at all satisfied with the working of the Health Ministry. The report is unimaginative, unimpressive and uninspiring.

I shall come to some of the facts to prove that I am not wrong in these conclusions. I know the present hon. Minister has very great enthusiasm, but unfortunately, the set-up in his Ministry does not allow him any scope for showing practical results from his enthusiasm. I was very sorry that the hon. Member, Shri D. S. Raju, who made a long speech, did not refer to the indigenous systems of medicine. I know that in doing so, in confining himself only to Allopathy and casually mentioning towards the end of his speech the integrated courses in medicine, he was only reflecting the role which the Government also plays in the field of medicine.

In the Second Five Year Plan, when there is a total allotment of over Rs 215 crores for health, you find hardly two or three per cent being devoted to all the indigenous systems combined together. Out of Rs 215 crores which will be spread over for a period of five years, you find hardly Rs 3 or Rs 4 crores allotted to indigenous systems of medicines, if you take into account the Centre's grants as well as the provisions made by the various State Governments.

What is more, the Estimates Committee's Report which was laid on the Table of the House very recently, does not allow me to come to the same conclusion as Shri D. S. Raju in congratulating the Government, because I find the Estimates Committee has observed as follows in page 2 of their report:

" large amounts of funds allocated for various health schemes in the First Five Year Plan were not fully utilised, as will be evident from the following resolution of the 5th meeting of the Central Council of Health held in December, 1956 "

Later on, they say:

"It is seen that even in certain important schemes which are vital to the nation, there have been huge shortfalls, for instance under the Rural Water Supply and Sanitation, Establishment of T.B. Clinics etc. The slow progress of expenditure witnessed during the first two years of the Second Plan in a large number of health schemes indicates a lack of proper plan consciousness in various health departments."

When I find that the Estimates Committee which went into all details was compelled to make these observations, I regret that I cannot join Shri D. S. Raju in congratulating the Government much as I would wish to.

From among the Central schemes, the following shortfalls have been noticed by the Estimates Committee in the first two years of the Second Five Year Plan:

	(Rs. in lakhs)
	Shortfalls
	during the
	first two
	years
Centrally aided schemes for which provision is made in the Central Plan.	297.09
Purely Central Schemes.	120.05
Centrally aided schemes for which provision is made in the State Plans.	285.92

So, as the Estimates Committee rightly points out, on the one hand we have inadequate facilities in the matter of health; on the other hand, what little money—the hon. Member was complaining that adequate amounts were not being provided—Parliament has been pleased to sanction is not being utilised. You cannot lay the blame at the door of the State Government alone. The Centre is responsible for considerable shortfalls in respect of the schemes sponsored and

worked out by the Centre and therefore in the over-all context of what we find from the Estimates Committee's report and from our experience in regard to various institutions run by the Central Health Ministry, I am sorry that I am not in a position to offer any compliments for the work of the Health Ministry.

I am at a loss to find out what the precise health policy of this Government is. If it is the industrial policy, we know what it is. In every introduction of the annual report you will find the same sentence being repeated. It was there last year, it is here this time also. Introductions may not change, but there is an attempt made to show that under certain entries in the Constitution, the Centre is not responsible for the administration of health in the various States, at least to a large extent, and that the Centre is directly concerned only with the administration of health so far as the Centrally administered territories are concerned.

We know that there are several State subjects, like land revenue for instance. I do not find a Central Minister representing land revenue there. There are many other State subjects. The Centre has the over-all responsibility for the health of the people of India. Whatever be the responsibility which may be apportioned to the States, the Centre cannot invoke any provisions of the Constitution to get away from the fact that it is responsible for the over-all health situation of the country. There is a feeling, as you read through the report, that the Centre is trying to get away from this responsibility, as the lack of indication of any health policy of this Government would clearly show.

What is the policy to-day? We know that out of Rs. 216 crores, Rs. 210 crores or round about that will be spent for the development of a system of medicine which has been imposed on this country on account of historic reasons. I have no grudge or grouse against the Allopathic system at all. It is undoubtedly the most modern

[Shri V. P. Nayar]

system in the world, but what is the role of Allopathy in catering to the health of our people? Is it possible for Allopathy at present to give relief to ten per cent of our people?

Shri D. S. Raja: Four thousand people attend the General Hospital, Madras, everyday as out-patients.

Shri V. P. Nayar: That is in cities, but I am asking you whether Allopathy, as it is practised to-day in India, is capable of catering to the needs of ten per cent of India's population.

AN. HON. MEMBER: No.

Shri V. P. Nayar: Here is a system, however good it may be, which is not able, because of its various troubles or because of its various other requirements,—you may require very highly qualified doctors, or you may require surgeons, whatever it may be—to cater to the needs of even ten per cent of our population of 360 millions as we find it to-day. On such a system Government spends about Rs. 210 crores.

Take for example Ayurveda. The hon. Minister the other day was all praise for the development of Ayurveda in my State. Kerala, as you know, is very much more advanced even in the field of Ayurveda, than any other State.

Shri Karmarkar: Only in that.

Shri V. P. Nayar: Only in that, he says, but, having had the pleasure of undertaking some trips there, he will confess that it is not. What about education? What about . . .

Mr. Speaker: We are going away to another subject.

Shri Karmarkar: Yes, I think so.

Shri V. P. Nayar: I mentioned that only incidentally.

Here, in Ayurveda, what I find is that Rs. 18 lakhs have been spent, and there is a big show-piece of the Jamnagar Institute. What is the work

they are doing there? Has it not been possible for the Central Government, which is setting up very big institutions in Allopathy not merely for fundamental teaching, not merely for degree courses, but even for higher research, just as you find for the All-India Institute of Medical Sciences,—I am not at all sorry for that, I am happy that it is so although there has been considerable wastage in expenditure—to set up one institute in a region where Ayurveda has held sway?

As you know, no system of medicine can exist for centuries if it is not beneficial to the people. And to-day we find that Allopathy can cater to the demands of only 10 to 15 per cent of India's people, while the majority of the people have necessarily to resort to indigenous systems such as Ayurveda or Unani or Siddha or the other systems or even to a system which is not indigenous but which is popular like Homoeopathy. You find that the maximum amount is given to the system of Allopathy just because after the British people left our country and our administration was taken over by the Government, they have just followed in the same ruts, in the same grooves as the predecessor Government. No different approach has at all been made in the matter of serving the people as regards the problems of health.

I find that this is not the only thing. My hon. friend over there was referring to the exclusion of a category of persons from prescribing certain drugs. I am only pointing out certain instances to show to the House how in preference to one system, other systems are all ignored, although Government and their spokesmen, especially those high up in Government, do not at all hesitate to render lip sympathy to the cause of Ayurveda, Homoeopathy, Siddha and other systems of medicine whenever and wherever possible. But there they stop. Beyond lip sympathy there has been nothing by way of help to any

of these systems in the manner they require, and very justifiably too.

Since Shri D. S. Raju referred to it, I may say that I find that a notification has been issued in the Gazette about certain changes to the Drug Rules, and according to these rules, the changes are as published in the Gazette. When in India there are several thousands of these doctors practising in places where the Gazette does not reach, I do not know why it was not published in the papers and given due publicity. But I find that a class of persons who have qualified from integrated schools of medicine, where they are taught the foundation of Ayurveda or any other system of medicine together with knowledge of allopathy super-imposed, and who have been working not without recognition for the last so many years—for 25 or 30 years they have all been practising this system and prescribing all medicines—have now been denied the use of drugs. How is it different—I counterpose this position—from a person who is said to be qualified in allopathy and who is on the medical register? Take, for example, a person who has been trained as an apothecary in Ceylon and who has been recognised as a doctor under our Medical Registration Act. There are many of them like that. Take again the case of a person who has passed the course known as L.M.P. In their student days, Sir Alexander Fleming did not make his discovery; aureomycin was not known; the use of pheno barbitone was not known. Just because of their having qualified under a system of allopathy in 1920 or 1925, because they had got themselves registered as practitioners of modern medicine, regardless of the fact that during their student days even the drugs which are used had not been discovered, they are allowed with impunity to give intravenous injections, while in recent years on a curriculum which was approved by the Government, on a syllabus which was discussed in great detail and approved by the Governments, on courses recognised by various State Governments, if a person qualifies through a college of

integrated medicine, he is forbidden from using a variety of modern drugs, without which, as you know, the remedy is very very difficult. I am told that the entire range of sulpho drugs will be kept out of their reach—pheno barbitone, streptomycin, antibiotics, anti-tubercular drugs—if the notification, as I read it and I interpret it, comes into effect. So it will not be possible for these people, who are basically qualified in ayurveda and who have also been taught with all the rigours, allopathy, to use these modern medicines, and prescribe under various other branches of medical science.

Shri Khadilkar: It is a monopoly for allopaths.

Shri V. P. Nayar: According to me, under this notification, a person who has qualified himself from a college of integrated medicine in recent years after penicillin was found out, after streptomycin was found it and its uses were found out, cannot prescribe these drugs. This notification excludes a category of persons from doing so. I know the hon. Minister, as it is usual in all such notifications, will take recourse to another paragraph in the same notification which reads: 'registered or eligible for registration in the medical register of a State meant for the registration of persons practising the modern scientific system of medicine'. If that is the contention, if that is the case, if these people will be exempt from that, I would request him to categorically declare it so, in view of the fact that I have before me from Delhi four opinions by the same officer about the registration of these degrees. If the House is interested, I would read out one or two extracts from letters written by the Director General of Health Services. Here is a letter which is applicable in this case. Letter No. 4341 dated 4th March, 1951 from the Director of Health Services, Delhi Drug Licensing Authority, Delhi, declares that if a person was registered in a State, he would be exempt from the rigours of the drug rules.

[Shri V. P. Nayar]

This relates to 1950. They were recognised in 1948, 1938 and 1933. Upto 1950, they say that they are recognised. Then comes another—on 19th October, 1951. The same authority rules as follows: "Unless a medical practitioner is also registered at the Medical Council of any State, he is not entitled to prescribe any drugs under Schedule (h)"—which is the Schedule in question—"of the Drug Rules of 1945". So the same officer after a period of a few months says: 'You can certainly be recognised if you are recognised in a State'. And he follows it up by saying, "If you are recognised by the Medical Council....". The Medical Council does not recognise a homoeopathy degree. It does not recognise an ayurveda degree; nor does it recognise a degree from a College of Integrated Medicine. So that the persons who have passed out from such colleges are thrown out.

I do not want a single doctor, whatever be his eminence, to use a drug on a patient and kill him; I agree he should not have that licence. But here when they have been taught in colleges using a syllabus which was approved, I fail to understand why this policy is followed.

There are other conflicting views which it will be very interesting to read. The same authority on a particular day says that you are recognised and qualified to use any drug. On the next day, he writes to another person with the same qualifications, that there is no provision under any Indian enactment to recognise his qualifications. Therefore, I would urge upon the hon. Minister to reconsider this and ensure that no doubt is left in the matter of interpretation. Otherwise, as I understand, it will hit about 60,000 people who have qualified from these colleges. I am told that altogether there are 2 or 3 lakhs of such doctors, out of whom about 50,000—60,000 have been qualified through these colleges. And if all of

them cannot use these modern drugs, I do not know how it will act on the health of the nation.

Then, let us take another aspect. I was referring some time ago to ayurveda and to the Jamnagar Institute. I would also like to refer to homoeopathy. Homoeopathy is a system which till recently the predecessor of my hon. friend, Shri Karmarkar, in office, would not recognise as a modern system of medicine at all. I do not want to enter into controversy, but the fact remains that it provides the ~~cheapest medicine to the people.~~ What is the position here? On the one hand, allopathy is confined to cities and towns. If you have a small eczema and you go to a dermatologist, the normal fee he will charge, if he is a private practitioner, is Rs. 32—for one visit. If he has to come to your house and if he is called a specialist, by attaching one or two letters after his name . . .

Shri D. S. Raju: How many poor patients are treated free also?

Shri V. P. Nayar: I have yet to come across a private doctor who treats poor patients free. There are very few of them. I know Dr. Raju is an exception. I also understand that he has donated a whole hospital. But that is different. In Delhi, my experience is that if you go to any specialist, you have to pay Rs. 32. We know of cases in which for even ordinary appendectomy Rs. 1,000 are charged. For an ordinary hernia operation, done by a surgeon of some reputation, a fee of Rs. 1,200 is charged. The fee of an anaesthetist is Rs. 200. For a proper reading of a cardiograph, a cardiologist will have to be paid Rs. 250.

Shri D. S. Raju: But they are all life-saving measures.

Shri V. P. Nayar: I know. But how is a poor person with a heart-ailment to pay Rs. 250 to a cardiologist to interpret his cardiograph? He may have had the cardiograph taken

for Rs. 10. But for a proper interpretation of the cardiograph by a qualified cardiologist, he will have to pay Rs. 250. This is the position of allopathic medicine.

In this context, we must view how homeopathy will be helpful. I am not putting the benefits of one system as against the other at all, because I am a layman and I do not know. I have read the history of Hahnemann and nothing more. I am not speaking for homeopathy as against any other system. But it is a system in which the people believe. The very fact that it survives to-day, after 150 years of its introduction, the very fact that it has more exponents than has allopathy now, would reveal that it is an efficacious system. And it is a very cheap system too. After all, you have to pay only one anna or two annas for a dose of medicine or bottle of pills. On the other hand, the least expensive allopathic prescription confined to a conventional mixture, say, carminative mixture, will cost 12 annas. For one month's treatment, under homeopathy one has to pay one rupee. So that is the distinction. And when we know that allopathy cannot cater in the present context for more than 10—15 per cent. of the people, why is it that the Central Government does not encourage Ayurveda?

I found the contrast between this country and another when I was in China. Happily for me at that time the Indian Medical Mission, which consisted of five doctors, was also with me. Consultation rooms in Chinese hospitals are not like the consultation rooms in the Willington or Irwin Hospital. There a doctor qualified in allopathy or five of them sat: along with them, physicians according to the Chinese system of traditional medicine also sat. Along with them, there was one homeopath, if one was available. In addition, there was a person who was specialist in what they call acupuncture.

I know there are diseases which allopathy can never claim to cure. Likewise, there are diseases which ayurveda must necessarily have to

leave for surgical intervention by an allopathic surgeon. There is no doubt about it. But I want this Government to consider how the effects of these various systems can be brought together for the benefit of the people. I know that even such a good doctor, such a nice gentleman as Dr. Raju would not agree for a patient whom he has seen being sent to an ayurvedic doctor just because there are some inhibitions about these systems.

I found in China that an allopathic doctor, if he did not find that it was a case within the reach of his system for cure had no delicacy at all in passing on the patient to the next man who was trained only in traditional medicine. I found that especially in cases for which there was only the surgical remedy in allopathy, for example, in fistula, even the surgeons themselves, though they were qualified in allopathy and were eminent men, would pass on such patients to be cured by the man trained in the traditional system of medicine. We have also got various problems, and very difficult problems to solve. I want our country also to have some system like that whereby alongside the help which our people can get from those qualified in allopathy, our great treasure which is now concealed in the field of ayurveda, unani, siddha and even homeopathy should be brought to the help of the people. If the Central health policy aimed at that I would have no grouse. Our policy is such that, though we know that ayurveda has lived up through centuries and withstood the attack of other systems of medicine and also found no patronage for a period of 2 centuries,

13.32 hrs.

when we know all that, we do not at all think in terms of the past. We do not do research to develop the systems to make it keep pace with modern systems. We do, of course, a little in Jamnagar and, probably, a little here and there. But, I want to impress

[Shri V. P. Nayar.]

upon the House that by the present health policy of Government we are not at all moving in such a direction of treating other systems of medicine with the same sympathy as they very rightly deserve.

[Mr. Deputy-Speaker in the Chair]

I would also like to make another point about the other activities of the Health Ministry. But, before passing on to them, I shall incidentally mention one aspect of it, one thing about the All India Institute of Medical Sciences which I had the good fortune to visit twice.

We have heard from the answers given by the hon. Minister the other day that after all the foreign architect has been dispensed with. Well and good. I am glad that the hon. Minister put his foot down on that proposal, although by the time he did it it had cost us very dear.

Now, here is a report signed by Dr B. B. Dixit, the Director, and I am only keen on making one point out of this. The Institute has come up well although I am not very much satisfied with the selection of the personnel. I think some of them are really good; some of them are bad and others are indifferent. That apart, I would point out one aspect in order to impress upon the House how things are going on and how we have to tackle them. Here is the last paragraph which says:—

“A sum of Rs. 15,000 was donated by a person, who desired to remain anonymous, through the President of the Institute”,

which, I believe, is Rajkumari Amrit Kaur—is it not so?

An. Hon. Member: Yes.

Shri V. P. Nayar:

“for the grant of scholarships to students.”

All right.

“A further donation of Rs. 35,000 has also been promised in a simi-

lar way. This donation was also accepted by the Institute.”

I ask, what is the necessity of accepting a donation from a person who is not prepared to divulge his name even when it happens to be a donation for an institute of the kind of the All India Institute of Medical Sciences, unless it is the philanthropic gesture of a notorious tax-evader? Any one of us who would give one rupee would certainly rush to the Press. But, here

Shri Karmarkar: That is your standard.

Mr. Deputy-Speaker: I assure the hon. Member that there are certain persons. It is not only the tax-evaders' category that would remain anonymous. There are others also.

Shri V. P. Nayar: But here, Sir, it is through the instrumentality of the same President. In the other House, we have heard about the Chechamma Trust also—some donors who did not like their names to be disclosed.

Mr. Deputy-Speaker: Maybe, there are others also.

Shri V. P. Nayar: I for one would never accept nor do I want Government to accept such very sizable donations because, you know, a donation of Rs. 50,000 is kept as a secret donation because the disclosure of these Rs. 50,000 in the accounts may mean that one comes from the second slab to the highest slab in income-tax. I shall be very happy to hear from the hon. Minister whether this donation was accepted after the particular person showed him an income-tax clearance certificate. If that is so, that is all right. But, I want people to pay money where it is due. I do not want tax-evaders to show this gesture; and if any person has done . . .

Mr. Deputy-Speaker: Now, we should come to health problems.

Shri V. P. Nayar: There is another small point. When I visited the Institute I found that it has been asking the hon. Minister of Commerce and Industry for a continuous period of time for the import of 2 small air-conditioning units but it has not been allowed. These are very very necessary for research in bacteriology or virology or whatever it is. You cannot do it in the ordinary laboratories under the conventional microscope. You have to have an air-conditioned room for that. For the All India Institute of Medical Sciences which is supposed to cater to the research work of the highest degree, Government have not been able to give sanction for this, while the luxury Asoka Hotel could have two one-thousand ton air-conditioning units. I do not want this Institute to go in this way. When foreigners can come here and live in air-conditioned luxury, our research workers who cannot do their work about virology without this do not get it. All this happens because there is no consistent health policy in so far as the Government is concerned.

This report gives several details about the administration of the various institutions. On some occasions before, I have had the opportunity to bring to the notice of the hon. Minister the way in which certain advertisements were being made in the Press. I am not referring to them because the hon. Minister, last time, promised to look into the case of objectionable advertisements.

But, there is another matter which I want to focus attention upon and that is about vanaspati. And, I know, Pandit Thakur Das Bhargava will be very pleased about it. Nowadays we see advertisements about vanaspati with the remarks that they have been fortified by vitamins and that a thin child by taking two chapatis made of vanaspati will get stout. That is the nature of the advertisements and it is a matter which directly concerns the Health Ministry. I know that it is nothing but bogus, because vitamins A and D are added.

430 L.S.D.—5.

What is vitamin A? Dr. Raju is there. If he tells me that vitamin A will remain as vitamin A when this particular vanaspati is used as a cooking medium—for frying things—then, I have no complaint at all. But I have many opinions of scientists to show that it is not so. I have learnt that these vitamins which are used for impregnation of the vanaspati manufactured especially by the monopolists who make Dalda and Pakav and things like that—and they say it is fortified with about 15,000 international units of vitamin A and so many units of vitamin D—do not remain as such on frying. It is only a way in which they palm off something which, I understand in America they will not be allowed to do. The vitamins, which we import here for vanaspati, are only for advertisements and only to find out arguments against those which are normally being advanced for ghee and things like that, by people like my hon. friend Pandit Thakur Das Bhargava.

We know that in India these things are not used in the way in which they are used in Europe. We use vanaspati for cooking at high temperatures and these vitamins which are longstain unsaturated alcohol is easily decomposed. It cannot stand temperature at all. They use it because they want to develop a case, because they want to take advantage of people's ignorance and say that they give vitamin A and vitamin D. The Government of India have done nothing against these imposters who want to palm off their goods to innocent people. They say that this is sufficiently fortified with Vitamins A and D. I want the Government very seriously to consider this and prohibit the use of these vitamins. Probably a little residue may be left. But we know our food habits and cooking habits and it is a very huge waste to the nation. I want the hon. Minister to take immediate steps to avoid this national waste. If he wants the extracts of scientific opinion about vitamins, I am prepared to pass it on to him because in

[Shri V P Nayar]

view of your anxiety to ring the bell again

Mr. Deputy-Speaker: He has rightly sized my anxiety

Shri V. P. Nayar: I would like the hon Minister to consider in view of what I have been urging whether it is not time (a) to change the health policy into a dynamic policy which will suit the growing needs of our country taking into account the present position of each system of medicine and (b) whether it is not time to have institutes sponsored by the Centre and run by the States in the matter of development and research in indigenous systems of medicine like Ayurveda, Unani, Siddha and also in Homoeopathy I would also request him to consider the question of increasing the number of nurses at least five times from what they are today

श्री म० प्र० रहमान (भमरोहा)
मोहतरम डिप्टी स्पीकर माहब मुझे याद है कि आजादी से पहले बार-बार कांग्रेस रेजोल्यूशन्स में इस बात को दुहराया गया कि आजादी के जमाने में ज्यादा से ज्यादा घरेलू तरीकये इलाज यूनानी और आयुर्वेदिक को तरजीह दी जायेगी और उस की होसला अफजाई की जायेगी। लेकिन मैं कुछ ताज्जुब और हैरत से इस बात को देखता हू कि आजादी के बाद इस हाउस में जब कभी भी हेल्थ मिनिस्ट्री की डिबैट्स पेश होती हैं, डिबेट होती है उस वक़्त पार्लियामेंट के बहुत से मेम्बर बार-बार शिकायत करते हैं और तबज्जह दिलाने हैं कि अब कांग्रेस गवर्नमेंट है उस को इस बजह से भी कि अपने रेजोल्यूशन्स में है और उस ने पबलिक के सामने कहा है और इस बजह से भी कि बतन और देश में जो अपनी घरेलू चीजें ऐसी हैं जिन में कि बाकई पबलिक को जनता को फायदा पहुंचता है उन को ज्यादा से ज्यादा तरक्की देनी चाहिये।

तब मैं डाक्टरों ने इलाज के मामले में भी आयुर्वेदिक इलाज और यूनानी इलाज दोनों के दोनों हमेशा ही से कामयाब साबित हुए हैं और हमारी नजरों में यह इलाज रूच पच गया है कि ज्यादा से ज्यादा हमें मुफीद पड़ता है। यह ठीक है कि दुनिया साइंस के रास्ते से जितनी भी तरक्की कर रही है उस से हमें ज्यादा से ज्यादा फायदा उठाना चाहिये। एलोपैथिक इलाज ने भी जो तरक्की की है उस का तकाजा है कि अपने देश और बतन में और चीजों के साथ-साथ उसको भी हम अपनाये और ज्यादा से ज्यादा उस का फायदा उठावें लेकिन इस के यह माने तो नहीं होने चाहियें कि हम अपने तरीकये इलाज को इतना एग्नोर करे नजरअन्दाज करे कि यह महसूस हो कि बजाय इम के कि उम का होसला बढ़ाया जाय, होसला अफजाई की जाती, उस की और होसलाशिकनी की जाती है और ज्यादा से ज्यादा ऐसी पाबन्दिया ऐसी शर्तें और इम किस्म के हमारे सामने क्वानीन आते हैं जिन से कि आयुर्वेदिक और यूनानी इलाज पिछड़ते जा रहे हैं और वह सहायता और वह मदद भी उन को मिलनी चाहिये। आज अपने बतन और देश में उन को वह मदद नहीं मिल रही है।

यह सही है कि कुछ आकड़े और ऐदादो-शुमार बयान कर के यह कहा जा सकता है कि यूनानी को और आयुर्वेदिक को हर थाल इतनी ज्यादा से ज्यादा तरक्की हम दे रहे हैं। इस हिसियत से कि उन को इमदाद दी जा रही है या मुस्तालिफ जगह ऐसे कालिजेज भी खोले गये हैं लेकिन सवाल यह नहीं है। सवाल यह है कि जिस तरीके से इलाज को आज साइंटिफिक तरीके का इलाज समझ कर ऐलोपैथिक को तरक्की दी जा रही है उस के मुकाबले में कुछ ऐसा जहन बन गया है जहाँ तक मैं समझता हू जिम्मेदार हजरात का कि वह शायद इन दोनों तरीकये इलाज को साइंटिफिक इलाज नहीं समझते हालांकि-

धायुर्वेदिक इलाज की भी एक साइस है । यूनानी की भी एक साइस है और वह अपनी जगह इतनी मजबूत है और इतनी ज्यादा रीजनेबुल और मुहल्ल है कि उस के लिये कोई सल्लस यह नहीं कह सकता कि यह कोई अलाई इलाज है, सलोतरी इलाज की तरह यह कोई खूमतर का इलाज नहीं है कि अगर किसी साइस के हो । यूनानी और धायुर्वेदिक की भी एक अपनी साइस है और बेहतरिन साइस है । और उस का फायदा भी आज हमारी निगाहों के सामने है । बेशक यह सही है कि जहा तक सल्लरी का ताल्लुक है एलौपैथिक ने बहुत तरक्की की है और आज हम उस पर बहस करे तो एक बेकार सी बात होगी कि हमारे यहा भी सर्जरी की क्या कंफिमत थी बंद के भी यूनानी में । हम मान लेते हैं कि आज वह चीज मौजूद नहीं है और फिर सर्जरी ने जितनी भी तरक्की की है उस से हम फायदा उठाये । लेकिन जहा तक फिजिकम का ताल्लुक है जहा तक दूसरे किस्म के तरीकये इलाज का ताल्लुक है उस में मैं कह सकता हू कि विल, जिगर और इस किस्म के नाजुक इमराज में जितना ज्यादा यूनानी और धायुर्वेदिक इलाज मुफीद साबित होता है उतना एलौपैथिक नहीं । चैलैज के तौर पर जब कभी धन में मुकाबिला भी होता है तो एलौपैथिक इलाज इतना मुफीद साबित नहीं होता है । यह बात आज भी मानी जा सकती है और गुजिश्ता जमाने में जब कभी इस पर बहस हुई है तो उस मुकाबले में यूनानी और धायुर्वेदिक की जीत हुई है । डा० इकबाल मरहूम के इलाज का सबाल था, लाला लाजपत राय मरहूम के इलाज का सबाल था । हकीम भजमल खा मरहूम का वह जमाना और वह दौर जब कि वह यूरोप गये थे और डा० प्रसादी उस जमाने में बही मुकीम थे और उन्ही के बयान के मुताबिक जो उन्हो ने हिन्दुस्तान में मुक्कल्लिफ मुकामरत में और पब्लिक भीटिन्स में भी कहा कि एक ऐसा इलाज जिस में कि बड़े-बड़े डाक्टर बहा

हैरत में रह गये क्योंकि वह यह समझते थे कि इस मरीज को फोडे में बरौर नाजुक आपरेशन किये कभी कोई फायदा नहीं हो सकता, उस मरीज को जब हकीम भजमल खा के इम्तिहान और आजमायश के लिये उन के हवाले किया गया तो एक हफ्ते के अन्दर उन्हो ने उन दवाधो के जरिये में ही धायुर्वेदिक और यूनानी में होती हैं उन के जरिये उस फोडे का बेहतरिन तरीके से कामयाबी के साथ इलाज किया । मेरे कहने का मतलब यह है कि आज जो यह बात एक जहन में बना ली गई है कि शायद धायुर्वेदिक और यूनानी के पीछे कोई साइस नहीं है, तो यह बात ठीक नहीं है । अलबत्ता यह जरूर है कि एलौपैथिक की साइस जुदा है, धायुर्वेदिक भी जुदा है और यूनानी की साइस जुदा है । धायुर्वेदिक और यूनानी भी साइटिफिक इलाज है और बहतर से बहतर इलाज है । कुछ बदनामी उन की अगर हुई है तो वह दुकानदारो की बजह से हुई है । दवाधो के मामलात की बजह से हुई है । हुकूमत की तरफ से कोई खास उनकी निगरानी और हीसला अफजाई अग्रैजो के दौर में नहीं होती थी और एलौपैथिक को अग्रैजी दौर ज्यादा से ज्यादा फरोग दे रहा था और इस बिना पर दवाधो के मामले में पिछड़ जाने का नतीजा यह हुआ कि उसका तरीकये इलाज पर भी असर पडा । यूनानी और धायुर्वेदिक तरीकये इलाज बेहतर है और एलौपैथिक इलाज के मुकाबले में हिन्दुस्तानियो के मिजाज के ज्यादा मुनासिब है लेकिन इस बदनामी की बदौलत एलौपैथिक इलाज बेहतर लयाल किया जाने लगा अिम्मेदार हजरात इस बात को महसूस करते हैं कि उन्नाव और सपिस्तो आज अच्छी नहीं मिलती है । अब अगर कोई दबा ठीक और सही नहीं मिलती है तो इसका यह मतलब तो नहीं हो जाता कि वह तरीकये इलाज ही अच्छा नहीं है ।

[श्री मु० हि० रहमान]

आज अगर हमें बाजार में आयुर्वेदिक और यूनानी दवाइयाँ अच्छी और ठीक-ठीक नहीं मिलती हैं तो उसके लिए मुनासिब इंतजाम किया जाये ताकि वे मिल सकें लेकिन इसके वह माने तो नहीं हैं कि उस तरीक़ये इलाज को ही बिलकुल परत कर दिया जाये, उसकी होसला भ्रूजवाई न की जाये और उसको तरक्की देने के रास्ते बंद कर दिये जायें ।

मैं समझता हूँ कि यह चीज मैं अपने इस हाउस के पूरे दौर में देख रहा हूँ कि बार-बार मेम्बरान पार्लियामेंट कहते हैं और जो हमारे पिछले हेल्थ मिनिस्टर साहेबान रहे हैं उन्होंने जबानी जरूर कहा, मुहम्बत और प्रेम के अल्फ़ाज में यह कहा है और जवाब दिया है कि यूनानी और आयुर्वेदिक इलाज की हम ज्यादा से ज्यादा तरक्की करना चाहते हैं लेकिन भ्रमली तौर पर जब भी देखा हमें यही महसूस हुआ कि आयुर्वेदिक और यूनानी को बढ़ावा न देकर उनको पीछे धकेला जाता है और एगोर किया जाता है और एलोपैथिक की ज्यादा से ज्यादा होसला भ्रूजवाई की जाती है ।

आज होम्योपैथिक इलाज ने एलोपैथिक इलाज को बहुत से मामलात में डिफ़ीट दी है और आज उस का इलाज सब से बेहतर तरीक़े का इलाज इसलिये भी समझा जाता है कि उस से नुकसान पहुचने का भ्रंशेना नहीं होता अगर फ़ायदा भी नहीं होता है । लेकिन एलोपैथिक इलाज में बन्द इलाज इस क्रिस्म के हैं कि अगर उस का रिएक्शन और रद्द-भ्रमज होता है तो इन्सान की मीत वाक़या हो जाती है । इसलिये आज हम देखते हैं कि क्यों यह बात है कि एलोपैथिक से हम इतने मरऊज हो गये हैं कि अपने तरीक़ये इलाज को पीछे रखें और उसे आगे बढ़ाने के लिये कोई मौक़ा न दें ।

इस वक़्त तो और भी ज्यादा ताज़्जुब हुआ कि पिछले ज़माने तक तो जो भी इस की सूरत थी वह तो थी ही लेकिन अब जो स्क्स बनाये जा रहे हैं और जिन को कि रायधान्मा हासिल करने के लिये धाया भी किया गया है उन में वह डेफ़नीशन जोकि एक रजिस्टर्ड मैडिकल प्रैक्टिशनर की हो सकती थी और जिस में कि अब तक वैदक और यूनानी तबीब सभी शामिल थे अब इस की रू से वे भी ख़ारिज कर दिये जायेंगे और उन की भी वह तबीब की हूसियत नहीं रहेगी जोकि एक एलोपैथिक डाक्टर को हासिल थी । आज हम डेफ़नीशन में इतना बड़ा चेंज करे और वह तमाम रियायतें जोकि एक एम० बी० बी० एस० डाक्टर की हासिल है जैसे कि वह सर्टिफ़िकेट दे सकता है और मुस्तलिफ़ मामलात के अन्दर दखल दे सकता है लेकिन यह चेज हो जाने से एक वैध जोकि रजिस्टर्ड है और एक यूनानी हकीम जोकि रजिस्टर्ड है और जोकि गवर्न-मेंट के रेकगनाइज्ड कालिजेज में तालीम पा चुका है उस को वह रियायतें हासिल न हों और उन को डेफ़नीशन से निकाल दिया जाये, यह बात मेरी समझ में नहीं आई ।

यह सही है कि आज जो सनद एम० बी० बी० एस० को मिलती है वह गवर्नमेंट आफ इंडिया से मिलती है और आयुर्वेदिक और यूनानी के लिये सनद देने का काम आप न स्टेट गवर्नमेंट्स को सुपुर्द कर रखा है, वह बोर्ड बनाती है और बोर्ड के जरिये उन को सनद मिलती है । लेकिन ये दोनों होती गवर्नमेंट के अंडर हैं । कोई फ़र्क नहीं है दोनों में । आप चाहें तो उस के लिये भी गवर्नमेंट आफ इंडिया की शर्त लगा सकते हैं । लेकिन यह कि जो सनदयाफ़ता आयुर्वेदिक के बेहतर से बेहतर वैध हैं और जो सनदयाफ़ता यूनानी अच्छे से अच्छे तबीब हैं उन को न सिर्फ़ एम० बी० बी० एस० डाक्टर से ज्यादा रियायत या मर्राधात नहीं दी जाती बल्कि उन को उन के बराबर भी

न रहने दिया जाये तो इस से उन की बेहद हीसहायिका होती। मैं मिनिस्टर साहब से वाक्यार्थ ग्रहण करूंगा कि वह इस तरह तबज्जह दें, प्राय की कैबिनेट के जिम्मेदार हजरत और प्राइम मिनिस्टर साहब सभी इस तरह तबज्जह दें और सिर्फ जवानी तीर पर कह कर ही प्रायुर्वेदिक और यूनानी को कुछ करने की कोशिश न करें बल्कि कुछ चीज अमली तीर पर भी सामने आये। अगर चीजें अमली तीर पर सामने नहीं आती तो हमारा हीसला पस्त हो जाता है।

मैं कोई डाक्टर या तबीब नहीं हूँ, लेकिन जो तरीकेदार इलाज का है उस से वाकिफ हूँ। मैं अपनी आँखों से देखता हूँ कि इंजेक्शन का इलाज कुछ मर्जों के लिये तो बेसक काफी कामयाब साबित हुआ है, लेकिन हमारी आँखें देखती हैं कि इंजेक्शन के मामले में एम० बी० बी० एस० डाक्टर बड़ी बेअहतरियाती बरतते हैं जिस से संकड़ों हजारों आदमियों को नुकसान पहुँचता है और मीत भी बाँक हो जाती है। पिछले जमाने में टाइम्स आफ इंडिया में किसी रिपोर्टर से ले कर एक शख्स ने जोकि पैनिंसिलिन का मुजिद था यह लिखा था कि पैनिंसिलिन को एक खास गरज के लिये तैयार किया गया है लेकिन अफसोस है कि हमारे डाक्टर किसी भी मरीज को पैनिंसिलिन का इंजेक्शन दे देते हैं हालांकि बहुत से मामलों में उस से फायदे के बजाय नुकसान हुआ है। यह चीजें हम ने अपनी आँखों से देखी हैं। बहुत से आदमी जिन का मर्ज बहुत नाजुक नहीं होता है, डाक्टर साहिबान की बेअहतरियाती से मीत के सिफार हो जाते हैं। इसलिये अगर प्रायुर्वेद के वैद्य या यूनानी तबीब से यह कहा जा सकता है कि उन का तरीक़े इलाज मुअसर नहीं है तो यह चीज एलोपैथिक डाक्टर के मुतालिक भी कही जा सकती है। जब किसी चीज की कसरत हो जाती है तो उस में वह ताकत नहीं रहती, वह कैम्पस नहीं रहती। हमारी अरबी

में एक मसल मशहूर है कि जिस में निकवार ज्यादा हो जाती है उस की कैम्पस में कमी हो जाती है। एक जमाना था जब बहुत ऊँची हैसियत समझी जाती थी एक एम० बी० बी० एस० डाक्टर की लेकिन आज जिस तरह से प्रायुर्वेदिक और यूनानी तबीब पर अंगुस्तनुमाई की जा सकती है, उसी तरह से एलोपैथिक डाक्टर पर भी अंगुस्तनुमाई की जा सकती है कि इस मामले में उन का तरीक़े इलाज गलत है। इसलिये मैं समझता हूँ कि यह चीज बहुत ज्यादा काबिले तबज्जह है और हमारे मिनिस्टर साहब इस के अमर अपने जमाने में ऐसे तरीके इस्तिफार करने कि जिस से कि जो एलोपैथी के तरीक़े इलाज हैं उनसे भी हम अपने बतन में फायदा उठावें, वहाँ यूनानी और प्रायुर्वेदिक तरीका इलाज से भी पूरा फायदा हासिल करें। हम तंग नजर नहीं हैं कि जो चीज बाहर से आयी है उससे नफरत करने लगे। लेकिन जो घरेलू तरीक़े इलाज है उसकी भी हिम्मत अफ़जाई होनी चाहिए। कम से कम उस इलाज के करने वाले एलोपैथी के डाक्टरों के बराबर तो बैठ सकें।

इसी के साथ-साथ जब-प्राय डेफीनीशन बदल रहे हैं तो कुदरती तीर पर प्राय ने कुछ दबावों पर भी पाबन्दी लगायी है। अनकरीबन कोई १६० ऐसी दबावें हैं जिनको अब आजादाना तीर से इस्तमाल करने का हक़ यूनानी तबीबों और प्रायुर्वेदिक वैद्यों को नहीं होगा जैसा कि एलोपैथिक डाक्टरों को हासिल है। यह सिर्फ इसलिए पाबन्दी की है कि एक के पास एम० बी० बी० एस० की सनद है चाहे वह डाक्टरी से उत्तना अहल है या नहीं जितने कि यूनानी और प्रायुर्वेदिक तबीब और वैद्य। सिर्फ इसी वजह से पाबन्दी और लाइसेंस की शर्त लगायी जाती है। दुकानदारों के साथ यह शर्त हो सकती है, लेकिन वैद्य या तबीब के साथ यह शर्त मुनासिब नहीं है।

[سید م. سی. رحمان]

میں کوئی ڈاکٹر کی حیثیت سے اس نام سے
میں لکھی ہوئی نہیں کر سکتا لیکن
پوری کوشش کے ساتھ اور باقاعدہ
گواہی دینا چاہتا ہوں کہ مینسٹر
ساحب کی خدمت میں کہ ہماری
طرف سے یہ ایک نیا نیا
کارنامہ ہے کہ ہمیں اسے
میں لکھی ہوئی نہیں کر سکتا
لیکن پوری کوشش کے ساتھ
اور باقاعدہ گواہی دینا
چاہتا ہوں کہ مینسٹر
ساحب کی خدمت میں کہ ہماری
طرف سے یہ ایک نیا نیا
کارنامہ ہے کہ ہمیں اسے

[شری ایم۔ ایچ۔ رحمان (امروہا):

محترم ڈپٹی اسپیکر صاحب مجھے یاد
ہے کہ آزادی سے پہلے بار بار کانگریس
ریزولوشن میں اس بات کو دہرایا
گیا کہ آزادی کے زمانے میں زیادہ سے
زیادہ گھریلو طریقے علاج یونانی اور
ایورویڈک کو ترجیح دی جائیگی اور
اس کی حوصلہ افزائی کی جائیگی۔
لیکن میں کچھ تعجب اور
حیرت سے اس بات کو دیکھتا ہوں کہ
آزادی کے بعد اس سلسلے میں جب
کبھی بھی ہلکتے منسٹری کی
تعمیرات پیش ہوتی ہیں تو یہ
ہوتی ہیں اس وقت پارلیمنٹ کے
بہت سے ممبرس بار بار شکایت کرتے
ہیں اور توجہ دلاتے ہیں کہ اب
کانگریس گورنمنٹ ہے اس کو اس وجہ
سے بھی کہ ایسے ریزولوشن میں ہے اور
اس نے ہلکتے کے سامنے کہا ہے اور اس
وجہ سے بھی کہ وطن اور دیہی میں
جو اپنی گھریلو چیزیں ایسی ہیں جن

سے کہ واقعی ہلکتے کو جلتا کو فائدہ
پہنچتا ہے اس کو زیادہ سے زیادہ ترقی
دینی چاہئے۔

طبع میں ڈاکٹری میں علاج کے
معاملے میں ہی ایورویڈک علاج اور
یونانی علاج دونوں ہمیشہ ہی سے
کامیاب ثابت ہوئے ہیں اور ہماری
نظروں میں یہ علاج رچ بیچ گیا ہے کہ
زیادہ سے زیادہ ہمیں مفید پڑتا ہے۔ یہ
تھیک ہے کہ دنیا سائنس کے راستہ سے
جتلی بھی ترقی کر رہی ہے اس سے
ہمیں زیادہ سے زیادہ فائدہ اٹھانا چاہئے۔
ایورویڈک علاج نے بھی جو ترقی کی
ہے اس کا تذکرہ ہے کہ ایسے دیہی اور
وطن میں اور چیزوں کے ساتھ ساتھ
اس کو بھی ہم اپنائیں اور زیادہ سے
زیادہ اس کا فائدہ اٹھائیں لیکن اس کے
یہ معلوم تو نہیں ہونے چاہئیں کہ ہم
ایسے طریقے علاج کو اتنا اگرو کریں نظر
انداز کریں کہ یہ محسوس ہو کہ
بچائے اس کے کہ اس کا حوصلہ بڑھایا
جائے حوصلہ افزائی کی جاتی اس کی
اور حوصلہ شکنی کی جاتی ہے اور زیادہ
سے زیادہ ایسی یا بلدیوں ایسی شہروں
اور اس قسم کے علاقوں کو انہیں آتے
ہیں جن سے کہ ایورویڈک اور یونانی
علاج پھرتے جا رہے ہیں اور وہ سہانے
اور وہ مدد بھی ان کو ملتی چاہئے۔
آج ایسے وطن اور دیہی میں ان کو وہ
مدد نہیں مل رہی ہے۔

ویدک مہن اور یونانی مہن - ہم مان لہنے ہوں کہ آج وہ چیز موجود نہیں ہے اور پھر سرجری نے جتنی ہی ترقی کی ہے اس سے ہم فائدہ اٹھائیں - لیکن جہاں تک فہرکس کا تعلق ہے جہاں تک دوسرے قسم کے طریقے علاج کا تعلق ہے اس میں یہ کہہ سکتا ہوں کہ دل جگر اور اس قسم کے نازک امراض میں زیادہ یونانی اور آیورویڈک علاج مفید ثابت ہوتا ہے اتنا ایلوپیتھک نہیں - چیلنج کے طور پر جب کبھی ان میں مقابلہ بھی ہوتا ہے تو ایلوپیتھک علاج اتنا مفید ثابت نہیں ہوتا ہے - یہ بات آج بھی مانی جا سکتی ہے اور گزشتہ زمانے میں جب کبھی اس پر بحث ہوئی ہے تو اس مقابلے میں یونانی اور آیورویڈک کی جہت ہوئی ہے - ڈاکٹر اقبال مرحوم کے علاج کا سوال تھا لالہ لاجپت رائے مرحوم کے علاج کا سوال تھا - حکیم لاجپت خاں مرحوم کا وہ زمانہ اور وہ دور جب کہ وہ یورپ گئے تھے اور ڈاکٹر انساری اس زمانے میں وہیں مقیم تھے اور انہیں کے یہاں کے مطابق جو انہوں نے ہندوستان کے مختلف مقامات میں اور پبلک ہسپتالوں میں بھی کہا کہ ایک ایسا علاج جس میں کہ بڑے بڑے ڈاکٹر وہاں صورت میں رہ گئے کہوں کہ وہ یہ سمجھتے تھے کہ اس مریض کو یورپ میں بغیر نازک آپریشن کیے کبھی کوئی فائدہ نہیں ہو سکتا - اس مریض کو جب حکیم

یہ صحیح ہے کہ کچھ آنکھوں اور کچھ ایداد شمار بیان کر کے یہ کہا جا سکتا ہے کہ یونانی کو اور آیورویڈک کو ہر سال اتنی زیادہ سے زیادہ ترقی ہم دے رہے ہیں - اس حیثیت سے کہ ان کو امداد دی جا رہی ہے یا مختلف جگہ ایسے کالہجیز بھی ڈھولے گئے ہیں لیکن سوال یہ نہیں ہے - سوال یہ ہے کہ جس طریقے سے ایلوپیتھک علاج کو آج سائنٹفک طریقے کا علاج سمجھ کر ایلوپیتھک کو ترقی دی جا رہی ہے اس کے مقابلے میں کچھ ایسا زہن بن گیا ہے جہاں تک میں سمجھتا ہوں ذمہ دار حضرات کا کہ وہ شاید ان دونوں طریقے علاج کو سائنٹفک علاج نہیں سمجھتے حالانکہ آیورویڈک علاج کی بھی ایک سائنس ہے - یونانی کی بھی ایک سائنس ہے اور وہ اپنی جگہ اتنی مہبوط ہیں اور اتنی زیادہ ریڑنہیل اور مدلل ہیں کہ اس کے لئے کوئی شخص یہ نہیں کہہ سکتا کہ یہ کوئی عطائی علاج ہے سائترو علاج کی طرح یہ کوئی چھوسلتر کا علاج نہیں ہے کہ بغیر کسی سائنس کے ہو - یونانی اور آیورویڈک کی بھی ایک اپنی سائنس ہے اور بہترین سائنس ہے اور اس کا فائدہ بھی آپ ہاوی نکالنے کے سامنے ہے - بیشک یہ صحیح ہے کہ جہاں تک سرجری کا تعلق ہے ایلوپیتھک نے بہت ترقی کی ہے اور آج ہم اس پر بحث کریں تو ایک بھگت سی بات ہوگی کہ ہمارے یہاں بھی سرجری کی کیا کیفیت تھی

[شری ایم - ایچ - رحمان]

لجسٹری کے امتحان اور آزمائش کے لئے ان کے حوالہ کیا گیا تو ایک ہفتہ کے اندر انہوں نے ان دواؤں کے ذریعہ سے جو آئیورہڈک اور یونانی میں ہوتی ہیں ان کے ذریعہ اس پھرے کا بہترین طریقہ سے کامیابی کے ساتھ علاج کیا۔ مہرے کہنے کا مطلب یہ ہے کہ آج جو یہ بات ایک زہن میں بدالی گئی ہے کہ شاید آئیورہڈک اور یونانی کے پیچھے کوئی سائنس نہیں ہے تو یہ بات ٹھیک نہیں ہے۔ البتہ یہ ضرور ہے کہ آئیورہڈک کی سائنس جدا ہے آئیورہڈک اور یونانی یہی سائنسک علاج ہے اور بہتر سے بہتر علاج ہے۔ کچھ بدنامی ان کی اگر ہوئی ہے تو وہ دواخانوں کی وجہ سے ہوئی ہے۔ دواؤں کے معاملات کی وجہ سے ہوئی ہے۔ حکومت کی طرف سے کوئی خاص ان کی نگرانی اور حوصلہ افزائی انگریزوں کے دور میں نہیں ہوتی تھی اور آئیورہڈک کو انگریزی دور زیادہ سے زیادہ فروغ دے رہا تھا اور اس بناء پر دواؤں کے معاملے میں پیچھے جانے کا نتیجہ یہ ہوا کہ اس کا طریقہ علاج پر بھی اثر پڑا۔ یونانی اور آئیورہڈک طریقے علاج بہتر ہے اور آئیورہڈک علاج کے مقابلے میں یہ ہندوستانیوں کے معیار کے زیادہ مناسب ہے لیکن اس بدنامی کی بدولت آئیورہڈک علاج بہتر خیال کیا جانے لگا۔ ذمہ دار حضرات اس بات کو

محسوس کرتے ہیں۔ کہ اللہ اب اور پاکستان آج اچھی نہیں ملتی ہے۔ اب اگر کوئی دوا ٹھیک اور صحیح نہیں ملتی ہے تو اس کا یہ مطلب تو نہیں ہو جاتا کہ وہ طریقے علاج ہی اچھا نہیں ہے۔ آج اگر ہمیں بازار میں آئیورہڈک اور یونانی دوائیاں اچھی اور ٹھیک ٹھیک نہیں ملتی ہیں تو اس کے لئے مناسب انتظام کیا جائے تاکہ وہ مل سکیں لیکن اس کے یہ معنی تو نہیں ہیں کہ اس طریقے علاج کو ہی بالکل ہست کر دیا جائے اس کی حوصلہ افزائی نہ کی جائے اور اس کو ترقی دینے کے راستے بلد کر دیئے جائیں۔

میں سمجھتا ہوں کہ یہ چیز میں اپنے اس ہاؤس کے پورے دور میں دیکھ رہا ہوں کہ بار بار ممبران پارلیامنٹ کہتے ہیں اور جو ہمارے پیچھے ہیلتھ منسٹر صاحبان رہے ہیں انہوں نے ذہنی ضرور کہا مصعبت اور پریم کے الفاظ میں یہ کہا ہے اور جواب دیا ہے کہ یونانی اور آئیورہڈک علاج کی ہم زیادہ سے زیادہ ترقی کرنا چاہتے ہیں لیکن عملی طور پر جب بھی دیکھا ہمیں یہی محسوس ہوا کہ آئیورہڈک اور یونانی کو بڑھاوا نہ دیکر ان کو پیچھے دھکلا جاتا ہے اور اگلوں کو جاتا ہے اور آئیورہڈک کی زیادہ سے زیادہ حوصلہ افزائی کی جاتی ہے۔

آج ہوموپیٹھک علاج نے ایلوپیتھک علاج کو بہت سے معاملات میں تھلپت دی ہے اور آج اس کا علاج سب سے بہتر طریقے کا علاج اس لئے بھی سمجھا جاتا ہے کہ اس سے نقصان پہنچنے کا اندیشہ نہیں ہوتا اگر فائدہ بھی نہیں ہوتا ہے - لیکن ایلوپیتھک علاج میں چند علاج اس قسم کے ہوں کہ اگر اس کا ایکشن اور ردہ عمل ہوتا ہے تو انسان کی موت واقع ہو جاتی ہے - اس لئے آج ہم دیکھتے ہیں کہ کبھی یہ بات ہے کہ ایلوپیتھک سے ہم اٹلے مرعوب ہو گئے ہوں کہ اپنے طویل علاج کو پیچھے رکھیں اور اسے آگے بڑھانے کے لئے کوئی موقع نہ دیں -

اس وقت تو اور بھی زیادہ تعصب ہوا کہ پچھلے زمانہ تک تو جو اس کی صورت تھی وہ تو تھی ہی لیکن اب جو روس ملتے جلتے جا رہے ہیں اور جن کو کہ وائے عامہ حاصل کرنے کے لئے شائع ہو کر کیا گیا ہے ان میں وہ تھلپتیں جو کہ ایک ریڈک اور یونانی طبیب سبھی شامل تھے اب اس کی رو سے وہ بھی خارج کر دئے جائیں گے اور ان کی بھی وہ طبیب کی حیثیت نہیں رہے گی جو کہ ایک ایلوپیتھک ڈاکٹر کو حاصل تھی - آج ہم تھلپتیں میں اتنا بڑا چیلنج کریں اور وہ تمام رھائیتیں جو کہ ایک ایم - بی - سی - ایس - ڈاکٹر کو حاصل ہوں جیسے کہ وہ سرٹیفکیٹ دے سکتا ہے اور

مختلف معاملات کے اندر دخل دے سکتا ہے لیکن یہ چیلنج ہو جائے ہے ایک ریڈک جو کہ رجسٹرڈ ہے اور ایک یونانی حکوم جو کہ رجسٹرڈ ہے اور جو کہ گورنمنٹ کے ریگولیشنز کا حصہ ہیں تعلیم پا چکا ہے اس کو وہ رھائیتیں حاصل نہ ہوں اور ان کو تھلپتیں سے نکل دیا جائے - یہ بات مہری سمجھ میں نہیں آتی -

یہ صحیح ہے کہ آج جو سلد ایم - بی - سی - ایس - کو ملتی ہے وہ گورنمنٹ آف انڈیا سے ملتی ہے - اور آپورویڈک اور یونانی کے لئے سلد دیملے کا کام آپ نے اسٹیمٹ گورنمنٹس کو سپرد کر رکھا ہے - وہ ہورہ بہتھانی ہیں - اور ہورہ کے ذریعے ان کو سلد ملتی ہے - لیکن یہ دونوں ہوتیں گورنمنٹ کے اندر ہوں - کوئی فرق نہیں ہے دونوں میں - آپ چاہیں تو اس کے لئے بھی گورنمنٹ آف انڈیا کی شرط لگا سکتے ہیں - لیکن یہ کہ جو سلد یافتہ آپورویڈک کے بہتر سے بہتر دیکھیں اور جو سلد یافتہ یونانی آچھے سے آچھے طبیب ہوں ان کو نہ صرف ایم - بی - سی - ایس - ڈاکٹر سے زیادہ رعایت یا مراعات نہیں دی جائیں - بلکہ ان کو ان کے برابر ہی نہ رکھنے دیا جائے تو ان کی بے حد حوصلہ شکنی ہوگی - میں منسٹر صاحب سے ہاڈب عرض کروں گا کہ وہ اس طرف توجہ دیں - آپ کی

[شری ایم - ایچ - رحمان]

کھپھٹ کے ذمہ دار حضرات اور پرائم
منسٹر صاحب سبھی اس طرف توجہ
دیں۔ اور صرف زبانی طور پر کہو
ہی آپورویڈک اور یونانی کو خوش نہ
کریں۔ بلکہ کچھ چیزیں عملی طور پر
بھی سامنے آئے۔ اگر چیزیں عملی طور
پر سامنے نہیں آئیں تو ہمارا حوصلہ
پست ہو جاتا ہے۔

میں کوئی ڈاکٹر یا طبیب نہیں
ہوں۔ لیکن جو طریقہ کار علاج کا ہے
اس سے واقف ہوں۔ میں اپنی آنکھوں
سے دیکھتا ہوں کہ انجکشن کا علاج
کچھ موضوعوں کے لئے تو بے شک کافی
کامیاب ثابت ہوا ہے۔ لیکن ہماری
آنکھیں دیکھتی ہیں کہ انجکشن کے
معاملہ میں ایم۔ بی۔ بی۔ ایس۔
ڈاکٹر بڑی بے احتیاطی برتتے ہیں۔
جس سے سینکڑوں ہزاروں آدمیوں کو
نقصان پہنچتا ہے۔ اور موت بھی
واقع ہو جاتی ہے۔ پچھلے زمانہ میں
ٹائیس آف انڈیا میں کسی رسالہ سے
لیکر ایک شخص نے جو کہ پہلے اس
کا موجد تھا۔ یہ لکھا تھا کہ پہلے اس
کو ایک خاص عرض کے لئے تیار کیا
گیا ہے۔ لیکن افسوس ہے کہ ہمارے
ڈاکٹر کسی بھی مریض کو پہلے اس کا
انجکشن دے دیتے ہیں۔ حالانکہ
بہت سے معاملوں میں اس سے فائدے
کے بجائے نقصان ہوا ہے۔ یہ چیزیں
ہم نے اپنی آنکھوں سے دیکھی ہیں

ہیں۔ بہت سے آدمی جن کا مرض
بہت نازک نہیں ہوتا ہے۔ ڈاکٹر
صاحبان کی بے احتیاطی سے موت کے
شکار ہو جاتے ہیں۔ اس لئے اگر
آپورویڈک کے وید یا یونانی طبیب سے
یہ کہا جا سکتا ہے کہ ان کا طریقہ علاج
موثر نہیں ہے۔ تو یہ چیز ایلوپیتھک
ڈاکٹر کے متعلق بھی کہی جا سکتی
ہے۔ جب کسی چیز کی کثرت ہو
جاتی ہے تو اس میں وہ طاقت نہیں
رہتی۔ وہ کھپھٹ نہیں رہتی۔
ہماری عربی میں ایک مثل مشہور
ہے کہ جس میں مقدار زیادہ ہو جاتی
ہے اس کی کھپھٹ میں کسی ہو جاتی
ہے۔ ایک زمانہ تھا جب بہت ارنچی
حیثیت سمجھی جاتی تھی ایک
ایم۔ بی۔ بی۔ ایس۔ ڈاکٹر کی۔
لیکن آج جس طرح سے آپورویڈک
اور یونانی طبیب پر انگشت نمائی کی
جا سکتی ہے۔ اس طرح سے ایلوپیتھک
ڈاکٹر پر بھی انگشت نمائی کی جا
سکتی ہے۔ اس معاملے میں کہ انکا
طریقہ علاج غلط ہے۔ اس لئے میں
سمجھتا ہوں کہ یہ چیز بہت زیادہ
قابل توجہ ہے اور ہمارے منسٹر
صاحب اس کے اوپر اپنے زمانہ میں
ایسے طریقے اختیار کریں گے جس سے
کہ جو ایلوپیتھمی طریقات علاج ہیں
ان سے بھی ہم اپنے وطن میں فائدہ
اٹھائیں۔ وہاں یونانی اور آپورویڈک
طریقہ علاج سے بھی پورا فائدہ حاصل

करें - हम تلक نظر نہیں ہوں کہ جو چیز باہر سے آئی ہے اس سے نفرت کرنے لگے۔ لیکن جو گھریلو طریقہ علاج ہے اس کی بھی ہمت افزائی ہونی چاہیے۔ کم سے کم اس علاج کے کرنے والے ایلوپیتھی کے ڈاکٹروں کے برابر تو بیٹھ سکیں -

اس کے ساتھ ساتھ جب آپ ڈیفینشن بدل رہے ہیں تو قدرتی طور پر آپ نے کچھ دواؤں پر بھی پابندی لگائی ہے - انگریزوں کوئی 19 دوائیں ایسی ہیں جن کو اب آزادانہ طور سے استعمال کرنے کا حق یونانی طبیبوں اور آپریٹڈک ویڈوں کو نہیں ہوگا جیسا کہ ایلوپیتھک ڈاکٹروں کو حاصل ہے - یہ صرف اس لئے پابندی کی ہے کہ ایک کے پاس ایم - بی - بی - ایس - کی سند ہے - چاہے وہ ڈاکٹری کے اتنا اہل ہے یا نہیں جتنے کہ یونانی اور آپریٹڈک طبیب اور ویڈ - صرف اس وجہ سے پابندی اور لائسنس کی شرط لگائی جانی ہے - دوکانداروں کے ساتھ یہ شرط ہو سکتی ہے - لیکن ویڈ یا طبیب کے ساتھ یہ شرط مناسب نہیں ہے -

"میں کوئی ڈاکٹر کی حیثیت سے اس معاملے میں لمبی چوڑی بحث نہیں کر سکتا - لیکن پوری قوت کے ساتھ اور با ادب گزارش کرنا چاہتا ہوں منسٹر صاحب کی خدمت میں کہ عملی طور پر ہمیں یہ صاف نظر

آئے کہ آپ ہمارے گھریلو علاج یونانی اور آپریٹڈک کو ایلوپیتھی سے کم نہیں رکھنا چاہتے - اور ان کے ساتھ ایسی پابندیاں نہ لگائیں جن کی وجہ سے ان کا حوصلہ پست ہو - میں امید کرتا ہوں کہ منسٹر صاحب ہماری اس درخواست پر توجہ دیں گے -"

پंडित ठाकुर दास भागंब (हिसार)

जनाब डिप्टी स्पीकर साहब, मिनिस्ट्री आफ हेल्थ ने जो समरी भेजी है उसका मैं ने बहुत अहतियात के साथ मुताला किया और मैं यह देख रहा हू कि हमारी मिनिस्ट्री आफ हेल्थ बहुत से इस्टीट्यूट्स का इन्तिजाम करती है, इसने बहुत मे कारहाये नुमाया किये है और कितनी ही चीजों में मिनिस्ट्री आफ हेल्थ ने ऐसे शानदार काम किये है कि उनके वास्ते सिवा तारीफ के हमारे पाम और अल्फाज नहीं है ।

चुनाचे मिनिस्ट्री आफ हेल्थ का एक काम है नेशनल वाटर सप्लाय और सैनिटेशन प्रोग्राम जिसका जिक्र सफा २९ पर है । मैं अदब से अर्ज करूंगा कि मिनिस्ट्री आफ हेल्थ का यह काम खास तौर पर सराहने के काबिल है । चुनाचे इसमें पाया जाता है कि ५० करोड़ रुपया मँकिड फाइव इन्चर प्लान मे लोगो को पीने के पानी की सहूलियत बहम पहुचाने के वास्ते रखा गया था और इस मतबा भी इसके लिये प्रावीजन किया गया है ।

"There is a Budget provision of Rs. 850 lakhs for urban schemes including Rs. 50 lakhs for Corporation and Rs. 200 lakhs for rural water-supply schemes during the current financial year. 208 rural schemes of various States are under progress."

14 hrs.

इसी तरह से २५ करोड़ रुपया स्टेट गवर्नमेंट के लिये भी एग्जाप्रियेट किया गया है ।

[पठित ठाकूर बास भागंब]

मुझे सुखी है कि इस ज़रूरी मामले की तरफ हमारी मिनिस्ट्री आफ हेल्थ की तबज़्जह है। लेकिन मैं अदब से आपकी सिद्दमत में अर्ज करना चाहता हूँ कि जब से मैं इस पार्लियामेंट में आया हूँ, ११ बरस से बराबर एक मामले की तरफ इस मिनिस्ट्री की और पंजाब की मिनिस्ट्री की तबज़्जह दिलाता आ रहा हूँ। ये भिवानी तहसील के १६ गांव हैं जिनको नेबर ने भी पानी से एडाऊ नहीं किया है। ज़मीन खोदने पर हजारों फुट नीचे तक भी पानी नहीं निकलता। इसके बारे में मैंने बहुत दफा पंजाब सरकार को भी लिखा, दरखास्तें भी दी और गवर्नमेंट आफ इंडिया को भी बहुत दफा कहा, लेकिन न मालम जबकि इस काम के लिए इतना रुपया रखा जाता है तो उन १६ गांवों की तरफ पंजाब गवर्नमेंट की या सेंट्रल गवर्नमेंट की तबज़्जह क्यों नहीं जाती। ये १६ गांव भिवानी तहसील में ऐसे हैं कि बहा बहुत खोदने पर जो पानी निकलता है वह खारा होता है और उसको पीकर ज़ानवर बीमार हो जाते हैं और मर जाते हैं। इन गांवों में लोगो को पानी की बड़ी सक्त् तकलीफ है। मैं मिनिस्टर साहब से अदब से गुच्चारिष करूंगा कि वह अपने ज़रिये या पंजाब गवर्नमेंट के ज़रिये इन गांवों की इस तकलीफ को रफा करने की कोशिश करें। हमने तो बहुत कोशिश की लेकिन कामयाबी नहीं हुई। मैं चाहता हूँ कि मिनिस्टर साहब मेहरबानी करके इस तरफ तबज़्जह दे ताकि जो बहा की खराब हालत है वह दुस्त हो जाये, भाखरा डैम का पानी भरी इन गांवों में नहीं पहुँचा है देश के अन्दर पानी की सबसे पहले ज़रूरत पीने के लिये है, पीछे किसी और काम के लिये। जब तक इन गांवों के रहने वालो को यह पीने के पानी की तकलीफ दूर नहीं होती वह यह महसूस नहीं कर सकते कि वे आज़ाद हिन्दुस्तान के बाशिन्दे हैं। उनकी तकलीफ का कोई ठिकाना नहीं है। उनको घाठ घाठ दस दस कोस से पीने का पानी लाना पड़ता है। और सुबह से शाम

तक इसी में बीत जाता है। जब मैंने स्कीम की देखा तो मुझे सख्याल हुआ कि धानरेबिल मिनिस्टर साहब की तबज़्जह इस तरफ बिलाऊ कि वह इस बारे में थोड़ा सा काम करें।

जहाँ इस मिनिस्ट्री के बिन्ने लाइफ़ देने का काम है, पानी मुहैया करने का काम है, वहा उसके पास एक तरह से लाइफ़ घाटल करने का भी काम है। वह काम निहायत ज़रूरी है और उस के बिना सारी मिनिस्ट्रीज़ बन्द हो जायेंगी। फूड मिनिस्ट्री शिकायत करती है कि हम फूड का इन्तज़ाम कैसे करें, आबादी बढ़ रही है। एम्प्लायमेंट की मिनिस्ट्री कहती है कि हम लोगो को एम्प्लायमेंट कैसे दे, आबादी बढ़ रही है। यह काम करमरकर साहब को दिया गया है कि वह आबादी को कम करें। आबादी को बढ़ाना तो आसान है, लेकिन उस को कम करना मुश्किल है। मैं इस सिलसिल में कई बार एक छोटे से अपरेशन का जिक्र कर चुका हूँ। उसके बारे में सब डाक्टरो को मालूम है और व रोज़ उसपर तबज़्जह दिलाते हैं, लेकिन उस पर अमल नहीं होता है। वह अपरेशन पांच मिनट में हो जाता है। लाखो मरद वह अपरेशन करवाने के लिये तैयार हैं, लेकिन उसका कोई इन्तज़ाम नहीं है। अगर उसका भाकूल इन्तज़ाम हो जाय, तो बड़ी आसानी हो जाये। पिछली दफा मैंने अर्ज किया था कि जहा इस रिपोर्ट में यह जिक्र किया जाता है कि इतने फीमिली प्लानिंग क्लिनिक्स खोले गये और इतना काम किया गया, वहा उसमें यह भी जिक्र होना चाहिये कि इतने प्रादमियो का यह अपरेशन किया गया, जिससे वे आइन्दा बच्चे पैदा न कर सकें। मैं अपनी उस दरखास्त को फिर दोहराना चाहता हूँ कि एबीएमेंट का एक खाना होना चाहिये कि इतने प्रादमियों का अपरेशन किया गया, ताकि हम को पता चल जाये कि इस तरफ़ इतनी तरफकी की गई है।

वर्ष में एक पर्यन्त मामले का जिक्र करना चाहता हूँ। मैं सेंट्रल कैबिनेट इन्स्टी-
च्यूट, बम्बई को धीरे सरकार को, जो कि
उसका इन्तजाम बलाती है, ट्रिब्यूनल पे करना
चाहता हूँ। जहाँ तक मेरा साल्जुक है, वहाँ
मुझे निहायत मेहरबानी के साथ, निहायत
साराकृत के साथ धीरे निहायत तबज्जह के
साथ देखा गया। इसमें हमारे सेंट्रल मिनिस्टर
साहब धीरे गवर्नमेन्ट की मेहरबानी थी। मुझे
खुशी है कि मैं यह कह सकता हूँ कि वहाँ के
इलाज से मुझे ही फ़ायदा नहीं हुआ, बल्कि मैंने
देखा कि वहाँ पर दरमसल बीमारों का
इलाज निहायत अच्छी तरह से धीरे तबज्जह
के साथ किया जाता है।

मैं चाहता था कि मैं धानरेबल मिनिस्टर
साहब को एक धीरे बात के बारे में मुबारक-
बाद दू, लेकिन मुझे अफसोस है कि मैं ऐसा
करने के काबिल नहीं हूँ। मैं जनाब की तबज्जह
इस तरफ़ दिलाना चाहता हूँ कि १९४८ में
हमारी कैबिनेट ने एक रेजोल्यूशन पास किया,
जिसके अलफ़ाज ये हैं—

"The Central Government at a meeting of the Union Cabinet in 1948, decided the following policy on health:—

"The Central and Provincial Governments should decide that modern scientific medicine shall continue to be the basis of the development of national health services in the country..... They recommended that facilities for research on scientific lines in the Ayurveda or Unani systems of medicine should be promoted on as broad a basis as possible on the lines recommended by the Chopra Committee's report and the results of such when they are proved valid will not only enrich the Ayurveda and Unani systems of medicine but will also be incorporated in modern medicine so that eventually there will emerge

only one system of medicine".

मुझे अफ़सोस है कि इस रेजोल्यूशन के पीछे जो स्पिरिट है, उसके जो अलफ़ाज हैं, उनसे मुझे सख्त इन्क़िलाफ़ है। १९४८ में सिचुएशन कुछ धीरे थी। उस वक़्त इतना भारी राज्य एक वक़्त हम को मिला धीरे इतने मामलात हमारे सामने आए कि हम कुछ नहीं कर सकते थे धीरे इसमें जो लिखा है—

"that modern scientific medicine shall continue to be the basis"

हमने उसको जारी रखा। उस वक़्त मजबूती थी। लेकिन बाद में यह क़ैसला करना जरूरी था कि आयुर्वेद, यूनानी होम्योपैथी धीरे एलोपैथी बग़ैरह सब को बराबरी का दर्जा दिया जायेगा धीरे सब हस्पतालों को एकसा समझा जायगा। लेकिन मुझे अफ़सोस है कि ग्यारह बरसों के बाद भी पुरानी पालिसी को बेंज नहीं किया गया है। इस सिलसिले में डिन्नुस्तान में जो ब्राड फैन्ट्स हैं, वे इतने ज़बर्दस्त हैं कि अग़र गवर्नमेन्ट ज़रा भी रेसपांसिब हो, तो उसको इसे बेंज कर देना चाहिये। हमारे दोस्त थी वी० पी० नायर ने फ़रमाया कि हमारे देश में नब्बे फ़ीसदी लोग यूनानी धीरे आयुर्वेदिक तरीके से इलाज कराते हैं। मुझे वह ज़माना नज़र नहीं आता है, जबकि एलोपैथिक सिस्टम नैचमल हूँत्व सविस का काम कर सकेगा धीरे इस देश के बीमारों का इलाज कर सकेगा, जब मैं देखता हूँ कि एलोपैथिक तरीका-ए-इलाज इतना महंगा है। मैं अर्च करना चाहता हूँ कि मैं एलोपैथी के ख़िलाफ़ नहीं हूँ। मैं खुद उसका इलाज कराता हूँ धीरे मेरे पढ़े-लिखे दोस्त उसका इलाज कराते हैं। मैं समझता हूँ कि जहाँ तक उस सिस्टम से फ़ायदा पहुँचता है, वहाँ तक उस को मानने में कोई हर्ज नहीं है। लेकिन मेरी शिकायत तो यह है कि आयुर्वेदिक, यूनानी धीरे होम्योपैथिक सिस्टम को न सिर्फ़ ख़ैरबाद किया गया है धीरे उनकी तरफ़ तबज्जह नहीं दी गई है, बल्कि उनको ऐसी पोषीशन में रखाट कर दिया गया है, जहाँ से वे उठ न सकें।

[पंडित ठाकुर दास मार्गत्र]

१९३७ में लेजिस्लेटिव प्रसेम्बली ने होम्योपैथी को रेकगनीशन दी और इस हाउस ने इस सिलसिले में रेजोल्यूशन पास किया। १९४८ में फिर रेजोल्यूशन पास किया गया। चोपडा कमेटी बिठाई गई। इसमें जिक्र है कि चोपडा कमेटी की सब बातों को गवर्नमेंट ने माना और यूनानी और होम्योपैथिक सिस्टम को साइंटिफिक सिस्टम माना, लेकिन भ्रमल में जो कार्यवाही होती है, वह इतनी निकम्मी है कि जो भी झलकाव उसके लिये इस्तीमाल किये जायें, वे थोड़े हैं। पहले पहल तो यह किया गया कि ऐलोपैथी को यूनानी, आयुर्वेद और होम्योपैथी के सिर पर बिठाया गया। जो भी कौंसिल या कमेटी बनाई गई, उसमें ऐलोपैथिक डाक्टर को सबसे ऊँचा दर्जा दिया गया ताकि वह बहा पर अपनी मनमानी कर सके। मैं अर्ज करना चाहता हूँ कि इस देश में करोड़ों रुपये की मेडिसिन्स बाहर में आनी हैं। कुछ यहाँ भी बनती हैं। और इस तरह मेडिसिन्स बनाने वालों के वेस्टिड इन्ट्रस्ट्स हो गए हैं। जो मेडिसिन्स इस देश में इम्पोर्ट की जाती हैं उनकी कालोसल फिगर्ज है। खाने पीने की चीजों की इम्पोर्ट उनके मुकाबले में भ्रष्ट हैं और मुकाबले में नहीं ठहर सकती हैं। करोड़ों अरबों रुपये मेडिसिन्स के लिए दूसरे देशों को भेजे गये हैं। जहाँ तक गवर्नमेंट का ताल्लुक है, उसने फर्स्ट फाइव ईयर प्लान में सिर्फ पन्द्रह लाख रुपये जाम-नगर के इस्टीम्यूट के लिये खर्च किए, जो कि एक किस्म का थो-पीस बना हुआ है। उसके सिवा आयुर्वेद और यूनानी सिस्टम को कुछ नहीं दिया गया। फर्स्ट फाइव ईयर प्लान में होम्योपैथी को एक पैसा भी नहीं दिया गया। सैंकण्ड फाइव ईयर प्लान में २१८ करोड़ रुपये में से एक करोड़ रुपया इनडिजिनस मेडिसिन्स और होम्योपैथी के लिए रखा गया और उसमें ५ ५२३ करोड़ रुपये स्टेट्स में रखे गये। यह कहा जाता है कि हैल्व एक स्टेट सबजैक्ट है, इसमें गवर्नमेंट प्राफ इडिया

क्या करे? लेकिन चाहे एनिमल ह्युबैट्री हो और चाहे मेडिसिन्स हो, जो कुछ सैन्टर करता है, उसके मुताबिक ही स्टेट्स में सारी प्रगति होती है। अगर सेन्टर में कोई चीज इग्नोर की जाती है, तो कोई भी स्टेट इस काबिल नहीं है कि वह सैन्टर की पालिसी के खिलाफ कुछ कर सके। होम्योपैथी के बारे में मुझे ज्यादा इन्फर्मेशन है। १९४९ में उसके मुताल्लिक एक एन्क्वायरी कमेटी बनाई गई, जिसने अपनी रिपोर्ट पेश की। १९५० में स्टेट मिनिस्टर्स की जो वान्केस हुई, उसने उस को रेकगनीशन दिया। उसमें कहा गया था कि होम्योपैथी के कालेज बनाए जायें और होम्योपैथिक कौंसिल बनाई जायगी। आज तक होम्योपैथी की कोई कौंसिल नहीं बनाई गई है। उसके बाद एक एडवाइजरी कमेटी, एक एडहाक कमेटी बनाई गई। उस एडवाइजरी कमेटी के छ मेम्बर हैं लेकिन उसके चेयरमैन मिनिस्ट्री के सेक्रेटरी हैं। उस का बड़ा प्राफीसर एक एनोपैथिक डाक्टर हैं। एडवाइजरी कमेटी में मैजिस्ट्री से जो रीकमेडेशन पास हो, तो वह गवर्नमेंट पर काबिले-याबन्दी होती होगी, लेकिन उसन जो कुछ यूनैनिमसली पास किया है उस पर भी कुछ भ्रमल नहीं किया गया है। यह कहा गया था कि कलकत्ता में एक फर्स्ट क्लास कालेज खोलेंगे और वहाँ २०० बँड्स का हस्पताल बनेगा। कालेज वहाँ पहले से मौजूद है। डेढ करोड़ रुपये खर्च हो गया।

श्री जगदीश प्रबन्धी (बिल्हौर) डेढ लाख रुपया दिया गया था।

पंडित ठाकुर दास भार्गव डेढ लाख रुपया। आई एम सारी। रुपया तो खर्च हो गया लेकिन मुझे अफसोस के साथ कहना पड़ता है कि वह सारे का मारा बेस्ट हो गया। मॅट्रल गवर्नमेंट कहती है कि स्टेट गवर्नमेंट रुपया दे तो हम प्रागे रुपया देंगे और स्टेट गवर्नमेंट कहती है कि वह हमारी कमिटमे

नहीं है और गवर्नमेंट ग्राम इडिया की कमिट-
मेंट है। इस झगड़े में वह अस्पताल बहा का
वहाँ पड़ा हुआ है। अस्पताल को चलाने वालों
ने कहा कि २५ परसेंट हम देते हैं और ७५
परसेंट सरकार दे। यह भी सरकार नहीं
देती है और अस्पताल यो का यों ही पड़ा
हुआ है। उसकी ऐसी हालत है कि देख
कर शर्म महसूस होती है।

प्लानिंग कमीशन ने फार्मोकोपिया
होम्योपैथी के लिये ५०,००० रुपया मजूर
किया था लेकिन कई बरस के बाद दिसम्बर
१९५८ में जबाब दे दिया गया कि वहाँ कोई
फार्मोकोपिया बनाने के वास्ते कमेटी मुकर्रर
नहीं की जाएगी, हालांकि प्लानिंग कमीशन ने,
मरकार ने, काउन्सिल ने तथा एडवाइजरी
बोडी ने कहा था कि यह बनाई जाये।
एक बाल क्या बताऊँ, कई इस तरह की
बातें हैं। दो लाख रुपया धांध में गुडीबाडा
में एक अस्पताल को मरकार ने देने का
बादा किया था, वह भी नहीं दिया गया।
इस तरह ३७ लाख रुपया जो कि होम्योपैथी
के लिये रखा गया था, उसमें से केवल चार
लाख रुपया ही उनके लिये खर्च हुआ है। नौ
लाख रुपया जो कि आयुर्वेदिक इडिजिनम
सिस्टम वगैरह के लिए रखा गया था उसमें से
केवल ३२ लाख रुपया ही खर्च हुआ है।

अगर आप यह कहते हैं कि इंट्रेशन हो,
तो यह गैरमुमकिन है इन माइसिस में।
आयुर्वेदी अपना अलग से स्थान रखती है।
वह भी एक साइंटिफिक सिस्टम है और हजारों
बरस से यहाँ पर चालू है और उसने टेस्ट
ग्राम टाइम को स्टेन्ड किया है। करोड़ों
प्रादमियों का इससे इलाज होता है और लोगों
को यह बहुत सूट करता है, उनकी तबीयत
के अनुसार है। हर एक घर में इसकी मेडि-
सिन का खजाना आप पायेंगे। बूढ़ी और
दवाइया दे देती है। जब कभी कोई एपिडै-
मिक होता है तो प्यास बोध करके घर के बाहर
जगा दिया जाता है या काफूर दे दिया जाता

है। इस तरह के इलाज प्रिवेटिव भी होते हैं
और दूसरे भी होते हैं। इस वास्ते यह कहना
कि यह साइंटिफिक नहीं है, गलत है और इस
बात को कहने की किसी की हिम्मत नहीं हो
सकती है। यह भी कोई नहीं कह सकता है
कि होम्योपैथी साइंटिफिक सिस्टम नहीं है
या यूनानी साइंटिफिक सिस्टम नहीं है। इन
सिस्टम्स का विदेशी राज के बाद से डिबेलेप-
मेंट बन्द हो गया। जहरत इस बात की है
कि स्वराज्य मिलने के बाद से आयुर्वेदी में
नये सिरे से जान डालने की कोशिश की जाती,
उसको मौका दिया जाता कि वह डिबेलेप
हो। आप एलोपैथी को इस कदम डिबेलेप करने
की कोशिश कर रहे हैं कि कुछ कहने की बात
नहीं। मैं एलोपैथी के खिलाफ नहीं हूँ। लेकिन
मैं यह जरूर कहना चाहता हूँ कि यों जो दूसरे
सिस्टम हैं और जिनका ग्रोथ बन्द हो गया है,
उनको बढ़ावा दे, उनको डिबेलेप करे। मैं
चाहता हूँ कि आप एक अस्पताल बनाये,
इसकी रिम्बं करायें और उसके बाद अगर
आप इस नतीजे पर पहुँचे कि ये सिस्टम्स
अनसाइंटिफिक हैं तो आपको अख्यार है कि
आप इनका कुछ भी करे। मैंने पिछली बार
चाहना की मिसाल दी थी। चाहना के अन्दर
ट्रेडिशनल सिस्टम ग्राम मेडिसिन मौजूद है
और सभी डाक्टर मौजूद होते हैं, एलोपैथी
के, और दूसरे और सब को हुक्म है कि मिल
कर काम करे। एक अस्पताल मैंने मद्रास में
१९२८ में देखा था जिसमें जो मरीज आता
था उसको देखने के लिये वैद्य भी मौजूद होता
था, यूनानी तबीब भी, डाक्टर भी मौजूद
होता था और एलोपैथी का डाक्टर भी मौजूद
होता था और तीनों को मौका दिया जाता था
कि बीमार का इलाज करे और किस से इलाज
करवाना वह मरीज चाहता था यह उस पर
छोड़ दिया जाता था। अगर ये ऐसे सिस्टम
होते कि जो बराबर नहीं चल सकते थे और
तब आप कहते कि हम इनको डिस्कॉर्ड
करते हैं तो मुझे कोई रज नहीं होता। जितनी
भी आप आयुर्वेदी की तालीम देते हैं उसमें
लडके के जहन पर और टीचर के जहन पर

[पंडित ठाकुर दास भार्गव]

बही बिठाते हैं कि जो एलोपैथी सिस्टम है यह ज्यादा धब्बा है। यह गलत बात है। वी थी मुरारजी देसाई को धन्यवाद देना चाहता हूँ कि उन्होंने बम्बई में शुद्ध आयुर्वेदी की तालीम देना शुरू किया। मुझे पता नहीं कि गवर्नमेंट आफ इंडिया का इसके बारे में क्या रिएक्शन है लेकिन वहाँ पर शुद्ध आयुर्वेदी की तालीम देना जारी हुआ है। डा० सम्पूर्णानन्द ने बोधा भर्ता हुआ कहा है, और इंटेलिजेंस की तारीफ कुछ की थी, कि यह बिन बीयर है, न एलोपैथी है, न आयुर्वेदी है, और यह और मुमकिन है कि ठीक इस तरह इंटेलिजेंस हो सके। यह कैसे मुमकिन है कि एलोपैथी जिसके उसूल और हैं और आयुर्वेदी जिसके उसूल और ही हैं, इनका इंटेलिजेंस हो। यह नामुमकिन है। नतीजा यह हुआ कि एलोपैथी के फार्मोकोपिया में कुछ दवाइयों की ज्यादा इसमें कर दी गई है। मुझे इसमें कोई आश्चर्य नहीं है कि किसी भी सिस्टम आफ मैडिसिन के अन्दर चन्द दवाइयों का साना या लेना जारी हो। मैं तो यह कहना चाहता हूँ कि जो दवाई होती है उसका एक खास अक्षर पेशेंट पर होता है, उसका अक्षर इतिहास न रखा गया तो वह दवाई फायदा देने के बजाय नुकसान दे सकती है। हिन्दुस्तान के अन्दर एलोपैथी के तरीके को देख कर मुझे यह कहना पड़ता है कि मुझे डर है कि बहुत अक्सर तक, सैकड़ों बरस तक यह सिस्टम इतना पापुलर नहीं होगा जितना कि आप चाहते हैं कि यह पापुलर हो।

भाजकल क्या होता है। जब कोई बीमार जाता है तो पहले तो उसका पेशाब टेस्ट किया जाता है जिसके लिए उसको १०-२० रुपये देने होते हैं। फिर ब्लू टैस्ट किया जाता है सौ रुपये में। फिर पांच दस रुपये में पाखाना टेस्ट किया जाता है। फिर उसके बाद उसका यूरिया देखते हैं और कितनी ही इस तरह की दूसरी बातें हैं कि पेश्तर इसके कि उसका इलाज शुरू हो, प्राचा तो उसको पहले ही खत्म

कर दिया जाता है, कितना ही खपया इस तरह से उसको खर्च करना पड़ जाता है। फिर दिल्ली के डॉक्टरों को एक और भर्ष है। वे भाते हैं और पांच सात पेटेंट दवाइयों लिख जाते हैं जिस पर २०-३० रुपये खर्च हो जाते हैं। जब नैक्सट बिजिट होती है तो पहली मैडिसिन को फिकका दिया जाता है और दूसरी दवाइया लिख दी जाती है जिन पर इसी तरह से खर्च होता है। मैं भर्ष करना चाहता हूँ कि इस तरह की चीज को कौन स्टैण्ड कर सकता है। इस वास्ते हमारी तबीयत के मुताबिक, हमारी जीनियस के मुताबिक जो सिस्टम है, उसको आप ईमानदारी के साथ इस देश में चलाये।

पहले जो मिनिस्टर थे वे अपने टैम्प्रामेंट से, अपनी ब्रिगिंग से जरूर ऐसे थे जो एलोपैथी को ज्यादा बढ़ावा देना चाहते थे, उसमें ज्यादा दिलचस्पी लेते थे। लेकिन मुझे इससे कोई शिकायत नहीं है। जब हमने भाल इंडिया इस्टीट्यूट बनाई, उस वक्त बहुत जोर से कहा कि तीनों सिस्टम आफ मैडिसिन का उसमें दखल हो, तीनों का रिसर्च कराये। लेकिन आज तक जितना भी खपया खर्च हुआ है वह सारे का सारा एलोपैथी के लिए खर्च हुआ है और दूसरी सिस्टम की जो चीजे हैं, उनकी तरफ कभी किसी न देखा भी नहीं है। हमें उम्मीद थी कि श्री करमरकर साहब जो पक्के कांग्रेसी और देश हितों को देखने वाले हैं इस चीज को लेंगे, इसकी तरफ ज्यादा तबज्जह देंगे लेकिन ऐसा मालूम होता है कि जितने लका से भाते हैं वे सभी ५२ गज के। किसी की इस तरफ तबज्जह नहीं होती है।

मैं पूछना चाहता हूँ कि कितने कालेज आपने आयुर्वेद व होम्योपैथी के लिए खोले हैं और उनके साथ कितने अस्पताल खोले हैं? कालेजों के साथ अस्पतालों की बात मैं इस लिए करता हूँ कि बिना कालेजों के साथ साथ अस्पतालों के खुलने के

रिसर्च गैर-मुमकिन है। कालेजों का इनके बगैर कोई फायदा ही नहीं है। आप तब तक रिसर्च नहीं करवा सकते हैं जब तक उन कालेजों के लिए आप साधन पैदा न करें। आप लिप सिम्पथी दिखाते रहें, इससे कोई लाभ होने वाला नहीं है। एलोपैथी के अन्दर जितनी तरक्की हुई है, उसके बारे में मैं कहना चाहता हूँ कि हमें किसी को भी कोई भिकायत नहीं है लेकिन हम यह देखना नहीं चाहते हैं कि हमारे जितने प्रोल्ड सिस्टम है, जो हजारों बरस से और आज भी लाखों करोड़ों आदिमियों को फायदा पहुँचा रहे हैं, उनको नजरअंदाज कर दिया जाए। रिपोर्ट को पढ़ने पर मैं पाता हूँ कि इसमें एक पैरा दिया हुआ है सारी रिपोर्टें में और उसमें भी कोई खास ज्यादा इनफार्मेशन नहीं है और केवल इतना कहा गया है कि हमने ३२ लाख रुपया सौ लाख में से दूसरे प्लान में खर्च किया है। इससे कोई नतीजा नहीं निकलता है। आपने जो इयूटीज इस मिनिस्ट्री की है, उनको लिखा है और शुरू शुरू में कहा है कि हमारे फकशन क्या हैं। मैं चाहता हूँ कि उनमें आप इस फकशन को भी बढा दे कि प्रायुर्वेदी और यूनानी और होम्योपैथी, इन सभी को बढ़ावा देना, इनके वास्ते कालेज खोलना अस्पताल खोलना और इनकी तरक्की करना आपके फकशन में से एक है। आपने कहा है कि हमारा फकशन प्रोमोशन आफ रिसर्च है, जिसको मैं बिल्कुल बेमानी समझता हूँ। आप साफ तौर पर लिखें ताकि आपको हर बक्त याद रहे कि इन सिस्टम्स के बारे में हमारे में क्या फर्क है। मैं चाहता हूँ कि सन् १९४८ का जो रेकोल्ड है, उसको रेंज कर दिया जाए

और नये सिरे से इसको लिखें। अगर आप कोई राय लेना चाहते हैं तो राय आपको स्टेट्स में लेनी होगी, उन लोगों की राय लेनी होगी जो कि कई मीलों में आसपास अस्पताल नहीं देखते हैं, उनकी शकल नहीं देखते हैं। आप यह कह कर कि यह स्टेट्स की जिम्मेवारी है, यह एक ट्रासफर सबजेक्ट है और वही इसको कर सकती है खूटाकाग नहीं पा सकते हैं। मैं समझता हूँ कि गवर्नमेंट आफ इंडिया की रिसपासिबिलिटी सारे देश की हैल्थ की है और इसको तभी आप डिस्चार्ज कर सकते हैं जब आप पुराने सिस्टम्स को नए सिरे से फरोग दे, इनमें फिर से जान डालें और जो आप समझते हैं कि ये पीछे रह गये हैं, इनको आगे लाये, और जब तक आप ये सब काम नहीं करते हैं, तब तक आप का फर्क पूरा नहीं हो सकता है।

Shri Goray (Poona) Mr. Deputy-Speaker, Sir, so many friends have already spoken on this one point that I do not want to repeat the arguments that have already been advanced. My friend, Shri Nayar, raised a very important fundamental issue as to whether we have a health policy. The answer is that we have none. But I am not surprised in view of the fact that it is not only so far as health is concerned but for many other subjects that we have no policy at all. If I were to ask whether we had any educational policy or any labour policy or any language policy I suppose we shall have to admit that we have no policy at all. So, I am not surprised that we have no health policy.

Just now so many people have pointed out that while we are talking of encouraging indigenous systems of medicine like Ayurveda, Unani and

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other systems like homoeopathy, actually what we are doing is that we are encouraging allopathy

As an instance of this I would like to point out an issue which was raised here and which really shows how heavily prejudiced we are against other systems. It seems that somebody in the Health Ministry had a brain-wave and on the 12th January 1959 issued a notification and by a stroke of the pen thousands of medical practitioners were, as it were, excommunicated.

Shri Karmarkar: I may say for my hon friend's information that they have been circulated for public opinion and until Government takes a final action they are not going to be affected.

Shri Goray: I think the Health Minister was also taken by surprise.

Shri Karmarkar: No, no. There I differ from you.

Shri Goray: But the fact is that there are apprehensions in the minds of medical practitioners who were so far allowed to make use of medicines like penicillin, anti-biotics, sulpha drugs etc. to that effect.

So far as my State is concerned, Bombay State, you will find that there are integrated courses—one is the course which is being taught in the Ayurvedic college, BAMS and the other is the one called GFAM. So far as these two courses are concerned, when you compare them with the courses in the MBBS, you will find that as far as admission to these courses is concerned, it is only after a student passes his Inter (Science) examination that he is admitted. The course is for 4½ years on both the sides. The percentage for passing is 80 per cent and the subjects are also the same. Now when these four or five facts are admitted, I do not know what necessity was felt to issue this sort of notification which came as a bolt from the blue. Very pertinently

people have asked. If these people who have not taken their MBBS examination are to be barred from using these medicines, why is it that the doctors, the MBBS people, are allowed to use Ayurvedic medicines? I have seen doctors using *Suthasekhar*, *Hemgarbha* and *Makaradwa*; I do not think they are conversant with the ingredients of these things. Are the allopathic doctors conversant with the ingredients penicillin, anti-biotics and all that? Just now my veteran colleague Pandit Thakur Das Bhargava said that the usual practice is that the doctors go on prescribing medicines. If a particular medicine does not give any effect they prescribe another medicine which has come recently in the market. I do not think the doctors know how those particular medicines are prepared. They go on dispensing them. Therefore, I would like to say that the Minister should take care to see that this particular order which seeks to prevent the medical practitioners throughout India, that is a particular section of them, from using these medicines is not brought into effect. It will be better if it is withdrawn or amended in such a manner that these people who have been practising these medicines from a long time and dispensing them are allowed to do so in future.

The other point that I would like to touch upon is the encouragement given to the systems of indigenous medicine like Ayurveda, Unani and others. It has been very well argued that though we have said so often that we want to encourage these systems very little honest effort has been made to do so and that those of us who are really in charge of guiding this policy do not consider the indigenous systems of medicine on par with allopathy and that there is a sort of condescending attitude that while we cannot say that these systems are not as good as allopathy we shall try to see that these systems are not encouraged. I really doubt whether the Government believe in

the heart of their hearts that the other systems are worth encouraging.

We hear that in China they are trying to encourage the indigenous systems of medicine. Just now Shri Nayar told us how it is done. I do not know what is happening in China because many times reports come of things happening there and after some time they are contradicted. For instance, very recently we were told that they were encouraging some sort of iron furnaces and it was encouraged as a cottage industry. Now we are told that a new order has been issued saying that it is a very expensive thing and, therefore, all these furnaces should be closed down. So, I am not saying that we should go by the example of China. But it is a fact, as has been pointed out, that 90 per cent of the people depend more or less on the indigenous system, because the doctors are hard to reach, and if they reach the doctor it is very difficult to pay the fees. So, it is a hard case so far as ordinary people in the villages are concerned or workers in the factories are concerned. I suppose even the middle class people find it difficult to cope with the bills of the doctor. That being so, naturally people take recourse to the system which is cheaper and easily available. I suppose, more honest and earnest attempts should be made to give encouragement to indigenous systems of medicine whether they are Unani or Sidh or Ayurved.

Wonderful drugs have been prepared out of serpentina and now we hear that there are other herbs like *Ashwagandha* from which we can have other drugs which are equally efficacious. Therefore when I hear year after year that the Government is attempting to give encouragement to these systems and when I find in actual practice that precious little is being done, I would like to request them to decide their policy once for all. If they really feel that Unani is not a system of medicine at all or if they really feel that Ayurvedic is not a scientific system or if they feel that

homeopathy is not a scientific system of medicine, they should decide this once for all and if they do not want to encourage these systems they should make it plain to those people who are practising these systems and also to the patients and the people who are trying to benefit by them.

About homeopathy, just now Pandit Thakur Das Bhargava quoted a long list of decisions. If you look into it you will find that it is really a history of broken promises. You take a particular decision at the Parliament level. There is a mention here of a Resolution unanimously passed in this House in 1948 recommending the recognition of homeopathy. Then there was the Homeopathy Enquiry Committee in 1949 declaring that homeopathy is a scientific system of medicine. It recommended the formation of a Central Homeopathy Board. Nothing has been done so far. I do not know what happens to all these decisions and all these recommendations.

Just now Pandit Thakur Das Bhargava also told you a story of the Homeopathic College in Calcutta. They were given a grant of Rs. 1½ lakhs and afterwards nothing happened. So, they are being pushed from pillar to post. The State Government is saying that it is the responsibility of the Central Government and the Central Government is saying that it is the responsibility of the State Government.

Shri V. P. Nayar: It is not so it is worse.

Shri Goray: The ultimate result is that that particular institution is starving. It is bound to starve as it does not get anything. We know that. If they go to the State Government they get nothing. If they come to the Central Government the Central Government does not give them anything. I would say that it is time that the hon. Health Minister was clear about the policy so far as the Ayurvedic system is concerned, so far

[Shri Goray]

as the Unani system is concerned and so far as the homeopathic system is concerned. If we are really earnest about developing the systems which are cheap, which are popular and which are available to 90 per cent of the people then let us make an earnest effort to encourage them and try to see that within the next five or ten years everything is done to see that they are put on a proper level

I was rather surprised to find that nobody touched on the subject of control of population though, of course, I was glad to hear that Pandit Thakur Das Bhargava mentioned it. What I find is that in this Report also much has not been said about it. In India it is one of our major problems. All the work of all the other Ministries is likely to come to nought if this particular problem is not solved. I do not want to be dramatic, but I would like to say this that every day about 20,000 babies are born in India. If this is really the position, I do not know how we can take this subject lightly as, I find, we are doing. Nobody seems to be paying much attention

I know that it is argued that if our standards of living are improved, then automatically they have a very favourable effect on the growth of population. Of course, there are scientists who have disputed this. But taking it for granted that it happens like that, when will it be that our standard of living will be raised to such a level that there will be an appreciable decrease in our population growth? It will take years. I will tell you that even in a country like Japan or France or England where the standard of living is pretty high, they have to take certain active measures to see to it that the population is kept under control. Therefore I would say that we ought to spend crores of rupees more on this particular problem. Here, I find that very little is being done.

We had a world conference here. There is a little irony in this that the world conference for family planning is held in a country where there is no family planning at all

Mr. Deputy-Speaker: It is most needed.

Shri Goray: It is most needed, but it is only confined to Delhi and a few other cities. Nothing is being done to propagate the idea in the rural areas. I would like to ask you whether we are making the use of radio so far as this particular knowledge is concerned. It is our ambition that almost in every village or in a group of five or ten villages there should be a radio centre. Are we using that machinery to propagate these ideas to the common man? There is a suspicion that the common man will not react favourably to these suggestions. It is not true. I have some contacts with the working class. I have some contacts with the peasant too. I have found that if rightly approached he is not only willing but he is keen and women more so because it is the women who have to bear the burden. Therefore I would suggest that this particular means of propagating ideas, that is, the radio, should be made use of

Then, about trained personnel what do we find? In the Report mention is made that in a whole year eight people were trained in Rajasthan and in Punjab they trained ten people. If ten people in Punjab and eight people in Rajasthan are trained, I do not know when we are going to solve this problem. It really means that we are not serious at all. Because there is a Health Ministry, because there is a lot of growth of population, because it is fashionable, and because India does not want to be considered backward, we also talk in terms of control of population. But unfortunately we do not follow it up. So, I would say that eight trainees in Rajasthan and ten in Punjab is really a ridiculous thing. We must make more efforts

and hundreds of people ought to be trained as they were trained in Japan or in other countries

Then, I would say that the law which requires that if a sterilisation operation is to be performed not only the woman but the husband also must give consent to it, will have to be scrapped. Husbands are very funny lot. It is the woman who has to undergo all the travail and therefore I suppose that the consent of the woman should be considered quite enough for performing that operation.

One more thing I would like to suggest is that we should have mobile stations and not static centres. There should be mobile hospitals which go from place to place and if the people are willing for vasectomy or for sterilisation they should perform the operation. I think a mobile station like that can go from village to village and a lot of work can be done. Here, I would like to say that those States

Mr Deputy-Speaker. The hon Member's time is up

Shri Goray: Only one minute more.

Those States which are doing good work in this respect should be encouraged. Let us not try to spread all our efforts throughout all the States whether they are willing or not. If Kerala is willing to put in more effort, let us help it. If Bombay State is ready to accept this idea let us help Bombay State. So, this idea should be given priority and those States which are ready and willing to put it into practice should be encouraged.

Finally, I would say that so far as population control is concerned why should we not treat this as a Central subject? I do not know why this particular subject should not be taken over entirely by the Centre because the States seem to be lethargic. (Interruption)

Mr Deputy-Speaker: There are certain other speeches that are being made and heard

An Hon. Member: Not so loudly

Mr. Deputy-Speaker: Equally loudly and continuous also

Shri Goray: Finally I would request the Health Ministry to consider that so far as population control is concerned it should be taken out of the hands of the States

Dr Sushila Nayar. Is he suggesting

Mr. Deputy-Speaker: Dr Sushila Nayar

Dr Sushila Nayar. I am asking a question

Mr. Deputy-Speaker: She can do that in her speech

Dr Sushila Nayar. He can answer is he suggesting compulsory sterilisation?

Mr Deputy-Speaker I am asking the hon Member to begin her speech. I would like to know whether she is prepared or not

Dr. Sushila Nayar. Yes, Sir

Shri Raghunath Singh (Varanasi) There should be a chance for Ayurveda also

Mr Deputy-Speaker: Every Member who has spoken has spoken in favour of Ayurveda

Dr. Sushila Nayar: I am thankful to you for giving me this opportunity to say a few words. I hope Shri Raghunath Singh does not mean to imply that only people with no knowledge of any branch of medicine are competent to speak on Ayurveda and nobody else is

Shri Raghunath Singh: You represent the Ayurveda University of Jhansi

Dr. Sushila Nayar: I wish to submit that on this question of Ayurveda, there is more emotion than rational thinking. I am behind none in wishing the promotion of something that belongs to us, that is indigenous to

[Dr. Sushila Nayar]

our own country, in which we may take legitimate pride. But, I wish to ask my hon. friends when they keep on saying, why does not the Government encourage Ayurveda, why does not the Government carry on research in Ayurveda, do they expect the Government to do it, do they expect the Minister or his Secretariat to do it? Government can help them, certainly, with money. To the best of my knowledge, none of the schemes of research submitted by any of the Ayurvedic institutions in the country or Ayurvedic experts anywhere, has been turned down. The fact of the matter is that in our spirit of patriotism which is a very laudable sentiment, we seem to think that what was ours, we must not let it go in the same form without change and take no notice of the progress that has been made in the world through the years that have passed by.

An Hon. Member: Who has said that?

Dr. Sushila Nayar: I wish to say that this rauwolfia serpentina that my hon. friend referred to a moment ago, has been known to Ayurveda for centuries perhaps. It was a very useful drug. And yet, it has come on the world scene when some scientists, trained in modern methods, have taken up research on that particular drug. True, some research was done by our people in India, a little bit, by Dr. Chopra, Siddiqui, and others. It was tried by myself on Mahatma Gandhi with very good results, and after that, on several others. The researches that have been carried on in the Western countries have far outstripped the elementary attempts....

श्री बद्ध देव : (बम्बई) : उपाध्यक्ष महोदय, मानरेबल लेडी मेम्बर जो बोल रही हैं, उन्होंने आयुष्य का बिक्रि किया है। उसका बिक्रि तो चार हजार वर्ष पुरानी किताबों में है। वह कहती है कि चोपड़ा के बिक्रि की है। वह बलत है।

डा० सुशीला नायर : उपाध्यक्ष महोदय, आप समझे नहीं। मैंने कहा बरसहा बरस-से। मैंने कहा कि हजारों नहीं, सैकड़ों बरसों से...

उपाध्यक्ष महोदय : आपने कहा कि उपाध्यक्ष महोदय, आप समझे नहीं।

डा० सुशीला नायर : मैंने कहा कि आप नहीं समझे।

उपाध्यक्ष महोदय : आप तो मुझे कह रही हैं।

डा० सुशीला नायर : मेरा मतलब मानरेबल मेम्बर से है।

उपाध्यक्ष महोदय : जब वह रेकार्ड पर जायेगा तो कैसे जायेगा ?

डा० सुशीला नायर : आप उसको सुधार लेंगे, उपाध्यक्ष महोदय, कुछ देर बाद आप कह देंगे कि मेरा समय खत्म हो गया, इसलिये मैं इस बात को यहीं छोड़ दूंगी।

- What I was trying to plead for was a more rational approach to the subject of Ayurveda, and in that rational approach, we have to admit that research in Ayurveda has to be carried on by experts in Ayurveda and not by the Health Ministry. Therefore, let all friends of Ayurveda encourage every Ayurvedic expert and institution that they know to put up schemes of research and if they do not get money from the Government of India for their research, let them come and upbraid the Government in this House, and we will be with them. Let them not just simply say that the Government does not encourage Ayurveda.

I speak from a little bit of personal knowledge. We had kept some money for research Unani at the Tibbia College in Delhi. I personally spoke to a number of Ayurveda and Unani men and asked them to come and take up teaching there, to take up research there, without much success, I

am sorry to say. One man who made something of that was a doctor of modern medicine, Dr. Sharma, who had become convinced of the utility of Ayurveda and had studied Ayurveda as a post-graduate. He did considerable service to that College, so that, even after he had retired, twice at the request of eminent Ayurvedists and students, we had to give him extension. What I am trying to plead for is more and more spirit of research in Ayurveda and more and more advantage being taken of knowledge that has advanced. We must not be content by saying, ours is a definite, different system and it must be kept in its original form. If that is the spirit, I wish to tell Pandit Thakur Das Bhargava that he is echoing the sentiment of the Indian Medical Association. The Indian Medical Association have been dead opposed to the integrated courses. Their reasoning is this, "the men who are rejected by the Medical Colleges, go and find admission in these Integrated colleges and after they graduate from there, they want recognition on equal terms with medical graduates, we do not like it. Let them have their Shuddha College of Ayurveda". From the way the discussion went on here, I began to feel that when both the parties, the Indian Medical Association on the one hand and the friends of Ayurveda on the other, desire separate colleges for Shuddha Ayurveda, it is the best thing to do so. Whatever becomes of Ayurveda, whether it lives or dies, it should be left in the hands of the Ayurveda experts; let them develop what they want, take something from the new knowledge, if they want, reject it, if they want; let there be a separate Shuddha Ayurveda training and teaching. Then, we won't have this plea that has been coming up here, why don't you allow them to use antibiotics: if a doctor can use *Makaradhwaja*, why can't the Ayurveda people use streptomycin and Penicillin, and so on. These antibiotics are highly potent medicines. They are not like *Makaradhwaja* or

the homoeopathic medicines which may not do much harm. The antibiotics, if used indiscriminately, in improper dosage, can develop resistance in bacteria against the antibiotics. On the other hand, resistance stems of that particular disease will not even be amenable to antibiotics. It is a dangerous thing to do.

Shri Goray: Is it not a fact that allopathic doctors are themselves doing this? Fleming warned them.

Dr. Sushila Nayar: If the allopathic doctors use them in wrong doses, that should be certainly pointed out and that should be checked. But that is not a plea for putting these patent things in the hands of those who have never learnt the use thereof.

I would like to refer to the report of the Dave Committee. It has been brought out forcibly by several people that there should be a common standard for admission to the medical colleges, integrated colleges, ayurvedic colleges, etc. Of course, people going in for ayurvedic colleges will have to have a good knowledge of Sanskrit. So, I would plead that the standard of admission for these colleges should be equal. I am speaking on first-hand information, and it is not guess-work. At present there are 49 colleges, of which seven integrated colleges are affiliated to the University. Fifteen integrated colleges are not yet affiliated to the University. 27 integrated colleges are at present giving diplomas. So, there are 49 of them. I quite sympathise with the boys who come out of these integrated colleges. These boys come out in the hope that they will be able to use all medicines, but when they find that they cannot use certain medicines, they are greatly inconvenienced. I plead that such hardship as are coming in the way of those graduates should be removed, and, for the future, adequate care should be taken to see that this kind of anomaly does not take place. Either there should be equal standard of admission and duration of training for both these integrated colleges and the other medical

[Dr. Sushila Nayar]

colleges, or else, there should be a separate college for *Shuddha* Ayurved and separate college for Medical Education, so that, at the end of the training, the Graduate from the Ayurvedic college will find himself competent to bring out the best in Ayurved and will not be a hotch-potch as he is at present.

Before I close I want to say something about the expenses of modern medicine. Modern medicine is expensive; I agree. I want to tell Pandit Thakur Das Bhargava that wherever we go to rural areas today wishing to open ayurvedic dispensaries, the people do not like it. They want modern hospitals. Ninety per cent of the people who are resorting to ayurvedic system of medicine will prefer modern medicine.

Mr. Deputy-Speaker: The hon Member's time is up.

Dr. Sushila Nayar: I have only just begun, Sir.

Mr. Deputy-Speaker: I am very sorry to hear that the hon. Member has only just begun. I have to ask her to conclude. My difficulty is that there is a time-limit for each hon Member. (Interruptions).

Dr. Sushila Nayar: I do not want to waste my time. . .

Mr. Deputy Speaker: I have given her five minutes more.

Dr. Sushila Nayar: There have been interruptions from hon. Members.

Pandit K. C. Sharma (Hapur): That shows how we are appreciating your speech.

Dr. Sushila Nayar: Well, Sir, on this subject of Health, I want to compliment the hon. Health Minister for the fact that there has been no major epidemic in the country in recent months. (An hon. Member: However,) I wish to add that some of the preventible diseases like cholera, small-pox etc which have disappeared

from many parts of the world are only to be found in South-East Asia, in them India leads in the whole of South-East Asia. Here are the figures for 1957 for cholera from the W.H.O. report. In Afghanistan, cases nil, death nil. In Burma, out of 11 cases, death occurred in 5 cases. In Ceylon, cases nil, death nil. In India the cases are 56,251 and deaths 23,080.

Regarding small-pox, all other countries are far behind us. I will not take the time of the House by quoting these figures. What I wish to bring to the notice of hon. House is the fact that not only we need more knowledge, but that the knowledge that we have should be applied. We are given the answer wherein we are told that this is a State subject. That is not the answer. So far as preventing these diseases is concerned, there is no difference of opinion. How many Five Year Plans shall we require to eliminate one disease after another? For that purpose, our researches and our knowledge should be applied on a wider scale so that the problem could be finished in reasonable time. We need an integrated approach to deal with this problem. I would say, Sir, that during the last ten years, nobody has applied his mind to have a well-thought out, planned scheme of improving the health of the nation, with the result that today after twelve years of Independence, we are at the fag end, lagging behind the countries in South-East Asia, so far as mortality and morbidity figures are concerned, with regard to several infectious diseases.

15 hrs.

In the realm of medical education, much was made that we should have more medical colleges. I wish to say that we have today more than 50 medical colleges; whereas we had about 20 or something like that just before Independence, 29 in 1948, 30 in 1952, and today we have about 51 or 52 medical colleges. Medical colleges

cannot just come up by raising/buildings and spending a lot of money. We need good teachers for medical colleges. There must be good standards of medical education in medical colleges.

There is the Medical Council of India. I am glad to say that the present Health Ministry has recognised its due status, it has recognised that due recognition should be given to the Medical Council of India, and it should be in charge of under-graduate and post-graduate medical education. But, to be effective, the Medical Council of India must have more facilities at its disposal, to keep a proper check, to keep a proper supervision and have proper and adequate standards of medical education. It is far cheaper to increase the strength of students in the existing medical colleges than to start new medical colleges. I plead for consolidation of what we have today rather than expansion and opening up of more and more medical colleges. Let us have better teachers, better standards and better utilisation of what we have.

We have here the All India Institute of Medical Sciences. It is supposed to do research in the methods of medical education. Is there a machinery by which the results of the researches of that institute can benefit the other two medical colleges in Delhi namely the Lady Hardinge Medical College and the Maulana Azad Medical College? There is none whatsoever. There is no contact between the Institute and the university, no contact between the Institute and the other two medical colleges, the Institute people live in isolation and carry out research in isolation, and they are going to be the pioneers and the teachers who are going to find out all new knowledge and information. The job of that institute is to provide teachers. Therefore, they should concentrate more and more on post-graduate medical education, they should concentrate more and more on research. But what do we find? When

they are asked to economise, the expenditure on building continues, but the cut is applied to the purchase of equipment, equipment with which their experts should carry on research. They are receiving salaries which are such that some of them are utterly frustrated, they have been there for years, but without adequate equipment they cannot carry out research. They are very competent people, they are not interested in high salaries, of course. This policy of spending money on buildings rather than on equipment and medicines even in hospitals or in research institutes is a policy that needs radical revision, and early revision.

Government seem to think that they are competent to do anything and everything, they think they can run medical colleges, they can administer technical education and they can do everything. I complimented the Health Minister last year for sparing the Lady Hardinge Medical College as an institution for women's medical education. That was good. But what has happened after that? Under the same Health Minister, one after the other, women staff members are disappearing, and men are taking their places. (Interruptions)

Shri Karmarkar: I wish the hon Member makes herself clearer.

Shri Raghunath Singh: Question.

Dr. Sushila Nayar: The college is meant for women.

Mr Deputy-Speaker: The hon Member shall have to conclude now.

Dr. Sushila Nayar: I shall conclude in a short time.

Shri D. C. Sharma: I think she should not disappear after she has talked about the disappearance of women.

Dr. Sushila Nayar: I wish to say that ten years ago under the British rule.

Shri Nath Pal: Twelve years ago.

Dr. Sushila Nayar: there were competent medical women in India.

[Dr. Sushila Nayar]

who managed and staffed this college from one end to the other. After Independence, somehow or other, competent medical women have disappeared from the country.

Shri Nath Pal: We are having them here.

Dr. Sushila Nayar: We find that the Health Ministry is more interested in placing different people in different places; the Health Ministry is more interested in having power for itself to control things rather than in providing the minimum health facilities for the people in this country at different levels and at different places. I plead for a radical revision of this attitude. Let the Health Ministry remain as the last court of appeal. Why do they want to take over the management of that college and run it from the Ministerial level? Medical colleges should be run by universities and not by the Health Ministries in any country. Let Government beware; today, they are in power; if they set this precedent of controlling education from the governmental level, tomorrow, our friends opposite may be in power, and then they will be sorry for it.

Shri V. P. Nayar: We shall make her the Health Minister.

Shri Nath Pal: We shall invite her.

Dr. Sushila Nayar: Independence of education is one of the fundamentals that must be preserved in democracy, and I appeal to the Health Minister to reconsider his attitude in this respect.

Mr. Deputy Speaker: The following are the selected cut motions relating to the Demands under the Ministry of Health which will be treated as having been moved subject to their being otherwise admissible:—

Demand No.	No. of Cut Motion
42	288, 289, 949, 950, 951, 952, 953, 954, 997, 998, 999.
44	1039, 1041.
122	572, 1046, 1047, 1048.

Failure to provide free medical help throughout India

Shri M. B. Thakore (Patna): I beg to move:

"That the demand under the head 'Ministry of Health' be reduced to Re. 1."

Failure to provide free medical first-aid in schools and colleges

Shri M. B. Thakore: I beg to move:

"That the demand under the head 'Ministry of Health' be reduced to Re. 1."

Failure to check the growth of T.B. cases

Shri S. M. Banerjee: I beg to move:

"That the demand under the head 'Ministry of Health' be reduced by Rs. 100."

Exclusion of civilian employees in Defence Establishments of Delhi Cantt. from the purview of Contributory Health Services Scheme

Shri S. M. Banerjee: I beg to move:

"That the demand under the head 'Ministry of Health' be reduced by Rs. 100."

Need for financial aid to medical college in Kanpur

Shri S. M. Banerjee: I beg to move:

"That the demand under the head 'Ministry of Health' be reduced by Rs. 100."

Need to check the rapid growth of occupational diseases among the industrial workers both in public and private sectors

Shri S. M. Banerjee: I beg to move:

"That the demand under the head 'Ministry of Health' be reduced by Rs. 100."

Need to check the growth of leprosy

Shri S. M. Banerjee: I beg to move:

"That the demand under the head 'Ministry of Health' be reduced by Rs 100"

Family planning

Shri S. M. Banerjee: I beg to move.

"That the demand under the head 'Ministry of Health' be reduced by Rs. 100"

Need for financial aid to Kanpur medical hospital

Shri Jagdish Awasthi (Bilhaur) I beg to move

"That the demand under the head 'Ministry of Health' be reduced by Rs 100"

Exclusion of civilian workers in Defence establishment working in Delhi Cantt from the purview of Contributory Health Service Scheme

Shri Jagdish Awasthi: I beg to move

"That the demand under the head 'Ministry of Health' be reduced by Rs 100"

Growth of leprosy in the country

Shri Jagdish Awasthi: I beg to move,

"That the demand under the head 'Ministry of Health' be reduced by Rs 100"

Supply of defective smallpox and cholera vaccines to Orissa

Shri P. K. Deo (Kalahandi) I beg to move

"That the demand under the head 'Ministry of Health' be reduced by Rs 100"

Desirability of extending the B.C.G. campaign to every village by 1960

Shri P. K. Deo: I beg to move:

"That the demand under the head 'Public Health' be reduced by Rs 100"

Need to allocate funds for establishing a second Medical College in Orissa

Shri B. C. Mullick: I beg to move:

"That the demand under the head 'Capital Outlay of the Ministry of Health' be reduced by Rs 100."

Desirability of expanding the research on indigenous drugs

Shri P. K. Deo: I beg to move:

"That the demand under the head 'Capital Outlay of the Ministry of Health' be reduced by Rs 100"

Desirability of providing pipe water facilities in Bhubanesapatna in Orissa under the national water supply and sanitation programme

Shri P. K. Deo: I beg to move.

"That the demand under the head 'Capital Outlay of the Ministry of Health' be reduced by Rs 100"

Programme of water supply and sanitation in rural areas of Orissa

Shri P. K. Deo: I beg to move.

"That the demand under the head 'Capital Outlay of the Ministry of Health' be reduced by Rs 100"

Mr. Deputy-Speaker. These cut motions are now before the House

Shri Karmarkar: May I ask you respectfully how much time you propose to give me to reply to the debate? For very important observations have been made

Shri V. P. Nayar: It is a single annual performance, and he may take as much time as he needs

Mr. Deputy-Speaker: How long would he require for his reply?

Shri Karmarkar: About 45 minutes.

Mr. Deputy-Speaker: We began at 12.38. So, I shall call the hon Minister at seven minutes to five of the clock

Now, Dr Pashupati Mandal I would request hon Members to condense their remarks within as short a time as possible. If each one of the hon Members takes more than 15 minutes, it will not be possible to accommodate such a large number which has been intimated to me. I would rather request that hon Members should try to be brief and conclude their observations within ten minutes

श्रीमती लक्ष्मीबाई (सागर रक्षित
अनुसूचित जातियाँ) उपाध्यक्ष महोदय,
पहले महिलाओं को भी बालने का समय
दीजिये।

उपाध्यक्ष महोदय : जरूर।

Dr Pashupati Mandal (Bankura—
Reserved—Sch. Castes): I congratulate
the hon. Minister Shri Karmarkar,
who is a great soldier and an
able man to protect our country from
the menace of disease and to maintain
public health I congratulate the
Health Minister on his achievement in
medical science and public health

But the treatment which the State
of West Bengal has received from the
hon Minister is somewhat step-
motherly. If I try to say a few words
about the items provided in the report
which he has circulated to us, he will
be well convinced as to how he has
behaved with the State of West Bengal

There is Plan provision for the
following items in the report, and I
shall take them up one by one. Re-
garding upgrading and research in
medical colleges, nothing is provided
for West Bengal. As regards supply
of equipment, again, nothing has been
provided for West Bengal. Again, as
regards cash grants to medical col-
leges, in West Bengal, nothing has been
provided for, up till 1957-58. There is
only some provision for the Calcutta
Medical College in 1958-59. Again,
there is plan provision for opening of
a Department of Social and Preventive
Medicine in the medical colleges, but
up till 1957-58, nothing has been pro-
vided for West Bengal; only in 1958-59,
it has been provided for in the Calcutta
Medical College.

Then, take the question of admission
to the All India Institute of Medical
Sciences. Up till now, no Bengali
student has been admitted there. I
would suggest that there should be a
State-wise quota. There is no primary
need for admission of lady students
in this institute as there is provision

in the Lady Hardinge Medical College
in Delhi already.

Then, again, take the case of the
Vallabhbhai Patel Chest Clinic. Nearly
one-third of the total number of
students study medical science in West
Bengal; yet, there is no reserved seat
for West Bengal in this chest clinic.
But a reserved seat is desirable for
West Bengal in the interests of the
development of the science

Then, there is a primary need for
the opening of a college of nursing
in West Bengal, at least for the east-
ern zone, as it is the most suitable
central and convenient place in that
zone

As regards development and pro-
gress of indigenous systems of medi-
cine, the Astang Ayurved College and
George Homoeopathic College, Calcutta
are running smoothly and are progres-
sing well in combination with modern
science

Mr. Deputy-Speaker: If the hon-
lady Member Dr Sushila Nayar wants
to have some talk with the hon Min-
ister, she may sit there and then talk.

Dr Sushila Nayar: It is with regard
to a patient who is lying in the Lobby.

Mr. Deputy-Speaker: That consul-
tation can be had by sitting and talk-
ing

Dr Pashupati Mandal: Appropriate
funds will be allotted according to
their need further progress and devel-
opment. A research centre and post-
graduate study centre will be opened
in Astang Ayurved College, and there
is provision in the Plan for this

A plantation centre for herbs should
be opened in North Bengal. It is the
most suitable place

An Institute of Physical Medicine
and Rehabilitation should be opened
in West Bengal at least for the East-
ern Zone. Calcutta is the central place
of the Eastern Zone, and has every
scope for development.

T.B is the most crucial disease in our country There should be provision for chest and dental clinics in every district hospital, otherwise, it will not be possible to render treatment to all T.B patients It is the most crucial disease that we have to deal with at present, and it is the poor people who are attacked more by T.B

No sanction has been given to West Bengal for the establishment of new or expansion of existing medical colleges No *ad hoc* grant has been given for West Bengal as in the case of Kurnool and Bikaner No grant for upgrading colleges has been given to West Bengal as in the case of the Christian Medical College, Ludhiana From all these points you will be well convinced how West Bengal is treated

Shri D C Sharma: Have you a Christian Medical College in West Bengal?

Dr Pashupati Mandal: It is for upgrading

I wish to say a few words about the BS Medical College in Bankura District which I have the privilege to represent It has been affiliated to the Calcutta University Up till now students have been passing creditably at this institution All along, a private registered organisation has been running this college from public contributions The college has more than 100 acres of land There are 200 beds in the hospital The assets amount to Rs 50 lakhs Though the people there have been suffering from scarcity of food all along, they co-operate well and facilitate the running of the college It is a life and death question for Bankura District and the area The people are helping much, but the Government has tightened its hands Not a single farthing has yet come from Government funds The college authorities every year approach the Central Government through the State Government by submitting *pro forma* of application for grant, but so far this has produced nothing Last year the State Government was moved and the *pro forma* of application for grant was

sent with their recommendation and this year too for a grant of Rs 6,46,000 on 81st January 1959, but the Central Government has not yet moved in the matter

What is going to happen to the State of West Bengal? It is a problem State If you do not solve its problems then disastrous consequences will follow The people will run this medical college up to the last drop of their blood It is not a difficult problem for the Centre to help this medical college a little, when we have a dearth of medical men Students from all parts of the country like Kashmir, Delhi, U P, Bihar, Kerala, Andhra and Madras get admission there Bankura is a central place from the point of view of the three other districts of Midnapore Purulia and Birbhum So, I request the hon Minister to look into the matter and render some financial help to this college

There is a good dental medical college in Calcutta but no financial help is given to it A pediatric centre should be opened in West Bengal, to serve the Eastern Zone

Leprosy is a curse in Bankura and Midnapore districts There should be a pilot scheme of door to door treatment and making the diseased people non-infectious, so that we may check the spread of the disease in future If segregation and rehabilitation are possible, it is a better proposal, but I think that is not possible

Filaria and other infectious diseases can be checked by preventive measures as prevention is better than cure

I wish the Health Minister takes some initiative in the matter of compulsory primary education He should have a scheme to check up the health of the school and college boys and prevent epidemics and infectious diseases spreading among them In this respect, compulsion by legal measures is not at all desirable, and I think it should be done by creating

[Dr. Pashupati Mandal]

incentive, that is by giving the principal meal once in school daily and by giving proper clothing. To make this possible, you may collect contributions from the parents and guardians. Then, compulsory education will run smoothly without legal measures.

Once again I request the hon. Minister to look into the case of the B. S. Medical College and render financial help to it from this very year.

Then I have to say a few words about the programme for the eradication of malaria. Government must be very careful about this programme, if it is to be successful. I have been to Ranchi recently, and I visited the new construction of the Chandrapura—Ranchi B. G. line via Muri, and I found the coolies working there are attacked by malaria epidemically. No DDT spraying is done, only quinine and quinine substitutes are given to them by railway employees and contractors. I asked the railway employees and the contractors to inform the DGHS about the incidence of malaria. If after declaring that the eradication of malaria is complete, sporadic cases break out, then it will be of a great humiliation. So, I wish to bring this to the notice of the hon. Minister.

Government should take measures to import all important drugs that are not produced in our country.

The Medical Council Act was amended in 1956 and there is a provision for licenciates to be represented in the Council. It is a satisfactory proposal.

I also wish to say a few words about water supply position in Calcutta. I have already spoken about this on the Demands of the Irrigation and Power Ministry. The hon. Minister also stated in this House that it is a permanent headache to the Central Government too. It is not possible to solve this problem by tubewells. If increased discharge is drawn, then it will turn saline again because of sea

water. So, the only solution is the Farakka barrage. The problem of drinking water, which is the primary problem of the people of Calcutta numbering about 50 lakhs, can be solved only by the Farakka barrage.

Shri Khadilkar: I was rather surprised to hear an hon. Member from West Bengal, whose Government is headed by an eminent doctor, Dr. B. C. Roy, complain about so many things of particularly about medical services.

Dr. Pashupati Mandal: If you go through the report, you will find....

Shri Khadilkar: It was a great surprise to me.

Let me at the outset congratulate the Health Minister on his not being a doctor.

Shri S. M. Banerjee: For having good health.

Shri Khadilkar: If he had been a doctor, he would have shared all the prejudices and looked at the health problem from a technical point of view. Our health problem must be viewed against the background of our poverty because our present low state of health is entirely due to our very low subsistence level. When we look at it from this angle, there are certain limitations in undertaking measures. We can take some environmental measures or preventive measures, and other measures that are supposed to follow, will follow in their wake. But what is the state of affairs? Let us look at it. I am really sorry that the work that is being done in the Health Ministry is not adequate to meet the needs of our country. For instance, in the second Plan, the provision for social services was hardly between 6—7 per cent. In the Soviet Union, 1/5th of the entire budget—I would like to point out to the Health Minister—is given over to the health of the nation. So with this meagre allocation, he is dealing with problems which are really in a way menacing.

Several speakers before me have dealt with some aspects of the problem. I do not want to enter into controversies. We should not in our enthusiasm glorify certain systems which on scientific test do not stand on par with other systems. I do not mean that ayurveda, homoeopathy or unani or other indigenous systems which are there should go; they must co-exist because on pragmatic grounds, the allopathic doctors or allopathic medicine cannot reach the village people. This is the main question. And when I look at it from this angle, and see that the new notification will prevent non-registered or non-qualified medical practitioners from using antibiotics, I am surprised, because in the modern medicine, in the doctor's profession, there are only a few curative drugs and the real revolution was brought about in modern medicine by sulphur drugs and anti-biotics. These have been made available and have been used by professional doctors, qualified doctors, on a commercial scale I know of cases even where there was no indication; the doctor would say to the poor patient 'buy a few bulbs, I shall inject'. This is a scandal even in public hospitals. What has the Minister done so far to deal with this? I can point out cases from hospital to hospital where so-called 'honoraries' are there and where there is no provision for high potency effective drugs. Ordinary medicines and mixtures are given and poor patients are asked to go to the Chemists and get so many bulbs of penicillin and then they would be given the treatment. Some bulbs are pocketed. This is the position in public hospitals to which Government are giving large grants. At the same time, in rural areas where people are being served by non-qualified people for generations, you put this new restriction. There they follow either allopathy or homoeopathy. I know of people who are registered medical practitioners under the local Act whose only book is a list of drugs of some foreign company, and a stethoscope borrowed from a retired doctor. They practise because there is no medical aid avail-

able nearabout, no other treatment is possible. Almost all the centres are in the cities. Therefore, if he is suffering from pneumonia or typhoid, it is extremely difficult to rush him to the centre in the city.

So, I would request him to consider whether this order which aims at preventing people from getting sure remedies should stand. I know there is a certain amount of resistance if it is administered on a large scale and frequently. But I know of cases where, because of the commercialised nature of the profession, doctors and qualified doctors know that injection pays more and, therefore, they inject penicillin or some other drug in order to secure more money. So, when the whole profession is commercialised, why do Government want to prevent medical practitioners from rendering elementary aid at the door of patients, where Government aid is not reached? As far as this aspect of the new order is concerned, I would like to say this much.

As regards the other aspects, regarding medical education in general, great emphasis was laid on other systems. I must say this much that so far as modern medicine is concerned, when I say allopathy, I do not mean that allopathy has many drugs. Allopathy has a tendency to make people drug-addicts. The modern tendency of medicine is to rely less on drugs but allopathy has this tendency and, therefore, other systems also are following suit. I have given some thought to it. As between ayurveda and allopathy, when the commercial element has entered, so far as the cost is concerned, there is very little difference. The only cheap medicine available in this country is homoeopathy. That I must admit. Whether it cures diseases or not, it has a psychological effect. And most of the medicines that have been discovered so far, excepting a few drugs which are of a preventive or curative nature, have more psychological effect. They help nature to create resistance. Beyond that modern medicine has not advanced.

[Shri Khadilkar]

Therefore, while imparting education, we must take this factor into consideration and ask the people professing ayurveda or other indigenous systems of medicine to stand the scientific test. You administer a drug, watch the result and then prove that this is the result of administering the drug. Therefore, this is a curative thing, and if it is administered in such a way, it will have good results. We must admit that science is far advanced and people are producing synthetic drugs. It is no use saying that just because we had some medicine in the past serving the people, when science had not advanced, therefore, we should give a certain amount of top priority to it regarding financing so far as medical education is concerned. That is not a correct or scientific approach.

So far as one or two other aspects are concerned, let us take water supply. In this country, after the Second Plan hardly 6 per cent of the population gets what is called safe water. And after huge allocations, what is the observation or conclusion that our Estimates Committee have reached? In another context, my hon friend, Shri V P Nayar, pointed out that there are shortfalls in expenditure. But so far as this aspect—I mean water supply—is concerned, in 1956-57, the shortfall was Rs 15 and odd lakhs. In 1957-58, the figure was Rs 75.50 lakhs. These are the shortfalls. I would like to draw attention to an important observation of the Estimates Committee.

"The Committee were informed by the representatives of the Ministry during the evidence that one of the major difficulties in utilising the amount provided for water supply has been that the concurrence of the Planning Commission is not forthcoming to utilise the amount for constructing surface wells."

When big pipes are not available and other means of supply of water need more money as well as material, why

not allow people to have good water by this method? I cannot understand it. I would request the hon. Minister to look into this aspect, this elementary aspect, because all the carrier diseases, as we call them, exist because of unsafe water supply. Unless they provide good, safe water supply to the population—I mean good drinking water—I do not think this superstructure of the Health Ministry has any meaning—when the foundation is so weak. With these words, I will leave this aspect and turn to one or two other aspects.

Mention was made about leprosy. What is the state of leprosy in this country?

Shri Jangde (Bilaspur) Horrible

Shri Khadilkar: It is really horrible. I will give one or two figures. In some parts, out of 100, 2 to 4 are normally affected by leprosy. In some parts of the country, the rate is 15-20 per cent.

Shri Jangde: In tribal areas

Shri Khadilkar: Particularly in the eastern and southern parts of the country this is the position.

Now there is Sulphone therapy which, in some measure, creates a certain amount of immunity—not perfect immunity—so far as I know. It has good results. My humble submission is this. So far as this disease is concerned, there should be immediate legislation—at present it is on a voluntary basis—to sterilise. The positive cases of leprosy must be compulsorily sterilised.

There is another ground for this. Because of this disease, whether it is a man or a woman, one has excessive sex desire and they naturally try to satisfy that in whatever way possible and the next generation is affected. Therefore, I would like to know from the hon. Health Minister what he proposes to do to prevent this curse—when such a large number of people in this country are affected by leprosy.

One other aspect which is being talked about after the recent Family Planning Conference. Family planning is supposed to be run on a national scale. It has become a part of our national policy. The former Chief Minister of Bombay would not like to start even a single family planning centre in Bombay State during his regime because he said it would lead to a sort of immorality. He never started so far I know a Brahmacharya Ashram; but he never allowed a family planning centre to be started. Is this the policy of family planning? I want to point out how this Health Ministry is functioning.

Here is the family planning case-card. It is a very elaborate thing. The worker is supposed to go to the village and collect information. There is one item; and I am not reading the other items. I would appeal to you; what would be the reaction of a person in the village to this item? This item is, the woman is supposed to disclose to the worker the frequency of coitus and the risks taken.

Shri Karmarkar: What is the secrecy about it?

Shri Khadlikar: The frequency, that is the period between the former visit and the next one—and the risks taken. I will not read the other items of it. Are these elaborate details necessary?

Shri Karmarkar: You can read it; it is no obscene document.

Shri Khadlikar: When you approach the rural people for the first time, you should educate them.

Shri Karmarkar: I may tell my hon. friend that it is really the rural people that have given greater details than the urban people like my hon. friend who are chary of giving details, about the number of coitus etc.

Shri Khadlikar: So far as this question is concerned, this is not the way to proceed. You must make a direct, a simple and an understandable L.S.D.—7.

ing approach. It is entirely lacking. It is the proper approach that is needed more. I would like to say something more about it.

For the time being, what is the position of these urban and rural family planning centres? In this period, 500 urban centres and 200 rural units are to be started. Look at the planning of the Health Ministry. They have got maternity and child welfare centres; they have got social visitors independently; they have primary health centre; they have got the family planning centres also. I do not understand what is happening to the bureaucrats who are managing the Ministry. Why not they integrate all these centres? I would like to draw his attention as to how much saving is possible. In the urban areas, the recurring expense per centre is Rs. 13,000 and in the rural areas, it is Rs. 6,000. I would like to point out that in the urban areas a lady doctor is available. But, in the villages no lady doctor is available for this work. If all the work of maternity and child welfare, health visitors and family planning is integrated together, what would be the expenditure?

I would just quote some figures which have been provided by a well-known social worker on our side, a lady worker who has made it her mission in life to propagate this. (Interruptions). According to her, for a model mobile unit serving all these purposes, maternity and child welfare, health visitors and family planning, the non-recurring expenditure will be Rs. 35,500 and recurring will be about Rs. 20,000. If you take all these centres together, we are spending much more and without adequate medical assistance in the villages. This is a factor which must be very seriously looked into.

Mr. Deputy-Speaker: The hon. Member must conclude.

Shri Khadlikar: Sir, I will finish in two minutes. I will not take more time.

[Shri Khadilkar]

I am not talking about the Bombay State. West Bengal took 15 minutes and I can claim about 14 times that because I am talking of all India

Mr. Deputy-Speaker: I consider all hon. Members as equal.

Shri Khadilkar: Therefore, so far as family planning is concerned, you will have to look at the problem not only from the angle of control of population but also as a problem of rendering health service and a new approach to the surroundings that it creates. Let there be a mobile unit with a doctor and an assistant and let all different centres be integrated.

The other day I was just skipping through Who's Who of the Lok Sabha and the Rajya Sabha and I was really staggered at how we are also in a way responsible for this, for adding to the population. When we take statistics, we will find that we are adding to the population of this country enormously. I do not want to give the figures; it will look very awkward. (Interruptions).

An Hon. Member: Who tops the list?

Mr. Deputy-Speaker: Order, order.

Shri Khadilkar: Therefore, what I would like to urge is this. Let this problem be tackled in the proper way. So far as vasectomy is concerned, let there be a man who has got done vasectomy with the mobile van because there is fear complex in men. He must be a demonstration model. So far as sterilisation is concerned, on our side, the progress is encouraging. He knows it very well. I mean, in the Bombay State. There is good response. Why not allow medical women. . .

Mr. Deputy-Speaker: What does the hon. Member mean by our side—is it the Opposition?

Shri Khadilkar: I mean Bombay. (Interruptions).

An Hon. Member: Probably himself.

Shri Khadilkar: There are many private nursing homes. Why not give some help to private nursing homes where there is a certain amount of personal relationship between a patient and the doctor, a sort of family relationship? There, persuasion is possible to convert a lady to accept sterilisation. From the experience of social workers from my side, ladies accept sterilisation more willingly and men have developed a certain amount of fear complex. They feel that they will be feeling less manly if they undergo vasectomy. Why not encourage it by demonstration of these models? If you accept some of these suggestions, you will certainly make good progress so far as family planning is concerned.

I will mention one or two small matters and finish.

Mr. Deputy-Speaker: Now, the hon. Member ought to conclude.

Shri Khadilkar: Regarding children's food, baby food, glucose etc., it is a national problem. Why allow these things to be manufactured by private concerns? I cannot understand that. There is a regular black-market concerning these articles. These are necessities of life. In rural areas, you must supply them free wherever possible. If you cannot supply them free why not the State subsidise and start the manufacture on their own account. I would like to know that from the hon. Minister.

In conclusion, I would say this much. The Health Ministry must look at the problem from this broad angle. The main thing, as I said is prevention. As I said, a certain amount of environmental change, a change in outlook is necessary. If this is brought about, if the right use is made of the radio for educative purposes, better results would be achieved.

श्रीमती सहोबरा बाई : उपाध्यक्ष महोदय,
मैं.....

उपाध्यक्ष महोदय : मैं आप को बुलाऊंगी
अगर आप इन्तजार करेंगी।

श्रीमती सहोबरा बाई : आपने परसों से
आपवासन दिया हुआ है।

उपाध्यक्ष महोदय अगर आप किसी
आपवासन पर अरोसा रखती हैं, तो मैंने
नहीं दिया।

श्री नलबुर्गकर (उस्मानाबाद) : उपा-
ध्यक्ष महोदय, हमारा भारत देश अब तक
बाहरी हुकूमत की तहत था इसलिए उस
हुकूमत ने हमारे देश के आरोग्य की तरफ
अपना कोई लक्ष्य नहीं रक्खा। हमारी सम्पत्ति
की बाहरी लोगों ने लूट लुट कर दी। इसका
नतीजा यह हुआ कि हमारा देश दरिद्री हो
गया और उसकी उम्र कम हो गई। मैं आपको
जो फिगर्स दे रहा हूँ, उनसे आप देख सकेंगे कि
हमारे देश के लोगों की उम्र बमुकामले दूसरे
देशों के बहुत कम है और उस की सास वजह
यह है कि जितना ध्यान हमारे आरोग्य की
धीर दिया जाना चाहिये था वह विदेशी
हुकूमत के जरिये नहीं दिया गया। मैं आप
को दूसरे देशों की उम्र बतलाता हूँ जो इस
प्रकार हैं :

देश	पुरुष	स्त्री
न्यूजीलैण्ड	६५.०४	६७.८८
आस्ट्रेलिया	६३.४८	६७.१४
दक्षिण अफ्रीका	५७.५८	६१.४८
कैनाडा	५६.३२	६१.४६
अमेरिका	५६.१२	६२.६७
जर्मनी	५६.८६	६२.६७
इंग्लैण्ड	५८.७४	६२.८८
इटली	५३.७६	५६

कांस	५४.३०	५६.२
अमेरिकन मीडो	५७.५५	५६.५१
जापान	५४.८२	३१.३७
हिन्दुस्तान	३२.६	३१.३७

इससे देखा जायगा कि दूसरे मुमालिक
के मुकामले यानी न्यूजीलैण्ड, आस्ट्रेलिया के
मुकामले में हमारे फी शक्स की उम्र ३१ साल
कम है। इसके अलावा एक और भी ताज्जुब
की बात यह है कि दूसरे मुमालिक में स्त्रियों
की उम्र मर्दों की उम्र से ज्यादा है, कम से कम
दो या चार साल ज्यादा है। लेकिन हिन्दुस्तान
में ताज्जुब और मुसीबत की बात यह है कि
यहां पर मर्दों की उम्र दूसरे मुमालिक के
मुकामले तो कम है ही, लेकिन स्त्रियों की
उम्र यहां पर मर्दों की उम्र से भी कम है।

इस के बाद मैं बतलाता हूँ कि सन् १९४७
में मलेरिया और दूसरे अमराज से मरने वालों
की कुल तादाद ३६ लाख थी। लेकिन इसमें
से मलेरिया से मरने वालों की तादाद २५
लाख थी। टी० बी० से मरने वालों की तादाद
५ लाख, डिसेन्ट्री से मरने वालों की तादाद
२ लाख और ऐसे दूसरे अमराज से मरने वालों
की तादाद भी २ लाख, काबरा प्लेम आदि से
मरने वालों की तादाद २ लाख और बीमर
अमराज से मरने वालों की तादाद ३ लाख।

यह बात सही है कि इन तमाम मुसीबतों
के बावजूद दस सालों में यानी सन् १९४५ के
लेकर १९५६ तक मलेरिया से मरने वालों
की तादाद हमारे यहां कम जरूर हुई है।
सन् १९५२-५३ में मलेरिया से मरने वालों
की तादाद प्रति हजार ७५ थी, सन् १९५३-
५४ में वह फी हजार ६०.७ हो गई, सन्
१९५४-५५ में वह फी हजार ४१.२ हो गई
और सन् १९५५-५६ में वह तादाद फी हजार
१६.३ हो गई। लाजिमी तौर पर इसका यह
नतीजा निकलता है कि आप मलेरिया के
यामले में लोगों को ज्यादा फायदा कर सके

[जी नलपुर्वकर]

हैं। इसलिये मैं जिन चन्द बातों की तरफ तबज्जह मबजूल करता हूँ वह यह है कि भाज मुल्क की सेहत में जरूर कुछ इजाफा हुआ है और मरने वालों की तादाद जो मैंने पहले बताई थी उसमें कुछ कमी हो गई है। मैं बतलाता हूँ कि सन् १९४७ से १९४९ तक मरने वालों की तादाद फी १० हजार २६ ६ थी सन् १९४६ में वह तादाद १२.४ पर आ गई। तो यह जो तादाद कम हो गई है इसकी वजह यही मालूम होती है कि हिन्दुस्तान के लोगों की सेहत की तरफ, उन के आरोग्य की तरफ हमारी सरकार का ध्यान गया है। इसी तरह बालकों की मृत्यु संख्या जो सन् १९३५-३६ में फी दस हजार पर १६८ थी वह सन् १९४९ में १४५.६ हो गई, सन् १९४४ में वह फी दस हजार १०८ हो गई, और सन् १९४६ में वह फी दस हजार १०६ पर आ गई। इस के बरफ़स अगर प्राप जन्म की तादाद को देखें तो वह भी पहले से बढ़ गई है। यानी १९४९ में २५.२ थी वह सन् १९४६ में ३०.२ पर आ गई। इस को अगर देखा जाय तो यह मानना पड़ेगा कि मरने वालों की तादाद तो हमारे देश में कम हो गई है और जन्म की तादाद ज्यादा हो गई है और यही वजह है कि हमारे देश में भाज जनसंख्या बढ़ रही है। हमारी जनसंख्या के बढ़ने की कोई और वजह मुझे नहीं मालूम होती है।

लेकिन फिर भी मैं जानता हूँ कि हिन्दुस्तान में जो भी तरफकी धनी सेहत के मामले में हुई है वह बहुत कम है। अगर हम यू० के० और हिन्दुस्तान का मुकाबला करे तो हम को साफ पता चल जायेगा कि धनी हम इस मामले में कितने पीछे हैं। मैं वह प्राप को बतलाता हूँ ताकि हमारे मिनिस्टर साहब उस पर गौर करें। यूनाइटेड किंगडम में १००० लोगों के पीछे एक डाक्टर है, हिन्दुस्तान में ६३०० आधमियों के पीछे एक डाक्टर है, यूनाइटेड किंगडम में ३०० लोगों के पीछे एक नर्स है तो

हिन्दुस्तान में ४३०० लोगों के पीछे एक नर्स है। यूनाइटेड किंगडम में ४७७० लोगों के पीछे एक हेल्थ आफिसर है और हिन्दुस्तान में ४ लाख लोगों के पीछे एक हेल्थ आफिसर है। यूनाइटेड किंगडम में ६१८ औरतों के पीछे एक मिडवाइफ है जब कि हिन्दुस्तान में ६००० औरतों के पीछे एक मिडवाइफ है। हमारे देश की आबादी का खयाल करने के बाद हमें धनी कितने प्राये और जाना है इस तरफ इस हाउस की तबज्जह मबजूल होनी चाहिये।

इस के बाद सन् १९४८ से ले कर १९४९, एक हमारे जो मेडिकल इन्स्टिट्यूशन्स को दबाखाने बगैरह उन में कितना इजाफा हुआ है इस की तरफ भी तबज्जह दीजिये। मैं प्राप को उस के फिगर्स भी बता दूँ। सन् १९४८ में छोटे बड़े सब मिला कर ६४०१ दबाखाने थे, सन् १९४२ में ९४९८ हो गये और सन् १९४६-४७ में वह १०१७९ हो गये यानी ३७४०० आधमियों के पीछे एक दबाखाना इस तरह से हो गया। इस के बाद प्राप बेइस की तादाद को देखिये। सन् १९४६ में ८०५०८ बेइस थी, सन् १९४२ में १२४४१९ हो गई और सन् १९४६ में वह १४५५७२ हो गई। यानी १२३०० आधमियों के पीछे एक बेड। इस तरह के प्राप देख सकेंगे कि हिन्दुस्तान में हम लोगों को सेहत के मामले में बहुत तरफकी करनी बाकी है। जिस तरह से फिगर्स धनी मैंने बताये अगर हम उसी तरह से तरफकी करते रहे और हमारी सेहत की फेसिलिटीज मे इसी तरह से इजाफा होगा तो मुझे उम्मीद नहीं है कि १०० सालों के अन्दर भी हम उतनी तरफकी कर सकेंगे जितनी कि जरूरत है। इसलिये मंत्री महोदय से मेरी गुजारिश है कि सास कर इस मसले पर ज्यादा तबज्जह दी जाय।

मेरी दूसरी शिकायत यह है कि हाबाकि हमारे मुल्क के ज्यादातर लोग देहातों में रहते हैं फिर भी देहात के लोगों को बहुत कम

साधारण बचावकार्यों के इन्स्टिट्यूट्स की कम्प्लिमेंट बिलसती है। बाणों में रहने वालों की जगह जगह है यह ८२. १७ की सही है और क्लर्कों में रहने वालों की साधारण सिक १७. २३ है, फिर भी उन को ऐसे इन्स्टिट्यूट्स का जो कायदा मिलता है वह क्रमानुसार ६२ और ३८ की सही है। बानी ८२. १७ की सही लोगों के लिये तो ६२ की सही बचावकार्यों और १७. २३ की सही लोगों के लिये ३८ की सही बचावकार्यों। इरीलिये प्राय देहातों की पुकार है कि बहा पर ज्यादा बचावकार्यों नहीं हैं, मिडवाइक नहीं हैं, मैटर्निटी होम्स नहीं हैं, डाक्टर्स नहीं हैं। चूंकि हम को तमाम देहातों की तरफकी करनी है और जब हम देहातों को यूनिट मान कर प्राय बड़ रहे हैं, ऐसी सूरत में मंत्री महोदय से मेरी गुजारिश है कि वह अपनी तबज्जह खास कर देहातों की तरफ मबजूल करें।

इस के बाद एक और बात की तरफ प्राय की तबज्जह मबजूल करना चाहता हूं। यानी केप्रासी की तरफ जिस को मराठी में महारोग कहा जाता है। प्राय बहु बहुत ज्यादा फैल रहा है लेकिन उस की तरफ इस मिनिस्ट्री की तबज्जह कम होती जा रही है। सन् १९४० में इस के मरीजों की संख्या १० हजार की जनसंख्या के पीछे ४४. ३ थी, सन् १९५७ में वह बढ़ कर ६६. ४८ हो गई है। इस के पहले जब कौंसिल प्राय हेल्थ कायम हुई तो एक केप्रासी कमेटी भी उस में कायम हुई थी। केप्रासी कमेटी ने अपनी रिपोर्ट सन् १९५५ में पेश की। उस के बाद इस बारे में क्या काम हुआ है अभी तक उस का प्रन्दाजा जो हेल्थ मिनिस्ट्री की रिपोर्ट है, उस से नहीं लगता है। हेल्थ मिनिस्ट्री की जो रिपोर्ट है, उस के सफा ६१ पर केप्रासी के बारे में बहुत मामूली तौर पर दिया हुआ है। उस से कुछ ज्यादा पता नहीं चलता है। लेकिन जहां तक हम को मासूम है सेंट्रल केप्रासी कमेटी ने एक रिपोर्ट इन्स्टिट्यूट मन्त्रालय के बेंगलूर नामक स्थान पर स्थापित किया। उस के अन्तर कौंसिल प्राय मेडिकल रिपोर्ट ने इस रोग की रोक-

बाध के लिये कुछ काम किया है। केप्रासी पैदा करने वाला कोई एक सूक्ष्म प्रभु रहता है केप्रासी बैक्टीरिया कहते हैं और बाद में वह कंटैनुअस बन जाता है और वह बगने के बाद उसका प्रापरेषन किस तरह करना चाहिये उसके मुतालिक मेडिकल कौंसिल प्राय रिपोर्ट में सुझाव दिये थे। लेकिन जब हज देहात में जाते हैं तो वहां के लोगों को इसके मुतालिक कुछ पता ही नहीं रहता। मेरी मंत्री महोदय से गुजारिश है कि प्राय ऐसी मोबाइल यूनिट्स का इंतजाम कीजिये जो कि हर देहात और मीचे में जाकर वहां के लोगों को यह बतलायें कि केप्रासी कैसे पैदा होती है और उसका उपचार करने के लिये क्या किया जाना चाहिये और क्या सावधानी दर्तनी चाहिये। इस बारे में लोगों को सिनेमा और अन्य प्रकार से एजुकेट करना चाहिये।

अब देखा यह गया है कि इस रोग से पीड़ित लोगों की प्रायः इसको छिपाने की मनोवृत्ति होती है और लोगों पर वह जाहिर करने के लिये कि वे इस रोग में मुक्तिला नहीं हैं वे अपने हाथ से दूसरे लोगों को भी संक्रमित पिलाते हैं और चूंकि यह फैलने वाली बीमारी है इसलिए इसका अन्य लोगों पर बड़ा बुरा प्रभाव पड़ता है। हमारे देश में केप्रासी से पीड़ित व्यक्तियों की तादाद बढ़ रही है और अन्तर इस रोग को जल्द काबू में न लाया गया तो हमारी भावी पीढ़ी पर इसका बड़ा बुरा असर पड़ेगा। इसलिए मेरी मंत्री महोदय से प्रार्थना है कि वे इस के सम्बन्ध में सम्मीरतापूर्वक विचार करें और आवश्यक क्रम तत्काल उठावें।

श्रीमती सहोदरा बाई : उपाध्यक्ष महोदय, मैं आपकी आभारी हूँ कि आपने मुझे स्वास्थ्य मंत्रालय सम्बन्धी डिमांड्स पर बोलने का अवसर दिया।

मुझे इस अवसर पर मंत्री महोदय और इस संवदन का ध्यान विशेष करके बाणों की ओर दिखाना है वहां कि प्राचीन और नवीन

[सं.मती सहस्रों बाईं]

लोगों को चिकित्सा सम्बन्धी सुविधाएँ समुचित रूप में प्राप्त नहीं हैं और मेरी यह शिकायत है कि चिकित्सा सम्बन्धी सुविधाओं को देते समय सरकार ग्रहणों की ओर ही ध्यान रखती है और गांवों की उपेक्षा सी कर दी जाती है।

इसके अलावा प्रायः सरकारी अस्पतालों में क्या हालत है। वहाँ पर गरीब भ्रादरियों की कोई पूछ नहीं होती और गरीब भ्रादरियों को जिनके कि पास देने को पैसा नहीं होता उनको खाली अस्पताली मिक्सचर देकर गेट धाउट कर दिया जाता है। जिसके पास डाक्टरों आदि को देने के लिए पैसा होता है उसके इलाज पर तो ध्यान दिया जाता है और जिन के पास पैसा नहीं होता है उनका ठीक से इलाज नहीं किया जाता है और उसको बरबाद से ही झ्लाडी फूल कह कर गेट धाउट कर दिया जाता है। वे बेचारे गरीब लोग इधर से उधर दूक से लते फिरते हैं और उनकी कोई सुनवाई नहीं होती है।

मैं अपने स्वास्थ्य मंत्री की सेवा में यह निवेदन करना चाहूँगी कि उनके पास इतना अधिक काम और जिम्मेदारियाँ हैं कि अकेले सारा काम निबटाना और बाहर जाकर यह देखना कि कैसे काम हो रहा है, मैं समझती हूँ कि उनके लिये कठिन है और इसलिये मेरा यह सुझाव है कि वह अपने लिये एक लेडी डिप्टी मिनिस्टर रॉलें जो कि सारे देश भर में घूमा करके यह देख सके कि चिकित्सा सम्बन्धी व्यवस्था कैसी चल रही है और अस्पतालों में ठीक से काम चल रहा है कि नहीं। वह स्वास्थ्य उपसचिवी यह देखे कि हमारे सरकारी डाक्टर और नर्स आदि अपने कर्तव्य को ठीकसे निबाह रहे हैं कि नहीं।

इसके प्रतिरिक्त मैं स्वास्थ्य मंत्री महोदय से यह निवेदन करना चाहूँगी कि अब वे गांवों में चिकित्सा सम्बन्धी सुविधाओं को पहुँचाने के लिए विशेष रूप से ध्यान दें और अंत तक

जो गांवों की उपेक्षा होती आई है वह समायोजित करें। देहातों में न तो कोई अस्पताल है और न कोई मेडिकल कालिजेंस है। वहाँ पर डाक्टर भी मौजूद नहीं होते हैं। ग्रहणों में तो प्रायः प्रत्येक एक डाक्टर पैदा होता है तो कल १० पैदा हो जाते हैं और परसों उनकी संख्या बढ़ कर २० हो जाती है लेकिन इसके बरअक्स देहातों में न तो डाक्टर हैं, न नर्स हैं और न ही वहाँ पर अस्पताल और दवाघो की कोई व्यवस्था है। देहातों में हम देखते हैं कि जब कभी कालरा हुआ आदि झूत की बीमारियाँ फैलती हैं तो हजारों लोग इस बीमारी का शिकार हो कर मौत के मुह में चले जाते हैं। लोगो को इस से बचाने के लिये टीके आदि लगाने की उचित व्यवस्था नहीं होती है। इधर उधर कुछ के टीके लगा दिये जाते हैं और अपने रेडक्लस में यह दर्ज कर लिया जाता है कि इतने हजार मनुष्यों के हम ने टीके लगाये जोकि वास्तविकता से परे होता है। वे कुछ के टीके लगा कर गांव से चल देते हैं और प्रत्येक उन के खिलाफ रिपोर्ट भी करो तो उस की कोई सुनवाई नहीं होती है। मेरी प्रार्थना है कि इस ओर ध्यान दिया जाय और इस के लिये कड़े कदम उठाये जायें ताकि यह काम ठीक से चले और जिम्मेदार लोग ठीक से अपने कर्तव्य को निबाहें।

जहाँ तक नर्सों की भर्ती और ट्रेनिंग का सवाल है मेरी शिकायत यह है कि वहाँ पर एक तरह से जातिवाद चलता है। प्रत्येक नर्स क्रिश्चियन होती है तो उस को तो जगह दे दी जाती है लेकिन हिन्दू नर्स को बड़ी मुश्किल से जगह जा कर मिलती है। इसी तरह ईसाई डाक्टर को जल्दी जगह मिल जाती है लेकिन हिन्दू डाक्टर को इस मामले में काफ़ी विषमता का सामना करना पड़ता है। उस को तो तभी सक्षिप्त किया जाता है जब वह इधर उधर दौड़ घूम करे और

१००, २०० रुपये प्राइवेट में बना दे और लूंचे का कर कहीं उस का काम बनता है। मैं सबके के सामने सब कहती हूँ कि डिपार्टमेंट में इतनी धीबली चलती है कि जब तक १०० रुपये उन की न दिये जायें तब तक उसे डिपार्टमेंट के अन्दर मर्ती नहीं करते हैं। उस से पहले ही पूछ लिया जाता है कि उस के पास देने की १०० रुपये हैं और अगर उस का उत्तर नहीं में होता है तो बट से कह दिया जाता है कि तुम्हारे वास्ते यहां पर जगह नहीं है। अब आप ही सोचिये कि जहां पर ऐसा अंधेरखाता चल रहा हो वहां की व्यवस्था कैसे अच्छी रह सकती है और आम जनता कैसे सन्तुष्ट हो सकती है। मेरी भाग है कि आज नसों के सम्बन्ध में जो यह ईसाई और हिन्दू वाला बात चलती है, यह बन्द होनी चाहिये और डाक्टरों और नसों में खर्च हिन्दू लोगों के अतिरिक्त हमारे खेडबूख कास्ट के लोगों को भी जगह देनी चाहिये। बिकल्सा सम्बन्धी कामों में और लोगों के स्वास्थ्य सम्बन्धी कामों में महिलाओं को अधिक से अधिक अवसर प्रदान करना चाहिये क्योंकि यह काम महिलायें बहुत अच्छी तरह से कर सकती हैं।

इस के साथ ही मैं आप को अपने अनुभव के आधार पर यह बतलाना चाहती हूँ कि अस्पतालों में गरीब लोगों का बिल्कुल ध्यान नहीं किया जाता है और उन को औषधि दिया जाता है वह बहुत ही घटिया किस्म का होता है। मेरे गोली लगी थी और उस की वजह से मुझे दो साल तक अस्पताल में रहना पड़ा और मैंने खुद यह देखा कि किस तरह यह डाक्टर और नर्स गरीब और अगपड़े लोग या वे लोग जोकि अंधेरी नहीं जानते, उन के साथ कैसे उपेक्षा का बर्ताव करते हैं और वही डाक्टर और नर्स उन मरीजों के साथ जोकि अंधेरी पड़े लिये हैं और अंधेरी में गिटपिट कर लेते हैं और अंधेरे में भीरी मूच कहती हैं उन के साथ उन का बर्ताव बिल्कुल दूसरा होता है और

उन का वे खयाल रखते हैं कि इन को कोई शिकायत करने का मौका न हो। मैं सब कहती हूँ कि वहां पर गरीब लोगों को ऐसी कच्ची रोटी और खराब दाल मिलती है कि भरीख न मरता हो तो मर जाये और मैं यह झूठ नहीं कह रही हूँ

उपाम्पन्न महोदय : आप की बार बार यह बर्षों यक्रीन कराना पड़ता है कि आप झूठ नहीं बोलतीं। आप पर यक्रीन किया जाता है कि आप सब बोल रही हैं।

जीमती लहोबरा बाई : मैं झूठ नहीं बोलती। इसी तरह मेरा कहना है कि वेहूसों में सबसेही अस्पताल अधिक होने चाहिए क्योंकि ग्रामीणों को घर बरानों की अपेक्षा इन सबसेही अस्पतालों की अधिक जरूरत पड़ती है और आज यह सुविधा न होने से हमारे गरीब किसानों को अपने बच्चों, बेटों और नारों का इलाज कराने के लिये २०, ३० मील तक का सफ़र करना पड़ता है। मेरा तो कहना है कि अगर सेंट्रल गवर्नमेंट वह चीज पूरी तरह न कर सके तो प्रान्तीय सरकारों को इस के लिये आवश्यक आवेष्ट दिया जाय ताकि वे अपने यहां पर इस सम्बन्ध में उचित व्यवस्था करें।

16 hrs.

दूसरे हमारे कर्मचारी लोप ठीक से काम नहीं करते क्योंकि उन को डर नहीं है। हमारे शासन में बहुत ठिकाना था बची है। हम इतने कमजोर हो गये हैं कि ऐसा कड़ा कानून नहीं बनाते कि सही काम हो। आजकल किसी के अन्दर डर नहीं है। अगर उन की रिपोर्ट लिखी जाती है तो उस की कोई सुनवाई नहीं होती। अगर रिपोर्ट दफ़्तर में जाती है तो वह घर से बस सेर थी या सौ रुपये के जा कर दे देता है और वह रिपोर्ट नहीं मिलती। कोई कार्य ठीक तरह से नहीं हो रहा है। अफ़्ताफ़र से तो नाक में दम है।

[बीमती सहीदरा बाई]

हमारे पंडित ठाकुर दास भागंब ने कहा कि बढ़ती हुई भाषाची की रोकना चाहिये। लेकिन मैं तो समझती हूँ कि भगवान भी उत्तर भाषे तो यह काम नहीं हो सकता। पहले आप यह नियम बनायें कि जो ५० या ६० साल के हैं वे दूसरी भाषी न करें। पहले इस के लिये नियम बनायें तब फिर नवयुवकों के लिये कानून बनाइयेगा। बहुत से बड़े तीन तीन औरतें रखे हुए हैं। मैं झूठ नहीं बोलती। अगर प्राय रकतें हैं अपनी सेवा के लिये तो साल भर में उस के बच्चा हो जाता है और वह रानी बन जाती है। तो पहले इन ५० और ६० साल की उम्र वालों के लिये कानून बनाइये तब नवयुवकों के लिये बना सकते हैं। यह बात तो शहरों की हुई।

देहात में तो किसान ज्यादा हैं। अगर आप ने किसानों के लिये यह कानून बनाया तो उन की खेती की रक्षा कौन करेगा। जब तक कि किसान के ६ या ८ बच्चे न हों तब तक उस के खेत की रक्षवाली नहीं हो सकती। एक चाहिये गायों के लिये, एक चाहिये हार के लिये, एक चाहिये रात के लिये, एक चाहिये दिन के लिये। तो वहाँ तो यह कानून नहीं चल सकता। अगर आप देहातों में यह कानून लागू करेंगे तो वहाँ पर पैदावार नहीं होगी और अगर पैदावार नहीं होगी तो देश की रक्षा कैसे होगी। किसान गल्सा पैदा करता है और उसी से देश का काम चलता है। जब तक किसान गल्सा पैदा नहीं करेगा तब तक देश की रक्षा नहीं हो सकती। तो आप को किसानों के स्वास्थ्य की ओर ध्यान देना चाहिये, उन के मवेशियों की ओर ध्यान देना चाहिये ताकि अच्छी नस्ल के मवेशी हों। इस की ओर आप ध्यान नहीं देते और न इस मामले में उन की कोई सुनवाई होती है।

मैं बोलना तो बहुत चाहती थी लेकिन मेरे पास समय कम है। मुझे देहात के बारे में बहुत कुछ कहना था। अगर एक घंटे का समय दिया जाता तो मैं सब बातें आप के सामने रखती। मैं मंत्री जी से इतना ही कहना चाहती हूँ कि वे देहातों की ओर ध्यान दें जिस से किसान की उन्नति हो, भ्रष्टाचार न हो और प्राइवेट में दबाव न बेची जायें। डाक्टर प्राइवेट में दबाव देते हैं आप कभी निरीक्षण नहीं करते। मरीज मारे मारे फिरते हैं। मेरी प्रार्थना है कि आप इस तरफ ध्यान दें।

श्री अब्दुल सतीफ (विजनीर) : जनाब डिप्टी स्पीकर साहब, मैं आप का शुक्रगुजार हूँ कि आप ने मुझे बोलने का मौका दिया।

मैं कोई लम्बी चीड़ी तकरीर नहीं करूँगा क्योंकि मुझ से पहले बोलने वालों ने मेरा काम बहुत हलका कर दिया है। अब तो मैं सिर्फ प्रायुर्वेदिक और यूनानी तिब्बिया कालिज के सिलसिले में कुछ प्रर्ष करना चाहता हूँ, और इस की मुस्तसिर हिस्ट्री बयान करना चाहता हूँ कि किस सन् में यह कायम हुआ और किस तरह यह चला। सन् १६०३ में इस की बुनियाद रखी गई। मकतब की शकल में। यह तिब्बिया कालिज की शकल में न था। सन् १६१७ में इस कालिज के लिये ४० एकड़ जमीन करौल बाग में ली गयी। इस वकत हुकीम अजमल खां साहब सेक्रेटरी, और राय बहादुर साला शिव प्रसाद साहब कालेज के सदर मुकर्रर हुए उस के बाद सन् १६२१ में यह तैयार हुआ। महात्मा गांधी जी ने इस का इस्तताह किया। उस वकत से जो सिद्धमात इस कालेज से हैं वे सब पर रोशन हैं। लेकिन हुकीम अजमल खां साहब के इस्तफान के बाद इस की हासत बहुत नामुपतावे हो गयी। मेरी दरखास्त है और मेरा सजेशन है कि प्रायुर्वेदिक यूनानी तिब्बिया

कालिज को सेंट्रल गवर्नमेंट अपने हाथ में ले ले और उस को रिसर्च कालिज बनावें। और ज्यादा से ज्यादा इमेवाच जो उस को दी जा सकती हो वह गवर्नमेंट दे और इसका नाम अजमल गांधी मेमोरियल सेंट्रल रिसर्च कालिज रखा जाये।

मैं इस वकत एलोपैथी की वा दूसरे तरीके इलाज की कोई मुशाफिकत करने के लिये लड़ा नहीं हुआ हूँ और न इस का मौका और महल है। अभी एक लेडी मैम्बर साहिबा ने जोकि खुद डाक्टर हैं, प्रायुर्वेदिक और यूनानी तरीके इलाज पर कुछ ऐतराज किया था। मुझ को इस सिलसिले में एक खेर याद आता है :

गुनो गुलबी का गिला बुलबुल खुस लहजा न कर,
तू गिरफ्तार हुई अपनी सवा के बायस।

आज हम में वह लोग भी मौजूद हैं जो यूनानी और प्रायुर्वेदिक तरीके इलाज की मुशाफिकत कर सकते हैं। मैं बन्द मिसानें आप के सामने पेश करना चाहता हूँ। हकीम अजमल सां साहब देहरादून में थे और एक सेठ साहब आये। उन के लड़के के पेट में तीन रोज से दर्द था। तमाम डाक्टर जवाब दे चुके थे। उन को अपने लड़के जीवत की कोई उम्मीद बाकी नहीं रही थी। हकीम अजमल सां साहब को बुलाया गया वहाँ फीस का कोई सवाल नहीं था। हकीम साहब फरमाते हैं कि देखो तुम्हारे यहाँ काले उदक की दाल है। वह कहता है बी हां। उन्होंने कहा कि दाल को हंडिया में डालो और उस को पकाओ। जब पानी खूब गरम हो जाय तो उस का पानी मरीज को दो। पानी मरीज को दिया गया। एक घंटे में मरीज को आराम आ गया।

बिरगी एक ऐसा मर्ज है कि जिसका आज तक डाक्टरों में कोई इलाज नहीं है। एक मरीज को ३० बीरे रोज पड़ते थे। हकीम अजमल सां साहब के सामने वह

मरीज लाया गया। उनके इलाज के उसके २६ बीरे खत्म हो गये। इसी दरम्यान मैं उनको इंग्लैंड जाना पड़ा। जो एक बीरा रह गया था वह हकीम मुहम्मद अहमद साहब के इलाज से ठीक हो गया। आज तक एलोपैथी में बिरगी का कोई इलाज नहीं है। लेकिन इससे मेरा यह मकसद नहीं है कि मैं एलोपैथी की मुशाफिकत कर रहा हूँ। लेकिन आज हिन्दुस्तान के अन्दर करोड़ों लोगों की यह आशा है कि अंग्रेजी दवा हमें मुशाफिक नहीं आती। और अब तो दवा का सवाल ही नहीं है। आप डाक्टर के पास जाइये वह इंजेक्शन देते हैं और उसका पूरा कोर्स देते हैं और हर इंजेक्शन के दाम हैं पांच रुपये। डाक्टर को बुलाने की फीस भलग। हमारे जैसे छोटे छोटे जिलों तक में डाक्टर की फीस दस रुपये है। अब उनके पास कोई और इलाज बाकी नहीं रहा सिर्फ एक इलाज बाकी रह गया है इंजेक्शन का। और मैंने और जियर का इलाज यह रह गया है कि अस्पताल में दाखल करो और रबड़ की नलकियां डाल कर देखा जाता है कि क्या मर्ज है। मैं आपसे आर्ज करूँ कि कनकल के रामचन्द्र वैद्य और बिजनौर के हकीम रहीमउल्ला साहब के जियर और मैंने की बीमारियों के लिये एक-एक आने के नुस्खे होते थे। आज हालत यह है कि हम डाक्टरी इलाज नहीं करा सकते। आज मिडिल क्लास और गरीब की हालत तबाहकुन है और वह इस इलाज का खर्चा बरदाश्त नहीं कर सकता। अगर हमारी जो कुछ तबज्जह है वह मैडीकल कालिज की तरफ है। इस तरफ नहीं है कि सस्ते से सस्ता इलाज किया जा सके। मैं मिनिस्टर साहब की सिधमत में यह आर्ज करना चाहता हूँ कि यूनानी और प्रायुर्वेदिक तरीके इलाज के साथ सीतेली मां जैसा तर्ज अमल प्रवृत्त न किया जाय। यह एक आपकी अमानत है। मैं ने जो सजेसन रखा है अगर इसको मान लिया जाये तो महारत्ना गांधी और अजमल सां

[श्री भगवत लर्नाफ]

साहब की यादगार भी कायम हो सकती है और एक रिसर्च कालिज भी कायम हो सकता है। अगर सेंट्रल गवर्नमेंट इस काम को अपने हाथ में ले।

जैसा कि मैंने पहले आप से प्रार्थना किया है, मेरा मतलब यह हरगिज नहीं है कि मैं ऐसीवीसी की कोई मुबालिफत कर रहा हूँ, लेकिन हज़ूर, अब तो यह खालम हो गया है कि एक कम्पाउंडर निकला और वह एक डाक्टर हो गया, एक हकीम ने सर्टिफिकेट दे दिया और वह हकीम हो गया, एक बँच ने सर्टिफिकेट दे दिया और वह बँच हो गया और जहाँ तक होम्योपैथ्स का खवाल है, जिबर् देखिये, बहा कितने ही ऐसे लोग बैठे हैं, जो कहते हैं कि हम दस दस साल से प्रैक्टिस कर रहे हैं हमको सर्टिफिकेट दिया जाय। इस का नतीजा यह है कि बग़ाय इस के कि मुल्क में रहने वाली की तदुस्ती और सेहत में इन्फ़ाफ़ हो, ऐसे लोगों की बजह से उन को मुक़्तान हो रहा है। इस लिये सोनी के फ़लाह-ब-बहुदूद के लिये सब से पहला कदम यह उठाया जाना चाहिये कि ऐसे लोगों को कायूमन बिन किया जाय और जिबर् के पास सास सास कायोजो की तपद नहीं है, उन को प्रैक्टिस करने की इजाजत न दी जाय।

मैं फिर प्रार्थना करता हूँ कि तिबिया कालिज को रिसर्च कालिज की शकल में तब्दील कर दिया जाय और सेंट्रल गवर्नमेंट बूद उस की रन करे। उस को इस बकत दिल्ली स्टेट से बूद नाबं रूपया मिलता है। लाला भवदन मोहन सास प्रायुर्वेदिक रिसर्च ट्रस्ट यहाँ से उस की बारह हज़ार रूपया सालाना मिलता है और कुछ हिन्दुस्तानी दवाखाने से मिलता है। उस की हालत यह है कि इस बकत उस का काम बंलना मुक़िल है। मेरी दरखास्त यह है कि कालिज

का नाम मांशी ब्रजसत प्रायुर्वेदिक यूनाइटी रिसर्च कालिज रखा जाय और उब्र को ज्यादा से ज्यादा तरफकी दी जाये। मैं किसी की मुबालिफत नहीं करता हूँ, लेकिन मैं प्रार्थना करता हूँ कि ऐसीवीसी के तरीका-ग-इलाज को ज्यादा एनकरेज न किया जाये और अपनी हज़ारो बरस की ओ यादगार हिन्दुस्तान में है, उस को मिटाया न जाये। आप से उम्मीद है—आप से पहलें हेल्थ डिपार्टमेंट जिन के पास था, उन से उम्मीद नहीं की जा सकती थी, लेकिन आप से उम्मीद की जा सकती है—कि आप ज्यादा से ज्यादा इस की इमदाद करेगे। अब मैं ज्यादा बकत नहीं लेना चाहता हूँ।

[श्री عبداللطيف (بھنور): جناب

پہلی اسپیکر صاحب - میں آپ کا شکریہ ادا ہوں کہ آپ نے مجھے بولنے کا موقع دیا۔

میں کوئی لمبی چوڑی تقریر نہیں کرنا کہونکہ مجھے وہ پہلے بولنے والوں نے سہرا نام بہت ہلکا کر دیا ہے۔ اب تو میں صرف آپریویدنگ اور یونائیٹڈ کالج کالج دہلی کے سلسلے میں کچھ عرض کرنا چاہتا ہوں۔ اور اسکی مختصر دستوری بیان کرنا چاہتا ہوں کہ کس حق میں یہ قائم ہوا اور کس طرح یہ چلا۔ سالہ ۱۹۰۳ میں اس کی بلوان دکھی گئی مکتب کی شکل میں۔ یہ طبعا کالج کی شکل میں نہ تھا۔ سالہ ۱۹۱۷ میں اس کالج کے لئے ۳۰ لاکھ روپوں قرضوں باغ میں لی گئی اس وقت حکیم لاجپت جاس صاحب۔ سکریٹری اور ڈائری بہادر لالہ شو

پہر شاہ صاحب کالج کے صدر مقرر ہوئے۔ اس کے بعد سنہ ۱۹۲۱ میں یہ تیار ہوا۔ مہاتما گاندھی نے اس کا افتتاح کیا۔ اس وقت سے جو خدمات اس کالج سے ہوں وہ سب پر روشن ہوں۔ لیکن حکیم اجمل خاں صاحب کے انتقال کے بعد اس کی حالت بہتہ نالائقہ بن ہو گئی۔ میٹری درخواست ہے اور سہرا یہ سچیشن ہے کہ آہورویڈک یونائیٹڈ کالج کو سٹورل گورنمنٹ ایجوکیشن میں لے لے۔ اور اس کو سرچ کالج بنائے۔ اور زیادہ سے زیادہ امداد جو اس کو دی جا سکتی ہو وہ گورنمنٹ دے۔ اور اس کا نام اجمل گاندھی میٹری سٹورل سرچ کالج رکھا جائے۔

میں اس وقت ایڈووکیٹوں کی یہ دوسرے طریقہ علاج کی کوئی مخالفت کرتے کے لئے کہوا نہیں ہوا ہوں اور نہ اس کا موقع اور محل ہے۔ ابھی ایک ایسی میٹری صاحب نے جو کہ فیک ڈاکٹر ہیں۔ آہورویڈک اور یونائیٹڈ طریقہ علاج پر کچھ اعتراض کیا تھا۔ مجھے کو اس سلسلہ میں ایک شعر یاد آتا ہے۔

کل رنگچھوں کا

بدل خوں لہجہ نہ کر

تو گرفتار ہوئی

اپنی صدائے بخت

آج ہم میں وہ لوگ بھی موجود ہیں جو آہورویڈک اور یونائیٹڈ طریقہ علاج کی مخالفت کر سکتے ہیں۔ میں چلند میں ہوں آپ کے سامنے پیش کرنا چاہتا ہوں۔ حکیم اجمل خاں صاحب دہراپور میں تھے اور ایک سہو صاحب آئے۔ ان کے لڑکے کے پھٹ میں تین روز سے درد تھا۔ تمام ڈاکٹر جواب دے چکے ہیں۔ ان کو اچے لڑکے کی ہسٹ کی کوئی امید باقی نہیں رہی ہے۔ حکیم اجمل خاں صاحب کو بلانے جاتے ہیں۔ حکیم صاحب کے بیان ہنس کا کوئی حوالہ ہی نہ تھا۔ حکیم صاحب فرماتے ہیں کہ تمہارے یہاں این کی دال ہے۔ وہ کہتے ہیں کہ جی ہاں ہے۔ حکیم صاحب نے کہا کہ دال کو ہلکیا میں قلو اور اس کو پتو۔ جب پانی خوب گرم ہو جائے تو اس کا پانی سریش کو دو۔ پانی دیا گیا ایک گھنٹہ میں سریش کو آرام ہو گیا۔

مرئی ایک ایسا مرض ہے کہ جس کا آج تک ڈاکٹری میں کوئی علاج نہیں ہے۔ ایک سریش کو تیس دوڑے روزانہ پڑتے تھے۔ حکیم اجمل خاں صاحب کے یہاں سریش لیا گیا۔ ان کے علاج سے اس کے ۱۹ دوڑے ختم ہو گئے۔ اس درمیان میں حکیم صاحب کو اطلاع جانا پڑا۔ جب

[شری مہدی لعلی]

ایک دیرہ رہ گیا تھا وہ حکیم محمد احمد صاحب کے علاج سے ختم ہو گیا۔ آج تک ایلوپیتھی میں سرجی کا علاج نہیں ہے۔ لیکن اس سے پہلے یہ مقصد نہیں ہے کہ میں ایلوپیتھی کی مخالفت کر رہا ہوں۔ لیکن آج ہندوستان کے اندر کروڑوں لوگوں کی یہ آواز ہے کہ انگریزی دوا ہمیں موافق نہیں آتی۔ اور اب تو دوا کا سوال ہی نہیں ہے۔ آپ ڈاکٹر کے پاس جائیں۔ وہ انچکھی دیتے ہیں۔ اور اس کا پورا کورس دیتے ہیں۔ اور ہر انچکھی کے نام میں پانچ روپے۔ ڈاکٹر کو ہانے کی فیس الگ۔ ہمارے جیسے چھوٹے چھوٹے شہروں تک میں ڈاکٹر کی فیس دس روپے ہے۔ اب ان کے پاس کوئی اور علاج باقی نہیں رہا ہے؟ صرف ایک علاج باقی رہ گیا ہے وہ انچکھی ہے۔ اور معدہ اور جگر کا علاج یہ رہ گیا ہے کہ اسپتال میں داخل کرو۔ اور رہو کی بہت سی لکھنیاں ڈاکٹر دیکھا جاتا ہے کہ کیا مرض ہے۔ میں آپ سے عرض کروں کہ کلکتہ کے رام چندر صاحب وہ لوہے اور بھنگور کے حکیم رحیم اللہ صاحب کے یہاں جگر اور معدہ کی بیماریوں کے لئے ایک ایک آنے کے

نستے ہوئے تھے۔ آج حالت یہ ہے کہ ہم ڈاکٹری علاج نہیں کرا سکتے۔ آج منزل ڈاکس اور فریب کی حالت تھا۔ مگر اس کا اس علاج کا خرچہ برداشت نہیں کر سکتا۔ مگر ہمارے جو کچھ توجہ ہے وہ ہسپتال کالج کی طرف ہے۔ اس طرف نہیں ہے کہ سستے سے سستا علاج کیا جا سکے۔ میں منسٹر صاحب کی خدمت میں یہ عرض کرنا چاہتا ہوں کہ ہولائی اور آپورہدک طریقہ علاج کے ساتھ سوتیلی ماں جیسا طرز عمل اختیار نہ کیا جائے۔ یہ آپ کے پاس ایک امانت ہے۔ میں نے جو سمجھیں رکھا ہے اگر اس کو مان لیا جائے تو مہانتا گاندھی اور حکیم اجمل خاں صاحب کی یادگار بھی قائم ہو سکتی ہے اور ایک سرچ کالج بھی قائم ہو سکتا ہے۔ اگر سنٹرل گورنمنٹ اس کام کو ایلے ہانہ میں لے جیسا کہ میں نے پہلے آپ سے عرض کیا ہے پہلے مقصد یہ ہوگا کہ میں ایلوپیتھی کی کوئی مخالفت کر رہا ہوں۔ لیکن حضور۔ اب تو یہ عالم ہو گیا ہے کہ ایک کھانڈنڈ اور وہ ڈاکٹر ہو گیا۔ ایک حکیم نے سوتیلیکھت دے دیا اور وہ حکیم ہو گیا۔ ایک ونڈ نے سوتیلیکھت پکڑے دیا اور وہ ونڈ ہو گیا اور جہاں تک ہوسکتی ہے، سوال ہے۔ چند دیکھئے۔ وہاں کئی

ہی ایسے لوگ ہیٹھے ہیں جو کہتے ہیں کہ ہم دس دس سال سے پریکٹس کر رہے ہیں - ہسکو سرتھلہکیت دیا جائے - اس کا نتیجہ یہ ہے کہ بجائے اسکے کہ ملک میں رہنے والوں کی تندرستی اور صحت میں اضافہ ہو ایسے لوگوں کی وجہ سے ان کو نقصان ہو رہا ہے - اس لئے لوگوں کے فلاح و بہبود کے لئے سب سے پہلا قدم یہ اٹھایا جانا چاہئے کہ ایسے لوگوں کو قانوناً یون کما جائے اور جن کے پاس خاص خاص کالجوں کی سید نہیں ہیں ان کو پریکٹس کرنے کی اجازت نہ دی جائے -

میں پھر عرض کرنا چاہتا ہوں کہ طبیعتہ کالج کو ریسرچ کالج کی شکل میں تبدیل کر دیا جائے اور سہنگول گورنمنٹ خود اسکو رن کرے - اس کو اس وقت دہلی سنگھ سے تیس لاکھ روپے ملتا ہے - لاکھ مدن موہن لال اہورنڈک ریسرچ ٹرسٹ سے اسکو ہارے ہزار روپے سالانہ ملتا ہے اور کچھ ہلدوسٹائی دوا خانے سے ملتا ہے - اس کی حالت یہ ہے کہ اس وقت اس کا کام چلنا مشکل ہے - مہدی ڈیپارٹمنٹ سے یہ کہ کالج کا نام اہورنڈک یونائی

گندھی اجمل ریسرچ کالج رکھا جائے اور اس کو زیادہ سے زیادہ ترقی دی جائے - میں کسی کی مخالفت نہیں کرتا ہوں لیکن میں عرض کرنا چاہتا ہوں کہ ایلوپیٹھی کے طریقہ علاج کو زیادہ ایلوپیٹھی نہ کہا جائے اور اہلی ہزاروں برس کی جو یادگار ہلدوسٹان میں ہے اسکو مقایا نہ جائے - آپ سے اُسد ہے - آپ سے پہلے ہلکھہ تپارٹمنٹ جن کے پاس تھا ان سے اُسد نہیں کی جا سکتی تھی - لیکن آپ سے اُسد کی جا سکتی ہے - کہ آپ زیادہ سے زیادہ اس کی امداد کرینگے - اب میں زیادہ وقت نہیں لینا چاہتا ہوں -]

سہی جاپریش برکشی : उपाध्यक्ष महोदय स्वास्थ्य मंत्रालय के अनुधानों के सम्बन्ध में सदन के कई माननीय सदस्यों ने अपने विचार व्यक्त किए। मैं इस सम्बन्ध में यह निवेदन करना चाहूंगा कि यद्यपि स्वास्थ्य मंत्रालय के वार्षिक प्रतिवेदन में कहा गया है कि देश की ग्रामीण जनता को शुद्ध जल पहुंचाने की दृष्टि से द्वितीय पंच-वर्षीय योजना में करीब २८ करोड़ रुपए रले गये हैं और शहर वालों को पानी उपलब्ध करने के लिए करीब ५७ करोड़ रुपए रले गए हैं लेकिन मैं कहना चाहता हूँ कि पिछले वर्ष गर्मी के दिनों में सारे देश में जो कुछ हुआ, वह सारे सदन को शत है। बिहार और उत्तर प्रदेश के ग्रामीण क्षेत्रों में इतनी गर्मी पड़ी कि वहाँ के ग्रामिकांश कुंए सूख गए और लोगों को पीने तक को पानी न

[श्री जगदीश प्रवर्षी]

मिला और जो पानी मिला भी, तो वह कीचड़ मिला हुआ मिला। इस वजह से पिछले वर्ष गर्मी में बालों जानवरों और सैकड़ों व्यक्तियों की मृत्यु हो गई। सचमुच ही एक स्वतंत्र देश के लिए यह बहुत दुर्भाग्यपूर्ण स्थिति है कि जिस देश में भरपेट भोजन और शिक्षा न मिले, वहाँ पर लोग जल के अभाव में तरस तरस कर अपने प्राण दें। इस से ज्यादा दयनीय स्थिति किस देश के लिए और क्या हो सकती है? मैं समझता हूँ विश्व भर में भारतवर्ष ही एक ऐसा अभाग्य देश रह गया है, जिस में ग्रामीण क्षेत्रों में लोगों को पीने के लिए पानी नहीं मिलता है। यह स्वास्थ्य मंत्रालय की जिम्मेदारी है कि वह देखे कि एक दो महीने बाद जो भीषण गर्मी पड़ेगी, उस में ग्रामीण क्षेत्रों के लोगों को पानी उपलब्ध किया जाये। सहरों के लिए तो सरकार ने इन्तजाम कर रखा है, लेकिन ग्रामीण क्षेत्रों के लिए कोई व्यवस्था नहीं हो पाती है। इस प्रतिवेदन में लिखा है कि लोगों को पानी उपलब्ध करने के लिए २२३ योजनाएँ पड़ी हुई हैं, लेकिन मैं समझता हूँ कि द्वितीय पंच-वर्षीय योजना का तिसरा चरण सम्पन्न होने जा रहा है उस में कुछ करोड़ रुपए खर्च किए जायेंगे और कुछ खर्च रह जायेंगे और ये योजनाएँ खरी की खरी रह जायेंगी। मैं समझता हूँ कि यह स्थिति बड़ी भयावह है और इस पर निश्चित रूप से स्वास्थ्य मंत्रालय को ध्यान से विचार करना चाहिए।

इसके साथ ही साथ जैसा कि कई माननीय सदस्यों ने कहा है, हमारे देश में स्वास्थ्य मंत्रालय की स्वास्थ्य सम्बन्धी जो नीति है, उस में शहरी क्षेत्रों की जनता के स्वास्थ्य का विशेष ध्यान रखा जाता है और ग्रामीण क्षेत्रों की जनता के लिए, जो कि जन-संख्या का बहुत बड़ा भाग है, चिकित्सा की कोई

समुचित व्यवस्था नहीं है। मैं समझ सकता हूँ कि जो कुछ व्यवस्था इस सरकार ने राज्य सरकारों की सहायता से पिछले स्यारह बरसों में की है, वह इतनी अपर्याप्त है कि जनता उस से लाभ नहीं उठा सकती। मैं केवल एक उदाहरण देना चाहता हूँ। कानपुर जिले में, जिस का इस सदन में प्रसिद्धिपत्र करने का मुझे सौभाग्य प्राप्त हुआ है, मैंने देखा है कि आपने राज्य चिकित्सालय खोल रखे हैं। उन में तीन चार चिकित्सालय ऐसे हैं, जिन में एक वर्ष तक कोई डाक्टर नहीं रहा। मरीज वहाँ धाते रहे, कम्पाउण्डर बैठे रहे, दवाइयाँ रखी रहीं, लेकिन वहाँ पर कोई डाक्टर न रहा। यह बड़ी भयावह स्थिति है। ऐसा नहीं होना चाहिए। मैं समझता हूँ कि हमारा स्वास्थ्य मंत्रालय चाहे राज्य सरकार की सहायता से अपना कार्य करता हो, लेकिन इस प्रकार की चिकित्सा व्यवस्था रखने से यह भ्रष्टा है कि वहाँ कोई व्यवस्था ही न हो, और अगर कुछ व्यवस्था की जाय, तो वह समुचित रूप से होगी चाहिए।

इस सदन का ध्यान विशेष रूप से राजबन्धा की ओर आकर्षित हुआ है। कुछ रोग और दूसरे रोगों के सम्बन्ध में चर्चा की गई है। सारे संसार में भारतवर्ष ऐसा देश है, जहाँ रोज रोग से मरने वालों और बीमार होने वालों की संख्या सब से अधिक है। विश्व भर में यहाँ से अधिक मृत्यु-संख्या कहीं नहीं है। और हमारे देश में जहाँ सब से ज्यादा लोग टी० बी० से पीड़ित रहते हैं और मरते हैं, वह कानपुर नगर है। इस से सिद्ध हुआ कि विश्व भर में कानपुर नगर ऐसा है, जिस में टी० बी० से ग्रस्त लोगों की संख्या सब से ज्यादा है, लेकिन वहाँ पर एक मेडिकल कालेज बना रखा है! करोड़ों रुपए उस को अनुदान दिया जाता है, लेकिन

वहाँ पर सब मिला कर ७२ चारपाइयों का प्रबन्ध है, जहाँ टी० बी० के पेथेन्ट्स का इलाज हो सकता है। २६ हजार व्यक्ति प्रति वर्ष टी० बी० से पीड़ित होते हैं और ठीक चिकित्सा न होने के कारण काल के गाल में चले जाते हैं। श्री समाचारपत्रों में प्रकाशित हुआ कि पिछले एक सप्ताह में १७ व्यक्ति टी० बी० से मर गए। मैं समझता हूँ कि वहाँ के मेडीकल कालेज में अच्छी व्यवस्था नहीं हो पाती है। इस बात की आवश्यकता है कि कानपुर नगर में, जहाँ गंगा नदी का सुन्दर तट है और स्थान अच्छा है, भ्रमण से एक टी० बी० का अस्पताल होना चाहिए। गत वर्ष भी मैंने इस सम्बन्ध में निवेदन किया था, लेकिन कोई ध्यान नहीं दिया गया। सारे उत्तर प्रदेश में टी० बी० पेथेन्ट्स के लिए सिर्फ एक भुवाली सैनिटोरियम बना रखा है, लेकिन वहाँ पर सिर्फ बड़े लोग ही जा सकते हैं। बड़े राजरोम बड़े लोगों को ही नहीं होता है—बड़े गरीबों को होता है। इसलिए सारे संसार में जहाँ टी० बी० से मरने वालों की संख्या सब से अधिक हो, जहाँ टी० बी० अस्पताल न हों, यह एक शोचनीय स्थिति है। मंत्रालय इस पर विचार करे और वहाँ पर ऐसी व्यवस्था करे कि जनता को संतोष हो सके और उन गरीब पीड़ित लोगों को इस रोग से बचाया जा सके, जिन के पास धन का प्रभन्ध है।

इस सदन में जब स्नातकों के सम्बन्ध में बड़ी चर्चा हुई, जिन्होंने इन्टेग्रेटेड कोर्स पास किया है—जिन्होंने प्रायुर्वेदिक और एलोपैथिक प्रणालियों की शिक्षा प्राप्त की है। कई राज्य सरकारों ने ऐसे कालेज खोल रखे हैं और विद्यार्थी वहाँ से परीक्षा पास करके निकलते हैं। बम्बई और सौराष्ट्र में ऐसे स्नातकों ने बड़ी क्षमता के साथ लोकल बोर्ड्स में स्थान ग्रहण किया हुआ है और सुचारु रूप से अपने कर्तव्य का पालन कर रहे हैं लेकिन उन की बड़ी

अयोग्यता है। मेडीकल कौंसिल केवल एम० बी० बी० एस०—एलोपैथिक स्नातकों की डिग्री—को रेकगनाइज करती है। वहाँ तक कि इस प्रकार के इन्टेग्रेटेड कोर्स के स्नातकों के रजिस्ट्रेशन—पंजीकरण—के लिए कोई संस्था नहीं है। अगर वे विदेश में जाना चाहें, तो यूँकि इंडियन मेडीकल कौंसिल उन को रेकगनाइज नहीं करती है, इस लिए वे ब्रिटिश राष्ट्र-मंडल में पढ़ने के लिए नहीं जा सकते हैं। वहाँ तक जो अच्छे-बुद्धे स्नातक निकलते हैं, यूनिवर्सिटी से उनका सम्बन्ध न होने के कारण कोई उनको प्रबन्ध नहीं मिलता है, कोई प्रोत्साहन नहीं मिलता है, उनके धाने पढ़ने का प्रबन्ध नहीं हो पाता है। हजारों की संख्या में इस तरह से स्नातक निकले हुए हैं, जोकि इधर उधर भूम रहे हैं। मैं चाहता हूँ कि निश्चित रूप से ऐसी व्यवस्था होनी चाहिये कि एक संस्था बने जिसमें से जो छात्र निकलें वे पंजीकृत हों, उनकी पढ़ाई का विशेष प्रबन्ध हो और अगर वे विदेशों में जा कर धाने पढ़ना चाहें, तो सरकार को उनकी सहायता करनी चाहिये, उनके धाने पढ़ने के लिए प्रोत्साहन करना चाहिए। इस प्रकार की अगर हम व्यवस्था कर लें तो जो भ्रमण इस बन्त देश में फैल रही है कि आयुर्वेदी के साथ अच्छा सम्बन्ध नहीं हो रहा है और आयुर्वेदी और ऐलोपैथी की जो कंट्रोवर्सी है, जो विचार है, वह खत्म हो जाएगा। इस तरह के अगर धन्य इच्छाके पैट्रन इस करेंगे, प्रोत्साहन लेंगे तो देश में एक नया भावार्थ कायम हो सकता है।

होम्योपैथी के सम्बन्ध में मैंने गत वर्ष एक प्रश्न उठाया था। मैंने कहा था कि इंडिजिनस सिस्टम्स आफ मेडिसिन के बारे में, आयुर्वेदी के बारे में, होम्योपैथी के बारे में और यूनानी के बारे में धारण क्या किया है तो मुझे बता दिया गया था कि चौपड़ा कमेटी बैठे थी,

[श्री जगदीश प्रवल्धी]

खुबे कमेटी बैठी थी, पंडित कमेटी बैठी थी और उनकी रिपोर्टें आई हैं। मैं समझता हूँ कि हर प्रश्न पर जब कोई प्रावाच उठाई जाती है, किसी प्रश्न के बारे में कहा जाता है तो लोगों को शान्त करने के लिये कुछ समय के लिये एक कमेटी की नियुक्ति कर दी जाती है, कमेटी बना दी जाती है। इसके बाद जो रिपोर्टें आती हैं, वह समाचार-पत्रों में तो प्रकाशित हो जाती हैं लेकिन जहाँ तक उसको भ्रमल में लाने की बात है, उसको भ्रमल में नहीं लाया जाता है और गवर्नमेंट उस पर सो जाती है। जब माननीय सदस्यों द्वारा कई बार याद दिलाया जाता है, तब जा कर कही गवर्नमेंट की भास खुलती है। यही बात स्वास्थ्य मंत्रालय के सम्बन्ध में भी कही जा सकती है। इसने चोपड़ा कमेटी बिठाई, दवे कमेटी बिठाई, पंडित कमेटी बिठाई और इन सब कमेटियों ने उसको अपनी रिपोर्टें दी। मैं स्वास्थ्य मंत्री महोदय से जानना चाहूँगा कि वे जो कमेटीयों की सिफारिशें हुईं, जो रिपोर्टें आई हैं, इनको कहां तक लागू किया गया, कहां तक इनको कार्यान्वित किया गया? पिछली मंजूरी जब मैंने प्रश्न उठाया कि इस कमेटी की रिपोर्टें का क्या हुआ तो स्वास्थ्य मंत्री ने तो नहीं लेकिन हमारे प्रधान मंत्री ने उत्तर दिया कि मैं एक रोगी के साथ, उसकी जिन्दगी के साथ, बैकलबाड़ होते नहीं देख सकता। प्रश्न उठते हैं कि आयुर्वेदी या यूनानी या होम्योपैथी से वैज्ञानिक शिक्षा प्रणालियाँ हैं या नहीं हैं? मैं कहना चाहता हूँ कि आपने जो कमेटियाँ बिठाईं उन सभी कमेटियों ने जब सर्वसम्मति से, यूनिमसली यह कह दिया है या घोषणा कर दी है कि आयुर्वेदी, होम्योपैथी और यूनानी पद्धतियाँ जो हैं, वे वैज्ञानिक शिक्षा प्रणालियाँ हैं, तो फिर बहुत क्यों होती है। यह बन्द होनी चाहिये। जो विवाद सड़ा रकिया जाता है, यह खत्म होना चाहिये।

आप स्वयं कमेटी बिठाते हैं और जो वह कमेटी कहती है, उसको आप नहीं मानते हैं, इससे बड़ी दुःख की बात क्या हो सकती है।

आप लाखों रुपया आयुर्वेदी के लिए खर्च कर रहे हैं, या उसके नाम पर खर्च कर रहे हैं। इसके विपरीत आप करोड़ों रुपया एलोपैथी के लिये अनुदानों के तौर पर दे रहे हैं। लोगों को संतुष्ट करने के लिये आप लाखों रुपया ही आयुर्वेदी के लिये देते हैं जो कि बिल्कुल अपर्याप्त है। मैं चाहता हूँ कि आप और अधिक रुपया इसके लिये रखा करे।

आपने जामनगर में एक इंस्टीट्यूट खोला हुआ है। क्या आप समझते हैं कि इतने बड़े देश के लिये, जिसकी जनता आज भी और ६० प्रतिशत जनता आज भी विभिन्न शिक्षा प्रणालियों से चाहे वह आयुर्वेदी हो, चाहे होम्योपैथी हो चाहे एलोपैथी हो, लाम उठाती है, फायदा उठाती है, उसके लिये यह एक इंस्टीट्यूट काफी है। मैं समझता हूँ कि उसके साम के लिये इस सरकार ने अभी तक कोई ठोस कदम नहीं उठाया है। सचमुच जैसा कि कई माननीय सदस्यों ने कहा है कि हमारे स्वास्थ्य मंत्रालय की क्या स्वास्थ्य के बारे में नीति है, यही अभी निश्चित नहीं हो पाया है। स्वास्थ्य मंत्रालय मूल भूलभुलैयाँ में पड़ा हुआ है और जानता नहीं कि किवर जा रहा है। आजाद होने के पश्चात् भी हम देख रहे हैं कि जिस को एलोपैथी कहते हैं, जिस को एलोपैथिक शिक्षा प्रणाली कहते हैं, उसको विशेष तौर से प्रोत्साहन दिया जा रहा है। मैं नहीं कहता कि हमें एलोपैथी का विरोध करना चाहिये या मैं एलोपैथी का विरोधी हूँ। लेकिन उसके साथ ही साथ जो जनता की प्रावाच है, जो प्रश्न भी आना है कि इस देश के अन्दर आयुर्वेदी

रहे, उसको प्रोत्साहन मिले और इससे कितने ही लोग लाभ उठाते हैं, उसका भी हमें धाँवर करना चाहिये और उसके लिये जो कुछ हो सकता है करना चाहिये। मैं चाहता हूँ कि सरकार निश्चित रूप से इस सम्बन्ध में ठोस कदम उठाये।

आपने आयुर्वेदी के लिये जामनगर में एक कालेज खोला है। वहाँ पर अन्वेषक आदि हैं और अन्वेषण वहाँ पर होता है। उसके साथ ही साथ आपका यह कर्त्तव्य है कि प्रत्येक राज्य में इस प्रकार के आयुर्वेदी कालेज खुले और उनको प्राय सहायता दें। यहाँ पर विभिन्न प्रकार की प्राचीन औषधियों के बारे में शोध खोज का कार्य भी होना चाहिये और उनके बारे में निर्णय लिये जाने चाहिये और उनका प्रचार होना चाहिये।

होम्योपैथी के बारे में भी यहाँ कहा गया है। मैं समझता हूँ कि होम्योपैथी दवाइया एलोपैथी दवाइया में निश्चित रूप में सस्ती पड़ती है। होम्योपैथी के लिये भी अगर आप एक मैडिकल काउंसिल बना दें जो कि डाक्टरों को पंजीकृत करे और इस सिस्टम को भी अगर आप पैट्रनाइज करे इसको भी प्रोत्साहित करे तो अच्छा होगा।

मैं निवदन करना चाहता हूँ कि जो कुछ मैंने कहा है और जो सुझाव दिये हैं, उन पर आप निश्चित तौर पर विचार करेंगे और मैं चाहता हूँ कि देश के अन्दर ऐसी स्वास्थ्य योजना होनी चाहिये जिस से प्रत्येक देश का नागरिक चाहे वह गरीब हो अथवा सम्पन्न जिसके पास साधन हो या न हो बीमार होने की अवस्था में दवाई ले सके, अपना इलाज करवा सके। यह बात मैं मुख्य रूप से ग्रामीण क्षेत्रों के बारे में कहना चाहता हूँ। वहाँ पर खास तौर पर डाक्टरों सुविधायें उपलब्ध होनी चाहियें। वे लोग अचकार में पड़े हुये हैं। उनकी उपेक्षा नहीं

होनी चाहिये। जब तक ग्रामीण क्षेत्रों के लिये स्वास्थ्य योजना लागू नहीं होती है, तब तक स्वास्थ्य मंत्रालय यह दावा नहीं कर सकता है कि वह सफलतापूर्वक अपना कार्य कर रहा है।

अन्त में मैं परिवार नियोजन के सम्बन्ध में थोड़ा सा कहना चाहता हूँ। इसकी बहुत चर्चा होती है और कहा जाता है कि परिवार नियोजन होना चाहिये। इस पर करोड़ों रुपया खर्च होता है। अप्रत्याशित खर्च करते हैं न कि आपने बहुत सा स्टाफ रख छोड़ा है और बहुत सा रुपया इस पर खर्च हो जाता है। इतना होने पर भी आप अभी तक परिवार नियोजन के मामले में सफल नहीं हुये हैं। देश की आबादी दिन दुगनी रात चौगुनी बढ़ती चली जा रही है। इसके बारे में जैसा कि एक महिला सदस्य ने भी कहा है हर पहलू से विचार करना होगा। परिवार नियोजन का विषय एक बहुत कोमल विषय है। हमें ग्रामीण क्षेत्रों में लोगों के साथ शिष्ट भाषा में बात करनी होगी ताकि वे ठीक ढंग से इस चीज को समझ सकें। अगर हम ऐसा न कर सकें तो परिवार नियोजन एक मसौल बन कर रह जायेगा, एक हसी बन कर रह जायेगी। हम वास्ते में चाहता हूँ कि परिवार नियोजन के सम्बन्ध में स्वास्थ्य मंत्री एक मनोबुद्धिपूर्ण ढंग अपनायें, सही ढंग अपनायें ताकि लोग इसको ठीक ढंग से समझ सकें। योजना ऐसी नहीं होनी चाहिये कि उसका परिहास हो।

इतना कह कर मैं आशा करता हूँ कि माननीय मंत्री महोदय मेरे सुझावों पर विचार करेंगे।

16-26 hrs.

STATEMENT RE DOMESTIC SERVICES

The Minister of Labour and Employment and Planning (Shri Nanda): I have received intimation some time earlier that I might be here to say something on behalf of the Government in relation to the agitation and

[Shri Nanda]

demands of the domestic workers. I do not think I can add very much to the views which I expressed recently, the other day. The question is whether the conditions of these employees are such that we can ignore this problem I do not think so I believe something has to be done to improve the conditions to which these domestic workers are subject. Very probably organised effort on the part of workers themselves will produce some useful results

But there is the further question whether any intervention on the part of Government is called for and whether there should be any legislation at least in respect of some minimum essentials. Regarding that also, our viewpoint is, as I said, we shall consider the matter, and I offered to have consultations on this subject. Thus we propose to do. I cannot say what the outcome will be. We propose to explore the feasibility of any kind of regulation regarding any features of the conditions which are brought to our notice. But I can say this much that in pursuing this matter we are bound to have full sympathy for the needs and difficulties of the domestic workers. I have not anything more to say.

Shri S. M. Banerjee (Kanpur). I want to know from the hon. Minister if this matter can be discussed in the consultative committee as a specific item on the agenda. Can the question of the problem of domestic servants be discussed in the consultative committee where this could be thrashed out by discussion between officials and non-officials?

Shri Nanda: That is precisely what I have offered. I propose to take it up in the consultative committee and also in the Indian Labour Conference.

Mr. Deputy-Speaker: I think for the present that should suffice. In view of this statement I hope those advisers who have the interest of the

domestic workers will advise them to discontinue this fast that they have undertaken. All of us would be interested in their welfare. But, as the Minister has said, this has to be considered in some meeting and there should be future consultations. Therefore, I hope now this appeal would go to them and the leaders who are on fast will give up that.

Now Shri Radha Raman

16.30 hrs.

DEMANDS FOR GRANTS—Contd

MINISTRY OF HEALTH

Shri Harish Chandra Mathur (Pali)
Sir, I have a submission to make. It is not that I am personally keen to speak on the subject, but I would definitely like to bring it to your notice that nobody from Rajasthan has been given an opportunity on Education, Home Affairs and Health. I do wish that I go on record.

Mr. Deputy-Speaker: The hon. Member is not very correctly informed so far as all these Ministries are concerned, but I will take care that his complaint does not remain unattended to.

Shri Harish Chandra Mathur: I wish it to go on record.

श्री राधारमण (पावनी चौक)
उपाध्यक्ष महोदय, काफ़ी प्रतीक्षा के बाद आप की दृष्टि मुझ पर पड़ी इस के लिये मैं आप का बड़ा धांधारी हूँ। स्वास्थ्य मन्त्रालय की मामलों के विषय में जो चर्चा इस समय चल रही है उस पर मेरे पूर्व कई बक्ताओं ने अपने विचार प्रकट किये हैं और उनमें से बहुत से ऐसे हैं जिन से मैं सहमत हूँ। परन्तु यह सोच कर कि समय का अभाव है और उन की दोहराना किसी हद तक ठीक नहीं है, मैं सिर्फ़ उन चन्द बातों की तरफ़ माननीय मंत्री महोदय का ध्यान दिलाऊंगा जिन पर अभी तक सायद सदन के सामने कोई विचार

नहीं रखना गया और जो भेरे मन में घूम रहे हैं ।

अब से पहली बात जो मैं सबन के सामने रखना चाहता हूँ वह यह है कि अगर भारत सरकार का यह खयाल है कि इतनी बड़ी सब संख्या के लिये जोकि करीब-करीब ५० करोड़ के है उस को जो बनराशि इस समय स्वास्थ्य के लिये दी गई है या भविष्य में दी जा सकती है उससे जनता को स्वास्थ्य के बंधे तमाम लाभ मिल सकेंगे जो कि एक आधाद मूलक के अन्दर होने चाहिये, तो मुझे इस में बहुत शुबहा है । इसी लिये बार-बार यह बात सोचनी पड़ती है और समझनी पड़ती है कि अगर भारतवर्ष को स्वास्थ्य के सम्बन्ध में हमें जितनी कम से कम या ज्यादा से ज्यादा सहूलियत देनी है उस का हम ध्यान रखें तो हमें अपनी रट में से निकालना होगा । यह कहना मुनासिब हो सकता है कि हमारे देश में ऐलोपैथिक बहुत काफी ऊँचे दर्जे तक पहुँच गई है और हमारे देश में ही नहीं बल्कि दुनिया में विज्ञान ने ऐलोपैथिक की काफी ऊँचा दर्जा दिया है । मगर मैं धाय के समझ यह बात रखूंगा कि हमारे देश में अगर स्वास्थ्य मंत्रालय ने ऐलोपैथिक के बल पर ही यह कोशिश की कि भारत में एक कोने से दूसरे कोने तक हम जनता को स्वास्थ्य लाभ करा सकेंगे, तो मैं समझता हूँ कि यह बिल्कुल असम्भव है, और धाय की ही स्थिति में नहीं, धाने वाली स्थिति में भी, मैं समझता हूँ कि इस बात की परम आवश्यकता है कि हम अपने विचार को, अपने दृष्टिकोष को, वहाँ तक इंडिजिनस सिस्टम्स का ताल्लुक है, बदलें । मैं इस बात को महसूस करता हूँ कि हर साल एक बार मौका पाता है और सबन में बहुत से सदस्य अपने अपने विचार बड़े जोरों से रखते हैं और मंत्री महोदय भी उन को बड़े धैर्यपूर्वक और ध्यान पूर्वक सुन लेते हैं । मगर जहाँ तक इंडिजिनस सिस्टम का ताल्लुक है, जो जबाब या रिस्पांस

उन की तरफ से धाना चाहिये, या जो कबम उन की तरफ से उठाये जाने चाहिये, बफ-किस्मती से वे नहीं उठाये जाते । और अगर कुछ उठाते भी हैं तो वह इतने डीके और कमजोर होते हैं कि उनसे हम किसी हद तक प्राप्ति जा सकते हैं, यह मकीन हम को नहीं होता । मैं निहायत धवब से धर्ष करना चाहता हूँ कि मंत्री महोदय को इस सम्बन्ध में पुनः विचार करना चाहिये और सही मानों में देश के सामने जिस तरीके के भी इलाज है, ऐलोपैथिक आयुर्वेद या यूनानी इलाज उन के पक्षों से निकल कर ऐसे तरीके अपनायें चाहियें जो कि देश को आरोग्य की तरफ ज्यादा तेजी से ले जा सकते हैं ।

यहा कहा गया कि ऐलोपैथिक इलाज की जरूरत इस देश को ज्यादा है, विज्ञान भी उसे एक ऊँची जगह देता है, लेकिन यहा यह भी बताया गया कि यूनानी, आयुर्वेदिक और होमियोपैथी इलाज भी उतने ही साइडि-फिक तरीके के हैं और जनता ने उन को सही मानों में अपनाया है और उन के मुताबिक जिन्होंने इलाज किया या कराया उनको बहुत काफी फायदा हुआ । अब यहा पर यह सवाल जरा मुश्किल सा हो जाता है कि चन्द लोगों ने यह कहा कि फला तरीका इलाज का अच्छा है और दूसरे लोगों ने यह कहा कि फला तरीका ज्यादा अच्छा है । लेकिन फिर भी यह बात माननी पड़ेगी कि हमारे भारतवर्ष की सरजमीन पर अगर कोई इलाज घर-घर या गांव-गांव में अपनाया जा सकता है तो वह ऐलोपैथिक नहीं है बल्कि आयुर्वेदिक है । और इसलिये मैं उस की पुरजोर तारीफ करना चाहता हूँ । मैं यह भी धर्ष करना चाहता हूँ कि अगर मंत्रालय यह समझता है कि जिन हाथों में उस ने आयुर्वेदिक की बढ़ाने का काम दिया है उन हाथों से यह पनप सकेगा और बढ़ सकेगा, तो मैं कहता हूँ कि उनके हाथों से उसका काम नहीं चलेगा । कोई भी चीज चलती अब है अब कि उस पर चलाने वालों का

[श्री राधा रमण]

खस पर यकीन हो। अगर आप उस पर यकीन न रखें तो आप उसको कैसे भागे बढ़ा सकेंगे। इसलिये मैं भ्रष्ट करना चाहता हूँ मंत्री महोदय से कि आज जरूरत इस बात की है कि वह इस मुल्क के ग्राम लोगों की राय पर भ्रमल करे। उन्होंने एक सेंट्रल रिसेर्च इन्स्टिट्यूट आयुर्वेद या यूनानी सिस्टम के लिये जाननगर में बनाया है। लेकिन जैसा मुझ से पूर्व बक्ता ने कहा, मैं भी समझता हूँ कि इस मंत्रालय के इतना करने पर भी बहा पर जो कुछ हो रहा है वह इतने बड़े मुल्क के लिये बिल्कुल नाकाफी है। और न वह इन्स्टिट्यूट उस सिस्टम का मुकाबला कर सकता है जो कि आज हमारे मुल्क में मौजूद है। इसलिये मेरी नाकिस राय में सरकार को चाहिये कि जहा तक यूनानी, होमियोपैथिक या आयुर्वेद का सवाल है, जिनको आज इंडिजिनस सिस्टम कहा जाता है, उनको इस सेक्टेरियट से, जो कि ऐलोपैथिक सिस्टम को तरक्की देना चाहता है, बिल्कुल भ्रमण कर दें।

Dr. Sushila Nayar: I am asking a question. How is homoeopathy indigenous? It was born in Germany, not here

Shri Radha Raman: I am sorry take it out

मैं भ्रष्ट कर रहा हूँ कि जो हमारे मुल्क के उपचार के तरीके हैं यूनानी या तिब उनको प्रोत्साहन दिया जाय। इसके साथ ही साथ मैं यह भी भ्रष्ट करूंगा कि इससे भी ज्यादा जरूरत मैं नेचर क्योर की समझता हूँ, जो कि मैं समझता हूँ सभी मुल्को का इंडिजिनस सिस्टम है और चन्द मुल्को में आयुर्वेद हमारे यहां से भी ज्यादा रायज है। मैं समझता हूँ कि हमारे मुल्क में काफी ऐसे लोग हैं जो कि इंडिजिनस सिस्टम से अपना इलाज कराते हैं और ऐसे बहुत से हकीम हैं जो नेचर क्योर सिस्टम से बहुत से भ्रमराज

का इलाज कर सकते हैं। इसके बारे में शायद किसी ने भी इस सदन में नहीं कहा है हाँकि हमारे राष्ट्रपिता महात्मा गांधी इस पर बहुत ज्यादा यकीन रखते थे। मैं तो समझता हूँ कि डा० सुशीला नायर की इस तरफ तबज्जह ज्यादा दिलानी चाहिये थी। उन्होंने तो नहीं दिलाया लेकिन मैं इसकी तरफ आपकी तबज्जह दिलाना चाहता हूँ और मैं बताना चाहता हूँ कि इससे मुल्क का बड़ा लाभ हो सकता है। आज हिन्दुस्तान में कई ऐसे इन्स्टिट्यूट्स हैं जो नेचर क्योर सिस्टम से इलाज को करते हैं। मैं जानता हूँ कि आज हुकूमत की तबज्जह जरा इस तरफ कम है लेकिन अगर अनुदान प्रादि देने का निर्णय हो और लोग इसमें यकीन रखते हों तो क्या वह नेचर क्योर के सिस्टम की स्कीमें इन्वाइट करने को तैयार होगी जिसके बक्ष पर कि नेचर क्योर सिस्टम को फैलाया जा सके ?

मैं इस सिलसिले में एक और बात भ्रष्ट करता चाहता हूँ। वह यह है कि मैंने रिपोर्ट को शुरू से प्राखिर तक पढा। इस रिपोर्ट को देख कर जो कुछ काम हुआ है अगर उसके लिये हम मंत्रालय को बघाई दें तो वह कोई गैर वाजिब बात नहीं है क्योंकि जो भी उनके साधन हैं और जो धन राशि उनके सामने रखी गई है उसको देखते हुये मानना पडेगा कि मंत्रालय जो कुछ भी कर सकता था या जो उसे करना चाहिये था उसमें उसने कोई कसर नहीं उठा रखी है। लेकिन साथ ही साथ मैं यह भी देखता हूँ किसी तरफ तो सरकार की रफ्तार तेज है और दूसरी तरफ नर्म है, जैसे कि एक भाई ने मिसाल के तौर पर भ्रष्ट किया, मैं उसे बौहराना चाहता हूँ कि हमारे मंत्रालय का यह सवाल है कि बड़ी बड़ी इमारतें हो देख के अन्दर और उनका इन्विपमेंट अपटुटेड हो और वह इतना भ्रष्ट होना चाहिये

बिना कि शायद धमरीका या इन्वैड में ही पाया जाय। वह सोचता है कि अगर अच्छे अस्पताल बन सकें तो बनाये जायें वरना न बनाये जायें।

उपाध्यक्ष महोदय आपका समय समाप्त हो गया।

श्री राधा रमण उपाध्यक्ष महोदय, मैं तो बहुत देर से प्रतीक्षा कर रहा था कि मुझे इस पर अपने विचार रखने का मौका मिले। मैं और भी मौको पर ज्यादा नहीं बोला हूँ ताकि मुझे इस डिमांड पर अपने विचार रखने का मौका दिया जाय।

उपाध्यक्ष महोदय धर्म मुझे कुछ और लोगों को भी वक्त देना है और मैं चाहता हूँ कि माननीय सदस्य जल्दी समाप्त करने की कोशिश करें।

श्री राधा रमण मैं यह भ्रज करना चाहता हूँ कि आज अगर आप इस रिपोर्ट को पढ़ें तो पता चलता है कि उन लोगों की तालीम के लिये आज कोई सहायता नहीं है जो कि आज दस दस या पन्द्रह पन्द्रह साल से हकीम या वैद्य का काम कर रहे हैं और उनको काफी तजुर्बा है। वे उससे अच्छी तरह से काम कर सकते हैं जो आपके किसी भी एल० एम० पी० से कम नहीं हैं। अगर आप सोचें कि आप उनको नेस्त नाबूद कर दें और उनकी जगह पर नये नये डाक्टर ला कर रख दें और जो भी योग्यता उन में है वह खत्म हो जाय तो यह ठीक नहीं है। चाहे हकीम हो या वैद्य हो, या डाक्टर हो उनको आपको मदद करनी चाहिये ताकि जो पिछड़े हुये लोग हैं उनको आज की हालात के मुताबिक आप बना सकें। इसके लिये कोई रिफ़ेरेन्स कोर्स हो, तालीम देने वाली कोई संस्था हो तो अच्छा है। जो पुराने लोग हैं और गावों में बैठ कर काम करते हैं उनका उपयोग होना चाहिये। आज आप के बड़ बड़े मेडिकल स्कूल और कालेज खुले हुये हैं जो कि शहरों में हैं। उन मेडिकल

स्कूल और कालेजों में जो लड़के या लड़कियाँ पढ़ती हैं उनमें से एक भी गाँवों में नहीं ठहरना चाहती। जो लड़के और लड़कियाँ डाक्टरों पढ़ कर गावों में भेजे जाते हैं उनका वहाँ पर कतई दिल नहीं लगता है और वे वहाँ काम नहीं करना चाहते और हमेशा अपना ट्रान्सफर गाव से शहर के लिये वराने की कोशिश में लगे रहते हैं। अगर तो हालत यह है और दूसरी तरफ जो आपके पास वैद्य, हकीम मौजूद हैं या आज से दस वर्ष पहले के एलोपैथ मौजूद हैं आप उनके साथ बहुत सी चीजों में डिस्क्रीमिनेट करते हैं और एक तरह से उनको बेकार कर देते हैं और नये डाक्टर्स जितने आपको इस काम के लिये चाहियें उतने आपको नहीं मिलते हैं। इसलिये मैं माननीय मंत्री महोदय से यह अर्ज करूँगा कि उनको इस बात की कोशिश करनी चाहिये कि जो लोग इस वक्त पिछड़े हुये हैं या इलाज के पुराने तरीकों को प्रयोग में लाते हैं लेकिन वह आज के विज्ञान के मुताबिक अपटुडेट एनफारमेशन या नये तरीक़ों इलाज से नहीं जानते हैं, उनको योग्य बनाने के लिये कोई न कोई सिस्टम होना चाहिये ताकि आप उनकी खिदमत का फायदा उठा सकें और उन का इस्तेमाल में ला सकें। अब आज हमारे गावों में हजारों लोग डाक्टरों इलाज और सुविधा के बर्चित रह जाते हैं और उनको कोई शक्रा नहीं मिल पाती है, भले ही उनको यहाँ के इरबिन अस्पताल और सफदरजग अस्पताल जैसी चिकित्सा की सुविधा न मिले लेकिन मरते हुये भ्राम्ही को यदि वक्त पर थोड़ी सी भी राहत मिल जाये और वह मरने से बच जाय तो यह कहीं बेहतर होगा बजाय इसके कि हम अपने दिमाग में यह चीज रख कर प्रोसीड करे कि जब तक हम उनको पूरी तरह से आज के मुताबिक साइंटिफिकली अपटुडेट डाक्टर्स न बना दें तब तक वह अपना काम रखें और गाव वालों को जो थोड़ी बहुत मेडिकल राहत मिल सकती है वह भी उनको न मिले।

[श्री राधा रत्नल]

मैं जानाब यह भी प्रार्थना करना कि बहा पर आपने रिपोर्ट में लिख किया है कि सफ़रजंग अस्पताल और बिलिबन अस्पताल में कुछ बँदस्त बढ़ाये गये हैं। मैं मंत्री महोदय और उनके मंत्रालय को इस के लिये बर्बाद देना चाहता हूँ विशेष करके इस सफ़रजंग अस्पताल में बहुत ख़ूबी से अपने काम को किया है और मैं इस ज़वाल के बिल्कुल खिलाफ़ हूँ कि सफ़रजंग अस्पताल को किसी लोकल ऐडमिनिस्ट्रेशन के सुपुर्द कर दिया जाये क्योंकि इस अस्पताल को मैं एक नमूना मानता हूँ। यह सफ़रजंग अस्पताल बँरेक्स में शुरू किया गया और उसने एक बहुत बड़े इलाके की ज़रूरत को पूरा किया है और मैं चाहता हूँ कि यह समझ लिया जाय कि ख़ाली बड़ी बड़ी और धालीशान इमारतें बनाने से और काफ़ी ख़पया खर्च करके ही जो देशवासियों की चिकित्सा की समुचित सुविधा प्रदान करने का ध्येय नहीं है, वह पूरा होने वाला भी नहीं है मेरा तो कहना है कि मुल्क इस तरह के अत्यधिक खर्चों को बर्दाश्त नहीं कर पायेगा। इसलिये मेरा तो कहना है कि आप ऐसे तरीक़यों इलाज और और दवायों लोगों को कुईय्या करे जो कि कम खर्चीली हों और आसानी से लोग उन्हें ले सकें।

इसके साथ ही आप उन डाक्टरों की सर्विलेज इस्तेमाल करे जिन्होंने कि बहुत खर्चें तक लोगों का इलाज किया है और आज अगर उनमें आपको किसी किस्म की कमजोरी नज़र आती है तो आप उस ख़ामी और कमजोरी को उनके सामने लायें और खर्चको हटवाने की कोशिश करेलेकिन आपको ख़पकी सर्विलेज का फायदा उठाना चाहिये।

इसके साथ ही मंत्रालय को प्रायुर्वेदिक, मूनाबी और नेचर थ्योरिस्टिक्स को सफ़-

बियत देनी चाहिये और आपको इन सिस्टम्स को तरजीह देने के लिये एक उनके लिये अलग डाइरेक्टरेट बनाना चाहिये जो कि इस काम को करे ताकि हमारे देश को जो धाज सस्ती और सुलभ चिकित्सा व्यवस्था की आवश्यकता है वह इनके द्वारा पूरी की जा सके और लोग उससे लाभान्वित हो सकें। जहाँ बगैर इंजीनियरों के इलाज हो सकता है वहाँ इन सिस्टम्स के जरिये लोगों को सस्ती दवाइयाँ और इलाज मिल सकता है। मैं चाहता हूँ कि इन पद्धतियों को प्रोत्साहन दिया जाय ताकि हमारे देश के अधिकतर लोग जो कि गरीब हैं वे इनका फ़ायदा उठा सकें।

उपाध्यक्ष महोदय अब माननीय सदस्य अपना भाषण समाप्त करे।

श्री राधा रत्नल बस मैं धाख़िर ने दिल्ली के बारे में थोड़ा सा प्रार्थना कर दूँ।

उपाध्यक्ष महोदय अगर आपकी कोशिश नाकामयाब रहे ?

श्री राधा रत्नल : मुझे पूरी आशा है कि मैं इसमें कामयाब रहूँगा।

उपाध्यक्ष महोदय अच्छा अब आप ख़त्म करे।

श्री राधा रत्नल मैं एक बीज और आपसे प्रार्थना करना। लेप्रैसी के बारे में वहाँ कहा गया। दिल्ली के अन्दर एक लेप्रैसी का अस्पताल सोलने की बाल कई बर्षों से चल रही है लेकिन अभी तक उसके मेटिरियलाइज न होने का नतीजा यह है कि यहाँ के बहुत से लैपर्स साहादरे के पास फेंक दिये गये हैं। मैं मिनिस्टर साहब की तरफ़से वह उनकी दयनीय और कोषनीय व्यवस्था की और बिलाना चाहता हूँ और मंत्री महोदय से मेरी प्रार्थना है कि वे इस

कारे में लेनेली के अस्पताल को जल्द से जल्द बनाने के लिये आवश्यक कार्यवाही बनाने में लयें ।

दूसरी चीज में यह अर्थ करना चाहता हूँ कि कुतब रोड में बहुत धर्र से दिल्ली में मेला बालने की जगह बनी हुई है और वहा से बादली तक मैले की गाड़ियां जाती हैं । मैं मंत्री यहोदय और उनके मंत्रालय की तबज्जह इस धोर दिसवाना चाहता हूँ कि यह मैले का बैपिंग क्रमशरीर और कुतब-रोड के इलाकों के लोगों की सेहत को बहुत नुकसान पहुंचा रहा है और इसके कारण सेकड़ों आदमी रोगग्रस्त हो रहे हैं और उसका कोई इलाज नहीं घाता है ।

टी० बी० के मुताल्लिक मेरे दोस्तो और बुचुगों ने बहुत कुछ कहा लेकिन मैं यह अर्थ करना चाहता हूँ कि जैसे जैसे हमारा मुल्क सनत और हिरफ्त के मैदान में तरक्की करता जाता है जैसे जैसे हमारे देशवासी रोखबरोख अधिक से अधिक सख्या में टी० बी० का शिकार होते जा रहे हैं और आज टी० बी० के मरीजों को अस्पताल में दाखिल करने के लिये पर्याप्त बैड्स नहीं हैं और मैं चाहता हूँ कि स्वास्थ्य मंत्रालय इस धोर विशेष रूप से ध्यान दे

Mr. Deputy-Speaker: The hon. Member's speech shall be deemed to have been concluded. I call upon the next Member Shri J. B. S. Bist.

श्री राधा रवल्ल : इन अलकाय के साथ मे स्वास्थ्य मंत्रालय सम्बन्धी लार्च की मांगों का समर्थन करते हुये अपना स्थान ग्रहण करता हूँ ।

Mr. Deputy-Speaker: He should not continue like that. I am sorry that Members should continue speaking in spite of my warnings, rings and other things. Discipline cannot be kept in

this way. I won't be able to regulate the debate if it is done in this way.

I am very sorry also that Shri Harish Chandra Mathur had expressed his feelings intensely. On checking I find that in the discussions on all the Ministries except Education, Members from Rajasthan have been given time. This has not been concluded yet, and he was so impatient.

Shri Harish Chandra Mathur: No.

Mr. Deputy-Speaker: Though he said that he was not keen on speaking, the manner in which he expressed himself showed that he felt it very intensely.

Shri Harish Chandra Mathur: Not that I am personally keen. I want to go on record that there is a Member from Rajasthan who is there to represent their case That is all. (Interruption).

Mr. Deputy-Speaker: That would be the case of many other States also It is only Education whether a spokesman from Rajasthan has not spoken. Otherwise every other Ministry they have spoken.

Shri Harish Chandra Mathur: Also Home Affairs.

Mr. Deputy-Speaker: If he persists, I will leave it to him that he is wrong On Home Affairs, Shri P. L. Barupal, if he is from Rajasthan, he has spoken. On the Ministry of External Affairs, Shri Kasliwal has spoken. On the Ministry of law, Pandit M. B. Bhargava has spoken, On the Ministry of irrigation and Power, Shri Karni Singhji has spoken. On Education, really there is none who has spoken from Rajasthan.

Shri Raghunath Singh: The Education Minister himself belongs to Rajasthan

Shri Harish Chandra Mathur: That is right.

Shri Achar (Mangalore): If I may point out, Mysore had no chance.

Mr. Deputy-Speaker: That may be the case. But, the hon. Member should realise my difficulty also. What should I do? Here is a Member who has not spoken at all during this session I will call Shri Harish Chandra Mathur next.

Shri Raghunath Singh: Others have got no chance

Mr. Deputy-Speaker: Let us see if I can call any other Member

Shri J. B. S. Bist (Almora) Mr Deputy-Speaker Sir, a regrettable feature of our Health administration is the wide gap between what we plan and its execution. As early as 1956, the Central Health Council which includes as its members State Health Ministers, pointed out that a considerable amount of funds allocated for Health programmes in the First Five Year Plan had to be surrendered. Three long years have elapsed and the position has not improved. Out of the Second Plan provision of Rs 1,627.78 lakhs for purely Central schemes, the short-fall during the first two years was Rs 120.05 lakhs. The position regarding Centrally-aided schemes was no better. Out of the provision of Rs 7392 lakhs for schemes for which provision is made in the Central Plan the short-fall came to Rs 297.09 lakhs and out of the provision of Rs 5340.11 lakhs for which Centre provides funds for the State the short-fall was Rs 285.93 lakhs.

Even in important schemes which are vital to the nation such as the rural water supply, sanitation and establishment of T. B. Clinics, there have been huge short-falls. There have been reports that X-Ray and other equipment is lying in packing cases, as it has not been possible to have either the buildings or the staff for the Clinics.

One of the factors responsible for this wide gap between planning and Health schemes, in my opinion, is that though the Plan provision stands at a certain level the annual Plans are

usually cut down and do not bear a true ratio to the original allocation. Maybe, the reason for cutting down the yearly plan is shortage of resources, both financial as well as manpower. The States say that their sources of income are static and that unless the Centre provides liberal aid they cannot fulfil the Plan targets.

Another distressing feature is the difficulty of getting Health and Medical Personnel. The pay scales prescribed are low and do not bear any proportion to the present-day living conditions. If the salaries are raised the cost of the scheme goes up and the Plan allocations undergo major upsets.

There is another unfortunate tendency, namely, whenever there is need for economy it is at the expenses of our Health and Social Services. Besides, several of the Health Schemes, particularly the rural water supply problem, cannot be tackled on the basis of Five-Year Plan. The problem is of such magnitude that it requires a fifty-Year Plan.

What we need today is a realisation that Health needs are as important as others. We need an X-ray machine as much as we need an electric turbine. The Central Health Ministry, I am told, has appointed a small Committee to make an over-all assessment of the progress achieved in executing the Health programmes. It would have been better if this Committee could have gone a step further and made an appraisal of our requirements. The survey made by the Bhowmik Committee in 1943 to 1945 is too old and the problem requires re-assessment.

There is one direction however, where the Government can make an advance. The Contributory Health Scheme introduced four years ago has made a satisfactory progress and there is no reason why it should not be extended to other areas such as Bombay, Madras and Calcutta where a large number of Central Government employees are stationed. We should also persuade the State Gov-

ernments to introduce the scheme at least for the staff employed at the State headquarters. In this connection, I am pained to point out that even though the scheme has been enforced at Delhi, the staff employed by the local administration is out of its purview. Such an anomalous state of affairs should be ended.

During the current year there has been a considerable increase in the Contributory Health Service dispensaries. The attendance has gone up from 27,48,130 to 31,35,444. This increase is not because of any deterioration in the Health condition of the community, but is attributable largely to the fact that more people have started making use of the services provided under the scheme. There is a great rush in the dispensaries, a majority of persons visiting it in case of minor ailments. This, at times, prevents doctors from giving as much attention to the major cases, as they should. There have been suggestions that in order to deter people to visit dispensaries even when they don't have to, the Government should charge a nominal price for the medicines supplied.

There is yet another proposal to levy a small fee for the visits of Medical Officers at the residence of patients. This is likely to create complications and would not be welcome to Government Servants who are paying a fixed contribution every month. I would suggest to Government to appoint a Committee to examine the question of broad-basing and extending the scope of the Contributory Health Service. At present, we have the Employees State Insurance Corporation for providing medical relief to Industrial workers. Major Government employers like the Railway and the P&T Departments have their own medical attendance schemes for their staff. The States too provide some sort of medical cover to their employees. Could we not have a Central organisation to

administer these diverse schemes so that uniform medical standards could be maintained? Such an organisation, in due course, would blossom forth into a National Health Insurance Service.

One word more about the proposed Central Health Service, and I finish. I understand that the proposed service will bring into one cadre the Medical and Health personnel serving under various Ministries, such as, Railways, External Affairs and other Ministries, the P&T Department etc. and would not cover the staff employed by the State Governments.

Unless the States form the Scheme, I personally feel that the New Health Service would only have limited utility. It seems that there is great unwillingness on the part of the States to surrender their power over their Services. In the past, there used to be All-India Cadres for Education, Forest, Health, Engineering and other similar services. As more and more powers were transferred to the States under the various reform measures during the pre-Independence times, these services were provincialised. Any revival of these Services is deemed to be a retrograde measure by the States.

I thank you, Sir, for having given me a chance to speak.

17 hrs.

Shri Harish Chandra Mathur: The Central Ministry of Health has never given an impressive account of its performance and plan from year to year, and sometimes, doubts have been raised whether there is any justification for the existence and continuance of this Ministry at the Centre. But if we are not so uncharitable to this Ministry, if we look into the facts which really should be the criterion to judge the performances of the Ministry or the standard which should be applied to judge this Ministry, I think the impression which

[Shri Harish Chandra Mathur]

is generally prevalent in this House will not be there.

I was just looking at the figures given in this periodical which is passed on to us every month, namely, *Swasth Hind*. It gives really very impressive figures. It says:

"Expectancy of life at birth goes up by more than five years during 1941—51. Death rate goes down by more than 40 per cent during the period 1945—55. Infant mortality rate falls by over 30 per cent. Plague nearly wiped out. Cholera death rate reduced by more than 90 per cent."

My hon. friend the lady Member while speaking gave certain figures in respect of cholera casualties during last year, but she has forgotten the condition prevailing in this country earlier, and that we have made not only a definite improvement but a really significant improvement that it has come down by 90 per cent. Then, we find:

"Fever reduced by over 60 per cent. Malaria—(a) cases reduced by 74 per cent during the period 1953—56...."

and so on.

I definitely think that this erroneous impression about the very poor performance of this Ministry is not justified. But the most unfortunate fact is that under the cover of these facts, and getting complacent by the production of these facts, the Ministry has certainly ignored certain very important sectors of its work. I would like to refer to a few of them in particular.

Rural water supply is, of course, the most important, at which the finger must be pointed. Even if we look at the Demands for Grants presented to the House, we find that just one-third of what has been provided for urban water supply has been provided for rural water supply,

though the population in the urban areas is only one-fourth or so of what it is in the rural areas. This all comes out from the fact that we apply absolutely different standards for the rural population as compared to the urban population.

We do not ever think that something like the filtering of the water is necessary in the rural areas. I do not know if the hon. Minister has any scheme in his hand, and whether he is even aware of the most abominable sort of conditions which are prevailing in certain parts of the country. No civilised country can afford to ignore this problem, namely, the water supply problem. I hope the hon. Minister is perhaps aware that there are certain areas where in the hot summer days, you have to pay about one rupee to get a bucket of water. If after eleven years of Independence, this state of affairs continues, I do not think, the hon. Minister can sit with comfort in his chair. If it had been any other place, he would have been made uncomfortable, I am sure, because no civilised country, —particularly a country or an administration which claims to be a welfare State would permit this state of affairs, after eleven years of Independence that there is no water supply in certain areas. I do not know whether any schemes have been prepared at all. I am afraid there are no schemes ready. I am afraid the Ministry is completely unaware of those areas. They have never taken any pains to prepare those schemes and do anything in the matter. That is my complaint No. 1 against this Ministry.

Again, I would like to mention very strongly—though it has been pointed out by all the Members who have spoken—the sort of treatment which is being meted out to the indigenous system of medicine and to homoeopathy. Member after Member speaks year after year, and it appears that it creates no impression on the Ministry. It is really a very sad commentary on the working of the dema-

eracy itself. I do hope that proper note will be taken of the feelings of the Members. It may be true that some of our speeches are mostly because of our feelings, but feelings have a greater value than reason. May I submit that this thing will never go ahead so long as the affairs controlling the administration of the Health Ministry are in the hands of such persons as have no faith in the indigenous systems? The lady Member just interjected when my hon. friend Shri Radha Raman was speaking about Homoeopathy. My task has been rendered much easier by her intervention. She pointed out that Homoeopathy was not an indigenous system, that it had come from Germany. It is all the more reason that we should give proper consideration to the advancement of Homoeopathy. I say this because Germany is one of those countries which is technologically most advanced. The same can be said about the other system of medicine, I will not enter into an argument, but Germany is one of those countries which is most advanced technologically, and we should pay attention to a system which has been evolved in that country and which is so cheap.

I have, as a matter of fact, personal experience of a certain case which was treated in one of the best hospitals. The patient was discharged because of continued bleeding and it was thought that there was no hope of survival. I brought that patient from the hospital only to die peacefully at home, and fortunately or unfortunately for the Allopathic system of medicine, we somehow thought of Homoeopathy. I brought a Homoeopath who gave the schedule that the bleeding must stop within three hours, and to our great comfort it did so absolutely according to the schedule and the patient did survive.

I mention this isolated case not to establish the supremacy of Homoeopathy over Allopathy, but I do mention that there is great merit in that system of medicine which was born in a country which is technologically recognised to be one of the most important countries in the world. I hope that proper attention will be paid and this sort of treatment will not be meted out. I also hope that during the course of the year some organisation will be evolved which would give a real lead to the indigenous systems of medicines and also give a proper lead to Homoeopathy.

While I am on complaints, I would also like to mention that the hon. Minister has been a little less than fair to Rajasthan in the matter of medical colleges. I raised a half hour discussion on the floor of the House and mentioned this fact and brought home to the hon. Minister that the Rajasthan Government as well as the people of Rajasthan had gone all the way out to see that a second medical college at Bikaner was established. Even though the hon. Minister was a little less than fair, as I said, and almost uncharitable, he advised us to go ahead and show him that we meant business, that we were prepared, that the Rajasthan Government was prepared, that the people there were prepared. Might I inform him, if he does not know it, that we have gone ahead with the scheme and within the next week the hon. Prime Minister of India is going to lay the foundation stone of this college. I hope what we have done will at least now stimulate the hon. Minister to play this part, and that he will make funds available so that this college does not suffer for want of help from the Centre.

[Shri Hariah Chandra Mathur]

While talking of the medical colleges, I, as a matter of fact, very strongly feel, and I congratulate the Minister in this respect, that he has taken certain advice and accepted the recommendation of the Indian Council to see that the staff of the medical colleges is made permanent. It is absolutely essential that the staff of the medical colleges is made permanent and that the staff of the medical colleges is properly paid, and that they are not mixed up with private practice and with the administration of the ordinary hospitals. About Rs. 80 lakhs have been provided, and the Central Ministry has made an offer to all the State Governments that the Central Government will meet the additional expenditure incurred in bringing about this reform. But I wish to warn the hon. Minister that in spite of such correct and generous assistance which he is going to give to the States, this reform is not likely to go through so easily because there are vested interests. The people who are going to give effect to this reform, the people who are at the helm of affairs and who are administering things are personally interested.

So I wish that he takes full note of the situation and makes it incumbent on the States to see that the college staff is completely separated and is employed whole-time and that it does not indulge in private practice. I feel that he can go a step forward—I think he is thinking in that direction. But he has been absolutely ineffective in this matter. In this respect I would wish him to see that this private practice is stopped so far as all government doctors are concern-

ed. This is the one thing which is responsible for so much of corrupt practices, for all favouritism and for the exploitation of hospital facilities by these doctors. There are other people in the hospital, small, junior people who always want to take a case to get a private case for their seniors just to please them. If this private practice by government servants is stopped, we will be doing a great service. It will also permit people to settle down, those who are not in government service and who want to settle down in private practice properly, can do so, and those who are in government service will be saved from all the intrigue, favouritism, all sorts of corruption and so on which are the result to a very great extent of this private practice.

He can extend the same facilities and the same concessions which he has extended to the medical colleges. But again I might submit that the effort has been almost half-hearted. If he just examines what the Ministry of Education and Scientific Research has done, they are not only just making an offer. But they have taken all the States into consultation. They have evolved a scheme and they have given better grades to the teaching staff than other staff. Now anybody who goes to an engineering college will get a start of Rs. 410 in the lowermost grade, as against Rs. 250 and Rs. 350 which he gets while he works in the department. I wish some such scheme is evolved and similar grades are fixed so that you get the really top persons in the teaching line. I wish some lesson is learnt from the Education Ministry. In this direction, they have really done a good bit of a job in

encouraging and stimulating technical education. The number of admissions on the engineering side has gone up very considerably. Medical education lags very much behind and is a really poor performance as compared to what has been done on the engineering side.

While speaking of the services, I wish that the idea of an all-India service is really taken up. The Minister has been talking for a long time about it, but I think pretty little or nothing has been done. I know the resistance from the States. Resistance from the States is natural because they want their own kingdoms. They want that people should be completely under their influence. But this service will never develop until and unless you have an all-India service. What was the ground for having an all-India service on the administrative side? It was only because greater emphasis was being laid on administration alone. We wanted complete police control and complete control over revenue. So they had the revenue administration. They had the police administration on an all-India basis so that it could develop the service. Even at that time, we had something like the Indian Medical Service, though it was mostly confined to the military and the defence services. But we have done away with it. We have not been able to have anything in its place during these ten or eleven years. We have not been able to formulate even a nucleus or to have a central pool of the services or to be able to persuade the States to come and join the pool for an all-India Medical Service. Such a Service will go a long way in meeting our requirements. Otherwise, there are many disadvantages from which the senior medical services personnel are suffering in the States. There is stagnation; the same person continuing in the same job for a continuous period because there is no other opening because he cannot move to any other place. So many vested interests are created. A personal atmosphere is created. So many things happen I do hope the hon.

Minister will give proper attention and will be more forceful in this respect.

There is another small Demand to which I object. Though the Deputy Minister of Health has gone, and we do not see any Deputy Health Minister for the last two years, this Ministry appears to persist in making a provision for the Private Secretary for a Deputy Health Minister. If you look at it there is a provision of Rs. 3600 for a Private Secretary to the Deputy Health Minister. This provision is being repeated from year to year though the Deputy Minister is not there. It only indicates that possibly the Minister wants a Deputy Health Minister to be appointed. Probably he has been trying for the last two years and he has not been able to get one appointed. I would like the hon. Minister to tell us what his intentions are. Why does he think that a Deputy Health Minister is necessary? What are the reasons which have prevented him from getting one appointed?

I think the hon. Minister himself must have got work for not more than 4 or 5 hours. No Deputy Minister is warranted. There has been constant criticism from all sides that we should cut down the number of Ministers. I hope the Minister will give us a clear indication that he has no intention of appointing a Deputy Minister and that even this Rs. 3,600 in the Demands is made just casually or by negligence.

Shri Karmarkar: Mr. Deputy-Speaker, Sir, I am grateful to all hon. Members who participated for having given us a very informing discussion on the topics with which they dealt.

I thought when I heard Shri V. P. Nayar—who is otherwise at least partly cogent and informed—that today he forgot, perhaps, what he knew before, the normal functions of this Ministry, vis-a-vis the States. I thought that, careful student as he has tried to be in recent years about health, he knew also the broad policy, the broad direction in which we have been moving.

[Shri Karmarkar]

I would not like to take the time of the House by saying what is obvious. As the hon. House knows, the work with which the Ministry of Health in the Centre is entrusted is firstly the solution of what we might call national health problems like malaria, filaria, tuberculosis, leprosy, cancer and others, by participation, by the advice we give to the States, and by the monetary aid that we are able to give them. Secondly, there is the promotion of medical education and research to the extent we can by way of helping the establishment of medical colleges as also helping schemes of research and thirdly, some matters like drug control for instance. Recently, we have had a Town Planning Organisation for Delhi and we have in contemplation a Central and Regional Town Planning the Estimates Committee's observation Organisations. These are broadly the subjects with which we deal

Hon. Members could be pardoned because they have a constituency to look after and this is the only platform on which they can ventilate the grievances so that the constituency also might know that they are impressing a point. I would not quarrel with them if they were to make a point regarding a matter which primarily concerns the States. In so far as we can, we do take notice of these and bring them to the attention of the States.

As I was listening to Shri Nayar— as I said—I was rather surprised—I might have said I was rather pained—at what he said, that the Government of India have no health policy during the years after freedom. For him, obviously, the Bhoré Committee's Report, which was there a little earlier than freedom, and the consideration that the Government of India has given to it beginning with the first meeting of the Ministers of Health of States presided over by the Prime Minister even in the days of the

Interim Government, as far back as 1946-47, before the date of independence, had not existed. Obviously, he has no knowledge either of the First and Second Five Year Plans and the programmes framed and carried out according to those plans.

Shri V. P. Nayar: All that is bunkum.

Shri Karmarkar: My hon. friend has faith only in bunkum and I think he takes himself away from faith and realities which are away from bunkum. Obviously he has no knowledge about progress in the field of about malaria, tuberculosis, leprosy and the support given to cancer institutes etc. Obviously, he has no knowledge of the primary health centres, though there are some in the Kerala State.

In view of all this, it is not a surprise if some facts which have been brought out in the publications so generously referred to by my hon. friend, Shri Mathur, who has some bitterness about the Bikaner College about which I shall deal shortly, and some

Shri Harish Chandra Mathur: About rural water supply also (Interruptions.)

Mr. Deputy-Speaker: If every Member has got some bitterness on some point, then the Minister is arrayed against all

Shri Karmarkar: We try to satisfy all the Members on some matters, at least on matters which deserve attention

As I have said, we have brought out a small brochure which my friend Shri Nayar may read before the next time he addresses us—a small brochure regarding what we call: Health in Independent India. It gives not imaginations as he sometimes indulges in but stark facts and therefore he will be better informed if he makes it a point to refer to the literature that

we have been supplying to hon. Members of the House; because it does not do good to anyone, neither to the Government nor to the Opposition, to appear uninformed about obvious facts on the floor of this House. It does not help us because it does not encourage us in the good that we are doing and it does not harm us because it is absolutely based on facts which do not exist. We in the Government do not want to be complacent about happenings. If my friend Shri Nayar could believe us, we are also restless, as restless as he is, to achieve as much as possible within the limited resources at our disposal and certainly we are not omniscient or omniwise. We look forward certainly in a debate like this for corrections and helpful suggestions so that the common work may progress onwards. I do not want to weary the House by repeating facts about the progress that has been made. When I make a claim that definite progress has been made it is not as if Government wants a feather in its cap because ultimately it is a national endeavour in which we are engaged. The Members of the Opposition are as keen in having progress of the country on all fronts as we in the Government. It is not just to pat our own backs that we put forward the progress that has been made. It is to enable us to apprise what is exactly done and what the shortfalls are and what is yet to be done.

Now I have very patiently listened to all points raised by hon. Members. In fact I have taken fairly detailed notes. What I propose doing is, within the time at my disposal, to broadly divide the observations into two: firstly, concerning what I might call fairly important subjects, and secondly, the other points which will be touched later on.

My friend Shri Nayar pointed out the Estimates Committee's observations regarding the shortfalls in the expenditure allotted to the Health Ministry. I am quite sure, since he shares the criticism made by the Estimates Committee, he shares also in the compliments paid by the Estimates

Committee to the work of the Health Ministry....

Shri V. P. Nayar: Not necessarily.

Shri Karmarkar: It is not necessary for him but it is necessary for truth. One should be consistent in one's appreciation. If some good has been done, say it is a good thing even though it is the Government that is doing it and if there is anything bad, if there is some shortfall, it is good to point it out so that the Government may improve. But obviously these standards are not either convenient or tasteful to Shri Nayar. He referred to the shortfalls in expenditure. As the hon. Members know, part of the expenditure is incurred directly by the Union Ministry and part, by the States directly aided by the Central Government. I can assure the House with confidence that it has always been our constant endeavour to utilise all the allotments made for the Ministry. The House is, however, aware of the difficulties which we have to encounter both in respect of internal and external finances. When we planned, we planned generously but then we found ourselves in a difficulty within two years of the Plan both in respect of the internal resources as also in respect of the foreign exchange. That necessarily curtails the resources available to the Ministry of Health as to the other Ministries. The difficulty has resulted in curtailment of the programmes. I fancy that the States also suffered from the handicaps and inadequate allotments of help. On that point, the observations of my hon. friend, Shri Bist are relevant, and I am quite sure the State Governments will take cognizance of expressions of such opinion. But I agree we should make the best possible attempts to utilise the available resources to the fullest extent possible. I do hope that the States are able fully to carry out the schemes provided for in the yearly budgets.

I should like to inform the House that it has always been by anxiety and the anxiety of my Ministry to

[Shri Karmarkar]

spend all the amounts allotted to the Ministry, physically to the last pie that it is possible for us to spend properly.

Now, in dealing with the major problems that confront us, I rather appreciated the pointed reference to the problem of leprosy, because that gave me courage, that gave Government also encouragement in the steps that they are taking to see that so many Members are so keenly interested in the removal of the scourge of leprosy. I will not repeat what has been stated in the annual report

I had sometimes myself had a feeling that we should try to make the annual report a little more interesting in the sense of using a little more glossy language, but I thought in fairness to Parliament we set down facts exactly as they are without trying to say a word of compliment or censure either way, because what the House needs to be useful for the debate is not language, is not the draft, but the stark facts. And, even my hon friend, Shri V. P. Nayar will agree that this year's report has been a little more informative than last year's report. We want to place all the facts before the House so that we might have the advantage of well informed advice from the House. I see that my hon. friend, Shri D. C. Sharma is nodding his head. When my hon. friend, professor Sharma nods his assent you can take it that it is a proposition sound and good

Now, I was saying about leprosy. Some of my hon. friends do not appear exactly to be well informed about the schemes that we have got for leprosy. Earlier, thanks, if I may say so, to the very self-sacrificing attempts made by early Christian Missions as also, later, voluntary organisations like Ramakrishna Mission and the rest and also many institutions run by individuals who made this cause their own, leprosy was looked after more in the non-governmental sphere than in the governmental sphere. But during the period of the First Five Year Plan and also the Second Five Year Plan

the Government of India evolved, what I might call, a more comprehensive scheme. Our resources did not permit us to try to cover the whole area of the country by what we know as subsidiary centres. We established a few, what we call, demonstration and training centres: one in Dehra Dun, one in Bengal and one in the south I think, subject to correction, there are three or four such centres. We established them with a view to have wider coverage and with a view to train workers also in trying to combat this disease. Apart from these, we have got a central training institution in Chingleput, where the Madras Government had a big institution. Thanks to their efforts, they are doing a good job of their working in Chingleput. The Madras Government placed the entire resources, what they were spending in the institution, at the disposal of the new institution. We are trying to have an advanced research institution in Chingleput, so that the research conducted there will help technically the leprosy workers in evolving suitable remedies for treating the patients of leprosy.

If I might share with the House a few figures, we have had, I think, in all till now about 68 subsidiary centres, as we call them, four of them being study centres. They are equipped with competent doctors and the like. They technically examine all the suspected cases. People suffering from leprosy they are brought for treatment. I should say, the results are fairly encouraging. People often have a faith in, what you might call, in-patient treatment, dormitory treatment. By taking away all leprosy patients and keeping them at one place one of the undesirable results, though not meant, was that a leprosy patient who went to the hospital and stayed there for some time was not accepted by his own people when he went back. Then it was a problem both for himself and the public. He could not be give adequate employment, not always was he trained for that and he had to take recourse to the only profession available to him, namely to

beg. Instead of doing that through these subsidiary centres treatment can be given where they are. As I said we have had about 68 centres. These figures are for the period ending with December, 1958. The total population covered is 53 lakhs. The patients discovered are 78,000 from all sources. I had asked for a split-up, and I find that the cases detected actually within the area are 53,600. The cases actually who attended because to attend or not to attend depends upon them—are 45,900. I should say that the scheme has been working satisfactorily. I myself had an occasion to visit recently a nearby centre, at Dehra Dun. I wish hon. Members are also able to visit it because every visit by a responsible person always adds encouragement to the workers in the particular centre. There, the doctor who was in charge was frank with me. When he first took up the work he said "this was a work which I was not used to, but within a month's time, I came to like it". I found him a zealous missionary for the work. It was something heartening for me to go to the local hospital the Maclaran Hospital and to find the patients themselves telling me that they have a sense of fulfilment, a sense of fulfilment about the cure, saying that "this arm bore eight patches, six have gone and only two remain" etc. Modern medicine has made it absolutely possible for us to visualise a time when we can minimise the number of patients suffering from leprosy, that is to say, to cut away the infection.

There are some popular misconceptions attending leprosy. Some people seem to be believing that it is a hereditary disease. But experts tell us that even in the case of the infectious type of leprosy—there is an infectious type and there is a non-infectious type—and these are according to experts for whose opinion we have value—it is only normally by a long contact like children remaining with their parents and living in the same home that a person can contract

leprosy. It is not a question of a pleasure trip in Kingsway and giving something to a beggar and during that brief time getting something in as it might be in tuberculosis, where, if you breathe any tuberculosis germ or if you get near the bed of a tuberculosis patient, you are in danger of catching tuberculosis. Leprosy is not like that. I am very happy to see that a realisation of this fact has come over the country as a whole, and today, leprosy patients are treated with less disdain and less of contempt as compared to, say, even 20 years back.

I am proud to acknowledge with gratitude the services being rendered by voluntary workers in this field. We in the Government, after having given good thought to the whole question, have thought it fit to give the leadership of the movement to non-official hands. We have set up a high-power leprosy advisory committee in which the members are all non-officials who have spent their lives in the cause of leprosy relief—people like Dr. Wardekar of the Gandhi Memorial Leprosy Foundation, people like Dr. Dharmendra, a top man in leprosy, people like Dr. Jagadisan, who himself was a leprosy patient and who has come back to the service of leprosy patients in turn, and people like Dr. Haejmerick of the Belgian Mission and others of the British Mission. In fact, we thought that the best way to advance would be to leave the leadership of this movement in the hands of the people who have made leprosy relief a mission of their lives. I am happy to tell this House that this experiment has succeeded in so far as it can succeed, and at the present moment, this cause is receiving a more welcome response from all quarters concerned.

I should be grateful if hon. Members sometime or other could go to a nearby subsidiary leprosy centre and have a look at it and give us their suggestions, because, it is only thus that we can learn to better the work that we have been doing.

[Shri Karmarkar]

I had also an intention to deal with malaria eradication programme

Shri Khadilkar: What about the compulsory sterilisation legislation so far as leprosy is concerned

Shri Karmarkar: I would deal with that. That is a matter, which requires attention. I am very happy that my friend is interested so much in sterilisation of leprosy patients and others. The whole difficulty is this. The question has come up before the Government many a time. If by persuasion these leprosy patients could be sterilised—some cases there are—it is all a question of dealing with them. I know of a hospital in Bombay where a Bombay Government worker was able to persuade, by a sort of appeal to them, certain people and brought them forward to have sterilisation. If only my friends like the hon. Member who put the question would make it a cause to go round the leprosy centres and with their very persuasive tongue try to persuade them. I would congratulate them and I shall be grateful to them, because ultimately we are trying our best in this matter. If somebody else, outside the Government, gives us advice, it is received and especially if a Member of the Opposition goes and gives advice every one will believe that the cause is perfectly good because it is not only the Government that is saying that, but also a very distinguished Member of the Opposition. If all of us join hands together, sterilisation of leprosy patients is not such a mighty and baffling problem. Let us try to solve it and give the place it deserves.

I have got some notes about the malaria eradication programme, but since so much is known about it, in order to save my time and the time of the House, I should deny myself the luxury of dealing with it at any length, except to say that though in the initial stages during this year it looked as if we might be a little slow, but, now all the States have equipped themselves both financially and also

in the matter of personnel to fall in line with what is expected of them in regard to the malaria eradication programme. We look forward to complete success so far as success is possible in the next three years to see the end of this with people's co-operation.

The subject of indigenous medicines, as you are fully aware, is a hardy recurrent annual. Something has been added to it also by the proposed drug rules which we have promulgated for public opinion. It is not as if we have foisted them without consulting anybody. We wanted the public to consider them and so they are there for public opinion.

An Hon. Member: Why should we use the word 'indigenous'?

Shri Karmarkar: You may call it national medicine, Hindu medicine or Indian medicine. Ultimately, it is the same thing by whatever name you call it. The word 'indigenous' has been used and is popular. I am prepared to accept my friend's correction and we might call it ayurvedic or something else. But I do wish he thinks about it deeply and give his considered opinion about the name by which we should call it.

The subject of indigenous medicine is, as I said, a hardy annual. I appreciate Dr. Sushila Nayar's observation that we should consider this question without emotion. The House knows fully well the steps taken in the matter during the last few years. It was as a result of the findings of the Chopra and Pandit Committees that the research centre at Jamnagar has been functioning. Research work is always slow, but work done has been precious. Here again, I should like friends like Shri V. P. Nayar to pay a personal visit and I shall try to see that they will tell him everything he wants to know about it. Then I will value his suggestions, after his considering the work that has been done.

Many times we get into believing what we wish to believe and we con-

deems a thing outright. I have myself been to Jamnagar. Really what I came to know there was much more than what I had expected. They have got a scientific advisory committee of experts and they have been advised to concentrate on certain specific diseases like Pandu Roga, Grahani, etc. and to have the results recorded. They have been honest results. They have not said that such and such medicine has been wholly successful for such and such disease. In some cases, they have been partially successful and in some cases largely successful and there is a modern team. What struck me as precious was the work in connection with pharma-cognoy—identification of indigenous herbs—which one research scholar was doing. I do not say that we have achieved everything when we have set up the Jamnagar Institute.

I would like, very respectfully, to dissociate myself from what some friends called a 'show-piece'. There is nothing showy about it; there is something knowledgeable about it. When friends go there and see it, they will come back, I am quite sure, wiser than when they entered. I have no doubt about in my mind, because they have been doing good work. Neither the buildings are showy nor the scholars. There is nothing showy about this Institute at all; it is solid and substantial.

I would like to tell the House that we are contemplating expansion of the work in this direction and give within the shortest time possible a trial and examination to all common and specific remedies for various diseases, because we realise that if work goes on at the pace at which the Jamnagar Institute is going, maybe we will take unconscionably too long a time. Therefore, we are thinking of evolving a scheme by which we can put most of the remedies to test and experiment and so far as they pass the test, to accept them as part of our system; in other words, to have them introduced in all our civil

hospitals in the country. Otherwise, there is no purpose in spending so much money about research and telling others to follow it, if we are not able to follow it ourselves. Therefore, as I said, we want to take this subject to absorb such remedies in our medical system.

We are also considering the publication of authorised versions of ancient medical texts, because that is one of the things which have been done in the past. But we would like to do it in a systematic manner with translations into English and Hindi. The Indian Council of Scientific Research have stated that botanical gardens, urban gardens, come within their purview. We are now thinking actively to devote our attention to that and do whatever we can to promote the growth of such gardens. All these matters, I am happy to state are under the active consideration of the Government.

We had so many reports but still we found ourselves not sufficiently informed about the actual conditions of the Ayurvedic practitioners about the prospects which the State Governments are giving them, about the number and type of institutions and so on. With that end in view we appointed what we might call a committee, which went into the matter unobtrusively without much of paper propaganda and the like. They went round the whole country and they have given a very precious report. That report is under print and when the hon. Members have got a copy of it I think they will appreciate the work of this Committee. That will form the basis for the steps that we are taking. Since the House might be curious, I might say that the Chairman of that Committee is Dr. Udupa.

Shri Goray: What is that committee?

Shri Karmarkar: That was the committee with Dr. Udupa as Chairman and Dr. Pillai and Mr. Narasimhan of the Health Ministry as members. This is not such a known committee. In fact, they took

[Shri Karmarkar]
sufficient care not to make themselves too well-known in the places where they went.

Shri Goray: In the Report there is mention about it.

Shri Karmarkar: Of course, it is premature to anticipate the final decisions, and I can assure the House that the steps that we propose to take will result in a substantial advance of the cause of the indigenous system.

There is one other touchy point that was made, and that is about the proposed rules. Now the whole difficulty has arisen, the whole trouble has arisen, in some minds on account of the fact that in accordance with the present Drug Rules, 1945 sulpha drugs and anti-biotics such as penicillin are classified in Schedules H and L respectively and can be sold in retail only on the prescription of a registered medical practitioner. Now the difficulty has arisen on account of the definition which, to the minds of some, would exclude classes which have been using such medicines up till now. It is not known whether such a registered medical practitioner can prescribe such medicines. The apprehension expressed was that such graduates of integrated medicine are not eligible for registration, nor are they registered in a register intended for persons practising modern scientific systems of medicine and, as such, they will not be entitled to prescribe drugs coming within the category mentioned above. It is not known what is the system of registration of graduates in the integrated system in the different States. The exact position in the case of States of such candidates is being ascertained from the State authorities in the matter. The intention is that persons who are entitled to prescribe the modern system of medicine and to register themselves in a register meant for this purpose should not be deprived of this practice. I may assure the House that it was with a view to elicit all type of information with regard to it, that we have taken this action, the underlying intention being to shut out only people unpractised

in medical remedies of the particular kind.

Something was said by all those interested in the cause of the integrated graduates that those graduates have been permitted to practise up till now with the aid of these medicines which we try to prohibit in a certain case, that they have been employed by the State Governments in their services and permitted the use of such medicines which, according to the Drugs Act, it will hereafter be prohibited for them to use. I can assure the House that we are not in a hurry about the matter. We do not want to take an unseemly hasty action in the matter. We shall consider all the representations that are made and, if I may say so without any sense of what you call egotism with a sense of sympathy, with regard to all the classes which will be touched by the rules I should like to assure the House that the only intention behind whatever rules we might promulgate is the safety of the patients ultimately. It is not to damn a whole class. I may tell the House that recently I got possession of a small prescription—I will not divulge the name—in which the prescription was to the pharmacist, whoever it was, for 18 streptomycin injections. It might have finished the problem, not of the disease but of the patient. Now this is precisely meant to prevent people who might abuse their position. It did not make any meaning to me. Perhaps, my hon. friend, Shri Nayar, might be able to make some meaning. I am not able to make any meaning except that 18 streptomycin injections are to be given to somebody who was suffering from something or other.

Shri V. P. Nayar: Daily?

Shri Karmarkar: Not daily, in all.

Shri V. P. Nayar: Then it can be done.

Shri Karmarkar: My good friend, Shri Nayar, has gathered some wisdom in a field where he is not competent. But I do not want to venture upon any such opinion.

So, to come back to the point just I miss the trail I can assure anxious friends like Shri Goray and all friends who have been practising in the field of medicine, medical graduates of the integrated medical colleges and the like that we shall give the closest attention to all the representations that have been made and arrive at a conclusion which we hope will give satisfaction to all those who deserve such satisfaction.

I shall skip about family planning which I need not tread on excepting that some hon. friend was anxious. . .

Shri Naldargkar: May I know whether the notification, S.O. No. 147 dated the 17th January, 1959, excluding *hakims, vaidyas*, homœopaths and integrated graduates from the definition of medical practitioners is to elicit opinion or is final?

Shri Karmarkar: That has been done. But we shall also consider that I can tell my hon. friend that we are not averse to giving consideration to all proper things even though they are six years old.

An Hon. Member: The door is open.

Shri Karmarkar: Somebody was interested—I could not name the hon. Member, it may be Shri Khadilkar, I think; I may make a mistake—and he might be interested to learn that in 1956 there were 6,815 operations, both men and women; in 1957 it had grown to 11,944 and in 1958 to 14,691. These are the recorded cases I am quite sure that behind each recorded case there must be at least three unrecorded cases because people do not go about telling everybody else that they have undergone the operation either for vasectomy or for sterilisation.

Shri V. P. Nayar: Is this information collected from private sources or from doctors?

Shri Karmarkar: This is all the available information, I should like to say. I shall mention only one other point very briefly and that is about

the primary health centres. This is often a point that is made that the villages are not served. I really am surprised at that. It is a fact that by and large we have yet to reach the villages but I should like to tell the House that really a good beginning has been made with these primary health centres of which we wanted to have 3,000. But that I think scientifically is the beginning to take medical relief to the villages and it is in extension of this scheme that ultimately lies our wholesale coverage of the villages. As I see the total number of primary health centres established till now is 1,031. A few of them, I am told, are without competent medical personnel, this is, doctors and the like. But then we do hope to make up the deficiency. As hon. Members are aware, grants-in-aid amounting to Rs. 1,13,06,000/- have been sanctioned on an *ad hoc* basis for this year and we have made a provision for Rs 1½ crores for this during the next year.

My hon. friend, Shri Matnur, was specially bitter about water supply. Regarding that also, a National Plan has been in operation. I say this subject to the general comment which partially is true that what we are trying to do is inadequate even in the opinion of the Government of India. But in the sum total of the resources, the Government of India and the Planning Commission have tried to do whatever they can.

Now, three years from 1956-57 to 1958-59, as against the budget provision—I am short of the figures—the total expenditure under this scheme of the National water supply urban has been about Rs. 20,86.69 lakhs. That is what we have given to the States. In the rural schemes we have given Rs. 4,94,26,000/- or something or in round figures Rs. 4,94,00,000/-. With regard to this scheme what the Planning Commission advised us and we had to abide by was that this scheme for rural water supply had to

[Shri Karmarkar]

be pipe water schemes and then as a result of our mutual consideration and discussions the Planning Commission agreed that even if it is not a pipe water supply the help should be given to the States on this basis. For the next year under local development the Government of India have provided under the Finance Ministry a contribution of Rs. 3 crores for rural water supply

Shri Harish Chandra Mathur: Obviously, the rural areas are being very stepmotherly treated—from your own figures. There the demand is greater.

Shri Karmarkar: If I had been in my hon. friend's place, I would have said the same thing. It is otherwise I have to represent the Government of India whose resources are limited, who have to adjust their possibilities to their resources. Otherwise, that is another matter.

I have dealt with the prominent questions which arose in the course of the debate, in the ten minutes that still remain, I shall refer . . .

Shri Goray: Will the hon. Minister say something about their promises to the homoeopaths?

Shri Karmarkar: Yes. I think we have said sufficiently in our report regarding homoeopathy and everybody. We have given the exact amount. In the three years, we have spent out of Rs. 1 crore, that was at our disposal, Rs. 47 lakhs for indigenous systems. Every one has a place under the Sun, to the extent to which he is entitled. I will not go into the matter further. Some people are passionate about homoeopathy; some people are passionate about Ayurveda; some people are passionate about naturopathy. I am very happy that a question about naturopathy has been raised. I am happy to tell the House that during the year, we propose—in fact, they have proposed and we have accepted it—to give the Uruli Kanchan Naturopathy Ashram which was originally founded by Mahtama Gandhi, which

is doing good work in the field of naturopathy, Rs. 60,000,—Rs. 2000 each for 30 beds. If it is possible, we propose to continue that aid and concentrate efforts in naturopathy. I am happy to say that they have rendered a useful report regarding the actual number of cases. We have sent this report to modern medical people to have their reaction.

Shri V. P. Nayar: May I ask a question?

Shri Karmarkar: A short question, because the time is short.

Shri V. P. Nayar: The hon. Minister said that Rs. 45 lakhs or so has been spent on homoeopathy.

Shri Karmarkar: On all the indigenous systems.

Shri V. P. Nayar: On homoeopathy, out of Rs. 34 lakhs, only Rs. 4 lakhs have been spent so far.

Shri Karmarkar: I think so, because, in our opinion, that was the only proper amount that we could give to the colleges concerned. I wish my hon. friend appreciates this point. I know I am facing trouble, if this part is reported at all or if my hon. friend tells them, at the hands of homoeopaths. We relatively feel Ayurveda, for instance, is current in a larger number of States: no fault of any other system. For homoeopathy we find requests from Bengal, U.P., sometimes Madhya Pradesh, a little from Bombay, not too much. I am not quite sure, I should like to make myself sure before I say, we have not received any type of thing from Kerala.

Shri V. P. Nayar: We have two colleges.

Shri Karmarkar: You have already two colleges, and never asked for aid. That is right.

Shri Harish Chandra Mathur: What is your attitude?

Shri Khadlikar: Will the hon. Minister say something about the manufacture of baby foods and glucose on behalf of the Government, because there is a lot of profiteering and unavailability of food?

Shri Karmarkar: I think, I agree. It is for another sister Ministry to deal with this question I wish that he raises that question when that Ministry comes up. I entirely agree with all wholesome things. It does not require much of a thought to say that food, particularly baby food, should be available at as reasonable a price as possible. It goes without saying.

I will touch briefly on some points within the 7 or 8 minutes before me. I appreciate very much the constructive suggestions of my friend Shri D. S. Raju, especially when he said about expansion of medical colleges. He spoke about the Kakinada college with modesty. I had the pleasure of visiting that college myself. I must congratulate the promoters of the scheme on the efficient manner in which they have been going about. I am quite sure that he will be happy to abide by us when we say we will keep them with all our moral sympathies till such time as we are able to translate them into tangible Rupees and naye paise. I can say, efforts like this are always welcome to the Government. Our only misfortune has been, we were given Rs. 6½ crores. Perhaps wisely, perhaps foolishly we gave away all the allotted amount to the earlier colleges. To the colleges that came later, we had to tell them, with the best of will, that we had no money. Maybe when we get money we shall be able to think about it. In the meantime, I wish the best of success to all the new colleges, including the college at Bikaner. My friend Shri Mathur is unnecessarily angry in this respect. Since last year our offer is open. We said that we shall meet the recurring expenditure, but I am miserable to feel that till now the recurring expenditure has not been drawn, because they had not started the college. Now that they are start-

ing it, we hope the college will prosper, and we will help them to the extent possible, and more, if that is possible.

Shri V. P. Nayar: Rajasthan M.P.s themselves can have five colleges.

Shri Karmarkar: I think my hon. friend Shri V. P. Nayar can settle any points with Rajasthan outside the House.

Shri V. P. Nayar: Thank you.

Shri Karmarkar: I shall not dwell at great length on the points that have been raised by my hon. friend. Shri V. P. Nayar, except to say that the information gathered by him has been a little out of date. 29 air-conditioning units have been sanctioned for All India Medical Institute. (Interruptions). 'Sanctioned' means, they have to be purchased and we have to pay for them. They have to be purchased. They have to be installed. I hope hon. Members will appreciate the position.

Now, Sir, regarding Bankura Medical College, if it has prospered, it has prospered without our knowledge, and if it has suffered, it has suffered without our knowledge. The State Government is sympathetic towards that college. It is an old college. Whatever sympathy we can show, we shall show. If we are not able to help them, let them be sure that we cannot help them.

Points have been made about the integrated training facilities. I should like to inform the House that during last few years, State Governments have gone ahead for starting more and more ayurvedic and unani dispensaries, and for giving them aid and the like, and giving them services also. My hon. friend Pandit Thakur Das Bhargava referred to water supply in some 16 villages in Hissar district. Whenever he says something he says it very seriously. I would refer this matter to the Punjab Government. In the meantime I wish he will be able to negotiate this matter with the Punjab Government himself.

Pandit Thakur Das Bhargava: We have not got it for the last twelve years from the Punjab Government in spite of best efforts.

Shri Karmarkar: I wish that you succeed. My hon. friend's voice is powerful enough to move the Punjab Government in what seems to be a simple proposition. My hon. friend Pandit Thakur Das Bhargava knows very well how much value I attach to all his suggestions, because they are reasonable, and I shall be happy to give a little priority to this matter. Let us hope that if there is water there.....

Pandit Thakur Das Bhargava: If words can bring water, to me, your words are there. Another hon. Minister said the same thing two years ago. He said: "We shall have water". No water or electricity is yet available to these villages though Bhakra dam water is available in nearby villages.

Shri Karmarkar: If there is no water there, I cannot bring water for Pandit Thakur Das Bhargava. Whatever assistance or sympathies are necessary from me, are always available. Right down from having a telephone call to having a personal visit I am prepared to do it, on behalf of the Government of India. I only wanted Pandit Thakur Das Bhargava to do his bit, to persuade the Punjab Government in this matter.

I am very happy, Sir, to see that he laid great emphasis on the Family Planning movement. With his blessings, I am quite sure that that movement will succeed.

Shri Hem Barua: Blessings without children!

Shri Karmarkar: Blessings come richest from those who have done their best or worst.

Now, my hon. friend, Shri Goray was rather anxious about the integrated college diploma holders and

degree holders. I am quite sure that he will now be able to assure those friends and save the Post Office and Telegraph Office from a little of its revenues. My hon. friend Dr. Sushila Nayar raised a point that research in Ayurveda should be done by competent people, with which I entirely agree. She said something about the Lady Hardinge College also. She said something to the effect that women were disappearing from the professorial staff of the college during the last few years.

18 hrs.

Shri D. C. Sharma: A very serious charge.

Shri Karmarkar: I do not think so. Whatever it is, in any case, the Government of India are not responsible if that eventuality has taken place. The whole trouble has arisen on account of the voluntary retirement of the principal of that college. I would not like to tease the House with all the details, but I wish we devote less attention to matters which are personal.

Regarding the Health Ministry being anxious for power, let me be frank with the House; if the House would permit me for a moment, I would like the Health Ministry to have as much power as possible under the Constitution, subject to this proviso that I would like this House to scrutinise every little action of the Health Ministry to the best possible extent, to keep it on the correct line. It is no use saying in a democratic form of government, that Government wants power; we do want power to do good to the people, to the extent permitted by the Constitution. Therefore, it is no use saying that we should divest ourselves of all the power and leave ourselves only the power to give money but not ask how that money is spent.

Shri Harish Chandra Mathur: Not the direct power to run colleges. That is nowhere on earth.

Shri Karmarkar: It is everywhere on the earth. Perhaps, my hon. friend is not cognizant that many good institutions are being conducted by Government.

Now, here is an institution which is five-sevenths conducted by Government, because on the managing body are representatives of various wings of Government. Now, here is a college where because it is not owned by Government, the members of its staff have no future prospects as they would have in the Central Health Service; and no one is anxious to stay on there because there is ultimately a dead end for the junior persons; with a view to giving better terms and conditions of service for the staff, with a view to see to it that as between the Willingdon Hospital and the Safdarjang Hospital and the Lady Hardinge Hospital and this college and the Delhi college, we are able to integrate all the other institutions together so that we might promote the cause of having more post-graduate and having a more free circulation amongst the members of the staff, we are having this power; it is not with a view to gulping the college.

Shri Harish Chandra Mathur: The answer is an All-India Service or a Central pool.

Shri Karmarkar: I hope I have not hurt my hon. friend Dr. Pashupati Mandal by the observations that I have made, but I wish him all success in his efforts for getting aid for the Bankura Medical College, which has been struggling and which has been doing good work.

Now, I come to the points raised by Shri Khadilkar. I think I have covered most of his points. About integration of family planning with other institutions connected with health I may say that we are trying that integra-

tion. For instance, in every primary health centre, we want to have a family planning unit. Out of the maternity health centres which are about 3,000, I think, about 1061 have already family planning aids. And we would like to have this integration as much as possible. And I entirely agree with my hon. friend Shri Khadilkar, that about baby food. . .

Shri Khadilkar: What about the mobile unit?

Shri Karmarkar: I know about the mobile unit. I think my hon. friend has been briefed by an esteemed colleague whom we know, whom we have recently requested to be on the Family Planning Board. It does not make any difference if the same matter is put before us directly or through the good services of my hon. friend Shri Khadilkar except that it provides him with a useful point which may be part of his speech here. We are giving that matter our consideration. But instead of sending a mobile team with these people going round and saying 'danton kee dava, dard kee dava, peton kee dava, come on, come along, we shall give foam tablets to those who want them, we shall give operation to those who want it,' and so on and creating an unnecessary scare, rather, we keep the atmosphere going; we first create the atmosphere. (Interruptions). When the new turn comes, let my hon. friend be sure that his will be the first constituency where we shall send the mobile team. We do not want to create trouble for him as also for us by the team going round and creating a scare where there is none. But, nevertheless, I have very great respect for the inspirer of this idea, the friend who briefed Shri Khadilkar; and I shall tell her directly when I meet her next that Shri Khadilkar did a yeoman job in putting this suggestion before Parliament.

I shall be unfair if I do not refer to my hon. friend Shrimati

[Shri Karmarkar]

Sahodrabai. I think what she says is partially correct. Now, I shall talk in Hindi; otherwise, she will scold me outside.

मैं चाहता हूँ कि जो हमारे अस्पताल हैं, उनमें जो मरीज आते हैं, जिन में बहुत से गरीब लोग भी होते हैं, उनको अभी की प्रपोजा प्यादा सहानुभूतिपूर्ण ट्रीटमेंट मिले। कभी कभी हमारे पास शिक्षावर्त आती है कि न केवल गरीबों को बल्कि प्रमीरों को भी अच्छा ट्रीटमेंट नहीं मिलता है और कभी कभी वे सही भी होती है। मैं अपनी बहन जी से प्रार्थना करता हूँ कि इसमें हम सभी का योग है। जो स्टैंडर्ड हम क्लिनिशियन मिशनरियों के अस्पतालों का या पाश्चात्य देशों के जो अस्पताल हैं, उनका हम तुलना करें वह स्टैंडर्ड शायद हमारे अस्पतालों में न आया हो लेकिन शायद आया जा जाएगा।

मैंने देहली क्षेत्रों के लिए प्राइमरी नर्सों के बारे में जो कुछ कहा है, उसको मैं समझता हूँ मेरी बहन जी ने सुन लिया होगा और समझ लिया होगा। मुझे बहुत खुशी है कि वह इस मामले में इतनी अधिक दिलचस्पी लेती है। मैं चाहता हूँ कि वह इसी तरह से इस मामले में दिलचस्पी लेती रहें। उन्होंने अपने प्रदेश के बारे में जो सुझाव दिया है, उसके बारे में मध्य प्रदेश की सरकार के साथ कुछ न कुछ लिखा-पढ़ी करेगा।

I have already over-stepped my time. but I shall finish in a couple of minutes.

I entirely agree with what one hon friend said about the Tibbia College. The whole thing is in the hands of the court, and that has been our difficulty. Supposing we help one party today and the court holds tomorrow that it is the wrong party, the public money will have been wasted. We are waiting for the court to decide.

About my hon. friend Shri Awastha's reference to the Kanpur T.B. Hospital, he is not here, but I wish him all success in his efforts with the U.P. Government, and we shall try to help it in so far as it lies in our power.

My hon. friend Shri Radha Raman is a shrewd and experienced leader, and I accept all the good things that he said about my Ministry. I appreciate what he said about the Safdarjang hospital. I should like to associate myself with what he said, and I am very happy that within a very short period Safdarjang as well as Willingdon Hospital, the two hospitals under the care of the Government of India, have come up fairly well, as those who have gone there to visit some friend who has been ailing might have occasion to know. I should like to convey my appreciation to the heads of these two hospitals, Col. Aiyar and Dr. Khosla, for the good work they have been doing, and their colleagues also, and I wish similar progress is shown in future also.

About the leprosy colony in Shahdara, I shall request my hon. friend Shri Radha Raman to take up the matter with the Delhi administration also, and he will have sympathetic support so far as we are concerned. I am myself not very happy about the way in which it is worked. I should like it to be worked in a proper manner, and I wish my hon. friend, Shri Radha Raman, apart from the observations that he made in this House, is also helpful to me outside the House.

I should say I appreciate very much what my hon. friend Shri Bist said. In fact, when he began I was not very optimistic, but after he ended I think I agree with all the suggestions that he has made, particularly what he has said about the annual plans being cut down much to our dismay and things like that. I will not reiterate that point.

My hon. friend Shri Harish Chandra Mathur made a reference to the

Bikaner College. I told him go ahead; I still do that. Let them go ahead. I am very happy that somebody is going ahead, and that the Rajasthan Government are starting that college. We wish them God speed and we shall keep our word by way of assistance that we have already promised them.

Regarding the desirability of private practice being stopped in public hospitals, I am entirely at one with him, and it has been a rule of the Government of India that we prohibit the medical personnel in our hospitals from private practice, neither those in the Willingdon Hospital, nor those in Safdarjang Hospital are permitted any private practice. We are giving them what we call a non-practising allowance. That has helped us to prevent all types of things that are said to happen in places where private practice is permitted. Our people are of all types. Many of them are good, maybe a few abuse the position that they hold. I am not prepared to vouch for every one in this country behaving in the correct manner, but the Government of India holds the opinion very strongly that in our public hospitals we should have only such people who devote themselves entirely to the work of the public hospital and do not have the privilege of private practice.

Finally, I should like to say that I appreciated one suggestion by an hon. Member, that is to say that the time has now come to have a re-assessment. The Bhoré Committee, as those hon. Members who have been able to read its report might be able to testify, laid the foundations for all that we have been doing during these ten years. We have gone ahead in some respects, as in the case of malaria, and we have lagged behind in some respects as in the case of the primary health centres, but after all these ten years after freedom we feel that the time has now come to have a reassessment of the problems facing

the health conditions of the country as a whole. We have got a working party which is working for the Third Five Year Plan, but we think that it will be necessary to have a whole-sale assessment of the whole problem. Government have, therefore, decided to appoint a very high level committee on the lines of the Bhoré Committee under the chairmanship of the Vice-Chancellor of the Madras University, Dr A. L. Mudaliar and consisting of members, each one of whom has achieved distinction in his own field, to go into the whole problem of the progress that has been achieved in the last ten years and to chalk out a programme for the future. Untrammelled by considerations of resources, because they will not only work for the five years, they will work for many more years than the Third Five Year Plan. And I am looking forward to the Committee being set up formally in a few days and to the Committee also giving us a report within a measurable period of time, so as to give us a correct idea of what has happened and what should happen in the future in this very highly important field of health.

I am deeply grateful to the House for the arrangement which gave 5 hours for this discussion. I am not at all formal when I say that the debate has been very highly educative whether for Government or for the others who care to read the discussions today. I am very grateful to the House for that.

Shri Harish Chandra Mathur: What about the provision for a Deputy Minister? There is specific provision for a Deputy Minister.

Some Hon. Members rose—

Mr. Deputy-Speaker: Enough has been said on all sides. He will look into those points that have not been answered. The Minister has promised that.

[Mr. Deputy-Speaker]

As regards the cut motions, cut motions Nos. 996, 1033, 1034, 1040 and 1045 were out of order. Am I to put any or all the other cut motions to vote?

Some Hon. Members: No.

The cut motions were, by leave withdrawn.

Mr. Deputy-Speaker: The question is:

"That the respective sums not exceeding the amounts shown in the fourth column of the order paper, be granted to the Presi-

dent, to complete the sums necessary to defray the charges that will come in course of payment during the year ending the 31st day of March, 1960, in respect of the heads of demands entered in the second column thereof against Demands Nos. 42 to 45 and 122 relating to the Ministry of Health".

The motion was adopted.

18.12 hrs.

The Lok Sabha then adjourned till Eleven of the Clock on Saturday, March 28, 1959/Chaitra 7, 1881 (Saka).

[Thursday, March 26, 1959/Chaitra 5, 1881 (Saka)]

ORAL ANSWERS TO QUESTIONS

S.Q. No.	Subject	COLUMNS
1485.	Export of vanadium ore	785
1486.	State Trading Corporation of India (Private) Limited	7876-77
1487.	Nuclear Research Institute at Hyderabad	7877-79
1488.	Employment Exchanges	7879-82
1489.	Facilities in colonies for Government Servants	7882-84
1490.	Legal help to Unions in Supreme Court Cases	7885-87
1491.	A.I.R. Scheme for recording events of Mahatma Gandhi's Life	7888-90
1494.	Reconstitution of Planning Commission	7890-92
1496.	Indian workers in U.K.	7892-94
1497.	Indian Textiles	7894-97
1498.	'India Wins Freedom' by Maulana Azad	7897-7900
1499.	Subsidised Industrial Workers' Quarters at Kanpur	7901-02
1500.	Manufacture of Gliders	7902-03
1502.	Loan Assistance from the Life Insurance Corporation	7903-06
1503.	Accident in Giridih Colliery	7906-07
1505.	Industries (Development and Regulation) Act	7907-10
1506.	Import of cotton from Egypt	7910-13
S.N.Q. No.		
12.	Transfer of Charlands to Pakistan	7913-16
13.	Tukergram	7916-19

WRITTEN ANSWERS TO QUESTIONS

S.Q. No.	Subject	COLUMNS
1484.	Building for Rubber Research Institute and Rubber Board's Office	7920
1492.	Welding Gases	7920
1493.	Radar System in Pakistan	7920-21
1495.	Export of Manganese Ore	7921

WRITTEN ANSWERS TO QUESTIONS—contd.

S.Q. No.	Subject	COLUMNS
1501.	Employees of the Rehabilitation Department	7921-22
1504.	Sale agents for Indian cement in Ceylon	7922
1507.	Export of iron ore	7922-23
1508.	Central Committee on Employment	7923
1509.	Furniture Manufacturing Factory	7923-24
1510.	Legislation for compulsory employment of the handicapped	7924
1511.	Closure of coffee houses	7924
1512.	<i>Amrita Patrika</i> , Allahabad	7925
U. S. Q. No.		
2321.	Marble work training centre at Agra	7925-26
2322.	Off-take of cement in Punjab	7926
2323.	Off-take of cloth in Punjab	7926
2324.	Textile Industry	7926-27
2325.	Advisory Committees	7927
2326.	Atomic Fuel fabrication Plant	7927
2327.	Import of films	7928
2328.	Film on influenza and Cholera epidemics	7928
2329.	Indian films winning international awards	7928-30
2330.	Export of manganese ore	7929-30
2331.	Educated unemployed in Andhra Pradesh	7930-31
2332.	National Sample Survey Directorate	7931
2333.	Production of Ammonium Phosphate	7931-32
2334.	Plan Publicity in Rajasthan	7932
2335.	Branch offices of the Press Information Bureau	7933
2336.	Medium Industrial Estates in Rajasthan	7933
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2339.	Meeting of the Standing Committee of the Export Promotion Advisory Council	7935

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2340.	Ambar Charkha . . .	7935-36
2341.	Second Five Year Plan . . .	7936
2342.	Accidents in collieries . . .	7936
2343.	Rehabilitation of displaced persons from East Pakistan . . .	7936-37
2344.	Displaced persons from West Pakistan in U.P. . . .	7937
2345.	Folk dances of India . . .	7937-38
2346.	Import licences . . .	7938-39
2347.	Protected Industries . . .	7939-40
2348.	Central Assistance to Orissa . . .	7940
2349.	Quarters for Central Government Officers in Delhi . . .	7940-41
2350.	Foreign Trainees in Atomic Energy Establishment, Trombay . . .	7941
2351.	Indian visitors to Pakistan . . .	7942
2352.	Trainees sent abroad for training in Co-operative Cottage Industry . . .	7942-43
2353.	Sewing machines . . .	7943
2354.	Loan to U.P. Government . . .	7943
2355.	Increase in exports . . .	7944
2356.	Children's Film Society . . .	7944
2357.	Educated unemployed . . .	7944-45
2358.	Import of hand Sewing Needles . . .	7945
2359.	Technological Institute of Textiles, Bhiwani . . .	7945-46
2360.	Small machinery for Tea Industry . . .	7946
2361.	Unemployment . . .	7946-47
2362.	Australian method of bee keeping . . .	7947-48
2363.	Export of mats . . .	7948
2364.	Manipur Public Works Department . . .	7949
2365.	Production of sodium sulphate . . .	7949
2366.	Renewal of passports of minority community in East Pakistan . . .	7950
2367.	Radio Station, Cuttack . . .	7950
2368.	Quarters in the Compensation Pool in Bombay State . . .	7951
2369.	Researches on radiation hazards . . .	7951-52

WRITTEN ANSWERS TO
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U.S.Q. No.	Subject	COLUMNS
2370.	Glucose and starch from tapioca . . .	7952-53
2371.	Classification of accidents in mines . . .	7953-54
2372.	Small-scale and Cottage Industries in Madras . . .	7954-55
2373.	Production of khadi in Madras State . . .	7955-56
2374.	Tenements for displaced persons in Delhi . . .	7956
2375.	Industries in Assam . . .	7956-57
2376.	C.P.W.D. Workshops . . .	7957
2377.	Nuts and Bolts . . .	7957-58
2378.	Training in peaceful uses of Atomic Energy . . .	7958
2379.	Land for displaced persons near Jungpura (Delhi) . . .	7958-59
2380.	Indian sentenced to death in Pakistan . . .	795
2381.	Doothpur Colony in Tripura . . .	7959-60
2382.	Prime Minister's Secretariat . . .	7960
2383.	Compensation claims of displaced persons from Baluchistan . . .	7960-61
2384.	Border incident . . .	7961-62
2385.	Development of Dandakaranya Area . . .	7962-63
2387.	Chairman, Dock Labour Board, Calcutta . . .	7963-64

QUESTION OF PRIVILEGE. 7965-69

The Speaker withheld his consent to the raising of a question of privilege given notice of by Shri P. K. Deo and others regarding a statement reported to have been made by the Chief Minister of Orissa in the Orissa Legislative Assembly on the 17th March, 1959.

PAPERS LAID ON THE
TABLE

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The following papers were laid on the Table :

(1) A copy of the statement of cases in which the lowest tenders have not been accepted by the India Store Department, London, during the half year ending the 31st December, 1958.

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COLUMNS-

	COLUMNS	BILL INTRODUCED	COLUMNS
(2) A copy of Notification No. S.O. 511 dated the 7th March, 1959, under subsection (2) of section 17 of the Requisitioning and Acquisition of Immovable Property Act, 1952.		The Coal Grading Board (Repeal) Bill	7973
REPORT OF COMMITTEE ON PRIVATE MEMBERS' BILLS AND RESOLUTIONS PRESENTED .	7970	DEMANDS FOR GRANTS . . .	7973—8100, 8102—54
Thirty-ninth Report was presented.		Discussion on Demands for Grants in respect of the Ministry of Health. Commenced and concluded. The Demands were voted in full	
REPORT OF ESTIMATES COMMITTEE PRESENTED .	7971	STATEMENT BY MINISTER . . .	8100—02
Forty-fourth Report was presented.		The Minister of Labour and Employment and Planning (Shri Nanda) made a statement regarding demands of domestic workers	
CALLING ATTENTION TO MATTER OF URGENT PUBLIC IMPORTANCE . .	7971—73	AGENDA FOR SATURDAY, MARCH, 28, 1959/CHAPTRA 7, 1881 (Saka)—	
Shrimati Ila Palchoudhuri called the attention of Minister of Railways to the accident to Calcutta-Bombay Mail near Chakradharpore on the South-Eastern Railway on the 20th March, 1959.		Discussion on Demands for Grants in respect of the Ministry of Information and Broadcasting, further discussion on the Resolution re: Co-operative Farming moved by Shri U. C. Patnaik and also consideration of other Private Member's Resolutions .]	
The Deputy Minister of Railways (Shri Shahnawaz Khan) made a statement in regard thereto.			