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LOK SABHA DEBATES



सत्यमेव जयते

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LOK SABHA DEBATES

6215

LOK SABHA

Monday, 24th March, 1958

The Lok Sabha met at Eleven of the Clock.

[MR. SPEAKER in the Chair]

ORAL ANSWERS TO QUESTIONS

दिल्ली में चिड़िया-घर

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*११५७. { श्री भक्त दर्शन :
श्री नवल प्रभाकर :
श्री डी० पं० शर्मा :
श्री मोहन स्वल्प :

क्या साक्ष्य तथा कुर्बि मंत्री यह बताने की कृपा करेंगे कि:

(क) क्या यह सच है कि दिल्ली में चिड़िया-घर दर्शकों के लिये अब तैयार हो गया है;

(ख) यदि हां, तो उसमें कितने जानवर रखे गये हैं;

(ग) इस चिड़िया घर पर कितना मासिक व्यय किया जाता है; और

(घ) क्या यह जनता के लिये प्रीप-चारिक रूप से खोल दिया गया है?

सहकार मंत्री (डा० पं० शा० बेशमुख) :
(क) और (घ). जी नहीं। दर्शकों को पार्क जहाँ जानवर और पक्षी कच्चे चरों में रखे जाते हैं, जाने की इजाजत है।

(ख) १२५ जानवर और २७७ पक्षी।

(ग) चिड़िया-घर पर मासिक व्यय लगभग १७,०००.०० रुपये है।

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Mr. Speaker: In English also.

Dr. P. S. Deshmukh: (a) and (d). No, Sir, Visitors, are, however, allowed access into the park area where animals and birds are kept in temporary enclosures.

(b) 125 animals and 277 birds.

(c) The monthly expenditure on the upkeep of the Zoological Garden is about Rs. 17,000-00.

श्री भक्त दर्शन : यह चिड़ियाघर प्रचया जन्तुशाला कई वर्षों से बनती चली जा रही है। मैं जानना चाहता हूँ कि और कितना समय इसके पूरे निर्माण में लगेगा और इसमें देरी होने के विशेष कारण क्या हैं ?

डा० पं० शा० बेशमुख : शुरू में तो यह काम दिल्ली स्टेट के सुपुर्दे किया गया था। सन् १९५५ से सेंट्रल गवर्नमेंट ने इसमें इंटरैस्ट लिया, और सन् १९५६ तक यह पूरा हो जायेगा।

श्री भक्त दर्शन : इस जन्तुशाला पर कुल कितना खर्च होने का अनुमान है और अब तक इस पर कितना खर्च हो चुका है ?

डा० पं० शा० बेशमुख : अब तक इस पर ६,३६,६८८.६८ रुपये खर्च हो चुका है। सैकिड फाइव इयर प्लान में इसके लिए ३० से ५० लाख रुपये का प्रावधान रखा गया है।

Shri D. C. Sharma: May I know if any foreign experts have also been associated with this work?

Dr. P. S. Deshmukh: Yes, Sir; from the very beginning we have had foreign experts associated with this work. Firstly, we had one Major Weinman, Director, Zoological Gardens, Ceylon, but he could not help us after some time. Then we got the services of Carl Hagenbeck, a German zoo expert and owner of the Hamburg Zoo. He has made a detailed study on the spot.

Shri Barman: May I know if any animals of exotic origin have been brought in and, if so, what are the most important ones that have been collected so far?

Dr. P. S. Deshmukh: Animals from Japan and Ethiopia have been got.

सेठ गोविन्द दास : इस तरह के इस देश में जो दूसरे जू हैं उनके खर्च और यहां पर जो खर्च हो रहा है क्या उसका मिलान करके, देखा गया है? और अगर देखा गया है तो यहां जो खर्च हो रहा है क्या वह इस तरह के दूसरे बगीचों से ज्यादा नहीं है?

डा० पं० शा० बेशमुख : यह कुछ नया और अप्रदूषित जू है। अब तक हमने इसके खर्च की तुलना तो नहीं की है मगर हमारा ख्याल है कि जो हम काम कर रहे हैं वह ठीक तरह से हो रहा है।

दिल्ली में क्षय रोगी

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*११५८. { श्री भक्त बर्मान :
श्री स० चं० सामन्त :

क्या स्वास्थ्य मंत्री ११ दिसम्बर, १९५७ के तारकित प्रश्न संख्या १६६५ के उत्तर के सम्बन्ध में यह बताने की कृपा करेंगे कि :

(क) दूसरी पंच वर्षीय योजना के अन्तर्गत दिल्ली में क्षय रोगियों की चिकित्सा के लिये और अधिक चिकित्सा सम्बन्धी सुविधायें देने के मामले में इस बीच क्या प्रगति हुई है और

(ख) बाकी काम कब तक समाप्त हो जायेगा?

स्वास्थ्य मंत्री (श्री करवन्कर) :

(क) इस बीच शाहदरा में एक तपेदिक क्लिनिक और तपेदिक अस्पताल, महरौली में ५२ बिस्तरों का एक तपेदिक पुष्ककरण बार्ड स्थापित किये जा चुके हैं। भविष्य अस्पताल के भूदाते में स्थापित किये जाने वाले क्षय-रोगियों के पश्चावधान और पुनर्वास केन्द्र के लिए भूमि प्राप्त की जा चुकी है। यह केन्द्र १९५८-५९ में स्थापित किया जायेगा।

(ख) द्वितीय पंचवर्षीय योजना के अंत तक पहाड़गंज, रूपनगर, पूसा रोड, निजामुद्दीन और मोती नगर में ५ तपेदिक क्लिनिक स्थापित किये जायेंगे तथा १५० तपेदिक पुष्ककरण बिस्तरों की व्यवस्था की जायेगी

श्री भक्त बर्मान : क्या शासन के ध्यान में यह बात आयी है कि दिल्ली में केवल दिल्ली के ही राज्यस्मा के रोगी इलाज नहीं कराते बल्कि दूर दूर से राज्यस्मा के रोगी भी दिल्ली से इलाज कराने के लिए आते हैं और उनको बड़ी परेशानी होती है; अतः क्या इस दिशा में जो नये लक्ष्य निर्धारित किये गये हैं उनको पूरा करने के लिए ज्यादा तेजी लायी जायेगी?

श्री करवन्कर : जितना पैसा है उतना ही टारगेट बनाया है। जल्द तो ज्यादा है यह हम लोग जानते हैं, पर पैसा काफी नहीं है और इसलिए हमारे प्रयत्न की मर्यादा हो जाती है।

श्री भक्त बर्मान : यह बतलाया गया था कि जो बड़े अस्पताल हैं उनके सिवाय पहाड़गंज आदि ६ स्थानों पर टी० बी० क्लिनिक स्थापित किये जायेंगे। मैं जानना चाहता हूँ कि वह कब तक पूरे तीर पर स्थापित हो जायेंगे और क्या इस दिशा में कोई कार्यवाही हो रही है

श्री करवन्कर : मैंने इसली जवाब में कहा है।

Will be established by the end of the Second Plan period.

Cooperative Movement in Punjab

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*1159. { Shri D. C. Sharma:
 { Sardar Iqbal Singh:

Will the Minister of Food and Agriculture be pleased to state:

(a) whether the Government of Punjab has recently approached the Union Government for a loan for the expansion of cooperative movement in Punjab;

(b) if so, whether that loan has been given; and

(c) the amount of that loan?

The Minister of Cooperation (Dr. P. S. Deshmukh): (a) Yes, Sir.

(b) Yes, Sir.

(c) Rs. 10.16 lakhs.

Shri D. C. Sharma: May I know whether any target has been fixed by the Central Government so far as the number of co-operative societies is concerned and if so, what is the target?

Dr. P. S. Deshmukh: We have certain targets, but I am afraid I have not got the figures before me. We have fixed targets according to the years also.

Shri Tangamani: May I know how many co-operative farms are now working in Punjab?

Dr. P. S. Deshmukh: This question does not relate to co-operative farms, etc. Only assistance given for primary marketing societies undertaking marketing activities and so on was asked for. This does not refer to co-operative farming.

Shri D. C. Sharma: What are the terms of the loan? What is the interest and when is the loan repayable?

Dr. P. S. Deshmukh: This is according to the schemes which are ordinarily well-known to the House. The pattern has been already made known.

Mr. Speaker: Is there any notification or any paper relating to the scheme available in the library?

Dr. P. S. Deshmukh: Yes, Sir.

Mr. Speaker: The hon. Member will get the information about it from the hon. Minister and look into it.

Shri B. K. Gaikwad: May I know what other State Governments have demanded loans for expansion?

Dr. P. S. Deshmukh: Every State Government has asked for it and there is a plan to give loan to every State.

Jeeps

*1160. Shri R. C. Majhi: Will the Minister of Community Development be pleased to state:

(a) whether there is any proposal to withdraw jeeps from Block areas; and

(b) if so, the reasons therefor?

The Minister of Community Development (Shri S. K. Dey): (a) It has been decided that there should be one jeep in every Block for the use of all extension staff. In the case of earlier series of Community Development Blocks which have been supplied with more than one jeep, only one vehicle will be retained and the rest will be withdrawn for use in the new Blocks.

(b) The decision regarding partial withdrawal has been taken after careful consideration of the recommendation of the Committee on Plan Projects.

Shri R. C. Majhi: May I know whether the Ministry have received any complaints about the misuse of jeeps inside and outside blocks?

Shri S. K. Dey: Yes Sir, we have.

Shri Gajendra Prasad Sinha: May I know what is the reason which has led to the withdrawal of jeeps from the community development blocks?

Shri S. K. Dey: The report of the Balwantray Mehta study team.

Shri Tyagi: May I know the total number of jeeps permissible now and what is the average expenditure per month on each jeep?

Shri S. K. Dey: Hereafter only one jeep will be permitted to be retained in a block and the approximate expenditure per month to be incurred on a jeep will be about Rs. 200.

Dr. Ram Subhag Singh: May I know whether the decision has been communicated to the State Governments and it has been left to them to implement it?

Shri S. K. Dey: It has been conveyed to the State Governments as a firm decision.

Shri P. R. Patel: It has been stated by the hon. Minister that the jeeps have been misused. May I know the action taken in the matter?

Shri S. K. Dey: It is very difficult to prove misuse, although we know there is misuse and it is being reported. All good things are put to bad use. That, in fact, is the problem before the whole world.

बावल की खेती

११६१ डा० राम सुभग सिंह :

क्या साध तथा कृषि मंत्री यह बताने की कृपा करेंगे कि :

(क) क्या सरकार का २ फुट से ५ फुट तक गहरे तालाबों और झीलों में बावल की खेती के लिये किसानों को सुविधायें देने का विचार है;

(ख) यदि हां, तो क्या इस सम्बन्ध में कोई योजना बनाई गई है; और

(ग) यदि हां तो उसकी रूपरेखा क्या है?

सहकार मंत्री (डा० पं० शा० देशमुख) :
(क) जी नहीं। यह जिम्मेदारी राज्य सरकारों की ही है।

(ख) और (ग) . प्रश्न ही नहीं होता।

डा० राम सुभग सिंह : क्या सरकार को पता है कि किसी राज्य सरकार ने इस तरह कोई कदम उठाया है या नहीं?

डा० पं० शा० देशमुख : कहीं-कहीं तो ऐसा काम हो रहा है। हमने इस सम्बन्ध में एक दो रिसर्च स्कीम्स बनाई हैं और धारा भी है कि और भी स्टेट गवर्नमेंट्स इसको हाथ में लेंगी।

डा० राम सुभग सिंह : जिन-जिन जगहों में वाटर-लागिंग के कारण सालों एकड़ जमीन में पानी भरा रहता है, उनमें इस खेती को प्रागे बढ़ाने के लिए भारत सरकार क्या उपाय काम में ले रही है?

डा० पं० शा० देशमुख : इसका एक्सपेंशन और एक्सपेंशन स्टेट गवर्नमेंट्स के सुपुर्द है, मगर इस सम्बन्ध में जो अनुसन्धान किया जाता है, उसके नतीजे हम उन्हें बतलाते हैं।

साध तथा कृषि मंत्री (श्री डा० प्र० जैन) इस वक्त सबसे ज्यादा वाटर-लागिंग पंजाब में है, जहाँ पर तीस या चालीस लाख एकड़ जमीन वाटर-लागिंग में आ गई है। मैंने कई बार वहाँ के मुख्य मंत्री और कृषि मंत्री से इस सवाल को उठाया और वे इस बारे में कोशिश कर रहे हैं और कुछ सफलता भी मिली है कि कुछ एरियाज में इस तरह पेड़ी को लगाया जाय।

सेठ गोबिन्द दास : क्या केन्द्रीय सरकार इस सम्बन्ध में विशेषज्ञों की कोई कमेटी नियुक्त करने का विचार कर रही है कि वह सारे भारतवर्ष में इस स्थिति को देखे और सब राज्यों में समान रूप से कार्य करने की योजना बनाए ?

Dr. P. S. Deshmukh: ICAR is paying special attention and they are trying to help in the matter.

Shri Ranga: Has any effort been made to estimate the extent of land which has become water-logged and which would be available for this kind

of cultivation? Is it not a fact that they have already discovered a variety of rice which can be grown in these water-logged areas?

Dr. P. S. Deshmukh: There are certain varieties which are suitable for cultivation in these areas. There is no firm estimate of the area available for this crop.

Shri Panigrahi: May I know whether the Central Rice Research Institute at Cuttack has made any research on this and, if so, what it is?

Dr. P. S. Deshmukh: It is one of the duties of the Central Rice Research Institute to look into this. But I have no details as to what exactly they have done.

Shri Ranga: The Research Institute at Cuttack has already advised Government in the matter.

Mr. Speaker: The hon. Minister is not aware of that.

रेलवे के फाटक

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*११६३- { श्री पद्म देव :
श्री हेम राज :

क्या रेलवे मंत्री २० नवम्बर, १९५७ के प्रतारकित प्रश्न संख्या ४१६ के उत्तर के सम्बन्ध में यह बताने की कृपा करेंगे कि :

(क) रेलों के फाटकों के सम्बन्ध में रेलवे गवेषणा केन्द्र, लखनऊ द्वारा प्रस्तुत की गई योजना को कार्यान्वित करने में देरी के क्या कारण हैं; और

(ख) यह योजना कब तक लागू कर दी जायेगी ?

रेलवे उपमंत्री (श्री शाहनवाज खां):
(क) रेलों में लागू करने से पहले प्रती यह देखना है कि अगल में (Under service conditions) यह योजना कैसी रहेगी।

(ख) जब आटोमैटिक बैरियर के बारे में कुछ और अनुभव हो जायेगा, तब इस योजना को लागू करने के खर्च पर विचार किया जायेगा। अस्तवजब एक

आटोमैटिक बैरियर खपाया गया है और इसके मौजूदा नमूने के काम का सही-सही अनुमान लगाने के बाद एक दूसरा बैरियर गोरखपुर में लगाने का विचार है।

श्री पद्म देव : इस नई स्कीम के लागू होने पर, जब कि वहां से मजदूर हटा लिए जायेंगे, सरकार को कितनी बचत होगी ?

श्री शाह नवाज खां : वह खर्च प्रती तो बहुत कम-प्रच-वस्त है।

Shri Tangamani: As it is more than six months since the scheme has been submitted, may I know whether the scheme will be tried at least in one place in each zone?

Shri Shahnawas Khan: Yes, Sir. The scheme, for the present, is being tried at Alambagh on the Northern Railways. We are going to try it also at Gorakhpur. After we have studied it under actual working conditions, we will extend it to other zones.

Shri Tangamani: May I know whether it will be tried in some areas in other zones also?

Mr. Speaker: That is a suggestion for action.

Decasualisation Scheme in Cochin Port

*1170. Shri Kodiyam:

Will the Minister of Transport and Communications be pleased to state:

(a) whether Government have any proposal to introduce the decasualisation scheme in the Cochin port; and

(b) if so, what are the main features of the proposals?

The Minister of State in the Ministry of Transport and Communications (Shri Raj Bahadur): (a) Yes, Sir.

(b) The Scheme under consideration is similar to the Scheme in force in the port of Madras.

Shri Kodiyam: Apart from the stevedoring workers, may I know whether this scheme will include headload and lighterage crew also?

Shri Raj Bahadur: This may include these categories of workers also. But I may add that the introduction of the Scheme is being delayed on account of various factors.

Shri Narayanankutty Menon: May I know whether any time-limit has been fixed by Government for decasualisation in Cochin port?

Shri Raj Bahadur: That is under consideration.

Shri Tangamani: Is the Government aware that because of the delay in implementing the decasualisation scheme and even the recommendations in the award of 1950, there has been satyagraha going on in the Cochin port for the last two months?

Shri Raj Bahadur: So far as I know, there has been no satyagraha at all in Cochin port. There has been some agitation on behalf of a labour union which has not been recognized. As far as this particular question is concerned, I may say for information of the House that the extent and scope of decasualisation depends upon the number of ships entering a port, the type of cargo, the nature of cargo, facilities available etc. All these factors are variable. Therefore, the acceptance of the demand also depends upon these varying factors.

Shri Tangamani: Is it not a fact that nearly 600 workers employed in the Cochin port are still kept in the temporary list, although they have put in more than ten years of service?

Shri Raj Bahadur: I have explained the reasons and circumstances on account of which we have got to have these casual labourers.

Shri Kodiyam: May I know whether Government has considered it necessary to put a stop to the present system of giving the token for work exclusively to a single union and, if so, whether they will put a stop to it pending final decision on the decasualisation scheme?

Shri Raj Bahadur: No distinction can be visualized or contemplated on the basis of the union to which any particular worker is affiliated, so far as decasualisation is concerned.

Theft of Copper Wire on Railways

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*1171. { **Shri B. Das Gupta:**
Shrimati Ila Palchoudhuri:

Will the Minister of Railways be pleased to state:

(a) whether it is a fact that on the morning of Friday, the 21st February, 1958, four electric Down trains were delayed for several hours and 1 Up train for about half an hour on the Howrah Division due to theft of overhead copper wire;

(b) if so, the details of detention;

(c) the extent of loss in terms of weight, length and value;

(d) the steps taken to ensure prevention of such theft in future; and

(e) whether any arrests have been made in this connection?

The Deputy Minister of Railways (Shri Shah Nawaz Khan): (a) Yes, but these trains were hauled by steam engine and not by electric locomotives.

(b) A statement is laid on the table of the Lok Sabha. [See Appendix V, annexure No. 116.]

(c) The approximate length of wire lost was 200 ft. its weight 200 Lbs. and value Rs. 450/-.

(d) Arrangements for intensive track patrolling of the section have been made and frequency of check by supervisory staff has been increased.

(e) No arrests have been made so far.

Shri B. Das Gupta: Is it not a fact that a force called the Railway Protection Force has been created for the better protection of railway property? May I also know whether any ar-

rangements were made for guarding the line and anybody has been held responsible for that?

Shri Shah nawas Khan: It is not physically possible for the Railway Protection Force to guard every single inch of the railway line or the telegraph wires or other electrical wires on the railway line. Intensive patrolling has been resorted to wherever necessary. Someone had removed the wire and the case has been reported to police. Police has registered a case and they are making enquiries.

Shri B. Das Gupta: From the statement I find that certain important local trains had been detained for periods ranging from 37 minutes to four hours, thereby dislocating the normal traffic.

This had caused immense inconvenience to the public. In view of this, do the Government consider it necessary to have a law providing for more stringent punishment for this kind of theft?

Mr. Speaker: It is a suggestion for action.

Water Supply from Bhakra Nangal to Rajasthan

*1174. **Shri Harish Chandra Mathur:**

Will the Minister of Irrigation and Power be pleased to state:

(a) whether the attention of Government has been drawn to the fact that supply of water from Bhakra Nangal to Rajasthan has been most irregular and has affected food production;

(b) what agency regulates the supply of water; and

(c) what action is proposed to be taken to ensure regular supplies in future?

The Deputy Minister of Irrigation and Power (Shri Jalsukhlal Hathi):

(a) The Rajasthan Government recently brought to the notice of the Government of India that the supplies passed down to them from the tail of the

Bhakra Main Canal are often widely fluctuating and affect development of irrigation in that State.

(b) The Bhakra Control Board has framed rules for the sharing of available water supplies between Punjab and Rajasthan States. In accordance with these rules, the regulation of Rajasthan's share of supplies is done by the Punjab engineers.

(c) The matter was discussed at the meeting of the Northern Zonal Council held on the 2nd March, 1958 at which representatives of the Punjab and Rajasthan Governments were present. It was agreed that an automatic recorder may be installed to register the supplies passed down to Rajasthan and that the Punjab Government may ensure that Rajasthan receives its proper share in accordance with the rule framed.

Shri Harish Chandra Mathur: May I know whether the Government of Rajasthan exercises any control for the timely supply of water?

Shri Hathi: According to the rules, this water has to be supplied from the main canals which are in the Punjab territory and the Punjab engineers control supplies.

Shri Harish Chandra Mathur: I understand from the hon. Minister's reply that there has been a complaint of irregular supplies and it has been conceded. Now certain arrangements have been made for automatic supply which will give the full supply. But what arrangements have been made and control exercised to ensure timely supply of water?

Shri Hathi: The rules provide for supply of particular quantities of water on particular days. The automatic recorder there will show as to whether that quantity was given on that particular day. That will be the check.

Shri Kaulwal: May I know what is the total quantity of water which Rajasthan is entitled to receive from Bhakra-Nangal in a year and what

was the total quantity which was received in 1956-57.

Shri Hathl: I do not have the figures of the total quantity because it varies from period to period. I have not got the actual quantum of water which they are entitled to.

Dr. Ram Subhag Singh: May I know the approximate cusecs of water which the canals of Bhakra Nangal can supply to the farmers at present and what is actually being supplied—the capacity and the actual supply?

Shri Hathl: About 13 lakhs of acres are to be irrigated from Bhakra canals and 11 acres are being irrigated in Rajasthan and Punjab combined.

Shri Harish Chandra Mathur: Is the hon. Minister aware that in 1955-56, 41,000 acres of land which were irrigated, were denied water supply in the next year 1956-57? If it is so, may I know whether an enquiry has been made into the matter and responsibility fixed for it?

Shri Hathl: There was a short-fall in 1955-56 and also in 1954-55. We enquired from the Rajasthan Government and they have given the reasons. Firstly they say that the Amar Singh branch, the South Ghaghur Branch and the Sadul Branch were not ready till June 1956 and they could not receive full supply. The second was that the supplies from the Punjab were rather erratic, they were not regular, and this was the reason why they could not irrigate the total area.

Shri Viswanatha Reddy: May I know whether the distribution of water of this project is under the administrative control of Punjab or the Bhakra Control Board, and if so, whether the Rajasthan Government has a representative on the Control Board?

Shri Hathl: The rules for the distribution of water and the whole procedure are laid down by the Bhakra Control Board.

Shri Harish Chandra Mathur: The hon. Minister says that for two reasons, erratic supply from Punjab and

because of the lining of the canals, 41,000 acres of land had to go without water supply. May I know whether it has been investigated that this lining work could not be done in the off-season and whether the cultivators of these 41,000 acres could not be informed in advance that they would not get water-supply.

Shri Hathl: The Rajasthan Government will, perhaps, look into it.

Medical College at Sambalpur, Orissa

*1175. **Shri P. K. Deo:** Will the Minister of Health be pleased to refer to the reply given to Unstarred Question No. 1231 on the 6th December, 1957 and state the present position regarding assistance the Government of India propose to give to the Orissa Government for the establishment of a Second Medical College to be located at Sambalpur in Orissa State?

The Minister of Health (Shri Karmarkar): There has been no further development in the matter.

Shri P. K. Deo: Has the attention of the Government of India been drawn to the latest press statement of the Chief Minister of Orissa that Orissa would require 700 doctors by 1962?

Shri Karmarkar: My attention has not been drawn to that statement, but I am aware that Orissa is in need of doctors. We are a little short of money.

Shri P. K. Deo: Did the Government of Orissa approach the Government of India for financial assistance to put up a second Medical College at Sambalpur?

Shri Karmarkar: They have made an approach for a second Medical College. As I said earlier, there is difficulty of finance at the Centre. Six and a half crores of rupees was allotted for the Second Five Year Plan for starting new colleges, upgrading some colleges and increasing their strength. There were two proposals from Orissa.

One was accepted, that is, enlarging the number of students in the Medical College at Cuttack from 62 to 100. They have not yet done that; they have expanded the college to admit 75 students. They are looking forward to increasing the number to 100.

With regard to the second college, as the amount has been already allotted, I am afraid it will be difficult to accept that proposal.

Shri Snpakar: May I know if the Utkal University submitted a scheme through the Government of Orissa under which it will not be necessary to spend more than Rs. 61 lakhs during the Second Plan Period?

Shri Karmarkar: It is only Rs. 16 lakhs at the best that we can spare for the new college. As I said, the total amount available has been allotted to the different colleges, 7 colleges to be newly started and for certain other colleges, including the College at Cuttack, which are to be enlarged, so far as the number of students are concerned.

Shri P. G. Deb: May I know if more funds will be allotted in the Third Five Year Plan?

Shri Karmarkar: It is too premature to think of the third Five Year Plan, in terms of commitments, or promises.

Shri Panigrahi: May I know whether during the visit of the Prime Minister to Cuttack it was represented that there should be a second Hospital at Cuttack and whether Government has given consideration to it?

Shri Karmarkar: I would like to have notice.

Mr. Speaker: Next question.

Shri Harish Chandra Mathur: May I ask a question.

Mr. Speaker: I have passed on to the next question. I thought the hon. Member comes from Rajasthan.

Shri Harish Chandra Mathur: It is a question of policy and concerns the whole country.

Mr. Speaker: I am only giving an excuse for not calling him.

Air Accident at Dum Dum

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*1177. { **Shri Tangamani:**
 Shri Assar:

Will the Minister of Transport and Communications be pleased to state:

(a) whether Nagpur bound I.A.C Skymaster met with an accident on the night of 4th March, 1958 at Dum Dum aerodrome;

(b) if so, the details thereof;

(c) the cause of the accident;

(d) the extent of damage; and

(e) whether any passengers were injured?

The Minister of State in the Ministry of Transport and Communications (**Shri Humayun Kabir**): (a) to (e). A statement is laid on the table of the Lok Sabha. (See Appendix V, annexure No. 117.)

Shri Tangamani: From the statement we find that this accident is under investigation. May I know whether, in view of the fact that there was a serious accident six months ago in the same place, resulting in the death of four persons, an enquiry committee will be set up to go into the cause of this accident also?

Shri Humayun Kabir: This is not a major accident at all. The other major accident has been investigated. The report I told the House a few days ago is under examination and we have to send a copy of it to the U. K. Government.

Shri Assar: May I know how long it took to transport the injured persons to the hospital.

Shri Humayun Kabir: They were taken immediately after they came out of the aircraft to the R. G. Kar Hospital which is not very far away.

Shri Tangamani: Out of the 38 persons who were not injured, how many were through passengers to Madras and what arrangements were made to get them the connecting plane at Nagpur?

Shri Humayun Kabir: There were 43 passengers, not 38. Only two of them received some injury.

Shri Joachim Alva: Recently, an Air Medical conference was held under the auspices of the Indian Air Force where the Medical Consultants were of the opinion that pilots going up a particular height were suffering from certain ailments which caused certain damages. May I know whether our pilots are checked under that kind of system and whether those effects are found?

Shri Humayun Kabir: Every effort is made to see that the pilots are in good health. There are periodical checks. But, this particular accident took place on the ground.

Shri Tangamani: We find in the statement it is stated that two out of 43 passengers sustained injury. What arrangement was made to transport these 41 to Nagpur and what special arrangement was made for the passengers bound for Madras?

Shri Humayun Kabir: I would ask for notice.

Mr. Speaker: Next question.

Shri Biren Roy: One question, Sir.

Mr. Speaker: No, Sir. I have passed on to another question.

Import of Rice from Burma

*1178. **Shri D. C. Sharma:** Will the Minister of Food and Agriculture be pleased to state:

(a) the total quantity of rice imported in 1956-57 and 1957-58 from Burma;

(b) how much of this has been sold out so far; and

(c) the loss incurred by Government in respect of the rice already sold?

The Deputy Minister of Food and Agriculture (Shri A. M. Thomas):

(a) In 1956-57, 414.1 thousand tons.

In 1957-58 upto the end of February, 1958, 413.2 thousand tons.

(b) About 685 thousand tons.

(c) About Rs. 8 crores.

Shri D. C. Sharma: May I know if the Government has any plan to avoid this loss or curtail this loss and what that plan is?

Shri A. M. Thomas: We are getting Burma rice at the following rates: for 1957 it was £33; for 1958 it will be £32; in 1956, it was £34. We are selling at a subsidised rate of Rs. 16 a maund, so that there will be necessarily some difference.

The Minister of Food and Agriculture (Shri A. P. Jain): The object of this operation is to keep down the price of rice in the internal market. We cannot control the price of rice in the world market. Therefore, we have to import at a higher price. If we do anything merely to save the subsidy, it will defeat the very object of the scheme.

Shri Tyagi: May I know if this rice is being imported just to make good the demand in India or it is being received from Burma in lieu of the repayment of instalment of our loan to Burma?

Shri A. P. Jain: It was an agreement for 2 million tons of rice for import during the period of five years. It was purely to supplement the internal supply.

Shri Ranga: Is it not a fact that the price that we pay to Burma is the highest ruling in the world now?

Shri A. P. Jain: I think it is one of the lowest.

Shri Ranga: Lowest?

Shri Kashiwal: May I know which are the areas to which this rice is supplied?

Shri A. M. Thomas: Mainly Bombay and Calcutta.

Shri Viswanatha Reddy: May I know whether the price paid for the Burma rice is the negotiated price or the market price in Burma?

Shri A. M. Thomas: Negotiated price.

Shri Ramanathan Chettiar: Is it a fact that we are paying in sterling to Burma for this purchase?

Shri A. M. Thomas: Yes.

सेठ गोविन्द दास : श्री मंत्री जी ने यह कहा कि जो कीमत हम बर्मा के चावल की देते हैं वह संसार की नीची से नीची कीमत है, तो मैं यह जानना चाहता हूँ कि कि अगर नीची से नीची कीमत है तो हमें नुकसान क्यों होता है ?

श्री त्यागी : हमारे से ऊँची है ।

श्री ज० प्र० जैन : मैं ने यह जरूर कहा कि नीची कीमत है लेकिन हम उससे भी कम कीमत में बेच रहे हैं तो उससे नुकसान तो होगा ही ।

Shri Ranga: May we know the names of one or two other countries to which we are paying a higher price?

Shri A. P. Jain: For the time being, we are not buying from any other country.

Shri Ranga: Therefore, it is the lowest?

Mr. Speaker: That does not necessarily follow: because everything is higher, they are purchasing only from Burma.

Shri Ranga: We are not purchasing from any other country, but only from Burma. Therefore, he says it is the lowest.

Mr. Speaker: This kind of reasoning does not seem to be sound. The hon. Minister just now said that the price they pay is the lowest. The hon. Member wanted to know if they have purchased from any other country so that he may know if they were paying a higher price. That is not the only way to ascertain: pay a higher price and get to know the higher price. You may know that the prices there are ruling higher and they are purchased at a lower price. The hon. Members need not be in a hurry to put the question. They may think out.

Shri Ranga: We have thought about it.

Mr. Speaker: If it had been thought about, this question would not have been put.

Shri P. R. Patel: As has been stated by the hon. Minister, if rice has been bought at the lowest price in Burma and it was the lowest price in the world, may I know why that price is not guaranteed to the farmers so as to have more local rice?

Mr. Speaker: Next question.

Fares and Freight rates for Hill Stations

*1179. Dr. Ram Subhag Singh: Will the Minister of Railways be pleased to state:

(a) whether representations have been made to Government for reducing the fare and freight rates of Hill Railways; and

(b) if so, whether Government have considered those representations and arrived at any decision?

The Deputy Minister of Railways (Shri Sahahnawaz Khan): (a) Yes, Sir.

(b) Inflation on some sections was abolished and on other sections reduced by 25% with effect from 15-9-57

Subsequent representations have been considered but no further abatement is contemplated.

Dr. Ram Subhag Singh: May I know why no further consideration is contemplated by the Railway Board because concession is being given to other areas in respect of freight?

Shri Shah Nawaz Khan: I just now stated that the matter was considered fully as late as 15th of September and all the considerations which we had to take into account were fully considered.

श्री भगत दर्शन : क्या गवर्नमेंट के ध्यान में यह बात आई है कि कुछ लाइनों पर किराये घटा दिये गये हैं फिर भी जो ग्राम रेट है उससे वे बहुत ज्यादा हैं और उसका बसर स्क्वेयरसिटी ऐरियाज पर पड़ रहा है क्योंकि उनको गल्ला महंगा मिलता है तो क्या इस पर फिरसे विचार किया जायगा ?

श्री शाहनवाज खान : जहाँ तक हमारे लिए किराये कम करना मुमकिन था उतना किराया हमने क्या कर दिया। फिलहाल मौजूदा हालात में इसमें ज्यादा और कम नहीं कर सकते।

Shri Tyagi: Is it a fact that on the Kalka-Simla line, it is three times the normal rate in the plains, i.e. three times the normal rates or 300 per cent.? It was 400 per cent.; now it has been reduced to 300 per cent.

Shri Shah Nawaz Khan: In areas where the gradient was steeper than one in 50, we have reduced the rates by 25 per cent. That, hon. Members will agree, is quite substantial.

Shri Harish Chandra Mathur: May I know what is the total amount required to bring the fares and freight in line with the fares and freight obtaining elsewhere?

Mr. Speaker: What will be the loss if they are reduced?

Shri Shah Nawaz Khan: I require notice.

Shri Tyagi: In view of the general policy of the Government to average all the rates all over India, may I know why exceptional treatment is meted out to the hill tracts where there are no other means of communication?

Mr. Speaker: It is an argument.

Shri T. N. Singh: May I know whether the Government have considered fully the policy of inflated mileage rates charged on such lines and whether it is not true that the Committees appointed by the Government from time to time have advocated reversal of this policy?

Shri Shah Nawaz Khan: That is not quite so. Recently, the Railway Freight Structure Enquiry Committee went thoroughly into this matter and the majority of the Members have recommended that there should be no change in the system as it exists at present.

Research on River Valley Projects and Flood Control Works

*1189. { **Shri Ram Krishan:**
Shrimati Ila Palchoudhuri:

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Will the Minister of Irrigation and Power be pleased to state:

(a) whether it is a fact that the Government of India have sanctioned a Rs. 1 crore scheme for fundamental and basic research on problems concerning river valley projects and flood control works; and

(b) if so, the details in regard to the implementation of the scheme?

The Deputy Minister of Irrigation and Power (Shri Hathi): (a) Yes, Sir. A scheme for fundamental and basic research pertaining to river Valley projects and flood control works, which is estimated to cost Rs. 105 lakhs, has been sanctioned by the Government of India.

(b) The research will be conducted on certain specified problems in the various research stations in the country during the Second Five Year

Plan period and funds to cover expenditure during 1957-58 for this purpose have been placed at the disposal of the State Governments and the Indian Institute of Science, Bangalore. A statement showing (a) the problems on which research is to be continued and the distribution of expenditure; and (b) the stations where the research will be conducted is laid on the Table of the Lok Sabha. [See Appendix V, annexure No. 118.]

Shri Ram Krishan: May I know the State-wise allocation of funds for this?

Shri Hathi: The allocations are made to the various institutions which are situated in the particular States. The States are: Mysore, U. P., Punjab, West Bengal, Madras, Andhra, Bihar, Bombay and Assam. These are the States to which the funds have been sanctioned because the research institutions are stationed in those States.

Shri Hem Barua: May I know if the Himalayan countries of Nepal, Bhutan and China across our frontiers are helping us with valuable information regarding this fundamental research in flood control, and if so, the extent to which we are receiving this help?

Shri Hathi: So far as this question is concerned, it is with regard to the research of a particular subject, but we get information from these countries whenever we require, or specially in the flood season.

Shri Tangamani: Out of Rs. 105 lakhs set apart for these 12 research stations, may I know how much has been allotted to the Concrete and Soil Laboratory at Chepauk in Madras?

Shri Hathi: The various research laboratories have taken up various research work. Madras has been given Rs. 35,409 for 1957-58. So far as the Plan period is concerned, it is Rs. 1,95,613.

Shri Hem Barua: May I know the nature of the information we are receiving from China about the river Tsangpo, i.e., the Brahmaputra?

Shri Hathi: We do not receive information with regard to a particular river or a particular river basin. We receive information during the flood period, flood warnings and other warnings that would put us on guard.

Shri Dasappa: May I know whether any study is being made on the question of avalanches so far as flood are concerned?

Shri Hathi: No, Sir. So far as the present programme is concerned, there are about 12 subjects in which research is to be carried on. The 12 subjects are mentioned in the statement laid on the Table of the House.

Development of Fisheries in Punjab

*1181. **Shri Daljit Singh:** Will the Minister of Food and Agriculture be pleased to state:

(a) whether any grants have been sanctioned to Punjab Government for the development of fisheries during 1958-59; and

(b) if so, to what extent?

The Minister of Co-operation (Dr. P. S. Deshmukh): (a) and (b). A sum of Rs. 0.41 lakhs has been provided for fishery development schemes during 1958-59. The actual amount will be released after the commencement of the financial year in April.

Shri Daljit Singh: May I know the schemes which are being carried out in Punjab for the development of fisheries?

Dr. P. S. Deshmukh: A scheme for the expansion of the development of fish by stocking of a large number of impounded water sources; a scheme for the provision of cold storage arrangements in three important fish-curing centres in the Punjab; a scheme for the grant of interest-free

loans to fishermen's co-operative societies for co-operative marketing of fish; fisheries development scheme; and provision of a fish larder in Ambala District.

Shri Hem Raj: May I know whether there is any scheme to use the old ponds and tanks for the purposes of pisciculture?

Dr. P. S. Deshmukh: I think there must be. We are trying to develop these ponds, but it is for the State Government to choose the exact ponds.

Shri V. P. Nayar: The hon. Minister stated that there was a scheme for stocking ponds with fish. I want to know whether this scheme would include stocking of ponds with the fry of a particular variety of fish which is known for its prolification of multiplication, by the name of Tilapia.

Dr. P. S. Deshmukh: The variety of fish is left to the State Government to choose. We do not dabble in it so far as the variety is concerned.

Agricultural University at Ludhiana

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*1182. { **Shri D. C. Sharma:**
Shri Ajit Singh Sarhadi:

Will the Minister of Food and Agriculture be pleased to state whether it is a fact that the Central Government propose to help Punjab Government in the setting up of an Agricultural University at Ludhiana?

The Minister of Co-operation (Dr. P. S. Deshmukh): No. The Government of India in consultation with the Planning Commission have decided to render financial assistance for the establishment of only one Agricultural University during the Second Five Year Plan period and after due consideration of the claims of the various States it has been decided to render assistance to the U. P. Government for this purpose.

Shri Anwar Harvaal: Will this U.P. university permit students from Punjab also to enter it?

Dr. P. S. Deshmukh: It is rather premature to envisage who will be admitted. Since it is the only university in India for the present probably this kind of suggestion may be kept in view.

Shri D. C. Sharma: May I know if any aid is being given to the Punjab for helping this agricultural education?

Dr. P. S. Deshmukh: Yes, Sir. Quite a substantial assistance is being given for veterinary college and some other schemes.

Shri B. Das Gupta: May I know from how many States schemes for starting agricultural universities came to the Government of India?

Dr. P. S. Deshmukh: There was a tentative scheme that we received from the Punjab, and there was also an enquiry from Andhra Pradesh, but U. P. is the only State which has sent us a scheme which is on the same lines as the recommendations of the Indo-American team which has recommended the establishment of such universities.

Nangal-Una Railway Line

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*1183. { **Shri Daljit Singh:**
Shri D. C. Sharma:

Will the Minister of Railways be pleased to state whether the Traffic Survey Report of the new railway line connecting Nangal to Una has been received?

The Deputy Minister of Railways (Shri Shah Nawaz Khan): Yes, Sir.

Viscount Planes

*1063. **Shri Biren Roy:** Will the Minister of Transport and Communications be pleased to state:

(a) whether it is a fact that Viscount '700' types of aircraft have

been completely withdrawn from service in U.K. and other countries;

(b) whether Government propose to suspend delivery of the remaining Viscounts still to be made available to the Indian Airlines Corporation pending full enquiry;

(c) whether the whole price for Viscounts received has been paid;

(d) if not, whether Government propose to negotiate with the company to take the 'Vikings' in part exchange;

(e) what was the time-lag between modifications, if any, introduced in type '768' after introduction of types '700' and '701'; and

(f) what were the modifications?

The Minister of State in the Ministry of Transport and Communications (Shri Humayun Kabir): (a) and (b). No Sir. It is not a fact that all types of Viscount Aircraft—'700' series have been grounded. On 24th January 1958 the manufacturers, in consultation with the Air Registration Board of the U.K., reduced the life of the spars fitted to the first 36 Viscount aircraft—'700' series, to 4,000 landings. As a result of this, 22 of these aircraft are reported to have been grounded for replacement of time expired spars. The aircraft received so far by the I. A. C. and the remaining aircraft on order are not affected by the above decision.

(c) Full price for the first batch of five Viscount aircraft and 50% of the price for the 2nd batch of five Viscounts have been paid.

(d) This question was considered before the order for Viscounts was placed.

(e) There was no time lag, as all the modifications stipulated as essential by the Air Registration Board, U.K. and required to be incorporated in '700' series had been fully embodied in type '768' before delivery by the manufacturers.

(f) There are 44 essential modifications on the airframe structures and systems and 18 on the Power Plant and Propellers stipulated by the Air Registration Board since the first '700' series was granted a certificate of Airworthiness.

Shri Biren Ray: There are three supplementaries. These are very different.

When these Viscount aircraft were contracted for, why was this question not discussed with the party, namely that they should take in part exchange the Viking aircraft which are now on the shoulders of the Government for disposal?

Shri Humayun Kabir: I will remind the hon. Member that I have said that this question was considered and it was discussed with them.

Shri Biren Roy: With what result, he has not stated.

Mr. Speaker: That is what he is giving now.

Shri Humayun Kabir: The result was that since this company does not deal with second hand aeroplanes, they were not prepared to take back the Vikings, but they have offered to give us facilities by way of advice, and also probably by placing us in contact with other potential purchasers.

Shri Biren Roy: It has been stated that in 701 and 768 type all the modifications that were approved by the British Air Board were incorporated, but the fact is that even when some of these modifications were incorporated there was a crash due to metal fatigue in Manchester in January. After that these aircraft were withdrawn. In view of this when these aircraft of 768 type have not been used for more than one or one and a half years in any service, is there any guarantee, because we have seen in the case of Comet aircraft....

Mr. Speaker: What is it?

Shri Biren Roy: I must explain.

Mr. Speaker: The hon. Members is going on making a speech. Let him put a straight question and elicit an answer.

Shri Biren Roy: The question is that even after modifications were introduced in Great Britain, after one year's flight, aircraft, not exactly the same type but of the same firm of Viscounts, crashed due to metal fatigue.

Mr. Speaker: The hon. Member is giving information. He is not eliciting information.

Sardar Iqbal Singh: May I know whether it is proposed to enquire into the purchase of aircraft because first we purchased Herons, which have been grounded, and then we purchased Viscounts, which have also been grounded? So, do Government propose to enquire into these purchases?

Shri Humayun Kabir: The assumption of the hon. Member in both the parts of his question is unjustified. The Viscounts are not grounded. The Herons are also not grounded.

Shri Joachim Alva: Did the manufacturers convey to the Indian Airlines that the Viscounts suffer from metal fatigue on account of the single bolt and that is the conclusion of the enquiry in the recent crash in Manchester?

Shri Humayun Kabir: The first 36 planes in the series only were subject to this limitation. They had originally been given a life of 10,000 hours and these were later limited to 4,000 landings. The second series of 92 planes had a life of 15,000 hours. The third series, in which we are interested has a life of 30,000 hours. We are told that the question does not arise for at least ten years.

श्री गोविन्द दास : हम लोगों ने कितने बाइकाउंट एयरोप्लेन्स का आर्डर दिया है और उन में एक एक की कीमत क्या होगी, और वह कितने दिन के अन्दर आ जायेंगे ?

श्री हुमायूँ कबीर : इस सवाल का जवाब मैं बहुत दफा आगे भी दे चुका हूँ।

लेकिन मैं दोबारा कहना कि हमने १० बाइकाउंट्स का आर्डर किया है। पांच आ गये हैं और पांच आने वाले हैं। पहले पांच की कीमत बी २.२५१ करोड़ और बाकी पांच की कीमत होगी २.३१ करोड़।

Shri Biren Roy: Metal fatigue appeared in Comet aircraft practically after two years' flight and metal fatigue can also appear in Viscounts as has already been shown in the crash at Manchester in January. What steps have been taken to find out that they are carrying on research to see that this question of metal fatigue has been properly solved?

Shri Humayun Kabir: The answer to that is that the prototype of the Viscount was flown about 1950. The first Viscount has been with British Airways since 3rd January, 1953. So, five years have gone. One of the most important thing in structural modifications is strengthening the wing. This and other modifications according to the recommendations of the Registration Board were intended to avoid risk of metal fatigue and other defects.

Shri C. D. Pande: May I request you, Sir, to direct Question No. 1166 to be answered?

Mr. Speaker: I will call those hon. Members first who were absent.

Hand Grenades on Railway Track

*1167. **Shri Ram Krishan:** Will the Minister of Railways be pleased to state:

(a) whether it is a fact that nine hand grenades were found on the railway track between Narindarpur and Mansa Railway Stations on Northern Railway on the 9th February, 1958; and

(b) if so, whether an enquiry has been held in the matter?

The Deputy Minister of Railways (Shri Shahnawaz Khan): (a) Yes.

(b) Yes. The case is under investigation by the police.

Irrigation Facilities for Drought Stricken Areas in Punjab

*1168. Shri Daljit Singh: Will the Minister of Irrigation and Power be pleased to state:

(a) the amount allotted to the Punjab State Government for providing irrigational facilities in the drought stricken areas of the State so far; and

(b) the nature of facilities provided for irrigation with the help of this amount?

The Deputy Minister of Irrigation and Power (Shri Hathi): (a) An amount of Rs. 38.5 lakhs has been allocated under the 'Programme of Permanent Improvement of Scarcity Areas.'

(b) Dadri irrigation scheme is the only scheme under execution by the Government of Punjab under this Programme. It provides for the remodelling of Bhiwani Distributary on the Western Jumna Canal and is expected to irrigate 50,000 acres.

Shri Daljit Singh: May I know if there is a proposal under consideration of the Government to construct small dams for this purpose?

Shri Hathi: There is no programme of constructing small dams in this scheme. This scheme envisages only remodelling of the existing canals.

Mr. Speaker: What is the number of the question that Shri Pande wanted to be answered?

Shri C. D. Pande: Question No. 1106, Sir.

Mr. Speaker: It may be answered.

Extension of Service for Railway Employees

*1166. Shri S. M. Banerjee: Will the Minister of Railways be pleased to state:

(a) whether many Class II officers under Eastern Railway were granted

extension of service beyond 55 years of age during 1957 and upto the end of February 1958; and

(b) if so, their number?

The Deputy Minister of Railways (Shri Shah Nawaz Khan): (a) No, Sir. No class II officer was granted extension of service during this period.

(b) Does not arise.

Shri C. D. Pande: In view of the fact that there is a great deal of difference in the age of retirement in different States and in different departments, will Government consider the advisability of adopting a uniform policy in this regard?

Shri Shah Nawaz Khan: That question, Sir, should not be put to the Railway Minister.

Mr. Speaker: What, to the Railway Minister?

Shri Shah Nawaz Khan: I am sorry, Sir. That question should not be put to the Railway Minister.

Shri C. D. Pande: There are Class II and Class III officers even in the Railways.

Mr. Speaker: He wants to know about the Railways itself.

Shri Shah Nawaz Khan: There is no disparity on the Railways. The age of superannuation is 55 years.

Shri C. D. Pande: For all classes?

Shri Radha Raman: May I also request you to direct that Question No. 1173 be answered?

Mr. Speaker: Yes.

Bharat Sewak Samaj

*1173. Shri Kunhan: Will the Minister of Irrigation and Power be pleased to state:

(a) whether it is a fact that the Central Body of the Bharat Sewak Samaj is conducting a training centre for supervisor-cum-accountants for construction works in Delhi;

(b) if so, the present number of students at the centre;

(c) whether it is also a fact that it is now proposed to close down the centre from the 31st March, 1958; and

(d) if so, what alternative arrangements Government propose to make to enable the present trainees of the centre to complete their studies?

The Deputy Minister of Irrigation and Power (Shri Hathi): (a) Yes, Sir. The course is for a year only from the 3rd April, 1957.

(b) 38.

(c) Yes, on completion of the present course.

(d) The question does not arise, as the course is only for a year.

Shri Radha Raman: May I know whether some arrangements are being made for these trainees' future either by the Government or by the Bharat Sewak Samaj?

Shri Hathi: The Government does not promise any employment or anything else. These training centres are being run under the auspices of the Bharat Sewak Samaj. Government only gives them some financial assistance. When these people are trained, the Bharat Sewak Samaj puts them on various works that they are undertaking and also finds employment for them in other agencies. For example, some of these people are being taken in the National Construction Corporation.

Shri Radha Raman: Was similar training imparted in some other places in the country and what has been the result?

Shri Hathi: I think about four training centres were there. One was at Kosi, one at Nagarjunsagar, one at Chambal and one in Delhi. The Kosi trainees were about 250 in number and all of them are working on the flood embankment and the canal digging which the people have taken up.

Shri Vajpayee: Is it a fact that the trainees are on strike for the last ten days and the complaint is that

the diploma that will be given to them will have no value? What are the reasons for the strike?

Shri Hathi: There is no question of any strike or of any diploma, because I do not think that Bharat Sewak Samaj would be giving a diploma. At the most they can give a certificate. I do not think they ever intended to give a diploma.

Shri Vajpayee: Is it a fact that while students were admitted for the training of supervisor-cum-accountants they are being given the training of draftsmen or works mistries?

Mr. Speaker: Were they induced to come on the expectation that they would be trained for supervisor's post, but were given only draftsman's training?

Shri Hathi: They should be supervisors, i.e., mistries who could take up supervisory work, which is taken by the village labour co-operatives.

12 hrs.

SHORT NOTICE QUESTION AND ANSWER

Working Journalists' Wage Board

+

Shri Feroze Gandhi:
Dr. Ram Subhag Singh:
Shri Raghunath Singh:
Shri Braj Raj Singh:
Shri D. C. Sharma:
Shri A. K. Gopalan
Shri V. P. Nayar:
Shri Tangamani:
Shri Surendranath
Dwivedy:

S.N.Q. 7. Shri Yajnik:
Shri S. M. Banerjee:
Shri Bimal Ghose:
Shri Panigrahi:
Shri Jagdish Awasthi:
Shri Prabhat Kar:
Shrimati Parvathi
Krishnan:
Shrimati Renn
Chakravarty:
Shri Naushir Bharucha:

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

(b) whether Government are aware that the Supreme Court has declared

the Journalists Wage Board Award *ultra vires* of the provisions of the Working Journalists Act, 1955; and

(b) if so, the steps Government propose to take to implement the provisions of the Working Journalists Act under which the Wage Board was constituted?

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

(b) Government are in touch with the organisations of the Working Journalists and the Newspaper Industry and propose to have discussions with them before deciding further steps to be taken in the matter.

Shri Feroze Gandhi: Is it a fact that despite repeated requests by the Wage Board, many newspapers did not furnish balance-sheets and relevant financial information that the Wage Board had asked for to determine their paying capacity under section 9 of the Working Journalists Act, and if so, what steps do Government propose to take to ensure that balance-sheets and financial information are supplied by newspapers in case a second Wage Board has to be appointed?

Shri Abid Ali: It is true that some of the newspaper owners were not helpful in this matter. With regard to the future line of action, due consideration will be given to this matter also when deciding this question.

Shri Feroze Gandhi: May I know whether it has come to the notice of Government that in the course of the judgment, the Supreme Court has observed that a few newspapers had supplied balance-sheets to the Wage Board, but some of these balance-sheets were actually manipulated?

Shri Abid Ali: That is in the judgment.

Shri D. C. Sharma: May I know by what time Government contemplate to set up the second Wage Board?

Shri Abid Ali: The question of appointment of another Wage Board does not arise at present. As I have

indicated in the reply already, we are consulting the representatives of the parties concerned before deciding the further line of action in the matter.

Dr. Ram Subhag Singh: The Deputy Minister said that Government were in touch with the different parties. May I know when they will call such a meeting, and whether, pending final settlement by this tripartite conference, Government will give any interim relief to the working journalists?

Shri Abid Ali: I have not even said that we are holding a tripartite conference. I have only stated that we are having consultation with the representatives of the organisations concerned. After having consultation with them, then we will decide the further line of action. With regard to interim relief, the question does not arise, so far as Government are concerned.

Shrimati Parvathi Krishnan: The Deputy Minister indicated that there was an attempt to have a conference of the employers and the representatives of the working journalists to discuss this matter. In view of the fact that at an earlier meeting, the employers were quite adamant in coming to a compromise, I would like to know whether Government have any proposals or have any intention to guarantee some interim relief for the journalists.

Shri Abid Ali: I have replied to this already. As far as the employers are concerned, they were adamant in the earlier stages, and they had gone to court, and they wanted to know the decision of the Supreme Court. Now, perhaps, they may have a different attitude.

सेठ गोबिन्द दास : प्रती मंत्री जी ने यह कहा कि समाचारपत्रों और उनकी कुछ संस्थाओं से इस सम्बन्ध में बात-चीत चल रही है। क्या मैं जान सकता हूँ कि गवर्नमेंट इस सम्बन्ध में किन समाचारपत्रों और किन संस्थाओं से बात-चीत कर रही है ?

श्री बाबिब जली : जहां तक एम्पलाईज का सम्बन्ध है, इंडियन फेडरेशन आफ वकिंग जर्नलिस्ट्स से और जहां तक न्यूजपेपर्स एस्टाब्लिशमेंट्स का सम्बन्ध है, इंडियन एंड इस्टर्न न्यूजपेपर्स सोसायटी और इंडियन लैंग्वेज न्यूजपेपर्स एसोसिएशन ।

Shri Surendranath Dwivedy : In view of the fact that the present judgment relates only to gratuity, may I know whether Government are proposing to appoint inspectors to see that all the provisions of the Journalist Act are properly implemented?

Shri Abid Ali : Yes, the provisions of the Act which have been held valid by the court, of course, should be implemented, and appropriate action will have to be taken by Government to ensure that.

Shri Surendranath Dwivedy : My specific question was whether they were going to appoint inspectors.

Shri Abid Ali : All the provisions of the Act should, of course, be enforced.

Shri Khadilkar : May I know whether Government would consider the question of keeping such social legislation away from the jurisdiction of the normal judiciary and set up another type of judiciary to deal with all labour tribunal decisions as well as wage board awards.

Shri Abid Ali : On previous occasions also, we had replied to this question stating that that would mean amending the Constitution, which we do not propose to do at present for this purpose.

Shri T. N. Singh : In view of the fact that this matter has been hanging fire for well nigh two years, do Government propose to adopt some quicker method than the one suggested in the answer?

Shri Abid Ali : If any such method occurs to the hon. Member and he sends it on to us, we shall be obliged to him.

Several Hon. Members rose—

Mr. Speaker : Of course, the time allowed for this question is too short. Each one of the hon. Members has got not one suggestion but two suggestions. Now, Government are considering. So, I shall proceed to the next item.

Shri V. P. Nayar : We have questions to ask.

Mr. Speaker : I understand that all hon. Members are interested in this matter. I have allowed as many as twelve supplementary questions so far. Shall I go on allowing all the other hon. Members to go on asking supplementary questions, consuming the whole day which is set apart for official work?

Shri T. N. Singh : In view of the general interest, you may allow.

Mr. Speaker : If this is the manner in which short notice questions would be utilised, I would not allow short notice questions.

Several Hon. Members rose—

Mr. Speaker : All right. The original sponsors will be allowed one question.

Shrimati Renu Chakravarty : What about the others?

Mr. Speaker : I shall allow. If hon. Members are all very anxious about this matter, there are other methods. The matter will come up soon after Government make up their mind, and I shall allow opportunities for discussion.

Shri Tangamani : We wanted an exhaustive reply, and we had given notice of calling-attention-to-a-matter-of-urgent-public-importance, but our names have been clubbed together in this short notice question.

Mr. Speaker : Yes, all the names have been put in.

Shri Tangamani : But the statement is not complete.

Shri V. P. Nayar: It is not even suggestions; we want to get specific information.

Mr. Speaker: I shall call upon the Minister to place before the House a statement as quickly as possible, as soon as he gets some information regarding this matter. Besides the questions that have been asked or tabled, if there are any other questions that arise, then the answers to those other questions may be placed before the House in the form of a statement as early as possible, after the Minister receives the information.

Shri Prabhat Kar: He should know exactly what information we are asking for.

Mr. Speaker: If hon. Members want to utilise the opportunity here to ask questions and supplementary questions and make Government understand, then this is not the only method. Hon. Members can write, and if they make suggestions and send them on to the Secretary here at the Table, I shall send them on to the Minister, and there will be a consolidated statement made by the Minister.

Some Hon. Members: This is an important matter.

Shri Sadhan Gupta: We want a discussion on this.

Shri Feroze Gandhi rose—

Mr. Speaker: When the hon. Member sat down I thought he was also satisfied with my advice.

Shri Feroze Gandhi: I only sat down because you stood up.

In view of the fact that balance-sheets and financial information were not made available to the Wage Board by all the newspapers, may I know how it is possible to conform to the provisions of section 9 of the Working Journalists Act?

Shri Akid Ali: All these factors will be taken into consideration, as I have submitted already, while we

discuss this question with the representatives of the parties; and for the future action, these will have to be taken into consideration.

WRITTEN ANSWERS TO QUESTIONS

Kosi Project

*1162. **Pandit D. N. Tiwary:** Will the Minister of Irrigation and Power be pleased to state:

(a) whether it is a fact that the work on the Kosi Project has fallen behind schedule, specially of the new alignment of western embankment from Jamalpur to Bhanthy; and

(b) if so, the reasons therefor?

Shri Hathi: (a) and (b) A statement giving the requisite information is laid on the Table of the Lok Sabha. [See Appendix V, annexure No. 119].

Purchase of Cranes for Railways

*1164. { **Shri Baghunath Singh:**
Shrimati Ila Palchoudhuri:

Will the Minister of Railways be pleased to state whether it is a fact that Indian Railways have placed orders with a British firm for the purchase of 27 Broad Gauge cranes?

The Deputy Minister of Railways (Shri Shah Nawaz Khan): Yes.

मालगाड़ियों से चोरियाँ

*११६५. श्री क० भे० बालवीर :
क्या रेलवे मंत्री यह बताने की कृपा करेंगे कि :

(क) क्या यह सच है कि माल गाड़ियों से माल की चोरी की घटनाएँ हुई हैं; और

(ख) यदि हाँ, तो इसके कारण १९५७-५८ में अब तक भारतीय रेलों को कुल कितना नुकसान हुआ ?

रेलवे उपमंत्री (श्री शाहनवाज खाँ):
(क) जी हाँ।

(ख) १-४-१९५७ से ३१-१-५८ तक १३,३४,२०२ रुपये।

Applications for Telephone Connections at Agartala

*1169. Shri Dasaratha Deb: Will the Minister of Transport and Communications be pleased to state:

(a) the number of applicants still in the waiting list for the instalment of telephones at Agartala;

(b) the number of years for which these applicants have been waiting;

(c) the reasons for not supplying telephones to them so far; and

(d) when those applicants are expected to be provided with telephones?

The Minister of State in the Ministry of Transport and Communications (Shri Raj Bahadur): (a) to (d) A statement is placed on the Table of the Lok Sabha. [See Appendix V, annexure No. 120].

Sugar Production

*1172. Shri Anirudh Sinha: Will the Minister of Food and Agriculture be pleased to state the total off-take of sugar from the factories during August, 1957 to February, 1958?

The Minister of Food and Agriculture (Shri A. F. Jain): 11.67 lakh tons including 0.33 lakh tons for export.

Koyna Power Project

*1176. Shri Pangarkar: Will the Minister of Irrigation and Power be pleased to refer to the reply given to Starred Question No. 482 on the 28th May, 1957 and state:

(a) whether the work under the Koyna Power Project is proceeding according to the schedule; and

(b) if not, the reasons therefor?

The Deputy Minister of Irrigation and Power (Shri Hathi): (a) The work on the project is slightly behind schedule.

(b) The progress has been hampered on account of the following reasons:—

(i) The Suez Crisis causing delay in shipments; and

(ii) Non-availability of steel from indigenous sources in time.

बौद्ध तीर्थों के तीर्थ यात्री

१५७५. श्री म० सा० द्विवेदी:
क्या परिवहन तथा संभार मंत्री यह बताने की कृपा करेंगे कि:

(क) कुशीनगर, बुधगया और सांची के बौद्ध तीर्थों में यात्रियों के लिये जो विश्राम गृह बनाये गये हैं, उनमें कितने यात्रियों के ठहरने की व्यवस्था है;

(ख) इन विश्राम-गृहों के बनाने पर कुल कितना व्यय हुआ है; और

(ग) इन विश्राम-गृहों से कुल कितनी आय होगी?

परिवहन तथा संभार मंत्रालय में राज्य-मंत्री (श्री राज बहादुर): (क) कुशीनगर, बुधगया और सांची के विश्राम-गृहों में क्रमशः ८, ८ और १० यात्रियों के ठहरने की व्यवस्था है।

(ख) कुशीनगर, बुधगया और सांची के विश्राम-गृहों को बनाने पर क्रमशः लगभग १,५५,००० रुपये, १,८६,००० रुपये और २,६२,००० रुपये खर्च हुए हैं।

(ग) इन विश्राम-गृहों से प्राप्त होने वाली संभावित आमदनी का अन्दाजा लगाना कठिन है। ३१ जनवरी १९५८ को समाप्त होने वाले साल के भीतर इन

सीनों विधाम-गृहों से प्राप्त होने वाली आमदनी इस प्रकार है:—

कुशीनगर	बोधगया	सांची
₹० ग्रा० पा०	₹० ग्रा० पा०	₹० ग्रा० पा०
२०५-१२-०	८४६-८-०	१२८२-१२-०

लाइफ-बोट-प्रशिक्षण स्कूल

१५७६. श्री म० ला० द्विवेदी :
क्या परिवहन तथा संचार मंत्री यह बताने की कृपा करेंगे कि :

(क) कलकत्ता में एक लाइफ-बोट प्रशिक्षण स्कूल खोलने के लिये क्या कदम उठाये जा रहे हैं; और

(ख) यह स्कूल कब से प्रारम्भ हो जायगा?

परिवहन तथा संचार मंत्रालय में राज्य-मंत्री (श्री राज बहादुर) : (क) और (ख) : कलकत्ता में लाइफ-बोट ट्रेनिंग स्कूल खोलने का प्रश्न अभी तक विचाराधीन है। इसलिये स्कूल कब से चालू होगा इसका ठीक समय अभी नहीं बताया जा सकता।

ग्वार के संबंध में गवेषणा

१५७७. श्री बाजपेयी : क्या साह

तथा कृषि मंत्री यह बताने की कृपा करेंगे कि :

(क) क्या भारतीय कृषि गवेषणा परिषद् ने ग्वार की उपयोगिता के बारे में कोई गवेषणा की है;

(ख) यदि हां, तो इस गवेषणा का क्या परिणाम निकला है; और

(ग) वर्ष १९५५-५६ में प्रत्येक राज्य में कितने एकड़ भूमि में ग्वार बोई

गयी तथा कितने टन ग्वारवा मन ग्वार पैदा हुई ?

साह तथा कृषि मंत्री (श्री म० प्र० जैन) :

(क) ग्वार की उपयोगिता के बारे में भारतीय कृषि गवेषणा परिषद् ने अनुसन्धान के लिये कोई विशेष योजना मंजूर नहीं की है। समन्वित हरे खाद्य की योजना, चारा विकास, सखी सुधार और दाल सुधार पर, परिषद् की योजनाओं के भाग के रूप में ग्वार पर कुछ कार्य किया है।

(ख) प्राप्त किये हुए परिणाम नीचे दिय गये हैं:—

(१) दाल की फसल के रूप में

१९४६ से पहले बम्बई, बड़ोदा, सिन्ध इत्यादि में किये हुए प्रयोगों से पता चला है कि बम्बई की मलोसन ४० वाली किस्म, बीजापुर के स्थान पर ५८९ पाँड प्रति एकड़ की सबसे अधिक उपज देने वाली साबित हुई है। हाल ही में महसाना जिले और बीसा के स्थान पर मलोसन ४० ने बहुत अच्छे परिणाम दिये हैं। पिछले दो वर्षों में महसाना जिले में इसने स्थानीय किस्म की अपेक्षा लगभग ११-२० प्रतिशत उपज अधिक दी है।

(२) सखी के रूप में

मद्रास में अधिक उपज देने वाली और चिकनी किस्में पैदा की जाती हैं। सी० पी० ७८ के साथ २ १/४-३ १/४ इंच लम्बी फली वाली और सी० पी० ३८० के साथ ४ १/४-६ इंच फली वाली सुधरे हुए स्ट्रैनों (strains) से लगभग ७००० पाँड प्रति एकड़ हरी फलियां मिलती हैं। भानन्द के स्थान पर ४ चिकनी किस्में अन्य प्रयोग की हुई किस्मों की अपेक्षा, अधिक अच्छी साबित हुई हैं।

(३) चारे के रूप में

भारतीय कृषि गवेषणा परिषद् कुछ राज्यों में एक समन्वित चारा गवेषणा आयोजना को वित्तीय सहायता दे रही है और कुछ कन्दों में अध्ययन के लिये ग्वार भी शामिल है। पश्चिम बंगाल में ग्वार की सूती किस्म (ई) प्रति एकड़ ४०० मन से अधिक उपज देने वाली चारे की बहुत अच्छी किस्म पाई गई है। कुर्ग में भी ग्वार को एक चारे के रूप में, जांच किया जा रहा है।

(४) जिली जुली फसल के रूप में

बम्बई में जुआर की फसल के साथ ग्वार को मिली जुली फसल के रूप में किये गये प्रयोगों का जुआर के उत्पादन पर उल्टा प्रभाव पड़ा है। हरे चारे के लिये कपास के साथ आल्टरनेटिव लाइनों (Alternative rows) में ग्वार का बीना, मुख्य कपास की फसल के उत्पादन में हानिकारक पाया गया है।

(५) हरे खाद के रूप में

भारतीय कृषि गवेषणा परिषद् ने बिहार, मैसूर, हैदराबाद, उत्तर प्रदेश, हिमाचल प्रदेश, केन्द्रीय चावल गवेषणा संस्था और भारतीय केन्द्रीय पटसन समिति में एक समन्वित हरे चारे की योजना को सहायता दी है। प्रयोग किये गये अनेक हरे खादों में ग्वार भी शामिल है। मैसूर में धान के खेतों में ग्वार एक बहुत आशाप्रद रहा है। केन्द्रीय चावल अनुसन्धान संस्था में बारहबे सप्ताह मक्याटने पर धान की मुख्य फसल के लिये इसने १८,२६२ पौंड हरा खाद प्रति एकड़ दिया है। मद्रास में धान के खेतों में यह अच्छा साबित नहीं हुआ, परन्तु बागों की सिंचाई वाली जमीनों में यह काफी सफल रहा।

बम्बई में ग्वार हरे खाद की फसल के रूप में भावी गेहूं की फसल के लिये इतनी अच्छी साबित हुई, जितनी कि पहली खरीफ के मौसिम में जमीन को खाली छोड़ना।

(ग) सूचना अभी उपलब्ध नहीं है क्योंकि ग्वार की प्रति एकड़ तथा कुल उपज के बारे में आंकड़े राज्य सरकार के राजस्व विभागों (State Revenue Agencies) द्वारा इकट्ठे नहीं किये जाते हैं।

Periyar Hydro-Electric Works

1578. Shri R. Narayanasamy: Will the Minister of Irrigation and Power be pleased to refer to the reply given to Starred Question No. 735 on the 7th March, 1958 and state:

(a) whether the expenditure of the Periyar Hydro-Electric Scheme has gone beyond its budget; and

(b) if so, by how much?

The Deputy Minister of Irrigation and Power (Shri Hathi): (a) No.

(b) Does not arise.

Bikaner Railway Workshop

1579. Shri Karni Singhji: Will the Minister of Railways be pleased to state the number of persons selected to Class IV posts from the 1st April, 1957 to the 1st March, 1958 in the Bikaner Railway Workshop and the number of applications received for these vacancies?

The Deputy Minister of Railways (Shri Shah Nawaz Khan): (a) Number of persons selected to Class IV posts. .. 392.

(b) Number of applications received. .. 4691.

T.B. Hospitals during Second Five Year Plan Period

1580. { Shri S. M. Banerjee:
Shri Prabhat Kar:
Shri Muhammed Elias:
Shri Sarju Pandey:

Will the Minister of Health be pleased to state:

(a) whether there are any schemes by the Central Government for assisting the establishment of T.B. isolation beds, new T.B. Clinics and upgrading of existing T.B. Clinics in the various States during the Second Five Year Plan;

(b) if so, the details thereof?

The Minister of Health (Shri Karmarkar): (a) Yes.

(b) The details of the schemes of establishment of T.B. isolation beds and T.B. Clinics are given below:—

Establishment of T.B. Isolation beds:

A Scheme for the establishment of 4,000 T.B. isolation beds in hospitals in the various States for the isolation of advanced T.B. patients living in unhygienic houses for whom domiciliary services or isolation facilities in their houses are not possible has been included in the Second Five Year Plan, with an allocation of Rs. 50 lakhs. Central subsidy at 50 per cent of non-recurring expenditure upto a maximum of Rs. 1,250 per bed is given to the State Governments who will bear the remaining non-recurring expenditure and recurring expenditure.

An Isolation ward of 52 beds is being established by the T.B. Association of India, in the T.B. Hospital, Mehrauli, with a grant from the Central Government. The estimated cost of the T.B. isolation ward is

Rs. 5.5 lakhs during the Second Five Year Plan.

Establishment of T. B. Clinics

A scheme for the establishment of 200 new T.B. Clinics and upgrading of 100 existing T.B. Clinics in the country has been included in the Second Five Year Plan with a provision of Rs. 127.5 lakhs. Under this scheme, Central Subsidy in the shape of X-Ray and Laboratory equipment at an estimated cost of Rs. 50,000 per clinic is given. The remaining estimated non-recurring expenditure of Rs. 50,000 on buildings and recurring expenditure of Rs. 75,000 per clinic on account of maintenance is to be borne by the State Governments concerned.

Air Strip at Malda

1581. Shri H. N. Mukerjee: Will the Minister of Transport and Communications be pleased to state whether Government propose to complete the air strip at Malda by the end of March, 1958?

The Minister of State in the Ministry of Transport and Communications (Shri Humayun Kabir): Yes, Sir.

Post Offices in Punjab

1582. Shri Ram Krishan: Will the Minister of Transport and Communications be pleased to state:

(a) the total number of Post Offices opened during 1957-58 in the Districts of Hissar and Mohindergarh of the Punjab State, with names of places;

(b) the total number of post offices to be opened during the year 1958-59 in the above districts; and

(c) the names of the places selected for the purpose?

The Minister of State in the Ministry of Transport and Communications (Shri Raj Bahadur): (a) to (c).

The required information is as follows:

Sl. No.	Name of District	No. of post offices opened during 1957-58 with name of places		No. of post offices proposed to be opened during 1958-59 with their likely location	
		No.	Names of places	No.	Likely location
1	2	3	4	5	6
1	Hissar	17	1. Dadu. 2. Dharampura 3. Otto. 4. Rodhan. 5. Nokara. 6. Parvezipur. 7. Kharian. 8. Sulchani. 9. Juglan. 10. Arnianwala. 11. Nonsar. 12. Nagpurhadoli. 13. Maujadin. 14. Bhagana. 15. Barwalamandi. 16. Khuianmallkana. 17. Halwas.	34	1. Baijkan. 2. Madho-singhana. 3. Dhottar 4. Saral. 5. Chak Kesar. 6. Jhiri. 7. Thaska. 8. Dharsulkalan. 9. Dhudianwali. 10. Mandhna. 11. Sahuwala. 12. Sehanda. 13. Amritsarkalan. 14. New mandi, Hissar. 15. Mehanda. 16. Garanpur. 17. Bhariwala. 18. Rajthal. 19. Premnagar. 20. Neza Dalakulan. 21. Kanow. 22. Kcharwala. 23. Narang. 24. Bhunra. 25. Chowptabazar. 26. Kilanwali. 27. Hadoli. 28. Kagdana. 29. Majra. 30. Palwas. 31. Rewasa. 32. Mohla. 33. Dabrakalan. 34. Kudal.
2	Mohindergarh.	5	1. Mondola. 2. Azamabad Makhota. 3. Ganwari Jaz.	17	1. Soraitikalan. 2. Charki Dadri Factory Colony.

1	2	3	4	5	6
		4. Sirohi Behali		3. Aryanagar,	
		5. Budhwal.		alias	
				Gobindpura.	
				4. Teghra.	
				5. Bhagwi.	
				6. Dandwar.	
				7. Dhadhot.	
				8. Kheri.	
				9. Tokka Haria	
				10. Lawan.	
				11. Kaila.	
				12. Baikoda.	
				13. Nayan.	
				14. Baroli-shia	
				15. Dochana.	
				16. Kamania.	
				17. Nagal Katha.	

Railway Protection Force

1583. Shri Tangamani: Will the Minister of Railways be pleased to state:

(a) what was the strength of the Railway Protection Force of Southern Railway as on the 31st December, 1957;

(b) the number of Chief Security Officers, Assistant Security Officers, Inspectors, Sub-Inspectors and other junior officers; and

(c) the total expenditure involved in maintaining the Force from the 1st April, 1957 upto the 28th February, 1958?

The Deputy Minister of Railways (Shri Shah Nawaz Khan): (a) to (c). A statement is laid on the Table of the Lok Sabha. [See Appendix V, annexure No. 121.]

Manhandling of a Railway Official

1584. { Shri Snobdh Hansda:
Shri S. C. Samanta:

Will the Minister of Railways be pleased to state:

(a) whether it is a fact that the Deputy Station Superintendent of Howrah Station was manhandled by a crowd of angry passengers in the month of November, 1957;

(b) if so, the reason therefor; and

(c) whether any steps have been taken to avert such occurrences?

The Deputy Minister of Railways (Shri Shah Nawaz Khan): (a) Yes.

(b) Due to bursting of a point in Howrah yard, regular outward train services were dislocated. Consequently a section of passengers who

wanted to leave early for their homes, following early closing of their offices due to Lunar Eclipse, became restive and manhandled three of the Railway staff who received minor injuries.

(c) Eastern and South-Eastern Railways have jointly displayed notices requesting the suburban passengers not to vent their grievances on the Railway staff on duty.

Paediatric Centres

1585. { Shri S. C. Samanta:
Shri Barman:

Will the Minister of Health be pleased to state:

(a) the number of Paediatric Centres opened so far; and

(b) the location of the Centres?

The Minister of Health (Shri Karmarkar): (a) Two.

(b) (i) Niloufer Hospital, Osmania Medical College, Hyderabad.

(ii) Shri Avittom Thirumal Hospital attached to the Trivandrum Medical College.

मातृ-सेवा-सदन पूसा रोड, नई दिल्ली

१५८६. श्री मोहन स्वल्प : क्या स्वास्थ्य मंत्री यह बताने की कृपा करेंगे कि :

(क) क्या पूसा रोड, नई दिल्ली में कोई मातृ-सेवा-मन्दन खोला जा रहा है; और

(ख) यदि हां, तो इस अस्पताल के बनने पर कितनी जन-राशि खर्च की जायगी और केन्द्रीय सरकार इसके लिये क्या सहायता दे रही है ?

स्वास्थ्य मंत्री (श्री कर्मकर) : (क) जी हां, लाहौर अस्पताल सीसायटी पूसा रोड, नई दिल्ली में एक मातृ-सेवा-चिकित्सालय खोल रही है ।

(ख) लगभग १७ लाख रुपये ।

अस्पताल का भवन बनाने के लिये १६५६-५७ में सीसायटी के लिये एक लाख २० का अनुदान मंजूर किया गया था । एक लाख रुपये का अनुदान अस्पताल के विकास के लिये चालू वित्तीय वर्ष में स्वीकार किया गया है । अस्पताल के भवन-निर्माण के लिये एक और अनुदान देने का प्रश्न भारत सरकार के विचाराधीन है ।

Preservation of Wild Life in Jammu and Kashmir State

1587. Shri D. C. Sharma: Will the Minister of Food and Agriculture be pleased to state the amount sanctioned to the Jammu and Kashmir State for the preservation of wild life in the State during 1957-58?

The Minister of Food and Agriculture (Shri A. P. Jain): The following amounts have been sanctioned for the preservation of Wild Life during 1957-58:—

(i) Wild Life Preservation Scheme	Rs. 7,000
(ii) Scheme for improvement of Dachigam Rakh	Rs. 1,200
Total	Rs. 8,200

Tourists to Kashmir

1588. { Shri D. C. Sharma:
Sardar Iqbal Singh:

Will the Minister of Transport and Communications be pleased to state:

(a) the number of tourists who visited Kashmir during 1957-58; and

(b) the names of the countries from which the foreigners who toured only Kashmir came and the number of persons from each of these countries?

The Minister of State in the Ministry of Transport and Communications (Shri Raj Bahadur): (a) 43,018 tourists comprising of 37,172 Indians and 5,846 foreigners during the calendar year 1957. The figures for the

period, January—March, 1958, are not yet available.

(b) The required information is not available.

Irrigated Areas in States

1589. Shri Rameshwar Tantia: Will the Minister of Food and Agriculture be pleased to state:

(a) what is the State-wise figure of the irrigated areas in 1956-57; and

(b) what is the comparable increase of irrigated areas in relation to 1955-56?

The Minister of Food and Agriculture (Shri A. P. Jain): (a) and (b). A statement containing the information is placed on the Table of the Lok Sabha. [See Appendix V, annexure No. 122.]

Central Tractor Organisation

1590. Shri Ball Reddy: Will the Minister of Food and Agriculture be pleased to state:

(a) the number of units working under the Central Tractor Organisation and the number of tractors in each Unit; and

(b) whether Government have any proposal under consideration to divert some Units to Andhra Pradesh, where breaking of virgin soils and deep ploughing is delayed due to lack of adequate number of tractors and other equipment?

The Minister of Food and Agriculture (Shri A. P. Jain): (a) There are fifteen units and each unit has on an average fifteen tractors.

(b) No. The State Government have stated that they have not got sufficiently large and compact areas where Central Tractor Organisation can operate and that they would prefer to use bull dozers.

Import of Chemical Fertilizers

1591. Shri Ball Reddy: Will the Minister of Food and Agriculture be pleased to state the quantities of Sulphate of Ammonia and Superphosphate imported in 1956-57 and 1957-58?

The Minister of Food and Agriculture (Shri A. P. Jain):

	1956-57	1957-58*
Sulphate of Ammonia	2,30,000 tons	3,57,566 tons.
Superphosphate	nil	nil.

*Upto 28th February, 1958.

Agricultural Implements

1592. { Shri Ball Reddy:
Shri P. L. Barupal:
Shri Daljit Singh:

Will the Minister of Food and Agriculture be pleased to state the amounts granted by the Government of India to various States for granting loans and subsidies to agriculturists to buy tractors, pump-sets and improved implements in 1956-57 and 1957-58?

The Minister of Food and Agriculture (Shri A. P. Jain): A statement giving the required information is placed on the Table of Lok Sabha. [See Appendix V, annexure No. 123.]

Delay in Air Services

1593. Shri M. B. Thakore: Will the Minister of Transport and Communications be pleased to state:

(a) whether it is fact that the IAC Viscount usually starting from Bombay at about 7 p.m. started at 7-20 p.m. for Delhi on 17th December, 1957;

(b) whether it is a fact that the public was made to stand just near the entrance of the gate for more than half an hour; and

(c) whether it is a fact that if the passenger does not come within the prescribed time he has to purchase a new ticket?

The Minister of State in the Ministry of Transport and Communications (Shri Humayun Kabir): (a) Yes, Sir.

(b) No, Sir.

(c) Attention of the hon. Member is drawn to Notification No. CTM-/14-A of Indian Airlines Corporation published in the *Gazette of India* on March 24, 1956.

Deraiment of Wagons near Udvada Station

1594. { Shri Raghunath Singh:
Shri S. C. Samanta:

Will the Minister of Railways be pleased to state whether it is a fact that the traffic on the main line between Bombay and Surat on Western Railway was dislocated on the 8th February, 1958 due to derailment of wagons of goods train near Udvada Station?

The Deputy Minister of Railways (Shri Shah Nawaz Khan): Yes. Due to derailment of two wagons at Udvada Station at about 21-20 hours on 8th February, 1958 on the Bombay-Baroda Main line of the Western Railway through communication was interrupted for about 7 hours on both Up and Down lines.

Opening of Post Offices in Punjab

1595. Sardar Iqbal Singh: Will the Minister of Transport and Communications be pleased to state:

(a) the number of new Post offices opened in Punjab in 1957;

(b) the number of the Post and Telegraph Offices closed during 1957; and

(c) the reasons for closing down these offices?

The Minister of State in the Ministry of Transport and Communications (Shri Raj Bahadur): (a) 223.

(b) One Town extra-departmental Branch Post Office and no Telegraph Office.

(c) The office had practically no postal business and had been consistently working at a loss for over 5 years.

Grain Shop Staff

1596. { Shri Subodh Hanada:
Shri S. C. Samanta:

Will the Minister of Railways be pleased to state:

(a) whether the Railway Board have passed any order in the month of November, 1957, that the seniority of the temporary Grain-shop Staff would be regulated on the basis of the date of their actual absorption in other department and not from the beginning of service;

(b) if so, the names of the Railways which have implemented the order and since when; and

(c) the names of the Railways which have not yet implemented it and the reasons therefor?

The Deputy Minister of Railways (Shri Shah Nawaz Khan): (a) Yes.

(b) Under process of implementation on the Central and Western Railways.

(c) Not implemented on the North East Frontier Railway due to pre-occupation with matters concerning bifurcation and on the Eastern Northern, North Eastern, Southern and South Eastern Railways due to certain difficulties experienced in implementing the orders which are under examination.

Khargpur Railway School

1597. { Shri Subodh Hanada:
Shri S. C. Samanta:

Will the Minister of Railways be pleased to state:

(a) the present roll strength of the Khargpur Railway School South Eastern Railway in (i) Primary (ii) Secondary and (iii) Higher Secondary Sections;

(b) whether the present roll strength interferes with efficient teaching and discipline of the School;

(c) if so, whether the Railway Administration propose to split up the School to an optimum size for better teaching and discipline;

(d) whether any permanent Principal has been posted to take charge of the School; and

(e) if so, what are his qualifications?

The Deputy Minister of Railways (Shri Shah Nawaz Khan): (a) (i) Secondary Sections .. 828

(ii) Higher Secondary Sections .. 178

The Primary School is functioning separately with 616 students on roll.

(b) No.

(c) Does not arise.

(d) No.

(e) Does not arise.

मोटर ट्राली दुर्घटना

१५६८. श्री जगदीश शक्ती : क्या रेलवे मंत्री यह बताने की कृपा करेंगे कि :

(क) क्या उत्तर रेलवे के मुरादाबाद-बरेली सब-डिवीजन में रोजा जंक्शन पर १६ जनवरी, १९५८ को रेलवे मोटर ट्राली के पटरी से उतर जाने के फलस्वरूप उस पर बैठे हुए कुछ रेलवे पदाधिकारी घायल हो गये ;

(ख) यदि हां, तो क्या इस दुर्घटना की जांच की गई थी ; और

(ग) इस दुर्घटना का मुख्य कारण क्या था ?

रेलवे उपमंत्री (श्री शाहनवाज खां) :

(क) जी हां । १६ जनवरी, १९५८

को दिन में लगभग ड्राई ब्रजे जब रेलवे मोटर ट्राली उत्तर रेलवे के शाहजहाँपुर-लखनऊ सेक्शन के रोजा स्टेशन याई में दाखिल हो रहा था, वह बीच वाले केबिन के पाम पटरी से उतर गई । इस ट्राली में मंडल इंजीनियर, सहायक इंजीनियर, निर्माण-निरीक्षक (Inspector of Works) और छः ठेके वाले बैठे हुए थे । ट्राली पटरी से उतर जाने की वजह से मंडल इंजीनियर और निर्माण-निरीक्षक को मामूली चोट आयी और सहायक इंजीनियर के बाजू की हड्डी टूट गई ।

(ख) और (ग) ट्राली पटरी से उतर जाने की वजह यह थी कि वह ऐसी लाइन पर चली गयी जिसके कांटे उस ट्राली के लिये नहीं लगाये गये थे ।

Construction of Roads in Kerala

1599. Shri R. Narayanasamy: Will the Minister of Transport and Communications be pleased to state:

(a) how the works of the Bodinayakanur-Mettur Road joining the State of Kerala, with Periyakulam Taluq, Madurai District, Madras State, are progressing;

(b) when its works are likely to be completed;

(c) whether its expenditure has gone beyond the budget limit; and

(d) if so, by how much?

The Minister of State in the Ministry of Transport and Communications (Shri Raj Bahadur): (a) and (b). The construction of the road has been sanctioned at an estimated cost of Rs. 10.04 lakhs out of which Rs. 8.33 lakhs is to be met by the Centre. Progress on the work upto 28th February, 1958 is 37 per cent. The estimates for cross drainage works on the road for which a grant-in-aid of Rs. 1.67 lakhs has been kept in reserve are awaited from Madras Government. The entire work is expected to be

completed during the current plan period.

(c) No. Up to 31st March 1958, an expenditure of Rs. 5.75 lakhs is expected to be incurred and the Central share would amount to Rs. 5.15 lakhs which has been allotted.

(d) Does not arise.

Kamalpur N.E.S. Block in Tripura

1600. Shri Dasaratha Deb: Will the Minister of Community Development be pleased to state:

(a) the progress of Kamalpur National Extension Service Block in Tripura;

(b) the major items of work that have been undertaken;

(c) the nature of steps, if any, taken to co-operate the people in the working of the National Extension Service Block; and

(d) the total amount which is proposed to be spent in this particular Block during the working of the Second Five Year Plan?

The Minister of Community Development (Shri S. K. Dey): (a) and (b). A statement is placed on the Table of Lok Sabha. [See Appendix V, annexure No. 124.]

(c) Public co-operation is secured through:—

(i) Block Advisory Committee comprised of Members of Territorial Council, representatives of Co-operative Societies, Tribal Jhumia Colonies, Tribal Agriculturists, Social Workers and refugee colonies.

(ii) Ad hoc Village Committees which take the place of pan-chayats.

Programme of the Block is implemented almost in every case through the agency of these Committees and the village people.

(d) Rs. 10 lakhs.

Engine Overhaul Depot at Calcutta

1601. Shrimati Renu Chakravarty: Will the Minister of Transport and Communications be pleased to state:

(a) whether Bharat Airways is opening an engine overhaul depot at Calcutta;

(b) if so, whether they will be doing contract work for Union of Burma Airways; and

(c) whether the Indian Airlines Corporation was first contacted for this contract work?

The Minister of State in the Ministry of Transport and Communications (Shri Humayun Kabir): (a) Bharat Commerce and Industries Ltd. made certain unofficial enquiries about setting up an overhaul base at Calcutta but no concrete proposals have been received from the firm.

(b) We have no information.

(c) No, Sir.

Annapurna Service on Railways

1602. Shri Damani: Will the Minister of Railways be pleased to state the names of the stations and trains on the Northern and Western Railways, where the All India Women's Food Council have introduced its Annapurna Service?

The Deputy Minister of Railways (Shri Shah Nawaz Khan): The All India Women's Food Council are running Cafeterias at Ghaziabad and Lucknow stations of Northern Railway.

They are not running such service on any of the Northern Railway trains.

On the Western Railway, no catering establishment whether at stations or trains is being worked by this body.

Railway Board Assistants

1603. { Shri A. K. Gopalan:
Shri Tangamani:

Will the Minister of Railways be pleased to refer to the reply given to Starred Question No. 1354 on 19th December, 1957 and state:

(a) whether it has since been decided to rearrange the seniority list of Assistants already sent to the Union Public Service Commission and the Union Public Service Commission advised to pend action on the seniority list previously sent;

(b) if so, when a revised seniority list will be sent to the Union Public Service Commission; and

(c) on what basis?

The Deputy Minister of Railways (Shri Shah Nawaz Khan): (a) to (c). Proposals for a revised basis for the seniority lists of officiating Assistants are under examination and until a decision is reached in the matter, the U.P.S.C. have been asked to pend action on the seniority lists sent to them.

Chittaranjan Workshop Union

1604. Shri S. M. Banerjee: Will the Minister of Railways be pleased to state:

(a) whether the Union in Chittaranjan workshop has applied for recognition; and

(b) if so, whether the recognition has been granted?

The Deputy Minister of Railways (Shri Shah Nawaz Khan): (a) Yes.

(b) No.

Railways Schools on S.E. Railway

1605. Shri Kumbhar: Will the Minister of Railways be pleased to state:

(a) the number of schools at present being run at various Stations on the South-Eastern Railway Zone;

(b) the number of children receiving education in these schools, school-wise; and

(c) the number of schools to be opened at the end of the Second Five Year Plan on the S.E. Railway Zone?

The Deputy Minister of Railways (Shri Shah Nawaz Khan): (a) 35.

(b) A statement is placed on the Table of Lok Sabha. [See Appendix V, annexure No. 125.]

(c) The South-Eastern Railway have proposed 16 new primary schools at different places during the Second Plan period. Their proposals are under consideration along with those of other Railways.

Posts and Telegraphs Offices in rented Buildings

1606. Shri Kumbhar: Will the Minister of Transport and Communications be pleased to state:

(a) the number of Posts and Telegraphs Offices housed in rented and departmental buildings in Sambalpur Postal Division at present; and

(b) the total rent paid and the total amount spent for construction of departmental buildings during the First Five Year Plan and so far year-wise?

The Minister of State in the Ministry of Transport and Communications (Shri Raj Bahadur): (a) and (b). In Sambalpur Postal Division, 29 post offices are functioning in rented buildings on a monthly rental of Rs. 1,346. The number of post offices located in departmental buildings is 17.

An amount of Rs. 27,550 was spent in 1954-55 for construction of a departmental building to house a post office at Nawapara Tanwat.

Quarters for Postal Employees

1607. Shri Kumbhar: Will the Minister of Transport and Communications be pleased to state:

(a) the number of residential quarters constructed during the First Five

Year Plan and so far for the Posts and Telegraphs employees in Sambalpur Postal Division; and

(b) how many such quarters are to be constructed during the Second Five Year Plan?

The Minister of State in the Ministry of Transport and Communications (Shri Raj Bahadur): (a) 12 units.

(b) About 32 units.

Family Planning Centres in West Bengal

1608. { Shri Ghosal:
Shri B. Das Gupta:

Will the Minister of Health be pleased to refer to the reply given to Unstarred Question No. 804 on the 28th November, 1957 and state the number of clinics under the Family Planning Programme established in West Bengal during the period October, 1957 to February, 1958?

The Minister of Health (Shri Karmakar): Six Urban Family Planning Clinics were established in West Bengal during the period from October, 1957 to February, 1958.

Quarters for P. & T. Staff

1609. Shri Daljit Singh: Will the Minister of Transport and Communications be pleased to state the total number of quarters constructed during the First Five Year Plan and the Second Five Year Plan so far for the Posts and Telegraphs employees in Kangra and Hoshiarpur districts of Punjab State?

The Minister of State in the Ministry of Transport and Communications (Shri Raj Bahadur):

Kangra District

2 H type and 2 G type quarters in 1st Plan;

6 H type and 1 type III quarters in 2nd Plan.

Hoshiarpur District

Nil.

Posts and Telegraphs Offices

1610. Shri Daljit Singh: Will the Minister of Transport and Communications be pleased to state the number of Post Offices and Telegraph Offices proposed to be opened in Punjab district-wise during the Second Five Year Plan?

The Minister of State in the Ministry of Transport and Communications (Shri Raj Bahadur): A statement is laid on the Table of the Lok Sabha. [See Appendix V, annexure No. 126.]

Sugar-cane Crushed in Punjab

1611. Shri Daljit Singh: Will the Minister of Food and Agriculture be pleased to state:

(a) the quantity of sugar-cane crushed in the sugar mills in Punjab during 1956-57 crushing season; and

(b) the price of sugarcane paid to the farmers?

The Minister of Food and Agriculture (Shri A. P. Jain): (a) 6.45 lakh tons.

(b) The price of sugarcane paid to farmers for cane delivered at the gate of the factory was Rs. 1-7-0 per maund and that for cane delivered at rail centres Rs. 1-5-0 per maund.

Rice Production in Madras

1612. Shri Elayaperumal: Will the Minister of Food and Agriculture be pleased to state:

(a) whether extra grants and technical assistance have been made available to Madras State to step up rice production;

(b) if so, what amount has been sanctioned; and

(c) if not, the reasons therefor?

The Minister of Food and Agriculture (Shri A. P. Jain): (a) to (c). A grant of Rs. 20,39,387 has been sanctioned to the Government of Madras for their Grow More Food Schemes for 1957-58 which will also help in production of more rice. An addi-

tional grant of Rs. 11,63,675 was sanctioned to the Government of Madras for some additional Minor Irrigation Schemes during 1957-58 which will also benefit paddy cultivation.

Necessary technical assistance is also given to the State Governments whenever they approach the Government of India for the purpose.

UNICEF

1613. Shri D. C. Sharma: Will the Minister of Health be pleased to state:

(a) whether India has made any request to the UNICEF Executive Board during March, 1958 for aid out of the United Nations Children's Fund; and

(b) if so, the nature thereof?

The Minister of Health (Shri Kar-markar): (a) Yes, Sir.

(b) The following requests were made to the UNICEF Executive Board for consideration at its March, 1958 meeting:

- | | |
|--|----------------|
| (1) Trachoma Pilot Project | \$13,809.45 |
| (2) Skim milk powder (5,500 short tons) (freight only) | \$2,47,500.00 |
| (3) Development of Paediatric Training in Bombay. | \$83,000.00 |
| (4) Development of a National Tuberculosis Control Programme | \$2,66,000.00 |
| (5) Supplementary Assistance for B.C.G. Campaign | \$58,000.00 |
| (6) Primary Health Centres | \$2,155,000.00 |

Welfare Inspectors on Railways

1614. Shri Daljit Singh: Will the Minister of Railways be pleased to state:

(a) the total number of Welfare Inspectors working under the Railways zone-wise, as on the 28th February, 1958; and

(b) the present pay scale and the rate of increment?

The Deputy Minister of Railways (Shri Shah Nawaz Khan):

(a) Railways	Total number.
Central	110
Eastern	125
Northern	71
North-Eastern	17
North-East Frontier	10
Southern	88
South-Eastern	111
Western	88

(b) (i) Rs. 150-7-185-8-225.

(ii) Rs. 200-10-300.

(iii) Rs. 260-15-350.

हिमाचल प्रदेश में सस्ते अनाज की दुकानें

१६१५. श्री पद्म देव : क्या साख तथा कृषि मंत्री ७ मार्च, १९५८ के नारांकित प्रश्न संख्या ६१४ के उत्तर के सम्बन्ध में यह बताने की कृपा करेंगे कि अनाज बेचने के लिये सस्ते अनाज की दुकानें कहाँ-कहाँ खोली गई हैं?

साख तथा कृषि मंत्री (श्री बा० प्र० जैन) हिमाचल प्रदेश में सस्ते अनाज की दुकानों का जिलेवार विवरण निम्न प्रकार से है :

नाम जिला	सस्ते अनाज की बिक्री की दुकानें हैं
१. महासु	२८
२. मंडी	७
३. सिरमौर	१
४. चम्पा	१४
योग	५०

Passenger Guides on Railways

1616. **Shrimati Masda Ahmed:** Will the Minister of Railways be pleased to state:

(a) whether the posts of Passenger Guides, created in 1948 have been abolished; and

(b) if so, the circumstances that led to the abolition of the posts?

The Deputy Minister of Railways (Shri Shah Nawaz Khan): (a) No.

(b) Does not arise.

Development of Horticulture

1617. **Shri Daljit Singh:** Will the Minister of Food and Agriculture be pleased to state:

(a) the amount of subsidy or grants sanctioned to the Punjab Government for the development of Horticulture year-wise from January, 1950 to January, 1958; and

(b) the amount utilised by the Punjab Government year-wise during the above period?

The Minister of Food and Agriculture (Shri A. P. Jain): (a) Rs. 45,810 and Rs. 1,14,990 were sanctioned by the Central Government as subsidy for the horticultural development schemes in Punjab during 1956-57 and 1957-58, respectively. No grants were sanctioned prior to 1956-57.

(b) An expenditure of about Rs. 8,000 was incurred by the Punjab Government in 1956-57 and the anticipated expenditure during 1957-58 is Rs. 18,580.

Soil Conservation in Punjab

1618. **Shri Daljit Singh:** Will the Minister of Food and Agriculture be pleased to state:

(a) the amount allotted for soil conservation in Punjab for the year 1958;

(b) the names of the schemes sanctioned; and

(c) the amount already spent?

The Minister of Food and Agriculture (Shri A. P. Jain): (a) Rs. 11.97 lakhs for the year 1957-58.

(b) 1. Sand fixation experiment in Hissar District.

2. Anti-erosion measures in Kulu Sub-Division (excluding Spiti and Lahul areas) and in the catchment area of Bhakra Reservoir in Kangra District.

3. Operating and maintaining of Soil Conservation Demonstration Centre in the Punjab Water erosion area in Hoshiarpur district.

4. Cho-training including check-damming and gully plugging in catchment area in Ambala district.

5. Prevention of erosion from sloping agricultural lands in Gurgaon.

6. Cho-training including check damming and gully plugging in Hoshiarpur district.

7. Terracing and Watt-bandi, including spiu-ways in Ambala district.

8. Soil Conservation and Contour Bunding etc. in private lands in Gurdaspur district.

9. Terracing and Watt-bandi, including spill-ways in Hoshiarpur district.

10. Terracing and Watt-bandi operation in Kangra district.

11. Desert control and reclamation in Gurgaon, Hissar, and Ferozepur districts bordering on Rajasthan.

12. Soil Conservation over Siwaliks.

13. Afforestation of the Bhakra Dam catchment area.

14. Afforestation of the catchment area of Asni and Giri rivers.

15. Immobilisation of Desert.

(c) The State Government have intimated that a sum of Rs. 8.94 lakhs is likely to be spent upto 31st March, 1958.

Special Officer on Railway Board

1619. { Shri Ayyakanna:
Shri Siddiah:

Will the Minister of Railways be pleased to state:

(a) the detailed functions and duties of the Special Officer appointed in the Railway Board to look after the recruitment and appointment of the Scheduled Castes and Scheduled Tribes; and

(b) the powers delegated to him to discharge his duties effectively?

The Deputy Minister of Railways (Shri Shah Nawaz Khan): (a) The duties of the Special Officer cover:

- (i) examination of various data regarding the recruitment etc., of Scheduled Castes, Scheduled Tribes and Anglo-Indians to railway services,
- (ii) Check at the offices of the Railway Service Commissions that correct action is being taken in regard to recruitment etc., to the vacancies reserved for these communities
- (iii) special measures to fully comply with the Government's directives on the subject.

(b) No specific powers as such have been delegated to him. He works like any other Deputy Director of the Railway Board.

Family Planning

1620. Shri Rameshwar Tantia: Will the Minister of Health be pleased to state:

(a) the number of Family Planning operations made in the Government controlled hospitals in Delhi during 1956-57; and

(b) the number of doctors engaged for the purpose in the Irwin Hospital, Delhi?

The Minister of Health (Shri Mar-markar): (a) 263 sterilisation operations were performed in the various Government Hospitals in Delhi during the year 1957.

(b) No doctors in Irwin Hospital have been specifically engaged for this purpose. These operations are performed by the Surgeons in addition to their other duties.

डाक तथा तार घर, भरतपुर

१६२१. श्री सरजू पाण्डे : क्या परिवहन तथा संचार मंत्री यह बताने की कृपा करेंगे कि :

(क) भरतपुर में मुख्य डाक्टर के लिये भवन बनाने की दिशा में अब तक क्या प्रगति हुई है ; और

(ख) उपरोक्त भवन कब तक बन कर तैयार हो जायेगा ?

परिवहन तथा संचार मंत्रालय में राज्य मंत्री (श्री राज बहादुर) (क) भवन बनाने का कार्य अभी ही शुरू किया गया है।

(ख) १९५६ के प्रारम्भ में।

Scheduled Castes and Scheduled Tribes in P. & T. Department

1622. Shri Kunhan: Will the Minister of Transport and Communications be pleased to state:

(a) the number of candidates belonging to Scheduled Castes and Scheduled Tribes recruited to the Class III and IV services of the Post and Telegraph Department during 1957-58;

(b) whether all the posts reserved for these Castes were filled up during the year; and

Matter of Urgent Public Importance

1958

(c) If not, the reasons for not filling up the quota?

The Minister of State in the Ministry of Transport and Communications (Shri Raj Bahadur): (a) to (c). The required information is being collected from all Heads of P. & T. Circle and Administrative Offices and will be placed on the Table of the Lok Sabha.

Fertilizers

1923. Shri Elayaperumal: Will the Minister of Food and Agriculture be pleased to state what is the total quantity of Fertilizers supplied by the Central Government to the Madras State during the years 1955-56, 1956-57 and 1957-58?

The Minister of Food and Agriculture (Shri A. P. Jain): The required information is given below:

Name of Fertilizers	1955-56	1956-57	1957-58 till 15th March, 1958
(IN TONS)			
Sulphate Ammonia	1,19,500	75,938	71,450
Urea.	1,333	3,139	8,946
Ammonium Sulphate Nitrate.	2,080	2,622	7,556
Calcium Ammonium Nitrate	1,007	7	770
Muriate of Potash.	12	97	15
TOTAL.	1,23,932	81,801	78,787

PRESIDENT'S ASSENT TO BILLS

Secretary: Sir, I lay on the Table the following four Bills passed by the Houses of Parliament during the current Session and assented to by the President since a report was last made to the House on the 17th March, 1958:

- (1) The Appropriation (Railways) Bill, 1958;
- (2) The Indian Post Office (Amendment) Bill, 1958;
- (3) The Appropriation (Vote on Account) Bill, 1958; and
- (4) The Appropriation (Railways) No. 2 Bill, 1958.

ESTIMATES COMMITTEE

THIRD REPORT

Shri B. G. Mahta (Gohilwad): I beg to present the Third Report of the Estimates Committee (Second Lok Sabha) on the action taken by Government on the recommendations

contained in the Fifteenth Report of the Estimates Committee (First Lok Sabha).

PUBLIC ACCOUNTS COMMITTEE

THIRD REPORT

Shri T. N. Singh (Chandauli): I beg to present the Third Report of the Public Accounts Committee on the Audit Reports on the Accounts of the Damodar Valley Corporation for the years 1954-55 and 1955-56.

CALLING ATTENTION TO A MATTER OF URGENT PUBLIC IMPORTANCE

ATOMIC ENERGY COMMISSION

Shri Nanshir Bharucha (East Khadesh): Under rule 197, I beg to call the attention of the Prime Minister to the following matter of urgent public importance and I request that he may make a statement thereon:

"The constitution, powers and functions etc. of the Atomic Energy Commission."

The Prime Minister and Minister of External Affairs (Shri Jawaharlal Nehru): A copy of the Resolution of the Government of India dated 1st March, 1958 relating to the constitution of the Atomic Energy Commission is laid on the Table of the Lok Sabha. [See Appendix V, annexure No. 127]. This Resolution gives information required about the constitution and powers delegated to the Commission, also the objectives and responsibilities of the Commission and its autonomy.

According to the constitution of the Commission, it shall consist of not more than seven and not less than three full-time and part-time members. For the present, it is proposed to have three members. These will be:

Dr. H. J. Bhabha, F.R.S., Chairman, Ex-officio.

Shri P. N. Thappa, I.C.S., Member for Finance and Administration.

Dr. K. S. Krishnan, F.R.S., Member.

Additional members will be added as and when required. Both Dr. H. J. Bhabha and Dr. K. S. Krishnan were members of the old Atomic Energy Commission.

Dr. H. J. Bhabha, the present Secretary of the Department and Chairman of the Atomic Energy Commission, is also the Director of the Tata Institute of Fundamental Research and the Director of the Atomic Energy Establishment, Trombay. The Trombay Establishment, which is the national centre for all research and development in the field of atomic energy and where all the research and experimental reactors will be set up during the next few years, is a very large establishment. Its scientific and technical personnel already numbers about 700. The work of the Director

is very heavy, onerous and difficult, and, by its very nature, can only be discharged by a scientist with a deep and thorough knowledge of the entire field and familiar with the most recent developments in this rapidly advancing field. It has, therefore, become imperative that Dr. Bhabha should be relieved of as much of his administrative and non-scientific duties as possible to enable him to devote more time and attention to matters of policy in atomic energy and other technical questions. There are many scientific and technical matters to which he is anxious to pay special attention and which he has not been able to do because of the load of work and lack of time. The intention is that the Member for Finance and Administration will discharge all the administrative duties of a Secretary to Government in the Department, except regarding important matters of policy, which will be the responsibility of the Chairman, and will also be ex-officio Secretary to Government in the Department of Atomic Energy in financial matters.

*INDIAN OATHS (AMENDMENT) BILL

The Deputy Minister of Law (Shri Hajarnavis): I beg to move for leave to introduce a Bill further to amend the Indian Oaths Act, 1873.

Mr. Speaker: The question is:

"That leave be granted to introduce a Bill further to amend the Indian Oaths Act, 1873".

The motion was adopted.

Shri Hajarnavis: I introduce the Bill.

**DEMANDS FOR GRANTS—Contd.

MINISTRY OF HEALTH

Mr. Speaker: The House will now take up discussion and voting on

*Published in the Gazette of India Extraordinary Part II—Section 2, dated 24th March, 1958.

**Moved with the recommendation of the President.

[Mr. Speaker]

Demands Nos. 47, 48, 49, 50 and 121 relating to the Ministry of Health for which 5 hours have been allotted.

Hon. Members desirous of moving cut motions may hand over at the Table within 15 minutes the numbers of the selected cut motions.

The time-limit for speeches will be as before.

DEMAND No. 47—MINISTRY OF HEALTH

Mr. Speaker: Motion moved:

"That a sum not exceeding Rs. 12,57,000 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, 1959, in respect of 'Ministry of Health'".

DEMAND No. 48—MEDICAL SERVICES

Mr. Speaker: Motion moved:

"That a sum not exceeding Rs. 4,75,50,000 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, 1959, in respect of 'Medical Services'".

DEMAND No. 49—PUBLIC HEALTH

Mr. Speaker: Motion moved:

"That a sum not exceeding Rs. 12,89,72,000 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, 1959, in respect of 'Public Health'".

DEMAND No. 50—MISCELLANEOUS DEPARTMENTS AND EXPENDITURE UNDER THE MINISTRY OF HEALTH.

Mr. Speaker: Motion moved:

"That a sum not exceeding Rs. 80,31,000 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, 1959, in respect of 'Miscellaneous departments and expenditure under the Ministry of Health'".

DEMAND No. 121—CAPITAL OUTLAY OF THE MINISTRY OF HEALTH

Mr. Speaker: Motion moved:

"That a sum not exceeding Rs. 8,97,76,000 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, 1959, in respect of 'Capital outlay of the Ministry of Health'".

Shri Kadiyan.

Shri V. P. Nayar (Quilon): Let the exodus be over!

Shri Kadiyan (Quilon-Reserved-Sch. Castes): Mr. Speaker, Sir, the general aim of health programmes during the Second Five Year Plan is expansion of existing health services so as to bring the benefits of these services within the reach of all the people, and also to promote a progressive improvement in the level of national health.

One of the specific objectives of the health programme is the expansion of the training programmes for medical personnel and also the efficient utilisation of the trained personnel. Though there has been some improvement in the existing medical services, and though there has been some expansion with regard to medical services in the last few years, the average man is still far from getting the benefits of modern scientific treatment. Limitation of beds in hospitals, over-crowding in hospitals, shortage of sufficiently qualified personnel and also inadequate equipment are the complaints that we hear from all quarters. More especially, the condition in the rural areas is still worse. There we are faced with the difficulty of obtaining medical personnel to serve the rural people.

The main difficulty that confronts us today in way of expanding health services is the shortage of sufficiently qualified medical personnel. Though the number of medical institutions in our country has increased from 30 in 1950-51 to 40 or so, in the matter of getting sufficient qualified medical personnel, we are still lagging behind. The present training facilities are only for having 2,500 doctors annually. Now it is estimated that the country has 70,000 doctors. If we are to achieve the target fixed for the training of medical personnel i.e. doctors in our country, then during the Second Plan period we will have to turn out 12,500 doctors more. If the existing facilities of medical institutions are expanded fully, 400 doctors may be added to this number annually. Still we will fall short of our actual requirements, because it is estimated that the actual number of doctors we need is 90,000.

Therefore, I would ask the hon. Minister to give urgent consideration to the question of expanding medical training facilities. The existing facilities in the institutions should be expanded and new medical colleges will have to be started. More admissions have to be provided in the coming years for medical students. But I have grave doubts as to whether the calculation made in the Plan to increase the number of medical personnel will be realised because I find a large percentage of failures in medical examinations. It is a disconcerting fact that in the present context, when we are faced with an acute shortage of medical personnel, a large number of our medical students is failing due to the poor quality of medical teaching. If we go on like this, I do not think that the target fixed in the Plan will be reached. From the experience of some of the medical institutions in our country, I am rather afraid that we will lag behind this target. From the experience of a medical institution, which is considered to be an institution that is to guide medical education and medical research, I do not think that

this calculation will prove successful. I am referring to the All India Medical Institute at New Delhi. This Institute was established in 1956 by an Act of Parliament. It was stated in the Objects and Reasons of the Bill that was introduced in the Lok Sabha in 1955, seeking to establish this Medical Institute, that for improving professional competence among medical practitioners, it was necessary to place a high standard of medical education, both post-graduate and under-graduate, before all medical colleges and other allied institutions in the country. It is further stated in the Statement of Objects and Reasons of that Bill that for the promotion of medical research it is necessary that the country should attain self-sufficiency in post-graduate medical education and these objectives were hardly capable of realisation unless facilities of a very high order for both under-graduate and post-graduate medical education and research are provided for, in one place under a central authority.

It was with these objectives that this institution was started. From the report of the Ministry of Health, I find that Rs. 1,39,32,630 have been spent on the development of land, construction of buildings and architect's fees for this Institute. When such a huge amount has been spent for the construction of buildings etc., what has been spent for buying equipment for this institute? From the report, I find that only Rs. 5.06 lakhs have been spent for buying equipment.

Though the construction has not yet been completed, appointments to different posts are going on. Appointments of a Professor of Pathology, a Professor of Radiology, a Professor of Physiology, a Professor of Surgery and also a Professor of Medicine etc. have already been made. With what equipment are these people going to carry on their teaching?

Take for example, the Radiologist. How much of radiological work has been done since he was appointed a year ago? The Professor of Surgery,

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who has been appointed, I understand, has not got practical experience teaching and has lost his experience in surgery. Another professor, the Professor of Medicine is a superannuated Principal of a Medical College. The anaesthetist has been appointed from the Army though the Institute has no hospital of its own. I would ask the hon. Minister to tell us how many of these professors are working and how many of them are idling away their time but, at the same time, getting pay from the Exchequer.

The main objective of starting this Institute was to give facilities for post-graduate medical education. But, only two students have been admitted last year; and, in the report, it is stated that two more will be admitted next year. I am very glad to find that the British Architect who was brought for this Institute has been sent back by the hon. Minister.

Then, to increase the number of doctors.....

The Minister of Health (Shri Kar-markar): I did not want to interrupt the hon. Member. But because it is an important point I want to. Does the hon. Member refer to appointments of the Professor of Medicine and Surgery recently made? Or, does he mean the earlier appointments? I will have to give a reply to this.

Shri Kadiyan: Yes, the earlier ones.

I have some suggestions to increase the number of doctors and other medical personnel. Efficient and suitable candidates from the medical profession should be selected by Government and should be sent abroad for higher medical studies with government aid on the condition that, when they return to the country after their studies, they should enter the teaching profession.

Then, with regard to doctors especially, their age of retirement should

be raised because in view of the fact that we are short of medical personnel, we have to make available the services of those who are capable of doing service in the medical field.

I shall now refer briefly to some disease control programmes, namely, tuberculosis, leprosy and filariasis etc. I am not going to refer to all these but only to tuberculosis and leprosy. The sixth annual meeting of the Medical Council which was held at Bangalore last January passed a resolution on this subject in which it has been stated that the progress made in the disease control programmes has not been up to expectations. And, it has urged the members to give serious thought to the disease control programmes.

With regard to TB we all know that the TB clinics and sanatoria in our country are not sufficient. There is overcrowding in the TB hospitals also. Hundreds of patients are still remaining on the waiting list; for years together, patients will have to wait to be called to the Sanatoria. I have an experience of one of my friends who was called to the sanatorium two months after his death. There are such instances. The incidence of TB is really increasing. Have we been able to arrest the increase in the incidence of TB in our country? No.

Therefore, the existing facilities in the TB clinics and hospitals have to be increased. I am glad that Government have some plans to upgrade some of the existing clinics and also to start some new centres. But, I would like to ask the hon. Minister how many of these clinics have been upgraded so far and how many new centres have been opened. I would also like the hon. Minister to tell us what work the TB Association is doing with the amount that has been given to it. So far as I can understand, apart from selling some TB seals and also

supervising the TB Hospital at Mehrauli, it is not doing any valuable work. I would be very grateful to the hon. Minister if he will enlighten the House on these points.

Then, with regard to leprosy. It is said in the report that the schemes begun during the First Five Year Plan have been continued during the Second Plan also. For these schemes a provision of Rs. 20 lakhs has been made. At the same time, I want to know regarding the existing leprosy sanatoria what Government have done to increase their capacity.

In my State, in my own constituency, there is a leprosy sanatorium at Nooranad which is one of the biggest in the country from the point of view of the number of in-patients treated there. There are more than 700 persons in that institute. But it is lacking in several facilities, in proper equipment, in proper medicine, and no research work is being done there. Because of the paucity of funds, the State Government are finding it difficult to cope with the increased demands on the hospital. Therefore, I would request the hon. Minister to consider the question of aiding such existing leprosy sanatoria where there are a large number of in-patients and where the State Governments find it difficult to cope with the increasing requirements and to give them generous aid from the Centre. I understand that during the First Plan and also during the first two years of the Second Plan, a grant-in-aid amounting to Rs. 28 lakhs had been given to the States. Out of this, Kerala got only Rs. 21,000. I would urge upon the hon. Minister to give more aid to the Kerala State for anti-leprosy work.

Now, one word about the drugs industry. Of course, it does not come directly under the Health Ministry. I want to know if the hon. Minister is serious about making the country self-sufficient in the matter of drugs. Are there any serious proposals to

be placed before the Ministry of Commerce and Industry? Have they been accepted or rejected by that Ministry? There must be uniform drugs control all over the country. All kinds of spurious drugs are manufactured and sold. Then, there is a racket going on in advertisements. There are advertisements about tooth paste. I am referring only to a few instances. It is advertised that cloraphyl is a remedy against all kinds of dental decay. It has come into the market and a large number of people are using these tooth pastes. But the dental decay in our country is on the increase. Then, there are some other medicines about which advertisements are seen in the papers. There is this Navaratna Kalpa which is supposed to be extracted from nine gems. But it is sold at a very low price. We can imagine the quantity of the gems in this particular medicine. The advertisement says that the manufacturer of this medicine travels by air to reach the patients in time. Medical advertisements have become a commercial art in harnessing a lie and giving it the form of truth to deceive the people. It is high time that the Government comes forward to take some serious steps to prevent this kind of hoodwinking of the people.

The nurses are doing a great service to the people of the country and tender to the millions of sick in our country but they are not given sufficient incentive. Even in Safdarjang Hospital at New Delhi, I understand that they are not given the monthly holidays as other Government employees. The Central Government employees get four weekly holidays and then four half-holidays on Saturdays. But these nurses get only three holidays a month and are not given the Saturday half-holidays. We are short of nurses. It is estimated that the total requirement of nurses at the end of the Second Plan will be about 80,000. But even if we achieve our target, we will be having only 31,000 or 32,000. So, special emphasis should be given to the facilities required by the nurses.

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Then facilities should also be extended to the lower grade personnel in the health services: attendants and other menials in the hospitals. When the pay scales of doctors, nurses and other medical personnel are revised or they are given more facilities, these low-grade people are always neglected whether at the centre or in the States.

Shri Karmarkar: Can my hon. friend give me specific instances? I shall deal with them. Instances where the lower grade people were denied similar sort of facility given to the higher grade people. He may give them to me later on if he likes.

Shri Kadiyan: I am glad that the Government is taking some steps to encourage the indigenous system of medicine. A research institute has been started at Jamnagar. But because we are short of medical personnel and lagging behind in bringing medical services within the reach of all people the indigenous system should be integrated with modern scientific methods of treatment. To explain this point, I may say that, as in China, the allopathic and Ayurvedic and other indigenous systems should be co-ordinated. People should get the benefits from all these systems. There are some diseases which could not be cured by Allopathy but only by Ayurveda. Again, there are some diseases which could not be cured by Ayurveda but can be cured by Allopathy or homeopathy or some other system of medicine. The benefits in all these various systems should be co-ordinated so that the people may get the benefits from all these systems. I do not say that such a system could be evolved immediately all over the country. I urge upon the hon. Minister to introduce this sort of an integrated medical service as a test case at some selected places and hospitals.

Dr. Sushila Nayar (Jhansi): Mr. Speaker, I am grateful to you for calling me to speak on the Health Ministry's Demands.

Mr. Speaker: The hon. Member is always entitled to speak. The House would like to hear her as often as possible.

Dr. Sushila Nayar: Sir, I must confess that I had not even a moment to collect my thoughts. It is so sudden. I did try to get an opportunity to speak on the Education Ministry's Demands but in spite of repeated efforts, I could not get.

Mr. Speaker: She may speak about that in this also—medical education.

Shri Karmarkar: I have no objection, Sir.

Dr. Sushila Nayar: In the limited time available for this debate, I would rather like to make a few remarks regarding the health services in this country. Somehow or the other, an impression has grown in this country that health is a matter that is not terribly important in the overall planning for the country. It enjoys a very low priority. It is very unfortunate. Everybody agrees when you talk to them that it is the first essential for the success of any plan in any department. Is there any doubt that it is only healthy men that can go and produce in the factories and all the various industrial ventures that we are taking up? But, Sir, to us it seems that in this country steel is more important than men. I am not against steel production. I know steel is needed, and it is important that we should produce it and save foreign exchange. But, is it right that we should find money for steel production and things of that type by cutting down on the essential needs of health and education, services that are going to enable men to develop the resources in this country?

We are all sold out on developing the physical resources in this country. We forget that a far more important resource that we have in this country is our manpower. Why don't we give the same importance to the

development of the human resources? And, in the development of human resources health is a very very important factor.

Sir, in this Plan—and also in this Demand how much money has been provided for the health services for children? We asked the hon. Minister the other day what facilities they have for dental services for children and also for school children. He had to say that there were none. Is it fair? When we talk of health I find that we are told by men at the Central level “Why do you bother? It is a State subject”. Well if it is a State subject and the Centre has no responsibility, why do we have a Health Ministry at all? If we have it—and I believe we should have it—I am one of those people who are extremely sorry that health and education should have been demoted, should have been brought down to the level of a Minister of State from the Cabinet level. It gives an impression to everybody that these are subjects which are not terribly important in the nation's life today. It is a very unfortunate thing, and we should do our best to counteract that effect. I plead with the Government. The Prime Minister is not here but I hope my words will reach him. He is a man with a wide vision and great humanity in his heart, and it is not right that under his leadership these essential social services should be treated with scant respect as they seem to be done from the way provisions are made for these services in our budgets and in our plans.

Now, the second point that I would like to mention is that, scanty as the Budget is, very often even the meagre provisions are not fully utilised. I wish to congratulate the Health Minister that the utilisation has been far better last year than it was in some of the earlier years. But some of the administrative procedures, some of the administrative bottle-necks need to be removed for expeditious expenditure.

What are those bottle-necks? A very important bottle-neck I find is that schemes are included in the budgets—whether it be the central or of the States—which are half paid, with the result that by the time the full details are worked out half the year is gone. Therefore, expenditure starts at a late date and, naturally, all the money that is provided, little as it is, cannot be fully utilised.

Then, somehow or the other there seems to be too much work and, perhaps, there is not enough time for all the members of the Government to study the policies that are evolved, so much so we sometimes hear them talking with discordant voices. One man starts one system, another man starts another system of medicine and the public is confused. Now, I have not the least objection to their having greater consultation. As a matter of fact, I wish that there would be much greater deliberation and consultation among the various Ministries at the time of deciding the policies, but once the policies are decided I do wish that all Ministers, Deputy Ministers and other members of the Government should speak with one voice and talk of the same policies so that the public may know that that is the Government's policy and all members of the Government are behind it. We, as Members of the House, can have certain liberties which the member of the Government cannot claim for themselves. They should not talk against the general accepted policy, whether in private or in public. Unfortunately, they do in both.

Now, to take the actual working of the health schemes, I have already mentioned the small provision and the inadequate emphasis that is being given to children's health. Maternal and child health centres, I am glad, are increasing in numbers. They are very important. But at these maternal and child health centres there is very little emphasis, very little care that is given to children. They are supposed to cater for children, for toddlers, for children up to two years of age. Even

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that is not done properly. There is need for giving greater emphasis to the development of paediatrics so that the care of infants, care of toddlers, care of pre-school children and the care of school children going up to the university level are all taken up. The Government should make itself self-responsible for the health facilities to all students, for all boys and girls at all level of education.

Then, Sir, we have often heard—and everybody agrees on it—about the need of a mid-day meal for school children; yet, the scheme has been put off again and again. The scheme is put off because of lack of funds. But, if a thing is important enough we can find money. We can find money for starting buildings for museums, this, that and the other. The other day we heard about the children's museum. I am not against having children's museums. I want museums. For our children in this country I want all the facilities that are there anywhere in the world. But I would rather see that their nutrition is adequate and their health improves in the first place.

Then, the linking up of our rural health services with our hospital system in this country is most inadequate everywhere. I know the Minister will say that it is the responsibility of the States. But, Sir, the Government of India has to give the overall guidance, the overall direction to the State Ministries and use whatever means of persuasion they have for that purpose—moral or by money. Money is a very great persuader. The Government of India may use all those methods to persuade the State Ministries to accept better health policies. In that policy, instead of opening a dispensary here and a dispensary there with coloured water and very little of medicine and very little of skilled medical assistance, there should be adequate provision. There may be fewer centres with adequate provision, with proper transport facilities so that the patients can get to these centres.

I know the Minister will say that there is a scheme for primary health centres, but the number of primary health centres is increasing at a very slow rate. Then, I humbly submit, many of these primary health centres have not come up to the standard that was expected of them. Sir, the people cannot wait indefinitely for the minimum medical facilities. Let us harness whatever we have. Let us harness the village doctor, the ayurved, the hakim, whoever is available.

I had the opportunity to visit China recently, and I was very much gladened to see that they had harnessed to development any modicum of ability and any ability to render medical aid. It was all knit up to make a beautiful network throughout the country, so that the best facilities were linked up with those inadequate, or half trained or semi-trained people. At the village level, they acted as the limbs of the trained doctor and not their rivals, and not in a spirit of antagonism as sometimes happens here. Why? Of course, the Minister might say that China is a totalitarian country and we are democracy and ask how we can use their methods. Well, Sir I would point out that there is something in that statement. But I do not agree that would be the whole answer.

In China, they have, and we could have to, a Chair of what they call traditional Chinese medicine in every medical college. Why should we not have a Chair of Ayurveda and Unani or whatever it is, in every medical college? Now, the professor holding the Chair of traditional Chinese medicine is the practitioner of the old art; a good, capable practitioner of the old art, and under him the students put in a number of hours of study and the other professors also collaborate with him. The status and the emoluments and everything regarding that Chair is equal to those of everybody else. We have not given that respect or that status to the traditional man here so that they could come up, and so

that they could gladly and willingly co-ordinate their efforts in that total picture for the relief of suffering of people at all levels in our country.

An hon. Member on the opposite side mentioned something about drug control. Drug control is, I think, entirely a central subject. Of course there are Drug Controllers in the States also, but I do wish to submit that there is a lot that can be done to improve this department. I was at Patna about a week ago, and I learnt that a young I.C.S. Officer or I.A.S. Officer—I forget what he was—had barium meal and he died. The medicine was sent for from a recognised licence-holder, a druggist, and he gave barium carbonate instead of barium sulphate. The man did not know the difference between the two and it cost a young, promising officer his life.

Shri Easwara Iyer (Trivandrum): What action is taken on that?

Dr. Sushila Nayar: They are having some kind of enquiry, and I hope the hon. Health Minister will see to it that the enquiry is done thoroughly and properly, and before licensing these men for the sale of medicines, proper care should be taken. When I was Minister of Health in the then Delhi State, and before that, when I was Chief Medical Officer at Faridabad, I have myself sent some ampoules to the Health Ministry, which were sold by the licensed men in Delhi with fungus growing in those ampoules. They were for injection. They were so inadequately prepared. Everybody knows there is a place called Bhagirath Palace in Chandni Chowk, where spurious drugs are manufactured. I have heard it said by very responsible people. I have not been there myself. When the authorities know it, why should they not do something vigorously to stop such things?

Then, apart from adulteration of drugs, there is also adulteration of food. Does the Health Ministry know

how many adulteration cases regarding food come in every day? We have had a new Central Act for controlling food adulteration, and for preventing food adulteration. I would like the hon. Minister to review the working of the Act and see whether any improvement has taken place, whether cases of food adulteration have decreased to any extent. To the best of my knowledge and information, it has not happened. About prosecutions in regard to these things, well, it is very good. You can have 50,000 or even a lakh of prosecutions. But I find that the fines imposed are often very inadequate, that the man thinks it is worth-while to pay a little by way of a fine when he is making a profit, and thinks that he could put that much amount on the price of the food in addition so that he could sell it at a profit. So, this type of prosecution is not enough. Something more has to be done. Vigorous effort has to be made by the Government to enlist public co-operation, in this matter. Otherwise, it will not be possible to make a success of this campaign.

I take up next another item, and that is, the environmental sanitation. We have taken up gladly the malaria control programme. Very good. We hope to eliminate malaria from this country and also to eliminate mosquitoes. The programme is being extended, but whether the efficiency, the efficacy and the intensity are kept up, I am not so sure. In many places there are complaints that in the carrying out of the operations there is a lot of laxity. I know it is not the responsibility of the Minister of Health of the Government of India to see to these operations in detail, and see whether they are doing it in various cities and in the various States. But somebody has got to look into it. Malaria control and filaria control are going on hand in hand and our next target is environmental sanitation, so that we can eliminate these gastro-intestinal diseases. Very good. We can eliminate cholera, dysentery and typhoid. The difficulty,

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however, arises when we have to tackle them in all areas where cholera is occurring round the year.

Now, I was amazed and shocked to see that some of the very progressive States like Bombay and West Bengal have separate typhoid wards. I think it is a shame for any Ministry or Government to think, in this age and in these times, that they should have typhoid wards in cities where you have filtered water-supply and where you can regulate the sale of food and where you can enforce various other measures for controlling and preventing diseases. But we think nothing of it. We do not think about it. We take it so complacently, and imagine that some people must get typhoid and die. Today, for such ills, medicine has become so simple. Most of these diseases are preventable. We have not even eliminated small-pox from this country. Why? It is something that can be done very easily. When compulsory vaccination is allowed in the city of Delhi. We are able to eliminate small-pox from rural areas. We were not able to eliminate it from the urban areas because of the shifting population coming from the surroundings States and other places who were in unvaccinated areas. I wish to submit in all humility to the hon. Minister that he, with his officers and the advisers, should make a plan for the gradual elimination of one disease after another, so that we may become free of all these preventable diseases, free from small-pox, cholera, diarrhoea, dysentery and typhoid. These are all diseases which could be easily eliminated with proper treatment.

Then we will be left with the menace of tuberculosis and leprosy which are a long-term project and for which we need greater effort, greater centres and greater resources. I am glad that some provision has been given for these projects, but somehow or other we seem to think that only grand places or buildings are suitable

for tuberculosis control work. Here, in Delhi, in the Tuberculosis Hospital, we made sheds and we provided hundreds of beds to feed the patients, highly infectious patients, who could be isolated and treated, and that experiment was considered good, so much so that the World Health Organisation took pictures and plans of those things. They said that this is the best method for South-East Asia. Now, I hear that in that very hospital 200 beds of that type have been completed more than a year ago. But the beds have not been put in, and there are patients dying of tuberculosis all over. And yet there is space for 200 patients, and this space has been lying vacant and unused for two years or at any rate for more than one year. I hear there is a talk to the effect that this building is to be demolished and instead of that a new, pucca, beautiful, multi-storeyed building is to be put up.

13 hrs.

We do not have money; we do not have resources. We want to increase the capacity to cater for the needs of the people as early as possible. I remember earlier we had a similar type of situation and they said that they do not have enough beds, equipment, doctors and so on. But the chief of the hospital at that time was very good. I called him and had a talk with him. Immediately he started with a limited staff and gradually it took us some time to get the staff; but he made a start. Why not the same kind of thing be done again?

There is another thing I would like the hon. Minister to look into, namely, the inordinate delays in getting staff through the U.P.S.C. It becomes almost impossible to work the health services when there are inordinate delays. Inordinate delays also take place in getting the supplies from the Supplies Department that the Government has set up. They are trying to centralise; we do not mind centralisation, if they have efficiency with it. But what happens is this. The only result is that you pay I think 25 or

33 per cent. extra to buy drugs from the Government Drugs Depot, Karnal. Government gets it from Delhi and takes it to Karnal. We send the orders to Karnal and we have to wait for 6 or 8 or even 9 months sometimes. Then they say that this cannot be supplied, because they do not have it. Then you go and buy it in the market in Delhi paying 33 per cent. less than what you have to pay to the Depot. Why should there be this inefficiency and this type of red-tape? Something must be done. These are matters which are not being pointed out to the Government for the first time; they have been pointed out day in and day out.

I do not mean to suggest for one moment that the present Health Minister does not know about them. He knows about them, but his officers do not know. I am very glad that he is taking interest and I particularly want to pay him a compliment for the work that he has done in saving the Lady Hardinge College for the girls' and women's medical education in India. I hope he will continue that good work and see to it that the Principal and the staff of that college are also recruited from amongst women as early as possible. There are capable medical women in this country. It is not that under the British rule there were capable women in India and after independence those capable medical women have just disappeared. I think somebody is interested in keeping them out. I hope the hon. Minister will be able to look into the matter and take the necessary action.

Shri Nanjappa (Nilgiris): Mr. Speaker, various medical problems in the country have been dealt with by previous speakers. I may perhaps deal with some of the medical problems here. First of all, I wish to draw the attention of the Ministry to the varying courses of medical studies prevalent in the country. In the allopathic system, there is the diploma course and the degree course. Intelligent men, medical men, and medical

conferences have time and again drawn the attention of the Government to the fact that there should be one uniform minimum medical course in the medical colleges. In some places, they have already adopted one minimum course for medical colleges, but in others there are varying courses. While dealing with human beings, there cannot be two ways of people treating human life. So, in Madras, two decades ago, they have abolished the schools and they have only one course for medical studies. Besides this, there are indigenous medical studies, schools and colleges. I do not wish to criticise these indigenous medical schools and colleges, but what I want is that in those schools and colleges also, there must be a minimum course of studies. Otherwise, they will be half-baked quacks who will be dealing with human beings.

What the Government can do is they can have a definite policy. They must lay down that in the indigenous schools and colleges also, the minimum courses that are followed in the allopathic system must be there. There must be regular anatomy; there must be regular physiology; there must be regular pathology. All these must be there in the indigenous schools and colleges also. Even in medical colleges of the allopathic system, the indigenous systems—ayurveda and unani—can be there as special subjects. After a full course of basic medical studies, anybody can specialise in ayurveda or unani or in any of the indigenous systems of medicine.

Then, I wish to draw the attention of the Ministry to drugs, because there is so much of complaint about the purity and effectiveness of the drugs. But things are going on in the same old way, in spite of so much prevention by Act, laws, punishment and so on. What I would suggest is nationalisation of this drug production. The penicillin factory near Poona is progressive very well on account of the purity, effectiveness, etc. of the drug. So, the Government

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themselves can produce the necessary drugs in the country because there will be more need for purity and effectiveness of the drugs. Not only that. This is very profitable and Government will earn a lot of profit. Also, there will be no difficulty in foreign exchange problem and dependence on foreign countries.

The next thing to which I would draw attention of the House is public health and clinical laboratories. Government have got a programme to establish public health and clinical laboratories even at district levels. But they are not quick in doing these things at the district levels. The importance of these things is not realised. The public clamour is so much for hospitals, medical aids to rural parts and so on. But in these days when diagnosis is so well-mechanised these laboratories are very essential. From the point of view of public health also they are quite necessary. It is necessary in big towns where we have protected water supply. For instance, I know that in the town of Coimbatore every year in summer there are lots of cases of typhoid. We do not know how it happens. Since we do not have public health laboratories, we are not able to test the water that is supplied to the towns. There is break out of epidemics like dysentery, plague etc. in Coimbatore. But we cannot prevent them until we have public health laboratories where the blood smears of the rats can be tested. Then the epidemic can be checked even before it sets in. So, the establishment of public health laboratories is a very important thing.

Now, for food adulteration cases every city depends upon the Central public health laboratories hundreds of miles away. So, there is a lot of delay and the adulteration cases are not dealt with as they ought to be. From the point of view of public health also these laboratories are essential these days when people want to examine their sputum, blood

smears etc. So, in these days when the importance of stethoscope is waning, these laboratories are very essential, at least in the district headquarters.

I now come to adulteration. However rigorous the Act is, it cannot be enforced well now, because it takes a lot of time now to test the articles. I will not go into the details. The main commodities that are adulterated are milk, ghee, oil, coffee, tea and such articles. So, I would suggest that milk should be supplied through co-operative unions only. The private vendors can take milk to the Co-operative Unions. That milk can be checked by the public health authorities at the depots of the co-operative unions.

Then, now-a-days much attention is not given to the eating houses. There also, adulteration can be checked if proper supervision is carried on.

Next I come to medical aid to rural areas. Here also the blame is thrown on the doctors that they are not willing to go and settle down in rural areas. But they are paid only 80, 100 or 150 rupees per month. So, I do not think that even in the future any medical man will go and remain in the remoter villages, where he cannot make both ends meet. We can get over the difficulty by training health assistants, who can be posted in the rural areas. One medical man can supervise about half a dozen health assistants. The medical man can supervise them and visit those areas at least once a week in the afternoon and spend 2-3 hours there. For instance, in my own constituency I saw some of the maternity wards in the hospitals where there are only one nurse-midwife, another midwife and a craft instructor. All of them are ladies and they work very well. I enquired in the village also about their work. The villagers are quite satisfied. I have seen their programme of work, and it is also quite satisfactory. They have got a small lying-in ward where I found a woman who has given birth to twins some

eight days ago. Both the mother and the twins were quite healthy.

In this way, they can extend medical aid to the rural areas. Government have a very good programme for establishment of T.B. clinics in all district headquarters, which is very necessary. In these days of streptomycin and other special medicines for treatment of T.B. So also for venereology; after the advent of penicillin, a specialist dealing with venereal diseases is not necessary. Any medical practitioner can deal with T.B. and venereal diseases. So, at least in every district headquarters, T.B. clinics are essential so that patients can be thoroughly checked and treatment given to them. Then, health visitors can also constantly go and watch the progress of these clinics and distribute medicines to patients in their own houses.

Then I come to medical inspection of elementary schools, which is a much neglected subject. We all say that young men are the wealth of our nation and the future citizens of our country. But, with all that, their health is much neglected. It is not very difficult to attend to these children in the urban areas. Any medical man can give his service for two hours a week. I myself was doing that. But the difficulty is that though we make our reports, there is nobody to follow up those reports. So, Government must impress upon the local bodies, who are bound to run these elementary schools, that they must help the medical men in following up the reports that they have already given.

Then I come to the much-talked of family planning, which is a means for population control. People object, not to population control or family planning, but to the use of contraceptives. Of course, their objection is that it will lead to immorality and consequent excessive indulgence and loss of vitality. So, who knows; at a certain time one may have call a halt to these methods, because they may cause much havoc. Just as in the

case of prohibition, which we have introduced, so in the case of family planning and contraceptives also one may have to call a halt to these methods. Anyway, since we do not have any better method of population control, Government is pursuing this, and I also welcome that.

But the contraceptives have very bad effects, and that too on women only. So, what I would suggest is that in these days of sterilization, it is far better to have it on the male partner, rather than having it inflicted on the women, which causes so much harm to their birth track.

Lastly, I come to the question of rural water supply. In my own constituency I know so many places where people take for domestic purposes worse than sewage water. I have drawn the attention of the Collector also to this matter. He says: I have no fund; so I cannot help it though I do know what sort of water they drink. I have been trying to impress upon the Minister also this plight. But he says: it is not my fault; your State Government is not coming with the required money, what can I do?

Shri Sonavane (Sholapur—Reserved—Sch. Castes): What place is that?

Mr. Speaker: He wants to know the name of the village or city where the hon. Member found sullage water being used.

Shri Nanjappa: It is a place near Mettupalayam called Sirumugai. It is at the end of this side of Mettupalayam where you have got so many factories. The sullage and everything joins it and the sullage water of Ooty and Nilgiris comes down. That is water which at the very sight of it, even animals would not drink. But people take this raw water. Anybody can see it. These days, with the onset of summer, conditions would be worse, because there will be less of water in the river. I would request the Government to pay some attention to this matter.

सरकार ज० सि० सहयोग (जंजगीर) :
 अध्यक्ष महोदय, इस स्वास्थ्य मंत्रालय की
 ओर से जो मांग यहाँ रखी गई है उस के बारे
 में मैं अपने विचार प्रकट करना चाहता हूँ।
 नेशनल वाटर सप्लाई और सैनिटेशन स्कीम्स
 के लिये रूरल एरियाज के लिये केन्द्रीय
 सरकार ने ५० प्रतिशत देने की तजवीज
 रखी थी और वह मंजूर हुई थी। लेकिन
 यदि आप धरबन स्कीम्स को देखें तो उन
 के लिये उस ने १०० प्रतिशत कर्ज देने की
 तजवीज की है। मैं सदन के सामने
 रूरल स्कीम्स को रखना चाहता हूँ। प्रथम
 पंचवर्षीय योजना में आप देखिये तो
 १४३ रूरल वाटर सप्लाई और सैनिटेशन
 स्कीम्स के लिये १३.५० करोड़ रुपये
 मंजूर हुये थे, लेकिन उस में से जो रकम
 सचमुच मिली वह कुछ २ करोड़ ८०
 लाख और ६८ हजार ४० की थी। आप
 खुद सोचिये कि जो इन चीजों के लिये
 मुकदर रूपा है उस से कम क्यों दिया जाता
 है, खासकर रूरल स्कीम्स के लिये जहाँ कि
 वाटर सप्लाई की कोई अच्छी व्यवस्था नहीं
 है, स्वच्छता का कोई विशेष प्रबन्ध नहीं है।
 यदि वहाँ के लिये इस तरह से कमी की जायेगी
 तो हमारे देश में जो इतनी ज्यादा बीमारियाँ
 फैल रही हैं और बढ़ रही हैं उन में कौसे
 कमी हो सकती है? यदि आप द्वितीय
 पंचवर्षीय योजना को देखें तो मालूम होगा
 कि स्टेट प्लैन्स में रूरल एरियाज के लिये
 २८ करोड़ रुपया मंजूर हुआ है। लेकिन
 यदि आप सन् १९५६-५७ को देखें तो मालूम
 होगा कि ब्रांड इम एंड के तौर पर कुल
 ८४.९४५ लाख ४० मंजूर हुआ था। इसी
 तरह से जो करेंट इधर चल रहा है, जब
 कि नया बजट रखा गया है उस में १५०
 लाख ४० मंजूर हुआ था लेकिन उस में
 से सिर्फ ७२.२५५ लाख ४० दिया गया।
 मेरी समझ में नहीं आता जब देना नहीं
 है तो १५० लाख ४० का प्राविजन क्यों किया
 गया। जितना देना हो उतने का ही

प्राविजन किया जाना चाहिये। यदि नहीं
 देना है तो उस का प्राविजन आप मत कीजिये,
 लेकिन इस तरह से रकमें दिखला कर हम
 को भकाबोह न कीजिये। मैं आप से
 यह प्रार्थना करना चाहूँगा।

13-23 hrs.

[Mr. Deputy-Speaker in the Chair]

अब मैं आप के सामने धरबन
 स्कीम्स के बारे में कुछ भर्ज करना चाहता हूँ।
 प्रथम पंचवर्षीय योजना में आप ने इस
 के सम्बन्ध में २५५ वाटर सप्लाई और
 ड्रेनेज स्कीम्स के लिये ४५ करोड़ से उपर
 रूपा रक्खा।

जब आपने ४५ करोड़ ४० लोन की व्यवस्था
 की तो दरमसल उस के लिये दिये कुल
 ८२६.४६५ लाख ४० ही। इस चीज को
 मैं समझ नहीं सकता यह चीज तो
 पहली पंचवर्षीय योजना की थी। प्रथम
 पंचवर्षीय योजना तो अब खत्म हुई।
 अब द्वितीय पंचवर्षीय योजना में हम २५८
 स्कीम्स रख रहे हैं जिस पर हम ५३ करोड़
 ४० के लगभग खर्च करना चाहते हैं।
 यह जो ५३ करोड़ ४० हम रख रहे हैं उस में
 से ३० करोड़ ४० तो सेन्ट्रल प्लैन्स के लिये
 दिये जायेंगे और २३ करोड़ ४० स्टेट
 प्लैन्स के लिये दे रहे हैं। सेक्रेट प्लैन्स के
 दौरान अगर हम सन् १९५६-५७ को ले
 लें तो ३६९.१४ लाख ४० स्टेट गवर्नमेंट्स
 के लिये मंजूर हुआ। मैं जानना चाहता
 हूँ कि इतना कम रुपया क्यों दिया गया
 जब कि आप हमेशा मुकदर रकम में कमी
 करते चले जा रहे हैं। फर्स्ट प्लैन्स जो भी
 उसमें भी आप में कमी की और सेक्रेट
 प्लैन्स के पहले साल १९५६-५७ में आप ने
 इतना कम रुपया दिया। करेंट फाइनेन्स
 इधर में जो बजट प्राविजन किया गया है
 वह ५.५ करोड़ ४० का है। लेकिन मैं
 उम्मीद नहीं करता कि यह सारा ५.५
 करोड़ ४० सरकार दे देगी। मैं तो कहूँगा

कि यदि आप को देना नहीं है तो इस तरह की चीजें लिखना ठीक नहीं है।

मैं आप के सामने आयुर्वेदिक, यूनानी और होमियोपैथिक सिस्टम्स के बारे में भी कहना चाहता हूँ जिन के लिये आपने द्वितीय पंच-वर्षीय योजना में १ करोड़ ६० के खर्च का तख्तीना लगाया है। इस के साथ ही आपने सिर्फ ५२१.६३ लाख ६० स्टेट प्लैन्स के लिये रक्खा है जब कि हमारे यहां आयुर्वेदिक, यूनानी और होमियोपैथिक सिस्टम्स को आगे बढ़ाना बहुत जरूरी है। इन की तरक्की के लिये आप ने २२१.४६ लाख ६० इश्तरमाक कर दिया है। आज कल के जो वर्तमान कालेजज हैं उन की तरक्की आप कैसे इस रुपये से कर सकते हैं। मैं सदन के सामने यह कहना चाहता हूँ कि आज हमारे यहां औषधालय हैं, खास कर जो प्राइवेट औषधालय हैं—पटना में वैद्यनाथ आयुर्वेदिक औषधालय है, जो कि विज्ञान के जरिये जांच करके दवा भी देता है — उन को मंत्री महोदय जा कर देखें कि वे किस तरह से साइंटिफिक तरीके से दवायें बना रहे हैं क्या ऐसे प्रसारों के लिये सरकार रुपया ज्यादा नहीं बढ़ा सकती है? इस कार्य के लिये जो रुपया यहां रक्खा गया है वह बहुत कम है। आप देखेंगे जैसी कि कहावत मुझे याद आ रही है, कि वह उसी तरह से है जैसे कि ऊंट के मुंह में अगर जीरा रक्खा जाय तो बेचारे ऊंट को मालूम नहीं होगा कि उसके मुंह में जीरा रक्खा गया। जो रुपया आप ने आयुर्वेदिक, यूनानी और होमियोपैथिक सिस्टम्स की तरक्की के लिये रक्खा है वह उसी तरह से है। आप की जो मीटिंग आयुर्वेदिक एक्स्पर्ट्स की फ़ैलिंग कमिशन के द्वारा २२ जून, १९५७ को बम्बई में बुलाई गई उस ने भी कहा :

It was recommended that a Central Council of Ayurvedic Research should be established. The views of the

State Governments have been invited in this matter.

प्लैनिंग कमिशन ने कमेटी बुलाई उस में आयुर्वेदिक एक्स्पर्ट्स के द्वारा जो प्रस्ताव पास होता है उस के बारे में स्टेट गवर्नमेंट्स को लिखा गया, लेकिन आज तक इन की तरफ और भी कोई कदम बढ़ाया गया या नहीं, मैं नहीं कह सकता।

आप यदि अब कमेटी की रिपोर्ट को देखें तो आप को मालूम होगा कि उस कमेटी ने जो कि सेंट्रल कौंसिल आफ हेल्थ के जरिये से बुलाई गई थी क्या कहा है जो उसने अपने खयालात पेश किये हैं उनको मैं आप के सामने रखना चाहता हूँ।

Dave Committee are of the opinion that under existing conditions it is not possible to lay down a uniform policy for all States and recommends to the State Governments to take such steps as they consider practicable and desirable for the development of Ayurveda and other Indigenous Systems of Medicine.

मैं पूछना चाहता हूँ कि इस चीज को चलाने के लिये आप की तरफ से यहां पर कौन सी कार्रवाई की गई जिस से मालूम हो कि आप उस को बढ़ावा दे रहे हैं। आप लिख तो रहे हैं कि आप की कौंसिल ने यह कहा, वह कहा, लेकिन आपने उस के लिये क्या किया? यदि यहां मैं आपके विरुद्ध कुछ कहूँ तो आप इसको बुरा नहीं मानेंगे, ऐसा मुझे ब्रामा है। बात दरअसल यह है कि कौंसिल में जो मेरे मित्र हैं और जो वहां काम कर रहे हैं हज उन लोगों को बड़े आदर की दृष्टि से देखते हैं, लेकिन कम से कम हिन्दुस्तानी दवाओं के मामले में, खासकर आयुर्वेदिक और यूनानी तथा होमियोपैथिक दवाओं के बारे में उन का जितना ध्यान जाना चाहिये, उतना शायद नहीं जा रहा है। मेरी यह व्यक्तिगत राय है। हो सकता है कि आप की राय

[सरकार ब० सि० सहायस]

मेरी राय से न मिले, लेकिन मैं यह कहने के लिये तैयार हूँ कि काँसिल ने इन ध्वाओं के बारे में कहा है :

The Council further recommends that the Union Government should actively encourage research in Ayurveda, Unani, and Homoeopathy and other Indigenous Systems.

एक ओर तो आप की काँसिल यह कहती है, लेकिन दूसरी ओर कहती है कि जो स्टेट गवर्नमेंट्स हैं उन को इन चीजों को प्रोत्साहन देना चाहिये । बात असल यह है कि रास्ता तो हमेशा बड़ा ही दिखलाता है, छोटा नहीं दिखलाता । स्टेट्स छोटी हैं आप बड़े हैं । आप की सरकार को चाहिये कि वह रास्ता दिखलाये । आप यदि रास्ता दिखलायेंगे तो मैं उम्मीद करता हूँ कि इस मामले में ज्यादा मदद मिल सकेगी ।

इसके बाद जो लेप्रासी अर्थात् कुष्ठ का रोग है उस की तरफ ध्यान दिलाना चाहता हूँ । आप को मालूम होगा और मैं समझता हूँ कि आप के पास इस वर्ष की रिपोर्ट होगी । मध्य प्रदेश के कुछ जिलों में, खास कर छत्तीसगढ़ के इलाके में, ऐसे स्थान हैं जहाँ कुष्ठ रोग इतना ज्यादा है, जिस का ठिकाना नहीं है । मैं अभी महोदय से प्रार्थना करूँगा कि वहाँ पर मिशनरीज जो काम कर रहे हैं इस रोग की रोकथाम के लिये वह प्रशंसनीय हैं । जरा समय निकाल वह वहाँ चले और देखें कि दरअसल वहाँ कितना काम हो रहा है । छत्तीसगढ़ के इलाके में खास तौर पर बिलासपुर जिले में जो काम मिशनरीज कर रहे हैं उस को देख कर निश्चय करें कि उन को वहाँ प्रोत्साहन देना चाहिए या नहीं दिया जम्मा चाहिये । यदि देना है तो कौन कौन सी बातों में आप उनको मदद दे सकते हैं । यदि

नहीं दे सकते। तो उनको बताना चाहिये कि नहीं दे सकते । मेरी सहसिल में यह कार्य थापा, बैतलपुर और मुंगेरी में हो रहा है ।

आपने प्रथम पंचवर्षीय योजना में चार उपचार केन्द्र बनाये हैं और योग्यता प्राप्त करने के लिये ५२ दूसरी अगले बनायी हैं । आपकी रिपोर्ट देखने से मालूम होता है कि आप ट्रीटमेंट एंड स्टडी के लिये जगह मुकदर कर रहे हैं और चार सबसिडियरी सेंटर्स कायम कर रहे हैं । वहाँ पर आबादी बहुत ज्यादा है और कुष्ठ रोग बहुत बढ़ रहा है । आप सन् १९५७-५८ में ३० सबसिडियरी सेंटर खोलने जा रहे हैं और उसके लिये आपने बीस लाख की रकम तजवीज की है और साथ ही आप ३० डाक्टरों को कुष्ठ रोग दूर करने के लिये रखना चाहते हैं । लेकिन हमसे काम नहीं बनेगा । जहाँ पर कुष्ठ रोग बहुत ज्यादा हो रहा है उस तरफ आपको ज्यादा ध्यान देना चाहिये ।

इसके अलावा मैं यह चाहूँगा कि आप कुष्ठरोगियों को उनके बच्चों से अलग रखने के लिये कोई स्थान मकदर कर दें ताकि उन बच्चों को कुष्ठ रोग से बचाया जा सके । इस में शक नहीं कि ऐसा करने से हमारी देश की आबादी तो बढ़ेगी लेकिन ये बच्चे इस भीषण रोग से बच जायेंगे ।

इसके साथ ही साथ अब मैं आपका ध्यान द्यूबरवर्धोसिस की तरफ दिलाना चाहता हूँ । मैं आप से कहूँगा कि क्षय रोग की बीमारी बड़े जोरों से बढ़ रही है । आपने जो सन् ४८ में बी० सी० जी० का प्रोग्राम शुरू किया वह बहुत अच्छी चीज है और सन् १९४९ में बर्लैंड इत्य आरगेनाइजेशन ने और दूसरी संस्थाओं ने आपको

इस काम में काफ़ी मदद दी। आपने सन् १९५७-५८ में इस काम के लिये १,८५,६०० खपया मंजूर किया है। जो कार्य आप दूसरी पंचवर्षीय योजना में करने जा रहे हैं उसमें जो दो तीन चीजें आप करने जा रहे हैं उनको बेसक कर सकते हैं। लेकिन मैं आपको बतलाना चाहता हूँ कि हमारे यहां पेंडा में मिशनरीज का भी इस विषय में कार्य हो रहा है। कार्य उत्तम तरीके से चल रहा है। वहां आप तसरीफ़ लाकर देखिये कि किस तरह से कार्य हो रहा है। मैं चाहता हूँ कि यदि काम ठीक तरह से नहीं चलता है तो आप उस काम को हाथ में ले लें और प्रान्तीय सरकार से कह दें कि यह चीज ठीक से नहीं चल रही है इसलिये हम इसको अपने हाथ में लेते हैं। यदि व्यवस्था ठीक नहीं है तो आप इसको अपने हाथ में जरूर ही ले लें तो ज्यादा अच्छा होगा। जो काम चल रहा है वह मिशनरियों के जरिये चल रहा है। आज कितने ही वर्षों से यह काम चल रहा है। आप के रेलवे इस लिये प्रांट देते हैं कि उनके कर्मचारी रोगी वहां जाकर रह सकें। मैं कहता हूँ कि क्षय रोग को रोकने के लिये आप जितना ज्यादा कर सकें करें।

इसके साथ साथ मैं आपका ध्यान उस योजना की ओर दिलाना चाहता हूँ जिसमें कि आपने मिडवाइक्स और आम्बुलरी नर्स मिड वाइक्स की ट्रेनिंग के लिये शुरू की थी और आपने पहली पंचवर्षीय योजना में ६ सेंटर मिडवाइक्स के लिये और ३६ सेंटर आम्बुलरी नर्स मिडवाइक्स के लिये बनाये थे।

बी कारगरकर : मैं एक चीज सही कर दूँ। यह नर्स मिडवाइक्स है नर्स वाइक्स नहीं है।

सरदार ज० सि० सहायन : मैं नर्स मिडवाइक्स कह रहा हूँ, नर्स वाइक्स नहीं

कह रहा हूँ। शायद आपको सुनने में गलती हुई है।

अभी तक इस काम के लिये ८४,२६६ लाख खपया स्टेट की सरकारों को देना पड़ा है। लेकिन रिपोर्ट से यह नहीं मालूम होता कि स्टेट सरकारों ने इसको कैसे खर्च किया है या नहीं और अगर खर्च किया है तो कितना खर्च किया है।

मैं आपसे कहना चाहता हूँ कि मेरे जिले में जैकमैन मेमोरियल अस्पताल है जहां ४० या ५० से ज्यादा लड़कियां नर्स की शिक्षा प्राप्त कर रही हैं। वहां पर उनको सुचारूप से शिक्षा दी जा रही है। वहां पर हमारे मिशनरी बहनें शिक्षा दे रही हैं पर इसमें कोई हर्ज नहीं है। मैं चाहता हूँ कि आप इस अस्पताल को जा कर देखें। अगर आप उसकी वृद्धि के लिये कुछ सहायता दे सकेंगे तो बहुत अच्छा काम हो सकेगा। हमारे यहां की इन लड़कियों को ट्रेन्ड होने के बाद बराबर जगहें नहीं दी जातीं। यह वहां की शिकायत है। मैं समझता हूँ कि सरकार के पास भी इस प्रकार की शिकायतें आयी होंगी। हमारे तो सुनने में आती हैं। अगर कोई इस तरह का केस हमारे सामने आयेगा तो हम उसको पेश करेंगे।

मैं आपका ध्यान एक चीज की तरफ और दिलाना चाहता हूँ। हमारे यहां मध्य प्रदेश में माननीय मुख्य मंत्री महोदय ने गांवों में कुछ अच्छा खाने स्थापित करवाये हैं जहां जाकर औरतें अच्छा खान सकती हैं। वहां पर दाइयां काम करती हैं और उन स्थानों को साफ़ सुधरा रखा जाता है। मकान कच्चे ही हैं मगर हवादार तथा स्वच्छ हैं। इस योजना में ज्यादा पैसा खर्च नहीं हो रहा है। मैं समझता हूँ कि यह एक विचारणीय चीज है। इस पर आपको भी विचार करना चाहिये। अगर इस स्कीम को बड़े बड़े गांवों में फैलाया

[सरकार प्र० सि० सहायक]

जाये तो मैं समझता हूँ कि इससे बहुत काम हो सकेगा तथा पैसा कम खर्च होगा।

आखिर मैं मैं यह कहना चाहता हूँ कि जो हमारे भाई दवा बेचने वाले हैं उनको भी आदेश दिया जाये कि वे सतर्कता से काम लें। उन को कामर्स और इंडस्ट्री मिनिस्ट्री साहसेंस देती है। हमारे पास रिपोर्ट है उससे मालूम होता है कि पटना में एक बड़े भ्रष्टाचार के पेट में दर्द था। उनके एक्सरे के वक्त जो बेरीयम फूड दवा देनी चाहिये उसकी जगह बेरियम कारबोनेट दे दिया गया जिससे उनकी मौत हो गई। हमारे यहाँ सन् १९५८ में यह कोई भ्रष्टाचार चीज नहीं है। इससे हमारी सरकार का नाम नहीं बढ़ेगा। इसमें हमारी बदनामी होगी। इस प्रकार की चीजों के खिलाफ सरकार को कड़ाई से काम लेना चाहिये।

मुझे यह भी मालूम हुआ है कि आपके हरबिन अस्पताल में किसी स्त्री की चार फाड़ हुई और चौरफाड़ के बाद खून दवाने वाला यंत्र उसके पेट में रह गया। जब उसको जलाया गया तब वह उसके पेट में से निकला और उसके घर वालों ने इस प्रकार का वक्तव्य दिया। अब इस तरह की चीजें हमारे हरबिन अस्पताल जैसे अस्पतालों में हों तो यह बड़ी बुरी चीज है। इस मामले में आप कड़ाई से स्टैप्स लें।

अन्त में मैं आपका ध्यान इंडियन मैडिकल काउंसिल ऐक्ट १९५६ की ओर दिलाना चाहता हूँ। आपने सन् १९३३ के ऐक्ट में तरमीम की। यह बहुत भ्रष्टाचार चीज थी। मैं भी इस सदन के सामने इंडियन मैडिकल काउंसिल ऐक्ट की तरमीम के लिये एक बिल लाया था। लेकिन आपके भूतपूर्व मंत्री ने उसे कुछ कारणों से स्वीकार नहीं किया। लेकिन आप देखें कि जो साइंसेसियेंट्स हैं उनको जो जगह आपकी

काउंसिल में भिलनी चाहिये उतनी वह नहीं दी गई। आखिर आपने ऐक्ट पास किया, लेकिन उस के बारे में कहा गया "Steps are being taken to enforce the Act as early as possible." मेरी समझ में यह बात नहीं आ रही है कि ऐसी कौन सी दिक्कतें हैं, जिन के कारण आपने अभी तक इस ऐक्ट को एन्फोर्स नहीं किया है। इन सारी बातों को देखते हुये मेरी आप से यह प्रार्थना है कि इस ऐक्ट को जितनी जल्दी हो सके, एन्फोर्स किया जाय।

आप ने सरकारी कर्मचारियों के लिये काट्टीध्यूटरी हैल्थ सर्विस स्कीम जारी की हुई है, लेकिन क्या आप ने अभी इस सदन के ५०० सदस्यों और दूसरे राज्य सभा सदन के लगभग २५० सदस्यों के लिये ऐसी कोई स्कीम बनाने की कृपा की। उन के लिये भी आपको ऐसी स्कीम बनानी चाहिये। हमारे जो बन्धु सरकारी दफ्तरों में काम करते हैं, उन के लिये यह स्कीम बना कर आप ने बत प्र० काम किया है। उन लोगों के लिये यह सब से भ्रष्टाचार चीज है और मैं इस की सराहना करता हूँ।

इन शब्दों के साथ मैं इन डिमांड्स की तारीफ करता हूँ। यदि कोई अन्य बात रह गई होगी तो मुझे आशा है कि मेरे दूसरे आई उस पर ज्यादा प्रकाश डालेंगे।

पंडित ठाकुर दास भार्गव (हिसार):
जनाब डिप्टी स्पीकर साहब, मैं ने बड़े शौर के साथ हैल्थ मिनिस्ट्री की १९५७-५८ की रिपोर्ट को पढ़ा है और मुझे यह कहने में जरा भी ताम्मुल नहीं है कि जितनी हम उम्मीद रखते थे, सभी तरफ बड़ी तरक्की हुई है और जो तरक्की के मुकदलिक काम किए गए हैं, वे सब इस रिपोर्ट से साफ तौर से जाहिर हैं। इस

रिपोर्ट के किसी भी सफ़र को हम देखें, तो हम को नज़र आता है कि क़लां काम के लिए इतना ख़या संक़शन किया गया, इतना ख़या खर्च किया गया, ब़ौरह। लेकिन भाईन्दा के लिए मैं मिनिस्टर साहब से दरख़वास्त करूंगा और दरख़स्त में सभी मिनिस्ट्रीज़ से दरख़वास्त करता हूँ—कि यह बताने के भलावा कि किसी काम के लिए इतना ख़या संक़शन किया गया वह यह भी मेहरबानी फ़रमा कर दें कि साल भर में उस मामले में क्या एक्चिव किया गया। पचास, साठ, बत्ति संक़ड़ों चीज़ों पर हमारी हैल्थ मिनिस्ट्री का कंट्रोल है और इस रिपोर्ट को पढ़ कर मेरे जैसा एक लेमैन यही नतीजा निकाल सकता है कि भाल-राउंड डेवेलपमेंट—हर तरफ़ तरक्की हुई है और यही हम भानरेबल मिनिस्टर साहब से उम्मेद करते थे। लेकिन हम यह भी जानते हैं कि रिपोर्ट कितनी बनावटी होती हैं। उन में संक़शन के भलावा कुछ दर्ज नहीं होता है। उस का क्या नतीजा निकला, कितनी एक्चिवमेंट हुई, इस का उन में जिक्र नहीं होता है। बेहतर होगा अगर भाईन्दा ऐसी रिपोर्ट हमारे सामने रखी जायेगी, जिस से कि एक लेमैन जान सके कि इतनी तरक्की हो चुकी है और इतनी बाकी है।

मुझे याद है कि १९४८ में जेनरल डिस्कशन के मौके पर मैंने यह भर्ज किया था कि जब तक हिन्दुस्तान में पापुलेशन का कंट्रोल नहीं होगा, तब तक हम अपने मक़सद में कभी कामयाब नहीं हो सकेंगे। पहले पांच साल तो इस बात के लिए गुज़रे कि लोगों को इस सिलसिले में एज़ुकेट किया जाय, एक कुरा-हुवाई बनाया जाय, जिस से वे बर्थ-कंट्रोल में यकीन कर सकें और उस पर धमक कर सकें। इस के भायन सही ठौर पर वे हैं कि वे पांच बरस धम्बल से आखिर तक आया

कर दिए गए और कोई काम नहीं किया गया। लेकिन उस के लिए हमारे भानरेबल मिनिस्टर साहब जिम्मेदार नहीं हैं—जिम्मेदारी किसी पर भी नहीं है, क्योंकि शायद यह ज़रूरी हो कि पहले जब तक यहां पर अच्छी तरह से एज़ुकेशन न दी जाय, तब तक लोग इस को नहीं मानेंगे। लेकिन वह बात आज कहना ना मुमकिन है। आज हर एक शहर वाला और हर एक गांव वाला इस बात से बखूबी वाकिफ़ है और चाहता है कि पापुलेशन कंट्रोल हो। किसी किस्म की इन्टेलैक्चुअल आबस्टैकल रास्ते में नहीं है।

इस रिपोर्ट से पता चलता है कि इन दो डायै सालों में इस सिलसिले में एक न्युक्लिक्स बनाना शुरू किया गया है। मैं यह जानना चाहता हूँ कि इस पांच करोड़ ख़पये में से कितना ख़ या एक्चुअली खर्च हुआ। मुझे इस रिपोर्ट को पढ़ने से यह पता नहीं चला कि इन डायै सालों में कितना ख़या खर्च हुआ।

इसके भलावा मैं यह भी जानना चाहता हूँ कि इस धरते में कितने आपरेशन मेल्ल के उपर किये गए और लेडीज़ के स्टेर-लाइजेशन के कितने आपरेशन किए गए। मुझे मालूम है कि दूसरे मुल्कों में मेल पर एक बड़ा मामूली सा आपरेशन किया जाता है, पांच मिनट में वह अपने पांकों पर अपने घर वापस चला जाता है और उसको कोई तकलीफ़ नहीं होती है। मैं समझता हूँ कि आज शहरों और गांवों के लाखों आदमी मुल्तजी होंगे कि उन पर यह आपरेशन किया जाय। इस लिए मैं चाहता हूँ कि भाईन्दा जब इस मामले का जिक्र किया जाय, तो यह भी बतलाया जाय कि कितने आदमियों पर आपरेशन हुआ और क्या कामयाबी हासिल हुई। इस रिपोर्ट में एक्चिवमेंट आडिट भी दिया जाना चाहिए, जो कि इस बक़्त नहीं दिया

[वंशिन ठाकुर दास भार्गव]

गया है। तब ही लोग आप के काम के बारे में कोई नतीजा निकाल सकेंगे।

मैं यह प्रार्थना करता हूँ कि इस मामले को एक इन्स्टीट्यूशनल स्तर के तौर पर हल नहीं किया जा सकता है। यह तो मात्र एक वरनिंग स्वेल्थन थाक बि से है। हमारी सारी प्राइव्जन, हमारा एग्जीक्यूटिव डिपार्टमेंट इस के उपर इन्फ्लुएंस रखता है। अगर हम अपनी पैदावार को दुगना कर लें और यहां पर दुगने ही बच्चे पैदा हो जायें, तो फिर हम बाहे कितनी ही इम्प्लूमेंट कर लें, हम को कोई फायदा नहीं पहुंच सकता है। इस लिए यह निहायत जरूरी है कि यह महकमा ज्यादा जोर से काम करे। फाइव ईयर प्लान के लिए इस सिलसिले में जितनी रकम रखी गई थी, अब तक उस में से आधी खर्च हो जानी चाहिये थी, क्योंकि डार्ड साल हो गए हैं। भगली दफ्तर जब यह रिपोर्ट आयेगी, तो उस में हम यह देखना चाहेंगे कि कितना रुपया खर्च हुआ है और कितना क्या नातायज निकले। इस बक्त तक जो तरकीबें हुई हैं, उस को मैं नाकाफी समझता हूँ—बहु तो ड्राप इन बि बीजान की तरह है। लेकिन जो कुछ हुआ है, उस के लिए मैं धानरेबल मिनिस्टर साहब को मुबारकबाद देता हूँ। उन के लिए यह काम शुरू हुआ है और वह एक तरह से स्पेडवर्क कर रहे हैं—इस से पहले यह काम शुरू नहीं हुआ था।

इन्ड्रोडक्शन के सत्रह पर जब मैं ने इस मिनिस्ट्री की कमिटीमेंट्स पढ़ी, तो मेरा दिल काम्पने लगा। कोड़े से हास्पिटल और दूसरे कामों के लिए सेंट्रल गवर्नमेंट की एक्सीक्यूटिव रेसर्वांसिबिलिटी है और सारा थार स्टेट्स के ऊपर डाल दिया गया है। इस का नतीजा यह होता है कि अगर किसी स्टेट असेम्बली का मैम्बर

समझा करे, तो वहां पर उस को यह जबाब दिया जाता है कि हम क्या करें, हमारे ऊपर के देवताओं का हुक्म नहीं है, हम कुछ नहीं कर सकते हैं, और अगर हम यहां पर कुछ प्रार्थ करें, तो हम को यह कहा जाता है कि जो कुछ होगा, वहां होगा। मैं निहायत भदब से यह प्रार्थ करना चाहता हूँ कि यह खेल बहुत दिन तक खेला जा चुका है, भाईन्दा यह खेल खेलने की इच्छाजत नहीं होगी। उस में आखिर में यह लिखा हुआ है और उस पर मैं रिलार्ड करता हूँ —

"While this is the constitutional allocation of responsibility, it does not follow that the Central Government do not have any responsibility in regard to Health except in relation to matters specified in the Union List. In general the Central Government's function in regard to matters in the State List, which are primarily the responsibility of States themselves, can be stated to be co-ordination, the collection and supply of information, supply of expert technical assistance and advice, and such other assistance as can be given for the promotion of the health and well-being of the country."

मैं पूछना चाहता हूँ कि इसमें जो आखिरी फ्रिका है

Shri Karmarkar: And for which moneys will be provided by this Parliament.

I should like to make this clear because this is an important point; otherwise, it will lead to many suggestions regarding what is there in the States. What the hon. Member said is quite true. But it only means such other assistance for which there is provision in the Budget, of course.

वंशिन ठाकुर दास भार्गव : मैं प्रार्थ करना चाहता हूँ कि धानरेबल मिनिस्टर का

यह कहना सही है कि जितना पालियामेंट रुपया देगी, उतना ही खर्च करेंगे, लेकिन पालियामेंट तब रुपया देगी, जब आप मांगेंगे या दिखालायेंगे। अगर आप मांगने की जुर्रत नहीं रखते हैं, तो क्या होगा ?

आपने दो काम और लिये हुये हैं। एक काम है लोकल सेल्फ गवर्नमेंट का, जो कि मुझे पता नहीं है कि हैलथ के साथ क्या बाइटल कनेक्शन रखता है और दूसरा काम है पानी की स्कीम। ये दो काम आपके जिम्मे हैं। पंचायत के बारे में मैं यह धर्ज करना चाहता हूँ कि इसमें पड़ कर मुझे ताज्जुब हुआ कि बस हजार रुपये किसी मिस्टर बर्फी वाले को माडल एक्ट बनाने के लिए दिए गए। किसी एक्ट के बनाने के लिए किसी शरस को रुपया दिया जाय, अब तक इस भवन में इस तरह की बात नहीं आई थी, लेकिन हम देखते हैं कि पंचायतस का माडल एक्ट बनाने के लिये दस हजार रुपये किसी साहब श्री बर्फीवाले को दिये गये। (Laughter)

श्री करमरकर : यह तो नाम है।

पंडित ठाकुर दास भार्गव : मीठी बरफी से मेरा मतलब नहीं है, उनका नाम ही मिस्टर बर्फीवाला है। क्या इस तरह के माडल एक्ट्स मिनिस्ट्री नहीं बना सकती है। क्या कारण है कि उनको इतना रुपया दिया गया। इसी तरह से अगर और एक्ट्स बनाने के लिये रुपया दिया जायेगा तो आप खुद ही खयाल कर सकते हैं कि इसका क्या ह्सार होगा। जो खर्च किया गया है, बाजिब नहीं है, यह मैं कहना चाहता हूँ।

अब मैं पीने के पानी के बारे में थोड़ा सा धर्ज करता हूँ। दिल्ली में पीने का अच्छा पानी देने के लिये जो कुछ आपने किया है और इस काज में आपने दिल्ली की पब्लिक की जो खिदमत की है, उससे सब बाकिफ है। इस दिशा में आपने लोगों की बहुत खिदमत की है। जब कभी भी पीने के पानी का सवाल उठता है, मैं आपकी

तबज्जह अपने जिले के १५-२० गांवों की तरफ दिलाता हूँ और अब भी मैं आपकी तबज्जह उस तरफ दिलाये बगैर नहीं रह सकता हूँ। मैं जानता हूँ कि यह स्टेट सब-जैक्ट है। लेकिन आपकी रिपोर्ट को पत्र कर मैं यह कहे बगैर नहीं रह सकता कि आपकी तबज्जह ब्लैक स्पॉट पर धानी चाहिये थी। आज आप करोड़ों रुपया भाखड़ा नंगल तथा दूसरी स्कीमों पर खर्च कर रहे हैं लेकिन इन १५-२० गांवों के लोगों को पीने का पानी नसीब नहीं होता है। ये लोग पीने के पानी के लिये तरसते रहते हैं। परमात्मा ने उनको जमीन के नीचे जो पानी दिया है वह खारा है। उस पानी को पीकर उनके जो डंगर हैं वे उफारा से पीड़ित हो जाते हैं और मर जाते हैं। आज भी वे इस पानी को पी कर मर जाते हैं। वे लोग पांच छः मील से पानी लाते हैं। हमारे जिले का ही शायद सारे हिन्दुस्तान में यह एक ऐसा खिता है जो कि इतना खराब है और पंजाब में तो वह सब से खराब खिता है ही। पंजाब गवर्नमेंट में मैंने इसके बारे में सिर तोड़ कोशिश की है लेकिन मुझे कामयाबी नहीं मिली है। मैं वहां पर मिनिस्ट्रज को भी मिला हूँ और दूसरे अफसरान को भी लेकिन किसी ने अभी तक कुछ नहीं किया है। इस हाउस में भी मैंने कई बार इस बीज का जिक्र किया है लेकिन यहां पर भी कुछ नहीं हुआ है। इस पर बहुत ज्यादा रुपया खर्च भी नहीं होगा, सिर्फ १५-२० लाख का ही खर्च होगा। आप इतना रुपया बड़ी आसानी से खर्च कर सकते हैं। मैं आपका तबज्जह इस तरफ इस वास्ते भी दिलाता हूँ क्योंकि आपके पास पानी भी है और रुपया भी और अगर आप चाहें तो आप इस काम को कर सकते हैं। मैं उम्मीद करता हूँ कि आप इस बारे में अवश्य कुछ न कुछ करेंगे।

अब मैं आपकी तबज्जह उस बीज की तरफ दिलाता चाहता हूँ जिसका जिक्र कि सरदार भ० सि० सहगल ने किया है और इसकी मैं थोड़ा सा डिटेल में बतलाना चाहता हूँ।

[पंडित ठाकुर दास भार्गव]

सन् १९४८ में एक रेजोल्यूशन होम्योपैथी के बारे में पेश हुआ था और वह मंजूर हुआ था। उसके बाद एक कमेटी बिठाई गई थी जिसको कि होम्योपैथी, आयुर्वेदिक सिस्टम, यूनानी सिस्टम इत्यादि की जांच पड़ताल करनी थी। यह कमेटी इस वास्ते बिठाई गई थी क्योंकि सभी सिस्टम को यह शिकायत रहती थी कि हमारे साथ ईसाफ नहीं होता है। आपकी जो प्रेडिसैसर थीं उनके बारे में लोग कहते थे कि वे बाकी सिस्टम्स को एप्रिशियेट नहीं करती हैं। उनका यह खयाल नहीं है कि इन सिस्टम्स में कुछ होगा। लेकिन यह खयाल गलत है या सच, इसमें जाये बगैर मैं यह कहना चाहता हूँ कि लंका में से जो भी निकला वही बावन गज का। मैं करमरकर साहब को दोष नहीं देता। यह बात उनके काब में नहीं है। मैं अर्ज करता हूँ कि सन् १९४८ में कैबिनेट ने एक पालिसी डिसिशन लिया था। पालिसी डिसिशन लेने के लिये उस वक्त पहली बार कैबिनेट की मीटिंग हुई थी। आज तक कैबिनेट की इसके बारे में दूसरी मीटिंग नहीं हुई और उसके बाद कोई भी कैबिनेट में इसके बारे में पालिसी डिसिशन नहीं लिया गया। उस वक्त यह डिसिशन लिया गया कि एलोपैथी, आयुर्वेद इत्यादि सब चलेंगी और इनके बारे में रिसर्च कराई जाय। आप इस पर चले फिर चाहें आप ग्राहिस्ता ग्राहिस्ता चले इसकी कुछ परवाह नहीं। लेकिन दस बरस बीत चुके हैं और कितना ही पानी पुलों के नीचे से गुजर चुका है, आपने कुछ भी नहीं किया है। मैं आपसे कहता हूँ कि आप लोगों को साफ साफ कह दो कि तुम्हारी उम्मीदें खत्म हो चुकी हैं और अब और कुछ नहीं किया जा सकता है और अगर आपको करना है तो आप सीरियसली करे। हर बार जब भी बजट पेश होता है, इस तरह की बातें कहना हमको शोभा नहीं देता है और न आपके लिये इस तरह की बातें सुनना ठीक है।

मैं मानता हूँ कि मिनिस्टर साहब भी कुछ नहीं कर सकते हैं। वह एक माउथ पीस हैं। उनको कैबिनेट जो हुक्म देगी, वही वह करेंगे। लेकिन जनाबाला, अगर मैं सारी हिस्ट्री को बयान करूँ तो बहुत वक्त लग जायेगा। यह बात साफ है कि एक चौपड़ा कमेटी बैठी थी। उसके बाद जब मिनिस्टर साहब से पूछा गया तो उन्होंने कहा कि तुम्हारे वास्ते एक कालेज बनेगा, तुम्हारे वास्ते अलग से रुपया रखा जायेगा और तुम्हें बराबरी के हक्क दिये जायेंगे। ३७ लाख रुपया पहले प्लान में रखा गया था जिसमें से दस लाख रुपया होम्योपैथी के लिये था। मैं पूछना चाहता हूँ कि क्या इस दस लाख रुपये में से दस पैसे भी होम्योपैथी के लिये पहले प्लान में आपने खर्च किये हैं? दस लाख रुपये की बात तो आप जाने दें, मैं पूछता हूँ कि क्या दस पैसे भी खर्च किये गये हैं। दूसरे प्लान में एक करोड़ रुपया रखा गया है। इस को देख कर तो लोग कहेंगे कि कैसी खूबसूरत गवर्नमेंट है हमारी जिसने इतना रुपया खर्च दिया है। इसके अलावा ५२३ लाख रुपया या यों कहिये कि करीब पांच करोड़ रुपया स्टेट गवर्नमेंट ने रखा है। रुपया रखने में तो हमारी गवर्नमेंट बड़ी तेज है। मैं पूछता हूँ कि आपने अब तक कितना रुपया खर्च किया है इस रुपये में से? राजकुमारी जी ने इस सदन में ग्राह्वासन दिया था कि कलकत्ता में एक होम्योपैथिक कालेज खुलेगा। यह कालेज खुला भी है। उस वक्त यह भी कहा गया था कि वे सेंट्रल इंस्टीट्यूट होंगी। अब जनाबाला वह कालेज तो मौजूद है लेकिन उसका ग्रस्पताल नदारद है। इसकी वजह यह है कि उसके बाद यह फैसला किया गया कि आधा रुपया स्टेट गवर्नमेंट दे। स्टेट गवर्नमेंट ने जवाब दिया कि आपने कभी हमसे पहले यह बात नहीं कही। अब न स्टेट गवर्नमेंट पैसा दे और न सेंट्रल गवर्नमेंट और वह कालेज न सेंट्रल गवर्नमेंट का रहा

धीर व ही स्टेट गवर्नमेंट का धीर जिशंकु की भांति बीच में ही सटक रहा है। पहले स्टेट्स इंस्टीट्यूट बनाना धीर फिर मुकर नामा कहाँ का इंसफ है ?

हमारी गवर्नमेंट ने एक दबे कमेट्री बिठाई थी। उस कमेट्री ने बड़ी मेहनत के साथ अपनी रिपोर्ट तैयार की और गवर्नमेंट के सामने पेश की। पिछली बार भी उस रिपोर्ट का जिक्र आया था। मैंने रिपोर्ट को पढ़ा है। सन् १९५२-५३ में पहले पहल सारे बच्चों और होम्सोपैथों को बुलाया गया था और फिर १९५६-५७ में उनको दावत दी गई। उनसे कहा गया कि तुम आया करो और अपनी बात बतलाया करो। उन लोगों ने एक मेमोरेण्डम पेश किया और उस मेमोरेण्डम में सात कंडिशन थीं। उनमें से पांच कंडिशन मंजूर कर ली गई। लेकिन कंडिशन को मुकर्रर करना, श्पया सेक्शन करना तो हमारी सरकार का बायें हाथ का खेल है और एकचुधली काम करना बहुत मुश्किल है। अब आप देखें कि क्या हुआ। आपको मालूम ही है कि इस सदन में आल इंडिया मेडिकल इंस्टीट्यूट के बारे में कितना झगड़ा हुआ था जिसमें यह सवाल पैदा हुआ था कि माडर्न सिस्टम आफ मेडिसन कौन सा हो। उस वक्त यह कहा गया था कि होम्योपैथी, आयुर्वेद, यूनानी इत्यादि को काफी बढ़ावा दिया जायेगा और उनको बड़ी दर्जा दिया जायेगा जो दूसरों को दिया गया है। लोगों को सुभाने के लिये आपने एक एडवाइजरी काउंसिल बना दी है। एडवाइजरी काउंसिलर आयुर्वेद के लिये मुकर्रर कर दिया गया है लेकिन होम्योपैथी के लिये आज तक नहीं बनाया गया है। एक आस्वासन दिया गया था कि डायरेक्टोरेट बनेगा क्योंकि बिना डायरेक्टोरेट के काम नहीं चलता है। मैं पूछना चाहता हूँ कि क्या आपने आज तक होम्योपैथी के लिये कोई डायरेक्टोरेट की स्थापना की है ? क्या आपने स्टेट्स के अन्दर

कुछ काम किया है ? क्या स्टेट्स ने भी अपनी तरफ से कुछ किया है ? क्या आपने किसी स्टेट्स इंस्टीट्यूट की स्थापना की है ? आप कुछ भी नहीं कर सकते हैं। मैं आपकी दिक्कत को समझता हूँ। आप करना भी चाहते हैं लेकिन कर नहीं सकते हैं। कैबिनेट की दूसरी मीटिंग अगर हाँ जाये तो आप आगे बढ़ सकते हैं। लेकिन यहां पर तो मुसीबत यह है कि आप साफ साफ बात को नहीं बतलाते हैं। मेरा उनके खिलाफ क्रिटिसिज्म यह है कि आप यह साफ साफ क्यों नहीं कहते कि मैं बेबस हूँ। बजाय इसके कि आप इस तरह से कहें जब आप बोलते हैं तो इस तरह से बोलते हैं कि हमको पूरा पूरा एतबार हो जाता है कि कहीं न कहीं जा कर बात तो टिकेगी। लेकिन यही निकलता है कि टायं टायं फिश।

सवाल यह पैदा होता है कि अगर आप करना चाहते हैं तो क्यों नहीं करते हैं ? आपने एक फैसला कर दिया है कि स्टेट्स की मर्जी है कुछ करें या न करें। आपने कह दिया है कि तुम जानो और स्टेट्स जानें। वे आयुर्वेद के लिये होम्योपैथी के लिये कुछ करें या न करें, उनकी मर्जी। हम क्या करेंगे इसके बारे में आपने कह दिया कि हम कुछ रिसर्च करायेंगे। यह आपका लेटेस्ट डिशियन है १९५८ का। यह आई-ओपनर है। इसका मतलब है कि जब तक श्री करमरकर साहब मेहरबानी करके कैबिनेट का दूसरा डिशियन न करायें उस वक्त तक उनको मेडिकल काउंसिल के इस फैसले पर चलना होगा और यह एक ऐसा फैसला है जो पुराने सब बावों पर पानी फेर देता है। कहाँ डायरेक्टोरेट यहां बनेगा और कहाँ पर कोई इंस्टीट्यूट बनेगी, कुछ पता नहीं। जामनगर में एक इंस्टीट्यूट खोली गई है। उसके वास्ते जो कुछ आपने किया है, उसके लिये हम सब आपके मशकूर हैं। लेकिन जो कुछ किया गया है वह काफी नहीं है। मैं अभी

[बंजित ठाकरदास भार्गव]

भाति जानता हूँ कि जो कुछ गवर्नमेंट ने किया है। क्या आपको चीन की मिसाल का पता नहीं है जहाँ पर कि ट्रेडिशनल सिस्टम को से कर नये सिरे से दोनों को सिंघेसिस होल में मिला कर एक नई रंगत दी गई है ?

14 hrs.

आज हर एक किसी से, प्राविन्सेज में जा कर पूछिये कि लोग क्या चाहते हैं। यह जो आपका ऐलोपैथिक सिस्टम है, जिसको आप भ्रमनाते हैं, उसके लिये आप क्यों नहीं कहते कि स्टेट जो मर्जी आये करे। इसके वास्ते आपका धंक्रुश है इसके वास्ते यह कह कर देखिये कि स्टेट जो चाहे करे तो पता लगेगा कि क्या नतीजा निकलता है। आज यह सिस्टम बहुत महंगा है। इसके अन्दर कोई मरीज जाये तो कहेंगे कि पहले पेशाब दिखाओ, पखाना दिखाओ, थक दिखाओ, लंग दिखाओ। इतना खपया उसका लग जाता है पेशतर इसके कि उसका इलाज शुरू हो। दूसरे सेस्टम्स हमारी तबियती के मुताबिक हैं। हर एक घर के अन्दर ट्रेडिशनल दवायें मौजूद हैं, उनसे फायदा उठाया जा सकता है। लेकिन कुछ नहीं हो रहा है आयुर्वेद पर जो कि पूरी साईंस है। होम्योपैथी सिर्फ यहाँ की नहीं है, अमरीका में जाकर देखिये कि उसमें कितने नये से नये इन्वेंशन होते हैं। उसमें मर्ज को मालूम करने के जो तरीके हैं वह दूसरे इवेंट किये गये हैं। यह एक लिबिंग साईंस है। अगर आज आयुर्वेद और यूनानी लिबिंग साईंस नहीं हैं, जबर्दस्त साईंस नहीं हैं तो इससे बड़ा कलंक आपके ऊपर नहीं आ सकता कि पिछले दस सालों में हमारी पुरानी चीजों का आपने रिवाइज करने की कोशिश नहीं की। आप कम से कम जी जान से उन नये तरीकों को चलाते जो कि हमारे यहाँ के सिस्टम में हैं, साईंस में हैं। आप को उनके खिलाफ प्रेजुडिस नहीं होनी चाहिये। लेकिन आप कुछ नहीं कर सकते हैं, जब तक कैबिनेट का डिसिशन न हो। आपकी आस इंडिया मेडिकल इंस्टीट्यूट बन रही है आप बार

करोड़ खपया खर्च करने जा रहे हैं। इस पर आप १ करोड़ ३६ लाख २० खर्च कर चुके हैं। दरअसल जब आपने पिछली दफा गवर्नमेंट सर्वेड्स के लिये स्कीम रखी थी उसी वक्त मैंने आपकी खिदमत में खर्च किया था जो लोग वैद्य और होम्योपैथ से ही इलाज कराना चाहें। उनके लिये आप इन्तजाम करें। लेकिन आप सेंटर में तो हुवा नहीं लगने देते। आपने बड़ा लुबसूरत जवाब दिया। अच्छे वैद्य आपके पास नहीं, अच्छे होमियोपैथ नहीं। जो लोग होमियोपैथिक तरीके से इलाज करवाना चाहते हैं इसका कोई इन्तजाम आपके पास नहीं है। लेकिन यह सब आपके धक्यार में है, आप जो चाहें कर सकते हैं, सब आपके धक्यार में है। आप सारी प्राविसेज के सामने मिसाल कायम कर सकते हैं और प्राविसेज आपसे सबक लेंगी।

यद पद चरति श्रेष्ठः

तद तदेव इतरो जनः

स यत प्रमाणं कुरुते

सोकस्तदनुवर्तते।

अब यहाँ पर तो ऐलोपैथिक ही ऐलोपैथिक ही भरी हुई है। आप उसके दिलवाबा हैं, जहाँ चाहते हैं ऐलोपैथिक को चलाते हैं। आखिर स्टेट बेचारी क्या करेगी? आपने स्टेट और सेंटर के अन्दर इतना बार्डफॉर्सेशन क्यों किया, इसका मुझे पता नहीं, लेकिन आपने सब्त गलती की है और इससे बड़ा नुकसान होगा। एक चीज जाहिर है कि कोई कुछ भी कहना चाहे, यह कह कर आप आसानी से इबेड कर सकते हैं, यहाँ जाओ, वहाँ जाओ, वह पेन्डुलम की तरह फिरता रहे। मैं भर्ष करना चाहता हूँ कि आपने जो यह खपया रखा है ५ करोड़ २३ लाख उसमें आपने लिखा है कि २२१ लाख खपया आप इन नये कालेज के बनाने व पुरानों की मरम्मत के लिये देंगे। मैं पूछना चाहता हूँ कि आप ने सेंटर में कितने होमियोपैथिक कालेज

और स्कूल खोले इन पिछले सात या आठ वर्षों में। कितने प्रायुर्वेदिक स्कूल शुरू किये हैं जिसमें कि आपका डायरेक्ट प्रभुत्व है। स्टेट्स के अन्दर अगर आप आज डाइरेक्टिव भेज दें तो तीन दिन के अन्दर सब कुछ हो जाय। सारे देश में ३६ करोड़ आदमी हैं, उनकी मेडिकल रिलीफ गैर-मुमकिन है। अगर आप ऐलोपैथिक सिस्टम को यहां चलायेंगे तो कोई भी आज का डाक्टर देहात में जाने को तैयार नहीं है। इसका एक ही इलाज यह है कि जो सस्ते सिस्टम हैं इलाज करने के उनको तरक्की दें। यहां का एक सिस्टम बने। आपने जो कालेज बनाये, वह आपकी पालिसी कितनी गलत थी। उसके ऊपर सन् १९५६ में प्रोटेस्ट किया गया। सन् १९५६ में एक मेमोरेंडम गवर्नमेंट के पास भेजा दूसरे सिस्टम वालों ने जिसकी एक कापी मेरे पास है। उसमें कहा गया कि आप अपनी पालिसी बेंच करें। लेकिन आप तो जितनी चीजें बनाते हैं उसमें ऐलोपैथिक को ही स्प्रेडरहेंड के तौर पर बिठला दिया जाता है। उन्हीं को सारे अधिकार होते हैं। आज करीबुलम बनायें तो ऐलोपैथस कोई भी चीज करें होमियोपैथी के लिये तो वह भी ऐलोपैथस करें। लड़कों से हां या ना कराना उनके हाथ में है। बम्बई में क्या हुआ जिस समय वहां श्री मोरारजी देसाई थे? उन्होंने प्योर प्रायुर्वेदिक की तालीम वहां शुरू की। और वह वहां पर सब जगह शुरू हुई। मैं अर्ज करना चाहता हूं कि दरअसल मामला यह है कि आपने जो पांच या सात बातें कबूल की हैं आप उन्हीं को रंग दीजिये, उसको कार्य रूप में तब्दील कीजिये, अगर आप बिजिनेस मीन करते हैं। अगर बिजिनेस मीन नहीं करते तो इस झगड़े को खत्म कीजिये, लेकिन आप कैबिनेट की मीटिंग के बिना कुछ नहीं करेंगे। मैं तो कहता हूं कि इसको मंजूर कराइये, हमारा पीछा छोटे और आपका पीछा छोटे। कैबिनेट जिसको चाहे जबाब देगी। मैं पूछता हूं कि क्या आप एक कैबिनेट की मीटिंग नहीं बुला सकते? एक बार उसको बुला कर आखिरी फैसला

कीजिये जिसमें हाउस का टाइट बरबाद न हो। आपको इस मामले में जड़ पर पहुंचना चाहिये, सिर्फ ऊपर की चीज पर ही नहीं रहना चाहिये। आप जो रुपया अपना खर्च कर रहे हैं अगर आप निलते कि हमने इतने वर्षों में इतने कालेजें खोले, इतने रिसर्च इंस्टीट्यूट्स खोले, तो यह समय में आ सकता था। लेकिन आप दूसरे तरीके से कहते हैं। आपने कह दिया कि इतना रुपया स्टेट को दे दिया है। आपने उनको सिर्फ २ लाख ६३ हजार ४० दिया है, इससे क्या होता है? आपने ऐसाइनमेंट तो किया हुआ है, लेकिन रुपया उनको नहीं मिला है। जो रुपया मिला हुआ है वह सिर्फ कागज पर मिला है। आप जो कुछ होमियोपैथी पर खर्च करना चाहते हैं वह पूरा नहीं होता क्योंकि आप तो ऐलोपैथस से घिरे हुए हैं। आपकी सारी मेडिकल कौंसिल, आपके मेकेटरीज के चारों तरफ माहौल इस तरह का बना हुआ है कि आप उसके बंगुल से निकल नहीं सकते हैं, सिर्फ करमरकर साहब तो निकल सकते हैं बशर्ते कोई उनके वास्ते रास्ता खोल दे। इधर से कैबिनेट ने उनका रास्ता बन्द किया हुआ है और उधर से वे निकल नहीं सकते। हम आप पर यकीन भी रखते हैं और आपकी मुसोबत को जानते हैं। इसलिये आपके काम की सराहना भी करते हैं और गिर पटक कर और शिकायत भी ये कर आते हैं कि कुछ कीजिये। मैं आपसे बहुत जोर के साथ अपील करूंगा कि इस झगड़े की तरफ मेहरबानी करके तबज्जह देकर हल कीजिये। इसकी टेम्पारिंग से या दूसरे तरीके से या बहुत मीठी मीठी बातों को बता देने से यह हल नहीं होगा। हम सैं जो क्षामियां हैं उनको हमें कबूल करना चाहिये और आपकी भी इसके लिये डाइरेक्ट हल निकालना चाहिये, सुपरफिशल हल से यह असला तय नहीं होगा।

श्री राजबी बर्मा (देवरिया) : माननीय उपाध्यक्ष महोदय, मेरे पूर्व बहुत सुशीला नायर ने हाउस का ध्यान इस तरह आकर्षित

[श्री रामजी बर्मा]

किया कि सरकार का ध्यान जहाँ लोहा और सीमेंट बनाने की तरफ ज्यादा है वहाँ लोगों के स्वास्थ्य की ओर कम। हमारा राष्ट्र भ्राज संभार में शायद चीन के बाद पापुलेशन की दृष्टि से पहला राष्ट्र होगा जिसकी जनसंख्या ३६ करोड़ के लगभग है। यह सोचना चाहिये कि अगर ३६ करोड़ लोग स्वस्थ हों तो यह मुल्क कितनी जल्दी और कहाँ तरक्की करके पहुँच सकता है। इसको भ्राज हम कह नहीं सकते। किन्तु क्या यह मुल्क स्वस्थ है? यहाँ के लोग स्वस्थ हैं? भ्राज मुझे इससे कोई भ्रगड़ा नहीं कि कैबिनेट रैंक का मिनिस्टर है या दूसरे रैंक का क्योंकि यह सत्य है कि भारत सरकार का ध्यान भारत की जनता के स्वास्थ्य की तरफ नहीं है। सरकार तो उसकी उपेक्षा करती है और इसीलिये चाहे किसी रैंक का मिनिस्टर हो, इस विभाग का खर्च कम है, उसका बजट कम है और उसकी तरफ हर तरह से उपेक्षा है। जब सरकार की यह उपेक्षा नीति है तो उसका असर मुल्क पर भी पड़ता है। अगर सहलग साहब यह पेश करते हैं कि दिल्ली में कोई डाक्टर किसी बहाने का अपरेशन करता है, बाद में उसके पेट में लून रोकने का औजार छोड़ देता है तो यह उपेक्षा नहीं है तो और क्या है? जब सरकार भारत की जनता के स्वास्थ्य की उपेक्षा करता है तो डाक्टर भी उपेक्षा करते हैं, यह हालत है इस मुल्क की फिर उसकी रक्षा कैसे हो?

श्री करमचकर : मैं माननीय सदस्य के भाषण में रुकावट नहीं डालना चाहता फिर भी प्रश्न से कहना चाहता हूँ कि कोई औजार निकला या नहीं वह चीज भ्राज पुलिस इन्वेस्टिगेशन में है। हम भी बहुत एंग्गस हैं कि अगर किसी ने मलती की है तो उसके लिये ऐक्शन लिया जाये। लेकिन जो चीज भ्राजकल इन्वेस्टिगेशन में है उसके बारे में सदन में कोई चीज नहीं धानी

चाहिये। एक माननीय सदस्य ने इसका जिक्र किया था इसलिये मैंने कहा। मुझे खूबी है कि माननीय मंत्री जी का ध्यान उस तरफ है।

उपाध्यक्ष महोदय : जब उस मामले में तहकीकात हो रही है तो उसमें कुछ कहने की जरूरत नहीं है।

श्री रामजी बर्मा : इस मुल्क में हर साल मलेरिया से ६ करोड़ लोग बीमार पड़ते हैं। यहाँ पर मलेरिया, फाइलेरिया चेचक, टी० बी० इतनी फैल रही हैं कि अगर घाप डाक्टरों से राय लें और एक एक आदमी को एंजाइन करवायें तो शायद कोई ही आदमी स्वस्थ निकले। तो जहाँ मुल्क का मुल्क बीमार हो वहाँ भी स्वास्थ्य विभाग और केन्द्रीय सरकार उपेक्षा करे।

उपाध्यक्ष महोदय : अगर सारा मुल्क ही बीमार है तो इलाज कौन करेगा।

श्री रामजी बर्मा : यह जिम्मेदारी जिस मिनिस्टर का भी दी जायेगी उसके लिये यह बहुत भारी जिम्मेदारी होगी, चाहे वह कैबिनेट रैंक का हो या न हो। लेकिन उस मिनिस्टर को इस रैंक की परवाह न करते हुये काम करना चाहिये क्योंकि सारे भारत को स्वस्थ बनाने की उसकी जिम्मेदारी है। मिनिस्टर साहब ने इस भार को लिया है। मैं उनको धन्यवाद देता हूँ और मेरी उनसे प्रार्थना है कि वे इस भार को खूबी के साथ संभालें। इस विषय में उनको किसी के विरोध का सामना नहीं करना होगा क्योंकि कौन ऐसा है जो कि यह चाहे कि भारत का हर नागरिक स्वस्थ न बने।

अपने मलेरिया के लिये बहुत कुछ किया है लेकिन मैं उस क्षेत्र से भाता हूँ जहाँ

बाढ़ आती है। बाढ़ जाने के बाद मलेरिया शुरू होता है। बाढ़ जब आती है उसके ममाचार अस्त्रधारों में छपते हैं, लेकिन जब बाढ़ के बाद मलेरिया में लोग मरने लगते हैं तो उनकी चर्चा कहीं नहीं सुनाई देती। आपने जो प्रयत्न किये हैं उनके बाद भी अगर गणना की जाये तो मेरा खयाल है कि यह मामूल होगा कि मलेरिया में पीड़ित लोगों का क्लिगर हमारे यहां बड़ा ही है। यह ठीक है कि कुछ बड़े शहरों में मलेरिया नहीं है। दिल्ली में मलेरिया नहीं है, दिल्ली में मच्छर नहीं हैं। लेकिन कुछ शहरों को ही मलेरिया में बचा लेने मात्र में इस विभाग का कार्य पूरा नहीं हो जाता। जो दवा के मामले में भी शहर और देहात में भेद करना है उसे यह छोड़ना चाहिये। देहात में तो और ज्यादा दवा की जरूरत है। मैं कहना हूँ कि हमारी सरकार का ध्यान लोहा लवकड़ की तरफ बहुत गया है। आप कहेंगे कि नुम अपनी कांस्टीट्यूएन्सी की ही बात कहते हैं। लेकिन मैं कहना चाहता हूँ कि हमारे यहां देवरिया में एक बहुत बड़ा अस्पताल बनाया गया है। लोग कहते हैं कि कुछ तो हुआ। कांग्रेस के भाई कहते हैं कि इतना बड़ा अस्पताल तो बना है। लेकिन मैं पूछता हूँ कि उसमें कितने डाक्टर हैं। मरीजों की संख्या देखिये। हिन्दुस्तान के अस्पतालों में मरीजों की संख्या रोज बढ़ती जा रही है। लेकिन उनको अटेंड करने के लिये स्टाफ कितना है? डाक्टर कितने हैं, बैड कितने हैं? मारी बिल्डिंग खाली पड़ी है। इतना बड़ा मकान बनाने से मैं समझता हूँ कि पैसे का दुरुपयोग नहीं है तो और क्या है।

मलेरिया से जो देहातों में नुकसान हो रहा है उसकी तरफ सरकार को विशेष रूप से ध्यान देना चाहिये। रिपोर्ट में मलेरिया के बारे में लिखा है :

According to one estimate, until recently, there were as many as 57 million cases of malaria every year and 171 million work days were lost on account of sickness.

इस चीज को देखते हुये मैं सरकार से अनुरोध करता हूँ कि उसको देहात में मलेरिया को रोकने के लिये विशेष ध्यान देना चाहिये।

अभी मेरे पूर्व बक्ता पंडित ठाकुर दास भागव ने कहा कि आप आयुर्वेद की परवाह नहीं करते। मैं मंच कहता हूँ कि यदि आप आयुर्वेद पर निर्भर रहें तो जो बहुत सा रुपया आपको विदेशों को भेजना पड़ रहा है वह बच जाये। कौन दवा है जो इस मुल्क में नहीं है। बड़ी बड़ी जड़ी बूटियां जंगलों में मूल्य रही हैं। यहीं पर मंजीवनी बूटी थी जिसका हमारे बीच उपयोग करते थे। इस तरह मैं आपका बहुत सा पैसा बाहर जाने में बच सकता है। लेकिन आपका ध्यान इस तरफ नहीं है। आप तो आयुर्वेद को कोई साइंस ही नहीं समझते। आप चाहे न समझें लेकिन मुल्क की जनता तो आपकी डाक्टरों के भरोसे नहीं बैठी रहेगी। अगर आप देश को जिन्दा रखना चाहते हैं तो आपको वैद्यों और हकीमों को प्रोत्साहन देना पड़ेगा। इंडीजिनस दवाओं को आप अछूत बना कर अलग निकाल देते हैं। और इसी के साथ आप होमियोपैथी को भी जोड़ देते हैं। होमियोपैथी के सम्बन्ध में भागव जी ने बहुत कुछ कह दिया है इसलिये मैं ज्यादा नहीं कहना चाहता। लेकिन ऐलोपैथी की तरह यह भी एक साइंस है और यह उन देशों में आई है जिनको साइंस में आगे बढ़ा हुआ माना जाता है। आप उसको अवसर दें कि वह अपने को साइंटिफिक सिद्ध कर सके।

आप इंडीजिनस दवाओं के लिये, वैद्य और हकीम सबके लिये मिला कर एक ही रकम दे देते हैं। तो वैद्य कहते हैं कि हमको मिलना चाहिये, हकीम कहते हैं कि हमको मिलना चाहिये और होमियोपैथी वाले कहते हैं कि हमको मिलना चाहिये। मैं चाहता हूँ कि आप इन पद्धतियों को अलग अलग करके सबके लिये अलग अलग अनुदान दीजिये।

[श्री रामजी बर्मा]

यहां पर बड़े बड़े रोगों का जिक्र किया गया। लेकिन इस मुल्क में कांड़ भी एक भयंकर रोग है। यह घृणित रोग है और जब तक इस देश में एक भी कांड़ी है यह भारत के लिये कलंक की बात है। आपके लिये कलंक की बात है और सरकार के लिये भी कलंक की बात है। आप कहेंगे कि यह तो बहुत दिनों से चला आ रहा है। आज शायद देश में एक चौथाई करोड़ कोड़ी सड़कों पर और बाजारों में और स्टेशनों पर घूमते हैं। रिपोर्ट में पड़ा है कि यह क्योरेबिल बीमारी है। तो फिर इसको क्यों नहीं किया जाता। मैं आपसे अनुरोध करूंगा कि आप इन कोड़ियों के लिये जगह जगह एम्माइलम बना दीजिये और वहां पर उनको और कुछ नहीं तो अन्न वस्त्र दीजिये ताकि उनका सड़कों और बाजारों और स्टेशनों पर घूमना रुक सके। आप इस रोग को रोकने के लिये जितना रुपया खर्च करते हैं उसमें कहीं ज्यादा रोग ये लोग इस तरह घूम कर फैला रहे हैं। आप इनको एम्माइलम में रख कर खाना दीजिये। ये लोग जगह जगह पैसा मांगते हैं। अगर आपके पास पैसे की कमी है तो आप भी जगह जगह धीरे-धीरे बाक्स रखवा दीजिये कि जिनमें लोग ऐसे लोगों के लिये दान कर सकें और उसमें . . .

उपाध्यक्ष महोदय : बक्सा वहां पड़ा रहेगा या हेल्थ मिनिस्टर के पास आवेगा ?

श्री रामजी बर्मा : मैं हेल्थ मिनिस्टर साहब से अनुरोध कर रहा हूँ कि वह जैसा करे। मैं सिर्फ उनका ध्यान इस तरफ दिलाना चाहता हूँ।

इसके बाद मैं कहना चाहता हूँ कि इस मुल्क में सबसे बड़ा रोग तो गरीबी है। आप कितना ही डी० डी० टी० छिड़किये और कितना ही पेनिसिलिन लगाइये और बाहर से दवायें मंगा कर दीजिये लेकिन आप उनसे देश का कल्याण नहीं कर सकते।

यहां तो लोग भूख से मर रहे हैं। शायद आपने उत्तर प्रदेश की असेम्बली की डिबेट में पढ़ा होगा कि एक आदमी गुठलियां खा कर मर गया। खाद्यान्न के अभाव में लोग अखाद्य खा कर अपना स्वास्थ्य खराब कर रहे हैं और इस तरह कितनी ही नई नई बीमारियां पैदा हो रही हैं। तो सबसे बड़ा रोग तो इस मुल्क का गरीबी है। इसकी तरफ आपको ध्यान देना चाहिये। और गरीबी के लिये बड़े बड़े आन्तर्बाह्य

उपाध्यक्ष महोदय : गरीबी उस तरफ से दूर नहीं होगी इस तरफ से दूर होगी।

श्री रामजी बर्मा : यही वजह है कि मैं इस तरफ से सरकार को मुशावर दे रहा हूँ। कहा जाता है कि इस देश की गरीबी का मुख्य कारण आबादी का बढ़ना है। फेमिली प्लानिंग होना चाहिये। एक तरफ आप फेमिली प्लानिंग की बात कहते हैं और दूसरी तरफ मैं श्रद्धा के साथ कहना चाहता हूँ कि हमारे हेल्थ मिनिस्टर साहब ने उम हाउस में फरमाया था कि आर्टिफिशियल इनसेमिनेशन भी कानूनी है।

Shri Karmarkar: Sir, I should like to make it quite clear that the artificial insemination referred to by me on the floor of the other House was only at two centres and it was negligible. That was also a matter for a married couple. I am giving this information. Otherwise it might lead to rather, what I might say, loose remarks about the subject. I may add that we have had nothing to do with it. We in the Government had nothing to do with it. We have not accepted artificial insemination in any sphere of our activities.

श्री रामजी बर्मा : जो कुछ भी होगा, हमारे मंत्री जी उसको स्पष्ट करेंगे। मेरा निवेदन यह है कि इसमें कोई कानूनी बाड़ीकी हो सकती है और कानूनी तौर पर यह जायज हो सकता है, लेकिन बढ़ती हुई पापुलेशन का

यह उपाय नहीं है। एक तरफ आप प्लैनिंग करते हैं और दूसरी तरफ आर्टिफिशियल इनसेमिनेशन—ये एक साथ नहीं चल सकते हैं।

उपाध्यक्ष महोदय : यही तो मिनिस्टर साहब ने कहा है कि इसमें गवर्नमेंट की जिम्मेवारी नहीं है।

श्री करबेरकर : हमने यह नहीं कहा कि यह लीगल है या इल्लोगल। जब सवाल पूछा गया, तो वेयरमैन ने कहा कि यह तो ना मिनिस्टर्स का चीज है, हमारी चीज नहीं है।

पंडित ठाकुर दास भार्गव : भानुदेवल मिनिस्टर को ऐसा नहीं करना चाहिये।

श्री रामजी बर्मा : मेरा निवेदन यह है कि फ़ैमिली प्लैनिंग की तरफ सरकार का ध्यान जाना चाहिये, लेकिन जो तरीके अब तक बरते गये हैं, वे भारत जैसे मुल्क में अव्यावहारिक हैं। अगर आप इस विषय पर बोंट लें, तो आपको मालूम हो जायेगा कि लोगों के विचार क्या हैं। भारतीय ललनाओं को कहा जाय कि वे डाक्टरों के पास जाकर फ़ैमिली प्लैनिंग का उपाय सीखें, वह नहीं हो सकता। आपने आर्टिफिशियल मीन्स के द्वारा फ़ैमिली प्लैनिंग का प्रचार करने पर जो खर्च किया है, वह पाप बढ़ाने में भले ही मददगार हुआ हो, लेकिन फ़ैमिली प्लैनिंग के लिये उसका उपयोग नहीं हो सका है। आपने इस पर रुपया और साधन खर्च किया है। भार्गव साहब ने इसके बारे में इशारा किया था, वह आप कर सकते हैं। फ़ैमिली प्लैनिंग के नाम पर आप बहुत सी ऐसी चीजें कर रहे हैं, जो कि भारतवर्ष में अव्यावहारिक हैं।

चंभ्री जी फ़ैमिली प्लैनिंग पर रुपया खर्च कर रहे हैं लेकिन स्वास्थ्य के सम्बन्ध में मैं यह पुनः निवेदन करना चाहता हूँ कि सरकार का जो दृष्टिकोण है, वह स्वास्थ्य के सिद्धान्तों के बिल्कुल विपरीत है। इसका

मैं एक उदाहरण देता हूँ। देहात के रहने वाले होने और भारतीय होने के कारण हमने यह निवेदन किया था कि एम० पी० फ़्लैट्स में जो लैट्रिन और बाथ-रूम साथ साथ बने हुये हैं, वे भारतीय रुचि के अनुकूल नहीं हैं। यह बात न तो यहां के इंजीनियर की समझ में आती है और न किसी और की समझ में आती है। मैं हेल्थ मिनिस्टर साहब से यह पूछना चाहता हूँ कि क्या यह भारतीय रुचि के अनुकूल है कि भोजनोपरान्त लैट्रिन में जाकर मुंह हाथ धोयें और कुत्ता करे। यह व्यवस्था तो कुर्बि पैदा करने वाली है—आप स्वास्थ्य सुधारने की बात करते हैं। मैंने हाउसिंग कमिटी में यह बात उठाई, लेकिन उस कमिटी के सदस्य भी इस बात को सुनने के लिये तैयार नहीं हैं। जहां यह कुर्बि पैदा की जाती है, वहां स्वास्थ्य कैसे सुधरेगा। इस उदाहरण को देने का मतलब यह है कि हमारी सरकार का दृष्टिकोण कुर्बिपूर्ण हो गया है और विदेशी चीजों में उलझ गया है और वह साधारण चीजों, यहां की सस्ती और अच्छी दवाओं, जड़ी-बूटियों और शुद्ध रहन-सहन के तरीके आदि की उपेक्षा कर रही है। उसने जो तरीके अपनाये हैं, वे कुर्बिपूर्ण और अस्वास्थ्यकर हैं। इन बातों की तरफ में आप के जरिये मिनिस्ट्री का ध्यान आकर्षित करना चाहता हूँ।

Mr. Deputy-Speaker: The following are the selected cut motions relating to various Demands under the Ministry of Health which may be moved subject to their admissibility:

Demand No.	No. of Cut Motions
47	739, 824, 828.
48	699, 700, 701, 702, 703, 704, 705, 706, 707, 708, 709, 710, 711, 712, 713, 714, 715, 716, 717, 751, 752, 753, 829, 830, 831, 832, 834, 835, 836, 837, 838, 839, 840.
49	692, 693, 694, 695, 696, 697, 698, 754, 841, 843, 844.

Sullage-contamination of Delhi City's water supply

Shri Naushir Bharucha: I beg to move:

"That the demand under the head 'Ministry of Health' be reduced by Rs. 100."

Need to provide necessary staff and up-grade the B.C.G. unit to the State level for B.C.G. campaign in Manipur

Shri L. Achaw Singh: I beg to move:

"That the demand under the head 'Ministry of Health' be reduced by Rs. 100."

Failure to fulfil demands of students of Vidarbha medical school

Shri Assar: I beg to move:

"That the demand under the head 'Ministry of Health' be reduced by Rs. 100."

Need to provide adequate facilities for doctors to work in rural areas

Shri Kadiyan: I beg to move:

"That the demand under the head 'Medical Services' be reduced by Rs. 100."

Need to raise the age of superannuation of doctors

Shri Kadiyan: I beg to move:

"That the demand under the head 'Medical Services' be reduced by Rs. 100."

Need to establish day hospitals for the treatment of early cases of mental diseases

Shri Kadiyan: I beg to move:

"That the demand under the head 'Medical Services' be reduced by Rs. 100."

Need to provide facilities for clinical teaching in the All-India Medical Institute

Shri Kadiyan: I beg to move:

"That the demand under the head 'Medical Services' be reduced by Rs. 100."

Need to increase the facilities for medical research

Shri Kadiyan: I beg to move:

"That the demand under the head 'Medical Services' be reduced by Rs. 100."

Slow progress in the disease control programmes of tuberculosis

Shri Kadiyan: I beg to move:

"That the demand under the head 'Medical Services' be reduced by Rs. 100."

Failure to take steps to control leprosy

Shri Kadiyan: I beg to move:

"That the demand under the head 'Medical Services' be reduced by Rs. 100."

Need to give central aid to the leprosy hospital at Nooranad in Kerala

Shri Kadiyan: I beg to move:

"That the demand under the head 'Medical Services' be reduced by Rs. 100."

Slow progress in the disease control programme of filariasis

Shri Kadiyan: I beg to move:

"That the demand under the head 'Medical Services' be reduced by Rs. 100."

Need to increase the facilities for training nurses

Shri Kodiyann: I beg to move:

"That the demand under the head 'Medical Services' be reduced by Rs. 100."

Failure to check the manufacture and sale of spurious drugs

Shri B. Das Gupta: I beg to move:

"That the demand under the head 'Medical Services' be reduced by Rs. 100."

Need for expansion of the Mental Hospital at Ranchi

Shri B. Das Gupta: I beg to move:

"That the demand under the head 'Medical Services' be reduced by Rs. 100."

Need for establishment of a mental hospital in West Bengal

Shri B. Das Gupta: I beg to move:

"That the demand under the head 'Medical Services' be reduced by Rs. 100."

Failure to provide adequate arrangements, necessary accommodation and proper treatment for poor people in hospitals

Shri B. Das Gupta: I beg to move:

"That the demand under the head 'Medical Services' be reduced by Rs. 100."

Need to discontinue the existing system of paying and non-paying indoor patients in the hospitals

Shri B. Das Gupta: I beg to move:

"That the demand under the head 'Medical Services' be reduced by Rs. 100."

Failure to provide minimum medical facilities for the rural population

Shri B. Das Gupta: I beg to move:

"That the demand under the head 'Medical Services' be reduced by Rs. 100."

Need to give grants and contribution for development of the Bankura Medical College, West Bengal

Shri B. Das Gupta: I beg to move:

"That the demand under the head 'Medical Services' be reduced by Rs. 100."

Need to take suitable measures for proper development and spread of Ayurvedic and Unani systems of medicine in India

Shri B. Das Gupta: I beg to move:

"That the demand under the head 'Medical Services' be reduced by Rs. 100."

Need to establish Homoeopathic dispensaries in rural areas under Government's control extensively

Shri B. Das Gupta: I beg to move:

"That the demand under the head 'Medical Services' be reduced by Rs. 100."

Failure of adequate supply of medicines to the existing Central hospitals in Orissa

Shri P. G. Deb: I beg to move:

"That the demand under the head 'Medical Services' be reduced by Rs. 100."

Need of an Ayurvedic Drug Research Laboratory at Angool in Orissa

Shri P. G. Deb: I beg to move:

"That the demand under the head 'Medical Services' be reduced by Rs. 100."

Need of a second medical college at Sambulpur in Orissa

Shri P. G. Deb: I beg to move:

"That the demand under the head 'Medical Services' be reduced by Rs. 100."

Inadequate pay and allowances of nurses, midwives and dais in the Imphal Civil Hospital and other hospitals in Manipur

Shri L. Achaw Singh: I beg to move:

"That the demand under the head 'Medical Services' be reduced by Rs. 100."

Lack of adequate facilities in the maternity centres in Manipur

Shri L. Achaw Singh: I beg to move:

"That the demand under the head 'Medical Services' be reduced by Rs. 100."

Inadequate provision for dental clinic in the Imphal Civil Hospital

Shri L. Achaw Singh: I beg to move:

"That the demand under the head 'Medical Services' be reduced by Rs. 100."

Inadequate provision for T.B. clinic in Imphal

Shri L. Achaw Singh: I beg to move:

"That the demand under the head 'Medical Services' be reduced by Rs. 100."

Failure to check T.B. menace in the middle class and labour class of Bombay State

Shri Assar: I beg to move:

"That the demand under the head 'Medical Services' be reduced by Rs. 100."

Need to provide nurses in sufficient number in various Hospitals

Shri Assar: I beg to move:

"That the demand under the head 'Medical Services' be reduced by Rs. 100."

Failure to provide more Hospitals for leprosy in Bombay State

Shri Assar: I beg to move:

"That the demand under the head 'Medical Services' be reduced by Rs. 100."

Failure to check the manufacture of spurious medicines

Shri Assar: I beg to move:

"That the demand under the head 'Medical Services' be reduced by Rs. 100."

Need of an Ayurvedic College and Pharmacy in Ratnagiri District

Shri Assar: I beg to move:

"That the demand under the head 'Medical Services' be reduced by Rs. 100."

Need of Ayurvedic Research Laboratory in Ratnagiri District

Shri Assar: I beg to move:

"That the demand under the head 'Medical Services' be reduced by Rs. 100."

Need to open dispensaries in rural areas providing Homoeopathic and Ayurvedic medicines

Shri Assar: I beg to move:

"That the demand under the head 'Medical Services' be reduced by Rs. 100."

Non-implementation of Health Survey and Health Service Scheme in the Community Development Project area of the Purulia District

Shri B. Das Gupta: I beg to move:

"That the demand under the head 'Public Health' be reduced by Rs. 100."

Inadequacy of arrangements and provisions for the treatment and care of the displaced T.B. patients

Shri B. Das Gupta: I beg to move:

"That the demand under the head 'Public Health' be reduced by Rs. 100."

Need to establish free after-care colonies for T.B. patients in all health resorts

Shri B. Das Gupta: I beg to move:

"That the demand under the head 'Public Health' be reduced by Rs. 100."

Need to establish a leprosy training and research institute at Purulia

Shri B. Das Gupta: I beg to move:

"That the demand under the head 'Public Health' be reduced by Rs. 100."

Need for special stress on establishing maternity centres on extensive scale in rural areas

Shri B. Das Gupta: I beg to move:

"That the demand under the head 'Public Health' be reduced by Rs. 100."

Need for prohibiting Vanaspathi for human consumption

Shri B. Das Gupta: I beg to move:

"That the demand under the head 'Public Health' be reduced by Rs. 100."

Need for constituting non-official statutory Committees in rural and urban areas for preventing and controlling adulteration of food.

Shri B. Das Gupta: I beg to move:

"That the demand under the head 'Public Health' be reduced by Rs. 100."

Need for appointment of adequate Doctors and nurses in the existing Central hospitals of Orissa as per quotas fixed.

Shri P. G. Deb: I beg to move:

"That the demand under the head 'Public Health' be reduced by Rs. 100."

Failure to provide facilities for treatment of leprosy and for isolation of lepers in Manipur.

Shri L. Achaw Singh: I beg to move:

"That the demand under the head 'Public Health' be reduced by Rs. 100."

Need for implementation of Health survey and Health Service Scheme in Ratnagiri District.

Shri Assar: I beg to move:

"That the demand under the head 'Public Health' be reduced by Rs. 100."

Failure to provide adequate medical aid in rural areas of Bombay State especially in Ratnagiri District.

Shri Assar: I beg to move:

"That the demand under the head 'Public Health' be reduced by Rs. 100."

Mr. Deputy-Speaker: These cut motions are now before the House.

Dr. Pashupati Mandal (Bankura-Reserved—Sch. Castes): Mr. Deputy-Speaker, Sir, thank you for the chance you have given me to take part in the debate. Sir, health is wealth. But the money....

Shri V. F. Nayar: Money is honey.

Dr. Pashupati Mandal: But the money that is allotted to this Ministry is very poor. It cannot, therefore, function well due to paucity of funds. There is also dearth of medical men. Sir, where there is a will there is a way. The right approach is required. According to the last census our medical men were 1·6000 on an All India basis, but 1·1200 in West Bengal. According to Bhore Committee's recommendations the proportion should be 1·2000. Therefore, the fact remains that the Government of India is feeling the dearth of medical men.

[Dr. Pashupati Mandal]

Sir, at the last medical conference with the Health Ministries of States, one leading member of a State said straightaway that his State requires thousands of medical men, but he said that he was not willing to take medical men from West Bengal. While recruiting technical and medical men this sort of provincialism will have to be removed. If there is dearth of medical men why should such questions arise? The Director General of Health Services replied to this gentleman that West Bengal is also in India.

I feel that the Government is not moving in the right way. The Government has actually started seven new medical colleges and has taken up an extension programme of 13 existing medical colleges. But, Sir, at Bankura in West Bengal there is a well established medical college with an attached well equipped hospital. That is also in the list of medical colleges with the Health Ministry. But the Government is taking no interest to give any aid to this college. It has run so long on public donation. No aid has been given to it from the Centre or from the State. Really speaking, more than 50 per cent. of the students there are from outside Bengal. Therefore, it serves a double purpose. It will produce medical men in States outside Bengal and also fulfil the dearth of medical men. I earnestly request the Health Minister to take some interest and give aid to this well established institution. If you do not take any interest, this institution with a good hospital will die in the near future. It requires no large sum of money; it requires only a few lakhs which means nothing to you.

A committee was set up by the Government of India to advise the Government on the cost of setting up medical colleges in India. As a result of the recommendations of this committee it has been decided to fix a ceiling of Rs. 80,000 non-recurring per student and Rs. 8,000 recurring per seat per annum for establishment of new colleges, and Rs. 60,000 non-recurring per student and Rs. 8,000

per seat per annum recurring for the expansion of existing colleges. The Central grant to State Governments will be at the rate of 95 per cent. of the non-recurring Expenditure and 50 per cent. of the recurring Expenditure. But, what justice are we getting from the Centre? No grant has been sanctioned for the West Bengal Government. Only, there are four colleges in the Calcutta city and this is in Bankura town, really in between Midnapore and Purulia district, the latter being a new-comer. This college serves one-third of West Bengal area and this is situated in backward areas, and run by the poor people. So, in my opinion, it has become untouchable to the Central Government and also perhaps to the State Government to devote their attention to their college. The value of these establishments is about Rs. 80 lakhs. If Central aid is not given, then the institution, together with the hospital, will have to be closed, and the huge establishment will remain idle. This sort of closure of the medical college is not at all desirable. So, I again request the Health Minister to take interest in this matter and give aid at least from his discretionary fund.

Then I come to family planning. In family planning, we advertise the use of an occlusive cap combined with a chemical contraceptive, or the use of a jelly with applicator or use of foam tablets alone. These are for women. For men, what is advertised is, a thin rubber or sheath, preferably combined with a chemical contraceptive.

Shri Karmarkar: I do not want to discourage the hon. Member by any means. But I shall not be able to discuss all these details in regard to the methods, of contraceptives, etc.

Mr. Deputy-Speaker: His complaint is, why the Government advertise them.

Shri Karmarkar: I should like more competent people to deal with it and in a better atmosphere and in a better

place, rather than on the floor of the House.

Shri Easwara Iyer: How is this place not better?

Mr. Deputy-Speaker: The hon. Member need not give details.

Dr. Pashupati Mandal: No, Sir. I only wish to put in some suggestions.

Mr. Deputy-Speaker: He might make suggestions, but not go into minor details.

Dr. Pashupati Mandal: In my opinion, the constant use of contraceptives or jellies will irritate the organ and thereby produce cancer. So, I request the Health Minister to take this matter into consideration. Otherwise, this will result in some disease which is not curable at all. So, I brought this point. In the olden days, it was in practice, under religious grub, that for a few days after menstruation, the ladies will remain 'untouchable' for a week. If, by social hygiene, we educate the people on the methods which we were practising in the old days, then it will bring immense good to the country without harassing the public at large.

Mr. Deputy-Speaker: If he has many more suggestions, he may pass them on to the Minister.

Shri Karmarkar: Yes, Sir. I would very much welcome it.

Dr. Pashupati Mandal: Then I come to the amendment to the Indian Medical Council Act of 1956. This Act has not yet been enforced. So, I request the hon. Minister to take action in this regard without delay.

Then I come to the eradication of malaria which work has begun now. The control work so far done has been proved successful. But eradication is a thing which should be taken on a global basis, especially around border areas. Otherwise patient attacked with malaria may come in and malaria will break out at any time. So, I request the Minister to contact the neighbouring countries on the border areas so that they may also take up

the programme simultaneously for two consecutive years. Public co-operation must also be taken actively. Otherwise, we will not be able to find out to treat malaria patient thoroughly and take prompt action. We do not want to be in a position like that of Ceylon in this matter which has declared that it has already eradicated malaria but where it springs up again.

Then I come to leprosy. It is rather a curse to Bankura. I suggest that while we are trying to eradicate malaria and filaria and other mosquito-borne diseases, we must take necessary steps to remove leprosy also which is rather a social disease. In this connection, I should like to say that it is not possible to segregate the patients in our vast country. I request the Health Minister to see that the doctors are enabled to go to each and every village and find out the patients and make them non-infectious by giving treatment. Thereby, one day, it may be possible to remove this disease from our country.

Then I come to the Contributory Health Service Scheme which is functioning well. But the doctors who are working hard in this scheme are hanging in the air. Their permanency is not yet settled. This thing may be looked into, and the doctors may be made permanent without delay.

Then I come to water-supply. Water-supply is required in every part of the country. So, better steps should be taken to instal water-supply schemes, so that pure water may be supplied to the masses and thereby the masses may avoid contact of waterborn diseases. The Health Ministry should not lag behind in taking better interests towards supply of pure water to the masses.

With these words, I conclude.

Dr. Samantsinhar (Bhubaneswar): Mr. Deputy-Speaker, Sir, there is a saying in Oriya language, meaning

[Dr. Samantsinhar]

that the prosperity of a village is known from the washerman's-laundry, the kind of clothes he collects from the village. Similarly, the prosperity of a country is known from the standard of health and education in a country.

I fully share the sentiment expressed by Dr. Sushila Nayar regarding the rank of our Health Minister as also that of the Education Minister. Of course, there may not be sufficient work for these Ministries in the Cabinet, but in view of their social importance these two Ministers must be of Cabinet rank.

As regards our health programme and the schemes in the country, we will naturally expand according to the money available. When compared to the other advanced countries, I will say that we are only at the beginning stage. Nearly 1/50th of our revenues is being spent on health. So, on this we can calculate how much health expansion work can be done. Let us wait for the good days when we will get more money and the health programme would reach everybody in the country.

I have gone through the report of the Health Ministry supplied to us and I have not been able to find what the Ministry have done regarding medical personnel including doctors, nurses, midwives, health visitors, etc. In the country we require about 90,000 doctors and out of that we hope to get about 82,000 doctors at the end of Second Five Year Plan. But in the report, nothing has been specifically mentioned how much doctors we have been able to produce up till now, i.e., at the end of the second year of the Second Five Year Plan.

Besides that, I also share the view that we should not escape with the notion that health is a provincial subject. I think this shifting responsibility is a replica of our foreign British Government, when they introduced the reforms; health and education were transferred subjects and they were given to self-governing minis-

tries. Similarly now we are also avoiding, not giving proper place to our health problems, saying that it is a State subject. So, our Health Minister in the Centre should not be like a post-master bringing money from the exchequer and distributing it to the States. We must do something effectively, so that there may be a uniform system of health laws throughout the country and better facilities for the health of the people.

I am also glad—and for that I thank the Ministry—that from control programme, they have gone to the eradication programme of malaria. But nowadays we are getting the news that malaria carrying mosquitoes are getting immune to D.D.T. and that they are not killed by D.D.T. So, it should be seen how better we can kill these mosquitoes, some substitutes should be thought of so that we can kill these mosquitoes in future.

The Filaria programme that have been introduced is inadequate and something more should be done for this. As regards leprosy, nowadays, in the pilot programme, we are giving sulphone to the patients. In the sulphone treatment, after one year, the patient would cease to be infective, i.e., he would not contaminate others. But during this one year, he will remain in the family and the other persons in the family, particularly the children, will come in contact with him and instead of having one person cured, we will be infecting the others particularly the children in the family. So, there must be some provision to segregate these leper patients. For that, these pilot people should go from house to house, where there are infective patients and make provision for their segregation. If need be, there should be provision to have separate houses for their segregation, because we know that there is very little provision in the villages for segregation and their houses are also very congested. They are very poor and will not be able to have separate houses for segregation. For this

national interest, we must aid them for having separate houses for their segregation.

I had recently visited one of the biggest leper asylums in my State of Orissa, in Cuttack. There every patient is getting Rs. 12 per month for his diet and Rs. 7 for medicine per year and Rs. 5 for his clothing. You can imagine how inadequate these amounts are. It is impossible for a person to have his food within Rs. 12 per month. So, I request the Ministry to see how this provision could be increased, so that they could get more money for their diet. The number of asylums and the segregation facilities are very much inadequate in comparison with the number of patients in our country. Hence those patients whom we are able to put in the asylum should get enough funds for at least their diet.

Up till now we have not yet been able to have medical examination of our students. About a few years ago, there was some provisions by which doctors were going to Government high schools to examine the students. But after the increase in the number of students and schools, that provision is not properly followed, and there are less doctors also. So, we must see that all our students beginning from the primary schools and ending with universities, should be examined and if possible should be given treatment wherever necessary. Unless we do that, our students will gradually become weak and that will be a great national loss.

There is no co-ordination, as it now stands, between our District headquarters hospitals and the rural or village hospitals. There are no proper provisions in the rural areas for associated examinations like X-ray and microscope; for which the rural people are sometimes asked to go to the District headquarters hospitals. Sometimes the poor people do not have sufficient funds to go to the District headquarters hospitals and they are not treated. So, there should

be proper co-ordination between the district and rural hospitals, so that, a patient from the rural hospital, if referred to the District hospital, may have proper care taken of him and should be done according to the needs of the rural people.

The University Grants Commission have made some observations about grants to medical colleges. They have also excluded the grants to the medical colleges. So, in the Health Ministry, there should be some provision of money for the medical colleges which are existing in the country and we also expect that there would be more medical colleges in the country. So, there should be some provision and the medical colleges should be helped financially by the Central Government.

We have observed that the doctors are not willing to go to the villages. also, students are not coming in greater numbers to the medical colleges, because in comparison with other services like IAS, IPS and even CPWD engineers, the pay of the doctors is very low. People say that as the doctors are allowed private practice, their pay is low. I propose that there should be adequate pay given to the doctors and they should be debarred from private practice. We also know that the engineers in the P.W.D. get their share from the contractors, but their pay is not as low as that of the doctors. If we want that more doctors should go to the rural areas, then there should be facilities for them in the villages, and their pay also should be enhanced so as to be on a par with those for the IAS and the IPS.

As regards family planning, I would suggest that more money should be provided, and the *gram panchayats* should be taken into confidence. The bigger things in family planning, such as complete sterilisation etc., may not be done in the villages, but the application of medicines and imparting a little education in family planning etc., can be done by the *gram panchayats* and the *gram sevikas* in the

[Dr. Samantsinhar]

community development projects. The necessary literature and the necessary medicines which are not of a harmful nature could be distributed through them. If that is done, then the scheme will become popular in the villages also. At present, this family planning is more or less confined to the urban areas, and the rural people practically do not know anything about it. There is also the theory that it is the poor people who have more children. And these poor people remain more in the villages. So, to give these facilities to the rural public and to those who need it most, more of this literature should be sent to the villages and if we have no other means, we can safely depend on the *gram sevikas* and the village *panchayats*. I think these people can do the work properly in this matter.

I would now like to say a word about my State of Orissa. For the last one year, small-pox epidemic has been prevalent there. In these days when we hear of so many big scientific developments, and in this age of Sputniks, we are not able to control even small-pox. I got a report from South Bihar that there also this epidemic is prevalent. I know that in a particular village, which had a population of about two hundred, within a month, about 35 children died. And the epidemic is still continuing. Something must be done immediately to eradicate this.

I would also request the Health Ministry to have a second medical college at Sambalpur. At present, there is only one medical college in Orissa, and there is a dearth of medical men. We are not able to get doctors in good numbers from within our own State, and we are obliged to go to other States to recruit doctors. We shall be requiring about six hundred doctors in our State during the period of the Second Five Year Plan. So, I would request the Health Minister to give financial aid to the State Government to have a second medical college at Sambalpur. Burla is the headquarters of the Hirakud Dam

Project which is nearing completion. That is our good luck, we would get some good buildings there, and there will be no difficulty in housing the medical college there. If a little financial help could be given by the Centre to the State Government, then the second medical college could be established there. I hope the Minister will kindly consider this matter.

In conclusion, I would thank the Minister and his officials for the fact that due to his efforts and those of our Prime Minister, we have been able to establish a tuberculosis hospital, which happens to be in my constituency.

Shri P. R. Patel (Mehsana): I thank you for the opportunity that you have given me.

The Health Ministry spends some Rs. 31 crores every year, and yet the health of the country is pitiable. There are so many types of diseases, such as malaria and others, but I would only refer to one disease, namely tuberculosis. If we look into the *Tuberculosis Bulletin*, this is what we find at page 7:

"With 25 lakhs TB patients in India and 5 lakhs deaths annually, the loss in terms of time, money and man-power cannot be easily calculated. But on a rough reckoning, it may be somewhere about Rs. 200 crores, and 90 to 100 crores man-days."

This disease is more prevalent in the villages than in the cities. It is a wonder why it is more prevalent in the villages, but the reasons are very clear. In the cities, we have got hospitals, dispensaries, health centres, Government doctors, private doctors and so on, and so, there is remedy available in the cities. But in the rural areas, the people are left to the will of God. The reason for this disease is given in this very bulletin, which says:

"Bad housing and low nutrition are contributing a lot to the spread of tuberculosis."

So, bad housing is the main thing that contributes much to the spread of this disease.

In the cities, we are thinking of clearing slums. And we are having big houses and small houses, and Government are coming to the aid of the people. But in the rural areas—perhaps most hon. Members may not know what the type of houses is—a small room which is 10' x 12' in size is occupied by about four or five persons; and in the winter or the monsoon, the cattle is also given accommodation. This is the reason why more people suffer in the villages than in the cities from this disease. I would ask Government what they have done to provide good houses in the villages. So far as the cities are concerned, there is a plan with Government; and there are schemes for middle class people living in the towns and cities. But so far as the villages are concerned, I do not see any plan. I would beg of Government to consider this question in the interests of rural health.

Secondly, in the cities, we find big dispensaries and big hospitals, but in the villages, no such thing is observed. Of course, there are some dispensaries in the villages, but it should be the policy of Government to provide at least one dispensary in a radius of five miles.

15 hrs.

That policy was accepted by Baroda State. When we were implementing it, there was integration, and so we could not do it. I suggest to Government to lay down a policy to give a dispensary in rural area so that it should not be more than five miles distant from any part of the area.

Then there is the problem of maternity homes. In villages, we rarely find maternity homes. Is it required only for cities? Is it necessary only for cities and in villages and rural areas they do not require it? So many lives are lost by the absence of maternity homes in villages. My submission is that maternity homes should be esta-

blished in villages or some beds may be attached to dispensaries.

I know of a case in my taluk. We contributed Rs. 32,000 for a maternity home. That was in the beginning of 1949. It is still lying with the Bombay State. The money is not used. Our request is that a maternity home be given on the southern side of Kadi taluk at any place, anywhere. But the money is not used. That shows that the Government are not mindful of rural health and rural life, even though money is contributed by the people.

If we look at the health of our children, it is a painful story. Referring to *Swasth Hind* of August 1957, we find that a survey of Delhi students was conducted. 1672 boys were examined; of them, 1451 boys were found to be having defective health; That is 89 per cent. Again 1562 girls were examined; 1182 were found to be in defective health. The percentage was 79.

This shows the health of our children. This is for Delhi. When this is the position in respect of Delhi, what about the rural areas? So far, children living in rural areas have never been examined; diseases there are probably more than in cities. In cities, there is education, and they are advanced. But in villages, they are left to luck and fortune. So I would suggest that Government should look after the rural areas more than the city areas.

Most of our people live in villages, but most of our dispensaries and fine hospitals are situated in cities—as if the village people have only to pay taxes and the advantage is to be gained by the city people. If that be the case, I think it is not a good sign for the country.

May I submit that our Government are not mindful of the advantages of ayurvedic studies? Our medical science was considered perfect before the Britishers came; it served most of the people at cheap rates. Our *voids* and *hakims* were rendering service at a very low cost. Now, Government

[Shri P. R. Patel]

have no doubt opened some ayurvedic colleges here and there. But the attitude of Government towards ayurvedic colleges is rather step-motherly. The grants they give to medical colleges teaching allopathy are much more and higher than those they give to ayurvedic and unani colleges. I would say that the grants given to these ayurvedic colleges are meagre; the better word would be 'contemptuous'.

Shri V. P. Nayar: Niggardly.

Shri P. R. Patel: So I would suggest that Government should pay attention to ayurvedic studies and give more grants for them.

Another thing is that even though students pass through such colleges after four or five years' course, there are restrictions in certain States and they are not allowed to do medical practice. I will give one example only. In Delhi, we have an ayurvedic and unani Tibbia College. It has a four year course. There is a Government Board. Even though students become successful at the final examination after completing four or five years and become graduates of this college, the Bombay Government is a government that does not recognise this qualification.

So I would suggest that those States who put any restrictions on medical practice by any students who pass in these ayurvedic colleges, should be debarred from any grants. No grants should be given from the Centre to such States. They must recognise these colleges and permit the students, if they want, to practice in any State. Otherwise, how are we going to encourage ayurvedic studies? If after four years' study, a student is not allowed to practice, that would be rather discouraging students from this new study.

I submit that more diseases are due to unhealthy water, unhealthy food unhealthy housing than any other reason. These three factors exist in villages. In cities, we have got water

works. But very few villages are given water works. There are small villages which have to get drinking water from a pond on the side of a tank. By using such water, they invite so many diseases. It should be the concern of the Government to give pure drinking water to each and every village.

I would give an instance. In the whole of Banaskanta, the northern part of Mehsana district and southern part of Kadi and Kalol taluk, pure drinking water is not available in many villages. I hope Government will look into the matter.

Before I speak about unhealthy food in general, I would bring to the notice of the hon. Minister the fact that we get unhealthy milk in Delhi. After all, Delhi is a place where so many Ministers and so many officers are staying. They are getting very fat salaries in Delhi. Still we cannot get good milk; there is too much of adulteration in Delhi. When Government is careless about all this adulteration in Delhi, what more can we expect of the Government?

Mr. Deputy-Speaker: When the salaries are already fat, why should another fat be added to it?

Shri P. R. Patel: How to expect that there will be no adulteration in villages? Medicine is adulterated, and food also. In Bombay where grains are sold, things of the colour of grain are mixed with grain. That is going on in Bombay and big cities, and it is not checked. So, I submit that Government should be more vigilant on this matter.

The next point I want to submit is regarding government doctors. Personally, I am of opinion that the government doctors should be debarred from private practice; because of their being in government dispensaries, they manage to collect more patients because of their position. I would rather say that they are civilised

robbers of society. And, there should be some restriction on the fees of the private doctors. A doctor demands Rs. 1,000 or Rs. 2,000 or Rs. 5,000 as he likes. While we are talking of planning and all these things and when we are out to control the prices of foodgrains etc. there is no control on the doctor's fees. I think that is not a good thing and I submit that Government must consider this.

श्री भ० बी० बिश्व (केसरगंज) :

उपाध्यक्ष महोदय, इस में कोई सन्देह नहीं कि स्वास्थ्य का विषय प्रान्तीय सरकारों में सम्बन्ध रखता है। किन्तु केन्द्रीय सरकार उन बड़े बड़े रोगों व व्याधियों जो देश के एक कोने से लेकर दूसरे कोने तक फैले हुए हैं रोक धाम करने के लिए या उन पर नियंत्रण रखने के लिये जो प्रयत्न कर रही है, वे प्रगतिमान हैं।

स्वास्थ्य मंत्रालय द्वारा प्रकाशित रिपोर्ट को देखने के बाद मैं इस नतीजे पर पहुँचा हूँ कि स्वास्थ्य मंत्रालय इन व्याधियों की रोक धाम करने के लिए यथा-शक्ति प्रयत्न कर रहा है। जहाँ तक बुद्ध जल, बुद्ध वायु एवं सफाई का सम्बन्ध है उसके लिए भी केन्द्रीय सरकार ने अपनी योजनाएँ रखी हैं। राजयक्ष्मा, कुष्ठ, कैंसर आदि जो बड़ी बड़ी व्याधियाँ हैं और जिन से भारतवर्ष में एक कोने से लेकर दूसरे कोने तक काफी लोग पीड़ित हो रहे हैं, उनकी रोक धाम के लिए भी कई तरह की योजनाएँ बनाई गई हैं। मलेरिया को रोकने के लिए सरकार ने बहुत बड़ा प्रयत्न किया है और यथा सम्भव में यह कह सकूंगा कि उस पर उराने काफी नियंत्रण पा लिया है। फाइलेरिया के सम्बन्ध में तथा इस तरह की जो दूसरी व्याधियाँ हैं, जो काम किया गया है वह अवश्य ध्यान देने योग्य है।

हमारे कई सदस्यों ने भवन के सामने और आपके द्वारा, उपाध्यक्ष महोदय,

माननीय स्वास्थ्य मंत्री जी से इस बात का निवेदन किया है कि इस में कोई सन्देह नहीं है कि आपने भोर कमेटी तथा चोपड़ा कमेटी की स्थापना की थी और उनकी रिपोर्ट आने के पश्चात् एक रिसर्च इंस्टीट्यूशन, (अनुसंधानशाला) जामनगर में आयुर्वेदिक रिसर्च के सम्बन्ध में सन् १९५३ में खोली है। इस इंस्टीट्यूट को मैंने एक सदस्य की हैसियत से स्वयं जाकर देखा है। इस में भी कोई सन्देह नहीं है कि हमारी सरकार ने उसका खोलने में भी सहायता दी है। गुनाव देवी बाकी एक संस्था है जो कि आयुर्वेद संस्था को चला रही है थी और उसका आश्रय लेकर के वह रिसर्च शाला खोली गई है। मुझे इस संस्था को देखकर बड़ी प्रसन्नता हुई है। जो कार्य वहाँ पर टा० पी० एम० महता के डायरेक्टरशिप में, उनके तत्वाधान में चलाया जा रहा है, वह बहुत ही अच्छे ढंग में चलाया जा रहा है। इस के साथ साथ सन् १९५६ में वहाँ एक पोस्ट ग्रेजुएट ट्रेनिंग स्कूल की भी स्थापना की गई है जिस में २५-२५ लड़के लेकर दो बर्षों में ५० विद्यार्थी लिए गए हैं और उन विद्यार्थियों में वे विद्यार्थी शामिल हैं जो किसी संस्था के निकले हुए स्नातक हैं या मान्यता प्राप्त संस्था से निकले हुए हैं या बँध रहे हैं और उनको वहाँ प्रशिक्षित किया जा रहा है।

वहाँ पर जो (धन्वन्तरि भवन) लोगों ने जो पाँच लाख रुपया खर्च करके बनाया है उसको भी मैंने देखा है। मैं समझता हूँ कि इस तरह की संस्थाएँ खोलने की चेष्टा यदि स्वास्थ्य मंत्रालय तथा राज्य सरकारें करें और केन्द्र राज्यों को इस तरह की संस्थाएँ खोलने की प्रेरणा दे तो आयुर्वेद की जो चिकित्सा प्रणाली जो कि हमारे देश के लोगों को मान्य है और जिसके लिए हमारे यहाँ यह सिद्धान्त रहा है यस्य देवस्य यो जन्तुः तज्जम् तस्य

[श्री म० वी० मिश्र]

भौषधम् हितम् तो इस चिकित्सा पद्धति का अधिक से अधिक विकास हों सकेगा और उसने अधिक से अधिक लोग लाभ उठा सकेंगे। लेकिन जैसा कि पंडित ठाकुर दास भार्गव ने तथा उन बच्चों पर बैठे हुए एक माननीय सदस्य ने कहा है वास्तव में गवर्नमेंट का दृष्टिकोण इस चिकित्सा पद्धति की ओर जितना शुद्ध और जितना प्रगतिशील होना चाहिये उतना नहीं है। मैंने रिपोर्ट को पढ़ा और मैं बतलाता चाहता हूँ कि जामनगर रिसर्च इंस्टीट्यूट के इन दोनों विभागों के लिए हमारी सरकार ने केवल सवा पांच लाख रुपया यानी तीन लाख रुपया तो रिसर्च विभाग के लिए और सवा दो लाख रुपया पास्ट ग्रेजुएट ट्रेनिंग स्कूल के लिए देने का आयोजन किया है। मैं स्वास्थ्य मंत्री महोदय से यह निवेदन करना चाहूंगा कि क्या इतनी थोड़ी रकम का रखा जाना किसी दृष्टि से भी उचित कहा जा सकता है? आप बीसियों करोड़ रुपये का बजट बनाते हैं और उस में आयुर्वेदिक पद्धति के लिए केवल पांच लाख रुपया रखने की चेष्टा करते हैं तो किस तरह में आप आयुर्वेदिक चिकित्सा प्रणाली को प्रोत्साहन दे सकते हैं। इस तरह तो आप इस का बढ़ावा नहीं दे सकते हैं।

15.18 hrs.

[SHRI C. R. PATTABHI RAMAN in the Chair]

एक बात और देख कर मुझे आश्चर्य हुआ है। इन्डिजिनस सिस्टम के बारे में आपने अपनी रिपोर्ट में जहां कहीं भी लिखा है उसके साथ हमेशा ही आपने होम्योपैथी को जोड़ दिया है। इन्डिजिनस सिस्टम में आयुर्वेदिक सिस्टम, यूनानी सिस्टम मले ही आ सकते हैं लेकिन होम्योपैथी जिसका प्रचार विदेशी संस्थाओं ने किया और जर्मनी में पहले पहल इसको बसपा गया और इसके बाद अमरीका में यह फैली उसके पश्चात् धीरे धीरे यहां

आई किस तरह से इस में आप जोड़ सकते हैं और किस तरह से इसको इस में आप जोड़ सकते हैं। यह इस बात का सबूत है कि आप इन सिस्टम को उपेक्षा की दृष्टि से देखते हैं और थोड़ी सी धनराशि इनके लिए नियत करके भार्गव साहब के शब्दों में टाल मटोल करने की कोशिश करते हैं।

कुछ लोग यह कहते हैं कि हमारे देश में आयुर्वेदिक चिकित्सा प्रणाली की मांग नहीं है। इसकी मांग है और इसका सबूत मैं दे सकता हूँ। विदेशी शासन के पहले यहां पर आयुर्वेदिक चिकित्सा प्रणाली का कितना अधिक समान रहा है इसकी कसौटी यह है कि आज जयपुर में ६७३ आयुर्वेदिक संस्थाएँ चल रही हैं और एक बहुत बड़े आयुर्वेदिक कालेज का उद्घाटन शीघ्र से शीघ्र वहां होने जा रहा है और शायद हो भी गया है।

ऐसी सूरत में आज जो हमारी रियासतें हैं, जिन में विदेशी शासन का इतना बड़ा अधिकार नहीं था, उन में मैंने देखा है : सरदारनगर में विश्वभारती के नाम से एक आयुर्वेदिक कालेज, जिस का खर्च लगभग ४० हजार रुपया साल है बराबर एक महाजन के द्वारा चलाया जा रहा है। इस लिये वह कहना कि आयुर्वेदिक चिकित्सा पद्धति या यूनानी चिकित्सा पद्धति यहां समुचित नहीं है यह गलत है। यह दूसरी बात है कि यह सरकार जो कि भारत सरकार कहलाती है उसका दृष्टिकोण अभी तक इस चिकित्सा प्रणाली की तरफ समुचित तरीके से नहीं जा सका है, जिस तरीके से जाना चाहिये।

इस के साथ ही साथ आप को यह भी देख ना है कि जल्दी दूसरी प्रणालियां कितनी उन्नति कर चुकी हैं। मैं मानता हूँ कि हमारी ऐलोपैथिक चिकित्सा

प्रणाली बहुत समुन्नत हो चुकी है, सचिकित्स विभाग में उसने बहुत बड़े बड़े प्रत्येक किये हैं और उस से हमें पूरा पूरा लाभ उठाना चाहिये, साईंस किसी की भी अपनी नहीं होती है, साईंस एक ऐसी ऊंची चीज है जिस से लाभ उठाना हमारा काम है। लेकिन क्या वास्तव में आप ने कभी यह भी सोचा है कि यदि किसी डाक्टर की आप देहात में नियुक्ति करते हैं तो देहात में जो तहसीलें हैं उन को छोड़ कर, अगर किसी इंटीरियर स्थान में वह जाते हैं तो वहां पहुंचते ही उस डाक्टर की दीढ़ धूप आई० जी० के दफ्तर में जारी हो जाती है। वह वहां रहना पसन्द नहीं करता। और अगर किसी बजह से वह वहां रहना पसन्द भी कर ले, देश की परिस्थिति को देखते हुए तो सम्भवतः उस की स्त्री और बच्चे उस को किसी भी तरह से वहां रहने नहीं देना चाहेंगे। आप बार बार करोड़ों रुपयों की छस राशि लगा कर ऐलोपैथिक चिकित्सा द्वारा अपने देश के प्रति अपने कर्तव्य का पालन करना चाहते हैं, लेकिन मैं कहना चाहता हूं कि इन तरीकों से आप सम्भवतः सदियों तक ऐसा नहीं कर पायेंगे।

यहां मीटिनिटी सेंटर्स के बारे में बहुत सी बातें कही गई हैं। मीटिनिटी सेंटर्स शहरों में कहीं कहीं चलाये जा रहे हैं। मैं उन के सम्बन्ध में बहुत नज़रता पूर्वक कहूंगा कि वहां दाइयां दाइयां कहलाने को तैयार नहीं हैं। वह मेंम साहब या लेडी डाक्टर के नाम से पुकारा जाना पसन्द करती हैं। आप को पता है कि हमारे भारतवर्ष की ८५ प्रतिशत लोग देहातों में बसे हुए हैं, जिन के पास होपड़ियां भी नहीं हैं, जिन के पास खाने को नहीं है, पहिनने के लिये पर्याप्त कपड़े नहीं हैं, यहां तक कि इज्जत की रक्षा के लिये भी कपड़े नहीं हैं, उन के लिये यह प्रसूती संत्र (जन्मा-जन्मा केन्द्र हैं), उन से यह आशा करना कि शहरों में उन

की जो बोड़ी संख्या है उस के द्वारा इन देहातों में रहने वाले गरीबों की रक्षा हो सकेगी, उन के बच्चे खं से पैदा होंगे और उन बच्चों का भालन पालन ज्यादा हो सकेगा, ठीक नहीं है। यह कहाँ तक सम्भव हो सकता है? इसलिए अगर आप समझते हैं कि इस प्रकार के सेंटर्स खोले जायें तो आप को चाहिये कि प्रायुर्वेदिक चिकित्सा प्रणाली का माध्यम ले, उस का पूरा पूरा समर्थन करें और हर एक स्टेट गवर्नमेंट को बाध्य करें कि वह अपनी जगह पर प्रायुर्वेदिक चिकित्सा प्रणाली के जरिये से हर बड़ी बड़ी चीजों के लिये रिसर्च करें। मैं आज राज्य-क्षमा के सम्बन्ध में कहूंगा। राज्यक्षमा के सम्बन्ध में और कुष्ठ के सम्बन्ध में आपके कितने रिसर्च कालेजज खुल चुके हैं? इन बीमारियों के सम्बन्ध में प्रायुर्वेदिक पद्धति के अन्दर क्या है और उस का लाभ हम और आप न उठाना चाहें तो यह हमारे लिये बड़े खेद की बात है। इसलिये इन रोगों के ऊपर भी रिसर्च करने का मौका दिया जाना चाहिये। आप ने जाम-नगर में रिसर्च करने की एक शाला खोल रखी है। बार बार रिपोर्ट में आता है कि जाम नगर में एक संस्था खुली हुई है और ४० शैयाएँ वहां हैं। उन का भी आपने बंटवारा किया है। एक सिद्धा प्रथा भी दक्षिण में जारी है जिस का सिद्धान्त प्रायुर्वेदिक प्रणाली पर ही है। लेकिन जब सिद्धा प्रथा की तरफ से आप के ऊपर जोर डाला गया या उस की तरफ से प्रेरणा पहुंची तो आप ने इस नये रिसर्च इंस्टिट्यूट में उस के लिये भी ८ बेड्स दे दी हैं। यह ८ बेड्स आप ने दी हैं जो उस तरीके से चिकित्सा कराना चाहते हैं। आप इस को समझ सकते हैं कि ४० बेड्स दे कर आप यह कहें कि प्रायुर्वेदिक प्रणाली के लिये प्रयत्न हो रहा है पर जिस चिकित्सा प्रणाली पर जब तक साइंटिफिक रिसर्च न हो जाय, जब तक वैज्ञानिक तरीके

[श्री म० दी० मिश्र]

से वह सिद्ध हो तब तक उस का प्रयोग करना खेद की बात है। मैं आप को सुझाव दूंगा कि आप वहाँ उन रोगों पर इस प्रणाली का तजुबा न कीजिये जिन की कोई चिकित्सा न कराये। किन्तु आप राज्य-क्षमा के लिये ६० या १०० बेड्स दें और कुष्ठ के लिये भी ५० या ६० बेड्स दें और वहाँ पर रिसर्च कराये। मैं दावे के साथ यह कह सकता हूँ कि जहाँ तक आयुर्वेदिक पद्धति का सवाल है इन दोनों रोगों के लिये जितनी उपयोगी यह सिद्ध होगी उतनी सम्भवतः दूसरी कोई प्रणाली नहीं हो सकती है और न हो सकती।

समापति सहोदय : अब आपका समय समाप्त हो चुका है।

श्री म० दी० मिश्र : मैं इस कमेटी का मेम्बर हूँ इसलिये मुझे इस के लिये कुछ और कहने की जरूरत मालूम होती है।

माथ ही मैं ने वहाँ जाकर देखा कि वहाँ जो संस्था है उस का नामकरण अंग्रेजी में हुआ है। हर चीज अंग्रेजी में है। वहाँ पर गर्वान्त बाड़ी है, साइंटिफिक रिसर्च कीमिल है। वहाँ सारी चीज अंग्रेजी में है। एक जगह लिखा हुआ है "वत्स कादि क्वाथ"। कार्यकारिणी समिति के लिये ऐसे शब्द लिखे हैं जिन को सम्भवतः मैं नहीं समझ सकता था। इस में कोई कठिनाई की बात नहीं है। मैं आप के सामने यह कहना चाहता हूँ कि सब में पहले आप का कर्तव्य है कि वहाँ की सारी कार्रवाई हिन्दी भाषा में होनी चाहिये और सारे नाम वहाँ हिन्दी भाषा के होने चाहिये। तभी आप उस के बारे में कोई विशेष काम कर सकेंगे।

इस के अतिरिक्त मुझे आप से यह कहने की आवश्यकता है तथा आप का ध्यान दिलाने की आवश्यकता है कि आप ने प्रायः कल संतति निरोध का एक वातावरण

फैलाया हुआ है। हर रोज यह प्रश्न उठता जा रहा है कि संतति निरोध होना चाहिये क्योंकि आबादी बढ़ रही है, खाद्य समस्या बड़ी कठिन अवस्था में है, इसलिये संतति निरोध किया जाय। मैं बिल्कुल संतति निरोध के पक्ष में हूँ, लेकिन आप बोझा सा सोचें और उसके ऊपर गौर करें। पार्लियामेंट हाउस में और शहरों में लीफलेट्स बांट कर ही संतति निरोध नहीं हो जायेगा। देश की आबादी तो अधिक पैदा होती है गांवों में और उन झोपड़ियों में जहाँ मनोरंजन का कोई अन्य साधन नहीं है जहाँ स्त्री, पुरुष को मूक रहने के लिये कोई स्थान नहीं है। आप वहाँ पर संतति निरोध करना चाहते हैं, कृत्रिम तरीके से करना चाहते हैं। यह सम्भव नहीं है कि आप उस में सफल हो सकें। कृत्रिम तरीके से संतति निरोध करना दूसरे मर्जों को प्रोत्साहन देना है और किसी सीमा तक व्यवहार को भी प्रोत्साहन देना होगा। इसलिये मैं चाहूंगा कि संतति निरोध के लिये आयुर्वेदिक शास्त्र में जो कि संयुक्त विधान लिखा हुआ है उस की ओर ध्यान दें। और इस शास्त्र को पूरा पूरा बढ़ाने की कोशिश करें।

इस के बाद मैं एक चीज और निवेदन करना चाहता हूँ। उत्तर प्रदेश सरकार में जब उन का स्वास्थ्य विभाग का बजट पेश हुआ तो मुझे बड़ी खुशी हुई है कि, विरोधी पक्षों में भी उस स्वास्थ्य विभाग के बराबर सराहना की। किन्तु उन के सामने प्रायः एक समस्या है और वहाँ का नुमाइन्दा होने की हैसियत से मेरा आप के सामने रखना जरूरी है। वह बात यह है कि वहाँ दो मेडिकल कालेजें हैं। एक लखनऊ मेडिकल कालेज और एक आगरा मेडिकल कालेज। उत्तर प्रदेश सरकार ने एक मेडिकल कालेज कामपुर में प्रायः की स्वीकृति लेकर ली। उस पर २ करोड़

२० लाख ६० का खर्च उन्होंने किया। अब आप के यहां से जो सीमित धनराशि रमशी गई है वह केवल ८० लाख ६० की है। लेकिन उस से उत्तर प्रदेश की सरकार के सामने बड़ा भारी आर्थिक प्रश्न आ गया है। अगर आप इस में सहायता नहीं करेंगे तो काम नहीं चलेगा। वह पहले से बनाई जाने वाली संस्था थी। उस पर तीन बीघाई धन व्यय हो चुका है। केवल एक बीघाई बाकी है। इतनी बड़ी धन राशि वह प्रदेश व्यय नहीं कर सकेगा इस के लिये मैं यह बीज आप के सामने रखना चाहता हूँ।

श्री करनरकर : कालेज तो ऐलोपैथिक का ही है।

श्री भ० ही० मिश्र : तो मैं उसका विरोध नहीं।

Mr. Chairman: I am sorry; I have already given him two minutes to conclude his speech. He should conclude now.

श्री नरदेव स्नातक (अलीगढ़, रक्षित-अनुसूचित जातियाँ): सभापति महोदय, आज आप के सामने हमारे बहुत से माननीय सदस्यों ने स्वास्थ्य मंत्रालय के सम्बन्ध में अपने विचारों को रखा और अधिकतर माननीय सदस्यों ने आयुर्वेदिक सिस्टम के ऊपर, आयुर्वेदिक चिकित्सा पद्धति के सम्बन्ध में ही बातें प्रस्तुत कीं। हमारे अपने देश को जहां रोटी, कपड़ा और मकान की आवश्यकता है उससे कहीं ज्यादा मैं समझता हूँ स्वास्थ्य की आवश्यकता है।

हमारा यह देश सदियों से गुलाम रहा है। विदेशियों के यहां आने के कारण उनके साथ कुछ बीमारियाँ भी यहां आईं और उन बीमारियों ने हमारे देश में बरक़रार किया। अब वे विदेशी आये तो वे

अपने साथ अपने देश की औषधियाँ भी लाये और उन औषधियों के द्वारा ही अपना इलाज किया। ठीक भी है। जिस देश का जो व्यक्ति रहने वाला होता है उसी देश की जड़ी बूटियों से बनी हुई औषधियाँ उसके लिए हितकर होती हैं। दुर्भाग्य यह है कि अपने इस देश की जड़ी बूटियों में जो दवायें बनती हैं, उन पर ध्यान नहीं दिया जाता अपने लोग उसे व्यवहार में नहीं लाते। इन दवाओं से हमारे यहां प्राचीन काल में उपचार होता था। विदेशी राज्य ने हमको यह देन दी है कि हम अपने देश का अरबों रुपये विदेशों में भेज रहे हैं और वहां से रद्दी औषधियों को मंगाकर अपने देश का स्वास्थ्य बिगाड़ रहे हैं। मैं समझता हूँ कि यह तरीका बिल्कुल गलत है।

कुछ माननीय सदस्यों ने वर्तमान स्वास्थ्य मंत्री की सराहना की है और मैं भी समझता हूँ कि जब से वह आये हैं उनके मंत्रालय ने अपने काम में काफी प्रगति की है। परन्तु जितनी प्रगति होनी चाहिए उतनी नहीं हुई, खासकर आयुर्वेदिक और यूनानी पद्धति के बारे में। हमारे देश के अन्दर ऐलोपैथी, आयुर्वेदिक, यूनानी और होमियोपैथी ये चार प्रकार की चिकित्सा पद्धतियाँ प्रचलित हैं; परन्तु दुःख यह है कि सरकार ऐलोपैथी पर करोड़ों रुपये खर्च करती है और उसकी तुलना में अन्य पद्धतियों पर बहुत नाम मात्र का पैसा खर्च किया जाता है। जैसा कि माननीय मार्गव जी ने कहा यह तो ऊंट के मुँह में जीरे के समान है। वह नहीं के बराबर है। आपने प्लान में देखा होगा कि ऐलोपैथी के लिए तो पांच सौ करोड़ से भी ज्यादा रखा गया है और आयुर्वेदिक पद्धति के लिए एक करोड़ से भी कुछ कम है। कहने का मतलब यह है कि हमारे देश में जो पद्धति प्राचीन समय से प्रचलित है जो नाना प्रकार के रोगों को जड़ी बूटियों से ही नष्ट करती थी, अस्त्रों से हम रोगों को नष्ट करते

[जी मरदेव स्नातक]

ये। आज हम बड़ी से बड़ी सम्पत्ति विदेशों में भेजकर जो वषावे मंगते हैं वे हमको बरा दूर के लिए तो धाराम देती हैं परन्तु वे रोग को जड़ से दूर नहीं कर पाती हैं। हमारे देश में प्राचीन समय में यह बात नहीं थी। हमारे ऋषि मुनि वैज्ञानिक ढंग से प्रमुखान करते थे और वे स्वयं औषधियां निर्माण भी करते थे। दुर्भाग्य तो यह है कि अंग्रेजी राज्य में और उससे कुछ पहले ही आयुर्वेद की पद्धति में अनुसंधान बन्द हो गया और खास तौर से अंग्रेजी राज्य में तो पूरी तरह से बन्द हो गया। दस वर्षों से जब से हमारा अपना राज्य हुआ है तब से कुछ प्रगति हुई है। और यह ख़ुशी की बात है कि आयुर्वेद को तरफ गवर्नमेंट का ध्यान गया है। दुःख की बात तो यह है कि जब आयुर्वेद का सवाल आता है तो हमारे मंत्री महोदय और उनका मंत्रालय कह देते हैं कि यह राज्य सरकारों का विषय है और राज्यों वाले कहते हैं कि यह सेंटर का विषय है। यही कारण है कि इस चिकित्सा पद्धति की कोई ठीक से उन्नति नहीं हो पाती। हम देखते हैं कि रोग उत्तरोत्तर बढ़ते जा रहे हैं। मेरा स्वास्थ्य मंत्री महोदय से यह निवेदन है कि वे आयुर्वेदिक चिकित्सा प्रणाली पर ध्यान दें। सेंट्रल गवर्नमेंट ने सन् ५० से लेकर सन् ५६ तक कई कमेटियां विठायीं जिन्होंने अपनी रिपोर्टें दीं। गवर्नमेंट ने मोर कमेटी, चोपड़ा कमेटी, बंडित कमेटी और दवे कमेटियों का निर्माण किया और उन लोगों ने अपने अपने सुझाव प्रस्तुत किये। इन कमेटियों ने अपनी सारी योजना को सेंट्रल गवर्नमेंट के सामने इसलिये पेश किया कि कुछ कार्य हो। पर सेंट्रल गवर्नमेंट से उन कामजों को रख लिया और उन योजनाओं को कार्यरूप में परिणत नहीं किया। इस तरह से कागज रख लेने से तो कोई उपयोग नहीं हो सकता। मेरा निवेदन है कि दवे कमेटी ने जो अपनी अन्तिम रिपोर्ट दी है उस पर

केन्द्रीय सरकार के स्वास्थ्य विभाग को गौर करना चाहिए। उसकी सिफारिशों को देश के अन्दर लागू करना चाहिए और जिससे उसका परिणाम यह होगा कि सरकार का ध्यान आयुर्वेदिक और यूनानी चिकित्सा पद्धतियों की ओर जायेगा और उससे देश की बीमारियां दूर होंगी।

हम देखते हैं कि जो ऐलोपैथी के डाक्टर हैं वे ज्यादा से ज्यादा शहरों में रहना चाहते हैं और उनको ज्यादा से ज्यादा बेतन दिया जाता है। बेचारे वैद्य गांवों में रहते हैं। उनका बेतन भी बहुत कम होता है। और उसका परिणाम यह है कि जहां वे वैद्य ८० या ९० प्रतिशत रोगियों को ठीक करते हैं वहां ये डाक्टर दो या तीन प्रतिशत को ही अच्छा कर पाते हैं। फिर भी उनको ज्यादा वेतन मिलता है, अच्छे बंगले मिलते हैं और उसकी इज्जत ज्यादा होती है। जिस प्रकार एक सोतेली मां अपने दूसरे बच्चे से व्यवहार करती है उसी तरह का व्यवहार ऐलोपैथी पद्धति वाले आयुर्वेदिक पद्धति के साथ करते हैं। मेरा निवेदन है सेंट्रल गवर्नमेंट के स्वास्थ्य मंत्रालय से कि वह अपनी आयुर्वेदिक चिकित्सा पद्धति की ओर जो कि हमारी प्राचीन पद्धति है ध्यान दें। और ज्यादा से ज्यादा पैसा उसके ऊपर खर्च करें। यह न हो कि इन दोनों में एक और सी का अनुपात हो। एक विभाग को जो कि विदेशी चिकित्सा पद्धति का है उसकी तो सी दें और जो अपने देश की चिकित्सा पद्धति का है उसको एक दें। यह जो बड़ी लम्बी चीड़ी खायी है इसको बांटना चाहिए और इस दिशा में प्रयत्न करना चाहिए।

अभी हमारे एक माननीय वक्ता ने कहा कि आम नगर में एक आयुर्वेदिक रिसर्च इंस्टीट्यूट है। वहां पर कुछ रिसर्च हो रहा है। परन्तु जो वहां रिसर्च करने वाले हैं वे ऐलोपैथी के जानने वाले हैं और

रिस्क होती है आयुर्वेद के ऊपर यह गलत चीज है। जो जिसका जानकार हो उसी से उस विषय की रिसर्च करानी चाहिए। परन्तु वहाँ पर यह नहीं होता। हिन्दुस्तान में दो चार ऐसी संस्थाएँ हैं जहाँ आयुर्वेद के बारे में अनुसंधान होता है और वह भी ऐलोपैथी के एक्सपर्ट्स द्वारा। मेरा निवेदन है कि वह कार्य आयुर्वेद के जानकारों के द्वारा करावें जो इस विषय की योग्यता रखते हों। ऐसा करने पर यह परिणाम होगा कि आयुर्वेद की तरफ हमारे देश का और सरकार दोनों का ध्यान जायेगा जिससे कि थोड़े से पैसे और थोड़े से परिश्रम में देश का स्वास्थ्य उन्नत हो सकेगा।

हमारे बहुत से माननीय वक्ताओं ने कहा है कि हमारे देश का स्वास्थ्य अच्छा नहीं है। हमारा देश दूसरे देशों के मुकाबले में स्वास्थ्य की दृष्टि से बहुत पिछड़ा हुआ है। इसलिए मेरा निवेदन है कि अगर सरकार का देश को ऊँचा उठाना है तो हमारे स्वास्थ्य मंत्रालय का यह कर्तव्य हो जाना है कि वह इस दिशा में यत्न करे और आयुर्वेदिक प्रणाली को प्रोत्साहन दे।

एक दो बातें और मैं निवेदन करना चाहता हूँ और वह यह कि हमारी कुछ प्रान्तीय सरकारों ने हमारी कुछ देशी औषधियों पर जैसे आसव और अरिष्टों पर एक्साइज ड्यूटी लगा दी है। इन दवाओं में कोई इतना ज्यादा एलकोहल नहीं होता जैसा कि शराब में होता है। एक्साइज ड्यूटी तो शराब पर लगनी चाहिए जिसमें ३० पर सेंट से ऊपर एलकोहल होता है। आसव और अरिष्ट में तो ३ से १० परसेंट एलकोहल होता है जो कि किसी तरह से मावक नहीं होता। मेरा मंत्रालय से निवेदन है कि आसव और अरिष्ट पर यह ड्यूटी न लगायी जाये।

कुछ आयुर्वेदिक औषधियों को जिक्र से नहीं बनाया जाता। जैसे च्यवनप्रास प्रत्येक में उत्तम बंशलोचन डालना चाहिए जो कि बड़ा टानिक है। च्यवनप्रास ऐसी दवा है जिसको हर उम्र का आदमी, बच्चा, बूढ़ा, जवान, स्त्री कोई भी इस्तेमाल कर सकता है। पर गवर्नमेंट ने कभी यह जांच नहीं की कि इसमें जो बंशलोचन पड़ता है वह किस फैक्टरी से खरीदा जाता है। वह ठीक भी है या नहीं ऐसा ही शिनाओत के बारे में है। इन चीजों पर भी गवर्नमेंट का ध्यान जाना चाहिए कि जो चीजें आयुर्वेदिक औषधियों में आनी जानी हैं वह शुद्ध हैं या नहीं। इसकी जाँच का इन्तिजाम होना चाहिए।

अगर आप और आपका सरकार इसी तरह करेगी, तो यह निश्चित समझिए कि आयुर्वेदिक चिकित्सा पद्धति में जो कमी है, वह दूर हो जायेगी और उसके साथ ही साथ हमारे देश का स्वास्थ्य भी बढ़ेगा। मंत्री महोदय का मैं हृदय से धन्यवाद करता हूँ। जैसा कि और सदस्यों ने भी किया है, यह मंत्रालय बहुत अच्छा कार्य कर रहा है। मुझे आशा है कि इसी तरह से वह आयुर्वेद की तरफ भी ध्यान देगा और उसकी उन्नति के लिए ज्यादा से ज्यादा सक्रिय प्रयत्न करेगा और अधिक से अधिक पैसा आयुर्वेदिक चिकित्सा पद्धति के लिए देगा, उसके अनुसन्धान के लिए खर्च करेगा। मुझे भन्त में यही कहना है कि आयुर्वेदिक चिकित्सा पद्धति के साथ सीतली माँ जैसा व्यवहार न हो।

Shri V. P. Nayar: From what we see around us in the matter of health of our people, I have no doubt that the affairs of the health have been subjected to continuous and gross mismanagement for some years. I do not say this for the sake of criticism. I am in the same terms in which the President of that august body, the

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Indian Medical Association, has referred to at the meeting held at Bangalore. Speaking about medical policy, he says:

"The Central Government have not given the right lead in the matter of medical relief to its people and in the manner it should be given".

Later on, I find him also saying that the system which is at present in force must be swept away as early as possible, and that Government should formulate a completely different policy in regard to public health.

Mr. Chairman: Could the hon. Member give the name of the journal?

Shri V. P. Nayar: I am reading from the official organ of the Association—the *Journal of the Indian Medical Association*, March, 18th issue, page 187. I find that in its activities the Central Ministry of Health has failed not merely in taking the proper initiative but also failed by not giving the proper leadership to the other States. The result is that today we find that to a large section of our people all the programmes in the Five Year Plan will mean nothing.

Take, for example, the case of our tuberculosis patients. The other day, in answer to a question in the House, the hon. Minister revealed that 2½ million people are suffering from tuberculosis. I do not know the source of his information, but I know that the surveys made by the Government, either through its tuberculosis clinics or by mass radiography, cannot give us a complete picture of the incidence of tuberculosis in this country. As I find now, in every tuberculosis hospital there is a greater rush year after year, month after month. What is the significance of the Five Year Plan to the two and a half million of our tuberculosis patients if they cannot live in the hope that their malady will be cured?

Then again, take the case of our children. Most of us pay lip-service to the cause of children. They are very much neglected. It is again the hon. Minister who informed me in answer to one of my questions about nutritional disorders in this country that the results of the survey so far made by specialists on nutrition indicate a very dismal picture about our children. It is not as if nutritional disorders may be fatal by themselves, but they bring in their wake a train of other ailments which could have been possibly avoided.

I find from the statement that in some cases nutritional disorders among children go up to the extent of 75 per cent. Among the school-going children in Bombay, which is considered to be one of the best administered States, I find that one of the nutritional disorders,—cirrhosis,—it may not be a very troublesome disease—was prevalent to the extent of 73 per cent. Seventy-three per cent. of the school-going children in Bombay manifested that they are suffering from cirrhosis. There are also other diseases listed. I do not want to go into them. But I find that even on the results of a very meagre survey, the picture about nutritional condition of our children is very dismal, and the Government of India as a whole—I do not blame the Health Ministry for that at all—and the State Governments have done precious little about it.

There is no policy of co-ordination between the activities of the Commerce Ministry and the Health Ministry which together go for the benefit of the people. I shall point out one instance. I was told that in the matter of vitamins,—a matter in which we know that the lack of vitamins is causing such a serious condition among our children—India today does not produce one gram of vitamin. We have all the resources not merely for producing vitamins A, B, C and D but most of the non-vitamins also in our country. I know that technical processes may be a little difficult, but I

regret to say that no serious attempt has been made to make India 'self-sufficient in the matter of vitamins.

After all, we cannot administer shark liver oil for its content of vitamin A and B to all the children for various reasons. I was again told that although we have the Penicillin Factory for the manufacture of essential antibiotics, the manufacture of antibiotics there is confined only to one or two varieties of penicillin. I do not know what subsequent progress they have made. But we know the role that antibiotics play in the country today in saving lives. Why is it that it is not possible for the Government to remedy this? Maybe it is the defect of the Ministry of Commerce and Industry. I am very much concerned with the availability of enough quantities of antibiotics for the relief of the suffering people.

At present, the position is, we do not firstly, produce enough medicines in this country, and secondly we do not properly control the distribution of medicines which are imported. The result is that today all the doctors—I do not have any grudge against them—administer costly medicines, and we have to rely necessarily on imports which are imported at cheap rates but are sold at fantastic costs. As we know, the anxiety of the suffering man is always to live for more years, and the foreign enterprises which are here bring in their own medicaments, take advantage of the situation and exploit the anxiety of our poor people to live longer, and sell them at fleecing prices.

If only you go through the report of the Pharmaceutical Enquiry Committee you will find that there is virtually no firm which can be called an international combine which has not entrenched itself in our country. I do not know what is the role of the Health Ministry in this matter. Has it completely left to the Commerce and Industry Ministry to decide which of the drugs should have priority in the matter of manufacture or which of the drugs should have priority in the matter of distribution?

From the annual report I find that in the matter of import of certain essential drugs, the Health Ministry is consulted, but for what? I would like to know what is the role of the Health Ministry in the matter of deciding the policy in regard to the import of this vitally required material. It is no good saying that today we cannot go in for the manufacture of this thing.

Take, for example, the sulpha drugs. I know it presents some very difficult chemistry. But it is not certainly beyond the competence of Indians to manufacture it. We now hardly manufacture sulpha drugs. I again find that last year we imported conventional sulpha drugs to the extent of 90 lakhs of rupees, while we claim to have produced sulpha drugs to the value of Rs. 30 lakhs to Rs. 40 lakhs. I do not know whether they have been produced from the primary products: I think not.

Even in the matter of intermediaries, the Government have not been able to formulate a policy by which we shall be self-sufficient. Taking advantage of all these things, as I submitted earlier, the foreign firms are thriving here, and what is the result? Medicine today is more a matter of Commerce and Industry than of Public Health. If you go to a specialist doctor, you have to pay Rs. 32 for consultation. You cannot even treat the ordinary diseases by your getting a prescription from a specialist with anything less than Rs. 50 or Rs. 100. It has become a real problem which, I submit, is due to the continued lack of proper co-ordination and lack of perspective on the part of the Government. I would certainly not fix this hon. Minister with any responsibility in this. But, as matters stand, at present, it is a fact, and we have to take an entirely new way if we are to provide for the relief of pain and distress in this country.

I would like to refer in particular to a matter over which the Government seems to have no control. The other day I asked a question about

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the condition of dental decay among our children. It is admitted that dental decay is on the increase. But take any newspaper or weekly in this country and you find that there are big tooth paste advertisements by big firms. Sometimes it is a half-page advertisement for a small tooth paste. They advertise from the small size up to the big family size. Reading one such advertisement, you will not be inclined to think that use of that tooth paste will ever create any trouble for our children and for us. But what is the condition today?

Everyone of them claims that the tooth paste contains some ingredients which kill all the gum germs in one and a half minutes. Every child uses tooth paste and in fact, use of tooth paste is on the increase several-fold and simultaneously in proportion to that, dental decay is also increasing. Then, where is the logic in thinking that all these tooth pastes are doing a good service?

Mr. Chairman: They only state the symptoms and the causes.

Shri V. P. Nayar: In fact, some even name a particular organism which it kills. For example, it is claimed that a tooth paste kills *Entamoeba gingivalis* in half a minute. The Government themselves say that they have no machinery to check the efficacy of this. They have said that in answer to a question of mine. So, when Government have no machinery to check the efficacy of a particular drug or tooth paste or something else, how can it be said that these people should be allowed to have a free advertisement and pass on as genuine stuff these articles on the poor people? I would like the hon. Minister to consider whether it is not time to strike down such bad practices.

Not only that. There are manufacturers of medicine who do not find time to move about in trains; they always go by plane. There are certain articles which are supposed to be

extrats of nine gems for one rupee. Yet, what diseases they are supposed to cure within 2½ minutes! Even leprosy can be cured within three days! All chronic diseases will be cured by a drug called *navaratna kalpa*.

Shri Karmarkar: Is the hon. Member referring to what is happening in Kerala or elsewhere?

Shri V. P. Nayar: Kerala will not allow it. We are more educated and cannot be easily fooled.

Then, I want to refer to another matter which has caused me concern. That is about certain autonomous institutions run under the Ministry. Whatever be the reasons, I find that the promises made to us are not being kept in those institutions. I refer in particular to the Indian Institute of Medical Sciences, for which the original estimate was Rs. 4 crores or Rs. 5 crores. I find from the annual report that while they spent Rs. 1½ crores on the development of land, a "huge sum" of about Rs. 5 lakhs have been spent on the equipment. What is the equipment? We all know how costly X-ray equipment and surgical equipment are. But yet we find that although the promise was made that this is an institution where the emphasis will be on post-graduate teaching, we have admitted two batches of students for the graduate course and two candidates have been admitted for post-graduate training. I find that although the equipment has not arrived, although the building has not sprung up, appointments have been made in the cadre of professors. There is a professor of surgery, without surgical equipment; there is a professor of radiography, without the X-ray equipment not even having left England. What is the purpose of all this?

I know that the hon. Minister takes keen interest in that and I am glad that after he took over this Ministry, he has cancelled a very obnoxious

arrangement by which certain foreign consultants of architecture were hired to draw up the plan for the building. It was their duty to inflate the costs from the original plan of Rs. 5 to Rs. 9 crores, because they were entitled to 10 per cent. I find that the great architects whom we imported in Delhi required the import of Belgian glasses for the building. I am glad and I congratulate the hon. Minister, but I would request him to take into account whether this ordinary medical degree M.B.B.S. or whatever it is will be recognised by other institutions and universities, because this is not a university degree.

Secondly, if the institution has to be run on the lines indicated to us, a different approach has to be made and the hon. Minister must take particular interest to see that post-graduate teaching has an emphasis there and the correct choice of personnel is resorted to.

Along with that, it is no good whatever that those autonomous institutions are controlled or presided over by persons who have sufficient experience in the Health Ministry. When we subsidise some institution very heavily, what is the purpose of keeping it as an autonomous organisation, unless it be that the control which can normally be exercised by Parliament may be taken away? Again, I have nothing against the person who presides over this institution. There are other organisations—the Red Cross, the Tuberculosis Association, etc.—to whom we give a big amount, but we have nothing to do with them. In this matter, I have no objection at all if the hon. Minister in his capacity as Minister is the Chairman. I am against the ex-officers and ex-Ministers still continuing in such organisations. I would like the hon. Minister to take up the Chairman's place in these organisations, so that if he is there, we will have greater control and this House can ask questions and get details. Without such a possibility of the House focussing its attention, I submit these autonomous bodies which

subsist only on grants have no right to exist in the manner in which they do now. I request the hon. Minister to take some more interest in this matter.

श्री जगदीश बबलू (बिल्हीर):
सभापति महोदय, स्वास्थ्य मंत्रालय का मांगों के सम्बन्ध में बहुत से माननीय सदस्यों ने अपने विचार प्रकट किए हैं। इस सम्बन्ध में मैं केवल इतना ही निवेदन करना चाहूंगा कि भारत सरकार तथा राज्य सरकारें देश की ग्राम जनता की प्रारम्भिक आवश्यकताओं की पूर्ति करने में पूर्णतया असफल रही हैं।

भारत सरकार तथा विभिन्न राज्य सरकारें इस देश की ग्राम जनता की जो पैट की भूल हैं, उसको शान्त करने में जो उसके मस्तिष्क का शिक्षा का भूल है उसको शान्त करने में जिस प्रकार असफल रही हैं उसी प्रकार से इस देश की ग्राम जनता के लिए सस्ती तथा सहज में सुलभ होने वाली डाक्टरों की सहायता प्रदान करने में भी असफल रही हैं।

आज अगर हम सारे देश की बिक्रिमा पद्धतियों की ओर धृष्टिपात करें और देश की ग्राम जनता के लिए जो कि विभिन्न रोगों से पीड़ित है, उसको क्या राहत पहुंचाई गई है; उसको देखें तो हमको पता चलेगा कि जो जो सुख सुविधायें बड़े-बड़े अस्पताल खोल करके और अन्य प्रकार की चीजें सुलभ करके नगरों को पहुंचाई गई हैं, वही सुविधायें गांवों में रहने वाले करोड़ों नागरिकों को जिन के बल बूते पर आप और हम सब यहां पर बैठे हुए हैं नहीं पहुंचाई गई हैं और जितनी पहुंचाई जानी चाहिये थी, उतनी नहीं पहुंचाई गई है। गांव में रहने वाले किसानों के लिए जो रात दिन परिश्रम करते हैं, गांव में रहने वाले गरीब जो कि विभिन्न प्रकार के रोगों से पीड़ित हैं, उनकी ओर न केन्द्र का और न ही राज्यों का ध्यान है। मैं तो कहूंगा आप जितनी भी स्कीमें बनायें, जितने भी कार्यक्रम बनायें, आप गांव में

[श्री जगदीश शक्ती]

रहने वाले गरीब लोगों का जो कि भीषण रोगों से पीड़ित हैं, निश्चित रूप से ध्यान रखें और अधिक से अधिक सुख सुविधायें उनको प्रदान करने की चेष्टा करें। साथ ही साथ आपका सर्वोपरी ध्यान उनकी भोर होना चाहिये। अगर आप शिक्षा के सम्बन्ध में कोई कार्यक्रम बनाते हैं तो गांव वालों को इस बात की भूल रहती है कि उनके यहां स्कूल खुलें और जब आप गांवों में अस्पताल बनाने की बात कहते हैं तो गांव वाले स्वतः परिश्रम देने के लिए तैयार रहते हैं।

16 hrs.

लेकिन सरकार की भोर से उनको कोई आश्वासन, कोई प्रोत्साहन नहीं मिलता है। मैंने ऐसे ऐसे गांव देखे हैं, मैं अपने क्षेत्र में एक गांव में गया जहां ग्रामीण जनता ने अपना रुपया खर्च करके, परिश्रम करके, ७, ८ हजार रु० में एक बिल्डिंग तैयार की अस्पताल के लिये। लेकिन वहां अस्पताल आज तक नहीं खुल पाया। बिल्डिंग खड़ी है, अस्पताल नहीं है, कोई डिस्पेंसरी तक नहीं है। और जहां बिल्डिंग नहीं है, कोई बीज नहीं है, वहां अस्पताल खुलें हुए हैं। इस तरह की जो बीजें हो रही हैं, मैं चाहूंगा कि उन पर ध्यान दिया जाय। यह कह कर कि यह राज्य सरकार का काम है, इसे नहीं छोड़ दिया जाना चाहिये।

दूसरी बीज में यह कहना चाहूंगा कि आज संसार में अगर कहीं सबसे ज्यादा राज-रोग है, टी० बी० का रोग है, तो वह भारतवर्ष में है। और अगर भारतवर्ष में कहीं उसकी संख्या ज्यादा है तो वह उत्तर प्रदेश में है। वहां पर लोग इससे सब से ज्यादा पीड़ित हैं। और उत्तर प्रदेश में अगर वह किसी नगर में सबसे ज्यादा है तो वह कानपुर है। मैं समझता हूँ कि मन्त्रालय इसको भली भाँति जानता है कि कानपुर में हजारों की ताबाद में लोग इस

रोग से पीड़ित रहते हैं। इस रोग को राजरोग कहा जाता है। पहले यह बड़े आदमियों को हुआ करता था, लेकिन अब यह सिर्फ गरीबों को हुआ करता है। बड़े आदमियों को नहीं होता है। कानपुर नगर में जो कि उत्तर प्रदेश का सबसे बड़ा औद्योगिक नगर है वहां अभी तक केवल तीन ही अस्पताल बने हुए हैं। और उनमें केवल ७२ चारपाइयां टी० बी० के लिये, जबकि हजारों लोग आजकल टी० बी० से परेशान रहते हैं और महीनों वहां भर्ती होने के लिये वेटिंग लिस्ट में पड़े रहते हैं। लेकिन उन को कोई स्थान नहीं मिलता। अगर उन को पूरी सुख सुविधायें प्राप्त हों, ठीक व्यवस्था हो तो जो मौत के मुँह में जाने वाले हैं, शायद उनकी बचाया जा सके। सारे उत्तर प्रदेश राज्य से केवल एक से निटोरियम मुआली में खुला हुआ है। आखिर कितने गरीब लोग वहां जा सकते हैं? वहां आज केवल बड़े लोग ही जा सकते हैं। इसलिये मैं चाहूंगा कि कानपुर में जहां एक मेडिकल कालेज बना है, और भारत सरकार भी यह दम्भ करती है कि वह एशिया का सबसे बड़ा कालेज होगा, राष्ट्रपति ने उनका उद्घाटन किया, जो आज वहां की हालत है, उस को देखा जाय। वहां का प्रबन्ध बड़ा अनुपयुक्त है। अभी उत्तर प्रदेश असेम्बली में इस सम्बन्ध में चर्चा हुई कि इतनी बिल्डिंग तैयार हो रही हैं, करोड़ों रुपयों का सरकार ने अनुदान दिया है, लेकिन वहां सभी जगह स्टाफ रखने में पक्षपातपूर्ण ढंग से काम लिया जा रहा है। कोई व्यवस्था नहीं है। मेरा यह निश्चित मत है कि सरकार जहां जहां मेडिकल कालेज खोलती है, उस के अन्दर जो अस्पताल होता है वहां मरीजों के साथ प्रयोग किया जाता है। मरीज के पास बहुत से बिचार्य खड़े हो जाते हैं, कोई उसका हाथ देखता है, कोई उसका पैर देखता है कोई व्यवस्था करता है। यहां तक कि मरीज परेशान हो जाता है। सीनियर डाक्टर वहां रहते नहीं हैं। बहुत से ऐसे केसेज हो गये हैं

कि जो मरीज ठीक हो सकते थे, वे लापरवाही से सवा के लिये बिदा हो गये। सन् १९४६ में एक केस यहाँ पर मालूम हुआ। चार वर्ष की एक बच्ची बालिका बस गई थी, वह यहाँ इरबिन होस्पिटल में भर्ती हुई। दो दिन तक बेचारी पड़ी रही। उसके बाद मेडिकल कालेज के विद्यार्थी लोग आये, उन्होंने उस पर प्रयोग किया और उस बालिका का भन्त इसलिये हो गया कि उसको समय पर आक्सीजन नहीं मिल सका। इसके बाद जब वह लड़की जलाई गई तो आप ने देखा कि उसके पैर में एक नस काटने का घाव बना हुआ था। बाद में मालूम हुआ कि उस को ब्लड देने के लिये घाव किया गया था। लेकिन उस घाव से ब्लड दिया तो नहीं जा सका, हाँ उस बालिका के शरीर का स्वाभाविक ब्लड उससे बह गया। उसके पिता ने बहुत कोशिश की किन्तु कोई जांच नहीं हो पाई, कोई भी चीज नहीं हो पाई। इस सम्बन्ध में ज्यादा न कह कर मैं इतना ही निवेदन करना चाहूंगा कि इस प्रकार के बहुत से केसेज होते हैं। स्वास्थ्य मंत्रालय इस बात को देखे कि जहाँ पर मेडिकल कालेज है, वहाँ जो व्यवस्था है वह अच्छी हो।

यहाँ परिवार नियोजन के सम्बन्ध में बहुत कहा गया है। मैं ज्यादा तो नहीं कहूंगा, केवल इतना कहूंगा कि परिवार नियोजन का जो कार्यक्रम है वह इस बात का द्योतक है कि उसकी फेल्योर हो गई है क्योंकि एक तरफ आप परिवार नियोजन कर रहे हैं और दूसरी तरफ देश की आबादी बढ़ती जा रही है। जिस मर्ज की आप दवा कर रहे हैं, वह मर्ज बढ़ता जा रहा है। इससे ज्यादा इस बात का सबूत और क्या हो सकता है कि परिवार नियोजन का कार्यक्रम असफल हो गया।

भन्त में मैं एक बात कहना चाहूंगा। सरकार भारतीय भिक्षुता पद्धति, जो प्रायुर्वेदिक पद्धति है, उसके बारे में बहुत ही

पक्षपातपूर्ण कार्य कर रही है। सदन में आज तक एक बात की ओर ध्यान नहीं दिया गया। उसे मैं कहूंगा। बनारस हिन्दू यूनिवर्सिटी में, जो केन्द्र द्वारा संचालित है, एक प्रायुर्वेदिक कालेज है। उसमें सर्जरी की शिक्षा दी जाती है। वहाँ पर योग्य प्रिंसिपल कई वर्षों से नहीं है। इस सम्बन्ध में वहाँ के विद्यार्थियों ने हड़ताल की कि उनको योग्य प्रिंसिपल चाहिये। हिमाचल प्रदेश में जो सिविल सर्जन मि० उडूपा हैं वे उसी कालेज के छात्र हैं। उन्होंने कनाडा से एम० एस० की डिग्री ली, एक० ग्रार० एस० की डिग्री ली। वह चाहते थे मि० उडूपा वहाँ आयें ताकि मेडिकल कालेज चल सके। लेकिन उनको वहाँ नहीं बुलाया गया। जब बहुत मुश्किल से केन्द्रीय सरकार से बातचीत की गई तो यह कहा गया कि अभी वह डाक्टर साहब क्वालिफाइड नहीं हैं टेक्निकल बेसिस पर मुझे मालूम हुआ है कि अब वह कायज पर चालू हो गये हैं। मैं चाहूंगा कि हमारे स्वास्थ्य मंत्री देखें कि इतना अच्छा कालेज आज एक प्रिंसिपल का गैर-हाजिरी में बैठता जा रहा है। अगर जुलाई से वहाँ पर उडूपा साहब...

श्री करवरकर: माननीय सदस्य मुझे क्षमा करेंगे, मैं जानना चाहता हूँ कि आपकी शिकायत केन्द्रीय सरकार के बारे में क्या है।

श्री जगदीश धनलाली: मेरी यह शिकायत है कि केन्द्रीय सरकार उसको रपया देती है। वहाँ पर प्रिंसिपल के ऐपॉइंटमेंट की बात उठाई गई। मि० उडूपा वहाँ जाने के लिये इच्छुक हैं, लेकिन केन्द्रीय सरकार उन्हें इसलिये नहीं भेज रही है कि वह अभी क्वालिफाइड नहीं हैं, टेक्निकली क्वालिफाइड नहीं हैं। मैं चाहूंगा कि आप इसकी छान बीन करें।

श्री करवरकर: मैं आपको इस लिये फिर रोकना चाहता हूँ कि जो यह चीज आपने कही वह ठीक नहीं है। जिस बच्चे

[श्री करमरकर]

डा० उड़ाया जाना चाहें, उनको बीबस बंटे में भाजाया किया जा सकता है।

श्री जयवीर लखवानी : वह जाना चाहते थे।

दूसरी बात में यह कहना चाहूंगा कि जो इस प्रकार की मिस्ट सिमा प्रणाली आज चल रही है आयुर्वेदिक और ऐलोपैथिक पद्धतियों में उसकी ओर ध्यान दिया जाये। आज जो विद्यार्थी इस प्रकार से निकल रहे हैं उनकी डिग्री कहीं रिकग्नाइज नहीं की जाती है, कोई रजिस्ट्रेशन नहीं होता है। अगर वह विदेशों में पढ़ने जाना चाहें तो इन्डियन मेडिकल काउंसिल द्वारा उनकी डिग्री को रिकग्नाइज न करने की वजह से कोई विदेशी यूनिवर्सिटी उन्हें भर्ती नहीं करती है। इसलिये आज जो मिश्रित चिकित्सा पद्धति के आधार पर मेडिकल कॉलेज खुले हुए हैं। उन की ओर ध्यान दिया जाय। उनके लिये पंडित कमेटी में रिकमेन्डेशन की थी, चोपड़ा कमेटी ने भी कहा था कि एक नैशनल मेडिकल काउंसिल बनाई जा जिससे सारे देश में विद्यार्थियों का एक सा कोर्स हो, उनका एक सिलेबस हो, ठीक से सब प्रबन्ध हो और उनकी डिग्री को ठीक घोषित किया जाये। अगर सबकुछ भारत सरकार आयुर्वेद चिकित्सा पद्धति को प्रोत्साहन देना चाहती है तो जिस प्रकार से आयुर्वेद कॉलेजों में ऐलोपैथिक चिकित्सा की सर्जरी का कार्यक्रम रखा जाता है, विद्यार्थी वहां सीखने जाते हैं उसी प्रकार मेडिकल कॉलेजों में उनमें डाक्टरों को आयुर्वेद की शिक्षा दी जाये। उन के लिये भी उनमें कोर्स रखे जायें तो मालूम होगा कि सबकुछ भारत सरकार ऐलोपैथिक के साथ साथ भारतीय चिकित्सा प्रणालियों को प्रोत्साहन देना चाहती है।

ऐलोपैथिक और होमियोपैथिक के सम्बन्ध में मार्क्स जी ने बहुत कुछ कहा। मैं

उसके सम्बन्ध में कुछ विवेक नहीं कहूंगा। लेकिन अब कमेटी ने जो मांग की है, जो सिफारिश की है सरकार से कि एक होमियोपैथिक डाक्टर नियुक्त किया जाये, उसकी नियुक्ति होनी चाहिये। जिस जिस जो कमेटियां बनी हैं, चोपड़ा कमेटी बनी, अब कमेटी बनी, पंडित कमेटी बनी, उन पर लाखों रुपया सरकार खर्च कर चुकी है। अगर उनकी सिफारिशों को लागू न किया गया तो यही सिद्ध होगा कि उन कमेटियों की सिफारिशें व्यर्थ गईं और उन पर खर्च किया गया देश का लाखों रुपया व्यर्थ जा रहा है। मैं समझता हूं कि स्वास्थ्य मंत्री जी इसकी ओर ध्यान देंगे।

श्री राबेसाल व्यास (उज्जैन) : सभापति महोदय, स्वास्थ्य मंत्रालय ऐसा है जिसका सभी छोटे बड़े सभी पुरुष से सम्बन्ध आता है। लेकिन हो यह रहा है कि हानाफि हमारे यहां अस्पताल खूब बढ़ रहे हैं, दवायें नई नई निकल रही हैं, गर्नमेंट का खर्च भी बढ़ता जा रहा है, लेकिन बीमारों की संख्या भी दिन प्रति दिन बढ़ती जा रही है। यह अवश्य है कि मृत्यु संख्या में कुछ कमी हुई है, लेकिन साधारण स्वास्थ्य जितना अच्छा होना चाहिये वह हो रहा है ऐसा नहीं माना जा सकता। अस्वास्थ्य बढ़ ही रहा है। स्वास्थ्य की खराबी की रोक नहीं हो सकी है।

मैं इस सम्बन्ध में कुछ सुझाव देना चाहता हूं और मैं आशा करता हूं कि स्वास्थ्य मंत्रालय उन पर विचार करेगा और कुछ प्रयत्न करने का प्रयत्न करेगा। जो बड़े बड़े शहर हैं, जिनकी आबादी एक लाख से ज्यादा है, वह हमारे देश में ७५ हैं। होता यह है कि इन शहरों में जो ब्रेनेब है, जो नालियां हैं, जो गटर हैं, उन का पानी नदियों से मिल जाता है। इसलिये मैं सबसे पहले यह विवेकन करूंगा कि जब इसके ऊपर ध्यान इतना खर्च करती

हैं तो स्वास्थ्य मंत्रालय की ओर से एक कानून ऐसा बनाया जाये कि जिसमें यह नदियाँ गन्दी न की जायें। कल ही मैं उज्जैन से आया हूँ। मुझे लोगों ने सिन्धु में से बाल्टी निकाल पर पानी दिखाया कि उसमें हजारों कीड़े थे। उज्जैन कोशबाग सप्तरपुरियों में से है जहाँ हजारों यात्री आते हैं और उस पानी से आचमन करते हैं और उसको पीते हैं। अगर उनकी उसके पीने से बीमारियाँ न हों तो क्या हो।

इसी तरह से चम्बल में, जो नागदा की मिल है, उसका सड़ा पानी गिरता है जिसको पीने से मवेशी मर जाते हैं, फसलें नष्ट हो जाती हैं। इसलिये जो यह नदियों को दूषित किया जाता है इसको तुरन्त रोका जाना चाहिये।

इसके अतिरिक्त जिन शहरों की आबादी एक लाख से ज्यादा हो उनमें ग्रंटर प्राउंड ड्रेनेज होना चाहिये।

ऐसे सारे शहरों का सर्वे होना चाहिये और जहाँ एक लाख या इससे ज्यादा आबादी हो वहाँ पर ग्रंटर प्राउंड ड्रेनेज का प्रबन्ध करना चाहिये। हमारे यहाँ इन्दौर में सर्वे भी किया गया और उस पर काफी रुपया भी खर्च हुआ मगर ग्रंटर प्राउंड ड्रेनेज नहीं बन सका। तो जब योजना बनायी जाये तो यह देखना चाहिये कि यह काम हो सकेगा या नहीं। इस पर विचार करना चाहिये।

उज्जैन में ग्रंटर प्राउंड ड्रेनेज न होने से बीमारी बहुत बढ़ती है और लोगों को बहुत पैसा खर्च करना पड़ता है। इस प्रकार के कामों को कार्यरूप में शीघ्र परिणत किया जाना चाहिये जिससे जनता के स्वास्थ्य की रक्षा हो सके।

भोपाल अब राजधानी बन गयी है लेकिन सारे शहर का गन्दा पानी वहाँ के झालाब में जाया है। उसी पानी को सब लोग पीते हैं। भोपाल का शहर अब

बढ़ रहा है। जो लोग वह पानी पीवेंगे उनका स्वास्थ्य खराब होगा ही। तो मेरा निवेदन है कि जल्दी से जल्दी पीने के पानी के स्रोतों को गन्दा करने से रोकने का प्रयत्न किया जाना चाहिये।

इसके अलावा विद्यापियों को स्वास्थ्य के आवश्यक नियम बतलाये जाने चाहिए। अगर विद्यापियों को स्वास्थ्य के नियमों का ठीक ज्ञान हो तो वे बीमार ही न हों। उनको यह मालूम होना चाहिये कि किस प्रकार नियमित जीवन बितावें, ज्यादा न खावें, कम न खावें, आदि। मैं समझता हूँ कि इसके लिये स्वास्थ्य मंत्रालय की ऐसी योजना बनानी चाहिये जिससे कि विद्यापियों को मालूम हो सके कि किस तरह से रहें ताकि बीमार न हों।

पहले हमारे यहाँ देहातों में मातायें तुलसी, लौंग, प्याज आदि से इलाज कर लिया करती थीं। यह इलाज सस्ता होता था और सर्व सुलभ होता था। मेरा सुझाव है कि सरकार इस प्रकार के सरल इलाजों की कोई किताब निकाले जैसी कि मस्ता माहिर्य मंडल बालों ने निकाली थी। ऐसी सरल किताब निकाली जानी चाहिये जिसमें आयुर्वेद, ऐलोपैथी आदि पद्धतियों के द्वारा लोग गाँवों में इलाज कर सकें और जो चीजें वहाँ मिल सकती हैं उनमें इलाज किया जा सके।

पंडित ठाकुर दास भागवत : फिर ऐलोपैथी की दवायें कैसे लगे ?

श्री राबेन्साल व्यास : जो चीजें सर्व सुलभ हैं और जो गाँवों में मिल सकती हैं उनके द्वारा इलाज उम पुस्तक में लिखा जाना चाहिये।

प्राकृतिक चिकित्सा की ओर भी सरकार को ध्यान देना चाहिये। जैसे कि विषबाधयुक्त योग आश्रम काम कर रहा है। वे निस्वार्थ भाव से काम करते हैं। हजारों आदमी उनके पास जा कर कुंजल करते हैं, नेत्री करते हैं, शंख प्रजालन करते हैं और

[श्री राबेलास व्यास]

उससे लाभ उठाते हैं। यहां के कुछ मंत्रियों ने और प्रधान मंत्री ने भी कुछ चीजों को सीखा है। श्री जयप्रकाश नारायण जो कि बहुत समय से हाइबिटीज से पीड़ित थे उनको इससे लाभ पहुंचा है। केवल पानी से और शारीरिक व्यायाम से बीमारियां दूर की जाती हैं। तो इस प्रकार की चिकित्सा की ओर भी जल्दी से जल्दी सरकार का ध्यान जाना चाहिये।

भ्रायुर्वेद के बारे में यह निवेदन करूंगा जैसा कि मेरे कुछ अन्य माननीय मित्रों ने भी कहा है कि कुछ दवाओं पर एक्साइज ड्यूटी लगा दी गयी है, जैसे घासबों पर और अरिष्टों पर, यह उचित नहीं है। इससे बहुत असंतोष फैल रहा है। इनमें नशा नहीं होता। मैं तो निवेदन करूंगा कि मंत्री जो देखना चाहें तो एक पूरी बोतल घासब की पीलें उनको कोई नशा नहीं होगा।

श्री करमरकर : सायद कई बार शराब भी ठीक तरह से पीने से नशा नहीं होता।

श्री राबेलास व्यास : वह एक्स-पेरिमेंट करके देख सकते हैं। आज लोगों को इस बात पर बड़ा रोष है कि जिस चीज में कोई नशा नहीं है उस पर भी एक्साइज ड्यूटी लगायी जाती है। यह एक सर्व-सुलभ औषधि है जो कि बहुत स्वास्थ्यप्रद है और इससे निश्चित लाभ पहुंचता है। मेरा निवेदन है कि इस एक्साइज ड्यूटी को जो स्वास्थ्य विभागने लगा रखा है हटा देना चाहिये।

इसी तरह से भ्रायुर्वेद के औषधालयों पर काफी रपटा खर्च नहीं किया जाता। इनमें इनडोर वेलेन्स की व्यवस्था होनी चाहिये। यह भी चिकित्सा पद्धति खतरनाक नहीं होती और स्वास्थ्य बढ़ाती

है पर जहां एलोपैथी के लिये बहुत खर्चा रखा जाता है भ्रायुर्वेद के लिये बहुत थोड़ा रखा जाता है। आप बड़े बड़े घरों में भ्रायुर्वेद के बड़े अस्पताल बनाइये जिससे जनता को लाभ हो।

इसी तरह से आपको स्कालरशिप देकर ऐसे विद्यार्थियों को तैयार करना चाहिये जो कि भ्रायुर्वेद भी पढ़ें और डाक्टरी भी पढ़ें। आपको डाक्टरों को भी भ्रायुर्वेद पढ़ाना चाहिये। इस प्रकार के पढ़े हुए विद्यार्थी आपको बाद में सस्ते में काम करने के लिये भी मिल सकेंगे। आजकल डाक्टरी पढ़ाने के लिये डेढ़ सौ रुपये महीना चाहिये जो कि कोई गरीब आदमी दे नहीं सकता। इसलिये गरीबों के लड़के डाक्टरी पढ़ नहीं सकते। अगर आप उनको स्कॉलरशिप देकर पढ़ायेंगे तो वे आपको थोड़े ही रुपये में नौकरी के लिये मिल सकेंगे।

मुझे आशा है कि मेरे इन सुझावों पर विचार किया जायेगा और सरकार उन पर ध्यान देगी और इस दिशा में शीघ्र ठोस कदम आगे बढ़ाया जायेगा ताकि देश के स्वास्थ्य में उन्नति हो।

Mr. Chairman: Pandit Brij Narayan "Brijesh".

Shri Feroze Gandhi (Rai Bareilly): You will call the Minister at 4.20?

Shri Sonavane: How much time the Minister will take? That may be ascertained.

Mr. Chairman: About 45 minutes?

Shri Karmarkar: About 45 minutes, but in view of the fact that you have called another speaker, I will take 40 minutes.

Shri Feroze Gandhi: So he will speak at 4.20!

Shri B. K. Gaikwad (Nasik): On a point of information. Is he the last speaker?

Mr. Chairman: Yes, I am afraid so. I find that three speakers exceeded their time, and we have got another discussion at 17.00 hours.

Shri B. K. Gaikwad: I had given my name.

Mr. Chairman: I have many other names also here. I have been endeavouring to give everyone a chance.

Shri B. K. Gaikwad: There is one Party in the House, the Republican Party. There are 9 Members, and they are not allowed to speak. I am of the opinion that they are given partial treatment in this House. That is not proper.

Mr. Chairman: Order, order. I can assure the hon. Member that so far as I am concerned, I am not even aware of it. But the fact remains that I have called the next speaker, Pandit Brij Narayan "Brijesh".

पंडित ब्रज नारायण ब्रजेश (शिवपुरी): सभापति महोदय, स्वास्थ्य का विषय किन्हीं पार्टियों का दल विशेष का विषय नहीं है। इसका सम्बन्ध देश के साथ है। और मुझे प्रमत्तता है कि सदन में लगभग सभी सदस्यों ने इस सम्बन्ध में अपने विचार और चिन्ता व्यक्त की है। हम किसी भी देश या राष्ट्र को यदि शक्तिशाली बनाना चाहते हैं तो सबसे पहले हमें उसके स्वास्थ्य की तरफ ध्यान देना चाहिये। हमारे यहां स्पष्ट घोषणा की गयी है:

सर्वाथ काम मोक्षानाम्, मूलमूली कलेवर,
तत्त्व सर्वाथ संसिध्य, मवेद्यादि निरामय।

धर्म, काम और मोक्ष, इन चारों धर्म पक्षों की प्राप्ति हम सभी कर सकते हैं जब हमारा शरीर स्वस्थ होगा। स्वस्थ शरीर में ही स्वस्थ मन निवास करता है और स्वस्थ मन में ही स्वस्थ विचार आते हैं। शरीर यदि सक्षम है तो मन भी सक्षम होगा और उसमें विचार भी प्रविष्ट पैदा होंगे, और जब प्रविष्ट विचार पैदा होंगे तो देश में प्रशान्ति पैदा होगी, और जब प्रशान्ति पैदा होगी तो योजना का सारा पैसा प्रशान्ति को दमन करने में लग जायेगा और सारा कारोबार बन्द हो जायेगा। अस्तु दुनिया में हमें सबसे अधिक देश के स्वास्थ्य की तरफ ध्यान देना चाहिए और उसके लिए अधिक से अधिक व्यय किया जाना चाहिए ताकि लोगों को नीरोग बनाया जा सके। यह खर्च करना अत्यन्त आवश्यक और अनिवार्य है।

मैं समझता हूँ कि जिस प्रकार देश की सुरक्षा आवश्यक है उसी प्रकार मनुष्य के शरीर की रक्षा भी आवश्यक है। प्रत्येक व्यक्ति के द्वारा ही राष्ट्र बनता है और हर एक व्यक्ति यदि अस्वस्थ हो जायेगा तो सुरक्षा भी कौन करेगा। जब मनुष्य स्वयं ही रोगी है तो बचायेगा कौन? सबसे प्रथम शरीर का बलिष्ठ होना, बलवान होना अत्यन्त आवश्यक बात है। राष्ट्र को शक्तिशाली बनाने के लिये, यह जो स्वास्थ्य का विभाग है, वह अपना एक अलग महत्व रखता है और बहुत अधिक महत्व रखता है।

मैं देखता हूँ कि मेरे देश में स्वराज्य आ गया है। इसमें कोई सन्देह नहीं परन्तु सम्पूर्ण स्वराज्य आ गया है, यह मैं इसलिये नहीं कह सकता कि हर विद्या में मेरा राज्य नहीं है। जिस प्रकार शिक्षा के क्षेत्र में मेरा राज्य नहीं है, उसी प्रकार स्वास्थ्य के क्षेत्र में भी मेरा राज्य नहीं है। वहां पर मैं दूसरों के द्वारा संचालित हूँ अर्थात् जब वहां आये, तो अपनी पद्धतियाँ

[पंजित बज नारायण बजेस]

जी हमारे सिर पर नाद गये—शिक्षा पद्धति भी और साथ ही साथ इलाज करने की पद्धति भी हमारे सिर पर नाद गये। इस सम्बन्ध में मुझे भ्रम के ये शब्द याद आ रहे हैं—

तिथल में दू आये क्यों मां-बाप के भतवार की,
दूध तो डिब्बे का है और तालीम है सरकार की।

सरकार की तालीम चल रही है और डिब्बे का दूध खाने को मिल रहा है, तो लोग कैसे अपने शासन का साथ देंगे, अपनी गवर्नमेंट को बलशाली बनायेंगे? यह महत्वपूर्ण विषय है, जिस पर विचार किया जाना चाहिये। यह जो कोआपरेशन नहीं मिलता है, उस का कारण क्या है? हमारा मन स्वस्थ नहीं होने पाता है। जो धर्मजी पद्धति चली आ रही है, हम जानते हैं कि हमारी सरकार उसके बारे में विवश है, बाध्य है। इतनी बड़ी जो मशीन है, इतनी बड़ी दवाइयां जो लाद दी गई हैं, इन सबको एक ही दिन में नहीं हटाया जा सकता है। किन्तु फिर भी मेरे राज्य की प्रवृत्ति इस दिशा में होनी चाहिये कि जितना अधिक हम अपने घर की वस्तुओं का उपयोग करेंगे, उतना ही हमारे लिये लाभकारी होगा। एक तरफ देश में मुद्रा-स्फीति बढ़ रही है, दूसरी तरफ पेंनेसिलीन से इलाज किया जा रहा है। लोग तंग हैं। मैं अपने विभाग के एक सज्जन को हास्पिटल में मिला। वह पेंनेसिलीन के इन्जेक्शन के कारण परेशान थे। उन को पसीना आ रहा था, आंखों से पानी बह रहा था, आंखों प्राण निकलने लगे हों। क्या हमारी साधारण दवाइयों से काम नहीं चल सकता है? क्यों हम पैसा भी खर्च करें और साथ में खतरा भी भोले हैं? आयुर्वेद पद्धति को यदि वहां स्थान दिया जाये, तो बोझों में ही काम चल सकता है। यदि मैं यहां पर नुस्खा भी देने लग जाऊं, तो छुप आश्चर्य करेंगे

कि पुष्टि और ताकत के लिये इतने छोटे छोटे नुस्खे हमारे लोगों ने दिये।

सीमाय्य पुष्टि बल शुद्ध विषयनामि,
किम् सन्ति नो बहुनि रसायनामि।
कन्वर्षं बधिनि किन्तु सिताज्य युक्ताः
दुग्धाद्वैते नमम कोपि मतः प्रयोगः।

वे कहते हैं कि सीमाय्य, पुष्टि, बल और वीर्य को बढ़ाने के लिये बहुत से टानिक हैं दुनिया में, किन्तु शुद्ध दुग्ध, जिस में बूत और मिसरी मिली हुई है, से बढ़ कर कोई टानिक नहीं है। आज पाउडर क्रीम और साथ में स्नो पर खर्चा होता है, लेकिन मैं कहता हूँ कि रात्रि में आध सेर दूध में छटांक घृत और मिसरी डाल कर पीजिये, तो किसी दूसरे के गाल से गाल रगड़ो, तो वह भी चिकना हो जायगा। स्नो और क्रीम की कोई आवश्यकता नहीं रहेगी। लेकिन आज अवस्था यह हो रही है कि स्नो और क्रीम पर खर्चा हो रहा है, लेकिन जो सामग्री प्राप्त होनी चाहिये, वह प्राप्त नहीं हो रही है और न उस तरफ शासन का ध्यान ही आ रहा है। मैं यह निवेदन करना चाहता हूँ कि आयुर्वेद शास्त्र की तरफ गम्भीरतापूर्वक ध्यान दे कर अन्वेषण करने की आवश्यकता है—केवल बातों से काम नहीं चलेगा। आज भी अनेक वैद्य गांवों में पड़े हुए हैं, जिन के दो पैसे के नुस्खे से काम चल जाता है, जो कि दो सौ से नहीं हो सकता है। सरजन के पास लोग जाते हैं। राय लेते हैं। उस में दस दिन लग जाते हैं। राय लेने के दो सौ रुपये लगते हैं और अगर इलाज कराया जाय, तो चार सौ रुपये लग जाते हैं। इस अवस्था में गरीब तो इलाज नहीं करा सकता है। उसको तो मर ही जाना चाहिये। फिर अनेक प्रकार के मैडिकल हाल खुले हुये हैं—गुरु मैडिकल हाल, तिबारी मैडिकल हाल, राजपूत मैडिकल हाल, हत्यारा मैडिकल हाल। ये सब मैडिकल

हाल लूटने और खाने के लिये खुले हुए हैं और लोग परेशान हो रहे हैं ।

आज हमारे यहाँ गाँवों में क्या हो रहा है ? गाँवों में स्वास्थ्य की समोचित सुविधायें न होने के कारण, बाहर से जो हमारे शत्रु आ रहे हैं, वे लोगों को पकड़ पकड़ कर इस आघार पर बिस्मौली बना रहे हैं । वे हमारे साथ कैसे रह सकते हैं ? यदि उनको राज्य के द्वारा सस्ती और अच्छी स्वास्थ्य की सुविधा नहीं मिलेगी, तो भर्मान्तर के साथ ही राष्ट्रान्तर होगा और उनकी नैशनलिटी दूसरों के साथ बंध जायेगी और आज जो हमारे मित्र हैं, वे कल हमारे शत्रु हो जायेंगे । इस को कोई नहीं रोक सकेगा । राज्य को सुदृढ़ और शक्ति बनाने के लिये सस्ती और सुविधा-पूर्वक मिलने वाली आयुर्वेद पद्धति की तरफ, गम्भीरतापूर्वक ध्यान देने की आवश्यकता है । केवल भाषणबाजी में काम नहीं चलेगा । मुझे प्रसन्नता है कि इस सदन के बहुत से माननीय सदस्यों ने इस पर जोर दिया है और माननीय मंत्री महोदय को अब इस बारे में निश्चय हो गया होगा । अब कोई विशेष प्रार्थना की आवश्यकता नहीं कि वह आधी में ज्यादा रकम भारतीय पद्धति की तरफ खर्च करें और जिस जिस ग्राम में हजार, दो हजार की जन-संख्या हो, उसमें जरूर औपधालय स्थापित करें, जिससे लोगों को विदबास हो कि मेरा अपना राज्य है और बीमारी के समय यहाँ से मुझे औपधि मिल सकती है । वह जय तो बोलें आपकी और मरते वक्त अंग्रेजी दवाओं को देखें । हमारे यहाँ मरते वक्त गंगाजल दिया जाता है । आप तुलसी जल दें, परन्तु कुनीन क्यों देते हैं, कंट में वैनेसिलीन क्यों लगाते हैं ? मरते समय उनको अपने देश की औपधि दें, ताकि आप पर उन को भरोसा हो और मरने के बाद वह फिर आप का साथ देने के लिये आयें । आप चाहते हैं कि वे मरने के बाद दूसरों के डो कर आयें । हम तो इसी लिये अपनी

बीज देते हैं कि मर कर फिर हमारे पास ही चला आये । यही हमारी किसानजी है, यही हमारा तत्वज्ञान है ।

अन्त में मैं फिर यह प्रार्थना करूँगा कि भारतीय यूनानी पद्धति की तरफ ध्यान दे कर उसको प्रश्रय देने की आवश्यकता है, ताकि देश में यह विश्वास पैदा हो कि हमारे राज्य को हमारे स्वास्थ्य का पूरा ध्यान है ।

Shri B. K. Gaikwad: Mr. Chairman, Sir, I am not very fond of talking in this House. But, whenever I get an opportunity, I want to represent the grievances of those who are not represented or grievances of which are not put before this House. So much has been spoken about the items that are dealt with by the Ministry of Health. But, I find that there is one item which has not been as yet tackled by any of the hon. Members—I do not blame them—and that problem is slum clearance, particularly in the Delhi Municipal area.

Sir, Delhi is the capital city of India. You will find at one end there is the Ashoka Hotel. At the other corners you will find in huts whose height is 4 ft. and whose length and width are something like 4 to 5 ft. six or seven members living in such a hut. In short, you will find on one side there is heaven and on the other side there is hell in this capital city of India. Several foreigners, Rajahs and Maharajahs are visiting Delhi. Of course, we take them to the Ashoka Hotel and make every arrangement for them. But, if we take them to these places, they will come to know what India is and how poor are the people of India.

Shri Jagdish Awasthi: They won't praise the Government.

Shri B. K. Gaikwad: Whether they will praise them or will not praise them is different. But, you will find that whenever questions are put the information which is supplied by the

[Shri B. K. Galkwad]

Ministers concerned is not correct. During the last week, Government brought forward the legislation Public Premises (Eviction of Unauthorised Occupants) Bill which has been sent to the Joint Committee for consideration. What is the substance of that Bill? The substance of that Bill is that they want to evict all the unauthorised occupants. Who are the unauthorised occupants? Those people who have constructed this new Delhi and all other new constructions wherever they are coming up. These poor people who are living in these huts have constructed these buildings. They have unauthorisedly occupied some Government land or some municipal land and Government want to evict them immediately by passing this Bill. I do not know what the reply the Government is going to give if the question is put as to what other alternative arrangements are going to be made if these people are evicted.

When questions were put as to the number of homeless people in Delhi, the reply which was given by hon. Deputy Home Minister Shri Datar was that it was 8,000 and now it must have come to about 10,000. But, if you go through the report that has been published by the Health Ministry, you will find that the Ministry has said that there are 20,000 families, homeless families—not 20,000 but 20,000 families—and it is not possible for Government to make some arrangement for them within two to three years. If Government is not in a position to make any arrangement within 2 to 3 years, then, what will be the position of those people who are living in these huts? As soon as this legislation is passed, the question will be before Government. When this Bill was under consideration, several people represented their grievances. They were thinking of having a *morchā* on Government. But the question before Government is that, unless and until some provision is made for their residence, they should not be evicted from the places

where they are residing. That was the grievance I put before the House by way of moving that cut motion. There were so many figures with me which I could have put before the Government but there is no time at my disposal. As a great favour by the Chairman, I was allowed to say these few words. That is why I conclude with these words. I hope that the Government will look into the matter and see that these people are not evicted from their present hutments unless and until they are provided with alternative accommodation.

Shri Karmarkar: Mr. Chairman, I am grateful to the hon. Members who have participated in the debate for the high level which they maintained in the debate and for the many useful suggestions that were put forward to our advantage. When I try to the best of my ability to do justice to the various observations made here, I find it physically impossible to do so within the time available to me. Ultimately, as every debate on the health of the nation, this debate results in important suggestions regarding the problems before us. I am also grateful, I must say, as all that has been said has been really relevant to the scope of the work of the Government. It is often that some well-meaning friends complain for directing them to the States for a particular question. As circumstances would have it, depending upon the financial resources as between the States and the Centre and the particular division of work between the States and the Centre, it is the function of the States to cater to the direct medical needs of the population of each State. It is for the Centre to take active interest in and formulate schemes relating to All India problems—problems like Malaria, T.B., filaria, cancer, and if I may say so, family planning and things like that.

Shri V. P. Nayar Is it a disease?

Shri Karmarkar: I know Mr. Nayar would look upon it as a blessing and that is why I said: "If I may say so".

That is how it is. That is the broad demarcation within which we function. I am happy that suggestions of a useful nature have been made on all these subjects.

I will first deal with the observations connected with what may be called common national programmes. A complaint came from a colleague of ours about the taking of steps regarding malaria in a particular district or region where he came from. This is one of the items on which the country as a whole can look upon with a sense of satisfaction. From what was known to be a national malaria control programme, we are about to switch on, on the 1st of April, to the national malaria eradication programme. I was once pointedly asked about the difference between these two programmes. (*Interruptions.*) If two hon. Members speak, it is difficult to follow. I can lend one ear, to each but it will not help.

Shri V. P. Nayar: It is a bad day for beginning it. It is not an auspicious day for a good venture.

Shri Karmarkar: This is people who look upon this in the conventional way, but for the Government which has equal faith on all the days of the year, any day is good enough.

Shri Sadham Gupta (Calcutta—East): Then why should the Ministers be sworn on the 2nd April?

Shri Karmarkar: I was saying that some hon. Members did not understand the difference between control and eradication. There has been a progressive decline in the incidence rate of malaria. Take for instance the figures. In 1947, a rough assessment of malaria incidence shows about 75 million cases. There was some effort and at the time of partial control, during 1953-54, the incidence came down to 60.7 million. It steeply came down to 41.2 million cases in 1954-55 and there was another steep fall in 1955-56 and the number was about 19.3 million. Doubtless between 1956 and now, the figure must have gone down still

farther. The hon. Members may perhaps think it a little exaggeration but it is really true. In some of the cities, for instance in Delhi, many reports come of malaria fevers. But when we examine the blood samples, it is not malaria. Maybe, on account of the effective action taken, malaria is a thing of the past in some areas. That is due to the co-operation of the people and the effectiveness of the programme itself.

Now, what happens is this. The original scheme's coverage was not a total coverage. The eradication scheme contemplates total coverage, going into the nook and corner, having more intensive efforts and further lessening the incidence of malaria. It has been found that this would be cheaper also. If we had gone on along the control programme in the Second and Third Plans, the expenditure would have been Rs. 52 crores. The programme of 2 years control programme and six years of the eradication programme and two years of maintenance during the Second and Third Plan would be Rs. 66.35 crores. But the annual expenditure after the eradication programme is successfully gone through will be round about two crores as against Rs. 24 crores under the control programme for five years. That is what we are on. If the co-operation and the excellence of the work continue or increase, we look forward to a period when we shall be able to cover the whole country with this programme with less expenditure in the result. Perhaps we cannot conceive of a period when we can completely eliminate malaria. Conceivably there may be a few cases but it will cease to be a problem. I can give this assurance to my hon. friend who complained about a particular area. Unless the mosquitoes in this particular area are different from those in the other parts of India, he can rest assured that his area will be rid of this disease. No doubt, it is possible that in our present control programme, we may not have been able to reach his area. So, he might have possibly been

[Shri Karmarkar]

less hopeful than he should be. It is possible his area is one of those areas left out. I can assure him that his area will come under this complete eradication programme with equal success.

Next in importance is filaria. It is rather a fell disease. It comes very quietly. It does not kill a patient. It does not show even that mercy of killing quickly. It rests with him or her. The suffering is long, and of a peculiar kind. Though the mortality is not considerable, the psychosomatic disturbances caused by the disease and their consequent effects on the community, loss of manpower due to incapacitation as also the social stigma resulting from the physical disfigurement, etc. make this disease worse than malaria. I am rather sorry. I frankly share my feelings with the Members here. Owing to paucity of funds and also owing to the fact that we have given top priority to the malaria programme for which we receive such large aid from foreign sources, we have had very regretfully to curtail our programme regarding this. I wish it is possible for the Government and this Ministry to muster up more funds than we are able to during the Second Plan and get along with a programme of filaria control on the scale which we had originally planned. I would also make a plea for a little of public co-operation in this matter because, unlike prophylactic measures in some other ailments which are simple enough, in respect of filaria in the very act of giving a protective injection you inflict some pain, some fever and things like that on the person whom you want to immunise. There it is that we shall very much appreciate hearty public co-operation, especially from the area of my hon. friend, Shri V. P. Nayar which happens to be an area severely suffering from this disease. In spite of his complaints of what is being done and what is not being done in his area, I am very happy to say that our aid was heartily given and it was heartily received. I should also like to say that the Min-

ister for Health in Kerala is a wide awake person, and I am quite sure that many of my hon. friend Shri Nayar's complaints of what is being done there are absolutely groundless.

While on this point about filaria, for the information of the House I might say that we are trying synthesised insecticides as also indoor residual sprays, but I am advised that it takes 5 to 7 years for the microfilarias to disappear from an infected person. There have been some drugs like Hatrazan and Banocide which have been found to be effective to a certain extent, and mass treatment along with anti-mosquito measures hold good promise for the control of the infection.

I would inform my hon. friend, Shri Nayar that Kerala happens to be one of the four States where centres which have already been sanctioned have not yet been opened and I am genuinely sorry about it. This is a problem which cannot be neglected in the least. There are four States—three centres in Kerala, two in Uttar Pradesh, two in West Bengal and one in Assam—which have not yet opened the centres; otherwise the total units of 46 would have been brought into operation.

We have also survey units for finding out filaria patients. Excepting two units for Assam which are under consideration, all the filaria survey units are in operation. The surveys at the present moment cover a population of 16.43 millions, of which actual examinations have been made to the tune of 5 per cent to 10 per cent for random samples. We have also got a training programme in which 92 filaria advisers and 105 inspectors have been trained so far.

That brings me to the problem of T.B. Much has been said about it. I agree with the observations of distinguished Members who said that this is a very serious problem. One cannot have an exact census estimate of people suffering. The latest sample survey that was taken all over the

country through six units also confirms the view that the suffering patients at the present moment may be anywhere 25 lakh persons. Although it is estimated that about 500,000 people die during the year, it is also equally true that this is not—unlike some other ailment—a problem that can be met simply by medical treatment. It is also largely a problem of malnutrition. We can never hope to solve this problem unless we also solve the problem of malnutrition side by side. Anyway, we have to make the best possible attempt to bring medical relief to those who are likely to suffer, or are incipiently suffering from this curse, or are actually suffering.

I should like to share with the House a conclusion which, as a layman, I have arrived at. It is a simple matter. 20 or 30 years ago, if anyone was suffering from T.B., if it was an advanced case it was given up as lost. Thanks to the progress today among the experts in the country, very good operations are made, operations which we did not have 30 years back. There is a greater deal of treatment and attention given, and it was something of a surprise to me to find when I paid visits to some of the leading hospitals and sanatoria—what then was to my utter dismay—that one-third of the accommodation for paying patients was vacant, which was full 10 or 15 years back. On a little further thought, I found that there should be no surprise about the matter, because these days domiciliary treatment can also be equally effective, thanks to the modern system—in spite of whatever feeling we have of this system or that system—and the modern researches in medicine which have brought medicines of a very good character to combat T.B. It is possible now for a man not to have to resort to sanatorium at an expense of Rs. 50 to Rs. 100 a month. He can remain at home, consult a doctor, get treatment and manage the whole thing within Rs. 30 or Rs. 40.

In a sense, one might say that so far as the middle class and higher middle class sufferers are concerned

the problem has been made a little easy, but the large majority of sufferers are the poor man, about 70 per cent to 80 per cent. For them we have a programme for increased number of beds, programme for isolation of beds and for larger aid to all institutions, catering clinics and the like, programme to give X-ray apparatus to 200 clinics—this year we gave it to 60 units—and other efforts. In spite of all our efforts, I think it can be easily said that it is an impossible programme, if we think in terms of taking them to any particular place—resort, sanatorium or a hospital—and keep the patients there for treatment. We have to take the treatment to their door.

From that point of view, there is a very good experiment being done in Madras as to how far this domiciliary treatment can be successful. In this connection, I am happy to see the large non-official aid that has been coming from distinguished institutions who have been doing work in social service for a long period of years. Many Christian Mission institutions, institutions being conducted by Ramkrishna Mission and many other public spirited bodies and charitable institutions are rendering, I must say gratefully, very meritorious service. If I might add without any disparagement to what we ourselves are doing in the field, some of the work that is being done by them is sometimes much better than some of the work that we have been doing. I am proud of that. It had been, if I may put it humbly, one of my efforts to see to it that so far as is possible these private efforts should be encouraged. I am happy to say that my Ministry has been able to do something precious by these institutions and, by and large, I am also happy to tell this House that these institutions have utilised that aid to the great advantage of sufferers who go under their care.

Shri Jagdish Awasthi: What about Kanpur which has got the highest number of T.B. patients?

Shri Karmarkar: If it is a deserving case, it will always be helped; I have no doubt about that. We do not go by the highest number but by the efficiency of the institution. It is an industrial area and, therefore, it is likely that the highest number may be there. I am prone to believe that the rural areas are likely to face less of this problem—not only T.B. but same is the case with regard to all other ailments—and it is likely to be on the increase in cities like Bombay, Calcutta, Kanpur—of course, it comes a little below—Madras and places like that.

Shri P. R. Patel: Is it not much more in villages?

Shri Karmarkar: It is very difficult to say how many birds are sitting on this tree and how many on that; by the time we count the birds fly away.

The problem is serious enough both in the villages and in the towns, but I will not hide from the House the fact that it is much more in the case of larger cities where there is less fresh air, more congestion, more slums and less opportunities for children to play. Maybe—I may be wrong—during the next ten years bigger cities are going to be the worse affected than the rural areas. Rural areas are good if we give good water and a little help like that. Our peasants are perhaps a little more sturdy than people in towns. We need not divert to it and have a full discussion on that; it is not exactly relevant here.

Having dealt with T.B., I should also like to say a few words about another problem, and that is about cancer. Cancer, I am told, is a problem of old people. Well, it is no comfort to us. It is a problem which needs to be looked into. I am told—that in an advanced and prosperous country like the United States of America, the incidence of cancer, relatively speaking, is almost about the same as tuberculosis in India. At any given moment, there are about a million patients suffering from cancer in the United States and

about 200,000 people die every year which is well for a country of that size and prosperity and well-being. That is there. I was told that one of the reasons is that people live longer there.

The other day I read a small paragraph in one of the newspapers that one of the worries of the government in a particular country was that the people have begun to live longer; the result of it being that the longer you live that greater the worries you have I do not want to depress the ambition of the people who want to live for full hundred years. But it is my duty to tell them that the longer that they live and when they become nearer a hundred they are likely to contract some of these things which are very undesirable. Anyway, it is no comfort for us to find, whether in Bombay, Calcutta or Madras or Hyderabad or in any larger city and the villages, the cancer cases are going up more and more.

16.51 hrs.

[MR. SPEAKER in the Chair]

We are trying to do our best, to do whatever we can, in the field.

The next in the order of importance, in the observations made, was family planning. I think before I come to family planning, I would deal with leprosy. About leprosy, the report that has been placed before the House gives a fairly good idea of what is being done. In the field of leprosy, even before the Government came very actively on the scene, there were non-official organisations going into it, and I must here acknowledge with gratitude the great and immense services that have been rendered by the Gandhi Smarak Nidhi. In fact, they were the organisation which gave us the first batch of workers in Himachal Pradesh when we began our work.

I am also proud to say that in the nine centres they have been conducting till now,—what they call the survey and home-to-home treatment, a

domiciliary treatment basis—the work done is of a very high order. I had occasion to visit one such centre in Kerala when I was there last time. I found that in a population of 11,000, in 31 villages, they surveyed the whole population, and they got about 800 patients. I was very happy to observe that about 150 of them were sent back completely cured, a result which is really creditable. And so, in a like manner, there were other institutions also which were doing good work.

Now, under a scheme that has been adopted by Government, we are trying to spread roundabout the country what we call control schemes. We have till now developed four treatment and study centres; 36 subsidiary centres; these were sanctioned during the first Five Year Plan. There are 34 subsidiary centres during the second Five Year Plan period—I have got those figures in which we may not be interested just now. So, out of 74 centres that have been sanctioned, about 57 have started functioning.

I am told that a population of roundabout 40 lakhs has been surveyed. About 38,000 patients—I forget the actual figure—have been found and treatment is being extended to them. I am sorry to tell the House this—that so far as my assessment of actual work is concerned, I am not prepared to say that work is being done satisfactorily everywhere. It depends upon so many problems. Leprosy, in the first instance, was a repelling disease. People ran away from that. But I am happy to say that States are doing their best, the best that they can, towards meeting this menace. The work has been slow, and the disease is very difficult to cure. But, in any case, this is the only way in which we thought we can grapple with this problem to cover the whole country by these centres of survey and treatment. I cannot dwell on this subject longer for want of time.

Then I should like to come to another subject. I may say that my

Ayurveda friend there who spoke about this family planning, did not give a shot at it before he dealt with it, because he said this is never going to succeed. In any case, I am quite sure that so far as he is concerned, he has not that problem, and so far as others are concerned, he has all his best wishes for it. While on this point, I am happy to tell the House that unlike the atmosphere that was there, about two or three years ago, about family planning, which always raised a smile wherever anyone advocating this went, the problem is being taken up quite seriously. It is not, in fact, a discovery, but it was a thing which was obvious and which one did not see. When we began our family planning programme officially, we found, to our pleasant surprise, that the art was being practised long before by educated people without advertising their action for obvious reasons. I was very relieved to find the seriousness with which our people have begun to look upon this problem.

If the House would pardon me, I may share with it an instance. I am giving the instance of a young man.

Mr. Speaker: Hon. Members are anxious to know what the Government has done now, what facilities, if any, are provided by way of instruction or otherwise.

Shri Karmarkar: Since doubts were expressed about the feasibility of it, I was trying to tell them—but it is not really important. I might tell it on some other occasion.

Mr. Speaker: The hon. Minister knows that the time is short.

Shri Karmarkar: I request that another ten minutes may be given to me, because the debate began at 12-10 P.M. The method by which we are operating now is that we have set before ourselves the goal of a certain number of clinics. The target period that we have put before ourselves as up to March, 1958, as part of our Plan for the Second Five Year

[Shri Karmarkar]

Plan, was 370 clinics. We have divided this into two types of clinics—one is the rural and the other is the urban. Then again, any Government can take up this work. A non-official organisation can take up this work. In either case, we give a non-recurring expenditure all right. With regard to recurring expenditure, we normally give the non-official organisation about 80 per cent of the recurring expenditure, and the State Government is given about 50 per cent of the recurring expenditure. It is a fact that more clinics have been opened in the urban areas, as was to have been expected, than in the rural areas.

Last year, this day, many of the State Governments had not yet appointed their family planning officers, though we had offered to pay them in full. I am happy to say that in most of the States now, as the report makes it clear, family planning officers have been appointed, family planning boards have been established, and a large number of clinics, much beyond the target, have been sanctioned. Sanction has been issued for 408 clinics, 244 rural and 164 urban. Of these, 377 clinics are reported to be already functioning.

In the clinics, advice on the methods of family planning is given and also contraceptives are distributed free of charge to low income groups. I should not like to detain the House very long on this part of the programme. I should just like to say—I may be permitted to say it—that almost near unanimity is now there. We were rather depressed by what well-meaning critics frightened us with—namely, in the villages this idea would not work. I am happy to say it has been falsified now. Whenever anyone goes in the villages, they put the problem to them; the village folk, men and women, have also thought about it seriously. It

is really a fact, if I may say so, that it is a good augury for the programme, namely, that the general acceptance by public opinion has been very good.

In fact, again with your permission, I can tell the House that I am happy at the type of letters that we receive from serious-method people, and I am quite sure that the House will not take it in light mood when I tell them this fact. I had a recent occasion to receive a letter in which there was a young man writing to me. It was a young man who was married, I think, on the 27th August. He writes to me a letter on the 5th September. He says: "I am 27 years old. My wife is 22 years old. We do not propose to have any children for five years. Will you kindly advise me (Laughter) as to the best methods of family planning?" I did not take it in that light mood. I directed that letter to the officer concerned, saying that here is a young man who has got a future before him, who is planning the whole thing seriously and we must give him all help. (Laughter.)

I am sorry that somehow or other for people for whom it is no problem, this subject is humorous.

17 hrs.

Mr. Speaker: The hon. Minister evidently wants to make a very dry subject very interesting and therefore, he has given these anecdotes.

Shri Karmarkar: Coming back to my point, I would look for the co-operation of the Members of this House in the working of this programme. But there is one small risk in this programme unlike in other programmes.

Mr. Speaker: What is the difficulty in Government's advising every doctor who is in charge of any dispensary or hospital to assist in this also? Instead of there being separate clinics, each doctor must be told

about this also as part of his education. Then, so far as this matter is concerned, why should there be separate clinics? Similarly, even with respect to leprosy treatment, wherever there is a hospital, a leprosy unit can be attached to it; leprosy can be controlled today, though not cured. Why should this not be done, instead of going on adding a number of separate clinics?

Shri Karmarkar: That is right. That would be the ultimate objective. You have correctly anticipated what is happening, because we really want to generalise it now. If in every hospital every doctor could know this also, it would be a good thing. In fact, at a meeting held of the Family Planning Board, a suggestion was made that a course on family planning as in leprosy tuberculosis etc. should be included so as not to overburden the student and the curriculum through which every student has to go.

The whole rationale of the family planning clinics was adopted when it was thought that the country might not take it so readily as it has already done. Now, really, the time has come when we want to universalise the programme, as you have said. In fact, if I may say so with respect, you have correctly anticipated the situation. And we are trying to request these family planning clinics not only to tell everybody as soon as he or she comes, 'Oh, do not have children' and thus give a negative message, but we are asking these doctors to look after the families. Here in Delhi, our family Planning doctors and their units undertook to celebrate children's programme on 16th November last, in order that this might be considered not as something which advocates mere family limitation and gives a negative message to everybody saying 'Do not have children' but as something that gives a positive message in order that the person may make his family limited but with a view to seeing that the family he will have will be a very happy family. And that is

the idea that is catching up very well. And there, I would like to leave the subject.

Then, I would like to refer to one or two important points that were made during the course of the debates. I am happy to know that the services of the Contributory Health Service Scheme have been appreciated. In fact, I might have the liberty of referring to one matter since it has been mentioned on the floor of the House. There has been a desire on behalf of the Members of Parliament to have a scheme by which they could have some benefits of the Contributory Health Service Scheme. I should not hide from this House that I would wholly welcome such a measure. But the only difficulty is this that different Members hold different views and they would like to switch on and off in the sense that they would like to be members now and not members three months hence. If some system is evolved by which a certain number of Members—I do not say, and in fact, it will be unreasonable for me to expect it, that all the Members should join this scheme; I do not—at least half the number of Members join it on a permanent basis and on a reasonable basis—I think the idea when it was mooted before was that they should pay Rs. 60 a year as health insurance—no one would be more pleased than I to be able to be of some service to Members of Parliament.

Mr. Speaker: I understood him to be very anxious about it.

Shri Karmarkar: I am sorry. I do not want to be disrespectful. Some of them are anxious by turns; sometimes, they are and sometimes they are not, and then they also say, it is quite right to have treatment here so long as we are here, but what about the scheme when we go back home. I am hoping, and I am always hoping, that half the number of Members will be amenable because ultimately, if we are able to work a scheme like this, it might be a model everywhere.

[Shri Karmarkar]

Before I part with this subject of Contributory Health Service scheme, I should like to give the House the progress that this scheme has made. As against 223,000 beneficiaries in 1954, we have now got on record 404,800. The daily average attendance at the dispensaries is now 10,676 as against 4,504 in 1954. As against 16 dispensaries in 1954, we have now 21. As for the number of doctors employed, as against 11 at that time, we now have 20; and as for specialists, we have 20. As for assistant surgeons, as against 29 then we now have 96. As against an expenditure of Rs. 15,91,000 (in round numbers) in 1954, we now have an expenditure of Rs. 39,74,400. But the income is more encouraging; as against the receipts to the tune of Rs. 7,51,472 in 1954, the income during 1957 was Rs. 22,13,000. That is to say, against a total expenditure of Rs. 39,74,400, the income today is Rs. 22,13,000; almost about a little less than two-thirds of the total expenditure is earned by the contributions. As you know, the contributions are very light. They vary from 8 annas in the case of the lowest paid class of government servant to Rs. 12 per month in the case of the highest.

I am happy to tell the House, though it might look like patting oneself on the back—one has to be objective in dealing with this subject—that with the amenities that we have given, I see round about me amongst the clientele we are serving a greater sense of satisfaction so far as the non-outdoor patient service is concerned. In a thing like this, the number of out-door patients is large. I am afraid that this is a problem which we shall have to face for sometime, especially when we have almost near-free service. Anything happens.

I do not mention this as a typical example, but I would like to mention an example which shows the risks in such service. A girl of 16, when

she was breaking her wisdom tooth, was advised by some of her relatives to get injections under the C.H.S. scheme. She, therefore, took a fancy to save herself from pain. Someone told her that penicillin could stop the pain. I am afraid it was not a very good advice that she got. She took about 12 injections. With that, the pain decreased and went off, but the pain of the injections continued for a longer time.

I am mentioning this to show how even the best treatment could be abused, but by and large...

Mr. Speaker: Did she get herself injected by herself?

Shri Karmarkar: Not by herself, but by a competent doctor.

Mr. Speaker: The hon. Minister's doctor is at fault. Merely because somebody wants injections, how can the doctor give 12 injections?

Shri Karmarkar: You are entirely right.

The Minister of Parliamentary Affairs (Shri Satya Narayan Sinha): Did she belong to the Scheme?

Mr. Speaker: At this rate, people will be afraid to go to the doctors.

Shri Karmarkar: I am happy to know that the Minister of Parliamentary Affairs is taking a keen interest. But the person did belong to this scheme.

Dr. Pashupati Mandal: What about permanent cadre of staff?

Shri Karmarkar: That is an important point, and a vexing point. Till very recently the Finance Ministry forbade us from making all these servants permanent. In fact, the Scheme was not permanent. It has now been declared semi-permanent and we are going ahead with making three-fourth of the doctors permanent in the first instance.

Here I must express my gratitude to the services of the doctors—the personnel—though they get their due remuneration and all that, they have had to face public opinion, which was in some cases, unsympathetic. They bore all that, and I must convey my sense of appreciation to all the doctors and to all those connected with this organisation which has been the first experiment of its kind and which, I am happy to be able to tell the House, is being done in a fairly creditable manner.

I have now only five minutes in which to deal with the general points made. I should say that Shri Kodiyann's observations were very studied and very helpful. In fact, I could all along the line agree with about 80 per cent of the observations that he made, except the 'crap' that was there in parts of his speech. Otherwise, I think his suggestions were very useful, and if Members representing medicine and health affairs on that side of the House are equally informed—are better informed—I am quite sure that we on this side of the House will greatly benefit from them.

I wish I had been able to say the same thing about the observations of my other hon. friend, Shri V. P. Nayar. But time prohibits me from going through all the observations that he made. He referred to import of drugs. I agree with him when he says that as far as possible, we should manufacture our own drugs required by us. Recently, a scheme is under consideration with Soviet representatives for the manufacture of certain drugs, and we have also schemes with other countries. We do believe in the wholesomeness of making our country self-sufficient in this matter, as in others.

He also spoke about autonomous institutions. I am afraid I also do not very largely fancy autonomous institutions within the Ministry. But the All India Medical Institute has

been there. He referred to a Professor of Surgery and Professor of Medicine. It is only recently—I think in the last month—that these appointments have been made. One of them, I think, is yet to take charge. So there is no question of his not been able to work, because he has not yet joined. About the Professor of Radiology, I partly appreciate what Shri V. P. Nayar said. But his services are being utilised in the best manner possible. We are taking the best services from him.

I am very happy that at long last he has fixed an action which we have taken on this side. But I think largely negative actions meet with his approval. Negative though this action was, it was positive in a sense, and we thought that it was best to give notice to the architects not because they belonged to a particular nationality but because we thought that the work might progress better that way.

He referred to post-graduate education and the rest. Everything that should be swept away meets with his general approval. I wish he reads the other parts of the address of the President of the Indian Medical Association which contains many wholesome suggestions though he has allowed himself to say some things which are unreasonable, with which my hon. friend has agreed.

Now, one point before I sit down. I should not neglect it. That is the point raised by Pandit Thakur Das Bhargava and a number of our colleagues and by our friend Shri Bhagwan Din there. I am very happy to see that a colleague of ours, who is deeply interested in the progress of Ayurveda, has actually visited the Jamnagar Institute.

I may tell the House frankly, as a layman, that though the work is still going on, it is of such crucial and important character and is being done

[Shri Karmarkar]

on such sound lines and able guidance that it deserves a little more encouragement by the Members of this House. There was one expert who was gathering 1,200 plants. His real job was to set aside the spurious from the real ones. Even apart from that, he has been doing this precious work and has had 1200 samples described.

In another section, I saw someone who is in no sense guilty of English or allopathy—a sanskrit scholar. He has been busy taking all the ancient sanskrit texts and gathering information on every little piece of item like anatomic parts or names, or the names of medicines and things like that right down from Rigveda and the Atharwa Veda onwards to modern times in so far as ancient lore is concerned.

An Hon. Member: What is the good?

Shri Karmarkar: The good of it is to gather wisdom wherever it comes from. So the whole thing is interesting. I am not only sure that it will be helpful to us though we call ourselves modern, but, in a historical sense for the purpose of building up the history of ancient medicine, it will have a very great importance.

At a third section I saw certain ailments taken up for instance *panduroga*. It means, in a general sense, anaemia which can be of different categories and for various reasons. There the patients are treated in *suddha* ayurvedic way; but the results are being checked by independent allopaths, modern medicine doctors, because the idea is to put the process as a sort of research work and to tell the world. They are not trying to agree or disagree because there is a temptation to agree with whatever ayurvedic work is being done if it is done by Government. They might agree or disagree. But they are objective. And, I can see that in many cases—as a layman

looking at the records—that cases which had been described as *panduroga* were treated by more vairs than one in the old way and the results achieved were satisfactory in, say, 1, 2, 3 or 4 tests like the haemoglobin test. It would satisfy that test. But, in some other respect, in some other test, it would not satisfy. Things like that and research work like that are going on and I have no doubt in my mind that work of that kind should get the greatest encouragement.

Regarding the aid that is being given to Ayurvedic institutions and the rest, I will not tire the House with the amounts of grants that we have made. I will not also repeat what I said last year with regard to our output. My friend, Pandit Thakur Das Bhargava has said that I am good enough but I am helpless. Well, I do not agree with both the propositions. Maybe I am not good enough; but I do not think I am so helpless as he imagines.

Coming to the subject the whole point of view is this that during the last 100 years we have been used to a certain type of medicine. The modern medicine has been there. I entirely agree that it has been to the detriment of the old system. I have no doubt about it in my mind; but things have taken that turn. Even in modern medicine, the concepts of 60 years ago are different from the concepts of today. There are people in modern medicine who are old enough—70 or 80—who are looking with dismay at the tremendous progress that has been made by these antibiotics.

Now, the problem before me, as an individual or somebody with a high responsibility in Government, is this. I know it as a matter of fact, that even an ailment like pneumonia, which carried away a large number of patients some 10 or 15 years before, is amenable to anti-biotics today.

Shall I try an anti-biotic on a patient who is under my charge or shall I put off giving relief by saying that I am trying the ayurvedic system which has got some medicine or other?

The whole thing is like this. We have to look upon that with an objective mind. If we have to help ayurveda in the way they mean, then we may have to introduce some of the approved ayurvedic medicines in every one of our dispensaries and civil hospitals. I have no doubt about it in my mind. But, we cannot gainsay the progress that has been made by modern science. And, I for one, am not prepared to do that. Therefore, the Planning Commission and the Government of India have laid before them the safe proposition that we should help such institutions as deserve help. There may be difference of opinion whether we have done that or not sufficiently done that; but, there it is and it is our policy. We have kept our minds open to receive wisdom from any direction it may come from. We are not suffering from any inhibition. We also look upon it as a source of wisdom. But we cannot gainsay that modern researches have been made in this particular matter. We have to take whatever is best in the field of medicine. If there is some good medicine, it does not matter whether it was discovered in the United States or England. If it is good enough for the mankind it has got to be adopted everywhere just as it is good for them to adopt Ayurved if it is good enough for us. We are prepared to help all efforts being made in the field of medicine, whether it is ayurved or homoeopathy or modern medicine. But we have to go slow. The State Governments are going ahead, sometimes alarmingly fast. We have to go a little cautiously. As I have said, if I may say so without hurting anybody's feelings, we have to keep our heads cool. This is a matter which will benefit the medical field and bring medical facilities to our people. We cannot be wedded to any particular doctrine. A surgeon

who was sawing the bone of his patient fifty years back will not do it now. We cannot say that it is good enough. We had to adopt the modern medicine with all its anaesthesia asepsis and antiseptics. We had to adopt it. Therefore, I beseech all friends who are taking deep interest in this not to allow an atmosphere to be created as if one is hostile to the other whether it is ayurveda or modern medicine or homoeopathy or naturopathy. I do not know some other pathy may come. If you create a controversy, I am afraid that in about five years' time the country may suffer from a new 'pathosis' or something like that. Whereas we cannot gain light, we shall be creating heat. That is our position.

If there are some other points, there may be some other occasion where I shall deal with them. I am sorry to have detained the House so long. I am also sorry for not being able to deal with all the points made. But happily for us in the field of health there is nothing known as confidential. I would be very much grateful not only for the comments and criticisms—it is all for the good—and helpful suggestions, but also if the hon. Members take to this work seriously in their constituencies and I shall be extremely happy if they ouster us with requests for aid and offer help and co-operation. I also thank you for your indulgence for permitting me more time than I really was entitled to.

Shri Jagdish Awaasthi: How far has the Government taken up the recommendations made by the Chopra Committee, Pandit Committee and Dave Committee from time to time in the systems of medicines concerned?

The Prime Minister and Minister of External Affairs (Shri Jawaharlal Nehru): Sir, if you allow me, I will answer it. Medicine, according to us, is one subject. That is to say, it is not divided up into compartments, although there may be various approaches to it. All those

[Shri Jawaharlal Nehru]

approaches have to be examined from the point of view of what is called the scientific approach. Therefore, we examine ayurved and try to get the most of it but apply the scientific mind to its examination. We do not mind how a person treats his patient but we do feel that person must have normal scientific education in the normal subject: whether it is anatomy or whether it is biology or physiology and so on. He can treat anything. But a person who does not know what the body is composed of internally and does not know many things which are well known now-a-days through modern science, we consider, is not properly qualified for any system. Therefore, having had that basic scientific training, we welcome his adopting any method when he has the training. But we think it is not safe, unless that basic training is given, for a person to be considered wholly competent to deal with any such situation.

Shri Tangamani (Madurai): With regard to Ayurveda we are grateful for the details given both by the Prime Minister and the hon. Health Minister. But, regarding Siddham the Government of Madras has recently started an institute in Tanjore. May I know what is the sort of help that the Centre is giving?

Shri Karmarkar: I am sorry I had forgotten to say something about the Siddha system. We are looking upon it also in the same way as we do upon the other systems. We will take the good that is there. In fact, in Jamnagar there is also a section dealing with that subject. I might inform the hon. Member from Madras that if there is any scheme that comes up we shall be happy about it.

Some Hon. Members rose—

Mr. Speaker: All the points that have been raised are answered to the best of his ability. Of course,

there may be still many which remain to be answered. I cannot allow every hon. Member to put a question now. I have already allowed two or three questions. I will now put all the cut motions together.

All the cut motions were put and negatived.

Mr. 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 President, 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, 1959, in respect of the heads of demands entered in the second column thereof against Demand Nos.—47, 48, 49, 50 and 121."

The motion was adopted.

[The motions for Demands for Grants which were adopted by the Lok Sabha are reproduced below—Ed.]

DEMAND NO. 47—MINISTRY OF HEALTH

"That a sum not exceeding Rs. 12,57,000 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, 1959, in respect of 'Ministry of Health'."

DEMAND NO. 48—MEDICAL SERVICES

"That a sum not exceeding Rs. 4,75,50,000 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, 1959, in respect of 'Medical Services'."

DEMAND NO. 49—PUBLIC HEALTH

"That a sum not exceeding Rs. 12,89,72,000 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, 1959, in respect of 'Public Health'."

DEMAND No. 50—MISCELLANEOUS DEPARTMENTS AND EXPENDITURE UNDER THE MINISTRY OF HEALTH.

"That a sum not exceeding Rs. 80,31,000 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, 1959, in respect of 'Miscellaneous departments and expenditure under the Ministry of Health'."

DEMAND No. 121—CAPITAL OUTLAY OF THE MINISTRY OF HEALTH.

"That a sum not exceeding Rs. 8,97,76,000 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, 1959, in respect of 'Capital outlay of the Ministry of Health'."

***POWER PROJECTS IN BHAKRA NANGAL.**

Mr. Speaker: The House will now take up the Half-an-hour Discussion. The hon. Member who raises the discussion will have 10 minutes, the hon. Minister will have 10 to 15 minutes and the other hon. Members who have given notices will be allowed one or two questions.

Shri Harish Chandra Mathur (Pali): Mr. Speaker, Sir, it is not only the participating States of Punjab and Rajasthan but the entire country is really proud of this mighty and majestic project of Bhakra-Nangal. It is, as a matter of fact, symbolic of our aspirations and determined effort to rehabilitate our economy in a big

way. But, Sir, the House will be amazed to learn how this project is being implemented, particularly in respect of the power side. My question is related to the power project and I will confine my observations to that part only.

I had a simple question, whether on this project which has already cost us crores and crores of rupees there was any agreement between the two participating States. We would like to know what sort of arrangements have been made for the outlay, what sort of arrangement has been made for the management, what sort of arrangement has been made for the procedure to be adopted. We only know in a vague way that we have got a Bhakra Control Board. I do not know who appointed this Board. I do not know to whom this Bhakra Control Board is answerable, whether it is responsible to the legislatures of both the States or not.

You will find, Sir, that originally this scheme was envisaged in 1946 and Rs. 75 crores was the estimated cost. In 1949 it went up to Rs. 133 crores, in 1951-52 it was Rs. 156 crores and in 1955-56 it was Rs. 170 crores. We would like to know whether it is the oligarchy of a few who plan and spend as they like or they are responsible to the legislatures of the States who are to bear the burden of this big project. It is not clear whether the legislatures of these two States were taken into confidence, whether this ever-increasing estimate was placed before them, whether their consent was obtained and whether the Bhakra Control Board is answerable to the legislatures of these two States.

Talking about the power side of it, as far as generation of power is concerned it was agreed that it will be programmed and scheduled in a manner that will enable both the participating States to receive the benefit of it simultaneously. It was in 1953 that the programme was approved. But you will be surprised to know that just the

[Shri Harish Chandra Mathur]

next day of the approval being conveyed, the Planning Commission sent a directive that so far as the Rajasthan part was concerned, it should be kept in abeyance, just to ascertain whether it was productive or not. I do not know whether it is envisaged under the agreement that even after a decision had been arrived at another decision could be taken unilaterally by the Central Government and a part of the implementation of the power project could be kept in abeyance. But it was done.

However, a committee was appointed, and that committee recommended that this project was productive and it should be taken up. You will be surprised to know that it is not only that the Rajasthan Government has gone absolutely uncared for and ignored but deliberate efforts have been made to sabotage the progress of work in the Rajasthan State. I know I am making a very serious charge. It is a very grave charge to say that a deliberate effort was made to retard the progress of the project in a particular State. But with all the sense of responsibility I make the charge, the allegation. It would be sheer madness to say that the Centre or even for that matter, the Government of Punjab was a party to it. But I do maintain that it has happened like this.

In 1955, after everything was settled; the transmission lines were to be constructed right up to the feeding point. That work was entrusted to the Government of Punjab. I do not know for what reason. I do not know what is the position of Rajasthan in this matter. It was entrusted to the Government of Punjab, I am told.

Mr. Speaker: Even inside Rajasthan?

Shri Harish Chandra Mathur: Up to the feeding point from where the power was taken, and the Punjab Chief Engineer placed orders for the construction of certain towers in the

Amritsar workshop. It was in 1955, and they informed the Rajasthan Government and the Central Government. After a little haphazard work in the workshop, the work was stopped on these towers. And nobody knew anything about it. Neither the Centre nor the Rajasthan Government knew anything about it. The Rajasthan Government possibly went to sleep, and they were awakened in 1957, only to know that nothing had been done and the work which had been started had already been stopped.

It is almost fantastic. I do not know what sort of arrangement existed under which such criminal negligence on the part of one and criminal overt act on the part of the other to retard the progress could be possible. The Bhakra-Nangal Board which is supposed to manage the thing is absolutely unaware of the whole situation. Even after that, they wanted certain transformers. A member of the Central Water and Power Commission who had gone out to foreign countries for procuring the equipment for the Heavy Electrical Equipment Factory at Bhopal, was asked by the Rajasthan Government to procure the transformers. But the Chief Engineer of Punjab, who was with the Member, stated that these transformers need not be procured because the service station equipment for the project would be available any time and that the transformers were superfluous. And so, the transformers were not obtained. But the result today is that the service station equipment is not there. The transformers are not there. The entire area of Rajasthan which should have received the electric supply in April, 1956, has not received it to this day. I am doubtful whether it has any prospects of receiving it even by the end of this year.

This is the sort of thing which has been going on. I do not know what is the sort of agreement which has been entered into, what is the sort of managing agency which has been put

up, and how it is being conducted. I asked the hon. Minister who is so dynamic and who is so helpful and who is always trying to answer me, for a certain information on transmission lines in respect of the Bhakra-Nangal and Chambal, and inspite of trying for four months to collect the information, he has not been able to collect it. This clearly indicates that there is something very rotten which must be remedied.

Sir, apart from this, we would like to know what steps are being taken now to ensure that the leeway is made good in future. What steps are taken to punish the officers for corruption, where not only one or two individuals are concerned, but where welfare of a few thousands is concerned? What steps is the Bhakra-Nangal Control Board or the Central Ministry going to take against those officers, those high officers, who have just retarded the progress of the entire country? The result is that we have not got the electricity in the good year 1958; the result is that we are spending in Rajasthan lakhs of rupees more on absolutely out-dated power-houses, because they have to continue the generation. The cost of generation is more than ten times of what it would have been otherwise. It is not able to catch up with the industrialisation which would have been there.

We would like to know whether all these facts which I have stated, and which make out a very serious and grave charge, are correct or not, how the Minister would explain them and what steps are going to be taken in future to see that all the loss which we have sustained is made good, because interest is accumulating; you will be surprised that even now the interest runs to crores of rupees, though the Rajasthan Government have not received any benefit even to this day.

There is one other small point which I would like to refer to. Apart from these participating States, there

are other beneficiaries also. I have not the time to tell you how the other beneficiaries are being assisted to get a better supply and also get a preference even over the participating States. I shall not mention at the present moment the fertiliser factory and the heavy water factory which is being established at Bhakra-Nangal; there is a tussle going on about the rate at which the electricity should be supplied. Who is the deciding authority? I would like to know.

In spite of the fact that Rajasthan has to receive only about 15,000 k.w. Delhi has already got 20,000 k.w. and Delhi is insisting on another 4,000 k.w. Rajasthan which should get preference does insist that this 4,000 k.w. should not be made available to Delhi. Rajasthan has got a preferential claim, and it should be given to Rajasthan. But I understand that the Centre is insisting that this power should be made available to Delhi.

I would like the Minister to throw light on all these points.

Shri J. R. Mehta (Jodhpur): My hon. friend Shri Harish Chandra Mathur has almost covered the entire ground, and, therefore, I shall only try to formulate what he has said in the form of questions.

An Hon. Member: There is no quorum.

Mr. Speaker: Hon. Members should continue to sit in the House. If one after the other goes away, then they will take away the quorum.

Shri J. R. Mehta: I want to know:

- (i) whether it is correct that, according to the original programme, work on setting up transmission towers was to be started as early as 1955, but that, as a matter of fact, it was not started till the middle of 1957;

[Shri J. R. Mehta]

- (ii) whether it is correct that, according to the original programme, power from Bhakra-Nangal should have been made available by April, 1956, but that, as a matter of fact, it has not been made available so far;
- (iii) what factors were responsible for the inordinate delay in either case, and if the delay was due to callous or deliberate neglect or indifference on the part of some officers, as suggested by the hon. Member who initiated the discussion, what action Government propose to take against them; and
- (iv) what action the Central Government contemplate to take to expedite matters now, and to make amends for the delay so far as this may be possible.

Further, will Government be pleased to give an assurance that no power from Bhakra beyond what has already been agreed to by the participating States will be given to other States or localities without similar consent on the part of the participating States and that if any extra power is available, the needs of Rajasthan will be given preference?

Shri Rameshwar Tanti (Sikar): I want to ask two questions in regard to the Bhakra-Nangal project. The first question is this. What are the reasons for the delay in the supply of Bhakra-Nangal power to Rajasthan, and by what time will the full supply be made?

My second question is this. As Rajasthan is getting a good part of the Bhakra-Nangal power, for districts like Sekawati and Churu where the land is high and no canal is possible, will Government consider the question of supplying power at cheap rates so as to enable them to have their lands irrigated by tube-wells?

The Minister of Irrigation and Power (Shri S. K. Patil): Mr. Speaker, Sir, at the outset, I agree with my hon. friend, Shri Harish Chandra Mathur, that there has been some delay, and I might even agree, delay which cannot be justified so far as the supply of power to Rajasthan is concerned. I am extremely sorry about it. I can assure him that ever since I have taken up this Ministry, right during the last ten months I do not know how many letters have been exchanged that that part of project should be implemented both by Rajasthan and Punjab as quickly as possible.

Now, in the few minutes at my disposal, I would tell him what exactly is the position. One thing which possibly I might deal in my reply to the cut motions day after tomorrow is—that so far as this arrangement of the Control Board is concerned, I am not very happy about it. The legal sanctions behind it etc. are matters which really call for some kind of explanation. But there it is. The House has done it, accepted it and it is going on. Therefore, I do not wish to take the time just now to say exactly how it could be done because it relates to two States and not one State.

Now, I could assure the hon. Member about one thing. He raised the point as to whether there was any agreement between the Rajasthan Government and the Punjab Government as to the allocation of this power etc. and at what stage it had come. I must say that no formal agreement has been executed so far between the Government of Punjab and the Government of Rajasthan. An agreement does exist in regard to the sharing of the expenditure and the benefits (Interruption). He will just have some patience. I will come presently to the question as to when exactly the legal agreement will be executed.

A decision was taken as far back as 1951 according to which each partner would be entitled to receive as a matter of right, subject to the use in its own area up to a maximum of the electricity available, calculated in proportion to its share of stored water supply. This decision was taken by the Bhakra Control Board on which Rajasthan is represented. It was formally confirmed by the Government of Rajasthan and formally concurred in by that Government in 1951. In accordance with this decision, the share of Punjab and Rajasthan in the electricity produced from Bhakra is 84.78 per cent. for Punjab and 15.22 per cent. for Rajasthan. I have intimated this in reply to a question that was asked.

But this proportion is, however, to be calculated after deducting the allocation made to a common pool which consists of power required for the Nangal Fertiliser Factory, Delhi, water and so on. Now, that also has been decided by the Control Board. Therefore, the common pool has to be removed first before we come to the proportion as to how power is to be allocated between Rajasthan and Punjab States. Whether it was good or bad is a different thing, but the Control Board, being in supreme command so far as that part of it is concerned, have done it, and Rajasthan is a party to it.

So far as the actual instrument is concerned, it has got to be entered into by both the States. No doubt, there has been some delay in the execution of a formal agreement. A draft agreement was prepared, but before it could be finalised, owing to the reorganisation of States and the consequent merger of PEPSU with Punjab, it had to be recast, because instead of three participants, the number of participants was reduced to two. Therefore, the whole agreement has to be recast. That explains the delay. It is expected that a formal agreement based on the decisions already taken in 1951 will be signed fairly soon.

That brings me to the question as to why these power transmission lines etc., to which my hon. friend made a reference, were not completed in time, and to what extent the Punjab State is responsible and to what extent his own State, the Rajasthan State, is also responsible for that. Unless Rajasthan was ready to take that power for its utilisation, it was no use giving that power to it.

I think the fault lies on both sides, because there is something that Punjab has not done and there is something which Rajasthan has not done. The supply of power to Rajasthan has to be transmitted through various transmission lines, some of which were to be constructed by Punjab, and others by Rajasthan. The transmission lines from Hansi to Rajgarh via Hissar, from Muketsar to Sri Ganganagar and associated sub-stations are to be constructed by the Punjab Government, as he rightly said. The lines from Rajgarh to Ratangarh and from Ratangarh to Bikaner together with all the associated sub-stations and the entire distribution system for supply of power from Sri Ganganagar, Rajgarh, Ratangarh, Bikaner etc. are the responsibility of the Government of Rajasthan. Both the State Governments, namely, the Punjab Government and the Rajasthan Government have failed, each in implementing that part of their responsibilities in this connection. It is extremely regretful that for various reasons, the construction of these lines, their associated sub-stations and the distribution scheme has been behind schedule both in the portion over which the Punjab Government is responsible as also in the area which is the responsibility of Rajasthan. The main reasons for the delay and how they have to be got round are:

- (1) certain changes in the route of the Muketsar and Sri Ganganagar lines that came about as a result of the re-examination of the project.

[Shri S. K. Patil]

(2) the necessity of rectifying certain technical defects discovered in the prototype towers; and

(3) the non-availability of steel for fabricating the transmission towers.

Now, this is the difficulty that comes at every stage. If the steel is not available, with the best will in the world of this Ministry, and also the hon. Member, things cannot progress. The difficulty is being slowly obviated. As the House is aware, there is an overall shortage of steel in the country and special types of steel are required for the transmission towers. In spite of our best efforts in this regard and of the co-operation given to us by the Iron and Steel Controller, we are still short of about 488 tons of steel required for this purpose, out of a total of 1,800 tons. Though the primary responsibility for the extension of the transmission lines in the Punjab area rests with the Punjab Government, I am advised that even though these lines had been constructed and the power made available to Rajasthan, Rajasthan is unable to make use of any power because of lack of distribution and transmission system, in their own areas, except with a possible utilisation of 1500 k.w. only in the town of Sri Ganganagar; and perhaps they might have also utilised about 500 to 1000 k.w. in Pilani. But again the distribution line between Rajgarh and Pilani is not yet ready.

After allowing reasonable time for the supply of materials and the construction of transmission lines, it is estimated that the Rajasthan portion of the work may be completed by mid-1959, by which time also the Punjab portion will be completed. Therefore, the hon. Member will agree with me that out of the 15,000 or 18,000 k.w. which will be the power that Rajasthan State will receive, they could have used by any stretch of imagination only 1500 k.w. in one

place, another 500 k.w. in another place, that is, Pilani.

Shri Harish Chandra Mathur: This was the demand in 1949 and if they had received they would have taken up not 500 but 1000 k.w.

Shri S. K. Patil: The hon. Member is just bringing a pointed reference to it. The availability of steel is really the stumbling block; without it these things could not be done. (*Interruption*).

He can ask questions and I will answer him. But, now, I may be cut in the process of argument.

What about the non-participating States and places like Delhi and the common pool, where they come in preference to others. The hon. Member will agree with me that this was at the suggestion of the Control Board. It may mean that a few years ago the engineers had not thought that the power that will be generated in Nangal would be consumed very soon. On the contrary, they were thinking that possibly it may not be consumed and they requested the Delhi Administration and the Central Government not to produce power in Delhi by diesel engines or steam or whatever method it may be because the Bhakra-Nangal power would be available and they wanted a market for that. Therefore, the plans which the Delhi Administration and the Central Government had in regard to this city of Delhi were set aside in order that we could get this power from them. It is at the request of the Control Board, in which both the participant States are there, that this has been done. And, surely, Delhi is also entitled to some amount of power although it may not be a participating State; also Himachal and other places. But, that is not at the cost of Rajasthan, though, ultimately, it may mean that it may make a difference of 2,000 to 3,000 k.w. in the proportion in which the power is given. Therefore, this has been done. It is not that something that was due

to Rajasthan was taken to Delhi. It was not so. Delhi is entitled to 60,000 kws. out of this total pool. We are drawing only 20,000 kws. today. Delhi is anxious that it should have 40,000 kws. almost immediately if it could get it. If I can really guess as to what the power load of Delhi would be in the near future, I would think it is somewhere of the order of 100,000 kws. not only 40,000 kws. How garrulous and noisy the cities are, and particularly, the capital city. The hon. Member would not be sitting here for one moment if Delhi is kept in the dark and Delhi's requirements are not met. That is the reason as to why this is done.

I do not want to take the time of the House any more. If anything is left out, I can tell him that I would deal with that when I reply to the cut motions, the day after tomorrow.

But he has made a point that Rajasthan is giving crores of rupees and getting nothing. Nothing like that. If he knows the figures, he will be convinced. After all, no State will be asked to pay unless it has got the benefit. Anything might be decided but the liability will be in proportion to the advantages that they have got or will be getting in the future.

The Bhakra power house cost a total of Rs. 19.33 crores, Punjab's share is Rs. 16.39 crores and Rajasthan's share is Rs. 2.94 crores. The Nangal Power House costs Rs. 15 crores. Punjab's share is Rs. 12.80 crores and Rajasthan's Rs. 2.29 crores. The total cost of the transmission system is Rs. 21.47 crores. Punjab's share is Rs. 16.98 crores and Rajasthan's Rs. 4.49 crores. So far as the power section is concerned, the total comes to about Rs. 55.90 or Rs. 56 crores out of which Rs. 46.17 crores is the share of Punjab and only Rs. 9.73 crores is the share of Rajasthan. Up to the end of December 1957—I am not talking of 1954 or 1956, it is only two or three months back—a sum of Rs. 38.37 crores were spent on electricity portion, out of which the share of

Rajasthan is only Rs. 1.41 crores. The hon. Member would then agree with me that although in totality, their liability would be somewhere of the order of Rs. 10 crores, they have paid about a crore of rupees.

I will wind up by saying this. I agree that they have spent in buying this outmoded equipment some money and if it stops at any time it may not be sustaining relief or satisfaction to Rajasthan. But we are trying to remedy the situation as quickly as possible and if we cannot do it in time it is for the reasons given here. If anything is left out, as I said, and if the hon. Members raise these points, I shall be glad to reply to them when I talk on the cut motions.

Shri D. C. Sharma (Gurdaspur): The point which the hon. Member made so far as Punjab is concerned, is totally unjustified.

Shri Harish Chandra Mathur: I want to know whether the construction of the towers was stopped without information to Rajasthan or the Bhakra Board. What is the accountability of the Bhakra Control Board to these legislatures?

Shri S. K. Patil: It is rather very unfortunate where these control boards are concerned because our States have not yet learnt the art of doing work together. In a big country like this, it is the first essential thing; they have to learn this. When I say this, I am not criticising the State Governments. When we do something in co-operation, all the States that are participants must learn the first lesson that it is out of co-operation the results will accrue. If they have not done so—and sometimes they appear not to have done so—surely the fault is not that of the Government of India. We are not in the position of a sort of a ring master here wanting every State to do things in a particular fashion. We can advise them, but it is their will ultimately that will prevail.

Some hon. Members rose—

Mr. Speaker: Order, order. Hon. Members know the rules of procedure very well. They must have intimated me earlier. Today, I have no objection. Pandit Thakur Das Bhargava may first put his question, and then Shri Karni Singhji.

Pandit Thakur Das Bhargava (Hisar): Sir, I do not want to depart from the rule. We will put the ques-

tions tomorrow. The Minister has already said that he will make a reply then.

Mr. Speaker: Very well. The questions may be put tomorrow.

17-51 hrs.

The Lok Sabha then adjourned Eleven of the Clock on Tuesday, 25th March, 1955.

DAILY DIGEST

[Monday, 24th March, 1958]

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1578 Periyar Hydro-Electric Works	6262
1579 Bikaner Railway Workshop	6262
1580 T. B. Hospitals during Second Five Year Plan Period	6263-64
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1585 Paediatric Centres	6269
1586 Opening of Maternity Home, New Delhi	6269-70
1587 Preservation of Wild Life in Jammu and Kashmir State	6270
1588 Tourists to Kashmir	6270-71
1589 Irrigated Areas in States	6271
1590 Central Tractor Organisation	6271
1591 Import of Chemical Fertilisers	6272
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1594 Derailement of Wagons near Udhavada Station .	6273
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1599 Constructions of Roads in Kerala .	6276-77
1600 Kamalpur N.E.S. Block in Tripura .	6277
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1602 Annapurna Service on Railways .	6278
1603 Railway Board Assistants .	6279
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1605 Railway Schools on S.E. Railway .	6279-80
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1607 Quarters for Postal Employees .	6280-81
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1609 Quarters for P. & T. Staff .	6281
1610 Posts and Telegraphs Offices .	6282
1611 Sugar-cane Crushed in Punjab .	6282
1612 Rice Production in Madras .	6282-83
1613 UNICEF .	6283
1614 Welfare Inspectors on Railways .	6283-84
1615 Fair Price Shops in Himachal Pradesh .	6284
1616 Passenger Guides on Railways .	6285
1617 Development of Horticulture .	6285
1618 Soil Conservation in Punjab .	6285-86
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1622 Scheduled Castes and Scheduled Tribes in P. & T. Department .	6288-89
1623 Fertilisers .	6290
PRESIDENT'S ASSENT TO BILLS	6289

Secretary laid on the Table the following Bills passed by the Houses of Parliament during the current session and assented to by the President since the last report made to the House on the 17th March, 1958:—

- (1) The Appropriation (Railways) Bill, 1958
- (2) The Indian Post Office (Amendment) Bill, 1958
- (3) The Appropriation (Vote on Account) Bill, 1958
- (4) The Appropriation (Railways) No. 2 Bill, 1958

REPORT OF THE ESTIMATES COMMITTEE PRESENTED 6289-90

Third Report was presented .

REPORT OF THE PUBLIC ACCOUNTS COMMITTEE PRESENTED 6290

Third Report was presented .

CALLING ATTENTION TO MATTER OF URGENT PUBLIC IMPORTANCE . 6290-92

Shri Naushir Bharucha called the attention of the Prime Minister to the constitution, powers, functions etc. of the Atomic Energy Commission.

The Prime Minister and Minister of External Affairs (Shri Jawaharlal Nehru) made a statement in regard thereto and also laid on the Table copy of the Resolution No. 13/7/58-Adm. dated the 1st March, 1958, regarding the constitution of the Atomic Energy Commission.

BILL INTRODUCED .

The Indian Oaths (Amendment) Bill, 1958.

Subject
DEMANDS FOR GRANTS *COLUMNS*
 6292—6433

Discussion of Demands for Grants in respect of the Ministry of Health Commenced.

The discussion was concluded

The demands were voted in full.

HALF-AN-HOUR DISCUSSION *COLUMNS*
 6435—50

Shri Harihar Chandra Mathur raised a half-an hour discussion on points arising out of the answers given on the 25th Feb-

Subject
HALF-AN-HOUR DISCUSSION—contd. *COLUMNS*

ruary, 1958 to Starred Question No. 467 regarding Power Projects in Bhakra Nangal

The following members took part in the debate :—

(1) Shri Jaswantrao Metha . .

(2) Shri Rameshwar Tania . .

The Minister of Irrigation and Power (Shri S. K. Tatli) replied to the Debate.

AGENDA FOR TUESDAY, 25th MARCH, 1958.

Discussion on Demands for Grants in respect of the Ministry of Irrigation and Power.