

SHRI H.M. TRIVEDI : Sir, I beg to move :

"That the Bill be passed".

MR. DEPUTY-SPEAKER : The question is :

"That the Bill be passed".

The motion was adopted.

14.45 hrs.

PHARMACY (AMFNDMENT BILL)

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY PLANNING (CHOWDHURY RAM SEWAK) : Mr. Deputy-Speaker. Sir, I beg to move* :

"That the Bill further to amend the Pharmacy Act, 1948, as passed by Rajya Sabha, be taken into consideration."

Before the hon'ble Members participate in the discussion and put up their suggestions, I would like to say a few words.

The Pharmacy Act which regulates the profession and practice of pharmacy was enacted in 1948 and has been amended only once in 1959. The object of this Act is to regulate the profession of pharmacy and the Act provides for constitution of Central and State Pharmacy Councils for this purpose. Since the Act was last amended in 1959 several developments have taken place necessitating changes in the Act. The Government have, therefore, come forward with the Pharmacy Amendment Bill which is now before the House, after having been passed by the Rajya Sabha on 12th May, 1976.

The reasons for a coming forward with this Bill have been outlined in the Statement of Object and Reasons which are appended to this Bill. However, I would

briefly spell out some of the important changes proposed in the Bill.

One important provision made in this Bill relates to the facility being provided for persons who have migrated from Bangla Desh and repatriates from Burma, Ceylon and Uganda who were engaged in the profession of pharmacy in those countries, to be registered as pharmacists in this country. This provisions would enable such persons to earn their livelihood in India and thereby remove a genuine hardship faced by them at present.

Under the Drugs and Cosmetics Rules a large number of persons have been approved as "qualified persons" for the purposes of dispensing and compounding of medicines. This system of granting approval has been discontinued since December, 1969. It is, however, necessary that such persons who are already employed in chemists' shops should be registered under the Pharmacy Act and the Pharmacy Amendment Bill contains a provision for registering such persons.

Section 42 of the Pharmacy Act empowers the State Government to appoint a date from which un-registered persons shall be prohibited from dispensing medicines in those States. Although this Act has been in force for 27 years, only 3 States and the Union Territory of Delhi have taken action in this regard. A provision has, therefore, been made in the Bill that Section 42 shall automatically come into force in a State on the expiry of 5-years from the commencement of the Pharmacy (Amendment) Act, 1976 if the Government of the concerned States fail to exercise the powers conferred on them by Section 42. This provision would go allong way in ensuring that the dispensing and compounding of drugs is done only by registered pharmacists.

*Moved with the recommendation of the President.

[Chowdhury Ram Sewak]

The amendment Bill also contains provisions for preparation of Central Register of Pharmacists, providing wider representations on the Pharmacy Council of India and appointment of inspectors by the State Pharmacy Council for ensuring proper implementation of this Act.

The provisions of the Pharmacy Amendment Bill are of a non-controversial nature and are mainly in the interests of the profession and practice of pharmacy.

With these words I move that the Pharmacy Bill further to amend the Pharmacy Act, 1948 as passed by the Rajya Sabha on 12th May, 1976 may be taken up for consideration.

MR. DEPUTY-SPEAKER : Motion moved :

"That the Bill further to amend the Pharmacy Act, 1948, as passed by Rajya Sabha, be taken into considerations."

DR. RANEN SEN (Barasat) : Sir, this is a good amending Bill. But it should have come before the House a little earlier. The Bill, as the Minister has explained, is absolutely a non-controversial one and, as I said, such a Bill should have come up for discussion a little earlier. In fact, as he has said, it was a Act of 1948 which had been amended in 1959. But, for the last seven years, so many developments have taken place which have necessitated the Government to come forward with this Bill. Now, today, the demand of the country is to have more health centres, to have more dispensaries, particularly in the rural areas, in the towns, in the mofussil towns, and to have more qualified pharmacists to cater to the growing needs of the people. It is known to everybody that in certain parts of India, more so in Punjab, Haryana and in Western U.P. where due to abundant production of food grains—rice and wheat—people, a section of people, have a massed wealth and have also changed their mode of life to a great extent. But it is found that

a adequate number of dispensaries, Chemists and Druggists Shops are not there. Whatever Chemists and Druggists Shops are found in those parts, there proper qualified pharmacists are not available. In fact, there is a large number of pharmacists that are required today in our country. But, unfortunately, this importance of Pharmacy and the pharmaceutical training have not been properly understood by the Government even. Take for example, the position of one State which cannot be considered to be a backward State—rather it can be considered as an advanced State in many respects, namely, the State of West Bengal—where only one University, namely, the Jalapur University, has got the curriculum of pharmaceutical training. Even such an old University like the Calcutta University—of a course, you were once the student of that University....

AN HON. MEMBER : I doubt.

DR. RANEN SEN : Do you doubt the existence of Calcutta University or that he was a student of that University ? Even in such a big university, a well reputed University, there is no course on pharmaceutical teaching. This shows that even today big Universities have no pharmaceutical training course. The State Governments and the Central Government were more or less oblivious of the necessity of training the people to become qualified pharmacists and this has resulted in the dearth of pharmacists in our country. The question of ethics is raised in this Bill. Firstly, even today the pay-scales of qualified pharmacists. I am told, are very low. That is why in the olden days many people would not go for pharmacy training. Secondly, the course is very long, i.e. two years. According to the needs of the country there should have been condensed courses to meet the growing demands in the country.

As I said, it is a commendable Bill and people who have been doing this work of compounding for the last five years or, more are now eligible for recognition as

registered pharmacists. That is good. But there are some points which need some clarification. For instance, clause 17 seeks to add a new section 32B which reads as under :

“(1)(b) the names of persons approved as ‘qualified persons’ before the 31st December 1969 for compounding or dispensing of medicines under the Drugs and Cosmetics Act, 1940 and the rules made thereunder ;

(c) the names of displaced persons or repatriates who were carrying on business or profession of pharmacy as their principal means of livelihood in any country outside India for a total period of not less than five years from a date prior to the date of application for registration.

How could the people who have come from outside prove that their principal means of livelihood in the country where they were residing for a total period of five years or more was the business or profession of pharmacy ? I do not know what exactly is meant by this sentence. The minister will have to explain it.

Underneath there is an Explanation which reads thus: “Explanation. In this section—

(i) ‘displaced person’ means any person who, on account of civil disturbances or the fear of such disturbances in any area now forming part of Bangladesh, has, after the 14th day of April, 1957 but before the 25th day of March 1971, left, or has been displaced from, his place of residence in such area and who has since then been residing in India.”

15.00 hrs.

One can understand the reference to people who came before 25th March 1971 because that was the date when Banga Bandhu Sheikh Mujibur Rehman declared Bangladesh as a free and independent country.

Since then, many people had to leave their hearth and homes and they had to go back also. That was the understanding with the Government of India. But why this date 14th day of April, 1957? The country was partitioned on 15th August, 1947. In 1946, there were riots in Noakhali. According to Government of India the people who left East Bengal after the riots of Noakhali have to be considered as displaced persons. More so, after 15th August, 1947 millions of people came and many of them were engaged in this profession of compounding, or dispensing or whatever you like to call it. Now, here you have put a limit by mentioning the date 14th day of April, 1957, that is very objectionable. Neither the people who have drafted the Bill nor the Minister knows that between 1947 to 1957, millions of people had left East Bengal, now Bangladesh, and many of them were doing this job. People from West Bengal who used to go to that part and people from that part who now live in this part of Bengal or Assam or Tripura will bear me out that thousands of compounders had left and come back and now settled in different parts of India. Why do you want to debar these people? I could have understood if the Government of India's position was that the people who had left Bangladesh after the 14th day of April, 1957, were called displaced persons. Therefore, this is a very objectionable part and the Minister will have to explain it. We belong to that part of Bengal and that is why, we know each and every part of that Bengal.

Now, the State Governments are empowered to employ inspectors to see that proper ethics are being maintained or not. That is good. Let us see how it works. I may draw the attention of the Minister to one thing and I am quite sure that he does not have the definite knowledge about that. But the gentleman who is advising the Minister, i.e. the Drug Controller of India must be knowing that Government of India had appointed Hathi Committee.

[Dr. Ranen Sen]

The Hathi Committee report is now being kept in cold storage, though occasional lip service is paid to the recommendations contained in it. I can understand the difficulty of the government in accepting the recommendations of that Committee. But that Committee has made a very relevant suggestion in regard to this particular question of training and developing pharmacists in India. That Committee had set up a medical panel consisting of the topmost physicians of this country—many of them were not only doctors, but also pharmacologists and experienced pharmacists. I can mention a few names. The Director of the School of Tropical Medicine, Calcutta the Director of the Haffkine's Institute, Bombay as also Dr. Padmavati were there. Dr. Padmavati is probably the single woman FRCP in India; at least till a few years back she was the only lady FRCP. Such eminent personalities were appointed by the Hathi Committee, to that medical panel. That panel went into many subjects, including this question of pharmaceutical training. They have said:

"The Medical Panel appointed by the Hathi Committee was of the view that the services of trained pharmacists are not available in small towns and rural areas and that the Diploma in Pharmacy course approved by the Pharmacy Council of India is a very lengthy one and that the remuneration paid to dispensers is not attractive."

This is the opinion of the topmost physicians, medical practitioners of our country. The same panel has, therefore, suggested:

"The Diploma course should be tailored to suit the needs of smaller towns and rural areas and an intensive, need-oriented course of short duration should be instituted for training of dispensers who then could be licensed to establish pharmacies and drug stores in smaller towns and rural areas. The working of the

Pharmacy Act should be reviewed in the light of these observations and the legislation should be re-oriented in such a manner to improve the scope for establishing a well-organised rural health service."

I mention this, in order to draw the attention of the Government.

15. 09 hrs.

[SHRI VASANT SATHE *in the Chair*]
I now find my colleague, who was in the Hathi Committee as the Chairman of the House. I was speaking about the Hathi Committee's recommendations on this particular point. Two Ministries are concerned directly with the recommendations of the Hathi Committee, viz., the Ministry of Chemicals and Fertilizers, and the Ministry of Health and Family Planning.

Now, this Bill has been brought forward by the Health Ministry. But, unfortunately, there is no mention about this point. Therefore, I would draw the attention of the Minister—it is not that I am opposed to this Bill. I am quite in agreement with this Bill.—to this point so that he should ponder over it and see that something is done in regard to this very important non-controversial point which has been raised by the Medical Panel and adopted by the Hathi Committee. This is regarding pharmaceutical training and distribution of area.

What would happen after this amending Bill is passed? My esteemed friend, Dr. Saradish Roy, who was to speak on this—he is absent now—will later speak on this. He is still a practising doctor. I have left it. He was telling me a very interesting thing. As far as these Compoundingers are concerned—in the olden days, we used to call them Compoundingers after they have got five years of experience, many of them have come to Dr. Roy for a certificate. This Bill empowers those people to get certificates from a doctor after having worked for five years.

or more to be taken as qualified pharmacists. There are a large number of people now, who, after they have become registered Pharmacists or qualified Pharmacists, would be able to get jobs in dispensaries, doctors, chambers, Chemists' shops, hospitals, health centres, nursing homes and in many other places. But there would be many more who would not get any jobs but who want to have their own dispensaries. They should be encouraged to go to the villages.

In the villages, you know that it is very difficult not only for the doctor but also for the Pharmacist to run a small dispensary which can cater to the demand of the local people, as far as even preliminary medicines or household medicines are concerned. That is why the same Hathi Committee has made a recommendation, the same Medical Panel has given a recommendation as to how these medicines have to be distributed throughout the length and breadth of the country. They have even suggested that the petroleum depots and kerosene depots should have some arrangement for the sale of all sorts of medicines.

Now, as far as these qualified Pharmacists are concerned, after they become qualified Pharmacists—everybody cannot get a job either in a hospital or in a dispensary or in such other establishments—should be encouraged by the Government by the State Health Departments to go to the villages and open the dispensaries with the help of bank loans and loans from other financial institutions. Unless that is done, merely having an amending Bill passed and having quite a large number of unqualified people getting themselves registered as qualified people, would not solve the problem.

I would again draw the attention of the Minister to the second point which is very important. Therefore, I would say

that this is a commendable Bill. There is nothing to object to it. Only defects are: Firstly, it has come too late. Secondly, it does not fully meet the situation. Thirdly, it contains very objectionable paragraphs, a sub-section and explanations, which I have already read out and on which I do not want to take more time.

I think, the hon. Minister, *sou motu*, after reading it, after hearing the points I have raised, should himself rectify it. I would have myself moved an amendment. But, unfortunately, I came very late this morning because the plane was late and I could not draft any amendment. I would have myself done it. I have drawn the attention of the hon. Minister to the words "after the 14th day of April, 1957." What about the people who came to India after Partition? Thousands of people must have come. Then, the Government have only thought of repatriates of Indian origin who have come from Burma, Sri Lanka or Uganda. I understand that. But there is a place called Bangladesh also. It is very close to us. What will happen to them? So, this is a very obnoxious sub-clause. The hon. Minister, *suo motu*, should see that it is amended properly.

With these words, I commend the Bill for the acceptance of the House.

SHRI JAGANNATH MISHRA (Madhubani): Mr. Chairman, Sir, I rise to support the Bill. As you know, this Act was enacted in 1948 and amended in 1959. The objective of the Act is to regulate the profession of pharmacy. The Act provides for the constitution of Central and State Councils.

In the amending Bill, there is a provision that there will be a representative in the Central Council from the Technical Education Board. It is very surprising. I do not know what purpose will

[Shri Jagannath Mishra]

be served by having a representative from the Technical Education Board. There will also be a representative from the University Grants Commission. That is quite understandable. Some purpose may be served. But I do not know what purpose will be served by the representation given to the Technical Education Board. So, I would request the hon. Minister to throw some light on this point when he replies to the debate.

Several developments have taken place since then and it has become necessary for the hon. Minister to come out with this amending Bill. Several thousands of persons have come from Bangladesh and many repatriates have come from Burma, Sri Lanka and Uganda. They were engaged in this sort of job. There are persons in this very country who are engaged in this profession. They too are not registered and the people coming from other countries are naturally not registered. It is very essential on their part to get themselves registered. There is a provision for registration in this Bill.

Previously, there was the Drugs and Cosmetics Act which was suspended in 1969. There is a provision for the appointment of inspectors in this Bill. What do these inspectors do? It is well-known to everybody, at least in the House, that they are never sincere and they are always after making money.

You have seen that in the case of adulteration of foodstuffs there is provision for the Inspectors being taken to task, but in this case, there is no provision for the defaulting Inspectors being taken to task. I will speak more about this when I come to conclude my speech.

This Pharmacy Act is being amended completely after 18 years. Thousands of persons, as I have already said, are not registered and they should be got registered.

There is lack of doctors and medicines, especially in villages, and I don't know

how this Bill will help those poor persons leaving in villages, since there are no doctors and no medicines there. So I would suggest that persons engaged in this profession should be given proper training and then got registered. Of course, this will be a very difficult job for the Government, but it is very essential and very necessary in the interests of the nation. So, though it may mean a little trouble on the part of the Ministry, I request that this should be taken into consideration and that there should be a provision for their training and, after getting training, they should be registered because if they are not given training and are only registered, the poor people may meet a bad lot who may loot the patients in collaboration with the Inspectors.

The Inspectors are to help the Government in running the machinery and, since both the sides of a picture should be taken into consideration and since I have spoken something evil about them, I have necessarily to take their lot also into consideration. If we want them to give sincere and pious performance, it becomes part and parcel of Government's duty to see that they are properly fed and all sorts of facilities are given to them. It is only when they do something wrong that they should be taken to task seriously and punished severely.

My suggestion is that on both the Central and State Councils there should be representation from Pharmacists. Since in the case of industries, you have given representation to workers, in this case also, the pharmacists should be given representation and there should be no hesitation in this matter on the part of the Government.

Then, Clause 10 enumerates the tasks of the Inspectors but there is no provision for punishment for their faults. I have already said much about it, and so I will not repeat it.

There is also no time-limit fixed for investigation—that the investigation should be made within such and such a time and the report should be submitted to the Registrars by the Inspectors in such and such a time. These things are missing in the amending Bill. So, I would request the Minister to take note of this and fix a time-limit as, otherwise, cases will not be investigated and no report will be forthcoming. So, if we are at all interested in things being done properly, it is very essential that a time-limit is fixed. Otherwise, if we make delays, the result will be that the inspectors will begin to act as dictators which should not be permitted. A strict watch should be kept.

This Act very much relates to the State Governments because it is the State Governments which have to implement it. The State Governments will naturally be very interested, enthusiastic and active about it. However, a very good provision has been made here under section 42; the provision is that section 42 should be implemented by the State Governments within five years and if any of the State Governments fails to implement it, then as per Clause 19 of this Bill, section 42 shall automatically come into force. This is a very good part of this Bill and I appreciate it and thank the Minister for that.

Here, I would like to make some suggestions. My first suggestion is that the number of inspectors should be increased and they should be given full emoluments so that they do not behave otherwise.

My next suggestion is that sufficient medicines should be supplied.

Lastly, if at all we mean business and if at all we are interested in doing useful things, then we should take early steps to implement the very useful recommendations which the Hathi Commission has made; this will help the Health Ministry and also the masses in general. But we are making unnecessary delay in bringing them into effect. On this occasion I would request the hon. Minister, through

you, to make no delay and bring the recommendations of the Hathi Commission into effect at their earliest convenience.

With these words, I support the Bill.

सरदार स्वर्णसिंह सोखी (जमशेदपुर) :
चेयरमैन साहब, यह जो फार्मसी (अमेंडमेंट) बिल, 1975 लाया गया है, मैं इसका स्वागत करता हूँ। इसके साथ-साथ मैं कुछ सुझाव भी देना चाहता हूँ और मुझे उमीद है कि मिनिस्टर साहब मेरे सुझावों पर ध्यान देंगे और उस पर विचार कर के जैसा वह मुनासिब समझेंगे करेंगे।

इस बिल के स्टेटमेंट आफ ओब्जेक्ट्स एंड रीजंस के पैरा 6 में यह लिखा हुआ है :—

“Section 42 of the Pharmacy Act empowers the State Governments to appoint a date on and from which unregistered persons shall be prohibited from dispensing medicines in that State.”

और आगे जो लिखा हुआ है, उसके बारे में मैं यह पूछना चाहता हूँ कि इतने दिन से आपके महकमे ने स्टेट गवर्नमेंट्स को क्यों नहीं कहा कि इसको इम्प्लीमेंट कीजिये।

आपने कहा है कि 3 स्टेटों ने किया है आपके महकमे ने बाकी स्टेटों को क्यों नहीं कहा कि 1948 में यह कानून बना, उसके बाद संशोधन हुआ फिर भी इतने दिनों तक यों ही बठे रहे तो कानून बनाने का क्या फायदा हुआ। जो स्टेट डेट नहीं करती हैं, उनके बारे में कहा गया है कि आटोमैटिकली 5 साल में यह हो जायेगा, तो फिर इसके बनाने की क्या जरूरत थी ?

पिछले साल यह बिल राज्यसभा में पास हुआ है। आपने तो इसको यहां उसी रूप में लाना था क्योंकि उसमें और तबदीली कर नहीं सकते थे। अगर आप स्टेट गवर्नमेंट्स को इतनी खुली छूट देंगे तो मेरे ख्याल में बिहार में

[सरदार स्वर्ण सिंह सोखी] :

तो यह कभी इम्प्लीमेंट होने वाला नहीं है। मैं समझता हूँ कि इस तरह कोई कानून बना कर उस को लागू करने का काम स्टेट्स पर छोड़ देना मुनासिब नहीं है। सरकार को यह देखना चाहिए कि जो कानून बनाया जाये, उस को सभी स्टेट्स में लागू किया जाये।

इस बिल के स्टेटमेंट आफ़ आबजेक्ट्स एंड रीज़ ज में कहा गया है :

"Many of these persons had been engaged in the profession of pharmacy for their livelihood in the territories from which they have migrated to India, but did not possess the qualifications in pharmacy".

पुराने ज़माने में, आज से बीस, तीस साल पहले, जो लोग फ़ार्मसी का काम करते थे, वे कुछ और ही किस्म के लोग होते थे जबकि आज-कल पढ़े-लिखे लोग यह काम कर रहे हैं। सवाल यह है कि सरकार को माइग्रेट किये हुए लोगों की क्वालिफ़िकेशन्स का कैसे पता चलेगा। शायद उन में से कुछ लोग बोगस सर्टिफ़िकेट ले कर आये हों। सरकार को कैसे पता लगेगा कि वह किस किस्म के आदमियों का रजिस्ट्रेशन कर रही है ?

श्री दीनेन भट्टाचार्य (सीरमपुर) : इस में माननीय सदस्य को क्या एतराज है ?

सरदार स्वर्ण सिंह सोखी : मेरा एतराज यह है कि फ़ार्मसी, दवाओं का काम किसी अनक्वालिफ़ाइड आदमी को देना लोगों की जान से खेलने वाली बात है। अगर माननीय सदस्य को पांव में चोट लग जाये, तो अनक्वालिफ़ाइड आदमी ठीक तरह से बैंडेज भी नहीं कर पायेगा, बहुत खून निकल जायेगा और ज़ख़म के खराब हो जाने का डर रहेगा। इस लिए यह ज़रूरी है कि जो लोग माइग्रेट कर के यहां आये, उन की क्वालिफ़िकेशन्स की अच्छी तरह से जांच-पड़ताल की जाये और सिर्फ़ क्वालिफ़ाइड लोगों को ही रजिस्ट्रेशन किया जाये।

श्री जगन्नाथ मिश्र : हमारे देश में हजारों लोग बिना किसी ट्रेनिंग के, और बिना लाइसेंस लिये, यह धंधा कर रहे हैं। सरकार उन को अभी तक नहीं रोक सकी है। लेकिन बाहर से जो लोग परिस्थितिवश यहां आ जायें, माननीय सदस्य उन के बारे में इतनी सख्ती करना चाहते हैं।

श्री मुहम्मद जमालुर्हसन (किशनगंज) : क्या इस का मतलब यह है कि इनकाम्प्लेंट लोगों का रजिस्ट्रेशन कर के जनता को मार दिया जाये ?

सरदार स्वर्ण सिंह सोखी : हम देखते हैं कि इस देश का जो आदमी बाहर जाना चाहता है, उस को पासपोर्ट देने के लिए सरकार पचास किस्म की एनक्वायरी करती है। लेकिन माइग्रेट किये हुए लोगों का रजिस्ट्रेशन करने के लिए कोई जांच-पड़ताल करना ज़रूरी नहीं समझा जा रहा है। इस लिए मंत्री महोदय को सोचना चाहिए कि इस बारे में कोई रुज़ बनाये जायें कि कैसे लोगों का रजिस्ट्रेशन किया जायेगा।

इस बिल में रजिस्ट्रार की एपायंटमेंट के बारे में कहा गया है।

"The Central Council shall—

(a) appoint a Registrar who shall act as the Secretary to that Council and who may also, if deemed expedient by that Council, act as the Treasurer thereof;"

मेरा कहना यह है कि एक आदमी से एक ही काम करवाना चाहिए। अगर किसी से दस काम करवाये जायेंगे, तो वह कोई भी काम सही तरीके से नहीं कर पायेगा। एक दो आदमी ज्यादा रखने से ज्यादा फ़र्क नहीं पड़ता है।

इस बिल में सिक्यूरिटी के बारे में कहा गया है :

"require and take from the Registrar, or any other officer or servant, such

security for the due performance of his duties as that council may consider necessary".

कई बार ईमानदार और क्वालिफाइड आदमी के पास पैसा या सिक्कुरिटी नहीं होती है। वह तो खुद ही और उस का काम ही, सिक्कुरिटी होता है। इस लिए सही किस्म के आदमी से सिक्कुरिटी लेने का सवाल नहीं उठना चाहिए। मंत्री महोदय को इस पर विचार करना चाहिए।

आजकल पढ़े-लिखे लोगों की कोई कमी नहीं है। इस लिए जहां तक हो सके, पढ़े-लिखे और क्वालिफाइड लोगों को रजिस्ट्रेशन के बारे में पहले चांस दिया जाये और बाद में दूसरों का रजिस्ट्रेशन किया जाये।

मेरे एक मित्र ने कहा है कि हरल एरियज में ज्यादा फार्मैसीज खोलने की जरूरत है। सरकार को उन लोगों को प्रोत्साहन देना चाहिए कि वे गांवों में, और रोमोट एरियाज में फार्मैसी खोलें, जिस से जनता की भलाई हो। सारे आदमी एक शहर में आ कर बैठ जायेंगे तो वह काम नहीं चल पाएगा। जो फार्मैसी के इंस्पेक्टर हैं इन्हें हफ्ते में कम से कम एक बार अवश्य इंस्पेक्शन करना चाहिए क्योंकि दवाएं जो वे बनाते हैं वह सब डाइल्यूट होती हैं। भले ही कोई भला आदमी हो तो आप को ठीक दवा मिल जाय नहीं तो पानी मिलाया और दे दिया जैसे इस कार्मिनेटिव मिक्सचर के मामले में हम देखते हैं। तो यह दवाओं का सवाल है, आदमी के बदन के साथ खिलवाड़ नहीं करना चाहिए। आप का मुद्दकमा आखिर किस लिए हैं—लोगों के स्वास्थ्य की देख रेख के लिए ही तो है और आप कानून पब्लिक की सहायता के लिए ही तो बना रहे हैं। तो इन चीजों को जब तक स्ट्रिकटली वाच नहीं करेंगे तब तक काम नहीं चलेगा। ये बातें छोटी छोटी लगती हैं लेकिन इन का असर बहुत बड़ा हो जाता है।

सभापति महोदय : आप को डाइल्यूट से शिकायत है या एडल्टरेशन से ?

सरदार स्वर्ण सिंह सोबी : इन बिल से तो डाइल्यूशन का सवाल है, वह तो बिल पास हो चुका है।

रजिस्ट्रेशन जो करते हैं उस की लिस्ट आप मेहरबानी कर के स्टेट्स से कहिए कि हर एक म्युनिसिपैलिटी और नोटिफाइड एरिया में भेज कर उन के नोटिस बोर्ड पर डिस्प्ले कराएं जिस से पब्लिक देख सके कि हमारे यहां कौन कौन रजिस्टर्ड फार्मैसी वाले हैं और कौन अन-रजिस्टर्ड लोग हैं जो बोर्ड लगा कर फार्मैसी खोले बैठे हैं। हर एक नोटिफाइड एरिया और म्युनिसिपैलिटी में इसलिए इस की लिस्ट भेजी जाय और वहां उन के नोटिस बोर्ड पर डिस्प्ले की जाय। इस के अलावा जो फार्मैसिस्ट अच्छा काम करते हैं उन को और सुविधा दीजिए। ऐसा नहीं होना चाहिए कि सब को एक ही डंडे से हाकें। जो आदमी अच्छा काम करता है उस को कुछ न कुछ बढ़ावा और प्रोत्साहन मिलना चाहिए।

एकाथ प्वाइंट और मुझे कहने हैं। जो एकाउंट की बात आप ने कही है, मैं तो कटुंगा जो आडिट आप ने चेंज किया वह तो ठीक है, बड़ी अच्छी बात है, प्राइवेट आडिटर्स से नहीं करा कर कम्पट्रोलर एंड आडिटर जनरल से काराएंगे, लेकिन मेहरबानी कर के गजट से पहले पार्लियामेंट में भी उस को पेश किया कीजिए कि क्या क्या आडिट है क्यों कि कई किस्म की गंजा शें इस में निकल आती हैं जिन का कि पता बाद में लगता है और जो फाइनेंशियल मेमोरैंडम में आप ने कहा कि साल में दो दफा मीटिंग होती है कौंसिल की तो दो दफा मीटिंग होने से इतने बड़े हिन्दुस्तान में काम नहीं चलने वाला है। मीटिंग महीने में एक बार या साल में 6 बार या जितनी ज्यादा से ज्यादा हो सके होनी चाहिए क्योंकि एक मीटिंग हो गई, दूसरी में साल निकल गया, तीसरी में नये आदमी आ गए जिन को कुछ उस का पता नहीं होता। तो मीटिंग कई कई दफा होनी चाहिए। कई कई कमेटियों की तो मीटिंग सालों नहीं होती

[सरदार स्वर्णसिंह सोखी]

जैसे पी एंड टी की कमेटी है दो-दो तीन-तीन साल मीटिंग नहीं होती। इसलिए इस में भी दो मीटिंगों से काम नहीं चलने वाला है, और ज्यादा मीटिंग कीजिए। इस के अलावा जब तक स्टेट्स को आप यहाँ से कंट्रोल नहीं करेंगे तब तक आटोमेटिकली यह काम चलने वाला नहीं है। बड़ा लम्बा चौड़ा काम है। इसलिए आप इस को अच्छी तरह कंट्रोल कीजिए। इन्हीं शब्दों के साथ मैं इस का समर्थन करता हूँ।

DR. SARADISH ROY (Bolpur): This Pharmacy Act was passed in 1948 to regulate the profession of pharmacists in the country and subsequently it was amended in 1959 and now this is the second amendment before the House.

Till 1970 more than 71000 persons were registered under this Pharmacy Act who are not properly qualified or diploma-or certificate holders and only about 8365 persons are qualified or diploma or certificate holders who have been registered.

The pharmacists come out of 51 institutions in the country. As Dr. Ranen Sen mentioned, in West Bengal there is one institution where these pharmacists are trained and diploma-holders are trained. But the number of such institutions in our country is very meagre compared to the requirement of the length and breadth of the country. The number of the institutions where pharmacists could be trained should be increased so that we can have sufficiently trained and qualified pharmacists.

It seems that 71,500 were unqualified persons. Only 8,200 were qualified and registered persons.

The original Act provided that the State Government should fix a date after which no unqualified person will be allowed to compound, prepare, mix or dis-

pense any medicine. Section 42 of the Pharmacy Act reads as under:

"On or after such date as the State Government may be notification in the Official Gazette appoint in this behalf, no person other than a registered pharmacist shall compound, prepare, mix, or dispense any medicine on the prescription of a medical practitioner".

Only Assam, Kerala, Uttar Pradesh and the Union Territory of Delhi have given the notification mentioning the date after which the un-registered persons will be prohibited from dispensing the medicines.

To meet that lacuna the Amendment is there in this Act—Amendment No. 19. It provides:

"Provided further that where no such date is appointed by the Government of a State, this sub-section shall take effect in that State on the expiry of a period of five years from the commencement of the Pharmacy (Amendment) Act, 1976."

The State Governments failed. The Central Government had to intervene. From 1948 to 1976 only three States and one Union Territory have given the requisite notification. Though this Act said that the State Government should take an initiative and have proper registration of qualified persons and those who are practising in this line of pharmacy should have an opportunity to get their names registered, they failed. After several years the Government has come to amend this Act so that this may be corrected.

This Act also provided for the registration of compounders, displaced persons, repatriates. Before 1969 the compounders were allowed to be registered under the Drugs and Pharmaceutical Act. From 1969 December, this had been discontinued. From January 1970 to to-day there is no provision of registration of

compounders. After the enactment they will have an opportunity to have their names registered as pharmacists in the Pharmacy Council. This is a very important thing. The Minister should explain why such things happened.

Dr. Ranen Sen has mentioned regarding the displaced persons from East Bengal. The displaced persons, compounders and the repatriates are eligible for registration under this Act. But there is no restriction on the repatriates about the date. From whatever country or on any date they may come they are eligible to be registered, but on the displaced persons from Bangla Desh, formerly Eastern Pakistan, a restriction has been imposed whereby most of the displaced persons will not be eligible for registration because a date—14th April, 1957 has been fixed. Prior to that those who arrived in our country will not be eligible for registration.

Those persons came from 15th of August, 1947, and even before that. The D.Ps. whom we call refugees arrived at that time. Why do you consider this date as scrosanct, 14th April, 1957? What is the meaning of this? I cannot understand this, as to why it should be 14th April, 1957. You are depriving most of these D.Ps. from East Bengal of this registration. They came in thousands. From West Pakistan also they came in thousands. But that is not mentioned here. They also came in thousands after partition. There is no mention about that here. Only Bangla-desch is mentioned here. I request the hon. Minister to clarify this point and if possible omit these words '14th April, 1957.'

MR. CHAIRMAN : I can understand if it is 1947, instead of 1957, because of our independence.

DR. SARADISH ROY : That is not there. The Minister should clarify this. Then, Sir, compounders had to register themselves under Drugs and Cosmetics Act till 31st December, 1969. After that

946 LS—4

this was discontinued. Till now they are not being registered. Only this Act provides for registration. Why this sort of thing should happen? I request the hon. Minister to clarify this point.

Section 9A provides for Central Council and in that it is stated that non-members of Central Council may also be included. in Committees. It is not stated whether they will be pharmacists or scientists or anything of that kind. Some persons may be there who are not at all connected with pharmacy, its trade or profession or business. This point may also be clarified.

Certain amendments have been given notice of by my colleagues. Mr. Ramavatar Shastri and others, to Section 6. The provision says 'President and servants of the Council'. You should say 'President and employees of the Council'. This term, servant is repugnant. You can say, employees. That would be better.

MR. CHAIRMAN : What is important is not the word 'servant' mentioned in this Bill. The question remains : it depends upon whom you serve.

DR. SARADISH ROY : In conclusion, I would say that there is a blanket power given under the Bill. The persons who are not qualified are allowed to register their names. Because there are persons who are not qualified. diplomaholders, there is a provision so that these persons also may be got registered. There is a talk : that those who have registered as pharmacists are going to be absorbed. I want that there should be a minimum training given to them so that they can have further knowledge to do their job properly.

There is a provision for inspection to which Shri Mishra just now made a mention. The same ministry which piloted a Bill on Food Adulteration have made a provision in that Bill which was later passed by both Houses of Parliament. There is a provision in it that in case of default by the inspectors, they would be

[Dr. Saradish Roy]

punished. Such a provision was made in that Bill. There is no such provision in the present Bill. Such a provision should be included in this Bill also.

Everybody knows that for the inspecting staff there should be a proper training to do their job. The Food Adulteration Act also provided for the purpose. The inspectors while inspecting will do so in the presence of independent witnesses whose signatures will be taken when the samples are taken. There is no such provision in this Bill. So, I have given an amendment. In order to prevent any possible malpractice, there should be a certain check so that they may not do any harm to the people. I have tabled my amendments one of which says that the inspectors should inspect in the presence of independent witnesses whose signatures should be obtained and copies of their reports should be given to them so that they will not do any injustice and thereby the corrupt practices prevailing in our country may be eliminated.

With these words, I conclude.

श्री राजदेव सिंह (जौनपुर) : हमारे सामने फारमेसी (एमेंडमेंट) बिल है उस को सपोर्ट करते हुए, उस का समर्थन करते हुए, मैं यह कहना चाहता हूँ कि अभी फार्मसी और फारमेसिस्ट क्या हैं, इस के बारे में बहुत गलत-फहमी है। मैं दावे के साथ कह सकता हूँ कि बहुत से लोगों को यह पता नहीं है कि फारमेसिस्ट क्या होता है। मैं आप को बताना चाहता हूँ कि एक स्टेट में हैल्थ के एक स्टेट मिनिस्टर थे, जिन को यह मालूम नहीं था कि फारमेसिस्ट किसे कहते हैं। वे कम्पाउन्डर को ही फारमेसिस्ट समझते थे और बहुत से लोग दवा बेचने वालों को ही फारमेसिस्ट समझ लेते हैं। तो अभी देश में फारमेसिस्ट और फारमेसी क्या है, बहुत कम लोगों को पता है। यह इस क्लास के साथ एक ट्रेजडी है।

मैं यह बताना चाहता हूँ कि यह एक मैडिकल परसोनेल है, मेरा मतलब फारमेसिस्ट से है, जोकि डाक्टर के न रहने पर उस के काम को आयेरिटी के साथ करता है। वह दवाइयों को भी अच्छी तरह से पहचानता है। दो साल की इंटेंसिव ट्रेनिंग भी उसकी हुई है। कहने का मतलब यह है कि फार्मेसिस्ट जो हमारे देश में हैं उनके वास्ते कोई प्रोमोशन के एवेल्यूज नहीं हैं। जिन्दगी भर वह फारमेसिस्ट ही रहता है और इसी पद से वह रिटायर भी होता है। सेंटर की तीन मिनिस्ट्रीज है जिन में ये हैं, एक रेलवे मिनिस्ट्री है, एक डिफेंस है और तीसरी हैल्थ है। स्टेट गवर्नमेंट्स में भी ये हैं। अलग अलग इनके एमालुमेंट्स हैं और कंडिशनज आफ सर्विस हैं। मैं समझता हूँ कि हमारी कोशिश यह होनी चाहिये कि ये सब हैल्थ मिनिस्ट्री के अंडर आ जाए और इस मिनिस्ट्री से जो रूज एंड रेग्युलेशनज बने उन्हीं से ये सब गवर्न हो और ये रूज और रेग्युलेशनज स्टेट गवर्नमेंट्स में जो लोग हैं उन पर भी लागू हों।

लाखों लोगों की दवा दार और इलाज ये लोग करते हैं। लाखों लोगों की जिन्दगी इनके हाथ में होती है। आपने एक फार्मसी काउंसिल बनाई है। वह ठीक है। उस में यू०जी०सी० से एक मैम्बर लिया जाएगा, यूनियन टैरिटरी से भी लिया जाएगा। अन्त में आपने यह भी कहा है कि मैडिकल काउंसिल आफ इंडिया जो हैं वह भी एक को चुन कर यहां भेजेंगी। मेरा कहना यह है कि मैडिकल काउंसिल आफ इंडिया दूसरे लोगों की आर्गनाइजेशन है दूसरी ट्रेड के लोग उस में हैं। मैं समझता हूँ कि जिन को दस साल या पंद्रह साल की ट्रेनिंग हो, जो भी आप तय करें, अगर वही इस काउंसिल में लाने की आप व्यवस्था करें और फार्मेसिस्ट के जरिये से ही वे आएँ तो ज्यादा अच्छा होगा और ज्यादा अच्छी सलाह वे दे सकते हैं।

एक एनामली की ओर मैं आपका ध्यान दिलाना चाहता हूँ। डाक्टरों और नर्सों का

जिन्दगी में एक बार रजिस्ट्रेशन होता है, उनको हर साल रजिस्ट्रेशन कराने की जरूरत नहीं पड़ती है और न फीस देने की जरूरत पड़ती है। फार्मसिस्ट्स भी उसी क्लास में आते हैं, मेडीकल क्लास से आते हैं। इस वास्ते उनको हर साल रजिस्ट्रेशन कराने के लिए मजबूर क्यों किया जाए? मैं चाहता हूँ कि सैक्शन 34(1) की ओर आप ध्यान दें और यह जो एनामली है उसको खत्म करने की कोशिश करें।

जो वर्मा से, सिलोन से, उगांडा से या बंगला देश से आए हैं और वहाँ ये दवाइयों का काम करते थे, उनके रजिस्ट्रेशन के बारे में यह बिल है। हर किसी का रजिस्ट्रेशन तो आप करेंगे नहीं, बहुत से क्वेक्स भी होंगे, जिन का रजिस्ट्रेशन आप नहीं करेंगे और कुछ ऐसे भी हो सकते हैं जो करा लें : अब क्या सबूत है क्या आथोरिटी है कि जिस देश से वे आए हैं वहाँ वे मेडीकल प्रोफेशन थे या नहीं। अब इसके लिए या तो कोई आप टेस्ट यहाँ प्रेसक्राइब कर सकते हैं और जो उसको पास करे उसका आप रजिस्ट्रेशन कर दें या फिर कोई सर्टिफिकेट वहाँ से वे लाए हो किसी प्राप्तर मेडीकल आथोरिटी का जिस के आधार पर आप उनका रजिस्ट्रेशन कर सकते हैं....

श्री दीनेन भट्टाचार्य : वहाँ जो पेशा करते हैं उसका कोई कागज़ उनके पास होगा ? कैसे ला सकते थे।

डा० रानेन सेन : देश छोड़ कर आ गए कैसे कागज़ ला सकते हैं। सब छोड़ कर चले आए हैं।

श्री राजदेव सिंह : मेडीकल टैस्ट यहाँ प्रेसक्राइब किया जा सकता है और आसान सा हो सकता है और अगर उसको वे पास कर लें तो उनका रजिस्ट्रेशन हो जाना चाहिये। अगर कुछ भी नहीं रखेंगे तो इसका मतलब यह होगा कि लोगों की जिन्दगी के साथ खिलवाड़ करने की इजाजत आप उनको दे रहे हैं।

16 hrs.

वेअर फुटिड डाक्टर की बात यहाँ हुई है। वेअर फुटिड डाक्टर किन को आप बनाएंगे? आप कहते हैं कि जो प्राइमरी स्कूल का टीचर है लेखपाल है ब्लाक डिवेलपमेंट में लगे हुए लोग हैं उन्हीं को एक महीने दो महीने की ट्रेनिंग दे कर वेअर फुटिड डाक्टर बना कर गांवों में भेजना चाहते हैं। जब इस विचार को हम सुनते हैं तो हमें ऐसा लगता है कि गांव के लोगों की जिन्दगी आपको बड़ी सस्ती मालूम होती है यह दो तीन महीने की ट्रेनिंग ले कर क्या काम कर सकेंगे जब कि प्राइमरी स्कूल के टीचर का मेन प्रोफेशन पढ़ाना है लेखपाल का है लेंड रिफाई रखना और डेवेलपमेंट के कर्मचारियों का चाहे ग्राम सेवक हो या पंचायत सेक्रेटरी दूसरा काम है। अब इन्हें 1 महीने की ट्रेनिंग दे कर वेअर फुटिड डाक्टर बना कर के लोगों की जान के साथ खिलवाड़ करना है। वह गलत दवा दे सकते हैं और लोग मर सकते हैं। इसलिये थोड़ा सा अमंडमेंट कर के लोगों को प्रोपर ट्रेनिंग दी जाय। फारमासिस्ट की ट्रेनिंग दो साल की होती है और कम से कम इन्टरमीडियट लड़कों को लेते हैं इन की ट्रेनिंग इंटेंसिव होती है तो ज्यादा से ज्यादा लोगों को भर्ती कर के और उचित ट्रेनिंग दे कर इन्हें देश में फैला दिया जाय। दवा अगर मिलती है तो अच्छी मिले। दवा नहीं मिलती है तो आदमी 10-15 दिन जिन्दा रह सकता है। लेकिन गलत दवा से तो एक दिन भी जिन्दा रहना मुश्किल होगा। तो बजाय गलत दवा के अच्छा है कि दवा न दी जाय। इसलिये मेरी राय में वेअर फुटिड के नाम से जो क्वेक्स बनाये जा रहे हैं यह गलत है। फारमासिस्ट एक अच्छा लिंक है डाक्टर और जनता के बीच में यह दवा को भी जानते हैं और ट्रीटमेंट भी कर सकते हैं। इसलिये इस कड़ी को मजबूत बनाया जाय।

इस बिल के पास होने के बाद प्रोवीजन यह है कि स्टेट्स डेट फिक्स करेंगी कि फलां फलां डेट तक रजिस्टर करा लें, अगर बहुत

[श्री राजदेव सिंह]

सी स्टेट्स डेट फिक्स नहीं करती हैं तो ओटो-मेटिकली 5 साल के बाद सेक्शन 42 के अन्तर्गत यह ऐक्ट अपने आप लागू हो जायगा। हम कहते हैं कि 5 साल का पीरियड बहुत ज्यादा है। अगर कोई स्टेट गवर्नमेंट इस तरह की डेट फिक्स नहीं करती है तो साल भर का वक्त रखना चाहिये। नहीं तो 5 साल में तो बहुत से लोगों को मार डालेंगे। इसलिये 5 साल की जगह 1 साल का वक्त रखा जाय।

इन शब्दों के साथ मैं प्रस्तुत बिल का समर्थन करता हूँ।

SHRI B. V. NAIK (Kanara) : Sir, while supporting this Bill, I would like to bring out one point. Whether it was for the National Library Board or for many other Boards which we have established on a national scale, it looks as though the same set of people keep on repeating themselves in these National Boards. The original Bill, which is an old Bill of 1948, does not seem to have gone through much of an amendment provided for a certain set of people, namely, Director of Health Services, the Drug Controller and the Director of Central Drug Laboratory and there have been certain marginal changes in respect of induction of University Grants Commission. Though I fail to understand how the University Grants Commission becomes relevant except that it is a substitution of what was provided for in the inter-University Board previously, how do the universities become relevant to a Pharmacy Act. In that way, University is relevant for everything under the sun. I have not been able to understand that. I hope it will kindly be elucidated. Pharmacology has been a subject for long time in universities. B. Pharms have been produced by Banaras Hindu University for at least three or four decades. For that reason, in every board of national importance, if the university as a body has to be brought in, what are the positive contributions of

these over-worked, over represented bodies? I do not find any direct relevance though we may agree that the university does have a major part to play in almost all aspects of our national life.

MR. CHAIRMAN : You may say that a representative of the pharmacology department may be there not the university as such.

SHRI B.V. NAIK : The department of pharmacology has a representative in the form of Drugs Controller.

There has been for quite some time some talk about taking pharmacists to the rural areas. The Time and again we have been told that either by a process of compulsion or persuasion or incentives we must create a set-up wherein the doctor goes to the village. By and large this has remained a pious hope and wish by the policy framers as well as the planners in our country. So far as the bare foot doctor concept is concerned, we were taken when Shri Dikshitji was Health Minister that we might enlist the ayurved practitioners and other people on the fringe of the medical science or medical profession in the rural interiors and induct them as bare foot doctors. There are also homoeopaths, naturopaths, vaid, hakims, etc., and not the least part of them, the quacks. Every ancient household in the village has somebody who administers some drug or some medicine for some ailment and no qualifications are needed for that. At that time we were told that the qualification will be reduced to matriculation and India will be serviced by a large number of bare foot doctors. I think it has become a non-starter..

AN HON. MEMBER : Non-sense!

SHRI B. V. NAIK : I do not know whether 'non-sense' is parliamentary. A bare foot doctor in my humble view would not be a non-sense, but there is a sort of half-knowledge from which most of us suffer. We can, therefore,

call it neither sense nor non-sense but half-sense.

The concept of pharmacists came in, as far as we know, because the doctor was one who was supposed to prescribe the medicine and the translation of the diagnosis or the prescription of the doctor has been left to the pharmacists. The pharmacist does the dispensing part of it. The doctor does the prescription part of it. The system which prevails in some of the affluent societies is that the pharmacist has an independent standing of his own. The doctor just sits with his "stethoscope and if he is not a surgeon but only a physician, he does the prescription part of it. Then the patient goes to the pharmacist who dispenses the prescription. In other words, it is a specialisation.

But in our country more important than the Doctor is, what we call, the compounder and the compounder comes from various walks of life and he goes on dispensing or supplying the medicines. The only thing which I can think of and which will work as a substitute for our barefoot doctor system whereunder in order to take the doctor to the village we have not been even partially successful, would be to, give out a scheme where under our compounder or pharmacist, as was indirectly suggested by Dr. Ranen Sen, could go to the taluka head quarters and he should be in a position to function his area of operation where he could dispense his medicine so that once a patient comes from an interior village of five to ten miles to the head quarters where he resides, he is examined and subsequently for five or ten days the patient has not the responsibility of walking the distance or coming over to a city at a fabulous cost and the local pharmacist, the rural pharmacist or what the people popularly call, compounder of a rural area is able to carry at least 50 per cent of the burden of our Doctors. As an alternative for a midway compromise of taking the doctors to the village, where he is not able to set up well, where the

economic incentives do not exist. I think this would be a solution.

MR. CHAIRMAN : You suggest that we take the compounder to the village.

SHRI B.V. NAIK : Yes sir., That is the proposition I am trying to suggest, because a doctor who has gone through six or seven years of university education has changed his way of life unless he is so much motivated that he must serve the rural poor. In practice, this has become a pious wish. We train him for an urban elitist life and then we ask him to go and set up an *ashram* or a dispensary in the interior where he is expected to educate his children in the village school. Let us take our pharmacist to the villages. It is only here that we find that this degree of B. Pharma is not universally prescribed for our pharmacist. Some people have come in this profession by tradition, some by practice and a some by custom. So, it is a sort of mixed bunch. At a time when we are having unemployment on such a large scale, it should be possible for us to make a pharmacist compulsorily set up his business in the interior. One of the prescribed qualifications for a pharmacist is a Degree in Pharmacology, and, therefore, we could think in these terms. I have not the figures at my command to know what our educational potential is at the present juncture.

Nowadays, whenever one wants to open a new dispensary, it is a fairly a difficult thing. I hope the hon. Minister will make it convenient for himself to look into the working of the Directorate of Drugs or what they call. Controller of Drugs at the State level. The question of dispensing or the question of opening a new pharmaceutical enterprise has become very difficult because of certain constraints, the red-tape, bureaucracy and such other things that exist. It is not effective, because of the technicalities involved. It is easier to interfere with or to put pressure on the Panchayati Raj Administration; but it is very

[Shri B. V. Naik]

difficult to put pressure on the drugs and cosmetics departments at the State level. These points may kindly be looked into.

Fourth, I would suggest that in respect of the large number of mass-consumed drugs, we can make use of the existing system. Why should not certain incentives be given to the rural panchayats and the rural service cooperatives, to enable them to take up the distribution of these materials, so that when you push the compounding pharmacists or the bare-foot doctors—Indian brand—into the villages, you also have the trading mechanism built in.

With these suggestions, I support the Bill.

SHRI K. MAYATHEVAR (Dindigul) :

Although I support the bill, I want to give some suggestions to the hon. Minister for his favourable consideration.

Who is the actual pharmacist ! I think that one who studies subjects like physics, chemistry, biology, anatomy and physiology is a pharmacist. After studying and passing in all these subjects, the student has to undergo training and probation for two years. That is the second stage when he is entitled to get a diploma in pharmacy. The third stage is one of registration as a member of the profession for practising as a pharmacist. I am told that this is the present system; I am subject to correction.

According to this bill, we are going to allow certain persons—who are working and have experience for a certain number of years, under the practitioners or under the department—to be registered as pharmacists. I would say that by doing this, we are playing with the lives of the Indian public. This step is very dangerous to their health and safety. I would ask the Minister this. Can a person who is serving under a doctor with an MBBS qualification—may be

even for more than 25 years—become an equal to the real doctor ! Can a person who is working as a servant under an engineering graduate become eligible for the grant of a Bachelor of Engineering degree ! Similarly, under the lawyers and advocates, certain clerks are working. On the basis of his experience as a clerk with the lawyers no advocate's clerk can become entitled to, or have permission to register himself as a lawyer, either by the Bar Councils in the States or by the Council at the Supreme Court. I am, therefore, not happy to see these persons, working under the real, qualified practitioners or diploma-holders being allowed to be registered as pharmacists. It is a very dangerous thing. The consequences which are going to follow such a step, will be unpleasant.

The next point is about the real and true Pharmacists. I am told that they have no promotion avenues at all. Once they enter into the service as Pharmacists they retire as Pharmasists. Their case is just like Sub-Registrars in the *moffusil* area. They enter into service as Sub-Registrars but retire also as Sub-Registrars without any promotion. Therefore, I am told that there are no promotion chances and opportunities in this Department also. For that, we have to find out ways and means and devices to create promotion opportunities in the same department. I am also told that they have promotion avenues only in the line of Store-keepers and Store Superintendents after passing the examination of the department. There are 1-2 per cent chances of promotion among the Pharmacists. The scope of promotion is very remote. As far as incentives are concerned, as I understand, they are very much less.

As far as pharmacists, doctors and so many other persons are concerned, who are dealing with medicine and pharmacy, who are working as Government employees in the hospitals. I have

come across certain instances of theft of the Government medicines. These persons take those medicines to their houses, use them in clinics and also sell them at some profit. These persons should be arrested and dealt with by the Government under the emergency. This is the proper time for checking all these things.

As far as Pharmacists are concerned, as has been pointed out rightly by some of my friends here, they are diagnosing diseases and giving prescriptions. This is the work of a doctor. But the pharmacists are doing a *via media* work between a doctor and a compounder, as has been pointed out by many hon. Members. Their work is more responsible than that of a doctor and a compounder. Therefore, such risky and responsible work should not be entrusted to the non-diploma holders who are going to be getting themselves registered as diploma-holders or registered practitioners. This work should be entrusted to those who have got their diplomas on the basis of regular training, practice and experience. Therefore, I would request the Minister to consider these things practically from the point of view of the public safety and public security.

With these words, I conclude my speech.

SHRI CHAPALENDU BHATTACHARYYA (Giridih) : Mr. Chairman, Sir, I rise to support this Bill. It is another attempt—and we have been seeing so many *ad hoc* attempts—at regularising and rationalising our medical aid arrangements for the rural population who are not getting medical attention properly. After the shortfalls we see, this Bill is going to take effect although it may be passed today only after the five years hence. What would be the population of this country then? What would be the number of medical practitioners, Pharmacists, dispensaries, drug stores,

health centres, hospitals and the nursing homes? The crucial question is what would be the number of pharmacists who would be required at that time as far as that projection is concerned, I do not know whether that has been worked out. I would very much like to have seen that included in the Statement of Objects and Reasons.

Now, we are really trying to take two Contradictory lines. On the one hand, we want to downgrade the level of medical aid to the countryside in the form of bare-foot doctors and, on the other hand, we want to import the technique of acupuncture from abroad and, at the same time, we want to increase the level of pharmacists. What then is our real objective? I entirely agree that so far, the quality and the quantum of medical aid has been, unfortunately, confined as in several sectors of our economy to the elitist 10 per cent of our population, mostly residing in towns and cities. I had, of course, three patients from my constituency, from the Village, who went through the open-heart surgery in the All India Institute of Medical sciences but not without an effort on my part.

The second point which I would like to make is this. It is true that a degree of specialisation is called for.

मर्ज बढ़ता गया ज्यों ज्यों दवा की ।

It is becoming very complex. Now, acute malaria cases are coming up daily and it has become rampant. It is emerging as a Frankenstein and it is spreading all over India. Our effort to control malaria has been faulty, feeble and not adequate to the challenge that it poses. Very soon, if it has not already, it will go out of control and affect the workers productivity—No longer strikes and lockouts but malaria—will take care of all these Problems.

[Shri Chapalendu Bhattacharyya]

There is an anomaly in this Bill. As has already been pointed out by previous speakers, a refugee who came between 1947 and 1957 and who was accepted as such by the Government of India for the purpose of loans and rehabilitation has not been given the same consideration in this Bill. There is a gap, as it were, between 1947 and 1957. That anomaly should be removed. I think, there should be no difficulty about it.

It is true that we have gone very far from the age of mixtures and ointments. We would certainly like to increase the efficiency of pharmacists, improve the level of their understanding and comprehension. But they need not always have to go through the mill of two-year or three-year or five-year degree courses. Any intelligent young man with five years experience under the careful guidance of a doctor can certainly launch himself as a good enough and effective pharmacist.

Now, the question is about the quantum and quality of medical aid in the villages. Apart from bare-foot doctors, there are homoeopaths, ayurved, unanis and the local village—I will not call them witch-doctors—doctors retailing all the herbal medicines. They are filling the gap somehow. There was a suggestion about using the retail petrol outlets to be used as outlets for the medicines also very soon, if our Programme for development makes headway, as we hope and, believe me, it would make headway, in the coming years every petrol pump will also have motels and other facilities attached to it.

Certainly we can place pharmacists, drug stores and pharmacies there to serve people who are on the highways, and they can branch out into the villages also. This idea or concept of using the retail outlets for petroleum products for dispensing medicine is a good one and should be given effect to.

The central point is about the opening of a register. It is good as far as it goes:

“After section 15 of the principal Act, the following sections shall be inserted, namely :-

15A. (1) The Central Council shall cause to be maintained in the Prescribed manner a register of pharmacists to be known as the Central Register, which shall contain the names of all persons for the time being entered in the register for a state”.

we welcome it ; it will help in some way in rationalising the arrangement.

Then comes the question about the Central Council. Representation of pharmacists on the Council is a must. They must be enabled to project their grievances before the Central Council so that the Central Council may be enabled to draw up a meaningful scheme of guidance to insulate them against Inspectors who may abuse their office. I know from my experience what the pharmacists have to go through under the Drug Inspectors. If inspection is necessary, misuse of their powers is also a fact of life and that misuse should be controlled. How to do it is an administrative decision and I leave it to the Minister to formulate measures.

श्री रामावतार शास्त्री (पटना) :
सभापति महोदय, फारमेसी (संशोधन) विधेयक पर यहां विस्तार के साथ हमारे माननीय डाक्टर सदस्य बोल चुके हैं। हम लोग तो लैमेन हैं, डाक्टरी-पेशा नहीं जानते, इसलिए उस नुक्ते से हम नहीं बता सकते, लेकिन आम जनता के नुक्ते से हम एकाध बात कहना चाहते हैं।

सब से पहली बात तो मैं यह कहना चाहता हूं कि जो फारमेसिस्ट रजिस्टर्ड होंगे या हैं, उन की संख्या क्या है, यह डाक्टर सरदीश राय आप के सामने बता चुके हैं। उन की संख्या बहुत कम है। उन का रजिस्ट्रेशन होना चाहिए,

उन की ट्रेनिंग होनी चाहिए, यह बहुत अच्छी बात है लेकिन जिस तरफ मैं आप का ध्यान खींचना चाहता हूँ वह है गांवों में चिकित्सा की व्यवस्था। जैसी दयनीय स्थिति वहाँ पर है, वह आप को मालूम ही है। आप जानते हैं कि हमारा सम्पूर्ण देश आम तौर से गांवों में फैला हुआ है और बहुत ही गरीब है। तमाम जगहों पर डाक्टर नहीं जा सकते हैं और बहुत सारे डाक्टर शहरों की तड़क-भड़क को छोड़ कर देहातों में जाना पसन्द नहीं करते हैं। शहरों में जो उन्हें सुख-सुविधा मिलती है वैसी देहातों में प्राप्त नहीं होती है और बहुत दिनों तक नहीं होगी और जो स्थिति हमारे देश की है ऐसी स्थिति में 5 लाख से ज्यादा गांवों में फैली गरीब जनता दवा-दारु के बगैर चिकित्सा के बगैर कीड़े-मकोड़ों की तरह मरती रहेगी। क्या उन की चिकित्सा का भी ठीक बन्दोबस्त निकट भविष्य में हो सकेगा? मैं इसी नुक्ते-निगाह से यह कहना चाहता हूँ कि डाक्टर अगर आप नहीं भेज सकते, या तो हर गांव में डाक्टर भेजे जाने चाहिए तो वहाँ आप फार्मेसिस्ट ही भेजिये देहातों का हमारा यह अनुभव है कि अगर आप वहाँ डाक्टर भेजते भी हैं फैमिली प्लानिंग के नाम पर डाक्टर जाते हैं और दूसरी बीमारियों के डाक्टर जाते हैं वे गांवों में नहीं जाते। प्रखण्ड का जो मुख्यालय है वहीं से वे लौट जाते हैं। यह मेरा अनुभव है।

एकाध प्रखण्ड समिति की बैठक में शामिल होने का मुझे अवसर मिला है। उस बैठक में फैमिली प्लानिंग को एक डाक्टर से जब मैंने यह कहा कि आप गांवों में क्यों नहीं जातीं तो वह फूट फूट कर रोने लगीं। सभापति जी, मैं महिलाओं की शिकायत नहीं कर रहा हूँ। मेरे कहने का तात्पर्य यही है कि डाक्टर देहातों में नहीं जाते हैं। जब डाक्टर गांवों में नहीं जाते हैं तो कम से कम आप फार्मेसिस्ट को ही वहाँ भेज दें। उनको भी काम करते करते डाक्टर की तरह की ही जानकारी हो जाती है। कभी कभी वे प्रेसक्रिप्शंस भी लिख देते हैं।

सभापति महोदय (श्री वसंत साहू) : नीम हकीम ।

श्री राजावतार शास्त्री : वे नीम हकीम नहीं होते। मान लीजिए देहातों में कौलेरा हो गया है, मलेरिया हो गया है, डीसेंटरी की बीमारी हो गयी है, डायरिया हो गया है तो इस तरह की जो बीमारियाँ होती हैं उनकी आसानी के साथ वे चिकित्सा कर सकते हैं।

मैं तो ऐसे इलाके से आता हूँ जहाँ बहुत बाढ़ आती है। आप देख रहे हैं कि पटना को बाढ़ से बचाने के लिए बांध बनाया जा रहा है। बाढ़ के दिनों में किसी डाक्टर के न होने या किसी मेडिकल सेन्टर के न होने की वजह से गांव वालों को बड़ी कठिनाई होती है। अगर आप उन गांवों में फार्मेसिस्ट ही पहुंचा दें तो भी उनकी काफी मदद हो सकती है। अगर संभव हो सके तो इन फार्मेसिस्ट को बैंक से सहायता दिलवा दें ताकि वे गांवों में जाकर बैठ जायें। इससे बरसात के दिनों में गांवों में जो कोलेरा की बीमारी हो जाती है, लोगों को सांप काट लेता है उनकी रक्षा हो सकती है। ऐसे मरीजों को शहर लाते लाते तो उनके प्राण पखेरू उड़ जाते हैं। बरसात के दिनों में न तो मरीज शहर पहुंच सकता है और न डाक्टर ही देहात में पहुंच सकता है। अगर उन इलाकों में फार्मेसिस्ट बिठा दें जो कि रजिस्टर्ड फार्मेसिस्ट हों तो गांव वालों की बहुत सेवा हो सकती है। इस तरफ आपका ध्यान खींच कर मैं अपने संशोधन पर भी कुछ कहना चाहता हूँ।

सेन्ट्रल काउंसिल के जो आपके अधिकारी या कर्मचारी होंगे इनके सम्बन्ध में मेरा संशोधन है। आप इनके लिए 'प्रफर और सरवेंट्स' का इस्तेमाल कर रहे हैं। मैं जानना चाहता हूँ कि इस सरवेंट्स शब्द का औचित्य क्या है। हमारे यहाँ मे अंग्रेज चले गये लेकिन अंग्रेजियत अभी भी बरकरार है। किसी जमाने में 'योर्स मोस्ट ओबिडियेंट सरवेंट्स' लिखा जाता था जिसको आपने विदा कर दिया। इसकी जगह

[श्री रामावतार शास्त्री]

आजकल आप 'भवदीय' या 'आपका' लिखते हैं। मेरी समझ में नहीं आया कि 'सर्वेंट्स' शब्द से आपको इतनी मोहब्बत क्यों है, क्यों नहीं इसकी जगह आप एम्प्लॉईज लिखते हैं। यह पुरानी लैग्रेसी जो दिमाग में है इसको आपको त्यागना चाहिये। ऐसा करके आप कोई बुनियादी परिवर्तन नहीं कर रहे हैं। इसके लिए आपको कैबिनेट में एप्रूवल के लिए नहीं जाना पड़ेगा। सर्वेंट की जगह एम्प्लॉयी रखने में आपको कोई एतराज नहीं होना चाहिए। ऐसा आपने नहीं किया तो इसका बड़ा बुरा असर होगा। ऐसा लगता है कि हमारे अधिकारी जिन्होंने इस बिल को ड्राफ्ट किया है उन के दिमाग में भी वही पुरानी भावना थी। आप तो जानते ही हैं कि दिल्ली में एक धरेलू कर्मचारी संघ बना हुआ है। घरों में जिन सर्वेंट्स को हम लोग रखते हैं, जो घरों में काम करते हैं उनको नौकर शब्द से पुकारना मैं समझता हूँ कि हिकारत का सूचक है। आप उनको सेवक कह सकते हैं, कर्मचारी कह सकते हैं, आप यहां एम्प्लॉयी शब्द का प्रयोग कर सकते हैं, सेवक कह सकते हैं, कर्मचारी कह सकते हैं। ऐसा न कह कर आप सर्वेंट कहते हैं इससे मैं समझता हूँ कि समाजवादी व्यवस्था की रचना की जो बात हम करते हैं और जो भावना उसके पीछे है, उसके भी विपरीत यह चीज जाती है, जन-तांत्रिक विचारधारा के भी विपरीत जाती है। इस वास्ते सर्वेंट सा नौकर नहीं हम को कहना चाहिये। चौथा संशोधन मेरा यही है कि जहां आपने सर्वेंट या सर्वेंट्स लिखा हुआ है उसकी जगह आप एम्प्लॉयी या एम्प्लॉयीज कर दें।

पेज तीन पर आपने रिम्युनेशन एंड एलाउंसिस की चर्चा की है। यहां मैंने कहा है एंड अदर बैनिफिट्स। अदर बैनिफिट्स भी आप देंगे इस वास्ते उसको भी आप लिख दें ताकि आपके अधिकारियों को यह स्पष्ट हो जाए कि एम्प्लॉयीज को भी बैनिफिट्स मिलने वाले हैं और एम्प्लॉयीज को भी पता रहे कि

हमें क्या क्या बैनिफिट और सहायितें मिलने वाली हैं।

पृष्ठ चार पर 15(ए) की जो उपधारा दी है उसमें आपने एज सून एज में बी रखा है। अब इसका मतलब दो दिन भी हो सकता है, चार दिन भी हो सकता है, दो महीने भी हो सकता है, चार महीने भी हो सकता है। मैंने संशोधन दिया है "As soon as may be" के बजाय "within a month". कर दिया जाए।

आपको स्पेसिफाई कर देना चाहिये कि इस अवधि में इन लोगों को आपके पास रजिस्टर अवश्य भेज देना चाहिये।

सजा के बारे में भी मेरा एक संशोधन है। पृष्ठ 6 पर धारा 16 की उपधारा 3 को आप देखें। यहां आपने कहा है :

"....Shall be punishable with imprisonment for a term which may extend to six months, or with fine not exceeding one thousand rupees, or with both".

मेरा इसके बारे में स्पष्ट निवेदन यह है कि आप सजा छः महीने तक रखें। ऐसा आपने नहीं किया तो यही होगा कि फाइन ले कर उनको छोड़ दिया जाएगा। हो सकता है कि उनका जुर्म ज्यादा हो और उनसे अगर फाइन ले कर छोड़ दिया गया तो ठीक नहीं होगा। अगर आप यह आप्रेशन ट्राइंग मजिस्ट्रेट को देंगे तो थोड़ी सी सजा करके उसको छोड़ देगा। हमारे न्यायालयों की जो प्रवृत्ति है, जो तरह तरह की बातें होती हैं उससे तो आप परिचित ही हैं। इसलिए मैंने कहा है :

Omit — "Or with fine not exceeding one thousand rupees, or with both"

केवल छः महीने की सजा का प्रावधान रखिये ताकि अगर कोई जुर्म करने का इरादा रखता हो तो उसे डर लगे कि मुझे छः महीने की जेल की सजा भुगतनी पड़ेगी, छः महीने तक जेल की खिचड़ी खानी पड़ेगी इस वास्ते वह जुर्म

करने से डरे। जुमाना तो वह आसानी से दे सकता है। इस आशय का मेरा जो संशोधन है मैं आशा करता हूँ कि इस को आप स्वीकार कर लेंगे। साथ ही जहाँ आपने सर्वेक्षण का जिक्र किया है उसे मेजरवाणी करके आप जल्द निकाल दें और उसकी जगह एम्प्लायी रख दें।

श्री मूलचन्द डागा (पाली) : मैं इस बिल का स्वागत करता हूँ। श्री रानेन सेन ने एक बात मुझे बताई है जिस को कहता वह भूल गए थे।

सभापति महोदय : आपके वगैर बिल पूरा नहीं हो सकता है।

श्री मूलचन्द डागा : आपकी कृपा है। मैं आज इस बिल को पढ़ कर नहीं आया था। लेकिन मैं एक बात कहना चाहता हूँ। लंका से, बंगला देश से तथा दूसरे देशों से काफी कैमिस्ट और दूसरे इस काम को करने वाले लोग आए हैं। यहाँ पर हायर सैकेंडरी पास करने के बाद हमारे विद्यार्थी तीन साल का इसका कोर्स लेते हैं, ट्रेनिंग लेते हैं। और लेने के बाद आप उन को रजिस्टर करते हैं। लेकिन जो बाहर से आते हैं उन की क्या कोई परीक्षा होती है या ऐसे ही रजिस्ट्रेशन कर देते हैं? क्या क्राइटीरिया है आप के पास यह मैं जानना चाहता हूँ? आज हम गांव गांव के अन्दर गरीबों के इलाज की व्यवस्था नहीं कर पाये हैं। शास्त्री जी ने ठीक ही कहा कि गांवों में गरीब लोगों के इलाज का माकूल इंतजाम हम अभी तक नहीं कर पाये हैं। इसलिये गांवों में कई लोग जो कम्पाउन्डर्स हैं, या इस तरह के काम में लगे हुए हैं और जो बिल्कुल पढ़े लिखे नहीं हैं, उन से कई बार केसेज विगड़ जाते हैं, ऐसे लोगों के बारे में आप क्या करने जा रहे हैं। आप यह बताइये कि रजिस्ट्रेशन करने के पहले क्या क्वालिफिकेशन होगी? क्या उन का कोई एग्जामिनेशन होगा? जिन लोगों ने ट्रेनिंग प्राप्त की है और डिप्लोमा लिया और डिप्लोमा मिलने के बाद वह तो बंचित हो

जायेंगे और जो बाहर से आये हैं उन को इस का लाभ मिलेगा, वह बात मेरी समझ में नहीं आयी, जरा इस को बताइये। आप जिन को फारमासिस्ट बनाना चाहते हैं उन के लिये आप के पास इस बिज में क्या क्राइटीरिया होगा, यह मुझे नहीं मालूम। किस आधार पर आप उन्हें रजिस्टर करेंगे? पहले हम ने देखा कि कई लोग एम० पी० और एम० एल० ए० से सर्टिफिकेट ले कर रजिस्टर करा लेते थे। इस तरह के बहुत से बैकवर्ड्स गांवों में फारमासिस्ट बन कर बैठ गये। इन के बारे में आप क्या करेंगे? अभी तक देश में ऐसे लोगों के बारे में कोई कानून नहीं है। इर्षालिये मेरी मांग है कि आप कोई क्राइटीरिया बनायें।

सभापति महोदय : और ऐसे लोग भी हैं जो भ्रमति निकाल कर लोगों को अच्छा कर देते हैं, ऐसे लोगों के लिये क्या किया जाय?

श्री मूलचन्द डागा : मैं ऐसे लोगों में विश्वास नहीं करता हूँ। आप का अकोला क्षेत्र काफ़ी बकबड़ है, वहाँ इस तरह की बातों में लोग विश्वास करते होंगे। लेकिन मेरे यहाँ ऐसा नहीं है।

इर्षालिये मैं मंत्री जी से यही जानना चाहता हूँ कि क्या क्राइटीरिया रखेंगे वन मुझे यही निवेदन करना था।

THE MINISTER OF STATES IN THE MINISTRY OF HEALTH AND FAMILY PLANNING (CHOWDHURY RAM SEWAK): I am thankful to the hon. Members who have participated in the discussion on the Pharmacy Amendment Bill brought forward by the Government. Many important suggestions have been made by Dr. Ranen Sen, Dr. Saradish Roy, Mr. Bhattacharyya and other hon. Members of this House.

Much stress has been made particularly on one section by Dr. Ranen Sen, Dr. Saradish Roy, Mr. Bhattacharyya and also other Members. That is with regard to Section 32(A) which contains the pro-

[Chowdhury Ram Sewak]

visions for registration, amongst others, of displaced persons. Explanation (1) to that section has defined a 'displaced person' to be 'a person who on account of the setting up of the Dominions of India and Pakistan or on account of civil disturbances or fear of such disturbances in any area now forming part of Pakistan has soon after the 1st day of March 1947 left or has been displaced from his place of residence in such area and who has since then been residing in India.' In view of the restricted nature of the said definition, any person who has been displaced from the territories now in Bangla Desh will not get the advantage of the special provisions of Section 32(A). Consequently, a new provision viz., 32(B) is proposed to be inserted in the Act to confer special rights for registration of persons who have been displaced from Bangla Desh on account of civil disturbances or on account of fear of such disturbances.

The proposed new section does not, in any, prejudicially affect the existing provision nor does it take away the right of any person who is otherwise entitled to be registered under the Act. The definition of 'Displaced Person', the date—14th April 1957 has no special significance. The date was adopted from the definition as given in the Dentists Act.

The Member, however, pointed out that those are a large number of persons from Bangla Desh area who have migrated after 1947 but before April 1957 and who may need registration as pharmacists. The Government will have a look into this and if necessary will come forward with necessary amendments in future.

DR. RANEN SEN: Not only from Bangla Desh but from West Pakistan also.

CHOWDHURY RAM SEWAK: We will consider.

Regarding other suggestions made by the hon. Members, I would like to say a few words. Shri V. B. Naik and Shri Jagannath Mishra have pointed out certain

wider representation on the Pharmacy Council of India by providing for the inclusion in that Council of the representatives of the Union Territories as also the University Grants Commission and All India Council for Technical Education.

A high degree of specialisation is taking place in various branches of pharmacy. It is, therefore, necessary to induct specialists as members of the committees of the Pharmacy Council of India. The Bill, therefore, seeks to empower the Pharmacy Council of India to co-opt non-members specialists as members of its committees.

As regards the accounts of the Committee, the Pharmacy Council of India are at present audited by the private auditors. The Bill seeks to provide that the audit of the accounts of the Pharmacy Council of India shall be made by the Comptroller and Auditor General of India or any person authorised by him.

Certain amendments have been submitted by the hon. Members. Shri B. V. Naik has made certain suggestions. The effect of his amendment would be that apart from the Central Register, the Central Council should maintain a confidential list of pharmacists indulging in unfair practices and trade.

We are in complete agreement with the objective of the mover of the amendment, namely, to eradicate unfair practices and to confer special rights for registration of persons who have been displaced from Bangla Desh on account of civil disturbances or on account of fear of such disturbances. The proposed new section does not, in any way, prejudicially affect the existing provision nor does it take away provision nor does it take away the right of any person who is otherwise entitled to be registered under the Act. The definition of 'Displaced Persons', the date—14th April, 1957 has no special significance. The date was adopted from the definition given in the Dentists Act.

The Member, however, pointed out that there are a large number of persons from Bangla Desh area who have migrated

trade in the line. But the method suggested would not serve the purpose and would not also be feasible for the following reasons:

The Central Register is a public document and that cannot be a confidential register.

It may be possible to keep separately a confidential list of persons who are reported to be indulging in dishonest practices. But it cannot be statutorily done. Further the main Act, Section 36, provides for the removal of the names of pharmacists from the register under certain circumstances, including conviction by a court.

Regarding qualified persons to be engaged in the profession, in West Bengal, there are three institutions, giving courses in Pharmacy. You have one Degree Course at Jadavpur University and two Diploma courses at Jalpaiguri and Kalyani. In the whole of the country there are 51 institutions which are imparting Diploma courses and about 2722 qualified persons are coming out from these institutions every year.

Besides these, as regards Degree Courses, there are 23 institutions in the country and 714 persons are coming out of these institutions every year.

So, the qualified persons are multiplying every year. We have to arrange for their employment. If they are not taken in service or if they don't get employment there will be a great hue and cry. And if qualified persons are available in the country, I do not think that we should allow unqualified persons. The Government had fixed a certain date and we have enrolled them since 1973. Near about 70,000 or 80,000 persons have registered themselves.

Dr. Saradish Roy mentioned the point regarding persons approved to dispense medicines. These persons could not earlier be registered. In the amending Bill now it is proposed to permit registration of persons who have been approved. Since 1st January, 1970, the approval of persons other than registered pharmacists has been

stopped. The net result of the amending Bill would be that in future only these registered pharmacists would be dispensing medicines.

Mr. Sokhi made certain suggestions regarding the Pharmacy Council of India. The Council may be meeting only twice a year but its committees are meeting very frequently.

Regarding the point raised by Shri Jagannath Mishra, unlike food and drug inspectors, inspectors appointed under this Act have limited powers.

There is, therefore, less scope for misuse of the powers, even in respect of prosecutions, these can be launched only under the order of the Executive Committee of the State Pharmacy Council.

Regarding the other suggestions made by the hon. Members the Government will take note of them. Besides that, I would like to say a few words. Regarding the suggestions made by the hon. Members, one was regarding the Hathi Committee Report. The Report is under consideration of the Ministry of Chemicals and Fertilisers and after their views have been communicated to us, we shall consider them.

With these words, I want to conclude.

MR. CHAIRMAN: What about the word 'servants'? Have they anything to do with the working of the employees?

CHOWDHURY RAM SEWAK: There is no special purpose served by substituting the term 'employee' for 'servant' of the Pharmacy Council of India. The term used therein is from that used in the Dentist Act etc. The term 'servant' covers the employees who do their duty with humility and devotion and so there is no special need to change it.

MR. CHAIRMAN: Now, the question is... (Interruptions).

DR. RANEN SEN: Why did the Minister keep this term taken from the Dentist Act? Anyway, that is all right.

MR. CHAIRMAN: The question is :

"That the Bill further to amend the Pharmacy Act, 1948, as passed by Rajya Sabha, be taken into consideration."

The motion was adopted.

MR. CHAIRMAN: Now we take up clause by clause consideration.

There are no amendments to clauses 2 to 5. The question is :

"That Clauses 2 to 5 stand part of the Bill".

The motion was adopted.

Clauses 2 to 5 were added to the Bill.

Clause 6—(*Substitution of new section for section 8.*)

MR. CHAIRMAN: I think there are amendments to this clause by Shri Ramavatar Shastri.

SHRI RAMAVATAR SHASTRI: I beg to move :

"Page 3, line 17,—
for "servants" substitute "employees"
(2)

"Page 3, line 21,—
for "servant" substitute "employee"
(3)

"Page 3, line 29,—
for "servants" substitute "employees"
(4)

17 hrs.

MR. CHAIRMAN: I shall put amendments 2 to 4 to this clause to the vote of the House.

Amendments Nos. 2, 3, and 4 were put and negatived.

MR. CHAIRMAN: The question is :

"That Clause 6 stand part of the Bill".

The motion was adopted.

Clause 6 was added to the Bill.

Clause 7—(*Insertion of new section 9A.*)

MR. CHAIRMAN: There is one amendment to this clause by Shri Ramavatar Shastri. Are you moving?

SHRI RAMAVATAR SHASTRI: I beg to move :

"Page 3, line 38.—

after "paid" insert—

"and other benefits to be given" (5)

MR. CHAIRMAN: I shall put the amendment to vote.

The amendment No. 5 was put and negatived.

MR. CHAIRMAN: The question is :

"That clause 7 stand part of the Bill".

The motion was adopted.

Clause 7 was added to the Bill.

MR. CHAIRMAN: There is no amendment to clause 8. I shall put it to the vote of the House. The question is :

"That Clause 8 stand part of the Bill".

The motion was adopted.

Clause 8 was added to the Bill.

Clause 9—(*Insertion of new sections 15A and 15B.*)

MR. CHAIRMAN: There are amendments to clause 9 by Sarvashri Ramavatar Shastri and Naik. Are you moving? Shri Naik is not here.

SHRI RAMAVATAR SHASTRI: I beg to move :

"Page 4, line 13,—

for "as soon as may be" substitute—
"within a month" (6)

MR. CHAIRMAN: I shall put the amendment to the vote of the House.

Amendment No. 6 was put and negatived.

MR. CHAIRMAN: The question is :

"That Clause 9 stand part of the Bill".

The motion was adopted.

Clause 9 was added to the Bill.

Clauses 10 and 11 were added to the Bill.

Clause 12—(Amendment of section 18.)

SHRI RAMAVATAR SHASTRI: I beg to move:

"Page 5 line 23,—

for "servant" substitute "employee" (7)

MR. CHAIRMAN: Now, I put amendment No. 7 moved by Shri Ramavatar Shastri to the vote of the House.

Amendment No. 7 was put and negatived.

MR. CHAIRMAN: The question is:

"That Clause 12 stand part of the Bill".

The motion was adopted.

Clause 12 was added to the Bill.

Clauses 13 to 15 were added to the Bill.

Clause 16—(Insertion of new section 26A.)

SHRI JAGADISH BHATTACHARYA (Ghatal): I beg to move:

"Page 6, line 24,—

(i) after "dispensed" insert—

"in the presence of a witness of some social status," (8)

(ii) add at the end—

"which shall be countersigned by the said witness".

SHRI RAMAVATAR SHASTRI: I beg to move:

"Page 6, lines 37 and 38,—

omit "or with fine not exceeding one thousand rupees, or with both." (9)

MR. CHAIRMAN: Now I put the amendments No. 8 and 9 moved by Sarvashri Jagadish Bhattacharyya and Ramavatar Shastri respectively to the vote of the House.

Amendments Nos. 8 and 9 were put and negatived.

MR. CHAIRMAN: The question is:

"That clause 16 stand part of the Bill."

The motion was adopted.

Clause 16 was added to the Bill.

Clauses 17 to 20 were added to the Bill.

Clause 1, the Enacting Formula and the Title were added to the Bill.

CHOWDHURY RAM SEWAK: I beg to move:

"That the Bill be passed."

MR. CHAIRMAN: The question is:

"That the Bill be passed."

The motion was adopted.

17.07 hrs.

The Lok Sabha then adjourned till Eleven of the Clock on Tuesday, May 25, 1976 Jyaishta 4, 1898(Saka).