

[श्री रामसेवक यादव]

नोटिस, श्रीमान्, आपके पास भा गया है ? यदि आपके वह मिल गया है तो किस तरह से इस सदन को वहाँ पर प्रस्तुत किया जायेगा, किस तरह से क्या होगा, यह भी तो बता दें

अध्यक्ष महोदय : यह सवाल यहाँ नहीं उठाया जा सकता है। यह गवर्नमेंट का मामला नहीं है। यह मामला मेरे और आपके दम्यान का है। आप भायें, सलाह कर लेंगे, मश्वरा भी आप से लेंगे।

श्री बागड़ी : सारे सदन को पता लगना चाहिये।

अध्यक्ष महोदय : जब कोई आएगा, मैं हाउस के सामने रखूंगा।

Shri S. M. Banerjee (Kanpur):
There was a news item.

Mr. Speaker: I am not concerned with the news item. Members pick up news items and then ask questions. I am telling them that I have received no intimation. What more should I tell them?

12.30 hrs.

DEMANDS FOR GRANTS*—Contd.

MINISTRY OF HEALTH—Contd.

Mr. Speaker: The House will now take up further discussion and voting on the Demands for Grants under the control of the Ministry of Health. Shri D. S. Patil may continue his speech.

श्री दे० शि० पाटिल (यवतमाल) :
अध्यक्ष महोदय, सेंट्रली स्पान्डर्ड स्कीम्स जो हैं जिन के द्वारा गाँवों को पानी सप्लाई किया जाता है और जिस का इस रिपोर्ट में पेज ६२

पर जिक्र है, उनके बारे में मैं कल कह रहा था। जो सेंट्रली स्पान्डर्ड स्कीम्स हैं उन में एक स्कीम नेशनल वाटर सप्लाई एंड सैनिटेशन प्रोग्राम के बारे में है। यह वह स्कीम है जो गाँवों गाँवों में लागू की गई थी। यह सन् १९५४ में सेंक्शन हुई थी। उसको दस साल हो गये। इस स्कीम का आन्वैकट था :

"To help State Governments to provide better protected water supply in the rural areas."

इसका पैटर्न आफ प्रसिस्टेंस यह था कि ५० परसेंट ग्रान्ट इन एंड रूरल एरिया को दी जायेगी। और इसकी प्रोग्रेस और प्रोग्राम को देखा जाये तो सेक्रेटरी फाइव इयर प्लान में सिर्फ ३४५ रूरल स्कीम्स सेंक्शन की गईं। तीसरी पंच वर्षीय योजना तैयार हुई थी तो उसमें ग्रामीण जल प्रदान को प्रथम स्थान दिया गया था। तीसरी पंचवर्षीय योजना में ग्रामीण जल प्रदान के महत्व को देखते हुए मेरी राय है कि जल प्रदान योजनाओं के निर्माण और नियमन में किसी भी रूप में वित्तीय प्रथवा अन्य साधनों के अभाव के कारण कोई रुकावट नहीं पैदा होनी चाहिये। प्लानिंग कमिशन का भी यही विचार था। पर जैसा मैंने बतलाया था स्टेट गवर्नमेंट ने इसके लिये जो अग्रना एस्टिमेट दिया वह सिम्पल स्कीम्स फार वेल्स के लिये १०० करोड़ का था। उन्होंने सिर्फ इतने की ही मांग की थी।

A sum of Rs. 1633 lakhs has been provided in the Third Plan under the plan of the State for national water supply and sanitation programme. इस में आप ने जो रुपया रखा था उस में सन् १९६१-६२, १९६२-६३ में सिर्फ २७१ लाख रु० का प्राविजन हुआ था और सन् १९६३-६४ में ६१ लाख रु० का प्राविजन हुआ। तृतीय पंच वर्षीय योजना के लिये

*Moved with the recommendation of the President.

कुल १६३३ लाख में से तीन सालों में केवल ३५० लाख का प्राविजन हुआ है। इतना कम खर्च हो रहा है। प्लैनिंग कमीशन का ब्यौरेवशन है कि कोई स्कीम पैसे के अभाव में बन्द नहीं होनी चाहिये। कल मैंने बतलाया कि स्टेट गवर्नमेंट ने जो वेल प्रोग्राम का एस्टिमेट भेजा है उस में १०० करोड़ की मांग की गई है। मेरे कहने का उद्देश्य यह है कि यह जो स्कीमें हैं वह काफी अच्छी हैं और उन के लिये ज्यादा पैसा दिया जाना चाहिये। सेंट्रल गवर्नमेंट ने अब तक जो पैसा दिया है वह बहुत कम है। ग्रामीण जल प्रदान योजना के लिये उचित धन राशि नहीं मिली और उसके न मिलने से इस योजना पर काफी असर पड़ा। यह जो मैं बतला रहा हूँ वह तृतीय पंच वर्षीय योजना का जो मध्यावधि मूल्यांकन किया गया है उस से पता चलता है कि राज्यों की वित्तीय स्थिति को देखते हुए ग्रामीण जल प्रदान योजना के लिये जो सेंट्रल एंड मिलनी चाहिये थी वह उचित रूप से नहीं मिली। जितने की आवश्यकता थी उतनी नहीं मिली, और इसका काफी बुरा परिणाम हुआ।

धुवनेश्वर में जो रेजॉल्यूशन पास हुआ उसके सम्बन्ध में हमारे वित्त मंत्री ने भाषण दिया था।

The Finance Minister, Shri Krishnamachari, described the Bhubaneswar Resolution as a blueprint for action for the next year.

इतना होने के बाद भी इस में जो प्राविजन दिया गया है वह बहुत कम है। इस के सम्बन्ध में जो कॉम्प्लेन्टेशन कमेटी बनी थी उस में काफी सुझाव दिये गये। इसलिये इस साल के बजट में ज्यादा प्राविजन दिया गया है अर्थात् १५० लाख का प्राविजन है।

इस पर अधिक समय न लेते हुए जो नदी के पास के गांव हैं और जो खारी पानी के क्षेत्र हैं, उन के बारे में कहना चाहता हूँ। जिस पानी को जानवर भी नहीं पी सकते

उन को ग्राममी कैसे पी सकेंगे। महाराष्ट्र में तो ३,००० मील का ऐसा क्षेत्र है, अर्थात् ३०० गांवों में खारी पानी है। जो इस तरह की स्केमसिटी एरियाज हैं कम से कम उन क्षेत्रों में जो प्रोटैक्टेड वाटर सप्लाई की योजना जल्दी से जल्दी लागू करनी चाहिये। इस काम में जो इकावट आई है वह यह है कि सेंट्रल गवर्नमेंट सिर्फ ५० परसेंट ग्रांट देती है, बाकी ५० परसेंट वह स्टेट गवर्नमेंट से मांगती है। मैंने बतलाया स्टेट गवर्नमेंट्स की ५० परसेंट देने की इच्छा नहीं है। इसलिये वह स्कीम्स बन्द पड़ी रहती हैं। कई स्टेट्स ने सेंटर से जो पैसा प्राया है उस को जल प्रदान योजना के लिये खर्च नहीं किया है। उसे केवल कर्मचारियों के वेतन आदि देने के लिये खर्च किया है। मेरी आप के द्वारा विनती है कि जो ५० परसेंट ग्रांट सेंट्रल गवर्नमेंट देती है वह ७५ परसेंट होनी चाहिये। २५ परसेंट स्टेट गवर्नमेंट्स को देना चाहिये। ग्रामीण लोगों से एक रुपया भी नहीं लेना चाहिये। देहात में पानी देने की हमारी मिनिमम डिमांड है लेकिन इसके लिये काफी लोबल और पापुलर कंदिब्यूशन मांगा जाता है जहां पर लोगों की इनकम भी बहुत कम है।

दूसरा सुझाव मेरा स्वास्थ्य के बारे में है। देहात के लोगों की परिस्थिति और उनके स्वास्थ्य के लिये जो उपाय किये गये हैं वे बहुत चिन्ताजनक हैं। कम से कम स्कूलों में जो बच्चे पढ़ते हैं उन का मेडिकल हेल्थ एम्प्लोयमेंशन होना चाहिये लेकिन वह भी नहीं होता। एन स्कीम इसके लिये है जिसका जिक्र इस रिपोर्ट के पेज ६३ पर दिया गया है प्राइमरी हेल्थ सेंटर्स के नीचे। प्राइमरी हेल्थ सेंटर्स की स्कीम बहुत अच्छी है। एक बड़ा दवाखाना रहता है उसके नीचे कुछ सेंटर्स रहते हैं। लेकिन उस की प्रोग्रेस भी अच्छी नहीं है। आज तक जो ब्लाक्स बने हैं उन की संख्या ५२०० है और जो प्राइमरी सेंटर्स हैं उनकी संख्या केवल ३७०६ है। मैं प्रोग्राम

[श्री दे० शि० पाटिल]

भाप इस्टैब्लिशिंग प्राइमरी हेल्थ सेंटर्स के बारे में एक जरूरी बात भाप के ध्यान में लाना चाहता हूँ कि :

"Programme of establishment of primary health centres received a set-back due to shortage of doctors."

इस स्कीम के अन्दर कई ऐसे क्षेत्र हैं जहाँ पर डाक्टर्स नहीं हैं ।

"Various measures have been suggested to attract doctors to rural centres."

लेकिन डाक्टर वहाँ जाना नहीं चाहते । मैं भाप को बतलाना चाहता हूँ कि आज ५११ प्राइमरी हेल्थ सेंटर्स हैं जहाँ पर डाक्टर्स नहीं हैं । प्राइमरी हेल्थ सेंटर्स जो हैं उन में देहातों और शहरों में काफी डिस्ट्रिबिनेशन होता है । शहर में जो स्कीमें चलती हैं उन की तरफ ज्यादा ध्यान दिया जाता है टु प्रोवाइड ए ब्रेटर एंड मॉर एफिशिएंट मेडिकल सर्विस । प्राइमरी हेल्थ सेंटर्स जो हैं उन में मेडिकल हेल्प जो दी जाती है उस का एक ही उद्देश्य है कि :

"Providing preventive and curative health service in an integrated form."

लेकिन इतनी भी सर्विस आज देहातों में नहीं मिलती है । आखिर में मेरी यही विनती है कि जो पैसा सेंट्रल गवर्नमेंट से स्टेटों को दिया जाता है उसका खयाल रखा जाना चाहिए । हम ने जो भुवनेश्वर में तै किया है उसका अनुसार हम को एक प्लांड टारजेट फिक्स करना चाहिए और एक टाइम फिक्स करके तीसरी पंचवर्षीय योजना में या चौथी पंचवर्षीय योजना के एक दो साल के अन्दर देहात के लिए प्योर वाटर सप्लाई का इन्तिजाम होना चाहिए । यही मेरी प्रार्थना है ।

श्री यशपाल सिंह (नैराना) : अध्यक्ष महोदय, हमारी जो दिक्कत है वह भुवनेश्वर की दिक्कत है । मैं इसी से कहता आया हूँ कि हमें भुवनेश्वर नहीं भारतेश्वर चाहिए । भुवनेश्वर का मतलब होता है इंटरनेशनल और भारतेश्वर का मतलब होता है नेशनल । हमारी सरकार भुवनेश्वर के चक्कर में अपने देश को भूल जाती है ।

आज जो स्वास्थ्य के लिए ३०० करोड़ रुपया खर्च किया जा रहा है इसमें से अधिकांश धन राशि विदेशों को चली जाती है । अगर इस देश की चिकित्सा पद्धति से लाभ उठाया जाता तो एक करोड़ रुपये में इतना काम हो सकता था जितना कि ३०० करोड़ रुपये में किया गया है । आज भी अगर सरकार आंखें खोले तो देश का स्वास्थ्य बच सकता है और देश के स्वास्थ्य के साथ हमारे देश का पैसा भी बच सकता है लेकिन हमारी सरकार आंखें खोलती नहीं है और अपने घर में भ्रंधरा रख कर, दूसरों के घर में, विदेशों में, रोशनी करना चाहती है । वहीं से हमारी सरकार को इंस्पिरेशनस मिलते हैं । हमारी स्वास्थ्य मंत्री बहुत समय तक महात्मा गांधी की सेवा में रह चुकी हैं । महात्मा गांधी ने अपनी जिन्दगी में ऐलेंपैथी के खिलाफ काम किया था और यह भी कहा था कि भारत सभी अपने पैरों पर खड़ा हो सकेगा जब भारत अपनी संस्कृति के मूलाबिक इलाज करेगा । लेकिन महात्मा गांधी के साथ रहने के बाद भी हमारी स्वास्थ्य मंत्री ने यह कोशिश नहीं की कि इस देश के वायुमंडल में जो दवाएं मुफ़ीद हो सकती हैं उनका इस्तेमाल किया जाये । आज भी सब से ज्यादा जरूरत इस बात की है कि जो आयुर्वेद सोया पड़ा है और जिसके साथ बेइन्साफी हो रही है, उसका जगाया जाये । जिस तरह से हमारे मूछरजी भाई स्वर्णकारों के साथ बेइन्साफी करके सुखी नहीं रह सके, उसी तरह से हमारी स्वास्थ्य मंत्री

भी बंधों के साथ बेइन्साफी करके सुखी नहीं रह सकती।

अध्यक्ष महोदय : आप ये क्या दुआएं देने लगे।

श्री यशपाल सिंह : प्रायुर्वेद के लिए इस समय सब से जरूरी चीज यह है कि जो हमारी भारतीय चिकित्सा पद्धति के साथ बेइन्साफी की जा रही है वह दूर की जाये। जो रुपया ग्राज पर केपीटा के हिसाब से देश में प्रायुर्वेद पर खर्च हो रहा है वह में आपके सामने रखना चाहता हूं। वह इस प्रकार है :

आन्ध्र प्रदेश में पर केपीटा ६ नये पैसे, असम में पर केपीटा ५ नये पैसे, बिहार में पर केपीटा १ नया पैसे, बम्बई में पर केपीटा ८ नये पैसे, और यहां दिल्ली में पर केपीटा २ नया पैसे, प्रायुर्वेद पर खर्च होता है।

तो ग्राज जब कि एक अंधेरी फल रही है और उसी का अनुसरण किया जा रहा है तो भारतीय आत्माओं को दुःख होना जरूरी है।

अध्यक्ष महोदय, मुझे हंसी आ जाती है जब कि मैं पढ़े लिखे लोगों के मुंह से सुनता हूं, आई स्पेशलिस्ट, या डेंटिस्ट आदि। मुझे यह सुन कर हंसी आती है कि कुछ डाक्टर आंखों के माहिर हैं, कुछ केवल कानों के माहिर हैं तो कुछ केवल स्किन डॉक्टरों के स्पेशलिस्ट हैं। ऐसा मालूम होता है कि स्वास्थ्य के ये सब विभाग अलग अलग हैं, जैसे बरेली, शाहजहाँपुर, और दिल्ली जंक्शन आदि अलग अलग स्टेशन हैं। अगर सारे स्वास्थ्य को ठीक करना है तो मूल को पकड़ना चाहिए। पर अगर इन डाक्टरों का बग चलना तो ये हर चीज को अलग अलग करके रख देंगे, जैसे डाक्टर फार लिटिल फिगर, डाक्टर फार रिंग फिगर, डाक्टर फार मिडिल फिगर और

डाक्टर फार बम्ब। ये लोग एक एक चीज को अलग अलग ले कर चलते हैं, जिसकी कोई जड़ नहीं है। तो जब बुनियाद ही गलत है तो देश का स्वास्थ्य कैस ठीक रह सकता है।

में जानना चाहता हूं कि स्वास्थ्य को ठीक रखने के लिए जो सब से बड़ा विज्ञान या काम खाने का, उसके प्रचार में कितना रुपया खर्च किया गया है। २५ करोड़ रुपया बर्न कंट्रोल पर खर्च कर दिया गया, लेकिन अगर एक करोड़ रुपया भी भारत में कम खाने का प्रसार करने के लिए और कितने छत्तवाने पर खर्च किया जाता तो बर्न कंट्रोल का कार्य अपने आप हो जाता। ज्यादा खाने से वासनाएं पैदा होती हैं और कम खाने से वासनाओं पर नियंत्रण रखा जा सकता है। इसके बारे में हमारी गीता में कहा गया है :

विषया विनिवर्तन्ते निराहरस्य देहिनः।
रसवर्जं रसोप्यस्य परं दृष्ट्वा निवर्तते ॥

कम खाना खाने वाले के वासनाएं पैदा नहीं होतीं। तो जो संसार का सब से बड़ा ज्ञान है उसके प्रचार के लिए सरकार ने एक करोड़ रुपया भी खर्च नहीं किया। इसी सम्बन्ध में मैं आपके सामने दशमेशजी गुरु गोविन्द सिंह जी का यह वचन रखना चाहता हूं :

अल्प भ्रहार, सुसप सी निन्द्रा,
दया, खिमा तन प्रीति।

तो इस अल्प भ्रहार के ज्ञान के प्रसार के लिए सरकार ने एक करोड़ रुपया भी खर्च नहीं किया। और बर्न कंट्रोल के लिए २५ करोड़ रुपया खर्च कर दिया। ये बुनियादी गलतियां हैं। जब तक ये गलतियां रहेंगी देश का स्वास्थ्य नहीं बन सकता। ग्राज हम देखते हैं कि जितनी ही दवाएं आती जाती हैं उतने ही बीमार बढ़ते जा रहे हैं। ग्राज इरविन अस्पताल में या विलिंगडन अस्पताल में जितने भी मरीज हैं वे वे लोग हैं जिनको ठीक से स्वास्थ्य के विज्ञान की तालीम नहीं दी गयी। अगर उनको विज्ञान की ठीक शिक्षा दी जाती तो इतनी ज्यादा बीमारियां पैदा न होतीं।

[श्री यशपाल सिंह]

आज मैं देखता हूँ कि रिक्वा व लॉ की यूनिशन है, तांगे वालों की यूनिशन है, कुलियों की यूनिशन है, लेकिन न मालूम स्वास्थ्य मंत्रालय ने हाटं ट्रबुल वालों की भी एक यूनिशन क्यों नहीं बनाई। अगर ऐसा किया जाता तो इस बात का पता लग जाता कि लोग हाटं ट्रबुल से क्यों सफर करते हैं। मेरा विश्वास है कि आज कल लोगों में चूँकि हंसी की कमी हो गयी है और नींद की कमी हो गई है इसलिए उनको हाटं ट्रबुल ज्यादा होती है। कारण यह है कि जो हंसने के तंतु हैं उन में भोजन भर जाता है इसलिए लोगों को हंसी कम आती है और यह दिल की धड़कन का रोग हो जाता है। तो इन बातों की तरफ भी सरकार को ध्यान देना चाहिए।

मेरा सुझाव है कि ४४ करोड़ आदमियों के रहन सहन को ठीक करने के लिए सरकार को एक योजना बनानी चाहिए और मंत्री महोदया को अपने उत्तर में हम को आश्वासन देना चाहिए कि विश्व वन्य बापू २५ सास तक जिस साइन पर काम करते रहे और जो योजना उन्होंने दी उस पर भी काम किया जायेगा। मैं चाहता हूँ कि उस योजना पर कम से कम एक करोड़ रुपये तो खर्च किया जाये। आज सरकार दूसरे देशों को रुपया दे रही है। फ्रांस को केवल फीस की मद में ५०० डालर दिया जाता है लेकिन देश के अन्दर लाखों आदमी दवा के बगैर मर रहे हैं। कांग्रेस बेंचें की तरफ से ही कहा गया था कि देहात में ३० हजार लोगों के पीछे एक डाक्टर है। और वे डाक्टर भी भ्रमकचरे हैं। दूसरे देशों में ५०० आदमियों के पीछे एक डाक्टर है। हिन्दुस्तान में बीस बीस हजार आदमियों को कोई पूछने वाला नहीं है। आज हालत यह है कि जो काम थोड़े से धन के खर्च से हो सकता है उस पर अरबों रुपया खर्च किया जाता है, लेकिन फिर भी काम नहीं बनता। आज इस बात की बड़ी जरूरत है कि आयुर्वेद के माथ इन्सफ किया जाये। आज भी हिन्दुस्तान के करोड़ों आदमी आयुर्वेद का

इस्तेमाल करते हैं। और यह जो विशुद्ध आयुर्वेद की बात कही जाती है, यह तो आयुर्वेद के खिलाफ एक साँजसा है। इसका मतलब यह है कि वंच लोग घरमामीटर इस्तेमाल नहीं कर सकते, किसी आधुनिक यंत्र का आधिष्कार नहीं कर सकते और उसका व्यवहार नहीं कर सकते। इसका मतलब तो यह है कि आयुर्वेद को शून्य कर दिया जाये। मैं आप के द्वारा स्वास्थ्य मंत्री जी से अर्ज करना चाहता हूँ कि ऐसा करने का तो यह मतलब होगा कि जैसे कोई कहे कि क्योंकि यहाँ गांधी वादी सरकार चल रही है, इसलिए हाउस में जो भी भावें लंगोट लगा कर भावें, तंगे पैरों भावें आदि आदि। इस प्रकार की बात नहीं बल सकती। आयुर्वेद के साथ यह अन्याय है कि विशुद्ध आयुर्वेद के नाम पर उसको आधुनिक बीजों का इस्तेमाल न करने दिया जाये। इसका मतलब तो यह होगा कि आयुर्वेद वाले इंजेक्शन न लगा सकें, घरमामीटर का इस्तेमाल न कर सकें। ऐसा कह के तो उनको विज्ञान का लाभ उठाने से वंचित किया जा रहा है। आज आवश्यकता इस बात की है कि पुरानी चिकित्सा पद्धति को प्रचलित किया जाये। महात्मा गांधी ने कहा था कि एलोपैथी से देश की रक्षा तभी हो सकती है जब कि एलोपैथी की दवाओं को समुद्र में डाल दिया जाये, ऐसा करने से आदमियों की रक्षा तो हो जायेगी लेकिन मछलियां मर जायेंगी। उनका कहना था कि इन दवाओं का विश्व मछलियों तक को मार देगा। लेकिन गांधी जीके अनुसार हम ने आज तक नहीं किया। मैं यह नहीं कहता कि इस काम को एक-सम कर दिया जाये। लेकिन मेरा कहना है कि देश के ४४ करोड़ आदमियों की जिन्दगी पर रहम करके होमियोपैथी का प्रचार किया जाये जो कि एलोपैथी के मुकाबले में ज्यादा साइंटिफिक है और सस्ती भी है। मेरा सरकार से अनुरोध है कि आयुर्वेद की भित्ति पर इस देश के स्वास्थ्य को रखा जाये। और होमियोपैथी की ओर भी सरकार विशेष ध्यान दे।

बड़ा दुःख होता है जब हम देखते हैं कि वैद्यों को १०० रुपये माहवार पर खरीदा जा रहा है लेकिन ऐलोपैथिक डाक्टरों को १२०० और १५००, १५०० रुपये माहवार तक दिये जाते हैं। जो एक बिलकुल चलती हुई चीज पकड़ लेता है उसके लिए तो १५०० रुपये माहवार खर्च किये जाते हैं लेकिन आयुर्वेद शास्त्र के जानने वाले वैद्य के ऊपर केवल ८० रुपये, १०० रुपये या १२५ रुपये माहवार ही खर्च किये जाते हैं। इसलिए मेरा स्वास्थ्य मंत्रिणी महोदया से निवेदन है कि अगर देशी चिकित्सा पद्धति को उन्होंने देश में जिन्दा करना है, यहां के निवासियों का रहन सहन ठीक करना है तो देश में आयुर्वेद पद्धति को प्रचलित किया जाय।

पिछले दिनों हमारी स्वास्थ्य मंत्रिणी महोदया नेफ्रा गई थी। उन्होंने जाकर देखा था कि ऊपर ऊंचाई की ओर पहाड़ों पर चढ़ते हुए कुछ लोगों का सांस चढ़ जाता है। उन लोगों का सांस न फूलने पाये इसके लिए हमारे स्वास्थ्य मंत्रालय ने कोशिश की लेकिन पाश्चात्य चिकित्सा विज्ञान कोई ऐसी चीज हासिल नहीं कर सका है जिससे कि उन लोगों के वास्ते जिनका कि पहाड़ों के ऊपर चढ़ने में सांस फूल जाता है, कोई विशुद्ध और अच्छी औषधि तैयार की जा सके। मेरा कहना है कि जब ऐलोपैथी इस मामले में अब तक कुछ नहीं कर सका है तो आयुर्वेद को पूरा मौक़ा दिया जाय और मुझे विश्वास है कि अगर उसे यह काम सीपा गया तो वह ६ महीने के अन्दर इसे हल कर सकता है। हमारे देशवासियों का स्वास्थ्य तभी अच्छा बन सकेगा जबकि आयुर्वेद को पुनर्जीवित किया जायगा। मुझे यह कहते हुए दुःख होता है कि आयुर्वेद के साथ आज एक सीतेली मां जैसा व्यवहार हो रहा है। जब तक आयुर्वेद के साथ सीतेली मां का जैसा व्यवहार होता रहेगा तब तक आयुर्वेद कभी ऊपर उठ नहीं सकेगा और वह देश में पनप नहीं सकेगा।

आज सब से बड़ी ज़रूरत देश में विशुद्ध दवाइयों के मिलने की है। आज दवाइयां विशुद्ध नहीं मिल रही हैं। आज भी ऐसा होता है कि १०, १० और २०, २० साल पुरानी दवाइयां दी जाती हैं और यह १०, १० और २०, २० साल की पुरानी दवाइयां मनुष्यों के स्वास्थ्य को सुधारने के बजाय और भी अधिक ख़राब करती जा रही हैं। सब से अधिक आवश्यकता आज इस बात की है कि दवाइयों की सफ़ाई की तरफ़ ध्यान दिया जाय, आज बाज़ार के अन्दर जो नये नये इज़ैकशंस आ रहे हैं उन इज़ैकशंस के लिए ख़ास तौर से हमारा एक डाइरेक्टोरेट होना चाहिए जिसमें कि आयुर्वेद और ऐलोपैथी दोनों के वैद्य मिल कर काम करें।

जल संभरण का मसला बहुत आवश्यक है। देहातों में पानी की व्यवस्था बड़ी ही अस्तोषजनक है। मैं ने अपनी आँखों से दो हज़ार देहात ऐसे देखे हैं जिनमें कि टैप सिस्टम कायम हो चुका है, नल लग चुके हैं, ट्यूबवैल्स कायम हो चुके हैं लेकिन इसको पूरे चार साल हो गये वहां पर यह जल संभरण का इतज़ाम नहीं हो सका है। हम ने कांस्टी-ट्यूशन में न्यूट्रिशंस फ़ुड अपने देशवासियों को सुलभ करने का वायदा किया था लेकिन उनको पीस्टिक भोजन देना तो दूर रहा हम उनको पीने का अच्छा पानी भी मूह्या नहीं कर पाते हैं। दिल्ली के देहातों में पीने के पानी की माकूल व्यवस्था नहीं है। दिल्ली से दूर बयों जाते हैं यहीं दिल्ली में एम० पी० बवार्टमं में पानी की यह हालत है कि रात को जब मुझे अपने अनुष्ठान करने के हेतु पानी की ज़रूरत पड़ती है तो मेरे वहां नलके में पानी बंद हो जाता है और लाचार होकर मझे उस समय टैपसी किराये की लेकर रेलवे स्टेशन के वेटिंग रूम में स्नानादि के लिए जाना पड़ता है और इस तरह से मुझे एक स्नान के लिए ६ रुपये खर्च करने पड़ते हैं। मेरे एक स्नान की कीमत मजबूरी में ६ रुपये होती है। अब जब हम एम० पी० पी० को पानी

[श्री यशपाल सिंह]

नहीं मिल रहा है तो जनता को पानी की किस कदर तकलीफ़ होती होगी इसका सहज में अनुमान लगाया जा सकता है।

एक माननीय सदस्य : ठाकुर साहब मेरे यहां आकर स्नान कर सकते हैं।

अध्यक्ष महोदय : आप टैक्सी लेकर स्टेशन जाने का कष्ट क्यों किया करते हैं ? आप किसी अपने दोस्त के वहां क्यों नहीं चले जाया करते ?

श्री यशपाल सिंह : हो सकता है कि इससे उनको असुविधा प्रतीत हो, उनके यहां अगह न हो।

अध्यक्ष महोदय : मेरे यहां चले आया करिये।

श्री यशपाल सिंह : बहुत बहुत धन्यवाद। मेरा निवेदन है कि स्वास्थ्य मंत्रालय शुद्ध पीने के पानी की व्यवस्था के लिए सक्रिय कदम उठाये। सरकार बड़ी तादाद में ट्यूबवैलस लगाये। अकेले हरियाणा के अन्दर पूरे ५००० ट्यूबवैलस का इंतज़ाम हो तब जाकर वहां पर जल की समुचित व्यवस्था पूरी होगी। पानी की कमी को अगर दूर नहीं किया गया तो किस तरीके से हम अपने बायदे को पूरा कर पायेंगे और इस देश में कैसे शुश्रूहाली आ सकेंगे ? वैसे मुझे अपनी स्वास्थ्य मंत्रिणी महोदया की योग्यता पर पूरा विश्वास है, वे महात्मा गांधी की शिष्या रही हैं लेकिन आज सरकार द्वारा जो ऐलोपैथी के प्रति एक पक्षपातपूर्ण और देशी चिकित्सा प्रणालियों के प्रति उपेक्षा की नीति बर्ती जा रही है, उसे छोड़ना पड़ेगा। जिस ऐलोपैथिक पद्धति के खिलाफ़ अमरीका के बर्नर मैकफ़ैडन,

12.57 hrs.

[MR. DEPUTY-SPEAKER in the Chair]

विदेशों के विटरनिटम, लुई कूने, जस्ट, कैलाश झादि ने संघर्ष किया, जिस ऐलोपैथी के खिलाफ़ हजारों विदेशियों ने संघर्ष किया उस थोथी तथा बोम्बीदा पद्धति को यह सरकार लादे हुए है। यूनानी चिकित्सा शास्त्र में जो अनमोल होंगे और जवाहगत पड़े हैं उनको निकालने और उन से फ़ायदा उठाने का अभी तक कोई ठोस प्रयास नहीं किया गया। यूनानी के हकीमों के पास ऐसी नायाब हिकमत पड़ी है कि उसकी कोई सानी नहीं रखता है लेकिन उसको नैगनेक्ट किया जा रहा है और उनको कोई बढ़ावा नहीं दिया जा रहा है। आज भी ऐलोपैथी के ऊपर सरकार करोड़ों रुपये खर्च करती जा रही है। अगर उसका सौवां हिस्सा भी सरकार यूनानी सिस्टम पर करे और खास तौर से आयुर्वेद को प्रोत्साहन देने में करे तो स्वास्थ्य के मामले में देश कहीं अधिक प्रगति कर सकता है।

जामनगर में जो आयुर्वेद की संस्था चल रही है उसको प्रोत्साहन देना चाहिए और उसको और बढ़ाना चाहिए। अगर इस जामनगर की संस्था को प्रोत्साहन दिया जाय और भवसर दिया जाय तो वह सारे देश के स्वास्थ्य के मसले को हल कर सकती है।

मंत्रिणी महोदया की काबलियत से मुझे यह उम्मीद है कि वह तिविया कालिज के मामले में जरूर इंसाफ़ करेंगी और आज जो बच्चे परेशान फिर रहे हैं उन के लिए सुविधा पैदा करेंगी।

आयुर्वेद विद्यापीठ महाविद्यालय, छात्र संघ, दिल्ली की चिरकालीन पुकार की और खास तौर से मैं स्वास्थ्य मंत्रिणी महोदया का

ध्यान दिलाना चाहता हूं। उन की यह मुख्य मांगें हैं :—

- (१) अवैतनिक प्राध्यापकों के स्थान पर स्थाई तथा वैतनिक प्राध्यापकों को नियुक्त किया जाय।
- (२) योग्य एवं शिक्षित प्राध्यापकों को अध्यापन हेतु नियुक्त किया जाय।
- (३) अन्तरंग एवं बाह्य चिकित्सालयों को उचित रूप से चलाया जाय।
- (४) प्रत्येक विषय के प्रत्यक्ष कर्माभ्यास का ज्ञान कराया जाय।
- (५) पुस्तकालय की समुचित व्यवस्था हो।
- (६) औषध निर्माणशाला का पूर्ण प्रबन्ध हो।
- (७) फ्रीम लेने तथा अन्य कार्यों के लिए कम से कम एक टाइपिस्ट क्लर्क की नियुक्ति हो।
- (८) विद्यापीठ अधिकारियों के संरक्षण में चलने वाले अवैधानिक महाविद्यालयों को जांच कराई जाय।
- (९) उत्तीर्ण स्नानकों का सभी प्रदेशों में पंजीकरण (रजिस्ट्रेशन) हो।

बैद्यों का रजिस्ट्रेशन चार साल से बन्द है। वैद्य लोग इस के लिए जूने चटकाने फिरने हैं। यह जरूरी है कि उनके रजिस्ट्रेशन का खास तौर से माकूल इंतजाम किया जाय और जो लोग रजिस्ट्रेशन के अधिकारी हैं उनका रजिस्टर्ड किया जाय।

आचार्य जगदीश प्रसाद वैद्य, जिनके चरणों में बैठ कर सैकड़ों लोगों ने आयुर्वेद का प्रशिक्षण प्राप्त किया है, जिन्होंने अपनी शिक्षा, दीक्षा ने भारत के अन्दर सैकड़ों वैद्य तैयार किये हैं, जिनके हाथों में रसायन है, जोकि एक सिद्धहस्त वैद्य हैं, ऐसे लोगों को बुला कर मशविरा किया जाय और यह जो झूठी संस्थाएं चल रही हैं जिनका कि ५०, ५० हजार रुपये साल का बजट आता है, वह

तमाम रुपया सफर भत्तों में चला जाता है हवाई जहाजों, ट्रेनों और मोटरगाड़ियों के सफर बगैरह में बिलकुल बेकार में खर्च हो जाता है और देशवासियों के स्वास्थ्य को बेहतर बनाने के लिए उनकी ओर से कोई भी ठोस काम नहीं किया जाता है। इसका इलाज किया जाय। सारे देश को एक सूत्र में बांधने के लिए भी यह जरूरी है कि बचपन से ही हमारे बालकों को स्कूलों में आयुर्वेद की शिक्षा दिलाई जाय। आखिर को इस देश की रक्षा का भार आगे चल कर बालकों पर आने वाला है। अब देश की रक्षा वहीं बच्चे कर सकेंगे जिनका कि स्वास्थ्य सुन्दर होगा। इसके लिए यह आवश्यक है कि हम अपने बच्चों को पांचवी क्लास से और छठी क्लास से आयुर्वेद का शिक्षण दें, स्वास्थ्य का मंत्र उन्हें सिखाया जाये। आचार्य जगदीश प्रसाद वैद्य को बुला कर सरकार उनके ज्ञान से लाभ उठाये।

कैसर के अनुसंधान पर सरकार ३५ लाख रुपया खर्च करती है लेकिन कैसर को बन्द करने के लिए तम्बाकू के प्रयोग को सरकार बन्द नहीं कर सकती। मिश्रित, बिड़ी आदि का पीना बन्द नहीं कर सकती। कैसर को रोकने के लिए ठोस कदम उठाये जायें। आज दिल्ली के निवासियों को जो छै, छै, रोज पुराना और वासी दूध पीने को दिया जा रहा है उस को सरकार बन्द नहीं कर सकती, जो दूधिन घी दिया जा रहा है उसको सरकार बन्द नहीं कर सकती। सरकार यह कैसर के अनुसंधान पर जो ३५ लाख रुपये से भी अधिक खर्च कर रही है, तो कैसर के उन अनुसंधान-कर्त्तव्यों से यह पूछा जाये कि आखिर उनका यह अनुसंधान कब तक चलता रहेगा ? आज हर बात के लिए हम लोग बिलायत वालों का मुंह ताकते हैं और उनके मुहताज होकर बैठ गये हैं। एक समय वह भी था जब इस देश के लिए कहा जाता था :—

“एतद्देश प्रसूतस्य सकाशाद्य जन्मनः
स्वं स्वं चरित्रे शिक्षेन्न पथिच्यां मर्नमानुषः।”

[श्री यशपाल सिंह]

इस देश के लिए कहा तो यह जाता था कि सारा संसार आकर इस देश से शिक्षा, दौका ग्रहण करता था। लेकिन आज हालत यह है कि एक मामूली से इंजीनियरिंग के लिए हम विलायत वालों के आगे हाथ पसारते हैं। आज कैसर के मामले में हम लोग सैल्फ सफिशिएंट नहीं हो सके हैं। दूसरे देशों को हमारा करोड़ों रुपया बहता चला जा रहा है और हम आज भी यह खयाल नहीं करते कि उस रुपये को रोक कर सदाचार भी कायम किया जा सकता है और बच्चों के अन्दर ब्रह्मचर्य की ट्रेनिंग भी दी जा सकती है। हमारी प्राचीन गुरुकुल शिक्षा में जो ब्रह्मचर्य की ट्रेनिंग थी उससे कभी बीमार होने की बीजत हो बच्चों को नहीं आती थी। सरकार के लिए यह कोई शोभा की बात नहीं है कि देश में दिनोंदिन अस्पताल बढ़ने जा रहे हैं, दवाइयाँ बढ़नी जा रही हैं, और इंजीनियरिंग बढ़ने जा रहे हैं बल्कि सरकार के लिए प्रसन्नता की बात तो तब होगी और बहुत तारीफ़ की बात तो तब होगी जब सरकार यह कहे कि देश के लोगों का स्वास्थ्य इतना सुन्दर हो गया है कि किसी अस्पताल की जरूरत ही नहीं है, किसी इंजीनियरिंग की जरूरत ही नहीं है। अस्पतालों की संख्या बढ़ाने का मतलब तो यह है कि देश में मरीजों की संख्या बढ़नी जा रही है। इंजीनियरिंग और दवाइयों की तादाद बढ़ने का मतलब यह है कि देश के अन्दर रोग बढ़ने जा रहे हैं और लोगों का स्वास्थ्य गिरता जा रहा है।

13 hrs.

अगर सरकार चाहती है कि देशवासियों का स्वास्थ्य समुन्नत हो तो महात्मा गांधी के चरणों पर चलते हुए और उनके दिखलाये हुए मार्ग का अनुसरण करते हुए आयुर्वेद चिकित्सा पद्धति को अपनाया जाय और उसे तभी संभव आवश्यक प्रोत्साहन सरकार द्वारा प्रदान किये जायें। इसी के साथ साथ जो हमारा नैचुरोपैथी का सिस्टम

है, प्राकृतिक चिकित्सा पद्धति है उस को भी जोड़ित किया जाये सरकार होमियोपैथी और तिब्ब को प्रोत्साहन देने के लिए, यूनानी के जो हमारे तबीब बँडे हुए हैं, उन का उत्साहबोधन करने के लिए, रुपया खर्च करे और ऐलोपैथी के पीछे ग्रन्थ हो कर करोड़ों रुपये भारत न करे।

Shrimati Akkamma Devi (Nilgiris):
I thank you for this opportunity.

There is a saying in regard to health that prevention is better than cure. This golden saying should be always borne in mind when the various schemes under the Health Ministry are launched and implemented.

We have to fight against infectious diseases and those arising out of malnutrition and unhygienic living conditions. We have to plan the family, we have to render medical and professional education to turn out qualified doctors to work in hospitals and welfare centres in different parts of the country. We have to render medical service and medical relief to the deserving. As such, the Budget estimates for the year 1964-65, I am sure, will receive the full support of the hon. House.

We have to appreciate the good progress made in eradicating certain diseases like small pox and malaria. Steps have been taken to control certain diseases like cholera, typhoid, filaria, plague etc., but I am very sorry to say that the results in connection with certain diseases like cancer, leprosy and tuberculosis are not satisfactory.

Here, I would like to make a few humble suggestions with reference to tuberculosis. Tuberculosis is not only the costliest of diseases; it takes the longest period to be cured. We are unable to cure patients who have been suffering from TB for a pretty long time. Even if we have TB clinics in

every district, isolation hospitals in every district and TB sanatoria at the State level, it is not possible to give treatment to the millions suffering from TB in our country. Therefore, my humble suggestion to the hon. Minister is that domiciliary treatment should be started on an intensive scale, starting from the villages. Apart from this, private hospitals started by philanthropists should be encouraged and helped by the Government financially. If this noble example is followed by other philanthropists in our country, I am sure this disease will be rooted out from our soil.

Last week I had the opportunity of visiting the TB hospital at Brindavan. They have 375 beds there, with domiciliary treatment for 400 patients. Side by side, they have laid the foundation stone for a TB clinic. If such hospitals are established in the different parts of the country, I am sure there will be a good remedy for this disease.

Here, I would like to bring to the notice of our Minister that kindness and the spirit of selfless service existing in private hospitals are absent in Government hospitals. We know that kindness and affection cure half the disease. Therefore, I request the Minister to see that this spirit of selfless service and kindness are instilled into the staff in all our hospitals.

After-care homes are essential for TB patients who have undergone the course of treatment. After the cure of this disease, patients become very weak and are unable to take up work which needs physical strength, but most of them are the breadwinners of the family and they have to earn for the family. Therefore, I request the Minister to see that after-care homes are started at the district level and at the State level, so that these patients not only get nutritious diet, but are also given training in small industries and enabled to start production units, and thus support their families.

Beds should be increased in these hospitals, and patients should not be made to wait for years. Patients can wait, but the germs will not wait; they go on as rapidly as possible in eating the human system.

Speaking of research institutes, I would like to say a few words about the famous Pasteur Institute of South India at Coonoor. This Institute makes research and produces anti-rabies serum, which is used in the treatment of rabies. Generally, when a person is attacked by rabies, there is no treatment at all, no cure at all, the only end is death. Therefore, prevention is most important in this particular disease. The famous Institute, founded after the famous Louis Pasteur, caters to the needs of the whole country.

In this Institute, from the Director to the Assistant, they work as a team, and we find the spirit of co-operation, about which we speak so often. A sum of Rs. 2,06,900 has been sanctioned as a recurring grant for research and production of anti-rabies serum and also studies in influenza, respiratory and intestinal viruses. This Institute has also been entrusted with the production of polio vaccine. New laboratories have been constructed at a cost of Rs. 11,35,370. This is really a magnificent achievement by the Institute, rendering useful service to the people of our country.

So, my humble suggestion is that not only should we appreciate the services of this Institute, we must encourage such institutes by increasing the recurring grants sanctioned to them, so that the doctors and assistants are paid handsome salaries, and their families might be provided with welfare amenities, so that doctors who devote all their time and their life to research may go ahead, without worries, with their ambitious research schemes.

[Shrimati Akkamma Devi]

I will pass on to the primary health centres and family planning centres started on a countrywide basis to improve the general health of the rural people. Primary health centres, maternity and child welfare centres and family planning go together. These constitute one group of activities. By separating them, we cannot achieve the desired results. All these three activities go to make for the welfare of the family. Therefore, whether these activities come under Public Health or Medical Service, these three should go together.

Another suggestion is that when doctors pass out of the college, they should not be straightaway posted in these primary health centres. No doubt, they are qualified, they are efficient, but since they are young, the villagers have no confidence in them. They say: how can these young doctors help us. They lose faith. Therefore, my suggestion is that these doctors should be posted in hospitals under the guidance of experienced doctors for a year or two, and then posted to primary health centres, when they will achieve very good results.

Again, in these primary health centres, for family planning work, young inexperienced people are appointed, with the result that the villagers lose confidence in them.

Family planning posters, Children's day posters, pamphlets on the growth of population, pamphlets on "Family Planning: how and why" have been made available in all the thirteen languages, but propaganda and publicity are still inadequate. Propaganda is not at all satisfactory. It is not enough that the publicity material is distributed among the urban population. Only if this reaches the interior of the village, we will achieve results. Visual aids with the help of publicity material will bring in very good re-

sults. Experienced and elderly people will contribute much to the implementation of our programme. Here again I say that women workers do better than the work done by men. Let there be competition at the district level and at State level and let prizes be distributed so that there may be healthy rivalry in implementation of our family planning programme successfully.

Government gives cent per cent assistance to voluntary organisations and local bodies and 75 per cent to the States. Let us not make this distinction and let the States also get cent per cent help in their expenditure so that for want of matching contribution, they will not stand in the way of implementation of the family planning programme. Urban population grasp the matter quickly; so urban areas and rural areas cannot be treated on a par. Urban population take to treatment more easily. So, we have to concentrate on the rural population and spend more for them.

Lastly, I will now come to the question of admission to medical colleges. Year in and year out we have seen the rush to secure admission to medical colleges. The demand is increasing every year. More medical colleges should be started in the Third Plan. Every district should get a quota, based on the size of the district but on population. Certain quota should also be fixed, apart from the quota allotted for Scheduled Castes and Tribes, for the girls and preference should be given to girls from backward communities. With these words, I support the demands of this Ministry.

Dr. P. Mandal (Vishnupur): At the outset I congratulate both our Health Ministers.

Mr. Deputy-Speaker: I would request the Members from the Congress side not to take more than ten minutes so that more Members can have their chance.

Dr. P. Mandal: This is the first time that medical persons take charge of the Ministry of Health. Both of them are efficient and able medical persons and social workers. Health is national wealth. To build up national wealth, budget provision is required according to the primary need. But the present budget provision is disappointing and inadequate to meet the demands and build up health which is the primary need of the nation. Good health brings fortune to the nation. So, I suggest that our able Health Minister should utilise the funds in such efficient and economic ways that she may meet the longstanding demands of the people with this shortfall in budget provision.

Medical men render an essential service to the nation. They are as important as technical men. To remove disparity and ensure smooth running, All India cadre of medical services should be set up as early as possible. You know, Madam, the sentimental feelings of the medical men for an All India cadre.

I shall now deal with control and eradication of major diseases. Prevention is better than cure. Eradication of Malaria is progressing satisfactorily. I have come from Bankura district of West Bengal which was badly affected by Malaria in previous years. Government used this place as penalty centre for transferring the staff. Malaria was so horrible here. At present, the younger sections do not know what is malaria. People as a whole are highly appreciative of this eradication programme and its achievement. Eradication programme achieves its momentum. But, madam, mosquitoes are still existing in innumerable number.

Dr. Banen Sen. (Calcutta East): There is no madam in the Chair.

Shri C. K. Bhattacharyya (Raiganj): It is a transferred epithet.

Dr. P. Mandal: They develop increased resistance to DDT. To get rid of the mosquito's nuisance you should find out other means. Otherwise, other diseases will be communicated by mosquitoes such as filaria, etc. for which also you have got control programme.

The national smallpox eradication programme is not at all running satisfactorily. People are not satisfied with its achievements. It is a regular annual occurrence in every town of West Bengal, in many villages, specially in Muslim populated areas. Many vaccinated cases have been attacked with smallpox. It is not even controlled, not to speak of eradication. Madam, you must find out the defects in the programme.... (Interruptions.)

Shri Hari Vishnu Kamath (Hoshangabad): Once is bad enough but repetition makes it worse.

Dr. P. Mandal: Is the defect to be found in the vaccine itself or in the process of vaccination? To achieve success I suggest that old stock vaccine should be destroyed so that there is no chance to use it. Secondly, vaccinators should be well-trained so that they may take care and see that the vaccine is allowed to dry and not washed away because that is the essential technique of successful vaccination. Only genuine and tested vaccine should be sent for vaccination. Last year and this year too there was an epidemic attack in some Muslim colonies in my district though an eradication programme is going on there. The disease is very horrible and you must pay greater attention to eradicate it.

Cholera is also a major national problem. Every year, there is an

[Dr. P. Mandal]

outbreak of Cholera in West Bengal, especially in Calcutta, Howrah and suburbs and other mofussil towns and villages are also affected. Death rate of Cholera is horrible. It has not been controlled. Mass vaccination campaign should be taken up in time, not after the outbreak of Cholera. Vaccine must be genuine and tested. On page 19 of this Ministry's report it says:

"The World Health Organisation have further intimated that 100,000 doses of dried cholera vaccine will be made available on receipt from the USSR for mass campaign against cholera in 1963."

May I know what is the result of this? If dried vaccine is proved successful, then the Government is thinking of establishing a plant to produce dried vaccine. As you know Sir, dried vaccine is becoming more popular, genuine and of long duration.

The report on page 19 says:

"The U.S.A.I.D. has also offered to assign a Jet Gun Cholera Inoculation team which is scheduled to visit Calcutta early in 1964."

Cholera breaks out generally in an epidemic form between June and October. So, if the Ministry makes a request to the US Government to send their team before the above period, then we may get the full benefit of team. To check Cholera, we require a pure water supply which I shall mention when speaking about water supply in general.

At page 18 of the report, it is stated as follows:

"In accordance with the recommendations of the Central Expert Committee on Smallpox and Cholera, the Indian Council of Medical Research has establish-

ed a Cholera Research Centre in Calcutta to carry out continuous research on various aspects of the problem of Cholera with a view to developing ultimately practical measures for the control or prevention of the disease."

It is also stated as follows:

"In collaboration with the world Health Organisation and the Indian Council of Medical Research a meeting of cholera workers was held in New Delhi on the 26-28 November, 1963."

May I know, Sir, what practical measures they have formulated in this direction?

Then I come to leprosy. Leprosy is a great menace to our country and specially to my district, Bankura in West Bengal. It is a curse to my district. The 1931 census report revealed the seriousness of the problem by declaring Bankura as the darkest spot. The Government employees, if they are transferred, try their utmost to get rid of the trouble and avoid joining there. This disease, which is sort of social calamity, should be removed. The Government is not moving actively to control this disease which makes the people disabled and disfigured, for whom our beloved Bapuji had great sympathy. So, I suggest that the honest follower of Bapuji, our Health Minister, should materialise his sacred thought to control leprosy. The Minister in charge of this subject, who is a great personality, will, I hope, pursue with honest sincerity the fulfilment of the hopes of our beloved Bapuji.

Training centres for paramedical staff should be started in West Bengal as early as possible. There must be one paramedical staff attached to every health unit. One control unit is working at Bankura district the population of which is 15 lakhs. The

report says that one control unit is meant for 1.5 lakhs. So, you may well understand the acuteness of the problem and realise that at least ten control units should work there. Then we may assess its importance and activity. The patients need extensive treatment facilities and domiciliary treatment in the villages. These control units should be mobile.

There must be separation of children of the leper parents and they must be kept in well-organised Babyfold or Children Homes. If every child of a leprosy patient is separated and saved from getting the infection, this will ensure control of leprosy at least from one of the sources. Any Children Homes or Babyfold should be kept under the care of District Committees.

Then I come to drug control. The report says that the main problem of the year was to keep under control the rising trend of prices particularly of certain drugs and maintain availability. It is a great regret that the Ministry does not look into the price structure of penicillin production of Pimpri factory which is a public undertaking. The gap between the cost of manufacture and the sale price is beyond imagination. It has been focused in the PAC Report and vivid picture of it has been painted on the floor of the House by my hon. friend Shri Bhagwat Jha Azad, during the discussion of the budget. Though the medicine is of common use at present, yet it escapes the Ministry's notice. Spurious drugs are sold in the open market.

Then, family planning is not progressing well. The budget for it is not sufficient to cope with the population. A countrywide publicity for free sterilization operation for male and female should be done thoroughly, and it should be published that the operation on the males is the easiest. The males are keen about it but there is no sufficient provision. It should

be provided up to the primary health centre.

I shall now refer to medical education and finish my speech. The establishment of new medical colleges and the expansion of the existing ones has been included as Centrally-aided scheme during the third Five Year Plan. Under the scheme, the financial assistance is being offered to the States as follows: For new colleges and for the expansion of the existing colleges the figures are, 75 per cent for equipment, subject to a ceiling of Rs. 22,500 per admission, and Rs. 75 lakhs for building, subject to a ceiling of Rs. 37,500 per admission. Recurring expenditure is 50 per cent. There is no break-up. So, we could not know which college gets what amount. So far as my knowledge goes, the Bankura Sammilani Medical College, though a new one, has got nothing up till now from this fund. It received an *ad hoc* grant from the scheme of financial assistance to voluntary medical institutions in 1960-61 and 1961-62. Then, the State Government took charge of this college, and since then, the college gets nothing from the Centre. There are five reserved seats for admission by the Centre. There is enough scope for expansion. It is situated on a vast open area with a campus of 200 acres. It is the only medical college in a mofussil town of West Bengal. So, I draw your attention for the grant of financial assistance to this new college. At present, the admission strength is 50. You may easily raise it up to 100 by giving financial assistance.

Thank you.

श्री मोहन स्वल्प (पीलीभीत) :
उपाध्यक्ष महोदय, मैं काफी देर से स्वास्थ्य मंत्रालय पर चर्चा सुन रहा हूँ। जहाँ तक स्वास्थ्य का सवाल है इन्सान के लिये पांच चीजों की जरूरत है : खाना, कपड़ा, मकान, शिक्षा और स्वास्थ्य। इन में से स्वास्थ्य का स्थान सब से ऊंचा है।

[श्री मोहन स्वरूप]

अगर शरीर स्वस्थ हो तो इन्सान हर तरीके से कार्य कर सकता है। एक मसल है कि "तन्दु स्तुती हजार न्यामत है।" अगर सेहत-मन्द इन्सान हो तो उस के वास्ते सब कुछ भला है। लेकिन स्वास्थ्य और चिकित्सा की जो स्थिति इस देश में है उससे लगता है कि हमको अभी संकड़ों वर्ष चाहियें जिस में कि आबादी के ख्याल से हम अच्छी स्थिति पैदा कर सकें।

इस वक्त देश में ७० हजार डाक्टर्स हैं श्री आबादी के अन्दाज से ६,००० आदमियों के ऊपर एक डाक्टर पड़ता है। यहाँ पर ३०००० रजिस्टर्ड फार्मसीज हैं। इंग्लैंड में अगर देखा जाये तो टांटा सा मूल्क होते हुए भी इससे कहीं ज्यादा अच्छी हालत है। वहाँ पर २५,००० डाक्टर्स हैं जब कि वहाँ की आबादी ५ करोड़, ७५ हजार, ५५६ है। ऐसा लगता है कि अगर हम अपने यहाँ की स्थिति में सुधार करना चाहें तो हमें वर्षों चाहिये। यहाँ पर २११६ अस्पताल हैं जो कि आबादी के अनुपात से पूरी तौर से सेवा नहीं कर सकते हैं।

यहाँ पर डाक्टरों के शिक्षण का भी सवाल है जो कि अच्छी तरह से नहीं चल रहा है। अभी हमारे यहाँ ६० मेडिकल कालेजें हैं। सन् १९५६ में ५३ कालेज थे और ३११६ ग्रेजुएट्स निकले। अब ६० कालेजें हैं जिनमें से ११ नर्सों के लिए हैं। इस तरह से देखें तो शिक्षण के कार्य में जो प्रगति हो रही है वह बहुत धीमी है। मैं चाहता हूँ कि ज्यादा मेडिकल कालेजें की स्थापना हो और अधिक से अधिक डाक्टरों के नया कराने की तरफ तवज्जह दी जाये क्योंकि डाक्टरों के प्रशिक्षण में और नर्सों के प्रशिक्षण में वर्षों लगते हैं। हमारे देश की आबादी दिनोदिन बढ़ती जा रही है। आज ४४ करोड़ के करीब आबादी है। अगर हम चाहते हैं कि एक हजार आदमियों

के ऊपर एक डाक्टर हो तो हमको एक लाख डाक्टर चाहियें। और उसके साथ ही साथ १३ लाख २० हजार नर्सों के साथ हैं। इस तरह से जो स्थिति है उसमें सुधार होना चाहिये और ज्यादा परिवर्तन होना चाहिए।

इसी के साथ मेरा एक सुझाव है कि जिस तरह से रेलवे की और पोस्ट एंड टेली-ग्राफ की आल इंडिया सर्विस है उसी तरह आल इंडिया मेडीकल सर्विस बनायी जाए। आज स्थिति यह है कि स्वास्थ्य की जिम्मेवारी राज्यों पर डाल दी गयी है, जो केन्द्रीय मंत्रालय है वह थोड़ा सा देखभाल का काम करता है। मैं चाहता हूँ कि दो सर्विसेज बनायी जायें और इस विभाग को तीन हिस्सों में बांटा जाए। एक स्वास्थ्य सेवा हो जिस को आई० एच० एम० कहा जाए, और दूसरा चिकित्सा विभाग हो जिसका इंडियन मेडीकल सर्विस कहा जाए। मैं चाहता हूँ कि पशुओं की चिकित्सा को भी इसी विभाग के अन्तर्गत लाया जाए। पशुओं को इस वक्त खाद्य मंत्रालय के अन्तर्गत रखा गया है जो मुनासिब नहीं है, पशु मूक होते हैं और उनके इलाज की व्यवस्था अच्छी नहीं चल रही है। अगर पशु चिकित्सा को भी इसी मंत्रालय के अन्तर्गत लाया जाए तो अच्छा होगा।

इसी के साथ साथ मैं चाहता हूँ कि सारे देश के लिए एक यूनीफार्म पालिसी बने। आज जो भी पालिसी बनती है वह राज्य-वार बनती है। अगर यूनीफार्म पालिसी हो तो इस काम को अच्छे ढंग से चलाया जा सकता है और मैं समझता हूँ कि उस हालत में स्वास्थ्य के कार्य में भी प्रगति हो सकती है।

इसी के साथ साथ हैल्थ एजुकेशन पर भी ज्यादा जोर दिया जाना चाहिए। इस:

सिलसिले में एक कांटेनन पढ़ देना चाहता हूँ। वह इस प्रकार है :

"Health education fills the gap between the provision of services and the maximum utilisation of the same by the people. The main tenet of health education is to enable the people to improve their health by their own actions and efforts."

मैं देखता हूँ कि सरकार का ध्यान हैलथ एजुकेशन की ओर ज्यादा नहीं है। लोग बहुत कम जानते हैं कि स्वास्थ्य क्या चीज है। १९५६ में एक हैलथ व्यरो बनाया गया। लेकिन अभी तक उसके अन्तर्गत आठ राज्यों में व्यरो खुले हैं और बाकी में नहीं खोले जा सके हैं। मैं चाहता हूँ कि दूसरे राज्यों में भी ये व्यरो खोले जाएं ताकि स्वास्थ्य की ओर लोगों का ध्यान जाए।

इसके साथ साथ मैं आपका ध्यान न्यूट्रीशन की ओर भी दिलाना चाहता हूँ। पिछले साल भी मैंने इस ओर आपका ध्यान दिलाया था। हमारे यहां पौष्टिक आहार की कमी है। एक व्यक्ति को रोजाना २४०० से ३००० कलोरी का भोजन मिलना चाहिए लेकिन हमारे यहां केवल १७५० कलोरी ही मिल रहा है। इस कारण लोगों का स्वास्थ्य बिगड़ता जा रहा है और उनको तरह तरह की बीमारियों हो रही हैं खास तौर से बच्चों को और नौजवानों को। कुछ बीमारियों के नाम इस प्रकार हैं :

angular stomatitis, glossitis, keratolomalacia, burning feet, syndrome, phrynoderma and nutritional oedema

इसी के साथ साथ अन्धापन भी बढ़ता जा रहा है क्योंकि पोषक आहार नहीं मिलता। खास कर बच्चों में यह रोग बहुत घर करता जा रहा है। तो मैं चाहता हूँ कि पौष्टिक आहार की ओर सरकार का ध्यान जाना चाहिए। अगर इस तरफ ध्यान न दिया गया

तो स्वास्थ्य की बात करना और स्वास्थ्य के सुधार की चर्चा करना बेकार सी बात होगी। जब तक शरीर के लिए उपयुक्त मात्रा में खाना नहीं मिलता तब तक स्वास्थ्य सुधार की बात करना बेकार है।

अब मैं अस्पतालों के मुतालिक भी कुछ कहना चाहता हूँ। अस्पतालों की हालत बहुत खराब है। अभी बिलिंगडन अस्पताल के कर्मचारियों ने एक मैमोरेडम पेश किया था। वह सरकार के पास आया होगा। तिव्विया कालिज की भी कुछ शिकायतें हैं। बहुत सी शिकायतें आए दिन अस्पतालों के छोटे कर्मचारियों की आती रहती हैं। इस तरफ सरकार का ध्यान जाना चाहिए क्योंकि छोटे कर्मचारियों पर ही, जो कि इस विभाग की रीढ़ की हड्डी की तरह हैं, जैसे नर्सों और क्लास ४ कर्मचारी, अस्पताल चलते हैं। अगर वे परेशान होंगे और उनकी कार्य क्षमता घटेगी तो अस्पतालों का काम चलना मुश्किल है।

इसी के साथ साथ मैं थोड़ा सा इंस्टीट्यूट आफ मेडीकल सायंस के मुतालिक भी कहना चाहता हूँ। एक मैमोरेडम सरकार को भी दिया गया है। उसमें बताया गया है कि वहां करप्शन और भ्रष्टाचार बढ़ता जा रहा है। उसमें बताया गया है कि ६ हैड क्लर्क वहां पकड़े गए हैं रिश्तत लेने के सिलसिले में और उनके खिलाफ जांच हो रही है। कुछ डाक्टर वहां ऐसे हैं जो आठ आठ वर्ष से चल रहे हैं। उनको हटाया नहीं जाता है। वहां पर एक मिस्टर एन० बी० चटर्जी है जो तीन हजार रुपया मासिक तनख्वाह लेते हैं, और इंप्रुेशन पर हैं आठ दस साल से। कहा जाता है कि पांच वर्ष से ज्यादा समय तक किसी को इंप्रुेशन पर नहीं रखा जाना चाहिए, लेकिन वह वहां चल रहे हैं और वही एडमिनिस्ट्रेटिव आफिसर हैं। वहां के सारे भ्रष्टाचार को जड़ वह है। मैं चाहता हूँ कि इसके मुतालिक जांच की जाए और जो सारी गड़बड़ी चल रही है उसको दूर किया

[श्री मोहन स्वरूप]

जाए। इसके मुताबिक पार्लियामेंट में एक सवाल किया गया था जिसके जवाब में कहा गया था :

Loss of surgical instruments of Rs. 25,000 in the main operation theatre of the Institute Hospital.

Loss and misappropriation of medicine in the Hospital Medical Store of about Rs. 8,000.

Loss and misappropriation of stores and money in the Department of Biochemistry.

Loss of linen articles of Rs. 3,000 in the main operation theatre of the Institute Hospital.

इस तरह की चीजें हैं। मैं चाहता हूँ कि मंत्री महोदय इस सिलसिले में उत्तर दें और यहां जो यह सारा गड़बड़ घोटाला हो रहा है इसको दूर करने के लिए उचित कार्यवाई करें।

कुछ थोड़ा सा फ़ैमिली प्लानिंग के बारे में कहना चाहता हूँ। इसकी भी चर्चा यहां अक्सर होती है। इस सिलसिले में मैं यह जरूर कह दूँ कि देश की आबादी जरूर बढ़ती जा रही है। पहले इसके बढ़ने की रफ़्तार १.८ परसेंट थी जो कि अब बढ़ कर २.५ परसेंट हो गयी है, और इस तरह हर साल १ करोड़ १५ लाख आदमी बढ़ जाते हैं। अगर बढ़ने का यही सिलसिला रहा तो १७ साल में यहां की आबादी ७२ करोड़ हो जाएगी। उ : चीजों को मैं मानता हूँ, लेकिन जो कदम उठाए जा रहे हैं मैं समझता हूँ कि वह कुछ उपयुक्त नहीं हैं। पहले प्लान में इस काम के लिए ६५ लाख रुपया खर्च किया गया, दूसरे प्लान में ५ करोड़ रुपया खर्च किया गया और तीसरे प्लान में २७ करोड़ रुपया इस काम के लिए रखा गया। है। पहले दो प्लानों में जो रुपया एलोकेट

किया गया था उसमें से आधी रकम खर्च नहीं हुई और वापस कर दी गयी। तीसरे प्लान में २७ करोड़ रुपया रखा गया है लेकिन तीन वर्ष में इस में से केवल ६ करोड़ रुपया खर्च हुआ है। मैं समझता हूँ कि इस दिशा में सरकार का प्रयत्न सफल नहीं रहा है। इस संबंध में मैं कुछ सुझाव देना चाहता था। पहली बात तो क्लिनिक्स खोलने की बात है। मेरा अनुभव है कि स्टर्लाइजेशन का तरीका उपयुक्त नहीं रहा है। अक्सर देखा गया कि स्टर्लाइजेशन से औरतें मर गयीं और एक मुष्किल पैदा हो गयी। मैं समझता हूँ कि वर्ष कंट्रोल के लिए इससे बहुत मदद मिल सकती है अगर शादी की उम्र लड़की की १८ साल कर दी जाए। १८ वर्ष की लड़की की शादी होगी तो बीस वर्ष की उम्र में उसको बच्चा होगा। मेरा सुझाव है कि लड़कियों की उम्र १३, १४ या १५ से बढ़ा कर १८ कर दी जाए।

एक माननीय सदस्य : श्रीर लड़के की।

श्री मोहन स्वरूप : लड़के की २२ या २५ साल कर दी जाए। मैं समझता हूँ कि इससे कुछ रुकावट पैदा होगी। फ़ैमिली प्लानिंग करने से आज जो तेजी से आबादी बढ़ रही है उसमें कुछ कमी हो सकेगी।

इसी के साथ साथ मैं यह अर्ज कर दूँ कि इस देश में कुछ लोग तो हैं जोकि इस फ़ैमिली प्लानिंग का पालन करते हैं और स्टर्लाइजेशन आदि करवाते हैं लेकिन देश में बहुत से लोग ऐसे भी हैं जोकि परिवार नियोजन में विश्वास नहीं रखते हैं और जोकि दो, तीन बीवियां रखते हैं। मैं तो चाहता हूँ कि पूरे देश में इसका इम्प्लीमेंटेशन हो। यह नहीं कि कुछ सेक्शन और स्थानों में ही और कुछ में न हो। अगर सब जगह एक सा इस बारे में अमल नहीं होता है तो यह चीज कुछ मजमू में नहीं आती है और आज जो

फैम्ली प्लानिंग का ढंग है उससे कुछ विशेष फायदा होने वाला नहीं है ।

अभी हमारे श्री यशपाल सिंह ने आय-वैद के बारे में जिक्र किया । अभी १७, १८ और १९ अक्टूबर को महावलिध्वर - एक कॉन्फ्रेंस हुई थी उसमें सरकार की तरफ से यह कहा गया कि शूद्र प्रणाली अपनाई जाय । मैं नहीं समझता कि शूद्र प्रणाली का मतलब क्या है ? हमारे प्राइम मिनिस्टर साहब ने एक वाक्य कहा था :—

"I doubt if ancient system should be cut off from modern medical science." He said: "The old and new should go together to give the best to the Indian people."

मेरा भी यही ख्याल है कि पुरानी प्रणाली और नई प्रणाली दोनों के मिश्रण से ही इस देश का कुछ भला हो सकता है । उस पुरानी प्रणाली के अन्तर्गत २५००० से ज्यादा डाक्टरों जो कार्य करते हैं और जो इससे लाभान्वित होते थे इस सिस्टम से, जब यह सिस्टम खत्म कर दिया जायगा तो मैं समझता हूँ कि बड़ी परेशानी बढ़ रही है और दिनोदिन काम में रुकावट हो रही है ।

मैं कुछ होमियोपथी के बारे में भी तर्किया करना चाहता हूँ । चिकित्सा की यह एक अच्छी और सस्ती प्रणाली है । इस समय इस देश में करीब करीब ४ लाख होमियोपैथिक डाक्टरों हैं और ८ करोड़ मरीजों का वे इलाज करते हैं । मैं समझता हूँ कि इस तरफ भी सरकार का ध्यान जाना चाहिए और इस सस्ती प्रणाली को भी प्रोत्साहन मिलना चाहिए ।

कुछ वाटर सप्लाई के मूताल्लिक भी मैं जिक्र करना चाहता हूँ । घंटी बज गयी है और हालांकि कहने को तो मेरे पास अभी बहुत कुछ था लेकिन समय नहीं रहा है इसलिए मैं बहुत संक्षेप में कह कर अपनी

बात खत्म करूंगा । पानी की सप्लाई की पोजीशन बहुत खराब है । आज भी देश में ऐसे लाखों गांव हैं जहाँ कि पानी का प्रबंध नहीं है । ५ लाख ५८ हजार गांवों में से लाखों गांव ऐसे हैं जिनमें कि पीने के पानी की कोई व्यवस्था नहीं है । वे ज्यादातर, पुराने तालावों, गड्डों, कुओं या नालों से पानी पीते हैं । मैं चाहता हूँ कि सरकार इस समस्या की ओर ध्यान दे । दिल्ली, कलकते और बम्बई जैसे बड़े शहरों में सरकार म्युनिसिपल्टियों द्वारा करोड़ों रुपये खर्च कर रही है । मैं नहीं समझता कि आखिर गांवों के लोगों ने क्या कसूर किया है, क्या खता की है कि तीन पंचवर्षीय योजनाएं गुजर जाने के बाद भी वहाँ उनके लिए पानी मयस्सर नहीं होता ।

हरिजनो और आदिवासियों के लिए यह कह तो दिया जाता है कि उनको सुविधाएं देने के लिए यह हो रहा है और वह हो रहा है लेकिन वास्तविक रूप में उनको कोई सहायता नहीं मिल रही है । अब भी दक्षिण में बहुत ऐसे स्थान हैं जहाँ कि हरिजन लोगों को कुओं आदि से पानी पीने नहीं दिया जाता है और वह बेचारे इंतजार में वहाँ खड़े रहते हैं कि कोई स्वर्ण हिन्दू वहाँ आये और उन को पानी दे । अगर आज के युग में इस तरह की स्थिति चलने दी जाती है तो मैं समझता हूँ कि प्रजातंत्र का कोई अर्थ नहीं रह जाता है । इसलिए मैं ध्याग्रह करूंगा कि लोगों को पीने का पानी सप्लाई करने की ओर सरकार को ध्यान देना चाहिए और लाखों ग्रामीणों को यह सुविधा मिलनी चाहिए ।

उपाध्यक्ष महोदय : माननीय सदस्य का समय समाप्त हो गया है ।

Shri Hari Vishnu Kamath: He is making a useful contribution.

और वह मेरे दल का एक मात्र वक्ता है ।

उपाध्यक्ष महोदय : अच्छा बस दी मिन्ट और ले लीजिये ।

श्री मोहन स्वर्ण्य : प्रभी एक रिपोर्ट तम्बाकू के सिलसिले में अमरीका की तरफ से शाया हुई है जिसकी कि बहुत कुछ चर्चा भी हो रही है। तम्बाकू से कहा जाता है कि कैंसर होता है और बहुत से मर्ज बढ़ते जा रहे हैं। मैं चाहता हूँ कि सरकार इस ओर ध्यान दे। सब से पहले तो मैं यह चाहता हूँ कि डाक्टर्स उस पर अमल करें क्योंकि मैं देखता हूँ कि १०० में से ६० डाक्टर्स धूम्रपान करते हैं, तम्बाकू पीते हैं। जब डाक्टर्स ही स्वयं तम्बाकू पीते हों तो मरीजों पर उसे क्या असर पड़ सकता है इनका सहज में ही अनुमान लगाया जा सकता है। यह जो तम्बाकू से कैंसर होने वाली रिपोर्ट है यह बड़ी चिन्ताजनक है। इससे श्रुवदा और अदेशा पैदा हो रहा है कि यह तम्बाकू बहुत से मर्जों की जड़ है। मैं चाहता हूँ कि इस तरफ सरकार ध्यान दे और इस रिपोर्ट को इम्प्लीमेंट करने की तरफ तवज्जह दे।

श्री बड़े : बच्चे सिग्रेट, बीड़ी पीते हैं उसको मरकार को कड़े कदम उठा कर रोकना चाहिए।

श्री मोहन स्वर्ण्य : जैसा कि प्रभी श्री बड़े ने कहा बच्चों में यह सिग्रेट बीड़ी, प्रादि पीने की आदत बढ़ती ही जा रही है। छोटी सी उम्र में ही ये लोग सिग्रेट बीड़ी प्रादि पीना शुरू कर देते हैं और आपस में होड़ लगाते हैं कि देखें कौन ज्यादा लम्बा कृश लगाता है और इस तरह वे उसके प्रादी बन जाते हैं। मैं चाहता हूँ कि सरकार को धूम्रपान के लिए कोई एक व्यापक कानून बनाना चाहिए और खास तौर से बच्चों की रोक थाम के लिए कोई सक्रिय कदम उठाना चाहिए।

बम्बई में कैंसर का जो इन्स्टीच्यूट है वह एटैमिक इनर्जी कमिशन के अन्तर्गत है। मैं जानना चाहता हूँ कि ऐसा क्यों है? अब कैंसर तो स्वास्थ्य से संबंध रखता है और इसलिए वह इस्टीटयूशन तो एटैमिक इनर्जी

विभाग के अन्तर्गत न रख कर उसे तो स्वास्थ्य मंत्रालय के अन्तर्गत लाना चाहिए। . . .

उपाध्यक्ष महोदय : माननीय सदस्य अब तो खत्म कर ही दें।

श्री मोहन स्वर्ण्य : प्रभी कहना तो श्री भी था लेकिन बूँक घंटी कई बार बज चुकी है और प्रभी भी घंटी बज रही है और मुझ से ईठ जाने के लिए कहा जा रहा है इसलिए मैं और अधिक न कहते हुए अपनी जगह लेता हूँ।

Dr. S. K. Saha (Birbhum): Mr. Deputy Speaker, Sir, I support the Demands presented by the Health Minister, and in supporting the Demands I congratulate the Government for making the medical services All-India services.

Health is the most valuable asset of our nation and it is the foundation upon which everything including defence, development, agriculture, education and other things are to be built up. But I am sorry to say, Sir, that the health standards of India are not what they should be. This is due to the fact that the Plan provisions for health have gone down relatively from the First Five Year Plan where it was 5.9 per cent of the total outlay to 5 per cent in the Second Five Year Plan and 4.25 per cent in the Third Five Year Plan. In this emergency period it has been reduced by 27 per cent. The per capita expenditure on health is 1.47 naye paise on average. This is not sufficient. This is inadequate. Moreover, this amount is not evenly distributed all over the country. In U.P. it is 85 nP. which is the lowest and in West Bengal it is Rs. 3.25 nP. which is the highest.

Prevention of diseases, treatment of the sick and promotion of good health are the main problems before the Health Ministry. Prevention is better than cure; so, our Health Ministry has taken steps to prevent the following

diseases, namely, small-pox, malaria, leprosy etc. It is interesting to note that the percentage of malaria to other diseases has come down from 10.8 in 1953-54 to 0.4 in 1962-63.

But another dangerous disease, namely, tuberculosis, is spreading rapidly in spite of preventive measures taken to control it due to malnutrition and unhealthy surroundings. Formerly it was confined to large industrial towns and urban area but now it is spreading rapidly in the villages. About six million people are suffering from this disease, but the number of beds is very much less in comparison to the number of people suffering from this disease.

It is interesting to note that the Health Ministry has provided domiciliary treatment for the patients suffering in the rural areas. But there is one drawback in this domiciliary treatment. The patient from the rural area has to go to the district clinic which is the only one to establish the diagnosis by means of an x-ray. The poor patient from the rural area cannot afford to go to the district health clinic for examination. I, therefore, suggest that mobile x-ray unit should be provided in each district clinic so that it may go to each primary health centre to detect and treat the cases. If that is not possible, alternatively I suggest that a microscope be provided to every primary health centre for examining the sputum of the patient.

Leprosy is also increasing rapidly and 5 million people are suffering from this. Isolation and domiciliary treatment is the remedy to control this disease. In Japan this disease was controlled by means of isolation and domiciliary treatment.

Water supply for the rural areas is not sufficient. 75 per cent of the people live in the rural area. It is estimated that a sum of Rs. 300 crores will be spent for rural water supply, but in the Third Plan a sum of Rs. 67 crores only has been allotted for this

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purpose. About 40 per cent of this allotment has been spent up to 1963-64. This sum is divided among four ministries, namely, the Ministries of Health, Planning, Home Affairs and Community Development. I am glad to say that a high-power water board has been formed recently to have co-ordination among these ministries. There are many places in the rural area which are not supplied with pure water and every year 2 to 3 million people die of waterborne diseases, namely, cholera, typhoid, diarrhoea etc.

The Health Committee suggested one doctor for 3,000 people but we have got one doctor for 6,000 people. In spite of the number of medical colleges increasing from 57 at the end of the Second Plan to 79 in 1963-64 with an admission capacity of 10,097, there is scarcity in our country so far as medical men are concerned. Most of the doctors are not inclined to go to the villages because they do not get their requirements there. So, I request the Health Ministry to solve the problems as well as improve the service conditions of doctors for going to the villages.

श्रीमती कमला चौधरी (हापुड़) :

उपाध्यक्ष महोदय, मैं स्वास्थ्य मंत्रालय की मांगों का समर्थन करती हूँ और मंत्रिगो महोदया को धन्यवाद देती हूँ।

आज प्रातः काल समाचार पत्र से यह सूचना मिली कि सफदरजंग और विलिंगडन हास्पिटलज को उन्होंने शिक्षण-संस्थायें घोषित कर दिया है। इस के लिये मैं उन्हें बधाई देती हूँ।

स्वास्थ्य मंत्रालय का वार्षिक प्रतिवेदन देखने से स्पष्ट है कि जन-स्वास्थ्य की रक्षा हेतु इस मंत्रालय के द्वारा अनेक उपयोगी योजनायें चल रही हैं, जिनमें अनेकों मेडिकल कालेज, अस्पताल, चिकित्सा शिक्षा एवं प्रशिक्षण कार्यक्रम परिवार नियोजन, ग्रामों में सफाई और जल व्यवस्था आदि सम्मिलित हैं।

[श्रीमती कमल चौधरी]

मेडिकल कालेजों की देश में अधिक मांग है। उस को देखते हुए इस वर्ष मेडिकल कालेजों की क्षमता बढ़ा दी गई है, जिस के अनुसार प्रत्येक कालेज में २०० उम्मीदवार प्रति-वर्ष दाखला पा सकते हैं। मेडिकल कालेजों की संख्या भी बढ़ा कर ७१ से ७६ हो गई है इस वर्ष आठ नये कालेज खोले गये हैं। पिछले वर्ष इन कालेजों में एम० बी० बी० एस० में प्रवेश पाने वाले छात्रों की कुल संख्या ७,६७६ थी, जो कि बढ़ कर १०,६६७ हो गई है। स्वास्थ्य मंत्रालय के द्वारा जो ये कदम उठाए गए हैं, वे प्रशंसनीय हैं। इस के साथ ही कालेजों में सीटें भी बढ़ ई गई हैं तथा अन्य सुविधाओं के विस्तार के लिये राज्य सरकारों को वित्तीय सहायता भी बराबर दी जा रही है।

मेरा निवेदन है—मंत्रिणी महोदया शायद मुझ से सहमत होंगी—कि देश में एम० बी० बी०एस० की शिक्षा देने वाले कालेज बहुत हैं। अब हम को अधिक ऊँचे स्तर की शिक्षा की तरफ, पोस्ट-ग्रेजुएट कालेजों की स्थापना की ओर अधिक ध्यान देना चाहिये, क्योंकि हमारा देश शल्य चिकित्सा में अन्य देशों से अभी पिछड़ा हुआ है। स्वास्थ्य विज्ञान के जितने भी ऐसे विषय हैं, जिन में अभी अनुसंधान करने की जरूरत है, उन की तरफ उन का ध्यान जाना चाहिये और अधिक ऊँचे स्तर की शिक्षा को बढ़ाना चाहिये। हमारे देश के भावी डाक्टर बहुत दिनों तक विदेशों की शिक्षा पर निर्भर रहे, यह हमारे देश के लिये कुछ शोभनीय बात नहीं है। मैं आग्रह करूंगी कि स्वास्थ्य विज्ञान के सभी विषयों के अनुसंधान कार्य यथा शक्ति शीघ्र से शीघ्र यहीं प्रारम्भ करने की चेष्टा की जाय।

14 hrs.

मेडिकल कालेजों के अध्यापकों के पदों को आकर्षक बनाने के लिये उनके वेतनों

में कुछ वृद्धि होनी चाहिये। यदि हो सके तो इन स्थानों पर प्रोपोज्ड अखिल भारतीय चिकित्सा एवं स्वास्थ्य सेवा के लोगों को नियुक्त किया जाना चाहिए।

स्वास्थ्य सेवा के गठन के बारे में मैं निवेदन करना चाहती हूँ कि जो अधिसूचना जारी की गई थी शीघ्र ही कार्यरूप में परिणत करना चाहिये। इस सेवा के बन जाने से कर्मचारियों को काफी लाभ होगा तथा उन्हें विभिन्न प्रकार के अनुभव प्राप्त करने के अवसर मिलेंगे। इस दिशा में अगले कदम शीघ्र ही उठाये जायें ताकि भारतीय चिकित्सा एवं स्वास्थ्य सेवा का निर्माण हो सके।

देश में इस समय काफी संख्या में उच्च शिक्षा प्राप्त डाक्टरों की आवश्यकता है। हर वर्ष जो डाक्टर अपना कोर्स समाप्त करके निकलते हैं उन में से अधिकांश देखा जाता है, सरकारी नौकरी करना पसन्द नहीं करते हैं, प्राइवेट प्रैक्टिस करना पसन्द करते हैं। इसका कारण मेरे विचार में यह है कि सरकार उन्हें वेतन कम देती है। इस ओर भी आपका ध्यान जाना चाहिये। अगर वेतनों में वृद्धि करनी है तो यह स्पष्ट है कि स्वास्थ्य मंत्रालय को जो धन मिलता है, वह कम है, इस लिये उसको बढ़ाया जाय। मैं सरकार से निवेदन करना चाहती हूँ कि स्वास्थ्य का विषय एक साधारण विषय नहीं है, इसका सम्बन्ध विशाल जनसंख्या से, जन जन से है, गांव गाव में हमें स्वास्थ्य सेवा को पहुंचाना है और इसके लिये बहुत बड़ी धन राशि की जरूरत है, इस लिये स्वास्थ्य मंत्रालय को अधिक धन दिया जाय। मैं चाहती हूँ कि इस बजट में वित्त मंत्री महोदय इस पर विचार करके अधिक धन देने की व्यवस्था करें।

भारतीय चिकित्सा परिषद की सिफारिश के अनुसार दीर्घविकाश और छोट्टियों में कमी करके मंत्री महोदया ने एम०बी० बी०एस० के कोर्स में ६ महीने की जो कमी

की है, मैं उसकी प्रशंसा करती हूँ। मेरे विचार में समय को देखते हुए वह एक उपयोगी कदम है। कोर्स समाप्त करने के बाद गृहचिकित्सक रहने की एक वष की अवधि थोड़ी है, वह मुझे कम प्रतीत होती है। मेरे विचार में इस समय चिकित्सा के क्षेत्र में गावों पर ध्यान देने की आवश्यकता है। अनेक प्रांतों में तो चिकित्सालयों पर महीनों तक चिकित्सक तैनात नहीं हो पाते, वे चिकित्सालय खाली पड़े रहते हैं। इसका एक कारण मुझे यह भी लगता है कि हमारे युवक शिक्षित हो कर जब डाक्टर बन कर निकलते हैं, उन में सेवा भाव का अभाव होता है और वे शहरों में ही रहना पसन्द करते हैं, ग्रामीणों के बीच में जा कर रहना पसन्द नहीं करते हैं। अगर माननीय मंत्री महोदया सहमत हों मुझे से तो शिक्षा पद्धति में वह कुछ इस प्रकार का परिवर्तन करें जिससे हमारे नवयुवक जो डाक्टर बन कर निकलते हैं, उन में सेवा की भावना जागृत हो।

डाक्टरों की शिक्षा पर जनता एवं सरकार बहुत बड़ी धनराशि खर्च करती है। इतनी बड़ी धनराशि खर्च करने के बावजूद अगर हमारे डाक्टरों में यही भावना व्याप्त रहे कि वे शहरों तक ही सीमित रहना चाहते हैं और दुर्घा, पीड़ित जनता जहां रहती है, उसकी सेवा करने की लालसा उन में न हो तो यह स्पष्ट है कि ऐसे डाक्टर हमारे देश के लिये कैसे कल्याणकारी सिद्ध हो सकते हैं।

बहुत से माननीय सदस्यों ने पीने के जल की समस्या की चर्चा की है। मेरे विचार से स्वास्थ्य मंत्रालय के अधीन यह सम्पूर्ण व्यवस्था होनी चाहिये। भले ही प्लानिंग कमिशन इसके लिये धन दे। लेकिन यह व्यवस्था पूरी स्वास्थ्य मंत्रालय के अन्दर होनी चाहिये। उदाहरण-स्वरूप मैं कहना चाहती हूँ कि अगर एक नल कहीं लगा दिया जाय और पानी निकलने की व्यवस्था न हो, नालियों की व्यवस्था न हों, सफाई की व्यवस्था

न हों, तो वह स्वच्छ जल स्वास्थ्य के लिये बेकार हो जायगा। दो तीन मंत्रालयों के हेर फेर से पीने के पानी की व्यवस्था होती है यह उचित नहीं है। प्रत्येक प्रांत में लाखों गांव इस तरह के हैं जहां आज भी पीने का पानी ठीक नहीं मिलता है। पौष्टिक पदार्थ खाने को मिलें, उससे अधिक आवश्यकता इस बात की है कि अच्छे स्वास्थ्य के लिये स्वच्छ जल और स्वच्छ वायु मिले। स्वास्थ्य के लिये अच्छा पानी और स्वच्छ वायु के लिये सफ ई जरूरी है। मैं आपके द्वारा सरकार से निवेदन करूंगी कि पानी की व्यवस्था करने का पूरा भार स्वास्थ्य मंत्रालय के हाथ में होना चाहिये।

अभी हमारी मंत्री महोदया शायद कुछ लिख रही हैं। मैं उनका ध्यान अपनी ओर आकर्षित करने के लिये कुछ पंक्तियां कहना चाहती हूँ :

स्वास्थ्यदात्री सुशीला नैयर,
तुम सबकी हेल्प बढ़ाती हो।
परिवार नियोजन बर्थ कंट्रोल के,
आशिष बचन सुनाती हो।
निज अभिनंदन स्वीकार करो,
तुम दयामयी कहलाती हो।
विस्त मंत्री की भांति मृत्यु पर,
टैक्स नहीं लगवाती हो।
फिर क्यों मरनेवाले के जहरीली
मुइयें कुचवाती हो ?
मनुज जन्म पर अंकुश भारी,
मच्छर मक्खी मरवाती हो।
ब्रह्मा की क्या शत्रु हो उनकी
रचना पर रोक लगाती हो।
पैन्सलॉन के टीके दे कर,
क्यों रुधिर प्रशुद्ध बनाती हो।
शाकाहारी पवित्र देह में,
कीटाणु प्रवेश कराती हो।
हे महिमामय कलियुग देवी,
मनमानी सृष्टि रचाती हो।

[श्रीमती कमला चौधरी]

करती सब का कल्याण, पुजापा,
उचित नहीं तुम पातां हो ।
क्या इसी लिये भायं रक्त में,
मेल मिलावट करवाते हो ?

अन्त में मेरा निवेदन है कि हमारे लिए यह शोभनीय नहीं है कि इतने बड़े स्वास्थ्य विभाग का मंत्री केवल राज्य मंत्री हों । मैं कामना करती हूँ और सरकार से प्रार्थना करती हूँ कि उन्हें मंत्रिमंडल का सदस्य बना दिया जाय ।

श्री गोरी शंकर कक्कड़ (फतेहपुर) :
उपाध्यक्ष महोदय, स्वास्थ्य मंत्रालय की मांगों के बारे में विचार करते समय दो तीन चीजों की तरफ विशेष तौर से हमारा ध्यान जाता है । सब से महत्व का प्रश्न देहाती क्षेत्रों में पीने के पानी की व्यवस्था करना है । यह विषय इसी मंत्रालय से सम्बन्धित है क्योंकि इसका सम्बन्ध जनस्वास्थ्य से है । आज सबसे प्रगतिशील काल में मंत्री महोदय ने स्वीकार किया था कि बहुत से प्रदेशों में जो रुपया इस मद में दिया गया है वह व्यय नहीं हो पाया है और उनका एक कारण और सब से बड़ा कारण जहाँ तक उत्तर प्रदेश का सम्बन्ध है, यह है कि कुएँ बनाने का प्रश्न जब आता है किसी भी देहाती क्षेत्र में तो जो ग्रांट या सहायता भारत सरकार देती है, उसके अतिरिक्त मैचिंग ग्रांट का जब प्रश्न उठता है तो हाँ पर उस अनुदान से कांस्ट्रिब्यूशन न होने के कारण प्रगति नहीं हो पाती है और यह हाया इसी प्रकार रखा रह जाता है । मुझे यह सुझाव देना है कि वास्तव में जो देहाती क्षेत्र इस प्रकार के हैं जहाँ कि अब भी जनता तानाबों से पानी पी कर, गन्दे पानी से अपना जीवन निर्वाह करती है, वहाँ तो भारत सरकार को सेंट पर सेंट ग्रांट दे कर के ऐसी व्यवस्था करनी चाहिये कि वहाँ पर कुएँ गैरह बनें और इस मद का रुपया वहाँ अच्छी प्रकार से खर्च होता रहे ।

जहाँ तक स्वास्थ्य मंत्रालय का सम्बन्ध है जो रोग मनुष्य को होते हैं उनको अच्छा करना और उनको रोकना, उन रोगों को न होने देना, इस मंत्रालय का काम है । इन चीजों की ओर उस को विशेष ध्यान देना है । जहाँ तक बड़ी बड़ी महामारियों और रोगों का सम्बन्ध है, इसमें कोई सन्देह नहीं है कि जब से हमारा देश स्वतन्त्र हुआ, इस प्रकार की रोक थाम अवश्य हुई है । मैं विशेष तौर पर मलेरिया के बारे में कहूँगा कि काफी सफलता इसके रोकथाम में हुई है । परन्तु मैं यह कहने के लिये बिल्कुल तैयार नहीं हूँ कि जो भी इन राष्ट्रीय योजनाओं पर व्यय किया जा रहा है वह उचित रूप से हो रहा है या उसका उचित रूप से उपयोग हो रहा है । आप मुझे यह कहने की इजाजत दें कि बहुधा यह देखा गया है कि देहाती क्षेत्रों में जहाँ पर नेशनल मलेरिया एरिडिकेशन प्रोग्राम और स्माल पाक्स के प्रोग्राम चल रहे हैं, लोग अच्छी अच्छी गाड़ियों में, स्टेशन वेगनों में एक देहात से दूसरे देहात और एक ब्लाक से दूसरे ब्लाक में घूमते रहते हैं । जिला स्तर पर जो उनके अफसर होते हैं उनका रहन सहन और स्टैंडर्ड आफ लिविंग बहुत ऊंचा होता है । चूँकि वह बहुत तड़क भड़क के साथ देहाती क्षेत्रों में जाते हैं, जहाँ के लिये उनका प्रोग्राम है वे इन रोगों का उन्मूलन व्यवस्थित रूप से करने में सफलता प्राप्त नहीं कर रहे हैं ।

एक चीज मुझे विशेष तौर से कहनी है कि अगर हमारा मंत्रालय भारतवर्ष की जन संख्या के आँकड़े ले और उन आँकड़ों को सामने रख कर यह देखे कि कितने भारतवासी ऐलैपैथिक के इलाज पर निर्भर करते हैं और कितनी बड़ी जनसंख्या हमारे देहातों में रहने वाली ऐसी है जो ऐलैपैथिक प्रणाली या इलाज के पास या दवा के पास तक न जाकर अपना जीवन निर्वाह करती है, तो मैं विश्वास दिलाऊँगा कि हमारी अधिकतर आबादी इस देश की

ऐसी है जो आयुर्वेदिक, यूनानी और होमियोपैथिक पद्धतियों के ऊपर निर्भर करती है। कारण यह है कि अब भी आयुर्वेदिक, यूनानी और होमियोपैथिक पद्धतियां बहुत सस्ते दामों में इलाज कर देती हैं, दूसरे उनकी सुविधायें उन्हीं स्थानों में, जहां पर वे लोग रहते हैं प्राप्त हो रही हैं। जब हम यह देख रहे हैं कि अधिकतर संख्या में हमारे यहां के लोग यह हैसियत नहीं रखते, उनके पास इतने साधन नहीं हैं कि वे ऐलोपैथिक पद्धति से अपने रोग का इलाज करा सकें, जब इस प्रकार के आंकड़े हमारे सामने हैं कि एक बहुत बड़ी संख्या हमारे यहां की आयुर्वेदिक, यूनानी और होमियोपैथिक पर आश्रित है, तो जिस प्रकार का व्यवहार स्वास्थ्य मंत्रालय इन पद्धतियों के साथ कर रहा है, वह कहां तक उचित है। मैंने गत वर्ष भी इसका उल्लेख किया था कि जो प्रोत्साहन ऐलोपैथिक पद्धति को दिया जाता है, उसके नौकरों के वेतन देने में, उस की औषधियां मंगाने में और उसके चिकित्सालय खोलने में, अगर उसका आधा भी प्रोत्साहन हमारी अपनी देशी प्रणालियों, अर्थात् आयुर्वेदिक, यूनानी और होमियोपैथिक, को दिया जाय तो हमारी जनता को काफी लाभ हो सकता है। मगर मुझे दुःख है कि इस पर ध्यान न देकर उन पद्धतियों के साथ सौतेली मां का सा व्यवहार किया जाता है।

इसके बाद मुझे यह भी बतलाना है कि कोई भी इस प्रकार की व्यवस्था हमारे देश में सही तौर पर लागू नहीं की जाती जहां पर कि हमारे देश के अन्दर जो जड़ी, बूटियां और दवायें हैं उन पर एक्सपेरिमेंट हो कर उनको आगे बढ़ाया जाये और रोग को दूर करने के लिये उसको सही तौर पर प्रयोग में लाया जाये। स्वास्थ्य मंत्रालय का सम्बन्ध और भी मंत्रालयों के साथ है और इस पर उनको विशेष ध्यान देना है कि बहुत सी खाने पीने की चीजें जो इंडस्ट्रीज विभाग अथवा दूसरे विभागों के द्वारा पैकेट्स के रूप में तैयार की जाती हैं और जो स्वास्थ्य के लिये

हानिकारक होती हैं, उन पर भी रोक थाम करने का स्वास्थ्य मंत्रालय को अधिकार होना चाहिये।

अन्त में अधिक समय न लेकर एक बात की ओर मुझे आपका ध्यान अवश्य दिलाना है कि जहां लड़के और लड़कियां स्कूल जाती हैं, प्राइमरी या सेकेन्डरी किसी भी स्टेज में उनके वास्ते कोई भी स्वास्थ्य की व्यवस्था स्कूलों में देखने को नहीं मिलती। आज से तीस या चालीस साल पहले जब हम लोग पढ़ते थे तब भी जिले के हेल्थ आफिसर प्राइमरी स्कूलों और सेकेन्डरी स्कूलों में जाकर लड़कों को देखते थे। परन्तु आज छोटे बच्चे-बच्चियों के स्वास्थ्य को देखने के लिये स्कूलों में कोई व्यवस्था नहीं है। इसका फल यह होता है कि जब लड़कपन से ही स्वास्थ्य बिगड़ जाता है तो आगे चल कर फिर उनका स्वास्थ्य बिगड़ता ही जाता है। वे स्वस्थ नहीं रहते। मैं चाहूंगा कि कम से कम जो लड़के-लड़कियां स्कूलों में पढ़ती हैं, प्राइमरी स्टेज, सेकेन्डरी स्टेज और यूनिवर्सिटी स्टेज, सब जगह इस की व्यवस्था हो नीचाहिये। प्रत्येक जगह डिस्ट्रिक्ट लेबल पर इसके लिए एक हेल्थ आफिसर या सिविल सर्जन जो भी हो, उस को पूरे तौर से इसको जिम्मेदारी लेनी चाहिये कि प्रत्येक बालक और बालिका, चाहे किसी भी कक्षा में वह पढ़ती हो, पूर्ण रूप से स्वस्थ हो। उसका स्वास्थ्य किसी प्रकार से बिगड़ न पाये। इन सब बातों पर स्वास्थ्य मंत्रालय का ध्यान जाना बहुत आवश्यक है।

Shri A. T. Sarma (Chattrapur): Mr. Deputy-Speaker, Sir, I wholeheartedly support the Demands for Grants of the Health Ministry. The Health Ministry has achieved wonderful results in certain respects. As I have only ten minutes at my disposal, I will confine myself to the indigenous system of medicine.

First of all, our hon. Health Minister is quite aware that the products of the Integrated Courses are neither

[Shri A. T. Sarma]

well up in Ayurveda nor in Allopathy. They register their names as Ayurvedists but practise allopathic medicine. Here there are two mistakes committed. They register their names as Ayurvedists but they never practise Ayurveda and they do not register their names as Allopathists but they practise allopathic medicine. This is one sort of corruption in the health field. So, I draw the attention of the hon. Minister to this thing and I would urge her to do something in this regard. In this connection, I suggest that those who are inclined towards Ayurveda may be given a refresher course in Ayurveda and those who are inclined towards Allopathy, should be given a refresher course in Allopathy and they should be asked to practise either Allopathy or Ayurveda according to their decision so that that question may be solved. In Orissa, there were 292 products of the Integrated Courses and they are being given Training in refresher course. Now that problem has been solved. In this connection, I may also mention that there is a dearth of medical hands in the public health and medical health departments. Their services may be utilised. As we have produced them, we must have a sympathetic view towards them.

It will be ridiculous on my part to say anything about Ayurveda, as I find that the Health Ministry is influenced only by the so-called Ayurvedists. So long as the Health Ministry is under the clutches of the so-called Ayurvedists, nothing can be achieved in the Ayurvedic field. They are manipulating the department or the Ministry so cunningly that nothing real can be done for Ayurveda. And if the Health Ministry being a layman in this field is under their influence, it is not unnatural.

I know that for the last forty years Government have introduced the integrated course and turned out many doctors who are the products of this

integrated course, and they were appointed in all the Government offices and they are running the administration now. There is no field for the Ayurvedists in Health Ministry. Even though the Health Ministry is fully aware that they are not well up either in Ayurveda or in allopathy, yet it is putting much weight on them, under their pressure or influence. They know how to serve their masters; they never read the original Ayurvedic books, but they just pick up some words like *dosha*, *dooshya*, *bala*, *satthwa*, etc. and they write some articles in the newspapers and produce some papers in the name of Ayurveda. Because the Health Ministry is a layman in this field, it thinks that these people have produced a good article, and hence put much weight on them. This is what is happening. This is how they are spending a lot of public money in the name of Ayurveda.

In this connection, I am reminded of the sloka which says:

मर्कटानां विव.हे तू गर्दभा : किल गायक : ।

परस्परं प्रशंसन्ति ह्यहोरुपमहो ध्वनिः ॥

In the marriage party of the monkeys, the donkeys were invited to sing songs, and each set was praising the other; the donkeys were saying 'What a charming face you possess', and the monkeys were saying 'What a sweet voice you possess'. We find the same thing in the Health Ministry also. when one set of products of the integrated course suggests something, the other set of products supports it, and because of this, the Health Ministry is putting much weight on them, and thinks that they have done an excellent work and it should be let out.

Shri P. Venkatasubbaiah (Adoni):
Both the hon. Minister and the hon. Deputy Minister are eminent doctors.

Shri A. T. Sarma: I have much regard for them. I am not criticising them. It is out of my anxiety to do something for Ayurveda that I am saying this. I have no hostility either towards the hon. Minister or towards the hon. Deputy Minister. I have a high regard for both of them. But I want that some concrete work must be done for Ayurveda.

In this connection, I may point out that the research department has produced a paper entitled 'Tuberculosis and its treatment according to the ayurvedic approach'. I know that it was circulated to all the so-called Ayurvedists and thousands of testimonials had been collected. It was sent to the papers, and it was also published in many magazines; even translations in Hindi, Kannada and Telugu have been published, and so many testimonials had been collected. And I am fully aware of the fact that the hon. Minister also has formed a good idea about that paper. But she will be surprised if I were to declare that it is a worthless article so far as Ayurveda is concerned. I am prepared to prove—and even hundred pages may be written on this subject—that all the facts mentioned in that article are quite contrary to the Ayurvedic views. I shall cite just one or two examples to prove my point.

First of all, tuberculosis is caused by four causes. Out of them one is *vegarodha*, which means suppression of the natural calls namely *mala*, *mootra*, *vaata* Madhukosha clearly states.

“वेगोद्धत्र वत्तमूत्र पुरीवाजो न त्रु वेगविधार
जीरो क्तानी जृम्भ दीर्वा सर्वे षाम् ।

But our learned doctor has stated in that article that the causes are thirteen in number, and he has quoted a verse which does not relate to tuberculosis at all. He quotes that *sloka* and says that the causes are thirteen in number, and in the foot-note it has been mentioned:

वातविण्मूत्रजृम्भ श्लुक्षवोद्गारवमीन्द्रियैः
श्लुत्तृष्णावातनिद्राणामुदावर्तौ विधारणात् ।

This means that as a result of the suppression of these thirteen *udavarta* is caused, which is quite a separate disease, and not tuberculosis. And yet this *sloka* was quoted as an authority to prove that tuberculosis was caused by these thirteen causes.

I shall point out another instance in this regard. According to the learned doctor, lack of *shlaishmic oja* is the main cause of the *rajayakshma*, which is quite contrary to the Ayurvedic views. *Shlaishmic oja* means essence of *kapha*. If *kapha* is increased, then the patient is bound to die. And yet the learned doctor has suggested that the *shlaishmic oja* must be increased in order to get the patient cured. That is quite absurd. If *shlaishmic oja* is increased according to the advice of this learned doctor, then the patient is bound to die.

Then, I would give another instance in regard to the treatment also. The learned doctor has suggested that *samshodhana* treatment is to be given, which means that vomiting and purging should be applied. But, according to Ayurveda:

तस्मात् यत्नेन संरक्षेत् दक्षिणं मलरेतसौ

This means that the bowels and the semen should not be disturbed at any cost, and attention should be paid to keep them in order or in balance. That is the Ayurvedic view. But the learned doctor suggests that *vamana* and *virechana* also should be applied, that is, vomiting should be encouraged, and also that purgative medicines should be given. The hon. Minister fully knows that if purgative medicines are given to a tuberculosis patient and vomiting medicines are also given, what the fate of that patient will be.

The Deputy Minister in the Ministry of Health (Dr. D. S. Raja): This is all an academic discussion. Let my hon. friend come to the subject proper.

Shri A. T. Sarma: I am saying this because I know it fully. Surely, I suppose I have the right to suggest something in this regard.

Dr. D. S. Raju: There may be difference of opinion on this matter.

Shri A. T. Sarma: According to my view, publication of such article should be prescribed. We are for maintaining and preserving health. We are not expected to suggest anything to destroy the health. If such papers are given publicity and anyone starts practising according to this, then the patient is bound to die, and there is no doubt about it. I would like the Ministry to examine what I have stated and find out whether it is true or not.

Then, I would say a word about *shuddha Ayurveda*. Recently, it was decided that *shuddha Ayurveda* should be encouraged, and some *Shuddha Ayurveda* Committee was formed. We were very hopeful and we anticipate that something good will come out of it.

Mr. Deputy-Speaker: The hon. Member should try to conclude now.

Shri A. T. Sarma: I request I may be given five minutes more, because I am the only Ayurvedist here, and I may be allowed to give expression to my views.

We anticipated many things from the Health Ministry in regard to Ayurveda. Our Health Minister is also kind enough to listen to us, and she realises that there is need to do something for Ayurveda also. But in practice, she is doing something which is quite contrary to *shuddha Ayurveda*. When the *Shuddha Ayurveda* committee was formed to frame a syllabus, they were instructed not to include any scientific elements at all into it. I wonder what is meant by this type of instruction. It is said that *shuddha Ayurveda* means Ayurveda and nothing else; but Ayurveda may be encouraged and Ayurveda may be enhanced and Ayurveda may be improved through science. Even our Prime Minister has said at the meeting in Ceylon that scientific methods should be applied while this treatment is given. But I do not know how these

kinds of instructions were given to that committee. If this kind of thing is done, then, again, next time, the complaint would be made that nothing could be done because the Ayurvedists did not want modern appliances or modern scientific products and so on. I am afraid that that is not encouraging Ayurveda in the way in which it should be done. I would request the Ministry to look into this matter also.

Then, I would say another word about the wastage of public money in the name of Ayurveda.

One instance I will narrate about the Hindu University. There was an Ayurveda course in the Hindu University. Pandit Malaviya had collected lakhs of rupees to maintain the Ayurveda Section there. But the present administration has abolished that Ayurveda Section in the University. (*Interruption*). But now I come to know that our Ministry has rewarded Rs. 3 lakhs to the Hindu University as a result of their abolition of the Ayurveda Section there. I do not know what is the fate of those Rs. 3 lakhs. It has been suggested that an M.D. course should be introduced there. But the entrants are neither well up in Ayurveda—only M.B.'s and M.Sc.'s in Natural Science and product of the integrated cause are allowed to take admission in that course—nor they have studied any original books for that course. That course is very meagre of low standard. Only some elements are to be taught. They will be given the degree of M.D., and when these people come out successful as M.D.'s there will be another problem for us to solve. This is a fact. It is a wastage of public money. There is no doubt about it. Neither the Panel of the Ayurveda Board was consulted nor was the Planning Commission consulted in the matter. And a huge amount was released, I do not know what for. When that University has abolished the Ayurveda Section, why was this money given to that University? If it was intended to introduce it, it might have been established

elsewhere; even in the Tibbia College here it can be introduced. Why was such a huge amount of money given to that University which has no interest in Ayurveda?

There is another instance of wastage of money which I will narrate. That is about the Council of State Boards of Ayurveda. I do not know whether it is a government body or a non-official body. But everybody thinks that it is a government organisation. And I learn that Government is contributing Rs. 5,000 to it. For what purpose? They do not do any constructive work. They simply criticise Ayurveda, to kill Ayurveda. That is their profession. For that also Government is giving a contribution of Rs. 5,000, and supplying all information for the establishment of its paper.

It is my duty to point out these things. It is public money. In these Emergency days even one paisa has to be conserved like a lakh of rupees. But such huge amounts are wasted for nothing, in the name of Ayurveda. So I would like to draw the attention of the Health Ministry to these facts.

In this connection I wish to make a suggestion. So many committees were appointed on Ayurveda and all of them have suggested. I suggest the establishment of a Council on the Indigenous System of Medicine. If a body on the lines of the Indian Medical Council is established for this purpose, I think the whole problem will be solved. Now the Government is entirely dependent on the recommendation of a single man. If such a Council is established, it will be a representative body and it will work satisfactorily. Sir, I am not going to take much more time, but it is my duty to point out these things. If the Government is not prepared to establish such a Council in the near future, Government may appoint a Committee to control such wastage of public money, a Committee consisting of one representative from the Planning Commission, one from Finance, one from the Estimates Committee, and one from the Health Department....

An Hon. Member: And one from Parliament.

Shri A. T. Sarma: All right, and one Parliament Member. A Committee of five members should be constituted, and such wastages may be controlled by that Committee.

I have taken a lot of time. I have much regard for the Health Ministry. My policy is constructive, not destructive. But I find that the Government's policy is destructive, it is not constructive in any way and thereby appeal to change the same.

I thank you, Sir, for giving me time.

श्रीमती लक्ष्मीबाई (विकाराबाद) :

उपाध्यक्ष महोदय, हमारे दंतों जो मन्त्री स्वास्थ्य मन्त्रालय में हैं बहुत अच्छे हैं और अनुभव हैं। उन्होंने बहुत अच्छे काम किये हैं, बहुत अच्छी अच्छी स्कीम्स उन्होंने चलाई हैं, जिसके लिए मैं उनको धन्यवाद देती हूँ। खास तौर पर लेडी हेल्थ मॉनिस्टर बहुत तजुबेकार हैं और यह विमेन वर्कर्स को कुछ काम भी दे रही हैं और इसके लिए मैं उनको बधाई देती हूँ। दिल्ली में जो बहनें काम कर रही हैं, वे भी बहुत अच्छा काम कर रही हैं।

जब हम तरह के डिपार्टमेंट्स पर चर्चा होती है तो लेडी मैम्बर्स को जो आप समय देते हैं, उसमें लिए मैं आपको, उपाध्यक्ष महोदय, धन्यवाद देती हूँ। लेकिन आपने मुझे जो पांच मिनट दिये हैं, उसमें मैं अपनी बात नहीं कह सकूंगी और मैं आशा करती हूँ कि आप मुझे ज्यादा समय देंगे।

जब हम पापुलेशन के आंकड़े देखते हैं तो गते हैं कि १९६१ में हमारी पापुलेशन बहुत बढ़ गई थी, कम से कम बीस परसेंट वह बढ़ गई थी। शहरों में तो भाई ज्यादा बीमार पड़ते हैं वहनें कम बीमार पड़ती हैं लेकिन गांवों में बहनें ज्यादा बीमार पड़ती हैं, भाई कम। यह मैं परसेंटज दे रही हूँ। शहरों में तो बहनों के लिए आपने काफी सहीलियतें दे रखी हैं, काफी फौसिलिटोज दे रखी हैं

[श्रीमती लक्ष्मीबाई]

लेकिन गांवों में बहुत कम दी हुई हैं। वहां पर फैसिलिटीज नहीं के बराबर हैं। हैदराबाद वगैरह के चार पांच अस्पतालों को मैंने देखा है और वहां पर अकसर बहनों की संख्या ही बहुत देखी है। वहां पर नसिस बहुत कम हैं, लेडी डाक्टरों तो मिलती ही नहीं। आजादी मिलने के पश्चात् बहनों में बीमारियां ज्यादा बढ़ गई हैं। इसके कई कारण हैं। खाने को अच्छी चीजें नहीं मिलती हैं और अगर मिलती हैं तो बहुत महंगी मिलती हैं, उनमें मिलावट होती है और पर्दे में रहने की जो प्रथा है, वह भी इसके लिए जिम्मेदार है। पर्दानशीन बहनों घरों से बाहर नहीं जाती हैं, घरों के अन्दर ही रहती हैं। ये सब कारण हैं कि बीमार बहनों की संख्या बढ़ती जा रही है और बच्चे भी साथ साथ बहुत बीमार होते जाते हैं। डाक्टर लिमिटेड हैं, अस्पताल लिमिटेड हैं और वैज्ञानिक लिमिटेड होते हैं गांवों में। केरल में तो बहनों सौ परसेंट गांवों में रहती हैं, बच्चे भी वहीं रहते हैं। गांवों की हालत आज यह है कि वहां दवाइयां नहीं मिलती हैं, कम्फर्ट्स नहीं मिलती हैं, खाने को कुछ नहीं मिलता है। मैं एक मुझाव देना चाहती हूँ और अगर उसको आप अमल में ला सकें, तो लाने की कोशिश करें। मैं जानती हूँ कि आप अच्छा काम कर रही हैं, इसलिए मैं आपको यह मुझाव देना चाहती हूँ। गांवों में जो अच्छी अच्छी वैजिटेबलज होती हैं, दूध होता है, अण्डे होते हैं, फल होते हैं, वे सब शहरों में आ जाते हैं। वहां पर गरीब लोग रहते हैं और इस वास्ते उनको मजबूर होकर इनको बेच देना पड़ता है। वहां पर इस कारण से बच्चों को दूध नहीं मिलता है, खाने के लिए सब्जियां, अण्डे, फल आदि नहीं मिलते हैं। इसके ऊपर किसी तरह की रक्वावट लगनी चाहिये। हमने पंचायतों गांवों में खोल रखी हैं। पंचायतों के जरिये हम इस पर रोक लगा सकती हैं, आज भी सरकार एजुकेशन के लिए सब्सिडी देते हैं, एडल्ट एजुकेशन के लिए या विमेन एजुकेशन के लिए या नए

स्कूल खोलने के लिए। इस तरह के कामों के लिए सरकार कुछ परसेंट रुपया स्टेट्स को देती है, स्टेट्स को हैल्प देती है। रक्वावट लगाने के लिए सरकार को चाहिये कि वह कुछ रकम पंचायतों को दें और पंचायत वाले यह देखें कि गरीब लोग जितना कम से कम हो सके इन चीजों को बेचें और अपने खाने के लिए भी कुछ रख लें और उनको इसके लिए सब्सिडी मिले। खादी को सरकार सब्सिडी दे रही है, फूड में सब्सिडी दे रही है, खाद में सब्सिडी देती है, इसी तरह से उसको दूध में, फलों में, अण्डों आदि में, सब्जियों में सब्सिडी देनी चाहिये ताकि अपने खाने के लिए वे इन पदार्थों को रख कर तन्दुरुस्त रह सकें। कुछ परसेंट सब्सिडी तो दे ही सकती है। स्वस्थ रहने के लिए हवा, पानी और खाने की जरूरत होती है। इसलिए इन तीनों का अच्छा प्रबन्ध होना चाहिए।

रूल एरियाज में पानी पीने को नहीं मिलता है और लोगों का दूर दूर के स्थानों से जाकर पानी लाना पड़ता है। मध्य प्रदेश में, राजस्थान में, हैदराबाद में, भोपाल में तथा दूसरे इलाकों में जहां प्रिसली स्टेट्स हुआ करती थीं वहां के रूलज अपने आराम के लिए तो सब साधन मुहैया कर लिया करते थे लेकिन गांवों की तरफ वे कोई ध्यान नहीं दिया करते थे। गांवों में आज तक भी पीने के पानी का प्रबन्ध नहीं हो पाया है। हैदराबाद की बात मैं आपको बतलाती हूँ। हमारे यहां गांवों में बिल्कुल पीने का पानी नहीं होता है और बहनों को दो दो और तीन तीन मील दूर जा कर पानी लाना पड़ता है। आज सवेरे ही पीने के पानी का सवाल यहां उठाया गया था। आपने जवाब दिया था कि आप अपने हिस्से का रुपया तो देते हैं लेकिन स्टेट गवर्नमेंट्स जो उनके हिस्से का रुपया होता है, उसको नहीं जुटाती है। यह अच्छी बात नहीं है। स्टेट्स को चाहिये कि वे इसकी व्यवस्था

अपने बजट में करें। पन्द्रह साल का तजुर्बा होने के बाद, दो प्लान जो खत्म हो चुके हैं और तीसरा जो चल रहा है, उसका तजुर्बा होने के बाद आप इस नतीजे पर पहुंचे हैं कि चूक स्टेट बजट्स में इसके लिए कोई प्रावि-जन नहीं किया जाता है, इसलिए करोड़ों रुपये की रकम वापिस हो जाती है, लैप्स हो जाती है। इसलिए मेरा सुझाव है कि आप स्टेट्स को डायरेक्ट पैसे दीजिये, जो स्टेट्स आपके पास आयें, वही स्टेट्स आपकी सहायता ले सकें, ऐसा प्रबन्ध आप कीजिये। प्लान में रुपया रख देने से कोई लाभ नहीं।

कई काम हैं, जो आज आप कर रहे हैं और जिन के लिए आपकी सराहना की जानी चाहिये। औरतों को आप एजुकेट कर रहे हैं, खाने पीने, रहन सहन आदि के मामले में। बीमारियाँ फैलने से रोकने के बहुत से कार्यक्रम आपने बनाये हैं। कारखाने भी बन रहे हैं। प्राजैक्ट्स भी बन रही हैं। मलेरिया, कालरा और स्मालपाक्स आदि के उन्मूलन के लिए भी आपने बहुत काम किया है। इन बीमारियों पर आपने अस्सी परसेंट कंट्रोल कर लिया है। इसके लिए मैं आपको धन्यवाद देती हूँ। मैं प्रिवेन्शन को अच्छी चीज समझती हूँ। प्रिवेन्शन के वास्ते जैसे ग्रहों में महिलायें घर घर जा कर प्रचार करती हैं उसी प्रकार गांवों के लोगों के लिये भी किया जा सकता है। उन के पास बैठ कर इस तरह के लोग उन के दिल को परिवर्तित कर सकते हैं। आज हमारी एजुकेटेड और मिडिल क्लास लेडीज को लेकर जिस प्रकार आप ने दिल्ली में एक हास्पिटल डेवेलपमेंट कमेटी बनाई है और उन को १० हजार रुपये देते हैं, हम देखते हैं कि वह बहुत अच्छा काम कर रही हैं, मैं उन बहनों को धन्यवाद देती हूँ, उसी प्रकार से वालेंटरी अर्गनाइजेशन्स को मदद देने से और जगहों पर भी वह अच्छा काम कर सकती हैं। आप के हैदराबाद में जाकर लेक्चर दिया था कि पुरुष इस काम को अच्छा नहीं कर सकते हैं। इस स्कीम को इम्प्लैमेंट करने के वास्ते अगर स्वास्थ्य मंत्रालय मदद दे तो हमारी

बहनें इस काम को बहुत अच्छी तरह से कर सकती हैं। औरतें घर में रहती हैं और उन को जा कर वालेंटरी अर्गनाइजेशन्स की औरतें बतला सकती हैं कि छोटी छोटी बीमारियों को किस तरह से घर में ही प्रिवेंट किया जाय। अक्सर आप देखते होंगे कि यहां अस्पतालों में हजारों बहनें आती हैं। कभी यहां पर डाक्टर रहता है और कभी नहीं रहता है। आपको ऐसा इन्तजाम करना चाहिये कि छोटे रोगों को गांवों के अन्दर ही ठीक किया जा सके और लोगों का दवाखानों को न दौड़ना पड़े। यहां पर औरतें आती हैं और आठ बजे से लेकर बारह बजे तक लाइन बनाये खड़ी रहती हैं, उसके बाद वापस जाती हैं। मैं चाहती हूँ कि ऐसा प्रबन्ध किया जाय कि अगर उन के पेट में कुछ दर्द हो जाय या कोई छोटा सा फोड़ा निकल आय तो उन को उस के लिये अस्पताल आने की जरूरत न रहे। इस तरह की चीजें उन को मकानों में ही सिखलाई जा सकती हैं। अगर इस तरह से उन को अस्पताल हर बात के लिये आना पड़ेगा तो चाहे जितना बड़ा अस्पताल हो उन में बेइस भी पूरी नहीं हो पायेगी क्योंकि पापुलेशन तो दिन ब दिन बढ़ती ही जाती है। यह जरूरी है कि इस तरफ तवज्जह दी जाये।

आप लोग तो तजुर्बेकार आदमी हैं। आप को मालूम होगा कि अक्सर गांवों में आज क्या हो रहा है। लोगों में जमीन की भूख बढ़ती जाती है। वहां पर जमीनों को कंट्रोल करना पड़ता है क्योंकि जमीन ज्यादा नहीं होती। वहां पर पब्लिक लैंड्रिन्स बनाने पड़ते हैं पास में ही जिस से खास तौर से बस्ती में गन्दी जगहें बन जाती हैं और अक्सर बीमारी फैलने की वजह बन जाती हैं। मंत्री महोदय वार्धा स्कीम को बहुत अच्छी तरह से जानती हैं। वार्धा नामक लैंड्रिन्स गांवों में बनाने के लिये मदद करनी चाहिये। अगर इस स्कीम को स्पीड के साथ चलाने का प्रयत्न स्वास्थ्य मंत्रालय करे तो इस से बड़ा अच्छा काम हो सकता है।

[श्रीमती लक्ष्मीबाई]

इस के बाद फेमिली प्लैनिंग की बात में बतलाना चाहती हूँ। यह स्कीम तो बहुत अच्छी है, वैसे भी ज्यादा खर्च हो रहे हैं, लेकिन इस काम के लिये लेडी डॉक्टरों बहुत ज्यादा नहीं होतीं। हम अभी उन की काफी संख्या प्रोवाइज नहीं कर सके हैं। इसलिये इस पर ध्यान देने की जरूरत है। कहा जाता है कि आज ८० परसेंट फेमिली प्लैनिंग लेडीज के लिये है। पता नहीं बाकी २० परसेंट फेमिली प्लैनिंग पुरुषों के लिये है या नहीं। लेकिन जो कुछ भी औरतों के लिये हो रहा है उस के लिये लेडी डॉक्टरों मौजूद नहीं हैं इस बास्ते इस के लिये कोई अच्छा इन्तजाम किया जाय। यह फेमिली प्लैनिंग उस वक्त तक सफल नहीं होगी जब तक कि लेडी डॉक्टरों काफी संख्या में न हों। आज कल हम यह देख रहे हैं कि फेमिली प्लैनिंग ज्यादातर सिटीज में हो रही है। उस का काम गांवों में ज्यादा होना चाहिये।

रूरल वाटर स्कीम के तहत हम अपनी गांवों की बहनों को पानी देने की सोच रहे हैं। हालांकि आज हेल्थ मिनिस्टर एक लेडी हैं, फिर भी औरतों की बात पर विशेष ध्यान नहीं दिया जाता है। हमारे लिये अच्छे पानी का इन्तजाम किया जाय और हम को अच्छी अच्छी चीजें बतलाने का भी इन्तजाम किया जाय। जब कभी हम लोग महिलाओं की मीटिंग में जाती हैं तो वह कहती हैं कि उन की सुविधाओं का ध्यान रखा जाय। उन का रिप्रेजेंटेशन यह है कि पब्लिक लैट्रिन्स गांवों के लिये अच्छे होने चाहिये और वह बार्धा किस्म के हों साथ ही ऐसा इन्तजाम होना चाहिये कि खाने पीने की चीजें गांवों से शहरों को कंट्रोल तरीके पर आयें। अगर इस के बास्ते स्वास्थ्य मंत्रालय कोई कानून लायेगा तो मैं उस को सपोर्ट करूंगी।

इन शब्दों के साथ मैं इस डिमंड को सपोर्ट करती हूँ।

Dr. L. M. Singhvi (Jodhpur): Mr. Deputy-Speaker, in the few minutes that I propose to take in speaking on the Demands of this Ministry, I shall deal mainly with the Government of India's policy in respect of establishing new medical colleges and expanding existing medical colleges, because I feel that the policy in respect of this matter has suffered from inscrutable and incorrigible inhibitions.

I feel that the Government of India has not been able to give us even an earnest of its efforts in increasing the availability of medical personnel. We have been faced, day in and day out, with the spectacle in this House of highly unsatisfactory answers from the Minister of Health in respect of the availability of medical personnel for our rural areas. We have always witnessed both in this House and outside that there is a tremendous dearth of medical personnel for taking care of the vast problems in the field of health and medical care in this country. I do not see with what effort and in what manner the Government of India propose to launch a drive to meet the demands that the health of this country makes on this Ministry. I personally feel that this Ministry has failed utterly to cope with the problem of supplying the necessary medical personnel for our rural areas, and this is mainly because it has failed to touch on the fundamentals of policy-making in this respect.

I should like, in this context, to cite the bleak confession made in the midterm appraisal of the Third Plan, wherein it is said that the population-doctor ratio which remained at 6,000 to 1 over the decade 1951-61 is not likely to improve during the Third Plan unless other measures are taken. Now, it is clear that this is a confession to the effect that the situation during the Third Plan period is going to remain just what it was during the last decade. This is a case of stagna-

tion, admitted stagnation at that. It seems the Ministry has been divided between considerations of whether to establish new colleges or not to establish them, and the one defence which I have often found in the pronouncements of the Union Health Minister in respect of not establishing new medical colleges is that there is a dearth of teaching personnel. I think that to a certain extent this is a matter which is being exaggerated. I also feel that in certain specific cases no proper assessment is really being made and the opportunities for establishing new medical colleges are almost shut out without a proper, detailed assessment of the availability of medical personnel. I should like the Minister to go somewhat beyond this blanket plea advanced in every official document that it is because of the non-availability of teaching personnel that new medical colleges are not being established in this country.

Of course, it is clear from the report presented to this House that new medical colleges are being established—it is not that no new medical colleges are being established. But it appears that they are established only either in response to political pressure in the State or when Chief Minister here or a Chief Minister there insists that there has to be a medical college in some particular area. I would like the Health Minister to explain to this House how it is that in spite of the requirements prescribed by the Medical Council, a college came to be established in Udaipur on the basis of what the Ministry claims to be, insufficient teaching personnel, and how it is that other medical colleges are being established in spite of the state insufficiency of teaching personnel. It seems that such inconsistency in the conduct of the Government of India raises legitimate suspicions in our minds and these suspicions are supported by what we read and what we find in the general tenor of our public life. It seems that the Union Health Ministry is willing to be prevailed upon by a strong Chief Minister but

is not willing to consider these matters on merits.

It is true that the Health Ministry may very well say that these are matters which are entirely within the jurisdiction of the respective States of the Indian Union. This is an evasive plea of defence which does not avail it at all because in each and every case, as a matter of fact, the Ministry is able to play a very important and a very effective part in the process of decision taking.

I should like to cite before you this statement across which we come in the Ministry's Report for this year :

“During the year the establishment of four private medical colleges, namely, the Stephen Medical College, Bangalore, and the Medical colleges at Belgaum, Gulbarga and Sholapur, was agreed to by the State Governments in addition to the already existing similar colleges at Manipal, Warangal, Jamshedpur, Aleppy and Kakinada”.

I should like to know as to whether the State Governments do actually consult the Union Health Ministry? If they do, what is the nature and extent of this consultation, and whether it is not a fact that in the ultimate analysis it is the wish of the Union Health Ministry which does prevail.

I have a grouse against the Union Health Ministry for furnishing to this House answers which are either evasive or incorrect. I shall cite in this connection two questions, Question No. 1934 of 19th December, and Question No. 247 of 28th November. It was said in reply to Question No. 1934 that no formal proposal or scheme for setting up a medical college or colleges in Rajasthan had been received from the Government of Rajasthan. Now, I have it officially from the Government of Rajasthan that this is not a correct statement. I hope that the Minister

[Dr. L. M. Singhvi]

will look into her file properly before giving an answer to this House, and will be able to say whether it is a fact that no formal proposal has actually been made, or whether it is only a lapse on the part of the Union Ministry of Health here.

I do not want to raise this question here merely as regional question, because this question concerns the whole country, this question concerns the health of the nation, and it is a question which I think has been given the go by under this blanket defence plea that because there are not enough teaching personnel, we cannot do very much about it. I hope the whole matter will be reviewed, and the Minister will not insist on approaching this matter with a closed mind.

Before I close, I should like to say that the facade of general principles which is invoked in defence of not establishing new medical colleges and expanding only some existing medical colleges does not carry conviction with us, particularly in view of the fact that, after all, even expansion of existing medical colleges imposes considerable strain on the existing resources of the medical colleges and the teaching personnel in those colleges. It does not stand to reason therefore that no new medical college should be established, or that a moratorium should be proclaimed by the Health Minister on the establishment of new medical colleges during the remaining period of the Third Plan. I hope the Minister would be prepared to approach this matter in an open-minded spirit, and would be able to give us a clear explanation and clear delineation of what she proposes to do about the paucity of medical personnel in this country, and how she proposes to establish more medical colleges in the remaining period of the Third Plan.

Mr. Deputy-Speaker: Shrimati Savitri Nigam.

श्री बाल्मीकी (खुरजा) : उपाध्यक्ष महोदय, क्या प्राज केवल न रियों को ही समय दिया जाएगा।

Shrimati Savitri Nigam (Banda): I would like to say at the very outset that the Report of the Health Ministry gives us quite a good description and view of the very useful things done in the country. The tone of this Report is very humble, and while no tall claims have been made, there is a note of determination for the fulfilment of the future programme with effectiveness. The Ministry deserves our congratulations.

I would like to raise the question of the water scarcity areas, because I come from an area which has got water scarcity. It is a very burning problem, and I am very sorry that in spite of the various promises made, the progress in this direction is not satisfactory. During the dry summer, death, disease and misery dominate the areas where there is water scarcity. I would appeal to the hon. Minister to tackle the question of rural water supply on a war footing. I am glad that the problem of co-ordination is being tackled by the Ministry, but co-ordination cannot be very useful and effective unless some important steps are taken.

The first and most important step would be disbursement of the grants by one single Ministry. The second very important thing would be to deal with the cases of the areas where water scarcity has been declared with special concession and consideration. The third important thing, if this programme is to be made successful, is that the training programme of the public health engineers should be expanded very quickly, and all the States should be asked to take up this programme of training of public health engineers. I know about my own State. They are very keen that the rural water supply schemes should be implemented, but because no technical advice is available, many schemes are

postponed and delayed. If a mobile team of public health engineers could be formed by the Health Ministry, it could be sent to the scarcity areas, and very good progress could be made.

It is also very important that Rural Water Supply Boards should also be constituted at the State level, and if possible, specially for those areas where there is acute shortage of water.

Another important thing which I think the hon. Minister should take up is to ask all the States immediately to notify areas which have water scarcity, so that it may become easy for the Central Government and the various Ministries as well as the State Governments to decide the priorities.

The condition of the rural dispensaries is also very pathetic. I know that the hon. Minister would say that this is a State subject, but I think we cannot overlook this question. If there is a doctor, there are no medicines; if there are medicines, there is no doctor. I am surprised why only Rs. 300 or Rs. 400 only is given to a rural dispensary which caters to 5,000 or 10,000 people. When I write to the State Government, I always get the reply that there is scarcity of funds. We know that the common people think that a thing is useless if they get it free. In view of this, and the scarcity of funds, I am surprised why Government is not thinking of charging five naye paise per prescription. I am sure it is such a small sum that everybody would be willing to pay it. If there is one or two per cent of the people who cannot pay it, the doctors can make a note of it. But each one of us should support this idea and the hon. Minister should change the rule and do away with the distribution of free medicine. It will give good results and also bring in a little more of funds to the dispensaries, so that it will be easy for the Government to supply good medicines and in large quantities.

I am very happy to say that the condition in the CHS dispensaries has now improved, but I would suggest that they should trust their doctors a little more. Most of the time the required medicine is out of stock, and it takes two or three days to get it. When I asked why such strict rules were there, I was told that it was to prevent pilferage. I would submit that the doctors are so noble and dignified that they would never like to indulge in pilferage of these petty, little medicines. They should be trusted, and sufficient stocks should be there in the dispensaries, so that the patients may get the medicines in time.

The present buildings in which these dispensaries are housed are not spacious enough to cope with the large number of patients who come. When new buildings are constructed, adequate space should be provided.

I am very happy that now the nutrition programme is gaining a little impetus. In fact, it is the most important programme. My only grudge is that it should be given a little more of funds.

I would like to take a few minutes more, because I have not spoken on any other Demands.

Mr. Deputy-Speaker: Two minutes.

Shri D. C. Sharma (Gurdaspur): She is making very good points.

Shrimati Savitri Nigam: The smallpox eradication programme has been very good and effective, but I would submit that in the areas where it takes an epidemic form, more care should be taken this time at outbreak of the season to see that the inoculation programme is started. If, in this smallpox eradication programme, the co-operation of social organisations, social workers and voluntary institutions is taken, I am sure the results would be much more encouraging.

[Shrimati Savitri Nigam]

I was surprised to hear the speech of hon. Member, Dr. L. M. Singhvi. We are very happy that a very large number of medical colleges have been opened; if it is done with the same speed, I am afraid that in a few days we will be having unemployment among doctors also. More attention should be paid to the higher medical education. It is a pity that our young men have still to go to foreign countries to get FRCS and other degrees. This sort of mushroom growth of medical colleges should be controlled and stopped. I am sorry; I will take two minutes more.

15 hrs.

Mr. Deputy-Speaker: I am also sorry; I have to ask the hon. Member to conclude soon.

Shrimati Savitri Nigam: I have not been able to say even one-fourth of the very important points. Both the hon. Minister and the Deputy Minister are experts in the allopathic system and it becomes obligatory on their part and professional etiquette and decency also require that they should prove by their actions that they have got really a soft corner for ayurveda and homoeopathy. Great injustice has been done to homoeopathy. In the previous budget the provision was about Rs. 12 lakhs but it has now been reduced to Rs. 3 lakhs in the present Budget. There are sixty lakhs of registered and qualified homoeopaths, but very few hospitals and very few dispensaries have been opened. An ayurvedic dispensary was opened here. What is the position today? In spite of the fact that it is in one corner of Delhi, people come from 10—12 miles to that dispensary. The attendance has increased there; it stands at 197. I would request the hon. Minister to open at least 7 or 8 regional laboratories for ayurveda so that research work may be done. She is herself a doctor and she can read the pulse of the people much better than anybody

else and I request that the demand of the People that ayurveda and homoeopathy should be given their proper place, be fulfilled.

श्री भू० ना० मं० (सहरसा) :

उपाध्यक्ष महोदय, हमारे भारतवर्ष में करीब करीब ४५ लाख लोग हर साल मरते हैं। हमारे यहां मरने वालों का औसत दस परसेंट होता है जबकि यूरोप के देशों में यह औसत आधा होता है अर्थात् वहां मृत्युओं का औसत ५ परसेंट ही होता है। अब अपने देश में यह ४५ लाख लोग जोकि हर साल मरते हैं उन में से आधी मृत्युएं होने से रोकी जा सकती हैं। मृत्युओं की संख्या घटा कर आधी की जा सकता है। यह हमारे लिए सज्जा की ही बात है कि १७ साल की आजादी के बाद भी हम अकाल व असमय मृत्युओं की इस बड़ी तादाद को कम नहीं कर सके हैं। हमारे मृतकों में करीब आधे आदमी बेकार में मर जाते हैं। इसका असली कारण मुझे यह मालूम पड़ता है कि आधा देश की जो आर्थिक स्थिति है वह १७ साल में भी इस ढंग की नहीं हो पायी है कि जो बेकार मृत्युएं होती हैं उन से हम अपने देश को बचा सकें। इसलिए मैं चाहता हूँ कि यह सरकार इस ढंग का प्रबंध करे कि जो देश के साधारण तबक़े के लोग हैं, जो गरीब लोग हैं, उन का जो पीण्डक-भोजन-स्तर है उसको ऊंचा उठाया जाय। मैंने देखा है कि अकाल के ज़माने में जो आदमी मरते हैं उनमें ख़ास कर वह आदमी मरते हैं जोकि नीचे के तबक़े के आदमी होते हैं, ख़ास कर हरिजन और आदिवासी होते हैं, इस तरह के लोग ही साधारणतः उसमें मरा करते हैं।

जब मैं एम० एल० ए० था तो उस समय मुझे अपनी कांस्टीट्यूंसी में एक बार जाने का मौक़ा मिला था। वहां पर अकाल की स्थिति थी। वहां आठ बजे रात के करीब मैंने देखा कि एक घर में भी चिराग नहीं जल रहा था। उन्होंने हम से कहा कि यह हम

लोगों के खाने पीने की बेला है, आप को विश्वास नहीं होगा कि हम लोगों के घर में भ्रष्ट के अभाव में चूल्हा नहीं जलता है। उन्होंने यह विश्वास दिलाया कि वे जो कह रहे हैं सच कह रहे हैं उन्होंने कितने ही घरों में ले जा कर चूल्हे के अन्दर हमारा हाथ दिलाया ताकि अगर यह सोचा जाय कि उन्होंने पहले से खाना बना कर अब चूल्हा बुझा दिया है तो उस हालत में चूल्हे में कुछ तो गर्मी रहनी ही चाहिए। लेकिन हम ने पाया कि वे चूल्हे बिल्कुल ठंडे पड़े थे और उनको यह परियाद करना कि उनके घर चूल्हा नहीं जला था ठीक थी। इसलिए अगर आप इन मृत्युओं की संख्या घटाना चाहते हैं अगर आप समझते हैं कि यह राज्यों की जिम्मेदारी है कि बेकार में भ्रामी न भरें तो सब से पहले हिन्दुस्तान में न्यूट्रेशनल लेवल कायम करने का इंतजाम होना चाहिए लेकिन वैसा इंतजाम अभी तक हो नहीं पाया है।

दूसरी बात जिसकी ओर हमें ध्यान देना चाहिए वह है होम्योपैथिक, आयुर्वेदिक और यूनानी चिकित्सा पद्धतियों को प्रोत्साहन देना। हिन्दुस्तान में जिस ढंग का शासन चल रहा है उस शासन में फिजूलखर्ची भी बहुत होती है। उस फिजूलखर्ची के पीछे एक विदेशी दिमाग हमारे देश के शासन के ऊपर प्रभाव डालता रहता है। इस दिमाग की बदौलत बहुत सी खुराफत इस देश में होती रहती हैं। आप जानते ही हैं कि हम लोग भाषा के बारे में बराबर लड़ते रहते हैं और हमेशा इस बात पर जोर देते रहते हैं कि इस देश का शासन कार्य यहां की राष्ट्रभाषा में ही चलाया जाय लेकिन वह सिर्फ भाषा की ही बात नहीं है। वह उस दिमाग की भी उपज है जिस उपज की वजह से जो अवास्तविक चीज है उस अवास्तविक चीज को कायम करने और लादे रहने की कोशिश जैसी बात है। अब कौन नहीं जानता कि ऐलोपैथी का सिस्टम कितना खर्चीला है। जो आज बजट में ऐलोकेशन हुआ है और आज तक जो खर्चा

हुआ है उस को देख कर आप समझ सकते हैं कि अगर कहीं इस देश में होम्योपैथिक पद्धति चल गई होती तो इतना खर्च नहीं हुआ होता। करीब करीब ८ करोड़ आदमी अभी भी होम्योपैथिक सिस्टम से अपना इलाज करवाते हैं। उस के डाक्टर्स भी काफी हैं। इस ओर सरकार का ध्यान पहले भी दिलाया जा चुका है और गवर्नमेंट ने बारबार इस बात के लिए आश्वासन भी दिया है फिर भी गवर्नमेंट की ओर से अभी तक इसके लिए कोई कार्यवाही ऐसी नहीं हुई है जिससे यह मालूम पड़े कि यह गवर्नमेंट दिल से चाहती है कि होम्योपैथिक की उन्नति हो या आयुर्वेद की उन्नति हो।

एक स्कीम बनाई गयी कि एक युनिफाइड ट्रीटमेंट का तरीका प्रचारित किया जाय। उसका मतलब यह था कि जितनी भी चिकित्सा पद्धतियां मौजूद हैं उन सब को मिला कर के एक ऐसी अच्छी युनिफाइड चिकित्सा पद्धति निकाली जाये जिस में सब सिस्टम्स की अच्छाइयां शामिल हों। लेकिन हिन्दुस्तान के बड़े लोग जिनमें कि बड़े बड़े डाक्टर्स भी आते हैं, चूक इन लोगों का शासन पर प्रभाव रहता है इसलिए इस देश में कोई कम खर्चीली चिकित्सा पद्धति जिस से कि जनसाधारण को फायदा हो सकता है, उसको अपनाया जाना नहीं चाहते हैं। उस ढंग की कोई बड़ी और सही बात यह बड़े बड़े डाक्टर्स नहीं होने देते हैं। ऐलोपैथी की खर्चीली चिकित्सा पद्धति चलाने में उनका निहित स्वार्थ कायम हो गया है। वे अपने अस्सर का इस तरीके पर बेजा इस्तेमाल करते हैं। जनता को जो असली राहत सस्ते इलाज से मिल सकती है वह उसे नहीं मिलने देते हैं।

उसी तरह आप देखेंगे कि स्वास्थ्य मंत्रालय पर जो रिपोर्ट दी गई है, उस रिपोर्ट में जो प्राइमरी सेंटर कायम करने की बात है और प्राइमरी सेंटर का जो टार्गेट थर्ड फाईव इयर प्लान में रखा गया है उसका बहुत कम हिस्सा अभी तक पूरा हो पाया है। यू० पी०

[श्री भू० नी० मंडल]

के संबंध में हमने देखा है कि उसमें ६८ या कोई इस तरह की फीगर है जोकि घडं फाइव इयर प्लान में पूरा होनी चाहिए, लेकिन उसमें सिर्फ १ हो पाया है। कहने का मतलब यह है कि गरीबों के लिए जो कुछ होना चाहिए था इस शासक द्वारा बरती जाने वाली नीति के कारण वह भ्रमल में नहीं आता है। इस ङंग की कार्यवाही सरकार की चल रही है।

इसी तरह से मैं बतलाऊं कि दिल्ली के नजदीक महरोली में एक टी० बी० का अस्पताल है। उस अस्पताल के जो सुपरिन्टेंडेंट हैं, जो डाक्टर्स हैं उनकी घांघली वहां पर आज कितने ही दिनों से चल रही है। मैंने इस ओर पहले भी सरकार का ध्यान खींचा था लेकिन बेकार रहा। वहां की खराब हालत की तरफ आखिर सरकार क्यों ध्यान नहीं देती है और उसको बुरस्त करने के लिए कोई कदम क्यों नहीं उठाती है मेरी समझ में नहीं आता है। वहां के कर्मचारी और वहां के सभी लोग ऊबे हुए हैं। चार बार कम्प्लेंट्स होती हैं, मीटिंग्स होती हैं, पत्र आदि भी विरोध में बांटे जाते हैं, सरकार को उसके बारे में खून भी लिखे जाते हैं, तो भी उस ओर सरकार का ध्यान नहीं जाता है। समझ में नहीं आता कि आखिर इसका कारण क्या है? वहां पर साधारण तौर से अस्पताल से दवाओं की चोरी होती है, दवाइयों की चोरी करते हुए रंगे हाथ पकड़ा गया। पुलिस ने उस बारे में इनक्वायरी भी शुरू की लेकिन वहां के अस्पताल अधिकारी ने यह कहा कि चोरी नहीं हुई है। इस बात की खबर मिनिस्टरी में भी आई कि किस तरीके से उस चोरी के मामले को दबा दिया गया लेकिन मिनिस्टरी की तरफ से कोई कार्यवाही नहीं हुई ताकि इसके लिये जो डाक्टर जिम्मेदार है उस पर कोई कार्यवाही चल सके और वह वहां से हटाया जा सके।

Dr. Ranem Sen: Sir, I just want to underline a few points that have been raised by many of the hon. Members here. The first thing that I want to say is this. In the report it is stated that health is a matter which comes in the concurrent list, but that the Central Government has certain jurisdiction and a certain function in this respect. It is stated that the Central Government's function in matters falling in the State list is to determine the broad policies and broad planning, etc. Here, I want to mention that what is happening today in the field of health is that the Union Government, the Central Ministry of Health; is not taking enough interest in looking into the affairs properly.

I want to mention one instance. In regard to the control of cholera, it is stated in the report—and it has been stated by the hon. Minister in this House more than once—that in India the city of Howrah is considered to be the focal point for the spreading of cholera in the eastern part of India at least. It is very unfortunate that even today the cities of Calcutta and Howrah and similar cities remain endemic areas of cholera and other water-borne diseases as a whole, and neither the State Government nor the Central Government has taken any proper action to free those parts of India, which are also thickly populated, from cholera and other diseases. I know it will be stated that this is a State subject, but here, I say that if planning, check-up, co-ordination in matters of health is lacking, naturally the health of the nation will suffer in this part of India.

Many hon. Members have raised the question of the scarcity of drinking water. I want to mention about water pollution. In the industrial suburbs,—not only in West Bengal, but I have seen in Madras and other States also—there is a regular water pollution, and as a result of that, the health suffers in these parts of the

country. Big industrial centres are cropping up in our country, and there is no proper sewage system. Again, the Union Minister will say that it is the function of the State Governments. Here again, I will say that it is the Central Government's responsibility to see that proper steps are taken in this respect by the States.

In the report it is stated—the name of the State Government is not mentioned—that in one State Government at least, the money earmarked for medical and health affairs had been spent for other matters and other items. If this happens, then it shows a lack of proper vigilance on the part of the Central Government. Merely developing Delhi and improving the city would not do. We will have to look after other parts of India as well.

I want to say in this connection that proper attention is not being given to other parts of India. There is a complaint from the School of Tropical Medicine in Calcutta, which is a very old institution. The Central Government previously used to pay the salaries and allowances for three professors in this institution, and now that has been discontinued. This is one of the oldest institutions where a very large number of people have been doing original research work for a pretty long time. The discontinuance of the salaries and allowances is a very unfortunate thing. I would like to invite the attention of the hon. Minister to this aspect.

The next point I want to make and to which I would like to invite the attention of the hon. Minister is with regard to the Central Health Scheme for the Central Government employees in Madras and Calcutta. There is mention in the report that this system has been introduced in Bombay. Why is there delay in introducing this system in Madras and Calcutta? The sooner it is introduced, the better. As I have said, the hospital conditions in these parts of

the country, are very bad; there is overcrowding; there is lack of facilities for treatment also, because of many other factors. Therefore, the Government should take proper action to see that the Central Government Health Scheme for the Central Government employees is introduced very soon in the cities of Madras and Calcutta.

The last point that I want to make is about the Calcutta Metropolitan Planning Organisation. In the report of the Ministry, it has been stated that planning and related things are under the jurisdiction of the Indian Health Ministry; the town planning also. The Delhi Development Authority is under the Health Ministry. It is well and good. It is also a fact that the Central Government is providing some money to the Calcutta Metropolitan Organisation. But what has been the result? It is for the Central Government to sit up and think. I was a member of the Legislative Assembly in these days, when Dr. B.C. Roy mooted the idea. Since then, save and except preparing certain reports, spending lakhs and lakhs of rupees, and spending valuable foreign exchange, spending the contribution that we get from outside, what else has been done? Only a few reports have been prepared. As regards water supply, sewage, transport and other health matters, everything goes by default. I draw the attention of the Union Health Ministry to see that something is done in this respect also.

Recently, the whole thing became such a scandal that the Director of the CMPO—the Calcutta Metropolitan Planning Organisation—has been removed and somebody else has stepped into his shoes. There are very many big plans: overhead railways, circular railways, sewage and all sorts of things. But the minimum essential and necessary thing was not looked into by that planning organisation, and nothing has been done in this respect.

[Dr. Ranen Sen]

Therefore, I want to draw the attention of the Union Health Ministry to this, and I want a reply in this respect as to what is the actual plan and how the Central Government—the Health Ministry—is co-ordinating that plan and helping that plan and seeing that these things are attended to and done in the proper way.

With these few words, I close.

Shri Bakar Ali Mirza (Warrangal): Sir, may I put a question? Is the hon. Minister aware that the medical college at Warrangal is on the verge of being shut down and as many as 600 students are likely to be thrown in the street, just because the *ad hoc* grant of Rs. 5 lakhs which the Ministry used to give is threatened to be stopped without any notice? Besides that, the Health Ministry, during the emergency, wrote to the college to make facilities for admission and offered certain amounts—Rs. 15,000 non-recurring and Rs. 2,000 recurring—and no condition was laid down at that time, and the students had been admitted. Now, even that amount is, I understand, being stopped. Other institutions have got help from the University Grants Commission; the technical education has got some facilities; so, why should we not transfer this medical education to the university? I hope she will reply to this point when she replies to the debate.

श्री बाल्मीकी : उपाध्यक्ष महोदय, चूँकि आप ने माननीय सदस्य को अवसर दिया है, इसलिए एक मिनट में भी चाहूंगा ।

मैं कुछ ज्यादा नहीं कहना चाहता । मेरी बड़ी इच्छा थी कि मैं इस मंत्रालय की प्रांथों पर बोलूँ, लेकिन मुझे अवसर नहीं मिला । मैं थोड़ी सी बात कह कर समाप्त करूँगा ।

जहाँ तक मेडिकल कालेजिज में दाखले का सम्बंध है, सारे देश में हरिजनों और

कमजोर वर्गों के विद्यार्थियों को न के बराबर दाखिल किया जाता है । माननीय मंत्रिणी जी वापू के साथ रही हैं । वह हमारे दिलो-दिमाग और दर्द को समझती हैं । हम यह जानना चाहते हैं कि इस बारे में उन्होंने अभी तक क्या मदद की है और आगे क्या करने जा रही हैं ।

जहाँ तक अस्पतालों और विशेषकर म्युनिसिपैलिटीज के चतुर्थ श्रेणी के कर्मचारियों का सम्बंध है उनके साथ अत्याचार होता है । माननीय मंत्राणी जी उनकी बातों को समझती हैं और इसलिए मुझे आशा है कि वह उनके दुख-दर्द को दूर करने का यत्न करेंगी । वैलिंगडन हास्पिटल के सामने हमारे एक भाई, श्री समयसिंह बाल्मीकी, ने भूख हड़ताल की है । कारण कुछ भी हो, लेकिन उसके पीछे जो पक्ष है, उसको समझने और उन लोगों के कष्टों को दूर करने की आवश्यकता है । डाक्टर, मंत्री और भंगी का गहरा सम्बंध है । इसलिए मैं माननीय मंत्रिणी जी, वैलिंगडन हास्पिटल के प्रधिकारियों और दूसरे प्रधिकारियों का ध्यान इस तरह आकर्षित करना चाहता हूँ और जानना चाहता हूँ कि उन लोगों की कठिनाइयों को दूर करने के लिए क्या कदम उठाए जा रहे हैं ।

जनपथ होटल और दूसरे होस्टलज से कुछ लोग रिट्रेंच हो रहे हैं । यह बड़ी प्रसन्नता की बात है कि मंत्रालय की ओर से स्वनाम-धन्य पं० पन्त जी के नाम पर एक हास्पिटल खोला जा रहा है । मैं आशा करता हूँ कि जो लोग अलग किये जा रहे हैं, उनका वहाँ पर अवसर दिया जायेगा और वे लोग वहाँ पर रखे जायेंगे ।

मैं यह भी आशा करता हूँ कि माननीय मंत्राणी जी स्वास्थ्य समस्या और आयुर्वेदिक पद्धति की तरफ भी विशेष ध्यान देंगी ।

Shrimati Yyotsna Chanda (Cachar): May I know from the Minister of Health what has happened to the Silchar Medical College? The Assam Government was committed that it would be established in the second Plan. The second Plan has already gone and the third Plan is going. May I request the Minister to enquire about its fate?

15.20 hrs.

[SHRI KHADILKAR in the Chair]

The Minister of Health (Dr. Sushila Nayar): Sir, I am grateful to this House for the keen interest hon. Members have taken in the work of the Health Ministry for the kind compliments that they have paid from both sides of the House and also for some very valuable suggestions which have emerged in the course of the discussion.

With your permission, I would first take up the two or three questions that have been asked just now. First of all, I wish to tell Mr. Balmiki that instead of asking these questions here he should go and talk to those fellows who are being most unreasonable. There is a hunger strike in front of the Wellington Hospital. What is it due to? An employee is changed from one floor to another floor. But he refuses to move, protests against it and goes on hunger-strike. The administration, the discipline, the cleanliness and the services in the hospitals are going to ruin because of this type of attitude on the part of those employees whose cause Shri Balmiki was pleading for. He should go and talk to them. Hospitals are places where the sick and suffering should be taken care of. Last night I went to the Wellington hospital and the doctors told me that they have to give the bed-pans to the patients themselves, "because the sweepers do not listen to us; they do

not obey orders. We do not want to scold them and get into trouble with industrial disputes and that kind of thing." It is an amazing state of affairs. Shri Balmiki is a responsible gentleman, representing lakhs of people, does not understand the problem. He does not try to tell them that they are in the wrong, but he comes and makes a speech here.

श्री बाल्मिकी : हिन्दी में कह दें तो अच्छा होगा ।

Dr. Sushila Nayar: He understands English perfectly well. About admission of scheduled castes and scheduled tribes to medical colleges, they are given a definite proportion of seats. The Constitution has guaranteed it to them. But if they do not even come up to the minimum marks that have been prescribed by the universities, i.e. 45 per cent, how can they be admitted to the medical colleges? We are going out of our way and admitting these boys and girls, because we feel that they need help. Our teachers in the medical colleges are taking special tutorial classes to bring them up to the level of the other students. So, Shri Balmiki who knows these things better, who is expected to speak with a full sense of responsibility, should not make these statements that scheduled castes and scheduled tribes have not been admitted in the medical colleges. It is absolutely wrong. It is my hope that Shri Balmiki will try to pull his weight with the sweepers in different hospitals and see that discipline is maintained, that cleanliness is observed, that proper services are given to the patients and also to see that they do not go and ask for 4 annas or 6 annas from each patient for giving a bed-pan. This is a disgraceful state of affairs. I have gone to the Medical Superintendents and taken them to task as to why such things happen in their hospitals. They have turned round and said, "We can take action against them, but..."

श्री वास्वती : मैं यह कह देना चाहता हूँ। यह कहा गया है कि छः घाने और घाठ घाने स्वीपर लेते हैं। सारे कर्मचारी ले सकते हैं। इसका सारा कवूर स्वीपज पर ही बोया जाए, इसको मैं बिन्कुल मानने के लिए तैयार नहीं हूँ।

Mr. Chairman: He should resume his seat.

Dr. Sushila Nayar: I wish to submit that these unions have forgotten that they are in the hospitals to render service to the sick people. Taking the medical profession from one end to the other, from Class IV employees right up to the doctors, they have to take their work in the spirit of a mission and not merely as a means of earning a livelihood. They must realise that whether it is day or night, whatever the time, whatever the place, they are called upon to render humanitarian service, which must be kept in the forefront. An hon. Member was talking about the need for a spirit of compassion, spirit of sympathy and understanding in these places. I wish to say that the unions have brought the spirit of trade unionism, instead of a spirit of missionary zeal in these hospitals and institutions. I would beg of Shri Balmiki to pull all his weight in favour of improving the discipline and the services in the hospitals through these gentlemen with whom I have every sympathy. But I must say that my sympathy first goes to the sick and suffering in the hospitals and then only to anybody else.

About the Silchar Medical College, according to the information with me, it has been started sometime back. The students were admitted in the initial stages in one of the other colleges in Assam and they were going ahead with the building, etc. I am afraid I do not know the progress made about the buildings, etc., but I hope it is making good progress.

Regarding the Calcutta Metropolitan Planning Organisation, it is doing magnificent work. They have no doubt had to frame some schemes. It was necessary for them to formulate those schemes, because it has to be understood that unless and until schemes are formulated, it is not possible to plan the town or the services of the town in a rational manner. We have had a strange kind of phenomenon, which in some ways has happened in other countries as well, at certain stages of their development. A lot of rural population is moving into the cities. Urbanisation is going on and a haphazard growth of our towns is taking place, with the result that the community services suffer. We have the example of Delhi in front of us where there is a hue and cry regarding water every summer. The hon. Member, Shri Yashpal Singh, has to hire a taxi, he says, to go for a bath to the railway station. He knows that it is not a fact that he has stated and he knows that nobody believes it to be a fact.

Shri Yashpal Singh: It is a fact; you can personally see.

Shri Harish Chandra Mathur (Jalore): Order has to be maintained, Sir. Such things should not be said about Members.

Dr. L. M. Singhvi: On a point of order, Sir. This is unfair. The Minister is using her privilege to deny the veracity of an hon. Member of this House. It is a question of propriety and procedure.

श्री यशपाल सिंह : प्राप खुद किसी दिन चल कर देख लीजिये।

Mr. Chairman: May I point out to the Minister that on the floor of the House if a statement has been made, if it is not taken seriously and if it is challenged in the language in which it is challenged, it will bring down the dignity of the House. Either it must be contradicted positively and

the Member should be challenged, and if the facts are true, the Minister must be prepared to face the facts. But this type of countering the argument is not fair to the House nor is it in keeping with the dignity of the House.

Dr. Sushila Nayar: Well, Sir, the hon. Member himself smiled, joked and laughed inside the House and outside the House. Many other hon. Members also had to say something about it. It is obvious that nobody goes for a bath to the railway station. He might have been there in some other connection. Anyway, Sir, I am not interested whether he went to the railway station or not. I am bringing out... (Interruptions).

Shri Gauri Shankar Kakkar: Sir, I rise to a point of order.

Mr. Chairman: The hon. Minister may resume her seat. Let us hear the point of order.

Shri Gauri Shankar Kakkar: Sir, my submission is, if the hon. Member, Shri Yashpal Singh, has asserted that he had to go to the railway station to take bath, that is quite sufficient. He himself has done it and he himself has asserted it. And, in spite of your ruling, Sir, on the point, the hon. Minister is still insisting on saying the same thing which she should not have said. I submit that her remarks where she said that it is an incorrect version given by Shri Yashpal Singh should be expunged from the proceedings.

Mr. Chairman: As I have already stated, perhaps the hon. Member might have exaggerated the point, but the way in which the argument was countered by the hon. Minister is not in keeping with the dignity of the House. Therefore, I would request the hon. Minister to confine her remarks to other points raised by hon. Members.

Dr. Sushila Nayar: I have no wish to prolong the discussion on this subject. All that I am trying to say is that Delhi is an instance in point where the population has increased so

rapidly that all the services like water supply, electricity, sewerage etc., have fallen short of the needs of the city. Similarly, in all other towns which are growing these problems are coming up. This shows the need for some kind of a rational planning and preparing master plans for the cities and towns. For this purpose a Central Ministry of Health has this central organisation for country and town planning which is helping the State Governments. Hundred per cent assistance is being given to the State Governments to make master plans of a number of important towns and cities and resources areas like Ranchi and Rourkela. Thus, 74 towns are being planned in this manner.

One of the most important plans, Sir, is this plan for the Calcutta metropolitan area. The Calcutta Metropolitan Authority have prepared this plan and this plan is to be published by the month of June, I think, at the latest, to invite any objections, in the meantime an interim plan will be in force. The final plan will be prepared after the objections have been received. But the C.M.P.O. have not been only planning. Besides this plan there are certain projects which they have taken up for execution and which are being executed. Among them are: (i) Dum Dum-Calcutta Express Highway—60 per cent of this highway has been completed; (ii) Greater Calcutta drainage schemes—five schemes in this connection have been taken up and are being implemented; (iii) Greater Calcutta water supply scheme—they have started the execution of some schemes in this connection, and, I might mention chlorination of the unfiltered water supply is one of the schemes which has proved very useful from the point of view of controlling some infectious diseases etc.; (iv) the gas grid for Calcutta—they have taken up this scheme; and (v) the Calcutta Manik-tola housing scheme—this is being undertaken under the Centrally spon-

[Dr. Sushila Nayar]

sored housing and slum clearance scheme. All these schemes which are part of the metropolitan plan may not necessarily be implemented by the Calcutta Metropolitan Authority. There are a number of agencies which are to be brought into play in this respect, and they are functioning.

The whole idea of a master plan is that you lay down how the town is to grow, what services are to be developed and how they are to be developed. Then they are carried out within the overall scheme of things. There is a very urgent need, in this connection, not only to do planning for the cities but also to do a certain amount of regional planning; what is to be the future plan of growth for our villages, what is to be the relationship between the villages and the towns, how they are to feed one another or supplement one another and the villages are not exploited by the cities as has happened in the past in some places.

Now, the Planning Commission, two years ago, had written to the State Governments telling them that they should prepare master plans for all towns with a population of more than 50,000 in the regional context. Nothing was done about it. So our Central country and Town Planning Organisation has taken up three regional plans—Meerut, Agra and Jaipur. These were taken to think of the needs of the country-side and the cities and work out a methodology which could be presented to the State Governments afterwards. As these places are nearer to Delhi, our officers can go there very frequently.

Then, Sir, one weakness regarding these master plans, however, I would like to mention. That is, the fact that while we have given hundred percent assistance for the preparation of the plans, somehow, in the Third Plan money was not kept for the implementation of the plans. Some of the State Governments have made use of the money available for housing etc.,

for the acquisition and development of the land. But for the development of roads, water supply, drainage, market centres etc., these funds are not available, although for water supply and drainage etc., funds under the national water supply and sanitation schemes have been used and are being used.

Sir, time will not permit me to say more about these matters. But I am glad that this matter was raised and I have taken the opportunity to inform this hon. House of our thinking in this direction and of our schemes.

Then, it was stated by one hon. Member, I think yesterday,—there is a cut motion also to that effect—that the Central Ministry should prepare a Central legislation for the corporations, municipalities etc. In this respect, may I say, Sir, that municipal administration is, by and large, within the purview of the State Governments. However, the Central Council of Local Self-Government which was established some years ago has been functioning to regulate and to co-ordinate the activities of local self-government in the country through calling conferences of the local self-government ministers every year. These conferences have expressed the desire that there should be some kind of a uniform legislation to control local self-government. A legislation was prepared for the panchayats and district boards. It was sent from the Centre and it has been adopted by many States. A similar legislation was also prepared for the municipalities—that was a model legislation—and that has also sent to the States. Similarly, we prepared a model legislation for country and town planning. That has also been sent to the State Governments, and several of them have enacted similar legislations for their own States. A legislation for the corporations has, however, not been prepared so far. But we have set up a committee in pursuance of one of the resolutions passed by the conference of local self-government minis-

ters. We have set up a Rural-Urban Relationship Committee. One of the terms of reference of that Rural-Urban Relationship Committee is to determine the structure and functions of the corporations and these urban local bodies. It is hoped that as soon as we get the report of this committee it will be possible to frame some kind of legislation in this respect also. However, I might say that the Central Government has been helping with the calling of a conference of the major corporations, mayors and their executive officers, and their meeting together has enabled them to exchange ideas and experiences which have been quite useful.

Then I might take a moment to say something regarding medical education and training, particularly in view of the remarks made by the hon. Member, Dr. Singhvi. Dr. Singhvi was very critical and very bitter and he tried to say that we were guided by pulls and pressures and we were not willing to have a medical college in Rajasthan. Probably, he was referring to his request for a medical college at Jodhpur. I gave a reply that we had no formal request from the State Government in this respect and I still stand by my statement that we have received no formal request from the State Government. Informally, they have approached us, they have talked to us and they have said they would like to have more medical colleges.

Dr. L. M. Singhvi: Sir, on a point of order. What is a formal request? Is a written request a formal request or anything more is required?

Mr. Chairman: What other method is there? Either a request is forwarded in writing or verbally expressed. If it is in writing it is a formal request.

Dr. L. M. Singhvi: Let her state it is so.

Dr. Sushila Nayar: There may be some informal letters which I have received from the hon. Member. I

might have received them from somebody else also, I do not remember. By formal request, I mean their stating: we are starting a college, this is what we are putting into it, and this is what we want from the Government of India. The pattern of assistance from the Government of India is quite definite with regard to medical colleges—we give 75 per cent of non-recurring and 50 per cent of recurring cost provided that college is within the Plan ceiling of the State. The Rajasthan State has no colleges within its Plan ceiling. Then how can I find money—to start more of medical colleges. The State must start them from its own Plan ceiling?

The medical college scheme is a Centrally-aided scheme where a peculiar position has arisen, and that is that the State Governments wanted a number of schemes to be made centrally-aided schemes. Centrally aided schemes mean that they are within the State ceiling. We give them money in lump sum as ways and means advance and they spend them on different schemes as they like. We have given the fullest quota that was due from the Central Ministry to the Rajasthan Government. It is for the Rajasthan Government now to use it the way it likes.

As several hon. Members have stated in regard to water supply schemes also we are in a very embarrassing position. We are taken to task by this House that water supply schemes in the rural areas are not making progress. On the other hand, we keep on writing to the State Governments, telling them what they have to provide funds for these schemes within their Plan ceiling. It is a very modest and inadequate amount that is allotted for rural water supply and we are requesting them to please formulate schemes for at least that amount of money, yet, they are not doing it. It is very difficult for us to force them.

An hon. Member said we were not having sufficient vigilance. It is not a question of vigilance. We can write

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to them and we can persuade them; but nothing more than that. Under the system that has been adopted by the Planning Commission, money is to be advanced to them in lump sum and we have no further control over them except to tell them that this is what they should do. The rural Water supply is an important subject and they also know it is an important subject.

Shri Kashi Ram Gupta (Alwar): What about the delay in sanctioning schemes by the Centre? That is also one of the causes for slow progress.

Dr. Suhila Nayar: No scheme is delayed by the Centre by more than 4 to 6 weeks. In some cases, the schemes are sent to us in half-baked condition. They have to be sent back for information and thereby delay is caused. Now we are going even to the extent of sending our officers to help them on the spot to expedite these schemes. I wish to assure the hon. Members, on that score. That no delay is caused by any hold up at the level of the Centre.

With regard to medical education, as was pointed out by a number of hon. Members, we have already expanded the number of medical colleges at a phenomenal rate. There are 79 medical colleges now and we admitted last year, 10,090 admissions. The target for the Third Plan was only 75 medical colleges and 8,000 students. So, we have gone beyond the target that was laid down in the Plan, both in regard to the number of colleges and in regard to admission of students.

So, I find myself in agreement with some of the hon. Members on this side, who have advised us to lay more emphasis on post-graduate education. We are doing that. In fact, the All India Institute of Medical Sciences, the Calcutta post-graduate institute, and the Chandigarh post-graduate institute are already functioning.

Shri Kashi Ram Gupta: What about the scarcity of house jobs for the post-graduates?

Dr. Suhila Nayar: There is no scarcity of house jobs. So, I do not know what the hon. Member is referring to. What I wish to say about post-graduates is that, firstly, there are 800 scholarships available for them. There are posts like registrars, senior house surgeons etc. and today there are about 3,500 post-graduates in this country who are being trained, as the post-graduate institutes, in some of the upgraded departments of some of the other medical colleges. Dr. C B. Singh wanted 500 scholarships plus ten admissions in each of some 50 selected medical colleges. I wish to tell him that we have got more than that number already in the medical colleges; about 1,700 odd students are studying in these medical colleges, either getting emoluments as registrars, house surgeons etc. or getting scholarships that are given by the Government of India. We propose to increase the number of scholarships still further because we are very anxious to have more and more young people trained in the post-graduate institutes. We are equally anxious, like hon. Members, that our post-graduates may not have to go outside the country, except for very important and specialised skills for which we may not be able to offer them opportunities within the country. Talks are going on to set up one more post-graduate institute at Hyderabad and I hope something will come out before long. Madras and Bombay are also very keen to set up post-graduate institutes and if we could find the funds, we would like to have them in those places also.

There is a shortage of about 2,000 teachers and most of the shortage is in the pre-clinical subjects. We are doing our best to make the pre-clinical subjects attractive. Suggestions have been made by some of the leading personalities like Dr. Lakshmanaswami Mudaliar that we should have

students at M.Sc. anatomy and physiology and use them in the teaching line if we cannot get enough doctors to teach anatomy and physiology and we are considering these proposals. Apart from that, we would very much like that during the Fourth Plan every district hospital should have a minimum number of specialists like physicians, surgeons, gynaecologists, obstetricians, Paediatricians, eye, ear, nose and throat specialists, radiologists, pathologists anaesthetists, etc. This means that we need 17,000 specialists at least, if we are to man our districts with these various specialities. We are doing everything possible to train as many people as quickly as we can.

Several hon. Members pointed out the inadequacy of the salaries that we are paying to the doctors. I cannot deny....

Shri Bakar Ali Mirza: What about the Warangal Medical College?

Dr. Sushila Nayar: I cannot deny that charge because the salaries paid by Punjab are better than the salaries paid even by us at the All-India Institute of Medical Sciences. We are taking up the matter with the Finance Ministry and the Planning Commission. We would like to improve the salaries as much as possible. But, again, all these things have to be finally guided by the overall resources that are at our disposal.

Shri Chandrabhan Singh (Bilaspur): Please fight with the Planning Commission. You must get the money from them.

Dr. Sushila Nayar: With regard to the question regarding Warangal Medical College, I wish to say that the Warangal Medical College is one of those five or six medical colleges which are run by private societies who charge quite big capitation fees, Rs. 3,000 or Rs. 5,000, from each student. Apart from that they charge Rs. 1000—2000 every year from

the students at the time of admission. This hon. House and the upper House have been very critical of the Government of India giving any assistance to these colleges which, hon. Members consider, are run on a commercial basis. In spite of that we did give them some assistance, not regular assistance. They have no business to say that they were getting Rs. 5 lakhs every year. Some of them have had a few lakhs of rupees from time to time and against that the Government of India had reserved a few seats for the Union territories and other people. We were not able to give any assistance to any of these colleges this year. For one thing, we had no money and, further, the Central Health Council was very much exercised as to what should be our policy with regard to these private medical colleges. The Central Health Council disapproved of the idea of private medical colleges of this type as a general rule and they set up a committee to examine the whole question as to what should be done with these private medical colleges. We were not in a position to keep on giving any assistance to them.

Dr. Ranen Sen: The Calcutta School of Tropical Medicine had raised that question.

Dr. Sushila Nayar: With regard to the question that we asked the private medical colleges to increase the number of seats, we sent a general circular to all medical colleges that the Medical Council has agreed to the increase of the number of seats up to 200; but while a certain pattern of assistance was given to other medical colleges, for instance, those medical colleges which are not charging this type of capitation fees, run by State Governments or even by such missionary institutions as at Vellore etc., we made it quite clear that, it was not possible for us to give this assistance to these medical colleges which are charging capitation fees, for instance. All that we gave was Rs. 15,000 non-recurring aid and Rs. 2,000 recurring aid to those colleges.

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These colleges recover more than that amount from each medical student in the form of capitation and extra fees. Therefore money was not given to these institutions.

15.53 hrs.

[Mr. DEPUTY-SPEAKER in the Chair]

With regard to the Tropical School of Medicine, that is a school run by the State Government. The Indian Council of Medical Research in the early stages had given them three professors or teachers and they were paying the salaries of those teachers. However, these teachers are not the legitimate charge of the Indian Council of Medical Research according to the pattern according to which the Indian Council of Medical Research is functioning. They have from time to time expressed a wish that the Bengal Government should take over these teachers and they would not be responsible for them. As for the Government of India helping the Tropical School of Medicine, if the State Government wish to transfer the School to the Government of India, we will be quite happy to take it over and run it. We are appreciative of the researches carried out there, but so long as the State Government is responsible for it, there is a pattern according to which assistance can be extended and that pattern does not allow the Government of India to pay the salaries of some of the teachers or professors. That is why this situation has arisen.

Shri Bakar Ali Mirza: Will the hon. Minister take over that college? When both these grants were given the Government of India knew fully well that they are charging capitation fees and that it is a private institution. I have got a document from a reliable authority and they have got money only for one month. The college will close down....

Dr. Sushila Nayar: Whether they have money for the one month or two

months, that is not my concern. I am not responsible for privately-run capitation-fees-charging medical colleges. We do not know how they spend their money. We have no control over their accounts. There are very serious allegations against these private medical colleges. This committee that has been appointed is going through the whole thing and the hon. Member cannot expect us either to take over that college or to give them lakhs of rupees for any reason.

With regard to the question of slums that some hon. Member had raised here, I may submit that slums are primarily looked after by the Housing Ministry and not by the Health Ministry. Similarly, an hon. Member mentioned that 20 to 30 per cent of the sweepers in a particular area are suffering from skin diseases. We have no such report with us. If the hon. Member will give us the details of the place and more information about it, we will be glad to send somebody to that place, get full information on the subject and, if there is any such thing, we shall be very glad to give all possible help and assistance to those people.

It was also stated that there should be some further assistance given to the sweepers. I might mention that the welfare of the Scheduled Castes and the Scheduled Tribes is being dealt with in the Home Ministry and not in the Health Ministry. The Home Ministry has two types of schemes, some in the Central sector but most of them in the State sector. The schemes in the Central sector are housing schemes, schemes for the improvement of living and working conditions of sweepers, Tribal development blocks and setting up of co-operatives etc. In the State sector, there is education, health, housing, drinking water, economic uplift, medical facilities etc. To the best of my knowledge these schemes have

rendered very useful service to the Scheduled Caste and the Scheduled Tribe friends.

A good deal was said with regard to Ayurveda. My hon. friend, Shri Sarma, kept on paying compliments and saying things which were very uncomplimentary. It is a very peculiar situation. On the one hand, hon. Members are all the time telling us that Ayurveda and Homocopathy are very cheap—hon. Member, Shri Yashpal Singh said that Rs. 1 crore for Ayurveda will do the work of Rs. 1,000 crore spent on Allopathy..

Dr. Ranen Sen: That is not correct.

An Hon. Member: Rs. 300 crores.

Dr. Sushila Nayar: All right, Rs. 300 crores. What I wish to say is that we have spent several crores of rupees on Ayurveda and those several crores of rupees have been spent according to the advice of the best Ayurvedic experts. I was very sorry to hear personal attacks from Shri Sarma on our Ayurvedic Adviser who is not here in this House to answer them.

Shri A. T. Sarma: I have not mentioned his name.

16 hrs.

Dr. Sushila Nayar: You did not refer to him by name but you left no doubt in anybody's mind as to whom you were referring to, the way you talked. To the best of my knowledge he is one of the most able, honest and sincere workers. He has been employed on the advice of the Union Public Service Commission, the highest body that is available to us. Well, he is not working alone. There are bodies of eminent Ayurvedists for everything that is being done and I have sat in some of these committee meetings and, as a rule, the decisions have been taken unanimously, not even by the majority vote. The hon. Member, Shri Sarma, has some ideas of his own. He says certain treatment is wrong and patients will be

killed. It is not possible for me to pass any judgment as to what is correct and what is not correct in Ayurvedic treatment. There may be differences of opinion amongst the experts. I know there are in my that there are differences of opinion in his line also. But it is not possible for us in this House or in the Ministry to pass any judgment. We can only be guided by the best talent that is available. The *shuddha* Ayurved was decided upon under the advice of the best of men all over the country. The Planning Commission had called a panel. It was on the advice of this panel as to what subjects should be taught, what should be the entrants' qualifications and what should be the length of the course of study, and the resolution of the Health Ministry says not a word beyond what is in the minutes of that Panel meeting. I wish to say to my friends in all humility that I am very willing to give as much scope to Ayurved or Unani or any other system as may be possible. But let us be honest and truthful about it. It will not serve any useful purpose for Ayurved or Unani or any other system—and all the eminent Ayurvedists are agreed on that—if under the name of Ayurved they powder A.P.C. tablet and prescribe it as *shveta churan* or do anything else which is of that type. Such things have been done.

Shri A. T. Sarma: That is the action of the so-called Ayurvedists.

Dr. Sushila Nayar: I do not know who is a so-called and who is not a so-called vaid. According to Shri Sarma, he is the only one who knows Ayurved and everyone else knows nothing about it. I am afraid it is not possible for me to accept that claim. I have to go by eminent men from all over India who are known and respected as teachers, as scholars, in the field of Ayurved. I have heard exactly the same type of criticism against the Integrated System as I am hearing today from one of my friends against the *shuddha* system. I wish to tell

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these gentlemen that by and large the *shuddha* system has been welcomed by Ayurvedists who are devoted to the science of Ayurved. They say, let us know what it has to offer. It can only be done by those men who believe in Ayurved, who respect Ayurved and who are not ashamed of being called *vaids* and so on. Therefore, it is not possible for me to accept the suggestion given by, I think, Shri Yashpal Singh or somebody else—I forget the name—that we should have a small condensed course for all Ayurvedists in Allopathy and for all Allopathists in Ayurved. I am afraid this suggestion is unpractical and I cannot accept it.

Then, Shri Sarma was vehemently critical of the post-graduate training institute that we have set up at Banaras. This Institute is doing excellent work. The Banaras Hindu University has closed down the Ayurvedic College. There is no doubt about it.

Dr. M. S. Aney (Nagpur): Very unfortunate.

Dr. Sushila Nayar: So has it been done in Lucknow; so has it been done in Madras. If the boys who are studying in those institutions would come forth and demand that they should be taught modern medicine, they should be made M.B.B.S. and all that, what are the authorities to do? They had to close down those colleges. However, the Banaras Hindu University was keen that they would like to keep up the studies in Ayurved to find out the best treasures that may be hidden in Ayurved, we were glad to help them with a scheme under which they have set up a post-graduate institute for Ayurved. Whether they will give M.D. or *Vachaspati* or *Acharya*, as to what name they give to the degree, it is not possible for me to say. It will be for the University to decide. They have conducted some researches there and some of those researches are already giving very promising lead and I hope we will get something out of it.

Then, Shri Yashpal Singh wanted us to give the same salaries to the Ayur-

vedists as to the doctors. We asked all the State Governments and the State Governments did not agree with his view because they feel there are very different qualifications, very different levels of training and it is not possible for them to accept this suggestion. I am afraid I cannot do anything about it.

As regards having 7 or 8 more laboratories for Ayurveda which Shrimati Savitri Nigam wanted us to have, I have not understood the suggestion because Ayurved does not generally depend upon laboratories. Generally, the way of Ayurveda is a different type of diagnosis. It was said that we do not let them use thermometer or we do not let the *vaids* use other things. That is completely wrong. Nobody is prevented from using the thermometer. If they want to have some biochemistry done or some bacteriological tests done, they must know how to read those tests and they must know what those tests imply. Then only those tests would be useful to them and then only those laboratories will be useful to them which is not the case at present. But the limitations are such that these gentlemen, the best amongst them, have themselves, not asked for them and we are not putting any restrictions on them. So far as I am concerned, if they want to have a laboratory test done and ask somebody who knows about it to read it for them, it is perfectly all right with me. As a matter of fact, we have set up at the moment 10 circles for the study of Ayurvedic drugs. In these 10 circles, there are four aspects namely the botanical aspect, the pharmacological aspect, chemical and the therapeutical aspect and so on. These are being studied by the best scientists that we have. We on our side are very happy to have all the diagnostic tests carried out on cases treated with Ayurvedic drugs. Somebody mentioned about Jamnagar. In Jamnagar, this was the very type of study that was being carried out and I might mention it to

the hon. Members that the Jamnagar Institute has the fullest freedom to develop in any way they like. In fact, it was at the instance of some of the lovers of Ayurved that we agreed to integrate the under-graduate, the graduate, the post-graduate and the research sections of the Institute, and a governing body was formed under which that Institute is functioning now. So far as we are concerned, we are very happy to make such use of the Ayurvedic system or any other system as is possible. But it is not for us to set up these dispensaries and hospitals. They are being set up by the State Governments and they are set up to the extent they think it is necessary. For ourselves, we set up one dispensary in Ayurved in Gole Market. Shrimati Savitri Nigam should know that that is not one corner of the city. It is the heart of the city and it is most conveniently located for all those who are taking benefit from it. The question of having another dispensary is under our examination and we propose to open another one. But I wish to tell her that it is not correct that the attendance is increasing. It is fluctuating. Sometimes it has increased; sometimes it has decreased. But it has certainly not gone up to the average attendance in the other dispensaries in Delhi. Then, I come to the question of control of communicable diseases. A question was asked by an hon. Member yesterday why malaria declined in his areas between 1946 and 1955. I wish to state that it declined between 1946 and 1955 because anti-malaria measures had already been instituted by 1946. It was not called the malaria eradication programme at that time. At that time, the measures were primarily anti-larval measures, and it was because of these measures that there was this success. It was, in fact, because of the success achieved with the anti-larval measures that the eradication programme was taken up in 1958 with excellent results. I am glad to inform the House that at the present moment, we have 80 units ready to go into

maintenance; 80 units mean a population of nearly 90 million people, and these people are living in areas in which the malaria eradication programme has been completed, and with them the normal health machinery of the area should take care of the future so that malaria is not re-introduced.

I wish to make an appeal to my hon. friends in this House and through them the other leaders in their constituencies that it is very important for all of us to be vigilant in this maintenance phase. In any case of fever, they should have the blood slide taken and that blood slide should be examined so that if anyone gets malaria fever it should be immediately treated with anti-malaria treatment, and there should be no chance for malaria raising its head again.

In order to ensure success of the maintenance phase, we propose to have two workers for every 10,000 population or for every 2000 families, one male and one female worker who will go into the homes and enquire if anybody has fever and also enquire about child care, the nutrition of the children and so on and also give them advice regarding family planning.

We accept wholeheartedly the suggestions given by Shri Rameshwara-nand regarding the need for self-control, brahmacharya and so on. But it is not possible for anyone to force this point of view on anyone else. Education for a good life, for good morals etc. is derived from the home and not by opening clinics and hospitals. There are no pills which we can prescribe to the people to make them moral or to make them observe self-control and all that kind of thing.

The family planning clinics have on the whole made very good progress. Shri Yashpal Singh had said that we had spent Rs. 25 crores on family planning. I wish I could make that claim that we have spent that money completely. Unfortunately, we have not spent even half of that amount.

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But what I might say is that we are stepping up the expenditure every year. Further, my hon. friend will be glad to note that we have linked up family planning with the welfare of the families. What we are trying to do is that we are training and appointing the workers who will go into the homes and teach the mothers how to look after their children so that the children have a chance to live up to adult life and remain healthy and happy. They will give them advice also regarding ante-natal care.

Shri Kashi Ram Gupta: Unmarried girls are employed for family planning work.

Dr. Sushila Nayar: Some of them may be unmarried and some others may be married. We have laid no hard and fast rules that only married girls should be taken. But I may tell the House that we have issued general directions that generally speaking, they should be above 25 years of age and they should preferably be married. Most of our girls by that age are generally married. There may be occasionally a worker who is not. That is no reason why, if that worker is otherwise well-qualified, we should reject that worker for that purpose.

So we have these welfare workers who go into the homes and give this general advice and guidance and also tell parents how they can space their children, and that they should have few children because the smaller the family the better opportunities there are for each member thereof and better chances of happiness in that family.

About 4.5 lakhs people have been sterilised till now. These 4.5 lakh operations have been done in our clinics. But several of them are having it outside on their own. The total number of operations will be about a million. Considered along with their partners, about 2 million people have benefited by this scheme.

I cannot accept the suggestion of Shri Chandrabhan Singh that we should pay Rs. 100 each to these people for undergoing sterilisation operation. It will be a very sad day when we entice people with money to undergo sterilisation operation. We are very keen that they, both husband and wife should understand the implications of this and then undergo the operation of their own free will and not because of monetary incentives or the like.

Shri Chandrabhan Singh: What is the condition in the rural areas?

Dr. Sushila Nayar: Even in rural areas, we would like to maintain this flexibility. Family planning advice is made available to them and sterilisation is made available to only those who are keen to have sterilisation.

Dr. M. S. Aney: What is the number of males and females sterilised?

Dr. Sushila Nayar: In the early days, mostly women were undergoing sterilisation operation, but of late males have come to understand how simple the operation is for them and now more males than females are undergoing the operation. The number is two-thirds males and one-third females.

Shri P. N. Kayal (Joyanagar): How many of them Muslims?

Dr. Sushila Nayar: I am afraid I have not got the breakup community-wise or Religion-wise. Generally speaking, I might say that there is more resistance from Muslims and Catholics.

Regarding cholera, a good deal of concern was expressed. I share that concern with them. All that I can say is that we have taken up the problem of cholera in all earnestness. It is true that Calcutta and a few places in Orissa and Bihar and some places in Maharashtra—about 8 States—have had cases of cholera last year. In these 8, limited areas, about 53 districts, have been affected by cholera.

We had a conference of the Health Directors of the affected States here and certain tentative decisions had been taken in this respect. We are setting up a cell in our Directorate-General of Health Services at the Centre. We are setting up epidemiological units in different areas which will immediately rush out on report of a case and see how it has happened, where it is likely to spread and give advice regarding the precautions to be taken to prevent it.

Apart from this, we are carrying out a very important experiment at the present moment with the help of WHO to test the efficacy of the cholera vaccine. The vaccine has been prepared at the Haffkine Institute, Kasauli and at certain other places, including West Bengal. Some freeze-dried vaccine has been prepared at the Walter Reed Hospital in Washington. We are trying it out in a very carefully planned manner to assess its utility.

Another thing that has been done, which is very interesting, is that we have, with the help of some experts whom we had invited, developed a method of treatment, according to which there is hardly any case of cholera which has died, particularly in the Infectious Diseases Hospital at Calcutta, where these people were admitted.

May I say that in the number of cases that developed the disease in the same months in 1963 and 1964, January and February, there is a vast difference? There are very few cases, a fraction of cases as compared with last year, and so, there is no need for hon. Members to be terribly alarmed, although I share with them that cholera is one of those diseases which we should have tackled by now and been able to get rid of. But it is intimately linked up with the question of sanitation, protected water supply, protection against flies etc. People generally, somehow, have not developed horror of flies, which everybody should have, in order to be protected against some

of these infectious diseases of the gastro-intestinal tract.

I agree with those hon. Members who had emphasized the need for health education. Time does not permit me to go into the details of what we are doing for it, but I wish to assure them that we are taking up the matter of health education in all earnestness. We have formulated some simple textbooks for the guidance of the school teachers, so that health education is impressed upon the students from the time they are in the primary school. We are also including health education courses in the training schools of teachers, and we are closely collaborating with the Education Ministry in this respect.

The same thing applies to the school health programme. The Education Ministry and the Health Ministry are working together to formulate programmes for better health care of our student community.

An hon. Member had expressed concern regarding the continuing cases of small-pox in West Bengal. I would like to tell him that in January, 1963 there were 1,269 cases of small-pox, while in January, 1964 there were 400 cases; in February, 1963 there were 1,910 cases, while in February, 1964 there were 540 cases. So, there is a considerable reduction, though small-pox vaccination has only covered 43 per cent of the population in West Bengal as yet. We are trying to cover the rest of the population as far as we can. The population coverage for the whole country is over 47 per cent.

Some hon. Member want to know what we were doing with regard to the production of freeze-dried vaccine within the country. We have started production at Patwadangar in U.P. and we have used some of it in our own country, while the production at Guindy in Madras is expected to start very soon. Two other places, Belgaum and Hyderabad, are also likely to have production units for freeze-dried small-pox vaccine. UNICEF is helping us with some equipment etc., for that purpose.

[Dr. Sushila Nayar]

A good deal of concern was expressed with regard to filaria. Time again does not permit me to go into the details of it, but filaria is one of those problems where drainage schemes are of the utmost importance. We have taken up this question with the Planning Commission, and they have given a directive to all the State Governments that henceforth water schemes and drainage schemes must be a composite whole, that no water scheme should be sanctioned without a drainage scheme at the same time. But there are towns in certain areas, very highly filarous areas where drainage has not been taken up, and it is posing a problem, and the municipalities are not in a position to incur expenditure on the drainage schemes. We are pursuing this matter with the Planning Commission, and are trying to persuade them that some subsidy should be offered for drainage schemes. At the present moment there is no subsidy at all. It is hundred per cent loan to the municipalities, which they find it difficult to pay back.

Another suggestion that we have made is that loans to the municipalities be on a long-term no-interest basis or very low interest basis, as has been done in the case of telephones, railways etc., by certain international agencies. Drainage schemes and water supply schemes are surely as important, if not more important, for the life of the nation, and we feel more facilities should be extended to these schemes. This is being considered by the Planning Commission. Time will not permit me to go into the other control schemes like trachoma, goitre, leprosy, venereal diseases, etc. I do wish to say a word about programmes for TB control. As stated by some hon. Members TB is of grave concern to all of us. After malaria, perhaps it is No. 1 in taking the toll of human life in India. BCG vaccination is one of the preventive measures that we have been pursuing for several years now. Apart from that, treatment of cases with positive sputum is an im-

portant aspect to prevent the spread of diseases. District clinics with sufficient staff and adequate medicines are the sheet anchor of attack on TB. An hon. Member wanted TB hospital in every district. I am afraid it will not be possible nor would our funds permit it. Researches at the TB Institute at Bangalore as well as Chemotherapy centre at Madras have decidedly shown that domiciliary treatment can be as effective as sanatorium treatment. We are now emphasising domiciliary treatment. There is shortage of these drugs at the clinics and we have offered to help the State Governments in meeting the expenditure on drugs so that these who can not afford to buy drugs can have free drugs and nobody need discontinue treatment half way because he could not afford to buy drugs. But it is also necessary for the hon. Members to understand and convey it to all concerned that whoever is on treatment should take the full course that is treatment for one year and not stop it after a month or two.

With regard to leprosy, 3.5 lakhs of patients are receiving treatment under our different schemes—such survey, education and treatment schemes and in the thirty and odd institutions which are being run by voluntary organisations. This does not include about 15000 to 20000 beds that are run by Governmental and other organisations in the form of various leprosoria. I wish to say here that the Mehrauli hospital is run by the TB Association of India and not by the Government of India. However, the complaints that come to us will be duly investigated. There is no question of being indifferent to any type of complaint of the nature that were pointed out by the hon. Member here.

I was asked: why the Central Government Contributory Health Scheme is not extended to Madras and Calcutta. We have extended it to Bombay and it has proved very successful. We would like to extend it to other

places also. There is shortage of funds. If we have funds we would be able to do it. This scheme was originally conceived as the precursor for some kind of national health scheme and for that purpose it was originally the Government servants alone were covered by this. This scheme was later on extended to semi-government and certain other statutory bodies and I think 70—80 of them have been included. At the present moment, we have got 1,31,178 families or 5.5 lakhs of persons—a little more than that—under this scheme. There are 249 Assistant Surgeons, and they cope with about 60 lakhs of attendance every year, and the service is proving very popular.

The question has been raised here from time to time that it should be extended to pensioners and other sectors of the population. I am glad to say that we have been able to get clearance for extending the scheme to other people who are not Government servants' in a limited area, say, in the Government servants' colonies provided they pay a contribution of Rs. 7 to 8 a month, the amount which has been worked out to be the right type of contribution for them. In this manner they will be able to get the benefit of this scheme. The question of extending it to pensioners is under consideration, but we have extended it already to the work-charged establishment which originally was not covered by this scheme.

The whole idea of some kind of health insurance is very important, and I was very glad to have the suggestion of Shrimati Savitri Nigam that everybody should be charged at least 5 nP. for a prescription. As a matter of fact the Central Health Council has passed a resolution that 10 nP. be charged and we have forwarded that suggestion to the different State Governments and the various organisations concerned with this service. I read in the newspapers the other day that some corporators in the Delhi Municipal Corporation turned down the idea and they thought that it was not right. I do agree with the hon. Member that

the idea is correct and that a small contribution be paid by all those who go to the hospital, because, there is a feeling among the people that if you pay even a little bit for the medicine it is more effective than if you pay nothing at all for it.

In this connection, I want just to come back to the water supply schemes. Some hon. Member said nobody should be charged anything for water supply schemes. So long as there are wells in the villages, nobody would be charged; that is all right. But if we are to supply piped water through engineering schemes to the villagers, they will have to be charged, because not only there is the initial expenditure but there is the maintenance and recurring expenditure, and nobody can continuously take responsibility for that. Whether that charge should be from the individuals in the village or whether the panchayats should come forward and take some of the responsibility is a matter that can be examined. The question of free water is something about which we will have to revise our ideas. It is all right to have free water if you take it from the river or tank or from the well. If however you have the piped water supply, the processing of water is an expensive job, and people have to pay for that type of water.

Shri Dinen Bhattacharya (Serampore): Even for tube-wells, the villagers have to contribute.

Dr. Sushila Nayar: Of course they have to contribute in some way, and that is according to the various procedures which have been laid down. I am not responsible for tube-wells and so I am not able to give a detailed answer as to what is the basis on which contributions are charged for tube-wells.

श्री बागड़ी (हिसार) : पंजाब का भी ध्यान रखा जाए ।

श्री काशीराम गुप्त : राजस्थान को भी ।

Dr. Sushila Nayar: The hon. Member was not here from the beginning. I dealt with the Rajasthan question at the beginning of my speech.

Shri Gauri Shankar Kakkar: What about the medical check-up of school-going children?

Dr. Sushila Nayar: I have covered it. If hon. Member was not listening, what can I do? Now, for polio vaccine, we are setting up production units for polio vaccine in two places and we hope we can protect our children against polio. We are also trying to produce toxoid for protection against diphtheria and whooping-cough and tetanus, etc.

The blood banks had attracted a lot of interest last year, during the emergency, and we considered it very important. We organised blood banks, and we organised a voluntary blood collection service. The Red Cross has been working this service and they were able to collect in 1962, 212 units, in 1963, 409 units and in 1964, upto now, 200 units. The hon. Members will be glad to know that a voluntary organisation of women was set up, and since August last year within a few months, they have been able to collect something like 600 or 700 units. They have done it without our having incurred any expenditure on them of any kind.

Rural areas naturally attract the attention of everybody and the medical care of the majority of our people in the villages is very important. At the moment, we have 3879 primary health centres. We are hoping that we will be able to cover all the 5000 blocks before the end of the Third Plan. It is true that there was a slackening of this scheme during last year due to the emergency following Chinese invasion, but the States have been reminded about it. We all understand the importance of it and

we are trying to expedite these services.

Sir, I think I have dealt with most of the points. I have not said much about the drug control and food adulteration, because both these Bills will be coming before the House in the course of this session, I hope, and hon. Members can discuss these matters at that time.

With regard to cancer, a number of hon. Members have pointed out the role of tobacco in cancer. There are researches to show that tobacco is related with the cancer of the lungs, of the throat, back of the throat, tongue, etc. and we have brought certain health education material on it. We cannot ask the Government to have some legislation stopping tobacco smoking, in view of our experience with prohibition against liquor, for which several hon. Members keep criticising us from time to time and want us to relax those controls. So, it will not be proper to have legislation on this basis.

Shri Basappa (Tiptur): About the rural water-supply scheme, one of the reasons for the delay in sanctioning...

Mr. Deputy-Speaker: He may put the question at the end. Let her finish.

Dr. Sushila Nayar: I have already said that there is no delay in sanctioning the schemes. It is absolutely wrong for anyone to say that there is delay at the Central level. On the contrary, in the State from which the hon. Member comes there was a certain scheme sanctioned by the Government of India in 1961. Last year, I went to Bangalore and some ladies and gentlemen came to see me saying "We are very badly off; we must have water-supply schemes." But when I looked at the files, I found that the sanction for that scheme was given in 1961, but they had not taken it up. I wrote to the Chief Minister also.

Shri Basappa: The Rs. 8 crore-scheme of Mysore has not been sanctioned still. I want to know why all the powers should be concentrated in the centre. Even for a sanction of Rs. 1 lakh, they have to come here. Why not delegate the powers to the States? After all, the State Governments give their matching grants and they are also equally interested. That is a policy matter on which I want an answer.

Dr. Sushila Nayar: The States have powers up to Rs. 1½ lakhs. I wish hon. Members would not unnecessarily criticise us. If we are keeping some scrutiny, it is not to have any power, but to be able to be helpful to the States. We get schemes from all over India. The experiences and ideas which are gathered from different parts of India are made available through central scrutiny. It is just a central clearing house and it is of advantage to the States. I may tell hon. Members that most of the public health engineers are agreed that this is a good procedure which should be followed.

With these words, I wish to thank the House and you, Sir, for the patient hearing I have received.

Mr. Deputy-Speaker: Shall I put all the cut motions together?

Some Hon. Members: Yes.

Mr. Deputy-Speaker: I shall now put all the cut motions to the vote of the House.

All the cut motions were put and negatived.

Mr. Deputy-Speaker: The question is:

"That the respective sums not exceeding the amounts shown in the fourth column of the order paper, be granted to the 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, 1965, in respect of the heads of demands entered in the second column thereof against Demands Nos. 42 to 44 and 127 relating to the Ministry of Health."

The motion was adopted.

[The motions for Demands for Grants which were adopted by the Lok Sabha, are reproduced below—Ed.]

DEMAND NO. 42—MINISTRY OF HEALTH

"That a sum not exceeding Rs. 20,91,000 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, 1965, in respect of 'Ministry of Health'."

DEMAND NO. 43—MEDICAL AND PUBLIC HEALTH

"That a sum not exceeding Rs. 11,43,24,000 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, 1965, in respect of 'Medical and Public Health'."

DEMAND NO. 44—OTHER REVENUE EXPENDITURE OF THE MINISTRY OF HEALTH

"That a sum not exceeding Rs. 87,28,000 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, 1965, in respect of 'Other revenue expenditure of 'Medical and Public Health'."

DEMAND NO. 127—CAPITAL OUTLAY OF THE MINISTRY OF HEALTH

"That a sum not exceeding Rs. 9,93,35,000 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, 1965, in respect of 'Capital Outlay of the Ministry of Health'."

MINISTRY OF INDUSTRY

Mr. Deputy-Speaker: The House will now take up discussion and voting on the Demands for Grants under the control of the Ministry of Industry. Six hours is the time allotted for this discussion. Those hon. Members who want to move their cut motions will please send in their chits to the Table indicating the numbers of the cut motions that they want to move.

DEMAND NO. 57—MINISTRY OF INDUSTRY

Mr. Deputy-Speaker: Motion moved:

"That a sum not exceeding Rs. 34,35,000 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, 1965, in respect of 'Ministry of Industry'."

DEMAND NO. 58—INDUSTRIES

Mr. Deputy-Speaker: Motion moved:

"That a sum not exceeding Rs. 16,97,90,000 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, 1965, in respect of 'Industries'."

DEMAND NO. 59—SALT

Mr. Deputy-Speaker: Motion moved:

"That a sum not exceeding Rs. 51,35,000 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, 1965, in respect of 'Salt.'"

DEMAND NO. 60—OTHER REVENUE EXPENDITURES OF THE MINISTRY OF INDUSTRY

Mr. Deputy-Speaker: Motion moved:

"That a sum not exceeding Rs. 28,52,000 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, 1965, in respect of 'Other Revenue Expenditure of the Ministry of Industry.'"

DEMAND NO. 129—CAPITAL OUTLAY OF THE MINISTRY OF INDUSTRY

Mr. Deputy-Speaker: Motion moved:

"That a sum not exceeding Rs. 2,86,29,000 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, 1965, in respect of 'Capital Outlay of the Ministry of Industry.'"

Shri Dinesh Bhattacharya: Mr. Deputy-Speaker, Sir, we are now discussing the Ministry of Industry in which, in the later part of last year, several reorganisations took place. This Ministry is a very important one. It has got a great bearing on our national economy. Therefore, its performance and its functioning should be well scrutinised when passing these Demands for Grants.

In the report circulated by this Ministry it is stated that this Ministry formulates the general industrial policy and is responsible for active promotion of industrialisation of the country by encouraging orderly development of large and small scale industries