

the 31st day of March, 1963, in respect of 'Ministry of Scientific Research and Cultural Affairs'."

DEMAND No. 80—ARCHAEOLOGY

"That a sum not exceeding Rs. 93,80,000 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, 1963, in respect of 'Archaeology'."

DEMAND No. 81—SURVEY OF INDIA

"That a sum not exceeding Rs. 2,72,80,000 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, 1963, in respect of 'Survey of India'."

DEMAND No. 82—BOTANICAL SURVEY

"That a sum not exceeding Rs. 22,46,000 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, 1963, in respect of 'Botanical Survey'."

DEMAND No. 83—ZOOLOGICAL SURVEY

"That a sum not exceeding Rs. 18,71,000 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, 1963, in respect of 'Zoological Survey'."

DEMAND No. 84—SCIENTIFIC RESEARCH AND CULTURAL AFFAIRS

"That a sum not exceeding Rs. 14,88,59,000 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, 1963, in

respect of 'Scientific Research and Cultural Affairs'."

DEMAND No. 85—OTHER REVENUE EXPENDITURE OF THE MINISTRY OF SCIENTIFIC RESEARCH AND CULTURAL AFFAIRS

"That a sum not exceeding Rs. 52,49,000 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, 1963, in respect of 'Other Revenue Expenditure of the Ministry of Scientific Research and Cultural Affairs'."

DEMAND No. 134—CAPITAL OUTLAY OF THE MINISTRY OF SCIENTIFIC RESEARCH AND CULTURAL AFFAIRS

"That a sum not exceeding Rs. 2,73,07,000 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, 1963, in respect of 'Capital Outlay of the Ministry of Scientific Research and Cultural Affairs'."

MINISTRY OF HEALTH

Mr. Deputy-Speaker: Hon. Members may send the numbers of cut motions which they wish to move. Three hours is the time allotted for the discussion of the Demands of this Ministry. There are a large number of Members who are desirous of speaking. So, we have to limit the time limit of speeches to ten minutes in the case of Members of the Congress Party and not more than fifteen minutes in the case of others.

Shri Thirumala Rao (Kakinada): In view of our recent experience, does this include the time allotted to the Minister's reply also?

Mr. Deputy-Speaker: The time allotted for the discussion of the Demands of this Ministry is three hours.

Shri Harish Chandra Mathur: This is a very new practice which we are introducing—ten minutes for Congress Members.

Mr. Deputy-Speaker: Even yesterday the Speaker limited the time. I am not doing anything different. Shrimati Vimala Devi.

The Minister of Health (Dr. Sushila Nayar): Is it not better to reduce the number of speakers, so that those who participate can express themselves?

Shri Harish Chandra Mathur: Not that I wish to participate, but I definitely resent the fixation of time-limit to ten minutes in the case of Congress Members.

Mr. Deputy-Speaker: This is a matter for hon. Members and the House to decide. I am only placing the facts before the House.

Shri Warrior: How much time will the hon. Minister take out of three hours?

Mr. Deputy-Speaker: The hon. Minister has to answer all the points raised by hon. Members. Naturally she has to be given some extra time. If it is the desire of the House that the time of hon. Ministers also should be curtailed I have no objection.

Shri Thirumala Rao: My submission is that the Minister of Parliamentary Affairs is in charge of the business of the House and an important member of the Business Advisory Committee. Our recent experience is that Ministers are not able to reply in the time allotted to them. We should see that because of that a large number of hon. Members who want to air their grievances and who get an opportunity only once in a year should not be deprived of a chance.

The Minister of Parliamentary Affairs (Shri Satya Narayan Sinha): We have consulted all the leaders of

Groups and also discussed the matter in the Business Advisory Committee meeting. We are already five hours behind schedule. We are taking extra time for each Ministry.

Shri Warrior: The House is already sitting one hour extra every day and that has not been taken into consideration.

Shri Satya Narayan Sinha: The hon. Member should know that when we decided to allot 120 hours for Demands for Grants it was on the understanding that the House would sit one hour extra every day.

Mr. Deputy-Speaker: If the House is willing to sit longer we have no objection.

An hon. Member: There should be some time-limit for Ministers as well. They cannot speak for hours.

Mr. Deputy-Speaker: Hon. Ministers will also take note of it.

Shri Hari Vishnu Kamath: There is a precedent. In the case of the Ministry of Transport and Communications' Demands, the Speaker extended the time from eight hours to ten hours.

Shri Satya Narayan Sinha: That is why we are behind schedule by five hours.

Dr. Sushila Nayar: If interest is sufficiently maintained, we can see tomorrow if there is need for any extra time.

Dr. M. S. Aney: I wish to bring one point to your notice. I had sent my chit to the Secretariat before the Question Hour was over and I have been waiting all along to be called in the debate. I would like to know what is the procedure to catch your eye.

Mr. Deputy-Speaker: The hon. Member may send a chit and also get up to catch the eye of the Chair. The

hon. Member may adopt any of the three methods I read out yesterday.

Shri Harish Chandra Mathur: At least those hon. Members who are not present should be called. It is a derogatory thing.

Mr. Deputy-Speaker: I do not know the names of all Members.

DEMAND NO. 45—MINISTRY OF HEALTH

Mr. Deputy-Speaker: Motion moved:

"That a sum not exceeding Rs. 13,72,000 be granted to the President to complete the sum necessary to defray the charges which will come in course of payment during the year ending the 31st day of March, 1963, in respect of 'Ministry of Health'."

DEMAND NO. 46—MEDICAL AND PUBLIC HEALTH

Mr. Deputy-Speaker: Motion moved:

"That a sum not exceeding Rs. 7,42,28,000 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, 1963, in respect of 'Medical and Public Health'."

DEMAND NO. 47—OTHER REVENUE EXPENDITURE OF THE MINISTRY OF HEALTH

Mr. Deputy-Speaker: Motion moved:

"That a sum not exceeding Rs. 87,10,000 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, 1963, in respect of 'Other Revenue Expenditure of the Ministry of Health'."

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

Mr. Deputy-Speaker: Motion moved:

"That a sum not exceeding Rs. 9,10,61,000 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, 1963, in respect of 'Capital Outlay of the Ministry of Health'."

Shrimati Vimla Devi (Eluru): Mr. Deputy-Speaker, Sir, if I am speaking on the Demands of the Ministry of Health, it is not because I am an expert in technical matters of health, but because when I go round the villages and towns, I see people living in utter poverty and unhealthy conditions. They are at the mercy of nature. They do not get any medical advice. This prompts me to speak on health and put forward some suggestions. I am happy today that the Ministry of Health is in the hands of two eminent doctors.

Sir, the health of a nation depends on social and economic conditions of the people, the customs and superstition, housing, food and water supply, availability of medical aid to all the people of the community irrespective of their ability to pay for it. Within the short time at my disposal it is not possible for me to speak on all the topics of health. I shall, therefore, confine myself to the preventive aspect of medicine.

Every advanced country, and rightly so, gives much importance to preventive medicine because prevention is better than cure. Science has not developed as to prevent every disease. But effective preventives have been found out long back to many diseases which are the cause of premature deaths of so many people. It is true that we have not contributed much to modern medicine, but what prevents us from taking advantage of what others have found out? Can we be proud of claiming after fifteen years

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of independence that we have eradicated one single disease?

Let us start from pediatrics and proceed to geriatrics. In every village and every town children suffer from whooping cough. Some of them die due to the disease. Even though some may not die, they suffer for three or four months and they are reduced to skeletons. Children while playing sometimes wound themselves and are attacked by tetanus. Diphtheria also is causing many deaths among children. There is a very good preventive for these complaints namely triple-antigen. What steps have the Health Ministry taken to produce and supply this medicine cheaply?

Stray cases of polio were seen in our country from time immemorial. Last year there was an epidemic of polio in Andhra Pradesh. By the time Government reacted and got the vaccine the disease disappeared, leaving ravages behind it. Children who were able to walk before have become cripples and some of them died. What has Government done to prevent further epidemics in our country? Is it not the duty of the Government to manufacture this vaccine and supply it to all the States?

As the child grows to puberty new problems have to be faced. It is a phase of physical development and psychological adjustment. The feeling of security of childhood gives way to one of insecurity. It is the duty of the State to properly guide them. Otherwise, they do not fit into manhood or womanhood. Health education must be given to them.

During the next phase of life comes child-bearing age. If the expectant mothers are given good ante and post natal care and assistance at the child-births many diseases can be avoided. At the age of forty we find a new set of diseases affecting the human system, namely diabetes, hypertension and heart disease. I do not think we can claim one single institute

where proper advice on diets can be given to diabetics. I do not know whether insulin is being produced in our country.

Coming to hypertension, if the statistics of the hospitals can be taken as the guide, it is the common cause of diseases of heart. It is said that people who eat plenty of salt in their food get hypertension. A recent report from Bahama Islands said that people who eat salted fish get hypertension than those who don't eat. The main cause of heart disease is said to be privileged eating, lack of exercise, eating of yellow of the egg and animal fats, etc.

An hon. Member: And economic depression.

Shrimati Vimla Devi: My hon. friend says economic depression also. Heart disease is considered to be a preventable disease. People should be educated as to what measures they should take to prevent heart disease. In old age cancer is a horrible disease to be dreaded. The facilities to treat cancer are inadequate. Many cases are not even diagnosed early. But even if a few cases are diagnosed early, the patients have to wait for a long time to get admittance into the hospitals for getting deep X-ray therapy and radium treatment. By the time treatment is given, an early cancer has become a late cancer and is beyond treatment. In the olden times the doctors developed clinical sense to diagnose this disease, but in modern times there are machines to prove or disprove the diagnosis. In view of this, all the hospitals should be equipped with modern machinery for this purpose. The machines which we now have sometimes go out of order causing inordinate delay. Even now we depend on other countries for the supply of spare parts and machinery. And we are not using isotopes for the treatment as well as for research in our institutes. This must be done.

There are disease which attack every human being irrespective of age.

namely malaria, filaria, small-pox, cholera, typhoid, leprosy and tuberculosis. These are in endemic form causing so much destruction. So many times the necessity of eradicating these has been stressed. I am glad that the Government have planned to eradicate small-pox and malaria. I would suggest that the eradication of filaria might also be taken up along with the eradication of malaria, because both the diseases are caused by mosquitoes. In spite of our efforts to extinguish mosquitoes, the vibrations of mosquitoes can be heard in every home in India.

For eradication of small-pox there is a good vaccine. Monkey kidneys are used for producing this vaccine. We see in the railway platforms monkeys kept for being transported to America. I want to suggest that the exportation of monkeys must be stopped. The kidneys of the monkeys can be used for producing this vaccine.

Dr. Sushila Nayar: Which vaccine is the hon. Member talking of?

Shrimati Vimla Devi: Vaccine for small-pox.

And it is said that cow pox vaccine is injected under the shell of the egg, and the virus grows there. These methods should be adopted by us to avoid the costly maintenance of calves for producing this vaccine.

Cholera and typhoid preventives should be given to the people, mostly to those who live in the slum areas, before the rainy season. But usually, if at all it is given, it is given after an epidemic breaks loose, with the result that it does not have the desired effect. Here I would like to suggest that Shri Asok Sen's report should be adopted. At least the programme relating to slum clearance, that is water supply, drainage facilities and all these things must be implemented immediately to control the epidemics.

More centres should be provided for lepers. They go on the roads for begging, causing anxiety to the lay

people. If you go to Lakshman Jhoola, a pilgrim centre, you can see on both sides of the road the lepers begging. Homes must be provided for them and useful work given to them.

We all know the role of tuberculosis in this country. It is alarmingly on the increase, causing great concern to the nation. Mainly, the disease is seen among the poor who are underfed. I have seen doctors advising these poor patients to go and take egg, milk, fruits and so on and to take good rest to check the disease. I can only say that these doctors are in other words asking the patients to go to hell and face death, because they know very well that these poor patients cannot afford to have all these things.

Here I would like to suggest that instead of spending money on the construction of big sanatoria, cheap cottages can be provided at healthy places in our country and the patients can be sent there.

Now, B.C.G. vaccination is given to small children. But has the Government got any statistics to show how many out of those children who are given the B.C.G. vaccination have escaped this disease?

Even those standards which we want to maintain in public health are hindered by the enormous growth of population. The population growth has caused alarm to everybody in the country. The statistics show that it has doubled itself in fifty years. So, the prevention of the growth of population also is very essential. This has been realised by our Government. But the methods adopted are very ineffective. In the third Plan great importance is given to family planning. But the jellies, tablets and contraceptives used for the purpose are ineffective because they are beyond the understanding of the common man and also beyond his purchasing capacity. So, research should be carried on to provide cheap oral contraceptives.

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It is true that to some extent the upper and rich classes have learnt to restrict their families. Because, they are afraid that their riches will get divided and they cannot maintain a high standard of living. But the nation's concern is not about the increasing population among the richer classes but among the common masses. The common man should realise the importance of family planning. But what is the incentive to the common man to restrict his family? On the contrary, he feels that the more children he has, every additional issue is a source of additional income to his family, because the children at the age of three, four or five years go to the streets without any clothing to collect cow dung, make cakes and sell them, or become servants to rich families. But if his economic condition is better, if he also feels that he can provide his children better clothing, better education, etc. and maintain a better standard of living if he has few children, than if he has a big family. And then he will restrict his family. Unless he realises this there is no salvation to our increasing population. What is it that we have done to promote this?

As it is, the measures taken to prevent diseases and the growth of population are inadequate. Even those measures that have been taken by the Government are not properly implemented. To make an Act is one thing and to implement it is another. Why is the common man against taking preventive measures to check diseases and prevent the growth of his family? Is it because he is very fond of diseases or he wants a big family? I do not think so. It is because of his ignorance and superstition. And even if he is not so, the non-availability of good medical advice and medicines to him, the lack of education, and all these things may make him averse to these preventive measures. A mother is afraid of restricting her family because she thinks that some epidemic will rob her of some of her children.

So she does not want to restrict her family. But with the good use of these preventive medicines and by protecting the children with these vaccines, the mother can be encouraged to restrict her family.

And here I want to suggest that there is such a great need for family planning that a special Minister must be there for Family Planning also.

Taking all these into consideration Government should consider how it is going to eradicate fear and superstition from people's minds. They can do it by extensive health education to the public. How to do it is the question. To some extent publicity in the papers and pamphlets can be done. But unfortunately our nation is an illiterate nation. So this method cannot be very effective for educating the masses. So this should be done by means of radio, films, mobile film vans, public meetings, group and street meetings. The Department should not take it as a routine but as a patriotic duty. We see one picture in the Parliament about public health and when we go to the villages we see an entirely different picture. That picture has not changed from what it was fifteen years back, that is before Independence.

Voluntary organisations should be encouraged in this respect. Times and again expert committees on health have advised that political parties should be taken into confidence to promote public health and they should be made to educate the public. But what has the Government done so far about that? It has not done anything. All the political parties, specially the Communist Party, realise the importance of preventive medicine and family planning. But unfortunately they have not been taken into the non-official bodies. The ruling party thinks that it is the only patriotic party and that all the other parties are imported from other foreign countries. So they do not take these par-

into the non non-official bodies. (An Hon Member: That is not correct). The workers of the ruling party get into all the committees and use them for their own selfish ends. The people who are to be benefited by our work stand by and look on as outsiders. They do not participate in all these things. Voluntary student organisations must be permitted to participate in health work.

As it is, the number of medical practitioners are inadequate in India. all advanced countries have one doctor for every 600 or 1000 of the population. We have got only one doctor for 6000 people. Even of these doctors, 60 or 70 percent are in private practice. Unless the doctors participate by educating the public and doing some social work, education of the public in health matters cannot be achieved fully. If the private practitioners are approached in a proper way by the Government, even if they are busy with their work, I do not think they would grudge a few hours of social work to promote public health.

As far as diseases are concerned, I have to lay special emphasis on an allied subject, that is, the pharmaceutical industry, which is making enormous profit at the cost of human lives. Drugs should be manufactured by the Government and should be distributed cheaply. I know some foreign people who buy the medicines which we produce. We produce by little medicine. Even this little is purchased by foreigners. They label them under different trade marks and sell them at very high price to our own people. This should be considered as a criminal act and these persons should be punished properly. We should insist on the prohibition of the usage of antibiotics freely by all the people. Doctors of other medical systems should not use them. Because,

if they are used freely, these highly potent medicines won't act on the human body effectively when they are essentially needed. This is immediately followed by crises of the other doctors that allopathic doctors should not use medicines like Makaradhwa. I have no objection to an Act being passed by which allopathic doctors are prohibited from using makaradhwa.

This brings me to the various systems of medicine practised in the country. I am not against any system I am against any un-scientific system. I am sure, if Charaka and Susruta were alive today, they would not have given up inventing new fields in medicine. Unfortunately, some think that like old monuments, our medicine should be preserved in its original form. By this attitude, we cannot progress. Science is advancing by leaps and bounds. Every year, the old conception is giving place to a new one. Science has no boundaries. Any advance in modern medicine, in whichever part of the world it is invented, is ours also. If we shun it, the loss will be ours. So, I pray that every one who advocates any system of medicine should carry on scientific research in that particular field and contribute to the promotion of it. There is no meaning in hating each other's system.

More Research institutes should be established. The standard of teaching in medical colleges has fallen considerably resulting in the falling of the standard of the medical graduates. The Government should create an All-India cadre of teachers for Medical colleges. The staff in the medical colleges should not be allowed to do private practices. They must be paid handsomely. The salary paid to medical officers are poor when compared with the Administrative officers. After five years of hard study, one year of internship and one year of house-surgeonship, how are they in-

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feriors to the Administrative officers? Is it because the administrative machinery is in the hands of the I.A.S. officers? The Government should take the advice of the Indian Medical Association in matters of health policies and its representatives should be included in the Planning Commission.

Before I conclude, I would like to draw the attention of the Ministry to one point about the hospitals. We may not provide more hospitals because of lack of money, etc. But, the efficiency of the existing hospitals can be improved. People prefer private practitioners to Government hospitals because they do not get attention from the hospitals. So, they go to the private practitioners. Also, the medicines that we provide for the hospitals run away to the market. They are not distributed to the patients. They are actually sitting in the medical shops in the bazaar. We know definitely that these medicines are from the hospital. This should be considered a criminal act and this should be checked.

Mr. Deputy-Speaker: That would do.

Shrimati Vimla Devi: One point, Sir. The C.H.S. scheme should be extended to all the States.

Before I conclude, I want to draw the attention of the Health Ministry to the nationalisation of the health services. The only salvation for efficient health service to the people is a national health service. I would advise the Government to take a ballot of all the practitioners of modern medicine regarding nationalisation of health service as was done under the bold leadership of Aneurin Bevan. I have no doubt that they would welcome such a move. Most of advanced countries have a nationalised health service. We have nationalised life insurance. The next steps towards a welfare state is to nationalise our health service.

Dr. P. Srinivasan (Madras North): Mr. Deputy-Speaker, in supporting the Demands of the Health Ministry, first of all, let me congratulate the Health Ministry composed of two medical men, one, Dr. Sushila Nayar and the other Dr. Raju. Of course, when I mention this, I have in mind that the Health Ministry headed by two medical personnel will be able to tackle the problems connected with health more efficiently. That is my consideration.

Coming to Medical colleges, have we touched the fringe of the problem? The rush for admission into the Medical colleges is very great. The rush is so great that one out of every ten only is selected. Therefore, there should be more medical colleges or more facilities should be given for admission into these colleges. In rural areas, there are some people who have not seen a medical man.

An Hon. Member: No.

Dr. P. Srinivasan: Of course, my hon. friend says, no. As a medical man of 30 years standing. I have on some occasions gone to villages, and this is my personal view.

In the urban areas, the hospitals are there. How are they? If there is a sanctioned strength for 1000 patients, we have 2000 patients admitted. We are not able to attend to them. Is this the way in which it can be done? We cannot help. The Health Ministry should come to the rescue and see that something is being done.

Then, I come to the question of malaria, filariasis, smallpox and other infectious diseases. Of course, the Health Ministry has taken note of it. Much improvement has been made. But, one thing which they have neglected or which is not known to them is the so-called bug nuisance. Of course, the bug nuisance is universal. I might mention to the Health Ministry that a species of bugs are the

cause of kalazar diseases. In Madras, kalazar is endemic. In the Madras city, in this hot weather, you will find all the people, whether in the roads or streets or lanes or bylanes or blind lanes will be sleeping outside because of bugs. Leaving alone the kalazar trouble, on account of the bug nuisance, how many people are kept awake the whole night and thereby how many of human labour are lost? Will the Health Ministry take note of it and do something for that I wish the Health Ministry has a branch for the bug nuisance.

Coming to family planning, on page 118 of the report, it is said:

"Public Health measures have led to decrease in death rates, especially infant mortality. Death rates have been lowered from 27.4 to 21.6. They will be still lowered. Expectation of life has increased."

Of course, I do agree with that. In foreign countries, the death rate is about 2 per cent. That should be the target. We have 20 per cent. The Health Ministry should devote much time to this and see that the mortality rate comes to a respectably lower level. Knowing as I do that I have been given only ten minutes to speak because I belong to the Congress Party, I shall now come to the one subject for which I have been waiting

15 hrs.

Shri P. K. Deo: The hon. Member can come here and he can get 20 minutes.

Dr. P. Srinivasan: I thank you very much.

Shri A. S. Saigal: There is no necessity to go over to that side.

Dr. P. Srinivasan: The subject for which I have been waiting is water supply. I have been continuously waiting to come forward and speak on this on the Demands of the Health Ministry, because, as you know, Sir, I represent the North Madras Parliamentary constituency, or I may say, I represent the Madras city as a whole. In Madras city, the water problem is so acute that for about 20 lakhs of population, we get only 30 million gallons of filtered water by the so-called slow sand filters and mechanical filters. That works out to an average of about 15 gallons of water per head. Do you think that 15 gallons of water per head will be enough for drinking, for having bath and other things? I am sure the hon. Minister and the Deputy Minister of Health will agree with me that at least 30 gallons must be the minimum. But we are denied of that.

In our city, the water supply problem is such that we have to depend on the monsoon. Whenever there is a failure of the monsoon, we just look at the skies and we just pray to the Gods, because nobody helps us. At least, the present Health Minister should come to our aid. The Ministry should come to our aid and give us certain alternative arrangements.

Only this morning I asked a starred question whether there was any proposal to take the Cauvery waters to the Madras city, which is the burning topic of the Madras State as a whole and the Madras city in particular, and I was expecting to get some results. But the hon. Minister has said in reply to parts (a), (b), (c) and (d) of the question, that the material is being collected. I must thank the hon. Minister for the answer that has been given. But let me also appeal to the Ministry that this being a burning question, they should see that water supply is made available to the Madras city, and posterity and the future generation

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of Madras city will be grateful to the Health Ministry at the Centre for this.

In this connection, I must also mention that the water supply is so bad in the tail-ends of the Madras city. Even the 15 gallons per head are not reaching the tail-ends of the Madras city. I am referring to the area of Tondiarpet in the north, Adyar in the south and Sembiam in the west; of course, we have the Bay of Bengal in the east. At these tail-end places, we do not get even a pot of water.

When I was elected as a councillor of the Madras Corporation in 1959, I thought that this problem should be tackled, and when I consulted the Water Works Engineer of the Corporation, he suggested the sinking of a well. When I sank the well at the cost of the corporation for Rs. 25,000, what did I get from it? I got water, no doubt, but it was saline water. I then sent this water to the Guindy Institute for examination. They said that the water was potable but saline. I requested the Commissioner and the Water Works Engineer that that water supply could be connected to the North Madras mains so that the people may get water. And we have been drinking only that saline water. But today what has happened? Owing to the advent of the summer, the water level in the well has gone down, and due to the pressure of these pumps, we get only saltish water, and we are drinking that saltish water. It is no exaggeration, but it is a fact pure and simple which I who represent North Madras am expressing in this House. Will the Health Ministry take this matter into consideration and see that something is done in this regard?

In the chapter on 'Health Plans' at page 151 of the report for 1961-62 of the Ministry of Health, we find that the provision made for hospitals and dispensaries is Rs. 41.52 crores, that

for public health units Rs. 16.68 crores, that for medical education and training programmes Rs. 38.54 crores, that for control of diseases Rs. 70.08 crores, and that for family planning is Rs. 6.97 crores, while the provision for water supply and sanitation (urban and rural) is Rs. 105 crores. For the whole of India, leaving alone the urban areas, will this sum of Rs. 105 crores be able to satisfy the rural areas? I have known places where cattle and men drink the same water. Is that not a fact? I say that it is a fact.

As for the urban areas, if we are to take the Cauvery waters to Madras city, then it is estimated to cost about Rs. 30 crores. But do you mean to say that the Central Government are going to give any substantial aid to the Madras Corporation and the Madras State for this purpose? I do not think so. But let the Health Ministry come forward, and let them have talks with the Planning Commission, so that this allocation could be doubled, and it may be increased from Rs. 105 crores to Rs. 210 crores, and the necessity of life which is called drinking water may be made available to the Madras city.

श्री मोहन नायक (भंजनगर) : उपाध्यक्ष महोदय, जब हम हेल्थ मिनिस्ट्री की डिमांड र विचार करते हैं तो एक बात बराबर हमारे सामने आती है कि जो लोग अपना जीवन कुबल कर के दूसरों के स्वास्थ्य की रक्षा करते हैं, उन लोगों के स्वास्थ्यकी रक्षा के लिये भ्रम: तक कोई ठोस कदम नहीं उठाये गये हैं। जब कभी हम मेहतरों की बात करते हैं तो एक मजक सा हो जाता है। अगर हेल्थ डिमांड के सम्बन्ध में उन के लिये बोल तो हेल्थ मिनिस्टर कहते हैं कि यह होम मिनिस्ट्री का कंसर्न है, और अगर होम की डिमांड पर उन के लिये कहते हैं तो वह कहते हैं कि हेल्थ डिपार्टमेंट का विषय है। मुझे बहुत

दुख होता है कि उन के बारे में न तो ल्यबे डिपार्टमेंट कुछ सोचता है और न हॉम डिपार्टमेंट ही कुछ सोचता है। दोनों ही उनकी गान को ठीक से नहीं सोचते हैं। मुझे बड़-बुराई होती है यह देख कर कि इस समय हम को हेल्थ मिनिस्टर के रूप में एक ऐसा व्यक्ति मिला हुआ है जो बहुत दिन तक गांधी जी के साथ रहा था। इस समय गांधी जी मेहतरों के सम्बन्ध में बोलते थे उस को उन्होंने मुना होगा। इस लिये मैं आशा करता हूँ कि मेहतरों के स्वास्थ्य की रक्षा के लिये कुछ ठोस कदम उठाये जायेंगे।

जब पहली बार मैं सन् १९५७ में दिल्ली आया था तब मैं ने घूम घूम कर जहाँ भी मेहतरों की बस्तियाँ हैं उनकी अवस्था को देखा। मैं ने तालकटोरा गार्डन देखा, रॉडिंग रोड देखा, मेहरोली देखा और पास के गांव चिराग दिल्ली को देखा। छः साल पहले वैसे उनकी अवस्था थी वैसे ही अबवस्था उनकी आज भी है। उस में कोई परिवर्तन नहीं हुआ है। इस लिये मैं कहता हूँ कि जो लोग अपने जीवन को कुर्बान करके दूसरों के हेल्थ की रक्षा करते हैं, उन के स्वास्थ्य की रक्षा के लिये कुछ काम नहीं हो रहा है।

मैं एक बात और कहूँगा उड़ीसा के बारे में। आप लोग देखेंगे कि जो उड़ीसा की प्रांचलिक एरिया हैं उन में पंद्रह पंद्रह बीस बीस मील तक कोई अस्पताल नहीं है। मेरी कांस्टिट्यूटोरी भंजनगर है जो कि एक शेड्यूल एरिया है। वहाँ पर भी दस दस और पंद्रह पंद्रह मील के भीतर एक भी अस्पताल नहीं है। मैं ने एक बार एक आदमी को बुखार में देखा तो उसने कहा कि भाई तुमको बुखार है तुम अस्पताल जाओ। उसने कहा कि अस्पताल यहाँ से दस मील दूर है, अगर वहाँ जाऊँगा तो रास्ते में ही मर जाऊँगा। यह हालत है। आज हमारी स्वार्थी सरकार है, कोई विदेशी सरकार नहीं है कि हम उस पर दोष लगा दें कि विदेशी शासन है इसलिए हमारा खयाल

नहीं करता। अभी तो हमारा देशी शासन है। उसका फर्ज है लोगों की स्वास्थ्य रक्षा करना, उनको शिक्षा देना और उनके लिए मकानों का प्रबन्ध करना। इसलिए मैं बोलूँगा कि जो गरिब प्राविस हैं उबर के लोगों के लिए शोध की व्यवस्था धरूर की जाये। दिल्ली में तो हजारों डाक्टर हैं। हमारा तरका यह हो गया है कि जहाँ शिक्षित लोग रहते हैं जो ज्यादा चिल्लाते हैं और प्रेस करते हैं, उबर तो पूरी सुविधा दी जाती है। अगर देहातों में जहाँ के लोग मुंह नहीं खोलते हैं उन लोगों की तरफ हम कुछ नहीं देखते। उबर दृष्टि भी नहीं डालते कि उन लोगों को क्या चाहिए।

मैं एक बात और बोलूँगा। पिछली पंचवर्षीय योजना में बहुत से चाइल्ड वेलफेयर और मैटरनिटी सेंटर खोले गये। मैं ने देखा है कि चाइल्ड वेलफेयर और मैटरनिटी सेंटर को बने हुए पांच सात साल हो गये, अगर उनमें अभी तक ताला लगा हुआ है। हमें प्लान करते वक्त देखना चाहिए कि जो चीज हम स्टार्ट करें उस परी तरह स्टार्ट करें। अगर इस काम के लिए मकान बनाया है तो मकान बनना खत्म होने के साथ उसमें डाक्टर और नर्स जो भी चाहिए उस भी वहाँ पहुँचा देना चाहिए। नहीं तो हमने रिपोर्ट में तो कह दिया कि इतने चाइल्ड वेलफेयर और मैटरनिटी सेंटर बनाये गये हैं, अगर बनाने के बाद वह कैसे चलेंगे इसकी कोई स्कैम नहीं दिखायी देती। मैं उड़ीसा की बात कहना चाहता हूँ कि जहाँ बहुत से चाइल्ड वेलफेयर सेंटर और मैटरनिटी सेंटर बने हुए पांच सात साल हो गये। उनके लिए हम ने ५० परसेंट कांट्रिब्यूशन दिया अगर उनमें ताला लगा हुआ है।

मैं एक और निवेदन करना चाहता हूँ। जिस वक्त कालेरा या त्रिसूचिका का एपिडेमिक फैलता है तो मेहतर लोगों को उबर एंजेज किया जाता है। अगर कोई मेहतर कालरा से इन्फेस्टेड हो कर मर जाये तो उसको कोई कम्पेन्शन नहीं दिया जाता। यह बड़े दुःख

[श्री मोहन नाथन]

की बात है क्योंकि वह गवर्नमेंट को ड्यूटी पर मरा है। जिसका मृत्यु ड्यूटी पर होता है उसका फीमिली के मेनटिनेन्स के लिए कम्पेंसेशन देना चाहिए। तो मेरा निवेदन है कि ऐसी व्यवस्था में मेहतरों को भी कम्पेंसेशन देना चाहिए।

एक बात आप और देखेंगे कि जो मेहतर अस्पतालों में और गन्दी बस्तियों में काम करते हैं उनको हाथों को साफ करने के लिए साप भी नहीं दिया जाता और उनके लिए ठीक प्रकार का कपड़े का भी प्रबन्ध नहीं है।

मैं आपको एक बात और बोलूंगा। मेहतर की उन्नति के लिए चाहे होम डिपार्टमेंट भी कुछ काम करे लेकिन यह मुख्य समस्या हैलथ डिपार्टमेंट की है। हरिजन का टोटल प्राबलम तो होम डिपार्टमेंट देखेगा ही। पर मेहतर की समस्या केवल हैलथ विभाग पर आ जाती है। जो मेहतर गांवों में और देहात में काम करते हैं उनकी समस्या सिर्फ हैलथ डिपार्टमेंट पर आती है।

मैं देखता हूँ कि मेहतरों के लड़के लड़कियां जो कि पढ़ने योग्य हैं वे पढ़ने नहीं जाते। इसका कारण यह है कि उनके मां बाप काम पर चले जाते हैं और घर में जो छोटे बच्चे रहते हैं उनको देखने के लिए बड़े बच्चे रह जाते हैं। इसलिए वे पढ़ने नहीं जा सकते। मैं ने इस बारे में स्टेट गवर्नमेंट को भी एक सजेशन दिया था और यहां भी निवेदन करना चाहता हूँ कि अगर आप मेहतर जाति की उन्नति करना चाहते हैं तो जहां पर मेहतर बस्तियां हैं उधर एलीमेंटरी स्कूल बनाइए और उन स्कूलों के साथ साथ क्लेश भी बनाये जायें जिनमें छोटे बच्चों की देखभाल की जायें ताकि जो बड़े बच्चे उनको देखने के लिए घर पर रह जाते हैं वे स्कूल में जा सकें। इन क्लेश में एक दाई या नर्स रखी जायें तो छोटे बच्चों को देख भाल करे। ऐसा होगा तभी मेहतरों के बच्चे पढ़ सकेंगे।

मैं ने चार पांच म्युनिसिपैलिटियों में जाकर देखा। वहां एलीमेंटरी स्कूल हैं मगर मास्टर बोलते हैं कि इधर कोई मेहतर के लड़के लड़कियां पढ़ने नहीं आते। अगर आते हैं तो चार छः दिन के बाद नहीं आते या दस पांच दिन में एक बार आते हैं।

उपाध्यक्ष महोदय : यह हैलथ मिनिस्ट्री की डिमांड है, एजुकेशन मिनिस्ट्री की डिमांड नहीं है।

श्री मोहन नाथक : मैं बोलता हूँ कि मेहतर का सवाल तो सिर्फ हैलथ मिनिस्ट्री का है।

उपाध्यक्ष महोदय : एजुकेशन मिनिस्ट्री भागे आ रहा है।

श्री मोहन नाथक : मैं स्कूल की बात नहीं करता मैं तो कहता हूँ कि स्कूलों के साथ क्लेश खोले जायें। यह काम तो हैलथ मिनिस्ट्री का है। इन क्लेश में छोटे बच्चों का लासन पालन किया जायें। यह चीज तो हैलथ मिनिस्ट्री से सम्बन्ध रखती है।

उपाध्यक्ष महोदय : नहीं यह काम एजुकेशन मिनिस्ट्री का है। आपका समय पूरा हो गया।

श्री मोहन नाथक : मैं वाटर सप्लाई के बारे में कुछ बोलूंगा। हमारे देश में सब लोगों को वाटर सप्लाई करना सरकार का काम है। उड़ीसा के लिए सेंट्रल प्लान यह है कि अगर कोई कुबों के लिए १००० रुपया चाहता है तो अगर वह ५०० रुपया दे सके तो बाकी ५०० सरकार दे देगी। मेरा गांवों का अनुभव है कि जहां घनी आबादी है वहां के लोग सहज में ५०० रुपया दे कर इस सुविधा का लाभ उठा लेते हैं, लेकिन जो गरीब हैं उनके पास पांच रुपया भी देने के नहीं है वह पांच सौ कैसे दे सकते हैं। इसलिए मेरा निवेदन है कि जहां गरीब आदमी रहते हैं उस बस्ती के लिए पूरा एक हजार रुपया सरकार की तरफ

से दिया जाना चाहिए। वहां के लिए ५० पर सेंट कांट्रीब्यूशन का नियम हटा देना चाहिए। अभी यह होता है कि हरिजन बस्ती को एक कुवां देने का प्लान है लेकिन जब वह ५०० रुपया नहीं दे सकते तो वह कुवां उन लोगों को दे दिया जाता है जो दे सकते हैं और जो धनी हैं। तो मेरा निवेदन है कि हरिजनों के लिए यह कांट्रीब्यूशन का नियम नहीं होना चाहिए।

Mr. Deputy-Speaker: The hon. Members way now move their motions relating to the Demands under the Ministry of Health subject to their being otherwise admissible:

Control of prices of specific and patent drugs.

Shri A. V. Raghavan: I beg to move:

"That the demand under the head Ministry of Health be reduced to Re. 1." (36).

Provision to provide more incentive to medicos to serve in rural areas.

Shri A. V. Raghavan: I beg to move:

"That the demand under the head Ministry of Health be reduced to Re. 1." (37).

Neglect of fundamental research into the origin, prevention, prevalence and cure of leprosy and leperdemc diseases.

Shri A. V. Raghavan: I beg to move:

"That the demand under the head Ministry of Health be reduced to Re. 1." (38).

Establishment of more medical colleges.

Shri A. V. Raghavan: I beg to move:

"That the demand under the head Ministry of Health be reduced to Re. 1." (39).

Step-motherly attitude towards Ayurveda and other indigenous systems of medicine.

Shri Warrior: I beg to move:

"That the demand under the head Ministry of Health be reduced to Re. 1." (40).

Need for rural medical services through modern medicines.

Shri Sivamurthi Swami: I beg to move:

"That the demand under the head Ministry of Health be reduced by Rs. 100." (1).

Need to encourage Indian system of medicine.

Shri Sivamurthi Swami: I beg to move:

"That the demand under the head Ministry of Health be reduced by Rs. 100." (4).

Need to check malpractices in public hospitals.

Shri Sivamurthi Swami: I beg to move:

"That the demand under the head Ministry of Health be reduced by Rs. 100." (5).

Need to give liberal grants to private hospitals where free treatment is provided to patients.

Shri Sivamurthi Swami: I beg to move:

"That the demand under the head Ministry of Health be reduced by Rs. 100." (6).

Need to take more effective steps in the matter of family planning.

Shrimati Vimla Devi: I beg to move:

"That the demand under the head Ministry of Health be reduced by Rs. 100." (7).

Need to have more effective measures to check T. B. cancer, leprosy, cholera, whooping cough, typhus, diphtheria.

Shrimati Vimla Devi: I beg to move:

"That the demand under the head Ministry of Health be reduced by Rs. 100." (8).

Need to extend C. H. S. Scheme to other cities

Shrimati Vimla Devi: I beg to move:

"That the demand under the head Ministry of Health be reduced by Rs. 100." (9).

Need to have more medical colleges in the country.

Shrimati Vimla Devi: I beg to move:

"That the demand under the head Ministry of Health be reduced by Rs. 100." (10).

Need to have effective measures to check abnormal rise in heart diseases

Shrimati Vimla Devi: I beg to move:

"That the demand under the head Ministry of Health be reduced by Rs. 100." (11).

Need for intensive drive to eradicate mosquito nuisance in Assam State

Shri R. Barua: I beg to move:

"That the demand under the head Ministry of Health be reduced by Rs. 100." (41).

Need for research in and eradication of diseases peculiar to tribal people.

Shri R. Barua: I beg to move:

"That the demand under the head Ministry of Health be reduced by Rs. 100." (42).

Need to extend the Contributory Health Service Scheme to other cities.

Shri R. Barua: I beg to move:

"That the demand under the head Ministry of Health be reduced by Rs. 100." (43).

Need to stop unauthorised and unqualified persons from practising medicine in the rural parts of the country.

Shri Warior: I beg to move:

"That the demand under the head Ministry of Health be reduced by Rs. 100." (44).

Need to establish a medical college at Palghat District in Kerala during the Third Five Year Plan.

Shri P. Kunhan: I beg to move:

"That the demand under the head Ministry of Health be reduced by Rs. 100." (45).

Need to provide more funds for T. B. sanatoriums.

Shri P. Kunhan: I beg to move:

"That the demand under the head Ministry of Health be reduced by Rs. 100." (46).

Need to provide more funds for treatment of filariasis.

Shri P. Kunhan: I beg to move:

"That the demand under the head Ministry of Health be reduced by Rs. 100." (47).

Need to establish more research-cum training units to tackle wide-spread incidence of filariasis.

Shri P. Kunhan: I beg to move:

"That the demand under the head Ministry of Health be reduced by Rs. 100." (48).

Need to provide suitable buildings to house the filariasis centre in Ernakulam to accommodate indoor-patients

Shri P. Kunhan: I beg to move:

"That the demand under the head Ministry of Health be reduced by Rs. 100." (49).

Need for more basic and sustained research in eradication of leprosy

Shri P. Kunhan: I beg to move:

"That the demand under the head Ministry of Health be reduced by Rs. 100." (50).

Steps taken to check spread of leprosy

Shri P. Kunhan: I beg to move:

"That the demand under the head Ministry of Health be reduced by Rs. 100." (51).

Need to provide more funds for the eradication of small-pox

Shri P. Kunhan: I beg to move:

"That the demand under the head Ministry of Health be reduced by Rs. 100." (52).

Need to arrest the deterioration of the health of children through mal-nutrition.

Shri P. Kunhan: I beg to move:

"That the demand under the head Ministry of Health be reduced by Rs. 100." (53).

Need to take drastic steps against production and distribution of spurious food and drugs especially for children

Shri P. Kunhan: I beg to move:

"That the demand under the head Ministry of Health be reduced by Rs. 100." (54).

Need to provide more accommodation for the patients in hospitals.

Shri P. Kunhan: I beg to move:

"That the demand under the head Ministry of Health be reduced by Rs. 100." (55).

Need to give financial assistance to State Governments and Medical Associations for organising refresher courses for General Medical practitioners.

Shri P. Kunhan: I beg to move:

"That the demand under the head Ministry of Health be reduced by Rs. 100." (56).

Need for research in the treatment of cancer.

Shri P. Kunhan: I beg to move:

"That the demand under the head Ministry of Health be reduced by Rs. 100." (57).

Need to start a Central Institute of Orthopaedics

Shri P. Kunhan: I beg to move:

"That the demand under the head Ministry of Health be reduced by Rs. 100." (58).

Need to construct a T.B. hospital and sanatorium at Mahe

Shri P. Kunhan: I beg to move:

"That the Demand under the head Ministry of Health be reduced by Rs. 100." (59).

Need to provide sufficient funds to meet the cost of medicines and provision for qualified personnel in the rural health centres.

Shri P. Kunhan: I beg to move:

"That the Demand under the head Ministry of Health be reduced by Rs. 100." (60).

Need to provide every village with at least one qualified midwife.

Shri P. Kunhan: I beg to move:

"That the Demand under the head Ministry of Health be reduced by Rs. 100." (61).

National scheme of water supply for rural areas to prevent ill health and to raise health to higher standard.

Shri Sivamurthi Swami: I beg to move:

"That the Demand under the head Medical and public Health be reduced by Rs. 100." (12).

Need for further research work in Ayurvedic and Unani medical systems

Shri Sivamurthi Swami: I beg to move:

"That the Demand under the head Medical and public Health be reduced by Rs. 100." (13).

Need to increase doctors and beds in hospitals especially in T.B. and other epidemic diseases hospitals.

Shri Sivamurthi Swami: I beg to move:

"That the Demand under the head Medical and public Health be reduced by Rs. 100." (14).

Need to restore the cut in medicine for family planning purposes.

Shri Sivamurthi Swami: I beg to move:

"That the Demand under the head Medical and public Health be reduced by Rs. 100." (16).

Rural Health Centre and need for adequate medical staff in Rural Health Centre to serve the public in Villages

Shri Sivamurthi Swami: I beg to move:

"That the Demand under the head Medical and public Health be reduced by Rs. 100." (17).

Need for grants-in-aid to co-operative health centres

Shri Sivamurthi Swami: I beg to move:

"That the Demand under the head Medical and public Health be reduced by Rs. 100." (18).

Need to intensify population control programme in Kerala.

Shri M. K. Kumaran: I beg to move:

"That the Demand under the head Medical and public Health be reduced by Rs. 100." (19).

Need to ensure more rigid control over the quality of drugs manufactured in the country.

Shri M. K. Kumaran: I beg to move:

"That the Demand under the head Medical and public Health be reduced by Rs. 100." (20).

Need to build up a strong pharmaceutical industry in the public sector in the country.

Shri M. K. Kumaran: I beg to move:

"That the Demand under the head Medical and public Health be reduced by Rs. 100." (21).

Need to give special assistance to Kerala for increasing the bed strength of T.B. Hospitals in the State.

Shri M. K. Kumaran: I beg to move:

"That the Demand under the head Medical and Public Health be reduced by Rs. 100." (22).

Need for making a systematic and intensive survey of Kerala for underground drinking water.

Shri Koya: I beg to move:

"That the Demand under the head Medical and Public Health be reduced by Rs. 100." (23).

Need for protected water supply in Manjeri Ponawi, Baliapatam, Badagara and Tanur in Kerala State.

Shri Koya: I beg to move:

"That the Demand under the head Medical and Public Health be reduced by Rs. 100." (24).

Need for controlling and eradicating more vigorously the menace caused by filaria, elephantiasis, tuberculosis and cancer in Kerala State.

Shri Koya: I beg to move:

"That the Demand under the head Medical and Public Health be reduced by Rs. 100." (25).

Need to allot more funds to Kerala State for vigorously expediting filaria control scheme in Kerala.

Shri Koya: I beg to move:

"That the Demand under the head Medical and Public Health be reduced by Rs. 100." (26).

Need for supplying T.B. drugs and specifics to poor patients free of cost.

Shri Koya: I beg to move:

"That the Demand under the head Medical and Public Health be reduced by Rs. 100." (27).

Need to establish a mental hospital at Imphal.

Shri Rishang Keishing: I beg to move:

"That the Demand under the head Medical and Public Health be reduced by Rs. 100." (29).

Need to increase the number of seats reserved in medical colleges for students from the Union Territories

Shri Rishang Keishing: I beg to move:

"That the Demand under the head Medical and Public Health be reduced by Rs. 100." (30).

Need to eradicate Goitre from the Tamenglong Area of Manipur.

Shri Rishang Keishing: I beg to move:

"That the Demand under the head Medical and Public Health be reduced by Rs. 100." (31).

Need to improve and expand the T. B. clinic at Imphal.

Shri Rishang Keishing: I beg to move:

"That the Demand under the head Medical and Public Health be reduced by Rs. 100." (32).

Need to implement the National Smallpox Eradication Programme in Kerala, especially in rural areas.

Shri P. Kunhan: I beg to move:

"That the Demand under the head Medical and Public Health be reduced by Rs. 100." (62).

Need to provide more T. B. clinics in the rural areas in Kerala.

Shri P. Kunhan: I beg to move:

"That the Demand under the head Medical and Public Health be reduced by Rs. 100." (63).

Need to set up a leprosy hospital in each District in Kerala

Shri P. Kunhan: I beg to move:

"That the Demand under the head Medical and Public Health be reduced by Rs. 100." (64)

Need to set up clinics for the treatment and control of filaria in Kerala

Shri P. Kunhan: I beg to move:

"That the Demand under the head Medical and Public Health be reduced by Rs. 100." (65)

Need to set up a mental hospital in each District in Kerala

Shri P. Kunhan: I beg to move:

"That the Demand under the head Medical and Public Health be reduced by Rs. 100." (66)

Failure to implement Family Planning Scheme in the rural areas in Kerala

Shri P. Kunhan: I beg to move:

"That the Demand under the head other Revenue Expenditure of the Ministry of Health be reduced by Rs. 100." (67).

Failure to implement Imphal Water Supply Scheme during the periods of the First and the Second Five Year Plans

Shri Rishang Keishing: I beg to move:

"That the Demand under the head Capital Outlay of the Ministry of Health be reduced by Rs. 100." (34).

Need to include a scheme to supply drinking water to Ukhrul, the head quarters of the Hill sub-division in Manipur during Third Five Year Plan.

Shri Rishang Keishing: I beg to move:

"That the Demand under the head Capital Outlay of the Ministry of Health be reduced by Rs. 100." (35).

Mr. Deputy-Speaker: These cut motions are now before the House.

श्री राम सिंह (बहुराइच) : उपाध्यक्ष महोदय, मैं स्वास्थ्य मंत्री का इस तरह ध्यान दिलाना चाहता हूँ कि दूसरी पंचवर्षीय योजना के समाप्त होने के समय भारत में एक डाक्टर ४८०० व्यक्तियों पर होता था। हमारे पास कुल ८४ हजार डाक्टर थे जब कि योजना के अनुसार हमें ९० हजार डाक्टरों की आवश्यकता थी। हर बरस तीन हजार नये डाक्टर जो भारत को ५० मडिकल संस्थाओं से पास होते हैं इस व्यवसाय में आते हैं, और तीसरी पंचवर्षीय योजना के अनुसार उनकी संख्या एक लाख हो जायेगी। परन्तु ३३.३ संस्था वृद्धि के ही कार्य नहीं बढ़ता।

सरकार ने जो बड़े बड़े दवाखाने तथा अस्पताल खोले हैं उनमें दवाओं की सप्लाई उस अंश में नहीं बढ़ायी जा रही है जिस अंश में जन संख्या बढ़ रही है। इसका नतीजा यह होता है कि डाक्टर मरीजों को देख कर मर्ज बता देता है परन्तु मरीजों को मुफ्त दवाएं नहीं मिल पातीं। बहुत से छोटे छोटे अस्पतालों में जो कुछ थोड़ा सा स्टॉक रहता भी है उसका भी दुरुपयोग होता है। उससे दवाइयां लोगों को नहीं मिल पातीं क्योंकि इसका अधिक से अधिक लाभ स्टॉफ के लोग उठाते हैं। इसलिए अस्पतालों में दवाओं का स्टॉक ज्यादा किया जाये और उसके वितरण के लिए उचित व्यवस्था रहे। बहुत सी छोटी छोटी जगहों पर जहां अस्पताल नहीं हैं आयुर्वेदिक चिकित्सालय खोले जायें जिससे जो लोग अंग्रेजी दवाओं में अधिक धन नहीं व्यय कर सकते हैं वह भी आयुर्वेदिक औषधियों का लाभ उठाये। बहुत से ऐसे असाध्य रोग हैं जो दवाओं से ठीक नहीं होते वह भी योगिक क्रियाओं से ठीक हो जाते हैं। सरकार को चाहिए कि ऐसी योगिक क्रियाओं को भी प्रोत्साहन दे।

बाढ़ से या उन स्थानों पर जहां गन्दा पानी रुका रहता है तमाम बीमारियां फैलती हैं। ऐसे स्थानों पर पानी निकालने का प्रबन्ध होना चाहिए और नलों का प्रबन्ध किया जाना चाहिये जिससे लोगों को पीने के लिए साफ पानी मिल सके।

बहुत से स्थानों पर गन्दे नाले तथा नालियां भी बीमारी फैलने का कारण हैं। उन स्थानों के सफाई की समुचित व्यवस्था होनी चाहिए।

गन्दी बस्तियों को साफ और खुला रखने का भी प्रबन्ध किया जाना चाहिए।

भोजन की भी उचित व्यवस्था होनी चाहिए क्योंकि लोगों को खाने पीने की चीजों में मिलावट होने के कारण बहुत सी बीमारियां हो जाती हैं। अच्छा दूध व घी न मिलने के

कारण भी लोग स्वस्थ नहीं रहते^१। फल भी बहुत सी जगहों पर खराब और सड़े गले बिकते हैं। इनसे भी बीमारी फैलती है। इन सब को रोकने का सरकार को समुचित प्रबन्ध करना चाहिए।

मैं अब सरकार का ध्यान उत्तर प्रदेश के उस अपने जिले की तरफ दिलाऊंगा, जो कि तराई का इलाका है। उधर तराई वाले स्थानों में ज्यादातर नदियों में बाढ़ आती है। बाढ़ वाले स्थानों पर अक्सर पानी जमा हो जाता है। वहां पर सरकार की तरफ से बाढ़ रोकने का प्रबन्ध किया गया था और वहां पर बंध वगैरह बांधे गये थे। बंधे बांधने की बात के सिलसिले में मैं मन्त्री महोदय का ध्यान इस तफर आकर्षित करना चाहता हूं कि आज से ६, ७ साल पहले इतनी बाढ़ें नहीं आती थीं जितनी कि इधर आ रही हैं। इसका नतीजा यह होता है कि वहां पर पानी इतना अधिक रुका रहता है कि फरवरी तक वह पानी वहां पर सूखता नहीं है। उन बाढ़ के स्थानों में मलेरिया, फायलेरिया, चेचक और कौलरा जैसी बीमारियां अक्सर मौजूद रहती हैं। मलेरिया उन्मूलन के लिये पहले सरकार की तरफ से प्रबन्ध था। पहले दवाएं जो इस्तेमाल की गईं उनसे मलेरिया के रोग में कुछ कमी दिखाई पड़ी थी लेकिन इधर कुछ वर्षों से उन दवाओं का अच्छा असर होता नहीं दिखाई पड़ता है। डी० डी० टी० का प्रयोग भी अब अच्छा काम नहीं करता है। सरकार को उस तरफ भी ध्यान देना चाहिए। या तो औषधियों में कोई मिलावट है या वह औषधियां ही बदल दी गई हैं। सरकार को ऐसे स्थानों पर अच्छी दवाओं का प्रबन्ध करना चाहिए। उन तराई के इलाकों के अन्दर अस्पताल वगैरह नहीं हैं जहां पर कि गरीबों को दवाएं मिल सकें और उनका इलाज हो सके। वहां पर या तो अस्पताल खोले जायें या अगर इतना खर्चा बर्दाश्त नहीं हो सकता है तो देशी औषधियों का इन्तजाम

किया जाय जिससे कि उन गरीब लोगों को दवाएं मिल सकें।

मैं अपने जिले की तरफ फिर ध्यान दिलाऊंगा। वहां पर करीब १२ या १४ लाख रुपये की लागत से एक बड़ा अस्पताल खोला गया है। उत्तर प्रदेश के मुख्य मन्त्री महोदय ने इस वर्ष उसका उद्घाटन किया है। इतना बड़ा अस्पताल खुलने के बाद भी अभी तक उसमें वही पुरानी मंजूरी चल रही है जिसके कारण लोगों को ज्यादा तादाद में दवाएं नहीं मिल पाती हैं। इतने बड़े अस्पताल के लिए सरकार की तरफ से कुछ न कुछ इन्तजाम जरूर होना चाहिए। ऐसी जगहों के लिए जहां पर अस्पताल वगैरह नहीं हैं वहां पर जरूर देसी या होम्योपैथक दवाओं का इन्तजाम होना चाहिए।

मैं बस और ज्यादा नहीं कहना चाहता हूं। उपाध्यक्ष महोदय, मैं आपको धन्यवाद देता हूं कि आपने मुझे बोलने के लिए समय दिया।

श्री अ० सिंह सहगल : उपाध्यक्ष महोदय स्वास्थ्य मन्त्रालय के खर्च की जो मांगें इस समय सदन में प्रस्तुत हैं उन पर मैं अपने विचार रखना चाहता हूं।

हेल्थ सर्वे कमेटी की रिपोर्ट से मालूम होता है कि इस देश की जनता के स्वास्थ्य का स्तर दिनों दिन नीचे गिरता जा रहा है। नेशनल टी० बी० सर्वे कमेटी की रिपोर्ट के आधार पर यह नतीजा निकला है कि भारतवर्ष में शहरों में ४ से ५ फीसदी तक जनता क्षय रोग की शिकार है। संसार में सबसे अधिक टी० बी० के मरीज भारतवर्ष में पाये जाते हैं। यही नहीं ग्रंथेपन और अन्य आंखों की बीमारियां भी भारत में बहुत बढ़ रही हैं। इस से साफ मालूम होता है कि हमारे देश में जनता के स्वास्थ्य की कौसी बुरी हालत है।

यूनाइटेड किंगडम, कॅनाडा, रूस और चीन आदि मुल्कों की तरफ यदि आप देखें तो पायेंगे कि वहां ७ प्रतिशत से लगा कर १०

[श्री अ० सि० सहगल]

प्रतिशत रुपया जनता के स्वास्थ्य पर खर्च होता है

श्री दी० चं० शर्मा (गुरदासपुर) : यह चीन की फीगर्स आप कहां से ले आये ? इस का आप को कैसे पता चला ?

श्री अ० सिंह सहगल : शर्मा साहब यह किताब पढ़ेंगे तो उन्हें मालूम हो जायगा कि मैं यह फीगर्स कहां से लाया हूँ ।

जबकि उन देशों में इतना खर्च हो रहा है हमारे मुल्क में जहां पर कि ५ लाख गांव हैं हम देखते हैं कि तीसरी पंचवर्षीय योजना में मुल्क भर के लिए स्वास्थ्य की खातिर केवल ढाई प्रतिशत रुपया ही रखा गया है । पहली और दूसरी पंचवर्षीय योजना में जो पसा स्वास्थ्य के लिए रखा गया था वह भी पूरे तरीके से काम में नहीं लाया गया है । सरकार को यह ध्यान रखना चाहिए कि स्वास्थ्य और चिकित्सा यह दो अलग अलग चीजें हैं । इसमें इसमें हम को दो काम करने हैं । एक तो यह कि लोगों के स्वास्थ्य का स्तर इतना ऊंचा हो कि उन पर रोग के कीटाणुओं का असर न हो और दूसरे यह कि रोगी जनता को चिकित्सा द्वारा तन्दुस्त बनाया जा सके । लेकिन अगर जनता के स्वास्थ्य को बेहतर बनाने के स्थान पर यदि हम यहाँ ख्याल करें कि हम बीमारों को ठक करने में अपनी सारी ताकत लगा देंगे तो दिनों दिन रोगों को संख्या बढ़ती जायगी और हम अपने उद्देश्य में कामयाब नहीं हो सकेंगे

Mr. Deputy-Speaker: The hon. Member will continue his speech tomorrow. We have to take up Private Members' Business.

15.28 hrs.

REPRESENTATION OF THE PEOPLE
(AMENDMENT) BILL*

(Amendment of Section 7) by Shri
D. C. Sharma

Mr. Deputy-Speaker: Now, we take up Private Members' Bills. Shri D. C. Sharma.

Shri D. C. Sharma (Gurdaspur): Sir, I beg to move for leave to introduce a Bill further to amend the Representation of the People Act, 1951.

Mr. Deputy-Speaker: The question is:

"That leave be granted to introduce a Bill further to amend the Representation of the People Act, 1951."

The motion was adopted

Shri D. C. Sharma: Sir, I introduce the Bill.

15.28½ hrs.

PARLIAMENT LIBRARY BILL*

by Shri D. C. Sharma

Shri D. C. Sharma: Sir, I beg to move for leave to introduce a Bill to provide for building up an up-to-date and a comprehensive Library for Parliament.

Mr. Deputy-Speaker: The question is:

"That leave be granted to introduce a Bill to provide for building up an up-to-date and a comprehensive Library for Parliament."

The motion was adopted.

Shri D. C. Sharma: Sir, I introduce the Bill.