

**Shri V. V. Giri:** I have already said that this scheme is being introduced in this country for the first time and the officers that are brought here were those who served in the U.K. Ministry of National Insurance and Health.

**Dr. S. P. Mookerjee:** Is there any proposal to train up qualified Indians so long as these officers remain in India?

**Shri V. V. Giri:** Yes, Sir.

**Shri Nanadas:** May I know, Sir, what pattern of social security work these officers are expected to turn out during their stay in India?

**Shri V. V. Giri:** They have come here to assist us in setting up the whole organisation in this respect.

**JAPANESE UNDERGROUND CABLES  
(COMMITTEE)**

\*67. **Shri S. N. Das:** (a) Will the Minister of Communications be pleased to state whether the Government of India have appointed any committee to enquire into the purchase of Japanese Underground cables?

(b) If so, who are the members of the Committee?

(c) What are the terms of reference of the Committee?

**The Deputy Minister of Communications (Shri Raj Bahadur):** (a) to (c). Yes Sir. I lay a copy of the relevant Government resolution on the Table of the House. [See Appendix I, annexure No. 12.]

**Shri S. N. Das:** From the Resolution placed on the Table of the House it appears that the Director-General, Supplies and Disposals placed an order with a certain firm for underground cables. May I know whether our Trade Agency in Japan was consulted at that time?

**Shri Raj Bahadur:** It was not only consulted but it was entrusted with the task of going into the merits of the cable with regard to its quality.

**Shri S. N. Das:** Has the attention of the Government been drawn to the remark made by the Comptroller and Auditor-General that if the order had been placed direct it would have resulted in some saving of money?

**Shri Raj Bahadur:** I am afraid the hon. Member is perhaps not aware that that portion of the Audit Report has been withdrawn—Vide List of Corrections dated 3rd May 1952.

**Shri S. N. Das:** May I know when this Committee is likely to submit its

report or whether it has already submitted it?

**Shri Raj Bahadur:** I cannot give the exact time but the Committee is going into the question and I hope the report will be furnished very soon.

**Shri Natesan:** May I know when and where the defect was first discovered?

**Shri Raj Bahadur:** It was only found at one place. Only at Calcutta it was found that the upper jute covering was showing signs of peeling off in certain places. Most of it however has been retaped now. But at the other places it was found to be entirely satisfactory.

**Shri Natesan:** Were these cables not inspected in Japan before they were exported?

**Shri Raj Bahadur:** There was an inspector sent but it was not possible to inspect the entire lot of the cables; only portions were inspected.

**Shri Velayudhan:** May I know whether there is any purchasing agency of the India Government in Japan?

**Shri Raj Bahadur:** There is an Indian Liaison Mission, and normally it functions in this behalf also.

**Shri T. N. Singh:** Is it a fact that the directive for inspection of the cables was communicated to the persons in Japan much later or almost on the eve of the despatch of the goods?

**Shri Raj Bahadur:** Of course they had been manufactured, but they had not actually been despatched, they were going to be despatched. It was provided in the terms of agreement that the inspection will be done with regard to the process of manufacturing and some sample testing was done.

**TUBERCULOSIS**

\*68. **Shri V. P. Nayar:** Will the Minister of Health be pleased to state:

(a) the estimated number of persons suffering from tuberculosis, in India at present;

(b) whether the incidence of this disease is on the increase since 1947;

(c) if the answer to part (b) above be in the affirmative, the causes of the increased incidence; and

(d) what are the regions in which tuberculosis is found most?

**The Deputy Minister of Health (Shrimati Chandrasekhar):** (a) About 2½ million.

(b) Actual figures are not available. But judging from reports from everywhere it can be presumed that the incidence of the disease is on the increase.

(c) The reasons for the increasing high rate of incidence of the disease are, wide-spread poverty and consequent low standards of living, over-crowding in cities, and under nutrition. The mass migrations of people after partition under trying conditions have also contributed to the spread of infection.

(d) The highest incidence of tuberculosis is in the industrialised urban areas, namely, Calcutta, Ahmedabad, Bombay, Kanpur, etc. Its incidence in urban and semi-urban areas is also greater in comparison with that in rural areas.

**Shri V. P. Nayar:** Are there any geographical features which result in the increased incidence of tuberculosis?

**Mr. Speaker:** What does the hon. Member mean by that?

**Shri V. P. Nayar:** Climatic conditions.

**Shrimati Chandrasekhar:** May be but I have not got the information with me just now.

**Shri V. P. Nayar:** Is the continually decreasing food value available to our countrymen a contributory factor in the increased incidence of tuberculosis?

**Mr. Speaker:** I think we are now going into expert questions.

**Shri V. P. Nayar:** Sir, it arises out of the answer given.

**Mr. Speaker:** He may ask for information or statistics.

**Shri V. P. Nayar:** I will ask for statistics. To what percentage of the people affected by tuberculosis do Government afford free treatment?

**Shrimati Chandrasekhar:** A very low percentage, but I cannot give the exact percentage.

**Mr. Speaker:** I think we better go to the next question.

**Shri M. A. Ayyangar:** May I make a small suggestion? Wherever the Deputy Minister and the Minister of a Ministry are present in the House, both of them may give answers and try to give information to the House.

**Mr. Speaker:** I may respectfully differ from the hon. the Deputy Speaker. What I have noticed in these 247 P.S.D.

questions is that they are not questions on pure information with Government but questions which go into expert information or knowledge about the causes of the disease, causes for its spread—questions which are more a matter of opinion or speculation.

**An Hon. Member:** We want to be educated on the subject.

**Mr. Speaker:** Order, order. No Health Minister can be an expert on tuberculosis or any disease for that matter, and questions on that aspect should really not be asked. They can only give such information as they have on files and such statistical information as they have.

**Shri H. N. Mukerjee:** May I make a submission? You, Sir, permitted part (c) of question 68 where the causes of the increased incidence of tuberculosis were referred to. Naturally we expect the Minister concerned to give some of the causes.

**Mr. Speaker:** But not all the causes with which Government has nothing to do. There are many causes for the spread of tuberculosis and every body knows or is expected to know about them. But there is no use entering into an argument over these matters. These are things which can better be appreciated and realized than argued.

#### T. B. PATIENTS (COST OF DRUGS)

\*69. **Shri V. P. Nayar:** (a) Will the Minister of Health be pleased to state the average monthly cost of drugs and medicines required for treatment in the case of a tuberculosis patient in a Central Government Hospital?

(b) Are Government taking any steps to reduce the cost of medicines and drugs used in the treatment of tuberculosis in India?

**The Deputy Minister of Health (Shrimati Chandrasekhar):** (a) There is no Central Government Hospital for Tuberculosis. The cost of maintaining a bed in a good T.B. sanatorium exclusive of the cost of special drugs ranges from Rs. 125 to Rs. 150 per month. The needs of sufferers regarding Drugs vary from patient to patient. The average cost of general medicines excluding antibiotics in a T.B. Hospital works out to about Rs. 50/- per patient per year. No statistics are available regarding the average cost of the antibiotics but they are estimated to be about Rs. 225/- per patient per annum.

(b) The drugs mainly used in the treatment of tuberculosis are:—

- (i) Streptomycin.
- (ii) Para-Amino-Salicylic Acid.