

(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.

(iii) Thiosemicarbazone group of tuberculosis drugs.

(iv) **Hydrazide of Isonicotinic Acid.** The first three drugs are available at reasonable prices mainly as a result of the liberal import policy followed in respect of them. The prices of Streptomycin are also controlled under the Drugs (Control) Act, 1950. As regards the last drug, licences for its import are being granted to those parties who quote reasonable prices, while assistance is also being given to Indian firms who wish to start its manufacture in this country. As far as possible poor T.B. patients are helped with special drugs.

**Shri V. P. Nayar:** In view of the fact that 2½ millions of Indians suffer from tuberculosis, do Government have any proposals for manufacturing streptomycin, para-amino-salicylic acid and isonicotinic Acid-hydrazide in the country?

**Shrimati Chandrasekhar:** In answer to part (b) of the question, as regards the last item namely hydrazide of isonicotinic acid I have stated that assistance is being given to Indian firms who wish to start its manufacture in this country.

**Shri V. P. Nayar:** What percentage of T.B. patients can afford to have this treatment which costs round about Rs. 125 per mensem?

**Mr. Speaker:** It is a matter of opinion. Next question.

#### STAGE AND MUSIC ARTISTES (RAILWAY CONCESSIONS)

\*70. **Shri K. S. Rao:** (a) Will the Minister of Railways be pleased to state whether Government are considering a proposal for granting Railway concessions to Stage and Music Artistes?

(b) Have representations been made to Government regarding this?

(c) What action has been taken by Government with regard to these representations?

(d) How long will it take for Government to come to a decision in this matter?

(e) Has the question of granting Railway concessions to other needy groups also been considered?

**The Deputy Minister of Railways and Transport (Shri Alagesan):** (a) Government have recently examined this matter and propose to review it again some time later.

(b) Yes.

(c) While it has not been found possible to revive the pre-war rail

concessions for stage and music artistes, these have been allowed in specific cases on merits on an *ad hoc* basis.

(d) A reference is invited to my reply under (a) above.

(e) Yes.

**Shri K. S. Rao:** May I know whether there is any representation from the scheduled caste people?

**Mr. Speaker:** Order, order.

**Shri B. S. Murthy:** During the Rayalaseema famine days many of these artistes were unable to go from place to place giving performances in order to collect funds; as such may I know what the Government are doing to give railway concessions for free performances?

**Shri Alagesan:** As I have already stated, individual requests are considered on merits and these concessions are granted on an *ad hoc* basis.

**Shri K. K. Basu:** Arising out of the answer to part (e) may I know what are the 'needy groups'?

**Shri Alagesan:** I shall put teachers first.

**Shri Chattopadhyaya:** May I know whether the concession would also be extended to such of the M.Ps. who are artistes?

**Mr. Speaker:** Next question.

#### INDIAN INSTITUTE OF SUGAR TECHNOLOGY, KANPUR

\*73. **Prof. Agarwal:** (a) Will the Minister of Food and Agriculture be pleased to state how long has the post of Professor of Sugar Engineering not been filled up in the Indian Institute of Sugar Technology, Kanpur?

(b) When is the Sugar Institute likely to be shifted to the new building in Lucknow?

**The Minister of Agriculture (Dr. P. S. Deshmukh):** (a) Since August, 1950.

(b) It is not possible to state the exact date. The foundation stone of the new building was laid in February, 1952 and construction work has been entrusted to the Uttar Pradesh P.W.D.

#### AGMARK PRODUCTS

\*74. **Prof. Agarwal:** (a) Will the Minister of Food and Agriculture be pleased to state how Government exercise control over Agmark products, specially *ghee*?