

Shri K. K. Basu: May I know whether the working and management and conditions of service of the railway collieries are also within the terms of reference of the Committee?

Shri L. H. Shastri: So far as I know, not.

Shri K. K. Basu: Does the Government propose to include the same?

Mr. Speaker: Order, order. It is a suggestion for action.

Shri K. K. Basu: Sir, it is important.

Mr. Speaker: It may be important. There are so many important things besides this. All cannot be included in one question.

BOVINE TUBERCULOSIS

*185. **Shri V. P. Nayar:** (a) Will the Minister of Food and Agriculture be pleased to state whether Government have conducted any survey or collected statistics regarding Bovine Tuberculosis in India?

(b) If the answer to part (a) above be in the affirmative, what is the estimated number of cattle which suffer from T.B.?

(c) Have Government taken any steps to prevent the spread of T.B. from cattle to human beings, especially children?

The Minister of Agriculture (Dr. P. S. Deshmukh): (a) Yes. In order to investigate the incidence of tuberculosis in bovines, the Indian Council of Agricultural Research initiated a scheme at the Indian Veterinary Research Institute in 1938. Under this scheme two large scale field surveys were completed, one in the Punjab (around Lahore) and the other in Bombay (around Ahmedabad) and a third one is being carried out in Madras. As valuable results were obtained from these surveys, the Council has sanctioned a new scheme for a large scale survey at Patna in Bihar to cover the wet region. In addition to these schemes, Disease Investigation Officers in various States have conducted surveys to investigate the incidence of this disease.

(b) The incidence among the tested cattle and buffaloes was as follows:

- (i) Lahore and adjoining areas (Punjab): Nearly 17 per cent. cattle and 25 per cent. buffaloes.
- (ii) Ahmedabad and adjoining areas (Bombay): Cattle nearly 13 per cent. and buffaloes 18 per cent.

Results from Madras and Bihar are not yet available.

(c) No evidence is forthcoming to support the view that T.B. is spreading in India from cattle to human beings, especially children. This may be due to our habit of boiling milk before consumption. This is supported by the following facts:—

- (i) Under an I.C.A.R. scheme, a large number of milk samples from principal Indian cities and some Government and Military Dairy Farms were analysed and found to be free from T.B. bacilli.
- (ii) Incidence of T.B. in Indian cattle is comparatively lower than the dairy animals in the Western countries on account of the open air life Indian cattle lead.
- (iii) The mere fact that an animal reacts positively to tuberculin test does not necessarily imply that the animal has T.B. of the Udder and is voiding T. B. bacilli in its milk.

All the same animals which react positively to the tuberculin test at Government farms and institutes are segregated and kept away from other animals. This is, however, not possible under village conditions and the disposal of reactors to T.B. is a problem facing the country, particularly in view of the anti-slaughter policy adopted by a number of States.

Shri V. P. Nayar: Would it be possible for the Government to give the percentage of cattle in the entire country suffering from tuberculosis?

Dr. P. S. Deshmukh: No, Sir. It cannot be done without a complete survey.

Shri V. P. Nayar: May I know whether the figures given are based on actual tuberculin tests or on mere conjecture?

Dr. P. S. Deshmukh: I have already mentioned that tests are conducted.

Mr. Speaker: His point is whether the figures are based on a total survey or only test surveys of cattle. Is that the question?

Shri V. P. Nayar: Yes, Sir.

Dr. P. S. Deshmukh: Only on test survey.

Shri V. P. Nayar: Is it also on conjecture?

Mr. Speaker: Not conjecture. He says, "on test survey."

Shri V. P. Nayar: What type of tuberculosis is most prevalent among cattle? Is it Udder tuberculosis?

Dr. P. S. Deshmukh: I could not say; I want notice.

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

Shri V. P. Nayar: Sir, I have put a question on certain scientific data and I am entitled to ask some questions on this basis.

Mr. Speaker: But then the Minister is not bound to know all about it!

Shri V. P. Nayar rose—

Mr. Speaker: Let there be no argument about it.

Dr. Jaisooriya: How do Government propose to prevent the spread of tuberculosis in animals? Merely by segregation?

Dr. P. S. Deshmukh: That is one of the means, Sir.

Mr. Speaker: Well, I think I shall better go to the next question.

ANTI-T. B. DRUG

*186. **Shri V. P. Nayar:** (a) Will the Minister of Health be pleased to state whether Government have issued a press note informing the public of the release of the Anti-T.B. Drug—Iso-nicotinic Acid Hydrazide and other Hydrazine derivatives of iso-nicotinic acid?

(b) Before the issue of this press note, has the efficacy of these drugs been tested on T.B. patients and if so, on how many patients and in which hospitals?

(c) What were the results of tests referred to in part (b) above?

(d) What is the cost of this drug at present and what is the value for which this drug has already been imported into India?

The Minister of Health (Rajkumari Amrit Kaur): (a) Yes.

(b) and (c). The drug had been distributed to various T.B. Hospitals and Sanatoria for clinical trials but it was decided to release it for general sale in India subject to certain restrictions without waiting for results of the trials here as it had already been released for general sale in the U.S.A. and other foreign countries after trial and as there was great demand for the release of the drug from the Indian Medical Profession. The restrictions mentioned are that the labels on the container should contain

the caution that the Drug should be taken only under Medical Supervision, and that it should be sold only to registered Medical Practitioners or on the prescription of a registered practitioner. The trials are still in progress, but the reports so far received indicate that the drug is of value as an aid for the cure of T.B. by giving symptomatic relief and making patients, in some cases, fit for surgical treatment which might not otherwise have been possible. A statement giving the names of Hospitals where trials are being conducted is laid on the Table of the House. [See Appendix I, annexure No. 45.]

(d) The present selling price of the imported product varies from Rs. 7-8-0 to Rs. 8-7-0 per 100 tablets of 50 mg. each. Import figures of the drug are not available as figures are not maintained separately for each drug.

Shri V. P. Nayar: In view of the answer to the question and in view of the fact that it has been admitted by the Government that many people suffer from this dreadful malady, may I know whether Government have taken any steps for the manufacture of this drug or whether they are helping other firms to manufacture this drug?

The Deputy Minister of Health (Shrimati Chandrasekhar): Government are not doing any manufacture nor are Government in a position to supply this drug to people who suffer from tuberculosis.

Mr. Speaker: Supplying free to people who are suffering from tuberculosis?

Shrimati Chandrasekhar: I think I gave the answer last time that some poor patients are given.

Shri Punnoose: May I know, Sir, the percentage of our requirement that is produced in this country?

Mr. Speaker: What are the total requirements of this country and what is the proportion produced in India?

Shrimati Chandrasekhar: This has been distributed to 28 hospitals and the trials are not completed. Unless we know all the results we are unable to give you the details.

Rajkumari Amrit Kaur: It is a very new drug. It has only just come in to the market from abroad. Government really has not had time to take any action so far as preparation of this drug is concerned. They are encouraging the people who apply for its manufacture. It is impossible for Government to say how much of this drug is required for patients.