

was offered the post of Additional Director General of Health Services. He proceeded on leave for some personal reasons. He expressed his preference for the post of Director & Professor of Neurosurgery, National Institute of Mental Health & Neuro Sciences, Bangalore, to which he has been appointed on deputation basis.

(c) This selection has caused resentment amongst some C.H.S. Officers.

(d) Till the year 1972, there was no whole-time post of Medical Superintendent for Willingdon and Safdarjang Hospitals. One of the senior-most Superintending Grade I officers in the Hospital was called upon to shoulder the duties of Medical Superintendent. Dr. Sankaran was appointed to that post on 2-5-1971. Later on, when Dr. P. P. Goel, who was senior to Dr. Sankaran was transferred to Safdarjang Hospital, New Delhi, he was appointed as Medical Superintendent of the Hospital.

(e) In accordance with the Central Health Service Rules, 1972 as amended from time to time, post of Director General of Health Services is to be filled in the following manner:—

“The post of Director-General of Health Services shall be filled on the recommendation of D.P.C. by promotion on the basis of merit with due regard to seniority of

(i) officer holding the post of Additional D.G.H.S. or

(ii) Officer holding the post in Level I of Superintending Grade I in the scale of Rs. 2500—125/2—2750 who have rendered service for a period of not less than three years in that category.”

Dr. B. Sankaran fulfilled all the conditions for being appointed to the post of D.G.H.S., New Delhi.

Telephone connection provided in Orissa during last two years

8459. SHRI D. AMAT : Will the Minister of COMMUNICATIONS be pleased to state the number of Telephone Connections provided during the last two years in Orissa ?

THE MINISTER OF STATE IN THE MINISTRY OF COMMUNICATIONS (SHRI NARHARI PRASAD SUKHDEO SAI) : The gross number of new telephone connections provided in Orissa during the last two years, i.e. 1976-77 and 1977-78 is 1660 and 1725 respectively.

Overseas Communication Building at Bombay

8461. SHRI L. L. KAPOOR : Will the Minister of COMMUNICATIONS be pleased to refer to the reply given to Unstarred questions No. 4235 on the 23rd March, 1978, and state ;

(a) the estimated expenditure which would be needed for replacing 111 marble slabs and when this replacing work is likely to be completed and whether the Contractor would be asked to bear this expenditure ;

(b) besides marble slabs having got dislodging what are the other major defects which came into notice after the building was completed; the total amount spent in removing those defects and on whose account that expenditure was debited;

(c) whether the air conditioning machinery/plant equipment has not been functioning properly; and

(d) if so, the nature of defects value of repairs/replacements of such equipments ?

THE MINISTER OF STATE IN THE MINISTRY OF COMMUNICATIONS (SHRI NARHARI PRASAD SUKHDEO SAI) : (a) The estimated expenditure on replacement of 111 marble slabs would come to Rs 19,000 and would be borne by the Contractor. 27 slabs were replaced in 1972 and the remaining 84 are scheduled to be replaced by the 31st December, 1979.

(b) No major defect has come to notice.

(c) The equipment is functioning properly.

(d) Does not arise.

Ethical Homoeopathy

8462. DR. BHAGWAN DASS RATHOR : Will the Minister of HELATH AND FAMILY WELFARE be pleased to state :

(a) whether it is a fact that the Homeo-Central Council Act, 1973 was aimed at to give protection to every-way pure Homoeopathy, but the opposite activities are in practice;

(b) if so, what action Government propose to take to give protection to the Ethical Homoeopathy for the nation ; and

(c) what steps Government propose to take against those responsible for this ?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI JAGDAMBI PRASAD YADAV) : (a) The Homoeopathic Central Council Act, 1973 was intended to prescribe the minimum standards of homoeopathic education and to maintain a central register of homoeopaths. It does not provide protection to any system of practice. If any case of unethical practice comes to the knowledge of the Council it will take necessary action. No. action can, however, be taken for deviation from homoeopathic principles laid down by Hahnemann

(b) and (c). Do not arise

Malaria menace in the Capital

8465. **SHRI S. S. LAL :**
SHRI MUKHTIAR SINGH MALIK :
SHRI YADVENDRA DUTT :

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) whether it is a fact that it has been detected by the Medical Personnel that there is a great fear of spread of malaria in the country and most particular in the capital;

(b) if so, the steps being taken by Government to prevent the spread of malaria ; and

(c) whether Government are considering to appoint a high power committee of experts to find out the cause of spread of malaria in spite of the best efforts of NMEP ?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI JAGDAMBI PRASAD YADAV) : (a) No. On the other hand, there has been a decline in the number of malaria cases in the country as a whole as compared to those for 1976. However, the total number of malaria positive cases recorded in Delhi has increased.

(b) Government have launched a Modified Plan of Operations in the country from 1-4-77 to control the spread of malaria. A statement indicating the salient features of the Modified Plan is enclosed. Another statement indicating the remedial measures taken in the Capital is also enclosed.

(c) There are many reasons for resurgence of malaria which are well known. The Govt. had already appointed two High Powered Committees

to suggest measures for control of the disease. It is therefore, not considered necessary to appoint another higher power committee of experts therefor.

Statement

The salient features of the Modified Plan of Operations are as follows :—

1. The existing NMEP Units have been reorganised to conform to the Geographical boundaries of the district. Previously the Chief Medical Officers of the districts were not involved in the programme, but with the re-organisation of the Units, they are primarily responsible for the programme in the district.

2. Increased quantity of various insecticides DDT, BHC, Malathion have been/are being supplied to the States. Alternative insecticides are also being provided to the Units/district where the vector has become resistant to DDT/BHC.

3. Insecticidal spray operations have been undertaken in all rural areas which have incidence of 2 or more cases per thousand population.

4. Adequate quantity of anti-malaria drugs have been/are being supplied to the State/Union Territory Government. About 1.13 lakhs Drug Distribution Centres / Fever treatment Depots have been established to make the drug freely available. In areas where resistance to Chloroquine by parasites has been noticed, alternative anti-malarials like quinine have been supplied.

5. Anti-larval operations under Urban Malaria Programme have been intensified. The Scheme has been extended to 38 more towns besides the 28 existing towns existing earlier during 1977.

6. Supervision of the field staff has been toned up.

7. Steps have been taken for undertaking both fundamental and operational research in the field of malaria Eradication Programme. 14 research schemes i.e. 8 for operational field research and 6 for laboratory research on malaria has been associated by Govt. of India to I.C.M.R.

8. For early examination of blood smears and quick treatment of positive cases, laboratory services have been decentralised to the BHC level.

9. With a view to control the spread of Plasmodium falciparum infection which accounts for death due to Cerebral malaria with the help of World Health Organisa-