

At Kothagudam, when it is finally decided, we will get 97,200 tons of urea and 1,83,000 tons of nitrophosphates.

Central Institute of Pharmacy

*1202. **Shri Ajit Singh Sarhadi:** Will the Minister of Health be pleased to state:

(a) the nature of scheme for the establishment of a Central Institute of Pharmacy;

(b) Government's decision thereon; and

(c) how far the State Governments are co-operating in the matter of starting Diploma courses in Pharmacy?

The Minister of Health (Shri Karmarkar): (a) The Central Institute of Pharmacy will be a self contained modern Institute where facilities will be provided for conducting courses of study covering entire field of Pharmacy namely, Pharmacy, Pharmaceutical Chemistry, Pharmacognosy, Pharmacology and cognate subjects. The Institute will foster research, both fundamental and applied. The Institute will provide a well-equipped library, a museum and a herbarium.

(b) A tentative allocation of Rs. 25 lakhs has been made for the scheme for the establishment of the Central Institute of Pharmacy during the Third Five Year Plan. Preliminary work like the preparation of the blueprint for the Institute etc. will be taken up during the year 1961-62.

(c) A scheme for a model institute providing the Diploma in Pharmacy course of study was forwarded to all State Governments for their guidance. So far the Diploma in Pharmacy course has been started by the Governments of Bihar, Maharashtra, West Bengal, Madras, Punjab and Orissa.

Shri Ajit Singh Sarhadi: Before the finalisation of the State schemes on the form of the model scheme, has the proposal been considered that the present medical colleges should also provide for this course?

Shri Karmarkar: They can have these faculties but it has been considered advisable to have a model institute so that this can serve as a model for the States that want to run similar institutions.

Shri Ajit Singh Sarhadi: Has any date been fixed by the Centre in this connection? By what date would they be able to have an institute of this kind?

Shri Karmarkar: We have provided a token budget of Rs. 10,000 in 1961-62. We are still expecting the reaction of the State Governments. As I said earlier, Rs. 25 lakhs is proposed to be provided for in the Third Plan. As soon as we get the reaction of the States, we shall take further steps.

क्षय रोग का सर्वेक्षण

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*१२०४. श्री विभूति मिश्र :

श्री अनिरुद्ध सिंह :

क्या स्वास्थ्य मंत्री यह बताने की कृपा करेंगे कि :

(क) क्या सरकार ने इसका कोई सर्वेक्षण किया है कि ३१ जनवरी १९६१ को देश में कितने क्षय रोगी थे ?

(ख) यदि हाँ, तो क्षय रोगियों की संख्या कितनी है और कितने रोगियों के अस्पतालों में रहने की व्यवस्था है ; और

(ग) क्या जनता में क्षय रोग को फैलने से रोकने के लिये कोई निरोधक उपाय अपनाये जा रहे हैं ?

स्वास्थ्य मंत्री (श्री करमरकर) :

(क) जी नहीं। अन्तिम राष्ट्रीय क्षय रोग न्यादर्श सर्वेक्षण १९५५-५८ में किया गया था।

(ख) उस के बाद कोई सर्वेक्षण न होने के कारण क्षय रोगियों की संख्या के बारे में सूचना उपलब्ध नहीं है। शायदों की संख्या के बारे में सूचना एकत्र की जा रही है और उपलब्ध होने पर सभा-पटल पर रख दी जायेगी।

(ग) देश में क्षय रोग का प्रत्युपाय करने के लिये द्वितीय पंचवर्षीय योजना में निम्नलिखित योजनायें सम्मिलित कर दी गई हैं :—

१. बी०सी०जी० टीका आन्दोलन
२. क्षय क्लिनिकों की स्थापना
३. क्षय प्रदर्शन एवं प्रशिक्षण केन्द्रों की स्थापना ।
४. क्षय पृथक्करण शय्याओं की स्थापना
५. भूतपूर्व क्षय रोगियों के लिये परचावधान एवं पुनर्वास केन्द्रों की स्थापना
६. राष्ट्रीय क्षय रोग संस्था, बंगलोर की स्थापना

क्रम संख्या ५ में दी गई योजना के अतिरिक्त उपर्युक्त शेष सभी योजनायें तृतीय पंचवर्षीय योजना में चालू रखी जा रही हैं । इसके अतिरिक्त सचल क्लीनिक एवं एक्स-रे एककों के प्रदाय में सम्बन्धित एक नयी योजना तृतीय पंचवर्षीय योजना में सम्मिलित कर दी गई है ।

I shall also read it in English.

(a) No. The last National sample T.B. Survey was conducted in 1955--58.

(b) In the absence of any later survey, information regarding the number of T.B. patients is not available. Information regarding the number of beds is being collected and will, on receipt, be laid on the Table of the Sabha.

(c) The following schemes have been included in the Second Five Year Plan for combating T.B. in the country:—

1. B.C.G. Vaccination Campaign.
2. Establishment of T.B. Clinics.
3. Establishment of T.B. Demonstration and Training Centres.
4. Establishment of T.B. Isolation beds.

5. Establishment of Aftercare and Rehabilitation Centres for ex-T.B. patients.

6. Establishment of National T.B. Institute, Bangalore.

All the above schemes, excepting that at serial No. 5, are being continued in the Third Five Year Plan. In addition, a new scheme regarding supply of mobile clinics and X-ray units has been included in the Third Plan.

श्री विभूति मिश्र : अभी तो माननीय मंत्री जी ने कोई आंकड़े दिये नहीं, लेकिन मैं जानना चाहता हूँ कि हमारे बिहार में जो इटकी सैनीटोरियम है, जिसमें जगह पाने के लिये रोगियों को साल-साल, दो-दो साल तक बेटिंग लिस्ट में रहना पड़ता है और जब तक जगह मिलने की नीवत आती है उस वक्त तक रोगी मर जाते हैं, उस में टी० बी० जैसी खतरनाक बीमारी के लिये कोई ऐसा इन्तजाम है कि बेड्स को बढ़ाया जाये, या जहां भी सैनीटोरियम है वहां पर बेड्स बढ़ाए जाये ?

श्री करमरकर : यह भी अपना धोरण है, मगर जो चीज है क्षय रोग के निरोध की या ग्राम तौर से जो मेडिकल रिलीफ का काम है वह स्टेट गवर्नमेंट्स के सुपुर्द किया जा रहा है । और जिस हद तक हम ग्रिमिस्टेंस दे सकते हैं वह आइसोलेशन बेड्स के बनाने में देते है ।

श्री विभूति मिश्र : इटकी का जो सैनीटोरियम है वह सेंट्रल गवर्नमेंट के मातहत है और सारे हिन्दुस्तान से लोग उसमें जाते हैं । तो मैं जानना चाहता हूँ कि क्या किसी मात्रा में सरकार वहां बेड्स बढ़ाना चाहती है क्योंकि लोग इसकी नेसिसिटी बहुत ज्यादा महसूस कर रहे हैं ?

श्री करमरकर : ग्राम तौर से मेडिकल रिलीफ स्टेट गवर्नमेंट्स के सुपुर्द किया जा रहा है । इसके लिये उनके पास पैसा है । हमारे पास मेडिकल रिलीफ के लिये पैसा

नहीं है। जिस हद तक द्यूबरक्लोसिस एक नैशनल प्रॉब्लेम है उस हद तक सहायता देकर स्टेट गवर्नमेंट का काम थोड़ा हलका हम करना चाहते हैं।

श्रीमती कृष्णा मेहता : मेहरोली में जो अस्पताल है क्षय रोगियों का वहां किसी किसान ने लगभग ६०,००० रु० की जमीन दी थी और यह कहा था कि उसमें गांव वालों के लिये एक विंग बनाया जाये। मैं जानना चाहती हूँ कि क्या उसके बारे में आपने कुछ किया ?

श्री करमरकर : यह मामला द्यूबरक्लोसिस ऐसोसिएशन के मुपुर्द था। उन्हीं के पास कागज हैं, और हमने कहा है कि जिम हद तक हो सके उस हद तक हम धर्मशाला के लिये सहायता देने के लिये तैयार हैं। यह चीज द्यूबरक्लोसिस ऐसोसिएशन की मार्फत होने वाली है। हमारा इससे कोई सम्बन्ध नहीं है।

Shrimati Renu Chakravarty: In view of the fact that there has been such an increase in the incidence of T.B. among the masses, in the Third Plan what is the increase in the number of beds in the Central Sanatoria? Can he give us an idea of the targets which will be put into effect in the States with regard to the increase in the number of beds for T.B. patients?

Shri Karmarkar: As I was explaining earlier, quite apart from what the State Governments will be doing for increasing the T.B. beds, we propose to have a target of 5,000 isolation beds in the Third Plan and if the States ask for aid in the matter, we shall be happy to give that.

Shri Nath Pal: The hon. Minister said earlier that no reliable data is available with regard to the beds and the number of patients. But it is a fair assumption that the number of patients is increasing and there is inadequacy of beds. May we know what steps are being taken by the Government to help privately owned sanatoria in their schemes for ex-

pansion of the facilities and the availability of beds? Secondly, may I also know whether the Government are contemplating taking procedural measures so that the hospitals and their schemes do not become shuttles between the State and Union Government and the delays are cut short?

Shri Karmarkar: Yes, Sir. In the Second Plan there was a provision of one crore of rupees and I am happy to tell the House that we got something more from some other sources and we have increased the provision to more than one crore. Further, I think we have given the State Governments more than Rs. 1.25 crores to non-official institutions in the various States. During the Third Plan, an amount of Rs. 2.5 crores has been provided for this purpose, for helping non-official institutions in respect of TB, leprosy and cancer. Whenever an application from a non-official organisation comes in as recommended by the State Government we shall be happy to help that institution.

Shri Tridib Kumar Choudhuri: The hon. Minister stated that no survey had been made regarding the number of TB patients.

Mr. Speaker: No recent survey.

Shri Tridib Kumar Chaudhuri: May I know whether his attention has been drawn to the recent statement of the President of the West Bengal TB Association, Dr. A. C. Ukil, that there are six lakhs of active TB cases in West Bengal out of which one lakh are infectious cases? May I know whether similar surveys have been made by TB Associations of other States also so that a proper assessment of this scourge may be made?

Shri Karmarkar: Sir, I am not aware of the basis of that assessment. To my knowledge the only sample survey organisedly done was during 1955-58. It is possible that they may have based it upon some rational factors. We have not asked the State Governments to make another sample survey in the the matter beacuse it is no use making it. Also we know

roughly the incidence and mortality of TB by way of that survey. Maybe, in another five years' time it may be proper for us to make a survey. What is more important is to provide for the relief of TB cases rather than surveys.

Shri Braj Raj Singh: May I know whether the Government contemplate to have some programme of the type of malaria eradication programme for eradication of TB in the country?

Shri Karmarkar: That could not be contemplated unless we have resources to put up at least 100,000 beds which means some crores of rupees which we cannot afford at the moment. Malaria eradication programme was different because it was concentrated in the killing of the malaria bearing mosquitoes and therefore it was possible there. Here it is not possible to work an easy solution. This problem of TB is much bigger.

Dr. Sushila Nayar: In view of the success achieved by the domiciliary treatment, may I know what proposals are there to have country-wide arrangements for treatment of cases of tuberculosis with mobile vans and also to undertake national control programme?

Mr. Speaker: He has referred to it in his answer. Mobile vans are also included there.

Dr. Sushila Nayar: I am requesting the hon. Minister to enlighten us whether there is a programme to cover the country with these mobile vans and domiciliary treatment schemes. The question was about its control like malaria and the hon. Minister said that 10,000 beds would be required.

Mr. Speaker: The answer to her question was included in the main answer. Mobile vans are also going to be there. If the hon. lady Member wants further details . . .

Dr. Sushila Nayar: My question slightly differs.

Mr. Speaker: I will ask the hon. Minister to give that information.

Dr. Sushila Nayar: May I know whether there is national control programme based on mobile vans and domiciliary treatment?

Shri Karmarkar: In the Third Five Year Plan we have set aside an amount for—in addition to the 5000 isolation beds that I mentioned—for about 25 mobile diagnostic treatment units in the country. Obviously, this is on a representative basis so that the States may develop it and work it within their own resources. At the present moment, within the resources at our disposal as it is being budgeted for in the Third Five Year Plan it is impossible for us to take up a State coverage for medical relief of tuberculosis patients.

Shri Achar: May I know the amount that has been given as help to private institutions during the Second Five Year Plan and what is being provided for that purpose in the Third Five Year Plan?

Shri Karmarkar: As I said, the amount that has been given as grant is more than Rs. 1,25,00,000 and the amount provided for in the Third Five Year Plan—to repeat an earlier answer—is Rs. 2.5 crores.

श्री भ० बी० मिश्र : मैं जानना चाहता हूँ कि अब तक टी० बी० की रोकथाम के लिए जितने भी साधन उपलब्ध हुए हैं उनसे किस हद तक सफलता मिली है ?

श्री करमरकर : बहुत हद तक सफलता मिली है। जो लोग ट्रीटमेंट के लिए आते हैं प्रायः उनमें से ज्यादा लोग जिन्दा रहते हैं और ज्यादा जल्दी ठीक हो जाते हैं। खास तौर से जो रिलीफ के लिए उपाय किये जाते हैं वे ज्यादा सफल हो रहे हैं और ज्यादा अच्छी औषधियाँ भी निकल रही हैं।

श्री पद्म देव : जिन विशेष करणों से देश में यक्ष्मा त्वरित गति से प्रगति कर रहा है

उनका निराकरण करने के लिए सरकार ने कौन-कौन उपाय अपनाये हैं ?

श्री कर्मरकर : जहां तक मैं समझता हूँ बढ़ तो नहीं रहा है। लेकिन बढ़ रहा है या नहीं यह जानने के लिए तो साधन नहीं हैं। जहां-जहां भीड़ ज्यादा है जैसे दिल्ली, कलकत्ता या बम्बई, वहां इंसीडेंस बढ़ रहा होगा। लेकिन मरने वालों की संख्या कम हो रही है। जहां-जहां ट्रीटमेंट की सुविधा है वहां मारटेलिटि का इंसीडेंस कम हो रहा है। प्रश्न का दूसरा भाग है कि उसकी रोकथाम के लिए क्या उपाय किये जाते हैं। इसका एक बड़ा कारण तो गरीबी है, उसको दूर करना आवश्यक है।

A well-nourished population does not suffer from tuberculosis as much as ill-nourished population does.

लेकिन यह तो एक बड़ा मवाल है। दूसरा उपाय है कि जिन लोगों में इस रोग का विष फैल जाता है उनकी बीमारी को ठीक करने के लिए इलाज किया जाये। उसके लिए ज्यादा से ज्यादा प्रबन्ध किया जा रहा है और उनको बचाने में ज्यादा सफलता मिल रही है। लोगों को मर्ज से बचाने का प्रयत्न किया जाता है।

Shri Chintamoni Panigrahi: May I know what is the total number of deaths from T.B. now and whether it has registered an increase during the last two years?

Shri Karmarkar: I understand there was a recent survey in Delhi, and during the last ten years, prior to 1958, it was found that the actual mortality or the number of deaths taking place due to T.B. had lessened by half.

Shri Chintamoni Panigrahi: It is only confined to Delhi. May I know whether any survey has been made in respect of other places?

Shri Karmarkar: It is impossible for us to take a survey of the actual deaths due to tuberculosis all over the country. Therefore, a sample survey was

done. Roughly it is said that so many people die—say, 500 thousand people die due to tuberculosis; it may be more, it may be less. That shows only the general incidence. Since this is true of Delhi it can be much more true of places less crowded than Delhi and places having lesser number of poor people.

Dr. Sushila Nayar: Is it not correct that the reduction in the number of deaths due to T.B. in Delhi is due to the domiciliary clinics and the health education carried out by these clinics to prevent infection by infectious cases? If so, in view of the effectiveness of this type of health education for the prevention of tuberculosis, would the hon. Minister tell us what programmes have been undertaken to carry on health education to prevent the infection of tuberculosis?

Shri Karmarkar: Sir, I entirely agree with my hon. friend with regard to the desirability of health education, even though going round about I see very little effect of that health education in Delhi. The result of less mortality.... (laughter). Sir, is that not a proper reply? Sir, when people begin to smile when I am replying I also sometimes smile. What I say is, I have gone a little closer into the matter. The reduction in deaths in Delhi or anywhere-else has been definitely due to more effective remedies and larger amount of facilities provided for tuberculosis relief. Unhappily for me, Sir, I am unable to say that our people have yet imbibed anything of health education. It has yet to be imbibed and efforts will have to be made more and more in that direction. I am entirely in agreement with my hon. friend on that point.

श्री विष्णुति मिश्र : मंत्री महोदय ने बतलाया कि किम-किम तरह से टी० बी० को रोका जा सकता है। मैं जानना चाहता हूँ कि टी० बी० से बचाव आदि के बारे में क्या कोई मासिक्य स्कूलों में, कानिजों में, कारखानों में और वेहातों में जहाँ गरीब लोभ रहते हैं, जिनको टी० बी० ज्यादा होती है,

बांटा जाता है ताकि लोग उसको पढ़ कर अपना बचाव कर सकें और संयम में रहें ?

श्री करमरकर : बच्चों के बारे में क्या कहा माननीय सदस्य ने ?
I think his question is about tuberculosis in children.

Mr. Speaker: Among school boys.

श्री विभूति मिश्र : आपने जो टी० बी० का रोकने के उपाय बताये हैं क्या उनको सहज भाषा में छपवा कर स्कूलों में, कानिजों में, कारखानों में और गांवों में जहां गरीब लोग रहते हैं जिनको टी० बी० बहुत ज्यादा होती है, बटवाया है ताकि लोग उसको पढ़ कर संयम में रह कर अपना बचाव कर सकें ?

श्री करमरकर : जैसा बहिन जी ने कहा यह आरोगी शिक्षा का काम है। दिल्ली में इस प्रकार की एक संस्था है जिसका नाम है सेंट्रल हेल्थ ऐजुकेशन ब्यूरो। मैं चाहता हूँ कि इस प्रकार की संस्थाएँ सब स्थानों में, जिलों में, और तहसीलों तक में स्थापित हो जायें और कम्युनिटी प्रोजेक्ट्स में स्थापित हो जायें और इस प्रकार देहात तक पहुंच जायें। यह अपनी योजना है, लेकिन यह कब तक पूरी होगी यह पैसे पर निर्भर करता है।

Dr. Sushila Nayar: Has the hon. Minister seen a small device of an empty cigarette tin with a small container inside for the patients to throw their sputum and to boil it in the morning? It is also provided with a handle so that they can carry it about. It is used on a large scale in Delhi. If that has proved so effective, is there any proposal to have this type of small disinfectants given to all tuberculosis patients everywhere?

Shri Karmarkar: I wish that is done everywhere. It is a very well known practice to see that the sputum of a patient does not spread the disease. In fact, every State Govern-

ment is aware of it, and to the extent it is possible they are advising all hospitals to keep such sputum disinfectants, whether it is domiciliary treatment or hospital treatment.

Radar Maintenance

***1205. Shri Raghunath Singh:** Will the Minister of Transport and Communications be pleased to state what steps are being taken by Government to train people in radar maintenance at sea and its operation efficiently?

The Minister of State in the Ministry of Transport and Communications (Shri Raj Bahadur): A proposal to start Radar Maintenance Course in the Nautical and Engineering College, Bombay, is under examination.

Shri Raghunath Singh: May I know what is the requirement of India as far as trained personnels are concerned for operation and maintenance of the radar equipment?

Shri Raj Bahadur: Training as far as the radar equipment is concerned is divided into two parts. One is about the use of radar and the other is about the maintenance of the radar equipment. We have so far provided training facilities for the use of the equipment. So far as the maintenance side is concerned proposals are under consideration. We are consulting the Indian National Steam-ship owners' Association because they have to cooperate in order to see that their officers are provided sufficient opportunity to make use of the facility that we are trying to provide.

Shri Ramanathan Chettiar: May I know whether the radar equipment is maintained properly at the Dum Dum Airport and also at the Santa-cruz Airport?

Mr. Speaker: This is about radar at sea. Is Dum Dum in the sea?

Shri Ramanathan Chettiar: Apart from this.

Mr. Speaker: I won't allow anything apart from this.