

ESTIMATES COMMITTEE
1960-61

NINETY-NINTH REPORT

(SECOND LOK SABHA)

MINISTRY OF HEALTH

Action taken by Government on the Recommendations of the
Estimates Committee contained in the Thirty-sixth
Report (Second Lok Sabha) on Medical
Services—Part I



LOK SABHA SECRETARIAT
NEW DELHI

November, 1960

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CORRIGENDA

to

NINETY-NINTH REPORT OF THE TESTIMONIES COMMITTEE ON THE MINISTRY OF HEALTH.

- Page 1, para 2, line 8, for 'concensus' read 'consensus'
- Page 11, column 3, line 8, for 'investigation' read 'Investigation'
- Page 12, column 4, line 5, for 'Safdarganj' read 'Safdarjang'
- Page 14, column 3, line 3 from bottom, delete asterisk after
'implemented'
- Page 14, column 4, line 9, delete asterisk before 'The'
- Page 15, column 4, line 6 from bottom, for 'safdarjang' read
'Safdarjang'
- Page 19, column 4, line 12, for 'mental' read 'Mental'
- Page 19, column 4, line 15 for 'whethr' read 'whether'
- Page 24, column 4, line 5 from bottom, insert 'It' after 'India.'
- Page 27, insert figures '50' and '61' in columns 1 and 2 res-
pectively against item (i) of column 3
- Page 30, column 3, lines 6 & 7 from bottom, delete brackets
- Page 33, in the footnotes line 5 from bottom, for 'furnished'
read 'furnished'
- Page 35, footnote line 1, for 'All' read 'At'
- Page 37, column 4, line 9, for 'Schemes' read 'schemes'

[P.T.O.]

Page 43, column 4, line 3, for 'co-ordinating' read
'co-ordinating'

Page 44, column 4, line 10 from bottom, for 'enga.ed'
'engaged'

Page 56, column 4, line 14, for 'Out Patient' read
'Out-patient'

Page 57, column 4; line 5, for 'concensus' read 'consensus'

Page 59, footnote, for "pp 72-73" read 'pp 47-49'

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**MEMBERS OF THE ESTIMATES COMMITTEE
1960-61**

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 3. Shri C. R. Basappa
 4. Shri Chandra Shanker
 5. Shri Panna Lal*
 6. Shri Shambhu Charan Godsora
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SECRETARIAT

Shri Avtar Singh Rikhy—*Deputy Secretary.*
Shri K. Ranganadham—*Under Secretary.*

*Elected with effect from 25.11.1960 *vice* Shri Dinesh Singh resigned.

INTRODUCTION

I, the Chairman of the Estimates Committee, having been authorised by the Committee, present this Ninety-ninth Report of the Estimates Committee on the action taken by Government on the recommendations contained in the Thirty-sixth Report of the Estimates Committee (Second Lok Sabha) on the Ministry of Health—Medical Services (Part I).

2. The Thirty-sixth Report of the Estimates Committee (Second Lok Sabha) was presented to Lok Sabha on the 13th February, 1959. The Ministry of Health furnished their replies to the recommendations contained in this Report in November, 1959. The replies were examined by the Study Group 'F' of the Estimates Committee on the 22nd December, 1959. Further information required by the Study Group on certain points was received from the Ministry on the 11th April, 1960 and examined by the Study Group on the 27th April, 1960.

3. The Report has been divided into the following four Chapters:—
- I. Report.
 - II. Recommendations that have been accepted by Government.
 - III. Replies of Government that have been accepted by the Committee.
 - IV. Replies of Government that have not been finally accepted by the Committee.

4. An analysis of the action taken by Government on the recommendations contained in the Thirty-sixth Report (Second Lok Sabha) of the Estimates Committee, is given in the Appendix. It will be observed therefrom that out of 78 recommendations made in the Report, 59 recommendations i.e. 75·6% have been fully accepted by Government. Of the rest, the replies of the Government in respect of 14 recommendations i.e. 18·0% have been accepted by the Committee while those in respect of 5 recommendations i.e. 6·4% have not been accepted by the Committee.

NEW DELHI—1;
November 28, 1960.

Agrahayana 7, 1882 (Saka).

H. C. DASAPPA,
Chairman,
Estimates Committee.

CHAPTER I

REPORT

The Estimates Committee in paragraph 26 of their Thirty-sixth Report (Second Lok Sabha) had suggested that the feasibility of working double shifts in out-patient departments of government hospitals in New Delhi might be examined in view of the sustained overcrowding in dispensaries and out-patient departments of the government hospitals and the high cost of establishing new hospitals or expanding the existing ones. The Government have stated in reply that the double shift arrangement was in vogue in the Willingdon Hospital where the Out-patient Department remained open between 09.00 to 13.00 hours and 17.00 to 18.00 hours. As regards the Safdarjang Hospital, the Out-patient Department remained open for a period of four hours between 09.00 and 13.00 hours and in the evening the Casualty Department catered to the out-patients. The Government have stated that the average time of waiting for an out-patient was between 30 to 40 minutes and that the above arrangement was considered satisfactory.

In taking note of the reply furnished by Government, the Committee cannot but share the general feeling that long waits in the out-patient departments are still the usual feature in the hospitals. This matter calls for constant review and suitable remedial measures.

2. The Estimates Committee in paragraph 63 of their Thirty-sixth Report (Second Lok Sabha) had recommended that the Contributory Health Service Scheme might be made optional for those government servants who agreed to forego their claim of reimbursement of the cost of medical treatment. The government have stated that the question was considered at the meeting of the Contributory Health Service Scheme Advisory Committee held on the 13th August, 1959 and the consensus of opinion was that it should not be made optional. No specific reasons have, however, been given in support of this opinion. *The Committee would like to point out that their recommendation was based on the statement made before them by the representative of the Ministry in his oral evidence.* In reply to the recommendation contained in paragraph 64, the Ministry have stated that a committee was being appointed to evaluate the working of the Contributory Health Service Scheme. *The Committee suggest that the above matter of making the Scheme optional to such of the government servants who undertake to forego their claim of reimbursement of the cost of medical treatment, may also be considered by the Evaluation Committee.*

3. In paragraph 88, the Committee had pointed out instances of heavy losses due to deterioration of stores etc. which indicated the urgent need for improving the working of the Medical Stores Depots, if such losses were to be prevented in future. According to the reply

furnished by the Government, the criterion for assessing the reasonableness or otherwise of the losses was to see the effect of the annual balance sheet as a whole without confining attention only to isolated cases. *The Committee are of the view that the above criterion cannot be applied to an organisation working on 'No profit no loss' basis. They re-emphasise the need for improving the working of the Medical Stores Depots to avoid such losses in future.*

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CHAPTER II

RECOMMENDATIONS THAT HAVE BEEN ACCEPTED BY THE GOVERNMENT

Sl. No. as in the Appendix VI of the 36th Report	Reference to paragraph no. of the Report	Summary of Recommendation/Conclusion	Reply of the Government
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I 5

(i) The present medical and Public Health facilities are totally insufficient to meet the requirements of a Welfare State.

Action is being taken accordingly.

(Ministry of Health O.M. No. 7-32/59-R dated 23-11-1959).

(ii) The Committee are of the view that the existing provision in the Plan for Medical and Public Health is inadequate and that in the Third Plan much larger percentage of expenditure in the Central and State Budgets will have to be earmarked for these services.

(i) A circular letter on the subject has been issued to all State Governments.

(ii) Progress of expenditure on plan schemes is reviewed periodically in the Ministry with a view to ensuring that the funds provided for the schemes are fully utilised and no portion of it is allowed to lapse.

(Ministry of Health O.M. No. 7-32/59-R dated 23-11-1959).

4

Another disconcerting feature noticed by the Committee is that in spite of the very limited provision made in the Second Plan, several schemes for which funds have been provided, have not progressed according to the schedule. This clearly points to the urgent necessity of tuning up the administrative machinery both at the Central and State levels.

The observations and suggestions of the Committee will be placed before the Central Council of Health.

(Ministry of Health O.M. No. 7-32/59-R. dated 23-11-1959).

In regard to the subject of Hospitals and Dispensaries, many of the observations and suggestions of the Committee, contained in Chapter II of the Report will be applicable to all Hospitals and Dispensaries in the country. The Committee have no doubt that such suggestions of general applicability will be placed before the Central Council of Health.

On the basis of detailed information received from the State Governments, it is proposed to increase the number of admissions in seven medical colleges as shown below from the academic year 1959-60, on the basis of 100% assistance to be

The training facilities of medical personnel will have to be suitably augmented, if the target laid down in the Second Five Year Plan is to be achieved.

given by the Central Government for the additional expenditure involved:—

- Three Medical colleges in Andhra Pradesh.
- One Medical College in Bombay.
- One Medical College in Orissa.
- One Medical College in Kerala.
- One Medical College in Rajasthan.

(*Ministry of Health O.M. No. 7-32/59-R. dated 23-11-1959.*)

(*Further information required by the Committee*)

It may be stated whether the targets laid down in the Second Five Year Plan would be achieved by the proposed increase in the number of admissions in seven Medical Colleges.

The Central Government have decided to offer 100% financial assistance during 1959-60 and 1960-61 to the State Governments for the expansion of the following medical colleges:—

(*Lok Sabha Secretariat O.M. No. 82. E.C. II/59 dated 29-12-1959.*)

1. S.C.B. Medical College, Cuttack from 100 to 150
2. Medical College, Trivandrum from 100 to 125
3. Kurnool Medical College, Kurnool from 50 to 75 in 1959-60 and 75 to 100 in 1960-61.
4. Guntur Medical College, Guntur from 105 to 120 in 1959-60 and 130 to 150 in 1960-61.
5. Gandhi Medical College, Hyderabad from 50 to 75 in 1959-60 and 75 to 100 in 1960-61.

6. S.M.S. Medical College, Jaipur from 100 to 120 in 1959-60 and 120 to 150 in 1960-61.
7. Grant Medical College, Bombay from 120 to 150.

The Governments concerned have already increased the number of admissions during 1959-60, but the additional students who were admitted during 1959-60 and those who will be admitted during 1960-61 will not complete their M.B.B.S. course before the end of the Second Five Year Plan. The Lok Sabha Secretariat in response to their questionnaire (item No. 61-Misc. Under Medical Services) have already been informed that the number of doctors envisaged under the Second Five Year Plan by the end of 1960-61 was 82,500. The target will be nearly fulfilled.

[*Ministry of Health O.M. No. F. 7-32/59-B (Pt) dated 11-4-1960*].

Draft rules for setting up of non-official Advisory Committees are being framed.*
 (*Ministry of Health O.M. No. 7-32/59-R dated 23-11-1959*).

(i) The Committee recommend that the hospitals directly administered by the Ministry of Health, should have properly constituted non-official Advisory Committees with adequate scope of work to enable them to function in an effective manner.

(ii) Suitable rules should be framed regarding the procedure of work of these Advisory Committees, including the number of meetings to be held, recording of the minutes of meetings, etc.

(iii) The Committee suggest that after these Advisory Committees gather some experience, the question of converting them into Hospital Management Committees may be examined.

7 14 The Committee recommend that the Medical Superintendents in charge of Government Hospitals should be assisted by non-medical administrative officers, under their supervision, to deal with routine administrative work in order to enable the former to devote more time to professional work.

There is already non-medical administrative officer in the Safdarjang Hospital. This suggestion has been accepted and implemented in the Lady Hardinge Medical College and Hospital and the Pondicherry Medical College. It will be adopted in respect of other institutions when need arises.
(Ministry of Health O.M. No. 7-32/59-R dated 23-11-1959.)

8 15 The Committee recommend that the existing powers delegated to the Medical Superintendents in charge of the Willingdon and Safdarjang Hospitals and similar other institutions under the overall charge of the Ministry of Health should be reviewed with a view to delegate more powers for the efficient running of these institutions.

This is under review.

(Ministry of Health O.M. No. 7-32/59-R dated 23-11-1959.)

*At the time of factual verification of the Report, the Ministry furnished the following additional information :
“Draft rules have since been finalised. The non-official Advisory Committees are being set up.”

9 16 The Committee suggest that the feasibility of devising some system, whereby it may be possible to pool specialised facilities under a Central Coordinating Organisation for guiding the patients to proper medical specialists in different hospitals on a regional basis may be explored.

10 17 The Committee suggest that besides giving facilities to qualified general medical practitioners for investigation and advice of specialists, Government may suitably encourage by providing suitable grants to establishment of pathological laboratories by competent private agencies who may come forward to render such services at reasonable standard rates.

12 19 The Committee recommend that the Ministry should launch a special drive to attract a large number of blood donors : (a) by adopting appropriate means of publicity to emphasise the humanitarian aspect of blood donation. (b) by evolving suitable schemes for Blood Bank Insurance on the lines of similar schemes in some foreign countries, which will guarantee free supply of blood for the donor and his family, if necessity arises.

13 20 The Committee recommend that the idea of having a centralised Blood Bank for the various hospitals

9 and 10.—The suggestions have been accepted. This principle has already been adopted in the Contributory Health Service Scheme. As regards the general public, a copy of the recommendation of the Estimates Committee has been forwarded to Delhi Administration with a request to implement the same.

(Ministry of Health O.M. No. 7-32/59-R dated 23-11-1959.)

12 and 13.—The question of setting up of Central Blood Bank in Delhi and the popularisation of blood donation is under examination.

(Ministry of Health O.M. No. 7-32/59-R dated 23-11-1959.)

in Delhi area may be developed and given a concrete shape. This may be treated as a pilot project, and if it proves successful the State Governments may be requested to establish similar centralised Blood Banks in their respective States. Such a centralised Blood Bank would make it possible to use the surplus blood for the production of blood plasma and prevent its wastage.

(Further information required by the Committee.)

The result of examination of the recommendation may be intimated.

(Lok Sabha Secretariat O.M. No. 82-EC. II/59 dated 29-12-1959).

No special measures, as suggested by the Estimates Committee, seem feasible at present. These suggestions have been noted, and the question will be considered after the proposed Central Blood Bank in Delhi is set up.

The recommendation of the Estimates Committee regarding the setting up of a Central Blood Bank has been accepted. The Indian Red Cross Society, Delhi Branch who were approached in this connection, informed us that they have already formulated a draft plan for the purpose, which is under their consideration. Further communication from the Red Cross Society is awaited.

[Ministry of Health O.M. No. F. 7-32/59-(Pr.) dated 11-4-1960.]

14

21

(i) The Committee recommend that Government hospitals should either supply dentures and spectacles at no-profit and no-loss basis or maintain an approved panel of dentists and opticians, who may agree to serve the patients directed by Government hospitals with such aids at reasonable

standard rates, which should be made known to all.

(ii) They also suggest that such a Scheme should be made applicable to all patients served by Government hospitals irrespective of the fact whether they are Contributory Health Service Scheme patients or the general public.

15 22 The Committee suggest that Government may give suitable grants-in-aid, if necessary, to competent public institutions which may come forward to render such services (*viz.* supply of dentures and spectacles) at comparatively lower rates to be fixed by Government.

(Further information required by the Committee.)

Action taken on the recommendation may please be communicated.

(Lok Sabha Secretariat O.M. No. 82 EC-II/59 dated 29-12-1959.)

14 and 15.—Panel of opticians has since been formed and is being circulated for the information of the persons concerned.

The formation of the panel of dentists is also in its last stages and will be finalised soon.

(Ministry of Health O.M. No. 7-32/59-R dated 23-11-1959.)

A panel of names and schedule of rates fixed for the supply of dentures, frames and glasses has been drawn up, under the C.H.S. Scheme, and circulated to the various Ministries. The commission although worked out primarily for C.H.S. beneficiaries is open to any case referred by the Eye or Dental Departments of the Hospitals. Further communication will follow regarding the question of giving suitable grants-in-aid to the institution/firms approved for the purpose.

(Ministry of Health O.M. No. F. 7-32/59-B(Pt.) dated 11-4-1960.)

The suggestion of the Estimates Committee has been considered in the light of the arrangements since made for the supply of spectacles and dentures to the C.H.S. beneficiaries and others through an approved panel of firms and it is not considered necessary to give any financial assistance to any institution/firm or the panel nor has any institution/firm come forward so far with any request for financial assistance.

[Ministry of Health O.M. No. F. 7-32/59-B(Pt.) dated 19-8-1960.]

16 23 The Committee suggest that the procedure of reviewing of the cases of deaths occurring in Government hospitals may be examined and a standard procedure evolved which may include *inter alia* a detailed investigation of the causes of every death by a small committee consisting of the medical experts, proper recording of the proceedings of the meetings of the investigation Committee and remedial measures for future guidance.

The recommendation has been accepted and Committees of Experts have been set up in the following Hospitals under the administrative control of Health Ministry :—

1. Willingdon Hospital and Nursing Home, New Delhi.
2. Safdarjang Hospital, New Delhi.
3. Lady Hardinge Medical College and Hospital, New Delhi.
4. Kalawati Saran Children's Hospital, New Delhi.

(Ministry of Health, O.M. No. 7-32/59-R dated 23-11-1959.)

17 24 (i) The Committee consider it necessary to impress upon Class IV staff, employed in hospitals, the importance of their functions and responsibilities which may not only enhance their efficiency and utility but also assure better service to the patients.

The recommendation has been accepted and necessary instructions have been issued in the matter.

(Ministry of Health O.M No. 7-32/59-R dated 23-11-1959.)

(ii) The Committee suggest that Class IV staff, immediately on their appointment in big hospitals, should receive a short course of training in hygiene specially, in respect of the technique of sweeping the floor, cleaning the bed pans, etc., keeping the bed sheets and other linen clean, cleaning the furniture and other articles and observing proper bedside manners. Importance of prompt and willing attention to the calls of patients should also be stressed during this training.

The Committee recommend that complaint books should be maintained in all the wards and out-patient departments in hospitals, administered by the Ministry of Health. Such complaints should be reviewed periodically by the Medical Superintendent in-Charge of the hospital with the assistance of the Hospital Advisory Committee, and the nature of action taken over each of the complaints should be briefly indicated under his signature.

(Further information required by the Committee.)

(f) It may be stated whether the procedure of review of complaints in respect of the review by the Superintendent-in-Charge suggested by the Committee has been introduced.

The recommendation has been accepted. Suggestion books in all wards and O.P.D. are maintained in Willingdon and Safdarganj Hospitals. The Union Territories and Delhi Corporation have also been addressed in the matter.

(Ministry of Health O. M. No. 7-32/59-R dated 23-11-1959.)

At present, suggestion books in all the wards and O.P.D. are being maintained in the Willingdon and Safdarganj Hospitals. The complaints are duly reviewed by the Medical Superintendents of the Hospitals.

(ii) It may also be stated whether the provision for assisting in the review contemplated in the recommendation has been/is being made in the draft rules referred to in the reply to S. No. 6.

(ii) (*Lok Sabha Secretariat O.M. No. 82-EC. 11/59 dated 29-12-1959.*)

20 Besides organising the outdoor facilities on the lines suggested above, the Committee suggest that the feasibility of suitably organising the Ayurvedic and other dispensaries on an experimental basis to serve the out-patients, may also be examined.

21 The Committee recommend that the waiting facilities for patients in the Safdarjang and Willingdon Hospitals should be improved.

27 The recommendation of the Committee has been forwarded to the Delhi Administration for consideration and necessary action.

(*Ministry of Health O.M. No. 7-32/59-R dated 23-11-1959.*)

28 The recommendation has been accepted and necessary action has been taken to provide more waiting facilities in the Safdarjang and Willingdon Hospitals to the extent possible. Satisfactory solution to the problem will have to wait the construction of O.P.D. Blocks in the two Hospitals.

(*Ministry of Health O.M. No. 7-32/59-R dated 23-11-1959.*)

The matter is under review.

22 The Committee suggest that the procedure of the levy and recovery of charges from patients may be reviewed so as to plug all loopholes which enable the private patients to conceal their true income and thus avoid payment of legitimate dues to the hospital.

Necessary provision has been made in the draft rules of the proposed Advisory Committee for the hospitals.

(*Ministry of Health O.M. No. F. 7-32/59-B (Pt.) dated 11-4-1960.*)

23

The Committee recommend that small brochures, * containing information about the nature of facilities available in each hospital, the procedure to be followed to avail of them and the approximate cost involved, should be published and made available to members of the public.

30

The recommendation has been accepted and the Medical Superintendents have been asked to take necessary action in the matter.

(*Ministry of Health O.M. No. 7-32/59-R dated 23-11-1959.*)

24

(i) The Committee feel that the chief criteria of financial efficiency of a hospital can be judged only if costing statistics are standardised and compiled on a scientific basis and published from time to time. This alone would make it possible to make valid comparisons between the costs prevailing in different hospitals.

31

The matter is already engaging the attention of Government.

(*Ministry of Health O.M. No. 7-32/59-R dated 23-11-1959.*)

(ii) The Committee recommend that costing statistics should be standardised and introduced in Government hospitals.

(*Further information required by the Committee.*)

It may be stated whether the recommendation has been accepted in principle and if so, when it is likely to be implemented.†

(*Lok Sabha Secretariat O.M. No. 82 EC. ii/59 dated 29-12-1959.*)

†The recommendation of the Estimates Committee has been accepted and it has been decided to introduce cost accounting system in the Willingdon and Safdarjang Hospitals. The Ministry of Finance has been consulted and the Chief Cost Accounting Officer to the Government of India has stated that for the time being only Safdarjang Hospital should be taken up. He has already visited the Hospital and submitted

his report which is under consideration. His report on the Willingdon Hospital is awaited.*

[*Ministry of Health O.M. No. F. 7-32/59-B (Pt.) dated 11-4-1960.*]

- 25 (i) With a view to have some reliable tests of efficiency which may provide valuable evidence of the work load and the index of efficiency or inefficiency of a hospital, the Committee recommend that factors such as bed occupancy, bed interval, length of stay of patients etc. may be standardised and compiled in a scientific manner in Government hospitals.
- (ii) The Committee also recommend that the above statistics should be included in the Annual Report of the Ministry of Health in so far as the Hospitals under its control are concerned.
- 26 The Committee recommend that copies of the annual administrative reports should at least be made available to the public on request. Some copies should also be kept in the waiting halls of patients for their study.
- 27 The Committee suggest that the position about the balance of Rs. 38.12 lakhs in the plan provision for the development of the Willingdon Hospital
- 28 The slow progress with regard to expansion of Willingdon Hospital was due to lack of space. The savings in the Plan provision will be diverted
- 29 The recommendation has been accepted and the Medical Superintendents of Willingdon and Safdarjang Hospitals asked to take necessary action in the matter.
- 30 (*Ministry of Health O.M. No. 7-32/59-R dated 23-11-1959.*)
- 31 The recommendation has been accepted and the Medical Superintendents of Willingdon and Safdarjang Hospitals asked to take necessary action in the matter.
- 32 (*Ministry of Health O.M. No. 7-32/59-R dated 23-11-1959.*)
- 33 The slow progress with regard to expansion of Willingdon Hospital was due to lack of space. The savings in the Plan provision will be diverted
- 34 At the time of factual verification of the Report, the Ministry furnished the following additional information :
- 35 "As the re is a ban on the recruitment of additional staff, it has been decided, at the instance of the Ministry of Finance to postpone the introduction of the cost accounting system both in the Willingdon and Safdarjang Hospitals, New Delhi."

may be reviewed in consultation with the Planning Commission to ascertain if the whole of this earmarked amount is really necessary and can be usefully spent for the expansion of the hospital or whether a part of it can be diverted to the setting up of another hospital in some other part of Delhi.

[*Further information required by the Committee.*]

The anticipated savings in the Plan provision and the manner in which they are proposed to be utilized, may be stated.

[*Lok Sabha Secretariat O.M. No. 82. EC. II/59 dated 29-12-1959.*]

for the implementation of other development schemes under the Health Ministry.

(*Ministry of Health O. M. No. 7-32/59-R dated 23-11-1959.*)

The provision for the Willingdon Hospital in the Second Five Year Plan is Rs. 46.50 lakhs. Out of this provision, a sum of Rs. 8.38 lakhs has already been utilised, leaving a balance of Rs. 38.12 lakhs. The Ministry of W.H.&S. has since agreed to allot a plot of land on the Irwin Road and the Lawrence square for the expansion of the Willingdon Hospital. Sanctions amounting to Rs. 16.78 lakhs have already been accorded for new construction works.

The balance of Rs. 11.34 lakhs available out of the provision, will be utilised to finance the pending construction works of the Safdarjang Hospital.

[*Ministry of Health O.M. No. F. 7-32/59-B (Pt.) dated 11-4-1960.*]

The Committee consider it undesirable to concentrate Medical facilities in one corner of Delhi. They would have preferred it if the original idea

There is at present no proposal to expand the Safdarjang Hospital beyond what has already been sanctioned. Further expansion will depend on

of using the Safdarjang Hospital for the All India Institute of Medical Sciences was adhered to. But in view of the fact that the Health Ministry are anxious to keep it for the sake of the Contributory Health Service Scheme and the authorities of the Institute are anxious to have a separate hospital, the least that can be done is to stop the further expansion of the Safdarjang Hospital. The Committee recommend that the total bed strength of the Safdarjang Hospital be stabilised at 652 and the bed strength of the new Hospital for the All India Institute of Medical Sciences be also kept at the minimum necessary, so that the surplus resources, could be utilised for providing Hospital facilities to other parts of Delhi.

29

The Committee suggest that the work of the revision of the existing Indian Lunacy Act, 1912 may be expedited and a comprehensive Bill be brought before Parliament at an early date.

37

circumstances and the Government cannot obviously bind themselves that this hospital will not be expanded at all at any time in future. Out of a Plan provision of Rs. 66 lakhs, works amounting to Rs. 59.09 lakhs have been approved. In view of this, there is not likely to be any appreciable surplus.

(Ministry of Health O.M. No. 7-32/59-R dated 23-11-1959.)

The recommendation has been noted for compliance.

17

(Ministry of Health O.M. No. 7-32/59-R dated 23-11-1959).

30

The accuracy of the statement quoted in para 38 needs to be determined. The Committee recommend that with a view to have a correct estimation of the incidence of mental diseases in the country and its connected problems, Government should sponsor a systematic survey under the aegis of a competent organisation independent of the author of the statement quoted in para 38.

The recommendation has been accepted. It is considered that the survey may be taken up by the Indian Council of Medical Research who may finance the scheme and set up a team for conducting the survey independently. The matter has been taken up with that Council.

(Ministry of Health O.M. No. 7-32/59-R dated 23-11-1959.)

31 The Committee suggest that annual returns of mental sickness from general hospitals and dispensaries may also be compiled and to that end proper record forms be introduced.

The recommendation has been accepted and the forms for the collection of statistics are being finalised. Instructions will then be issued to all concerned to collect the statistics of mental sickness.*

(Ministry of Health O.M. No. 7-32/59-R dated 23-11-1959.)

32 40 The Committee suggest tht the situation resulting in the admission of a large number of chronic and incurable patients, permanently occupying some beds in the Hospital for Mental Diseases, Ranchi, may be carefully investigated by the Ministry in consultation with the State Governments concerned and suitable remedial measures be taken to ensure, as far as possible, full utilisation of all available facilities in this hospital and other mental hospitals, primarily, for patients suffering from acute and curable diseases. In this connection, attention is invited to para number 51 of the Report.

The matter was discussed by the Advisory Committee of the Hospital for Mental Diseases, Ranchi, at its meeting held on the 21st February, 1959. The Committee agreed that the patients sent for admission should not be late cases but should be early cases whose duration of illness was not more than six months or at the most a year. It was resolved that the Directors of Health Services of the States concerned be requested to send cases whose duration of illness was less than one year. West Bengal Government have already agreed to this.

The State Governments concerned have been requested to issue the necessary instructions in the matter to the authorities concerned.

(Ministry of Health O.M. No. 7-32/59-R dated 23-11-59.)

33 • The Committee recommend that the policy of having a fixed quota for different States in the Hospital for Mental Diseases, Ranchi, decided upon the basis of white population, years ago, should be reviewed suitably under the existing changed conditions, as some States have no quota. Suitable criteria may be evolved in consultation with State Governments at the time of effecting the revision.

The matter was considered by the Advisory Committee of the Hospital for Mental Diseases, Ranchi, at its meeting held on the 25th July, 1959 and it was decided that the State Governments who are not making full use of their reserved quota beds be requested to surrender some beds for the Central Government. The matter is being pursued.

(Ministry of Health O.M. No. 7-32/59-R dated 23-11-1959.)

34 • 42 The Committee recommend that the feasibility of increasing the existing number of beds in the Hospital for Mental Diseases, Ranchi and also rationalising and reducing the charges levied per patient, ensuring thereby full utilisation of the expanded capacity of the hospital, may be examined.

16 • The matter was considered by the Advisory Committee of the Hospital for mental Diseases, Ranchi at its meeting held on the 25th July, 1959 and it was decided that the contributing State Governments might be asked whether they could increase their contributions for the various categories of patients so that the amount payable by the patient's relatives might be reduced. The matter is being pursued.

(Ministry of Health O.M. No. 7-32/59-R dated 23-11-1959.)

* At the time of factual verification of the Report, the Ministry furnished the following additional information :

“Forms for the collection of statistics have since been finalised and necessary instructions to all State Administrative Medical Officers in the matter have been issued by the Directorate General of Health Services, New Delhi”.

35 The Committee recommend that Government should evolve a scheme, in consultation with the State Government concerned and admit special and difficult cases from other Mental Hospitals in India in the Hospital for Mental Diseases, Ranchi either in the Government quota or in the independent category; but such cases should not be refused.

The State Governments have been informed that the special and difficult cases can be admitted in the Hospital for Mental Diseases, Ranchi, provided the normal charges are paid by the State Government or the patient's relations.

(*Ministry of Health O.M. No. 7-32/59-R, dated 23-11-1959.*)

36 44 The Committee suggest that the question of indigenous manufacture of the material for psychological tests, may be pursued in consultation with experts and the Ministry of Commerce and Industry.

The Director, All India Institute of Mental Health, Bangalore has made certain suggestions which are being examined in consultation with the Ministry of Commerce and Industry.*

(*Ministry of Health O.M. No. 7-32/59-R, dated 23-11-1959.*)

37 45 The Committee consider it rather unfortunate to note that there was considerable shortfall in the budgeted amounts during the first two years of the Second Five Year Plan, and recommend that special measures should be taken to ensure full utilisation of the amount provided in the Second Five Year Plan for the Development of the Hospital for Mental Diseases, Ranchi.

A provision of Rs. 8.35 lakhs has been made in the Second Five Year Plan for development of Hospital for Mental Diseases, Ranchi, in respect of the following works :—

1. Change over from D.C. to A.C. current.
2. Construction of Sewerage system.
3. Construction of quarters for Deputy Medical Superintendent, Pathologist, etc.

4. Construction of an up-to-date kitchen block.

The completion of these works is being expedited in consultation with the C.P.W.D.

(*Ministry of Health O. M. No. 7-32/59-R, dated 23-11-59.*)

38 46 (i) In view of the fact that the Hospital for Mental Diseases, Ranchi and the Indian Mental Hospital, Ranchi (under the Government of Bihar) are situated adjacent to each other, the Committee are of the opinion that there should be greater co-ordination in the matter of utilising specialised facilities and equipment available in one hospital for the other.

(ii) For the above purpose, they suggest that the feasibility of having either a Joint Advisory

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There is already a Joint Diet Committee which scrutinises all the tenders received for the supply of dietary articles to the hospitals for Mental Diseases, Ranchi and Ranchi Mansik Arogyashala. A proposal for the appointment of whole-time Dietician for both the Hospitals is under consideration of the Ministry in consultation with the Government of Bihar. A proposal was also made for the appointment of a whole-time Radiologist for both the Hospitals but this was not accepted by the Government of Bihar, and

*At the time of factual verification of the Report, the Ministry furnished the following additional information :

“The question of indigenous manufacture of the material for psychological tests was pursued in consultation with the Ministry of Commerce and Industry. A few firms which are interested in the manufacture of equipment have agreed to do the job provided full details are furnished to them. The Medical Superintendent, Hospital for Mental Diseases, Ranchi and the Director, All India Institute of Mental Health, Bangalore have been asked to take necessary action in the matter. This fact has also been brought to the notice of all other Mental Hospitals.”

Committee or a Coordination Committee for these hospitals may be examined.

was, therefore, dropped. The X-Ray examination of the cases referred by Ranchi Mansik Arogyashala are done at present at the Hospital for Mental Diseases, Ranchi. It will thus be observed that there is already co-ordination as far as possible between the two Hospitals. However, views of the Government of Bihar have been called for in the matter. Further action will be taken on receipt of their reply.*

(*Ministry of Health O. M. No. 7-32/59-R., dated 23rd November, 1959.*)

The Committee recommend that Government should devise a scheme whereby it may be possible to provide some healthier accommodation and more appropriate care for mentally sick persons misplaced in Rescue Homes and in Jails in the Union Territories, where such facilities are practically non-existent.

A copy of the recommendation has been forwarded to the Union Territories requesting them to take necessary steps to implement the recommendation.

(*Ministry of Health O. M. No. 7-32/59-R., dated 23rd November, 1959.*)

The Committee suggest that Government may re-examine the question of constituting, at least, an All India Mental Health Service and pending the formation of an All-India Mental Health Service, pursue the idea of having a Central pool

Mental Hospital and Psychiatric clinics etc., except the Hospital for Mental Diseases, Ranchi, are the responsibility of State Governments and all persons required for these institutions are recruited by them. The State Governments

of all the existing medical and non-medical mental health specialists who can move from one institute to another, learn and exchange their experiences in different medical institutions in the country; the difference in emoluments as a result of such postings should be made up by the Government of India.

have in the past not accepted either an All India Health Service or even a limited All India Cadre of teachers for Medical Colleges in India.

However, the views of the State Governments have been called for in the matter. Final decision will be taken on receipt of replies from the State Governments.

(Ministry of Health O. M. No. 7-32/59-R., dated 23rd November, 1959.)

41 50 In view of the existing shortage of qualified specialists in the country, the Committee recommend that fullest possible advantage of the technical assistance provided by the International Organisations should be taken in the matter of improving and developing mental health services in the country.

The recommendation has been noted. The services of several consultants have been obtained through World Health Organisation from time to time.

(Ministry of Health O. M. No. 7-32/59-R., dated 23rd November, 1959.)

At the time of factual verification of the Report, the Ministry furnished the following additional information :

The proposal for constituting a Joint Advisory Committee or a Co-ordination Committee for the Indian Mental Hospital, Ranchi and the Hospital for Mental Diseases, Ranchi was reviewed by the Government of India.

In view of the fact that the problems of these two institutions are quite different and the functions of the existing Advisory Committees are also entirely different, the Government of India consider that it is not likely to serve any useful purpose if a single committee is constituted for these two hospitals.

The following steps have been taken in consultation with the Governments of West Bengal, Orissa and Bihar to achieve, the objective in view :-

- (a) As far as possible, the same representatives of the three Governments of West Bengal, Bihar and Orissa will be nominated on the Advisory Committee for the Hospital for Mental Diseases, Ranchi and the Managing Committee for Ranchi Mansik Arogyashala.
- (b) The Medical Superintendent Ranchi Mansik Arogyashala will be invited by special invitation to attend the meetings of the Advisory Committee for the Hospital for Mental Diseases, Ranchi and *vice versa*.
- (c) The dates of the meetings of the two Committees will be so fixed that one may be convened immediately after the other or on the following day.

The Committee are of the view that it would be advisable to establish a separate Home for the custodial care of chronic and incurable patients at the Hospital for Mental Diseases, Ranchi, and recommend that the position in this regard should be reviewed. Such a Home will prove much less costly because specialists for treatment may not be needed.

Necessary action in the matter is being taken by the Advisory Committee.

(*Ministry of Health O. M. No. 7-32/59-R., dated 23rd November, 1959.*)

As ultimately, it would serve the problem of improving the existing mental health services in the country by finding suitable accommodation for incurable mental patients, the Committee recommend that Government should evolve a scheme whereby it may be possible to give assistance to the State Governments and to some non-official organisations in the country for meeting a substantial proportion of their non-recurring and recurring expenditure on schemes designed to fulfil this objective.

With a view to make provision during the 3rd Plan period for giving Central assistance to the State Governments and non-official organisations for setting up Homes for incurable mental patients, a reference was made to the Planning Commission. The Commission have called for certain information from the State Governments. Replies from the States are awaited.

(*Ministry of Health O. M. No. 7-32/59-R., dated 23rd November, 1959.*)

There is a provision of only Rs. 30 crores for hospital and dispensary services in India. It is not possible to earmark any amount from this inadequate provision for putting up additional beds for incurable mental patients. It may however be stated that the Indian Council of

Medical Research have a scheme to carry out a survey of mental morbidity in India. When the results of that survey are available and if the State Governments evince an interest in the proposal and request for Central assistance for putting up beds for incurable mental patients, the matter will be reviewed.

[*Ministry of Health O. M. No. F. 7-32/59-B (Pt. I), dated the 24th August, 1960.*]

The suggestion has been commended to the State Governments. These settlements may be linked with the State Mental Hospitals, so that the specialist services existing there could be made available as and when necessary, thus keeping the overhead charges as low as possible.

(ii) As regards the Hospital for Mental Diseases, Ranchi, the matter was placed before the Advisory Committee of the Hospital at its meeting held on the 25th July, 1959 and it was decided that the proposal for the establishment of a work settlement for chronic Mental patients be referred to State Governments through the Government of India.

(*Ministry of Health O. M. No. 7-32/59-R., dated 23rd November, 1959.*)

This is already being done to the maximum extent possible.

(*Ministry of Health O. M. No. 7-32/59-R., dated 23rd November, 1959.*)

The Committee suggest that a scheme for the establishment of work settlements of chronic mental patients in association with philanthropic social institutions may be prepared and taken up for execution by Government and given a fair trial. Apart from the humanitarian aspect, implementation of such a scheme will have the further advantage of replenishing the inadequate bed capacity in the existing Mental Hospitals for patients suffering from acute and curable mental diseases.

The Committee recommend that patients under the C. H. S. Scheme should invariably have their free choice of doctors working within a dispensary in a particular area and that one of the important factors in the assessment of the work

of medical officers for the purpose of confirmation, promotion, transfer etc. should be the extent of their popularity earned during the period of their service in a particular area.

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The Committee recommend that there should be a constant review of the needs of the different areas served by the C. H. S. Dispensaries in respect of the volume of work and that the average waiting period of a patient should not normally exceed 30 to 45 minutes.

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The Committee recommend that adequate waiting facilities and sitting arrangements should be provided in all the C.H.S. Dispensaries.

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(i) The Committee emphasise the need to ensure that watermen and sweepers engaged by the C.H.S. Dispensaries remain constantly on duty at a place assigned to them in the patients' waiting shed and that they regularly perform their duties.

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(i) This is being done.

This is already being done. With the opening of the new dispensaries which are proposed to be set up, it is expected that the waiting period will be reduced considerably.

(Ministry of Health O. M. No. 7-32/59-R., dated 23rd November, 1959.)

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Waiting sheds, benches and chairs have been provided on a liberal scale at all the dispensaries during the last two years and these amenities are being added to, to the maximum extent possible at all places.

(Ministry of Health O. M. No. 7-32/59-R., dated 23rd November, 1959.)

(ii) This is being done.

(i) The Committee suggest that a small Notice Board may be displayed in the dispensary at a prominent place to inform the patients about the availability of the free services of watermen and sweepers which could be utilised in the dispensary.

(iii) The waterpot and utensils for serving water to patients in the C. H. S. Dispensaries should be kept in a hygienic place and scrupulously clean.

(iv) The Committee suggest that it will be preferable and more economical in the long run to instal automatic cool water fountains instead of employing watermen and supplying utensils for serving water.

(i) The Committee would like to emphasise that in the matter of rendering medical treatment by the medical staff, especially by the specialists working in Government hospitals care should be taken to see that priority is given to the urgent and emergent cases and that there is no discrimination whatsoever in the selection of patients of different economic categories or social status.

(ii) Criticism is sometimes made that the doctors and the nursing staff employed under the Scheme, as whole-time Government servants, are often unsympathetic towards the patients and do

(iii) Necessary instructions in the matter have been issued to all the C.H.S. Dispensaries.

(iv) Water coolers have been installed at a few dispensaries, in the first instance, this year. Others are proposed to be taken up next summer.

(Ministry of Health O. M. No. 7-32/59-R., dated 23rd November, 1959.)

The observations of the Committee have been commended to all specialists and medical officers under the C.H.S. Scheme, re-emphasising the need for the exercise of courtesy and consideration to patients at all times. They have also been informed that their conduct in the matter referred to by the Committee will be an important yardstick, in the assessment of their work.

(Ministry of Health O.M. No. 7-32/59-R., dated 23-11-1959.)

not care too much about pleasing them and treating them with courtesy and consideration. The Committee recommend that Government should take appropriate steps to discourage such an attitude on the part of public servants.

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(i) The Committee recommend that a proper evaluation of the working of the C.H.S. Scheme by an independent agency like the programme evaluation Organisation of the Planning Commission may be undertaken to see (i) whether the results achieved so far are commensurate with the expenditure incurred, (ii) the quality of service rendered and (iii) the satisfaction derived by the beneficiaries.

A Committee is being appointed to undertake the proposed review.

(Ministry of Health O.M. No. 7-32/59-R., dated 23-11-1959.)

(ii) The Committee hope that such an evaluation will not only help the Government in having an objective assessment of the results achieved so far by the C.H.S. Scheme but also help in laying down a solid foundation for a much desired Health Insurance Scheme for the Country.

(iii) The Committee suggest that after the evaluation of the C.H.S. Scheme is completed, the scope of the Scheme may be extended to bring more and more families within its fold.

(iv) Any such expansion of the C.H.S. Scheme should be preceded by forward thinking, careful planning and adequate preparation. Prompt and adequate medical facilities are a *sine-qua-non* for lasting popularity of the scheme and these should not be sacrificed merely to give increased coverage.

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(i) While appreciating the difficulties involved in the process of the preparation of the Indian Pharmacopoeia, the Committee feel that the work needs greater impetus.

(ii) The Committee recommend that the work of standardisation of indigenous drugs and their inclusion in the Indian Pharmacopoeia should be taken up in a planned manner so as to ensure a continuity of the programme from year to year to be completed within a specified period according to a time schedule. Once the work of standardising the commonly used indigenous drugs and including them in the Indian Pharmacopoeia is completed, periodical revision of that document would be a much simpler task.
(Further information required by the Committee).

It may be stated whether the work of standardisation has been undertaken and if so when it is likely to be completed.

(Lok Sabha Secretariat O.M. No. 82-EC.II/59 dated 29-12-1959.)

A list of those drugs belonging to the indigenous systems of medicine which are of established therapeutic value will be prepared in consultation with experts and standards will be drawn up for them for inclusion in the Indian Pharmacopoeia.

(Ministry of Health O.M. No. 7-32/59, dated 23-11-1959.)

The work of standardisation has not so far been undertaken and the question of standardisation of indigenous drugs is under consideration of the Indian Pharmacopoeia Committee. A Subcommittee *viz.* the Indian Medicinal Plants subcommittee has been set up under the Indian Pharmacopoeia Committee to examine the question of incorporating in the next edition

of the Indian Pharmacopoeia, additional compound medicines of indigenous origin. The sub-committee met recently and prepared a list of a few selected drugs of indigenous origin and decided that authentic samples of these drugs should be first obtained and the work of standardisation of these drugs be taken up.

Attempts are being made to collect the authentic samples of these drugs from various sources.

[*Ministry of Health O.M. No. F-7-32/59-B(Pt.), dated 11-4-1960.*]

57 (i) In view of the existing diversity in the methods of the preparation of Ayurvedic drugs, the Committee suggest that the feasibility of standardising the methods of preparation of Ayurvedic and other indigenous drugs, may be examined.

(ii) It may also be worthwhile examining whether some methods could be evolved to ascertain and standardise the proportions of the different constituents of important and famous indigenous medicinal preparations like the (Chyavan-prashavaleh), (Makaradhwaja) etc.
(*Further information required by the Committee.*)

The result of examination of the recommendation may be communicated.

(*Lok Sabha Secretariat O.M. No. 82-EC.II/59, dated 29-12-1959.*)

68 A similar recommendation has also been made by the Udupa Committee and the question is under examination.

The preparation of standards for the well established indigenous medicinal preparations, will be considered by the Indian Pharmacopoeia Committee.

(*Ministry of Health O. M. No. 7-52/59-R., dated 23-11-1959.*)

The recommendations of the Udupa Committee are still under consideration.

(*Ministry of Health O.M. No. F.7-32/59-B(Pt.), dated 11-4-1960.*)

The Central Council of Ayurvedic Research has set up a sub-Committee for Pharmacological Research and for the preparation of an Ayurvedic Pharmacopoeia. The Sub-Committee is expected to meet shortly.

[*Ministry of Health O.M. No. F.7-32/59-B(Pt.), dated 19-8-1960.*]

The Ministry of Commerce & Industry have under active consideration many schemes designed to make the country self-sufficient in drugs. One of the schemes under consideration aims at exploitation of the natural resources of medicinal plants in the country with a view to marketing drugs containing their active principles. Side by side, research on drugs belonging to the indigenous systems of medicine will also be continued through the Indian Council of Medical Research.

[*Ministry of Health O.M. No. 7-52/59-R., dated 23-11-1959.*]

59 The Committee feel that besides increasing the indigenous production of standard drugs, there may be scope for identifying certain drugs manufactured under Ayurvedic, Unani or Homoeopathic formulae which could be substituted for imported drugs. All these methods could help substantially to reduce the import bill of the country. The Committee, therefore, suggest that a special drive may be initiated for replacing the imported drugs by the indigenous drugs as rapidly as possible. To do so, it is not enough to process imported drugs but a concerted effort must be made to replace imported raw materials by indigenous products. To that end, more emphasis on growing of medicinal plants is necessary.

60 The Committee view with grave concern the continued existence of spurious and adulterated drugs in the market due to the ineffective operation of the Drugs Act and Rules in the country and recommend that all remedial measures including the strengthening of the State Drug

Central Government are already considering the amendment of the Drugs Act with a view to acquiring powers for appointment of Drug Inspectors. The intention is that the Drug Inspectors appointed by the Central Government should work in close collaboration with the State

Inspectorates, should be taken by Government to check this evil effectively and expeditiously.

* For achieving the above objective, even a recourse to levying suitable excise duty on pharmaceuticals may be adopted, if considered inevitable, although it would be undesirable to do so. However, it will be a lesser evil than the prevalence of spurious drugs.

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(i) The Committee recommend that the procedure of confiscating drugs detected to be substandard, prior to the institution of legal proceedings, may be suitably examined and tightened up.

(ii) It should also be ensured that the confiscated drugs are sealed and adequate care taken against their being used surreptitiously.

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The Committee recommend that minimum deterrent punishment should be prescribed for the infringement of the Drugs Act and Rules.

Drug Inspectorates in the campaign against spurious and adulterated drugs.*

(Ministry of Health O.M. No. 7-52/59-R., dated 23-11-1959.)

It has been decided to amend the Drugs Act so as to provide powers for confiscation of drugs proved to be not of standard quality even if party is not convicted in a Court of Law. Necessary action is being taken in this regard.†

Noted.

(Ministry of Health O. M. No. 7-52/59-R., dated 23-11-1959.)

Necessary action to amend the Drugs Act so as to provide for a minimum deterrent punishment for the manufacture or sale of spurious or substandard drugs is being taken.‡

(Ministry of Health O.M. No. 7-32/59-R., dated 23-11-1959.)

(i) The Committee would like to emphasise that the provisions in respect of the manufacturing standards of drugs should be rigidly enforced and that there should not be any relaxation of those minimum standards. The Committee are definitely of the view that the imperative need of maintaining the quality and standard of drugs should not be compromised in order to encourage the small manufacturers.

(ii) The feasibility of small manufacturers of drugs forming themselves into larger and

(i) Central Government propose to acquire powers under the Drugs Act for appointment of Inspectors. When this is done, the Inspectors so appointed will collaborate with State Drugs Inspectors to ensure that the manufacturing standards of drugs are maintained.**

(ii) It may not be possible to bring pressure on small manufacturers to form themselves into

*At the time of factual verification of the Report, the Ministry furnished the following additional information:

"The Drugs (Amendment) Act, 1960 since enacted empowers the Central Government or a State Government to appoint Drugs Inspectors."

† At the time of factual verification of the Report, the Ministry furnished the following additional information :

"Clause 9 of the Drugs (Amendment) Act, 1960 since enacted empowers the Court to pass orders of confiscation of any drugs in respect of which the Court is satisfied, on the application of an Inspector or otherwise and after such inquiry as may be necessary that the drug is not of standard quality or is a misbranded drug."

‡ At the time of factual verification of the Report, the Ministry furnished the following additional information :

"Clause 7 of the Drugs (Amendment) Act, 1960 since enacted provides the penalty for manufacture sale etc. of drugs in contravention of the Drugs Ac."

** At the time of factual verification of the Report, the Ministry furnished the following additional information :

"Clause 4 of the Drugs (Amendment) Act, 1960 provides for appointment of Inspectors."

more viable units such as co-operatives, so that they can afford adequate apparatus, staff and premises for proper manufacture of drugs, may be examined.

Co-operatives but, as stated above, the enforcement of the Drugs Act would be so tightened as to compel small manufacturers either to join into a cooperative unit or to close down.

(*Ministry of Health O.M. No. 7-32/59-R. dated 23-11-1959.*)

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In view of the recommendation of the Central Council of Health to bring the control over the production of drugs and pharmaceuticals under the Central Government, the Committee suggest that the centralisation of drug control machinery in so far as it concerns the production of drugs and pharmaceuticals may be expedited.

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Necessary steps are being taken to amend the Drugs Act for this purpose.*

(*Ministry of Health O.M. No. 7-32/59-R. dated 23-11-1959.*)

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(i) From the table furnished by the Ministry of Health and reproduced in para 81 of this report, it is seen that in comparison with other Medical Stores Depots, which take on an average about 30 to 45 days for the compliance of indents, the Medical Stores Depot at Calcutta takes nearly two months.

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The working of the Medical Stores Depots is being closely examined and efforts are being made to cut down delay at all stages. The present position is that the Medical Stores Depot, Calcutta is now able to comply with the indents within 31 days.

(ii) It is sometimes complained by State Governments that the supply of Medical stores is often delayed by several months at the end of

The percentage of supply on indents was never low as 30%. All the depots are able to supply the stores within 30 days after the receipt of the indents

which only 30 per cent or so of the supplies are received and the rest of the quantity is marked 'hereafter'. Since the figures given in the table in para 81 of this report are average figures, it is obvious that considerable delays must be occurring in individual cases, and there is justification for these complaints.

(iii) The Committee consider the position regarding delayed and incomplete compliance of indents by the Medical Stores Depots as unsatisfactory and recommend that the question of guaranteeing expeditious and full supply of medical stores to the indentors should be examined carefully and the position improved.

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The Committee suggest that the feasibility of utilising the State Transport Services in the transit of Medical Stores supplied by the Medical Stores Depots to indentors for comparatively shorter distances may be examined.

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Despatch by road transport is not possible in all cases. It is also anticipated that the charges by road transport will be more than by rail. However, if an individual indentor wishes to have stores by road, depots will have no objections if such facility exists.

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in the Depots. With the enhanced purchase powers of the D.A.D.Gs., the Depots have also been able to meet the demands to the extent of 66% now and in due course there shall be further improvement. As a result of this improved supply position, the system of marking hereafter indents has been given up.

(Ministry of Health O. M. No. 7-32/59-R, dated 23-11-1959).

(Ministry of Health O. M. No. 7-32/59-R, dated the 23-11-1959).

*All the time of factual verification of the Report, the Ministry furnished the following additional information :

“Clause II of the Drugs (Amendment) Act, 1960 empowers the Central Government to give necessary directions to State Governments for carrying into execution any of the provisions of the Drugs Act, 1940 or of any rule or order made thereunder”.

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(i) From the figures given in table in para 83 the Committee observe with regret that large amounts are outstanding for more than one year both from Government and non-Government institutions.

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A drive for effecting recoveries has been intensified and as a result of this drive considerable amount has since been recovered. The difficulty that the depots experience is the return of accepted priced copies by the indentors. In spite of reminders, there is considerable delay on the part of indentors, and the depots are unable to raise the debits. It has since been decided in consultation with the Auditor General to raise the debit after 60 days. This procedure is being followed now and debtor balance question will not be of a great magnitude at least in case of Government institutions.

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(ii) The Committee observe that an amount of Rs. 1,41,640 has remained outstanding in the Medical Stores Depot, Karnal in respect of the value of stores supplied to non-Government institutions. The Committee suggest that the procedure of the recovery of dues, more especially, from non-Government institutions may be reviewed so as to avoid large accumulation of dues.

Steps have been taken to realise the outstanding dues. Personal contacts and D.O. letters have been issued. Necessary watch will be kept at the initial stages at least in case of non-Government institutions so that large amounts of dues will not remain outstanding in future. It is expected that there will be substantial reduction in these outstandings in due course.

(Ministry of Health O.M. No. 7-32/59/R, dated 23-11-1959).

77

(i) The Committee feel that the Medical Stores Depots have not been successful in the objective

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The financial working of the depots for the last several years will be found to be very satisfactory,

of ensuring medical supplies adequately, cheaply or promptly.

(ii) The Committee are not satisfied with the adequacy of the steps taken by Government to meet the various requirements of the indentors in respect of the medical stores. The Medical Stores Organisation is suffering from a number of defects, some of which are indicated in para 89.

even on application of common commercial criteria. The depots have served their indentors very well. The depots have proved their undeniable utility in national emergency, besides maintaining steady supplies in normal times to the public health services. It is therefore, difficult, to accept the conclusions which the Committee has drawn in this respect. Besides usual trading Schemes, the depots have also undertaken the responsibility for receiving, storing and distributing stores which are imported by International agencies such as UNICEF, TCM etc. as part of their aid to the national public health programmes.

(Ministry of Health O.M. 7-32/59-R dated 23-11-1959).

(Further information required by the Committee).

Action taken to remedy the defects pointed out in paragraph 89 of the Report may be indicated.

(Lok Sabha Secretariat O. M. No. 82-EC.II/59, dated the 29th December, 1959.)

The following steps have been taken for the removal of the defects, some of which were indicated by the Estimates Committee :—

- (a) Proposals for the modernization of the factories attached to the Medical Stores Depots are in the final stage of acceptance by Government.
- (b) The local purchase powers of D.A.D.G.S. have been enhanced from Rs. 2,000 to Rs. 10,000.
- (c) During 1958-59 the M.S. Depots have shown an increase in sales of about 33%

over the years 1954-55, 1955-56 and 1956-57. The increased turn over would appear to justify a reduction in the overhead charges. But the recent recommendations of the Second Pay Commission are likely to increase the working expenses by about Rs. 1.50 lakhs. The question of reduction of overhead charges will be examined after taking into consideration the recommendations of the 2nd Pay Commission.

The rates in the M.S. Depots are on the whole quite on par with the local market rates and this fact has also been acknowledged by the various A.M.Os. in the Advisory Committee of the Medical Stores Organisation.

(d) A proposal to permit the M.S. Organization to make its own arrangements for purchase of its requirements in case of indents on which orders are not placed by D.G.S. & D. within nine months is under consideration in consultation with the Ministry of W.H. & S.

(e) It has been decided by the Government of India in consultation with the Comptroller

and Auditor General, that in future, supplies from Medical Stores Depots shall be subject to the following condition and that indentors will be entertained on the explicit understanding that this condition has been accepted by the indentors :—

“ If received copy of an issue voucher is not received back by the Deputy Assistant Director General (MS), Medical Stores Depot within a period of sixty days from the date of despatch of stores, the DADG(MS) will have the option to raise debits through his Accounts Officer *viz.* the Accountant General Madras/Bombay/West Bengal/Punjab for the cost of supplies against the indentors without making any reference to the latter and to support such a debit with the un-receipted copy of the issue voucher containing information regarding proof of despatch such as the No. and date of Railway Receipt, Postal Receipt, etc.”

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This procedure came into force with effect from 1-4-59. It is felt that the procedure will arrest the upward trend of outstanding recoveries against the Government institutions and that these recoveries shall not be a problem in future.

(f) Pre-contract inspection of samples is now arranged through D.G.S. & D.

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(g) M.S.D. Bombay has since surrendered one of the godowns, the monthly rent for which was Rs. 3,200. Efforts are now being made to locate a vacant plot in Bombay Port Trust Area or at any other convenient place for building the depot's own storage sheds.

[Ministry of Health O.M. No. F. 7-32/59-B](Pt.)
dated 11-4-1960].

CHAPTER III

REPLIES OF THE GOVERNMENT THAT HAVE BEEN ACCEPTED BY THE COMMITTEE

S. No. as in Appendix VI of the 36th Report	Ref. to para. No. of the Report	Summary of recommendations/conclusions	Reply of the Government
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The Committee observe that the rise in expenditure during 1954 to 1957 in respect of the Safdarjang and Willingdon Hospitals is disproportionate to the increase in the number of indoor and out-door patients. This needs investigation.

It is true that the expenditure on the Willingdon and Safdarjang Hospitals has gone up. The following reasons account for the rise in expenditure beyond the proportionate increase in the number of outpatients and inpatients treated :—

- (1) Provision of new facilities in the hospitals in Dental, X-Ray, Laboratory, E.N.T. and other specialised departments ;

- (2) Increase in the cost of stores and drugs ;
- (3) Replacement of honorary medical staff by full time staff ;
- (4) Purchase of equipment etc., for starting new departments ;
- (5) Liberalisation of diet scales and supply of medicines to the poor people ; and
- (6) Payment of interim relief in the shape of allowances to the staff.

Judging from the improved standards of medical treatment now available in both the hospitals, the extra expenditure cannot be said to be disproportionate.

(*Ministry of Health O.M. No. 7-32/59-R., dated 23rd November, 1959.*)

(i) The Committee consider it to be an unfortunate state of affairs to note that 24 beds in the Willingdon Hospital, New Delhi, should have remained vacant for nearly 5 months from 11th April, 1958 to 8th September, 1958. At the

The newly constructed ward in the Hospital could not be commissioned earlier due to the overall shortage of nursing personnel.

same time, they observed that there was overcrowding in other hospitals and in other wards of the same hospital resulting in placing of patients on the floor.

(ii) The Committee recommend that the Ministry of Health should explore the feasibility of entrusting the task of co-ordination and mobilisation of all the hospital beds in Delhi and New Delhi to the Central Co-ordinating Organisation suggested in para. 16 of the Report. It should be the job of this Organisation to see to it that proper planning is done so that staff and equipment are made available immediately on the completion of a building and that hospital beds are not allowed to remain unoccupied for more than a week or so after completion.

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The Committee recommend that the C.H.S. Dispensaries should be kept open on all days. Till suitable arrangements are made for keeping the C.H.S. Dispensaries open on all days, it would be useful to keep them open on Sundays and close them on one of the week days. This will give greater facility to the Government servants to take advantage of the facilities on Sundays when they have ample spare time at their disposal.

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In view of the financial implication involved, it is not possible to accept this recommendation.

The proposal regarding keeping the dispensaries open on Sundays and close them on one of the week days has also been carefully considered but it has not been found feasible to do so due to certain practical difficulties.

The proposal has met with opposition from the staff medical, ministerial and Class IV.

(Ministry of Health O.M. No. 7-32/59-R., dated 23-11-1959.)

The Directorate General of Health Services is already performing the function of a Central Co-ordinating Organisation. Moreover, Govt. have also appointed a Co-ordination Officer for the three Hospitals under the control of Health Ministry. In view of this, there seems to be no scope for a further Co-ordinating Organising Officer. However, the duties of a Co-ordinating Officer are being defined.

(Ministry of Health O.M. No. 7-32/59-R., dated 23-11-1959).

(Further information required by the Committee)

The practical difficulties in not keeping the dispensaries open on Sundays and closed on one of the week days, may be stated.

*Lok Sabha Secretariat O.M. No. 82.EC.II/59,
dated 29-12-1959.)*

(i) The C.H.S. Advisory Committee consisting of representatives of the Service Associations of all classes of Govt. servants was consulted and was of the view that if the financial implications of keeping the dispensaries open on all days of the week made this proposal impracticable, *status quo* may remain instead of the dispensaries working on Sundays and closing on one of the week days.

(ii) It has been observed that on such holidays when the Govt. offices are closed but the dispensaries function, the attendance has usually been less than on the normal working days.

(iii) Hardship to the C.H.S. staff in being engaged in work throughout the year, on a day of the week when all other departments are closed in regard to their social and family obligations.

(iv) Facilities for the treatment of emergent cases are in any case, already being provided at centrally situated dispensary out of a group of every 2 or 3 on all Sundays.

[Ministry of Health O. M. No. F. 7-32/59-B(Pr.),
dated 11-4-1960.]

62 The Committee recommend that local Advisory Committees should be constituted for the C.H.S. Dispensaries.

The proposal for the constitution of a local Advisory Committee for each C.H.S. Dispensary had been accepted in principle, sometime ago, and as a matter of fact, the Advisory Committees were in the process of being set up when it was found that with the multiplicity of residents' associations in each area, very often working at cross purposes one against the other, it became apparent that the dispensaries would run the risk of becoming the focal points of local politics and intrigue. It was, therefore, felt that instead of setting up Advisory Committees in a formal manner, the desired results could be much better achieved by associating with the working of the dispensaries the Welfare Officers in the area of each dispensary and also such other responsible local residents who are genuinely interested in and prepared to work for the improvement of dispensaries.

(Ministry of Health O.M. No. 7-32/59-R., dated 23-11-1959.)

54 The Committee suggest that the feasibility of permitting import of foreign drugs also at Visakhapatnam and Kandla may be examined.

65 At present Bombay and Cochin are the points of entry for drugs on the West Coast of India and Calcutta and Madras are the points of entry on the East Coast. The volume of imports of drugs and pharmaceuticals through any port will depend upon the extent to which the drug trade and manufacture have developed in the area interior to the port. Since most of the areas are at present adequately served by these

four ports there is little likelihood of substantial imports of drugs and pharmaceuticals materialising through the ports of Visakhapatnam and Kandla. The question of declaring these ports as point of entry for drugs can be considered when these ports develop sizeable volume of import trade.

(*Ministry of Health O.M. No. 7-32/59-R., dated 23-11-1959.*)

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(i) The Committee recommend that all the available facilities in the country, irrespective of the fact whether they are in the public or in the private sector, should be utilised for the purpose of standardising the indigenous drugs which may expedite the compilation of the Indian Pharmacopoeia.

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The Indian Council of Medical Research has been financing investigations on indigenous drugs in various units spread over the country. The Indian Pharmacopoeia Committee will maintain close collaboration with the Indian Council of Medical Research in this matter.

(*Ministry of Health O.M. No. 7-32/59-R dated 23-11-1959.*)

(ii) The Committee suggest that Government may take up the above work in consultation with the local governments, universities and similar institutions in the country

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With a view to make the Drug Control really effective in the interest of general health of the people the Committee feel that the existing machinery for Drug Control needs an overhaul. The Committee suggest that it may be desirable to ap-

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As already stated in the earlier paragraphs, concrete measures to tighten the enforcement of the Act are under consideration. It is considered advisable to watch the effect of the partial centralisation of Drugs Control which is contemplated

point a Reviewing Committee to examine the operation of the existing Act and suggest modifications wherever necessary.

before the Reviewing Committee is appointed.
(*Ministry of Health O.M. No. 7-32/59-R dated 23-11-1959.*)

66 78 The Committee suggest that there should be close correlation between the prevailing market rates and the rates charged by the Medical Stores Depots and that they should be reviewed periodically.

The Medical Stores Organisation does not have the characteristics of a commercial concern as it works on 'No Profit No Loss' basis. The issue rates of the supplies made by Medical Stores Depots are based on the cost of acquisition and do not change till fresh stocks are purchased. It is, therefore, considered that there is no common ground between market rates and the departmental rates of the Medical Stores Depots and as such close co-relation is hardly possible.

(*Ministry of Health O.M. No. 7-32/59-R dated 23-11-1959.*)

67 79 The Committee feel that 20% departmental charges, excluding the freight and customs duty charges, being levied by the Medical Stores Depots appear to be excessive and suggest that the question of suitably reducing this charge, may be examined.

Medical Stores Depots' business consists of wholesale as well as retail sale and on practical business experience the margin of 20% is considered quite fair and reasonable when the trade relates to medical supplies which are ordinarily perishable and which are rapidly rendered out of date. Depots carry on vast range of stocks and cater to the needs of numerous small indentors like dispensaries and Primary Health Centres etc. There is no room for reduction of overhead charges.

(*Ministry of Health O.M. No. 7-32/59-R dated 23-11-1959.*)

(Further information required by the Committee)

The steps taken to reduce the direct and overhead charges in order that the percentage of departmental charges levied on supplies from the depot can be suitably reduced may be stated.

(Lok Sabha Secretariat O.M. No. 82.EC.II/59 dated 29-12-1959.)

From the Profit and Loss accounts of the previous years, it will be seen that the Medical Store Depots have shown an increase in sales of about 33% over the years 1954-55, 1955-56 and 1956-57. Though the increased turn-over would appear to justify reduction in the overhead charges, the recent recommendations of the 2nd Pay Commission are likely to affect the working expenses and it is expected that the overhead charges may go up by about Rs. 1,50 lakhs. Therefore this question will be examined after taking into consideration the recommendations of the 2nd Pay Commission. The Medical Stores Depots are run on no profit and no loss basis. The rates in the Medical Stores Depots are on the whole quite on par with the local market rates and this fact has also been acknowledged by the various A.M.Os. in the Advisory Committee of the Medical Stores Organisation.

It has not been possible to raise the percentage of supply upto 90% which is the target in view. This is due to the fact that the indent placed on the Directorate General of Supplies and Disposals continues to be the limiting factor in raising the sales. To gear up the sales a proposal to permit the Medical Stores Organisation to make its own arrangements for purchase of its requirements

is under consideration in consultation with the Ministry of Works, Housing and Supply. If this proposal is sanctioned the demands of the indentors could be met to a larger extent and the increase in the turnover of the depots would make it possible to reduce the departmental charges.

[*Ministry of Health O.M. No. F. 7-32/59-B(Pt)*
dated 11-4-1960.]

With a view to eliminate the work involved in the double handling of stores and to relieve pressure on the cost of transportation, the Committee suggest that the feasibility of making arrangements for the direct supply of some of the medical stores to certain indentors and big hospitals at rate contracts, may be explored.

Even now several hospitals draw their stores on rate contracts concluded by Directorate General of Supplies and Disposals, but it is not possible to conclude rate contracts for several items in the present circumstances when considerable difficulties are experienced in obtaining stores indigenously as well as through import. It is not possible for the big hospitals to draw stores directly on rate contract for the reasons that there is a multiplicity of demands, numerous samples to be drawn and corresponding tests to be carried out and other accounting difficulties. It is considered also not possible that the cost of acquisition will come down as envisaged by the Committee since firms while quoting to these individual indentors will take into account all charges such as, delivery, despatch to certain specified points and more so when such destinations become numerous.

(*Ministry of Health O.M. No. 7-32/59-R dated*
23-11-1959.)

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(i) From the table given in para 84, the Committee observe that the figures of losses of the Depot at Bombay are disturbing. The Committee suggest that adequate steps may be taken to avoid losses due to deterioration of short-life items stocked by the Medical Stores Depots, in future, by carefully assessing the fluctuating demands of 'short-life items.'

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(i) No new losses of alarming nature are being reported. In the past losses have occurred generally in cases of items which carry a certain life. In order to avoid this, provisioning of such life items has now been based on half-yearly basis. It is, therefore, hoped that there will be no room thereafter for writing off of losses on account of deterioration etc.

(ii) The Committee feel that an arrangement for making the supplies directly to the indentors on the basis of rate contracts may help avoiding the wastage due to deterioration of short-life items stocked by the Depots.

(ii) The suggestion is not feasible in view of the difficulties in the conclusion of rate contracts with numerous direct demanding officers, as already explained against Item No. 68. The difficulties are more pronounced in case of short life items as they are mostly biological products which require careful testing for which the indentors do not have facilities of their own. The condition followed by D.G.S. & D. for concluding rate contracts for any item that the annual off-take should not be less than Rs. 50,000 is hard to comply with as the monetary value of the expenditure of short life drugs is often less than this limit.

[Ministry of Health O.M. No. 7-32/59-R dated 23-11-1959.]

85 The Committee suggest that Government may examine the feasibility of adopting the method of accepting rate contracts from reliable drug houses, in the country for the supply of selected categories of medical stores so as to avoid the need of storage and double handling by the Medical Stores Depots as far as possible.

The comments made above as well as against serial No. 68 explain the difficulties in giving effect to the suggestion made by the Committee. Another hurdle which has come up recently in the conclusion of rate contracts has been the limited foreign exchange allocation as a result of which the firms who held rate contracts in the past have defaulted, compelling the Directorate General of Supplies and Disposals only to make ad-hoc purchases and the response to the tenders issued by Directorate General of Supplies and Disposals in this behalf has also been very unsatisfactory.

(*Ministry of Health O.M. No. 7-32/59-R dated 23-11-1959*).

86 The Committee feel that the factories attached to the Medical Stores Depots could make a useful contribution by manufacturing some of the items of the stores which, though patented, may not ordinarily be available in the market or those which are not taken up for manufacture by the private manufacturers. The production programme of these factories may have to be geared in such a manner as to create an impact on the market and ensure their supply at reasonable rates.

87 The recommendations of the Committee should be examined in the context of development scheme which the Ministry of Commerce & Industry are said to be actively considering on the recommendations made to them by the Committee of Experts from Russia, who visited this country recently.

The production programme of the Medical Stores Depot factories will receive the needed fillip when the recommendations made by the Expert Committee for modernising the plant and machinery as well as for installing additional capacity are approved and sanctioned by Government.

Even so it is doubtful whether the factory production would create any impact on the market for sale to the public.

(*Ministry of Health O.M. No. 7-32/59-R dated 23-11-1959.*)

75 87 While on the subject of production of medical stores the Committee recommend that Government should comprehensively examine the question of limiting imports of foreign medical stores and replacing them by indigenous products according to a phased programme.

(*Further information required by the Committee.*)

The result of examination of the recommendation may be communicated.

(*Lok Sabha Secretariat O.M. No. 82. EC. II/59 dated 29-12-1959.*)

The matter is being examined in consultation with the Directorate General of Health Services.

(*Ministry of Health O.M. No. 7-32/59-R dated 23-11-1959.*)

In so far as the requirements of imported Medical Stores for the Medical Store Depots are concerned orders are placed on the Director General Supplies & Disposals who screens the list from the indigenous angle and arranges for the imports of only such stores as are not produced in this country. The Development Wing of the Ministry of Commerce & Industry advises the Director General Supplies and Disposals about the availability of indigenous articles or substitutes. As regards the import of foreign medical stores in general, it may be stated that the recommendation of the Estimates Committee that indigenous

resources should be harnessed to the maximum extent in line with the policy already adopted by the Government of India. The Ministry of Commerce & Industry are responsible for deciding the policy for the import of drugs and medical stores. In arriving at the policy, they invariably take into account the views of their Development Wing and the Health Ministry in regard to those items which are made in this country.

Referring to drugs in particular it may be stated that the Ministry of Commerce & Industry have many schemes designed to make the country self-sufficient in the matter of drugs. Manufacturing programmes involving collaboration with other countries have been drawn up and are being actively pursued. When these plans go through the country would be manufacturing most of these drugs from its own resources. The Development Wing of the Ministry of Commerce & Industry also assists firms which come forward with schemes for the manufacture of drugs and medical stores.

It will thus be seen that the recommendation of the Estimates Committee is already being given effect to by the Government. The manufacturing programmes are, however, mostly of a long-term nature and comprise stages of manufacture involving the progressive elimination of imported raw materials. The effect of these schemes on imports cannot be realised immediately, though

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the volume of imported stores is being reduced
year after year.

[*Ministry of Health O.M. No. F. 7-32/59-B (Pl.)
dated 11-4-1960.*]

CHAPTER IV

REPLIES OF GOVERNMENT THAT HAVE NOT BEEN FINALLY ACCEPTED BY THE COMMITTEE

S. No. as in Appendix VI of the 36th Report	Ref. to paragraph No. of the Report	Summary of recommendations/ conclusions	Reply of the Government	Comments of the Committee
1	2	3	4	5
19	26	<p>In view of the sustained overcrowding in dispensaries and outpatient departments of Government hospitals in New Delhi, and looking to the high cost of establishing new hospitals or expanding the existing ones, the Committee suggest that the feasibility of working double shifts in out-patient depart-</p>	<p>The double shift arrangement is already in vogue in the Willingdon Hospital where the O.P.D. is opened between 9 A.M. to 1 P.M. in the morning and 5 P.M. to 6 P.M. in evening. As regards the Safdarjang Hospital the O.P.D. is in session for a period of four hours between 9 A.M. and 1 P.M. and in the</p>	<p><i>Please see para 1 of Ch. I.</i></p>

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evening Casualty Department caters to patients. As the present working is satisfactory, there is no need for a change at present.

(Ministry of Health O.M. No. 7-32/59-R dated 23-11-1959.)

The Medical Superintendent of the Safdarjang Hospital has stated that the arrangement is working satisfactorily. In the evening, however, the Casualty Deptt. caters to patients who come to the Out Patient Deptt. In the Willingdon Hospital, the O.P.D. is kept open for one hour in the afternoons also.

The average time of waiting is between 30 to 40 minutes.

[Ministry of Health O.M. No. F. 7-32/59-B(Pr.) dated 11-4-1960.]

ments of government hospitals in New Delhi may be examined.

(Further information required by the Committee.)

(i) It may be stated whether by keeping the O.P.D. open for four hours daily the requirements of patients are fully met without their having to wait for long periods.

(ii) The average time of waiting per out-patient may also be indicated.

The Committee recommend that a decision making the C.H.S. Scheme optional for those Government servants who may agree to forgo their claim of reimbursement of the cost of medical treatment should be taken and communicated to all the Central Government servants.

The question was considered at the meeting of the C.H.S. Advisory Committee held on the 13th August, 1959 and the consensus of opinion was that the C.H.S. Scheme should not be made optional.

[*Ministry of Health O.M. No. 7-32/59-R dated 23-11-1959.*]

(i) The Committee consider it to be an unfortunate state of affairs to note that there is no control over the Ayurvedic, Unani and Homeopathic drugs manufactured in India.

(ii) The Committee suggest that the feasibility of suitably extending the provisions contained in the Drugs Act and Rules to the Ayurvedic, Unani and Homeopathic drugs, manufactured in India or alternatively bringing a separate legislation for this purpose may be examined, in consultation with the experts in these systems of Medicine.

The Udupa Committee has also recommended that there should be a separate legislation to control standards of Ayurvedic and other drugs belonging to other indigenous systems of medicine. This recommendation is under examination.

(*Ministry of Health O.M. No. 7-2/59-R dated 23-11-1959.*)

The recommendations of the Udupa Committee are still under consideration.

[*Ministry of Health O.M. No. F. 7-32/59-B (Pt.) dated 11-4-1960.*]

(Further information required by the Committee.)

The result of examination of the recommendation may be communicated.

(Lok Sabha Secretariat O.M. No. 82. EC.II/59 dated 29-12-1959.)

The question of enacting suitable legislation for the control of indigenous drugs is under examination.

[Ministry of Health O.M. No. F. 7-32/59-B (Pt.) dated 19-8-1960.]

The Committee urge that early action may be taken on the recommendation.

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88 The instances of large losses due to deterioration of stores etc. quoted by the Committee in para 88 indicate that there is an urgent need to improve the working of the Medical Stores Depots, if such losses are to be prevented in future.

Please see para 3 of Ch. I.

The actual position regarding the losses has already been explained in the preceding paragraphs.* It may be stated further that losses on account of deterioration do also take place in private pharmaceutical houses, which are no doubt absorbed by the profits they make on account of large margin as well as of their covert market manipulations. While judging the working of the Medical Stores Depots as a commercial proposition, it may be borne in mind that they are run mostly as a public utility service on the basic principle of 'No Profit No Loss.'

The depots are expected to keep ready stocks even of such items as are likely to deteriorate in anticipation of the demands of the hospitals and an element of risk is implied in this very arrangement and may be treated as part of the hazards of State trading. The criteria that may be applied to assess if such losses are abnormal or unreasonable is to see the effect of the annual balance sheet as a whole without confining attention only to isolated cases.

(Ministry of Health O.M. No. 7-32/59-R dated 23-11-1959.)

78 (i) The Committee recommend that an Expert Reviewing Committee with the association of non-officials should be appointed by Government to review in detail the existing practice and procedure for procurement, stocking, pricing and distribution of stores, and to assess the utility of the Depots and also to suggest measures for assuring a regular supply of foreign and patent

The working of Medical Stores Depots was examined in detail by the Chief Cost Accounts Officer, Ministry of Finance in 1954-55. A number of recommendations were made by him for improving the working of the depots as well as that branch of the Directorate which was in charge of the supervision of the depots. The essential recommendations which were considered most

While taking note of the reply furnished by Government the Committee are of the view that they should undertake periodical reviews of the nature suggested in the recommendation.

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medicines to indentors at controlled rates.

likely to be effective in raising the efficiency of the Depots were accepted.

The fruitful results of the various measures taken for streamlining the working of the Medical Stores Organisation are already manifesting themselves but a full picture will emerge only after a sufficient trial is given over a reasonable period of time.

In view of the foregoing, it may perhaps not be necessary to have such a Committee to review the working of the Medical Stores Depots immediately and the question be deferred.

(ii) The Reviewing Committee should also examine *inter-alia* the necessity of continuing the Medical Stores Depots. If they are to be continued in some form the Reviewing Committee may also consider whether it would be useful to

(ii) The continuance of the Medical Stores Depots was considered by the Central Health Council and the Council recommended that the procedure of supply of medical stores should be streamlined for which several steps have already been

set up an autonomous Corporation to manage all the Medical Stores Depots, which would not only store and supply drugs and equipment, but might also undertake production on a substantial scale.

taken. The proposal to modernise the factories so as to increase production is under examination. ५

(Ministry of Health O.M. No. 7-32/59-R dated 23-11-1959.)

NEW DELHI-1;

November 28, 1960/Agrakayana 7, 1882 (Saka)

H. C. DASAPPA,
Chairman,
Estimates Committee.

APPENDIX

Statement showing analysis of Government's replies to the recommendations of the Estimates Committee made in their 36th Report (Second Lok Sabha) on the Ministry of Health—Medical Services Part I

1. Total number of recommendations	78
2. Recommendations accepted fully by Government (<i>vide</i> recommendations referred to in Chapter II)	
Number	59
Percentage to total	75.6
3. Recommendations not accepted by Government but replies in respect of which have been accepted by the Committee (<i>vide</i> recommendations referred to in Chapter III)	
Number	14
Percentage of total	18.0
4. Recommendations replies to which have not been accepted by the Committee (<i>vide</i> recommendations referred to in Chapter IV)	
Number	5
Percentage of total	6.4

LIST OF AUTHORISED AGENTS FOR THE SALE OF PARLIAMENTARY PUBLICATIONS OF THE LOK SABHA SECRETARIAT, NEW DELHI-1.

Agency No.	Name and address of the Agent	Agency No.	Name and address of the Agent	Agency No.	Name and address of the Agent
1.	Jain Book Agency, Connaught Place, New Delhi.	20.	The English Book Stores, 7-L, Connaught Circus, New Delhi.	37.	Amar Kitab Ghar, Diagonal Road, Jamshedpur-1.
2.	Kitabistan, 17-A, Kamla Nehru Road, Allahabad.	21.	Rama Krishna & Sons, 16-B, Connaught Place, New Delhi.	38.	Allied Traders, Motia Park, Bhopal.
3.	British Book Depot, 84, Hazratganj, Lucknow.	22.	International Book House Private Ltd., 9, Ash Lane, Bombay.	39.	E. M. Gopalkrishna Kone, (Shri Gopal Mahal), North Chitrai Street, Madura.
4.	Imperial Book Depot, 268, Main Street, Poona Camp.	23.	Lakshmi Book Store, 42, M. M. Queensway, New Delhi.	40.	Friends Book House, M. U., Aligarh.
5.	The Popular Book Depot (Regd.), Lamington Road, Bombay-7.	24.	The Kalpana Publishers, Trichinopoly-3.	41.	Modern Book House, 286, Jawahar Ganj, Jabalpur.
6.	H. Venkataramiah & Sons, Vidyaniidhi Book Depot, New Statue Circle, Mysore.	25.	S. K. Brothers, 15A/65, W.E.A., Karol Bagh, New Delhi-5.	42.	M. C. Sarkar & Sons (P) Ltd., 14, Bankim Chatterji Street, Calcutta-12.
7.	International Book House, Main Road, Trivandrum.	26.	The International Book Service, Deccan Gymkhana, Poona-4.	43.	People's Book House, B-2-829/1, Nizam Shahi Road, Hyderabad Dn.
8.	The Presidency Book Supplies, 8-C, Pycroft's Road, Triplicane, Madras-5.	27.	Bahri Brothers, 188, Lajpat Rai Market, Delhi-6.	44.	W. Newman & Co. Ltd., 3, Old Court House Street, Calcutta.
9.	Atma Ram & Sons, Kashmere Gate, Delhi-6.	28.	City Booksellers, Sohanganj Street, Delhi.	45.	Thacker Spink & Co. (1938) Private Ltd., 3, Esplanade East, Calcutta-1.
10.	Book Centre, Opp. Patna College, Patna.	29.	The National Law House, Near Indore General Library, Indore.	46.	Hindustan Diary Publishers, Market Street, Secunderabad.
11.	J. M. Jaina & Brothers, Mori Gate, Delhi-6.	30.	Charles Lambert & Co., 101, Mahatma Gandhi Road, Opp. Clock Tower, Fort, Bombay.	47.	Laxmi Narain Aggarwal, Hospital Road, Agra.
12.	The Cuttack Law Times Office, Cuttack-2.	31.	A. H. Wheeler & Co. (P) Ltd., 15, Elgin Road, Allahabad.	48.	Law Book Co., Sardar Patel Marg, Allahabad.
13.	The New Book Depot, Connaught Place, New Delhi.	32.	M. S. R. Murthy & Co., Visakhapatnam.	49.	D. B. Taraporevala & Sons Co. Private Ltd., 210, Dr. Naoroji Road, Bombay-1.
14.	The New Book Depot, 79, The Mall, Simla.	33.	The Loyal Book Depot, Chhipi Tank, Meerut.	50.	Chanderkant Chimam Lal Vora, Gandhi Road, Ahmedabad.
15.	The Central News Agency, 23/90, Connaught Circus, New Delhi.	34.	The Good Companion, Baroda.	51.	S. Krishnaswamy & Co. P.O. Teppakulam, Truchirapalli-1.
16.	Lok Milap, District Court Road, Bhavnagar.	35.	University Publishers, Railway Road, Jullundur City.	52.	Hyderabad Book Depot, Abid Road, (Gun Foundry), Hyderabad.
17.	Reeves & Co., 29, Park Street, Calcutta-16.	36.	Students Stores, Raghunath Bazar, Jammu-Tawi.	53.	(R) M. Gulab Singh & Sons (P) Ltd., Press Area, Mathura Road, New Delhi.

Agency No.	Name and address of the Agent	Agency No.	Name and address of the Agent	Agency No.	Name and address of the Agent
54.	(R) C. V. Venkatachala Iyer, Near Railway Station, Chalakudi. (S. I.)	68.	Oxford Book & Stationery Co., Scindia House, Connaught Place, New Delhi.	81.	Mittal & Co., 85-C, New Mandi, Muzaffar Nagar (U.P.).
55.	(R) The Chindambaram Provision Stores, Chindambaram.	69.	Makkala Pustaka Press, Balamandira, Gandhinagar. Bangalore-9.	82.	Firma K. L. Mukhopad- yay, 6/1A, Banchharam Akrur Lane, Calcutta-12.
56.	(R) K. M. Agarwal & Sons, Railway Book Stall, Udaipur (Rajasthan).	70.	Gandhi Samriti Trust, Bhavnagar.	83.	Freeland Publications (P) Ltd., 11-A/16, Lajpat Nagar, New Delhi-14.
57.	(R) The Swadesamitran Ltd., Mount Road, Madras.	71.	People's Book House, Opposite Jaganmohan Palace, Mysore-1.	84.	Goel Traders, 100-C, New Mandi, Muzaffar Nagar (U.P.).
58.	The Imperial Publishing Co., 3, Faiz Bazar, Daryaganj, Delhi-6.	72.	'JAGRITI', Bhagalpur-2 (Bihar).	85.	Mehra Brothers, 50-G, Kalkaji, New Delhi-19.
59.	The High Commission of India Establishment Dep't., Aldwych, London, W.C.-2.	73.	The New Book Company (P) Ltd., Kitab Mahal, 188-90, Dr. Dadabhai Naoroji Road, Bombay.	86.	The Krishna Book Depot. Publishers, Booksellers, Stationers & News Agents, Main Bazar, Pathankot, (E.P.)
60.	Current Book Stores, Maruti Lane, Raghunath Dadaji Street, Bombay-1.	74.	The English Book Depot, 78, Jhoke Road, Ferozepore Cantt.	87.	Dhanwantra Medical & Law Book House, 1522, Lajpat Rai Market, Delhi-6.
61.	International Consultant Corporation, 48C, Marredpally (East), Secunderabad 3. (A.P.)	75.	Minerva Book Shop, 9, Jor Bagh Market, New Delhi-3.	88.	The United Book Agency, 48, Amritkaur Market, Paharganj, New Delhi.
62.	K. G. Aseervandam & Sons, Cloughpet, P. O. Ongole, Guntur Distt. (Andhra).	76.	People's Publishing House, Rani Jhansi Road, New Delhi-1.	89.	Pervaje's Book House, Book Sellers & News Agents, Koppikar Road, Hubli.
63.	The New Order Book Co., Ellis Bridge, Ahmedabad.	77.	Shri N. Chaoba Singh, Newspaper Agent, Ramlal Paul High School Annexe, Imphal, Manipur.	90.	B. S. Jain & Co., 71, Abupura, Muzaffarnagar (M.P.).
64.	The Triveni Publishers, Masulipatnam.	78.	Minerva Book Shop, The Mall, Simla-1.	91.	Swadeshi Vastu Bhandar, Booksellers, Jammu
65.	Deccan Book Stall, Ferguson College Road, Poona-4.	79.	Universal Book Company, 20, Mahatma Gandhi Marg, Allahabad.	92.	Bhogilal L. Fanna, Book- stall Contractor, Railway Junction, Rajkot.
66.	Jayana Book Depot, Chaparwala Kuan, Karol Bagh, New Delhi-5.	80.	Madhya Pradesh Book Centre, 41, Ahilya Pura, Indore City (M.P.).	93.	Sikh Publishing House (P) Ltd., 7-C, Connaught Place, New Delhi.
67.	Bookland, 663, Madar Gate, Ajmer (Rajasthan).				

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