

itself. (*Interruptions*) Some of them also found their way to London. If it is a fact, will the hon. Minister make efforts to bring back those objects and restore them to their place of origin ?

SHRIMATI SUSHILA ROHATGI : I do not have this information right now. However, the excavation work done by the Archaeological Survey in Nalanda since 1915 have yielded the remains of a full-fledged University, seven monasteries, two big temples and two large-sized idols. A museum has been built in the neighbourhood of this site where all these remains have been exhibited for public viewing.

Based on the information given by the hon. Member in the first part of his supplementary, efforts will be made to gather information in this respect which will be passed on to him when received.

[*English*]

**Preventive Measures for T.B., Cancer, Cholera, Plague, Diphtheria and Meningitis**

\*165. SHRI R.P. SUMAN : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) whether Government are taking any special measures to prevent fatal diseases like T.B., Cancer, Cholera, Plague Diphtheria and Meningitis;

(b) if so, how far Government have been able to check the incidence of these diseases; and

(c) whether Government propose to undertake a time-bound programme on priority basis to control the aforesaid diseases; if so, by what time and if not, the reasons therefor ?

THE DEPUTY MINISTER IN THE DEPARTMENT OF FAMILY WELFARE (SHRI S. KRISHNA KUMAR) : (a) to (c) As a part of its stated policy to improve the health status of the people, the Government has been taking steps to control the incidence and death arising out of several communicable and non-communicable diseases like T.B., Cancer, Cholera,

Plague, Diphtheria and Meningitis. So far total success has been achieved only in the fields of Small Pox and Plague. National Programmes for the control and containment of T.B., Cancer and Diarrhoea diseases have been taken up in hand and are being intensified every year. The incidence pattern of Meningitis, being localised and seasonal, is tackled on the same basis. Diphtheria is sought to be controlled through the Expanded programme of Immunisation. It is not possible to estimate the time by which all such diseases can be brought under control as such a phenomenon depends on the interaction of other socio-economic factors with health inputs and not on health interventions alone.

[*Translation*]

SHRI R.P. SUMAN : Sir, my question has not been replied to, I seek your protection. I had asked whether Government are taking any special steps to prevent fatal diseases like T.B., cholera, cancer, plague, diphtheria and meningitis. To this, she has replied that the Government has been taking steps. The reply does not say whether Government are taking steps to effectively control these diseases by launching special campaigns. This thing has been completely overlooked in the reply. The incidence of these fatal diseases in the country is sharply rising and no proper medical care is available even at the district headquarters as a result of which the poor people are unable to get treatment. Since, the number of patients is increasing, which is a matter of grave concern, I want to know from the hon. Minister the details of the steps Government propose to take for effective prevention and treatment of these fatal diseases at least at district headquarters ?

[*English*]

SHRI S. KRISHNA KUMAR : The goal of Health for All by the year, AD 2000 as enumerated in the National Health Policy and the policy itself laid down several indices to be achieved by the end of the century. On the basis of these indices to be achieved, we have time-bound programme on almost all communicable and non-communicable diseases which

have any tangible disease incidence in the country. For instance, we have the National Malaria Eradication Programme, National Diarrhoea Programme, National Goitre Programme and the Programme of Expanded Immunisation. Therefore, the normal working of the Health Ministry itself is on the basis of a campaign approach to contain these diseases.

As far as the second part of the question is concerned, it is a question of enhancement of the infrastructure which we are steadily achieving. We have hierarchical system of infrastructure from the Primary Health Care and Sub-Centres to the Secondary referral level of the district hospitals to the State and national level hospitals and we are implementing these time-bound programmes, of course, restrained by the availability of resources.

[*Translation*]

SHRI R.P. SUMAN : Sir, no medicine except mixture and A.P.C. tablets, is available in the hospitals in the rural areas. Even vaccine or medicine for dog-bite is not available in the hospitals at district headquarters. Apart from non-availability of medicines for such fatal diseases, there is a shortage of doctors in the hospitals. I want to know whether Government would ensure availability of medicines and presence of doctors at least at district hospitals, leave aside the Primary Health Centres? If so, the views of the Government in regard thereto?

[*English*]

SHRI S. KRISHNA KUMAR : We have a time-bound programme for enhancing the infrastructure and improving the facilities throughout our entire health infrastructure. The per capita public sector expenditure on health has increased from Rs. 1.5 in 1951 to Rs. 38 now. We have every element of the programme including the medicines. For instance, in the Primary Health Centre for each area, we have Rs. one lakh for medicines being given.

SHRI G.G. SWELL : Has it started reaching the people?

SHRI S. KRISHNA KUMAR : They are reaching the people.

SHRI G.G. SWELL : How do we know?

SHRI S. KRISHNA KUMAR : We have conducted several studies, There are short-falls and these short-falls are attempted to be corrected.

[*Translation*]

SHRI RAJ KUMAR RAI : Mr. Speaker, Sir, the hon. Minister has stated that there is a time-bound programme and that they are taking all steps. His reply has also been drafted in good English and through this reply, he would convince others that the medical aid is being made available. Meningitis is a disease. So far as Uttar Pradesh is concerned, the incidence of encephalitis which is also called cerebral fever is on the increase in Azamgarh, Deoria, Basti and in Terai area. According to my information hundreds of people have died an untimely death during the last four to five years. No medical treatment could be provided to them and they died on their way to the hospitals. The hon. Minister knows better from the medical point of view. I want to know what special steps were taken by Government in this regard, what special facility was provided, which medicines were provided, while our charges were that the stocks of very few medicines which were supplied also exhausted and that nothing could be done. The medicines are badly needed there. I want to have a specific answer to it from the hon. Minister.

[*English*]

SHRI S. KRISHNA KUMAR : Meningitis is a seasonal disease which normally appears in spring and winter ...

[*Translation*]

SHRI RAJ KUMAR RAI : Sir, he is giving the same reply.

(*Interruptions*)

MR. SPEAKER : How can he give a different reply when the reply is the same?

[*English*]

SHRI S. KRISHNA KUMAR : I am not reading from the brief. I am referring to notes for statistical purposes.

[*Translation*]

SHRI RAJ KUMAR RAI : If they are unable to provide medicines to the patients, at least they should satisfy the Members with a satisfactory reply.

MR. SPEAKER : Merely talking will not serve the purpose.

[*English*]

SHRI RAJ KUMAR RAI : He cannot answer our supplementaries. What is written there, he will repeat.

SHRI S. KRISHNA KUMAR : We have a monitoring mechanism not only in the national capital but also in the State capitals. This year the incidence of meningitis is reduced and only a week ago we had a conference on this very question. We are monitoring the incidence of meningitis in the country.

DR. DATTA SAMANT : For cancer there is no prevention, but just we are giving a wholesale reply that by the 21st century we are going to eradicate everything. I want to put a specific question....

PROF. MADHU DANDAVATE : Incidentally he is a doctor also, not alone a trade union leader.

DR. DATTA SAMANT : My question is very specific. In the year 1984-85 for prevention of TB what is the number of BCG injections given all over the country and for the prevention of diphtheria how many doses have been given all over the country ?

AN HON. MEMBER : Sir, the hon. Member there is out of tune.

MR. SPEAKER : Sir, that question is out of bounds.

SHRI BHAGWAT JHA AZAD : He is out of practice.

SHRI PIYUS TIRAKY : Because these diseases are there all over India and the Government are very serious, I would like to know whether the Government have any scheme to encourage Homeopathy, Ayurveda, Unani and other systems

of health care also.? If so how much amount is spent on them and what is the percentage and what steps the Government have taken in this regard ?

SHRI S. KRISHNA KUMAR : This question is quite extraneous to the main question and the hon. Member may not like a general answer. But I would like to say that we are spending about Rs. 40 crores for the improvement of the indigenous systems of medicine in the Seventh Plan. We have the National Councils in respect of the individual disciplines of medicine like Sidha, Ayurveda, Unani and Yoga Naturopathy and there is a quantum jump not only in the allocation of funds in the Seventh Plan but also in the emphasis given to the indigenous systems of medicine as part of the national health policy thrust.

[*Translation*]

SHRI MANOJ PANDEY : Mr. Speaker, Sir, I want to know whether Government propose to convert the existing T.B. Control Programme into a T.B. Eradication Programme ?

MR. SPEAKER : T.B. or T.V. ?

SHRI MANOJ PANDEY : T.B.— Tuberculosis.

[*English*]

SHRI S. JAIPAL REDDY : TV is suffering from TB.

SHRI S. KRISHNA KUMAR : Tuberculosis is a socio-economic type of disease, depending for its eradication on the question of eradication of poverty and, therefore, it is not a disease which is amenable to the approach of eradication. 40% of the population are supposed to have some germs of T.B. If I may refer to my papers, 1.5% of the population are suffering. New cases are 2.5 million every year. Every year we are augmenting the steps for the detection of the disease and we have had an all-time high of 14.5 lakhs detections this year. So we are going to increase the coverage. But it is not possible to eradicate it before 2000 AD,

**SHRI BHAGWAT JHA AZAD :** It is heartening to note know that the Government also spends on indigenous medicines for the eradication of the diseases mentioned in the question.

There are diseases like spondylitis, gastroenteritis, synovitis for which they have no medicines. My specific question is : is it true that 80% of the total budget of the centre plus the State Governments are being spent on allopathic medicine systems which serve only 20% of the population and 20% of the expenditure which the Centre and State Governments spend is being spent on the indigenous systems of medicine which serve 80% of the population. Is it true and if not, what is the proportion ?

**SHRI S. KRISHNA KUMAR :** The figures the hon. Member has quoted apparently relate to the distribution of doctors between the rural and the urban areas. It is true that we have an allopathic orientation in our health infrastructure and that is the very thing which the National Health Policy seeks to correct in the next 15 years. And, hopefully, we will have an integrated system of medicine, availing of the best in the indigenous as well as the modern systems of medicine.

**MR. SPEAKER :** Mr. Minister, is there any new measles-vaccine now being used and if so, what is the efficacy of this? Please find out and let me know later.

**SHRI S. KRISHNA KUMAR :** Yes, Sir.

**Non-Availability of Senior Doctors in Hospitals on Saturdays and Holidays**

\*167. **SHRI AKHTAR HASAN :** Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) whether it is a fact that on Saturdays (after 12.30 P.M.), Sundays and holidays only Resident and Junior Doctors are available in Dr. Ram Manohar Lohia Hospital, Safdarjung Hospital and other hospitals in Delhi and no senior doctor or a specialist is available for treatment/consultation or even to look after serious patients ;

(b) if so, whether it is due to shortage of senior doctors in these hospitals or some other reason;

(c) whether it is also a fact that posts of Professors and senior doctors are lying vacant for years together in almost all the Central hospitals in the Capital ; and

(d) if so, the position hospital-wise and reasons for not filling these posts ?

**THE DEPUTY MINISTER IN THE DEPARTMENT OF FAMILY WELFARE (SHRI S. KRISHNA KUMAR) :**

(a) No Sir.

(b) Does not arise.

(c) The Central Government Hospitals excepting those attached to teaching institutions do not have the posts of Professors in their sanctioned establishment. All efforts are made to see that no post of senior doctors remain vacant.

(d) A statement is given below.

**Statement**

**Safdarjung Hospital, New Delhi**

Grade	No. of sanctioned posts	Posts filled	Posts vacant	Remarks
(1)	(2)	(3)	(4)	(5)
Supertime Grade	8	5	3	One post has been advertised by UPSC for direct recruitment. Another post is proposed to be referred to