will come in course of payment during the year ending the 31st day of March, 1966, in respect of 'Other Capital Outlay of the Ministry of Transport'."

MINISTRY OF HEALTH

Mr. Deputy-Speaker: The House will now take up the Demands for Grants relating to the Ministry of Health for which four hours have been allotted. Those who want to move their cut motions may do so within fifteen minutes.

DEMAND No. 48—MINISTRY OF HEALTH

Mr. Deputy-Speaker: Motion moved:

"That a sum not exceeding Rs. 20,97,000 be granted to the President to complete the sum necessary to defray the charges which will come in course of payment during the year ending the 31st day of March, 1966, in respect of 'Ministry of Health'."

DEMAND No. 49—MEDICAL AND PUBLIC HEALTH

Mr. Deputy-Speaker: Motion moved:

"That a sum not exceeding Rs. 13,45,10,000 be granted to the President to complete the sum necessary to defray the charges which will come in course of payment during the year ending the 31st day of March, 1966, in respect of 'Medical and Public Health'."

DEMAND No. 50—OTHER REVENUE EXPENDITURE OF THE MINISTRY OF HEALTH

Mr. Deputy-Speaker: Motion moved:

"That a sum not exceeding Rs. 83,93,000 be granted to the President to complete the sum necessary to defray the charges which will come in course of payment during the year ending the 31st day of March, 1966, in respect of 'Other Revenue Expenditure of the Ministry of Health'."

DEMAND No. 131—CAPITAL OUTLAY OF THE MINISTRY OF HEALTH

Mr. Deputy-Speaker: Motion moved:

"That a sum not exceeding Rs. 8,21,33,000 be granted to the President to complete the sum necessary to defray the charges which will come in course of payment during the year ending the 31st day of March, 1966, in respect of 'Capital Outlay of the Ministry of Health'."

The Demands are now before the House.

श्री राम सिंह (बहराइच) : उपाध्यक्ष महोदय स्वास्थ्य विभाग एक ऐसा विभाग है जो समाज के हर वर्ग के लिये कार्य करता है । इसमें धनी और निर्धन सभी के लिये कार्य होता है । इस पर विचार करते हुए हमारा कर्तव्य है कि हम सरकार को ऐसे सुझाव दें कि मानव कल्याण के लिये स्वास्थ्य विभाग का पूरा सदुपयोग किया जा सके ।

स्वास्थ्य के लिये जल का बहुत अधिक महत्व है । बहुत सी जगहें ऐसी है जहां दिसम्बर व जनवरी तक जल मौजूद रहता है और ऐसी जगहों पर अनेक तरह के रोग लोगों को होते रहते हैं । ऐसी जगहों के लिये पीने के शुद्ध जल के लिये नल आदि का प्रबन्ध किया जाय जिससे लोगों को लाभ प्राप्त हो सके ।

सरकार भोजन की समस्या को लेकर आबादी रोको प्रयोग फैमिली प्लैनिंग के जरिये चला रही है । फैमिली प्लैनिंग का प्रयोग इस देश के स्वास्थ्य के लिये घातक सिद्ध हो रहा है । डाक्टर की रायें मानव की सहज क्रियाओं में बड़ी बाधा डाल रही है । यह यहां की नस्लों को ही कमजोर बना देगी । यहां के जंगलों में करोड़ों एकड़ भूमि बेकार

पड़ी है । उस का कृषि के लिये उपयोग कर के खाद्य समस्या को अच्छी तरह से हल किया जा सकता है । इस दशा को देखते हुए सरकार को कोई अधिकार नहीं है कि खाद्य का बहाना लेकर आने वाली पीढ़ियों को दुर्बल बना दे ।

जिन देशी औषधालयों में अधिक लाभ करने वाली दवा हो उसे ही रजिस्टर्ड होने की आज्ञा सरकार दे और ऐसी ही औषधियों का विकास करने की जरूरत है । जो दवायें रोगों में अधिक लाभ पहुंचाती हैं सरकार उन के बारे में ही प्रयोगशालाओं में प्रयोग कराये ।

सरकार की नीति देशी चिकित्सा प्रणाली के लिये सदा से ही रूखी रही है । सरकार को चाहिये कि आयुर्वेद, यूनानी आदि सब प्रणालियों के लिये बिलकुल आधुनिक तरह के अस्पताल खोले जिन में आधुनिक औजार, नर्सों और शैया कक्षों का भी आधुनिक अस्पतालों की तरह से उपयोग हो । उत्तर प्रदेश में सिर्फ डिस्पेन्सीरज ही खुली हैं । वहां किसी बड़े आयुर्वेद औषधालयों की स्थापना नहीं हुई है । इन प्रणालियों में अलग अलग रोगों के जो विशेषज्ञ हैं उन को अपने अपने अलग अलग औषधालय खोलने के लिये सुविधा प्रदान की जाये । और सरकार उनको प्रोत्साहन दे । उनको भी वे सुविधाएं मिलें जो कि डाक्टरों को दी जाती हैं ।

16 hrs.

कुछ ऐसे असाध्य रोग हैं जिनका ऐलोपेथी में कोई समुचित इलाज नहीं हो पाता । उन को बड़े से बड़ा डाक्टर लाइलाज कर देता है । उन सब रोगों का इलाज आयुर्वेद में है । यदि सरकार रुचि ले और अनुसन्धान के लिये पर्याप्त धन की व्यवस्था करे तो आयुर्वेदिक औषधियों के प्रयोग से इन रोगों में बहुत लाभ हो सकता है ।

ऐलोपेथी के हस्पताल भी ठीक कार्य नहीं कर रहे हैं । बहुत बड़े बड़े भवनों का निर्माण तो हुआ है, लेकिन कहीं तो डाक्टर नहीं है, सिर्फ कम्पाउंडर वगैरह ही काम करते हैं और कहीं पर औषधियों का अभाव है । और जहां औषधियां हैं वहां सरकारी अधिकारियों या सत्ताधारी वर्ग के ही कामों में ऐसी औषधियां आतीं हैं । ऐसे जहां कहीं भी अस्पताल हैं, गरीब जनता उन से लाभ नहीं उठा पाती । ऐसे अस्पतालों में गरीब जनता को चलतु दवाएं दी जाती हैं, और मंहगी दवाओं के लिये उनको बाजार में भेज दिया जाता है । आज जब खाद्य समस्या ऐसी है कि लोग भूखों मर रहे हैं, तो ये कैसे उम्मीद की जा सकती है कि वे गरीब लोग मंहगी दवा ला कर लाभ उठा सकेंगे । सरकार को चाहिए कि ऐसे अस्पतालों में डाक्टरों की समुचित संख्या बढ़ावे और पर्याप्त दवाओं का स्टाक वहां रखे, और इस बात का भी ध्यान रखे कि उनका प्रयोग गरीबों के लिए भी हो ।

देश के अन्दर कुछ चुने हुए डाक्टर ऐसे हैं जो कि शहरों में रहते हैं, और उनका लाभ देश की देहाती जनता नहीं ले पाती है । सरकार को ऐसा प्रबन्ध करना चाहिए जिससे कि उन डाक्टरों का लाभ और अच्छे वैद्यों का लाभ देहाती जनता को भी मिल सके ।

16.01 hrs.

[SHRI T. H. SONAVANE *in the Chair*]

ऐलोपेथी, यूनानी और आयुर्वेद, इन सभी प्रणालियों के विशेषज्ञों को एक ऐसी सभा करनी चाहिए जिसमें ये लोग असाध्य रोगों के बारे में आपस में विचार करें, और उनके इलाज के लिये अच्छे सुझाव दें । इस से यह होगा कि उनके इस ज्ञान का लाभ दूसरे लोगों को भी प्राप्त हो सकेगा । ऐसा करने से हमारा चिकित्सा विभाग नई प्रणाली निकाल सकता है, जिसमें देशी और विदेशी सभी चिकित्सा प्रणालियों की अच्छाइयां हों, और दूषित प्रभाव उसमें न रहें ।

अपने देश में देशी चिकित्सा का बहुत महत्व है । यहां पर ऐसी अनुसन्धान संस्थाएं

[श्री रामसिंह]

होनी चाहिये जिनमें अपने लोग तो सीखे ही बाहर के लोग भी आकर उनमें शिक्षा प्राप्त कर सकें ।

हर जिले के अन्दर यह शिकायत है कि वहां अस्पतालों में न तो ठीक से दवाएं मिलती है और न कोई ठीक से देखने वाला है । इस लिए मेरा सुझाव है कि हर साल कम से कम एक बार कोई वरिष्ठ डाक्टर इन अस्पतालों का निरीक्षण किया करे ताकि वहां पर दवाओं की समुचित प्रबन्ध होता रहे ।

अभी चेचक, क्षय और कुष्ठ जैसे रोगों के लिए कोई ठीक से प्रबन्ध नहीं हो सका है । सरकार को चाहिए कि इन के ऊपर विशेष रूप से ध्यान दे और अगर किसी दूसरी पद्धति में इन रोगों का अच्छा इलाज हो सकता है तो उसका लाभ जनता को देने की व्यवस्था की जाए ।

इसके साथ-साथ मुझे अवसर दिया गया जिसके लिये मैं धन्यवाद देता हूं ।

श्रीमती कन्नमवार (चांदा) : सभापति महोदय, मैं स्वास्थ्य मंत्रालय के खर्च की मांगों का समर्थन करने के लिए खड़ी हुई हूं। स्वास्थ्य मंत्रालय स्वास्थ्य, औषधि नियंत्रण तथा खाद्य अपमिश्रण की रोकथाम तथा स्थानीय स्वायत्त शासन के सभी विषयों एवं ग्राम और नगर आयोजन के राष्ट्रीय स्तर के विषय से सम्बन्ध रखता है ।

सबसे बड़ी चीज यह है कि हर एक का स्वास्थ्य अच्छा होना चाहिए । अगर स्वास्थ्य अच्छा है तो हर चीज अच्छी है । इसलिए देश के लिए सब से जरूरी चीज स्वास्थ्य है । इस के लिए सरकार को आधुनिकतम उपाय काम में लाने चाहिएं ।

अच्छे स्वास्थ्य के लिए खान पान की चीजें शुद्ध होनी चाहिएं । लेकिन आज कल दूध में पानी है, घी में मिलावट रहती है और आज जो भी चीजें मिलती हैं शुद्ध नहीं मिलती हैं और इस कारण देश में रोग फैलते हैं । छोटे गांवों में तो और भी ज्यादा रोग फैलते हैं । इसका कारण यह है कि एक तो वहां का रहन सहन ठीक नहीं है । वहां आस पास बहुत सी गन्दगी रहती है, कूड़ा कचरा भी रहता है, जो बारिश का पानी होता है वह भी जमा रहता है । इस कारण वहां बहुत से रोग होने की सम्भावना रहती है । इन कारणों से वहां रोग बहुत बढ़ रहे हैं । शहरों में तो नालियों, मोरियों आदि का इन्तिजाम है, फ्लश की लैट्रिन्स हैं, और भी बातों का सुभीता है । लेकिन छोटे छोटे गांवों में यह सुविधा न होने के कारण उन की रोकथाम के लिए कोई प्रबन्ध नहीं है । शहरों में और कस्बों में तो फिलहाल कुछ कुछ कार्य हो रहा है लेकिन सुदूर देहातों में जहां कि इस तरह का काम होना चाहिए वहां यह काम होता नहीं है । आज आवश्यकता इस बात की है कि सरकार गांवों में स्वास्थ्य तथा आवश्यक चिकित्सा व्यवस्था करने की ओर सक्रिय कदम उठाये । जो गांव इंटीरियर में बसे हैं उन की ओर विशेष रूप से ध्यान दिया जाय और उन में सुधार तथा विकास के लिए अधिक पैसा खर्च किया जाय ।

ग्रामों में विशेष रूप से गंदे पानी की निकासी के लिए, पक्की नालियां बनाने के लिए पानी की सुविधा के लिए कुओं और हैंड-पंपों के लगाने की पूरी शक्ति से कोशिश करनी चाहिए । साथ ही प्रत्येक ग्राम में एक डाक्टर की व्यवस्था भी होनी चाहिये जिससे बीमारी के इलाज में अधिक विलम्ब न हो । एक छोटी सी डिस्पेंसरी एक गांव के लिए काफी है । गांवों में नर्सों की भी व्यवस्था नहीं है । कई जगह ग्रामसेविकाएं हैं लेकिन बहुत सी जगहों पर वे नहीं हैं । कई जगहों पर एक छोटे, मोटे मकान में छोटा सा अस्पताल तो बना हुआ है लेकिन वहां डाक्टर नहीं मिलते हैं इसलिए प्रत्येक ग्राम में एक डाक्टर तथा नर्स की व्यवस्था आप

को करनी चाहिए। इसके अलावा वहां गांवों में ठीक तरीके से दवाइयां भी नहीं मिलती हैं। स्वास्थ्य के क्षेत्र में अगर हम दृष्टि डालें तो पायेंगे कि आज भी वह करीब करीब उसी अवस्था में है जिस अवस्था में वे पहले थे। इसके लिए मैं मंत्री महोदया से प्रार्थना करती हूं कि शहरों की ओर तो आप जरूर खयाल देते हैं लेकिन साथ ही साथ ग्रामवासियों की ओर भी अब विशेष रूप से ध्यान दें।

दूसरी बात यह है कि जहां कहीं बड़े बड़े दवाखाने हैं तो क्या वह दवाखाने बगैर एम० बी० बी० एस० डाक्टर के कहीं चल सकते नहीं हैं। जहां कुछ दवाखाने हैं भी वहां ठीक से व्यवस्था नहीं है। बहुत सी जरूरत की चीजें मिलती नहीं हैं। कितनी ही जगहों पर तो कोटन तक भी सुलभ नहीं होती है और रोगी को यदि प्लास्टर चढ़ाना होता है तो उसे खुद खरीद कर बाजार से लाना पड़ता है। अस्पताल बहुत बड़े बड़े हैं लेकिन वहां पर बहुत सी आवश्यक चीजों की कमी है इसलिये मेरा निवेदन है कि उनकी पूर्ति के लिए आवश्यक क़दम तत्काल उठाये जांयं। अस्पताल बन जाने के कारण जिसे देखिये वह इन की तरफ दौड़ता है क्योंकि सब को मालूम है कि अस्पताल एक अच्छी चीज है और आज काफ़ी अधिक संख्या में लोग उस का फ़ायदा लेते हैं। लेकिन इस के लिये आवश्यकता है कि वहां पर बिस्तरों की संख्या बढ़ायी जाय। अभी अस्पताल तो हैं लेकिन वहां पर पर्याप्त बिस्तरे रोगियों के लिए उपलब्ध नहीं हैं और उन के अभाव में आज काफ़ी रोगी नीचे पड़े रहते हैं। बेचारे डाक्टर भी उस हालत में क्या कर सकते हैं क्योंकि रोगी ज्यादा हैं और बिस्तर कम हैं। चूंकि पलंग काफी नहीं होते हैं इसलिए अस्पतालों में उन्हें रोगियों को नीचे जमीन पर डालना पड़ता है। इसलिए अस्पतालों में बैड्स की संख्या बढ़ायी जाय।

नागपुर मैडिकल कालेज में और अन्य बड़े बड़े मैडिकल कालिजेज में भी नर्सेज की कमी है और नर्सेज की कमी होने के कारण उन्हें अधिक ड्यूटी करनी पड़ती है। सात या आठ घंटे के बजाय उन्हें दस-दस और बारह बारहघंटे की ड्यूटी करनी होती है। मंत्री महोदय से मेरी प्रार्थना है कि वे इस ओर ध्यान दें और अस्पतालों में नर्सेज की कमी को दूर करें।

नागपुर का मेवों अस्पताल छात्रों को आर० एम० पी० की उपाधि प्रदान किया करता था किन्तु कुछ समय से यह अधिकार उस से छीन लिया गया है। आज इस बात की आम चर्चा की जाती है कि देहातों के लिए हमें डाक्टर्स नहीं मिलते हैं लेकिन जिस संस्था द्वारा छात्रों को आर० एम० पी० की उपाधि प्रदान कर डाक्टर ट्रेन किया जाता था और फिर उसे देहातों में भेज दिया जाता था उस कोर्स को बन्द कर दिया गया है और फिर कहा यह जाता है कि हमें गांवों के लिए डाक्टर्स मिलते नहीं हैं हम क्या करें। नागपुर मेयो अस्पताल में यह अभी तक आर० एम० पी० का कोर्स चलता था लेकिन पता नहीं किस कारण से तीन, चार साल से यह कोर्स बंद कर दिया गया है। देहातों में ग्रामीणों के स्वास्थ्य की देखभाल करने और उनके रोगों का उपचार करने के लिए डाक्टर्स की जरूरत है लेकिन यह एम० बी० बी० एस० डाक्टर्स वहां कैसे जा सकते हैं? यह लोग तो शहरों में ही रह कर अपनी प्रेक्टिस आदि करना चाहते हैं। वे गांवों में नहीं जाना चाहते हैं। एम० बी० बी० एस० की डिग्री प्राप्त कर लेने के पश्चात उनकी इच्छा नहीं होती कि वे जाकर देहातों में काम करें। इस के लिए मेरा सुझाव है कि गांवों में अलोपैथी के साथ साथ आयुर्वेदिक और होम्योपैथिक चिकित्सा पद्धति का अधिक प्रसार किया जाय। वहां अगर इन चिकित्सा व्यवस्थाओं को आगे बढ़ाया जाय तो ग्रामीणों का बड़ा हित होगा। होम्योपैथिक चिकित्सा पद्धति एक बहुत अच्छी चिकित्सा पद्धति है और सरकार को उसे हर तरह से प्रोत्साहन देना चाहिए व उसकी व्यवस्था का परसार करना चाहिए। इस के अलावा

[श्रीमती कन्नमवार]

मेरा यह सुझाव है कि देश में बढ़ते हुए डाक्टरों के अभाव को दूर करने के लिए यह आवश्यक है कि मेवों अस्पताल को फिर से इसका अधिकार दे दिया जाय और इस आर०एम० पी० कोर्स को जोकि वहां पर अभी कुछ समय पहले तक चलता था और अब बन्द कर दिया गया है उसे पुनः शुरू कर दिया जाय। ऐसा किया जाना ठीक रहेगा क्योंकि देहातों में जाने के लिए देहातों के ही लड़के तैयार होते हैं। गरीबों के लड़के जोकि वहां पर आर० एम० पी० का कोर्स कर लेते हैं वे देहातों में सेवा करने के लिए जाते हैं। एम०बी०बी०एस० कोर्स में लोगों को बहुत कम दाखिला मिल पाता है और गरीब लोगों को तो खासतौर से उसमें निराशा का सामना ही करना पड़ता है। होता यह है कि इंटर साइंस करने के बाद जब इधर से छात्रों को निराशा होती है तो बी० एस० सी० या एम० एस० सी० करके और कोई दूसरी नौकरी पकड़ते हैं। वे चाहते हैं कि एक छोटे मोट डाक्टर बन कर देश की सेवा करें गांव वालों की सेवा करें लेकिन उन की इच्छा पूरी नहीं होती है इसलिए यह जो आर० एम० पी० का साढ़े तीन साल का कोर्स है इसे फिर से चालू किया जाय ताकि उनकी गांव वालों की सेवा करने की इच्छा पूरी हो सके। देखा यह गया है कि बहुत से डाक्टर्स एम. बी. बी. एस. होने के बाद देहात में जाने के बजाय शहरों में प्राइवेट प्रेक्टिस करना पसन्द करते हैं क्योंकि वहां उनको अधिक मुनाफा होने की संभावना रहती है। शहरों में प्रेक्टिस कर के वे अधिक पैसा कमाने की आशा करते हैं। इसलिए भी यह आवश्यक है कि गांवों में होम्योपैथिक और आयुर्वेदिक चिकित्सा व्यवस्था का समुचित बन्दोबस्त किया जाय। होम्योपैथिक प्रणाली से बच्चों की बीमारी में विशेषरूप से सहायता मिल सकती है।

अभी तक गांवों में दस, दस और बारह बारह साल से आयुर्वेदिक इलाज वहां के अनुभवी लोगों द्वारा किया जाता था और वे बहुत अच्छ आयुर्वेदिक डाक्टर्स कहलाते थे लेकिन अब इस तरह का प्रतिबन्ध उन पर लगा दिया गया है कि बगैर सर्टिफिकेट के बगैर आवश्यक लाइसेंस के वे अपना धंधा नहीं कर सकते हैं और डाक्टर्स की वहां पहले ही कमी होती है तो ग्रामीणों की चिकित्सा व्यवस्था बड़ी असंतोषजनक हो जाती है। अभी भी देश में कितनी जगहें ऐसी हैं जहां आयुर्वेदिक भी नहीं है, होम्योपैथिक भी नहीं है और एलोपैथिक भी नहीं है। आज आजादी को प्राप्त हुए 17 साल हो गये लेकिन ग्रामवासियों की अभी तक वही दुर्दशा चल रही है। सरकार को तत्काल इस ओर विशेष ध्यान देकर समुचित व्यवस्था इस के लिए करनी चाहिए।

आज गांवों में गंदगी रहने के कारण और शुद्ध पानी की सुविधा न रहने के कारण वहां पर मलेरिया, फाइलेरिया, कुष्ट और चेचक आदि रोग फैलते हैं।

पहले कुष्ट रोग का निवारण करने के लिए काफ़ी उत्साह दिखाया गया लेकिन अब वैसा उत्हसाह दृष्टिगोचर नहीं होता है और कुछ जगह ठीक से दवाई भी नहीं मिलती है, गोलियां भी नहीं मिलती हैं। कुष्ट रोग वालों को जो इंजेक्संस मिलते थे वे भी अब ठीक प्रकार से नहीं मिलते हैं।

हमारे महाराष्ट्र में अमरावती जिले में पटवर्धन साहब का कुष्ठधाम है वैसे ही मनोहर राव जी का वर्धा में कुष्ट धाम है और तहसील वरोरा, चांदा जिले में आप्टे जी का क्लीनिक है। अब होता यह है कि हमारे मंत्री महोदय जैसे व्यक्ति या अन्य कोई बाहर के लोग वहां पर आते हैं तो उनको दिखाने के लिए इधर, उधर से कुष्ट रोगी एक दिन के लिए जमा कर लेते हैं और उनके जाने के बाद उनको निकाल दिया जाता है। वे बराबर ग्रांट लेते हैं, पैसा उनको बराबर मिलता है लेकिन उन्हें उसके अनुसार पूरी

सेवा नहीं मिलती है। इसलिए मेरा निवेदन है कि सरकार इस ओर विशेष ध्यान दे।

एक बिलकुल नयी और अजबी सी बीमारी जिसे डाक्टर लोगों ने फ्लू की संज्ञा दी है वह आजकल बहुत जोरों पर फली हुई है। यह पता नहीं किस देश से आयी है और उसकी उत्पत्ति का कारण क्या है? मरीज डाक्टर के पास जाता है और कहता है कि गले में दर्द होता है, बुखार आता है, उलटी भी होती है, टट्टी भी होती है तो वह बोलता है कि तुम्हें फ्लू हो गया है। डाक्टर और कुछ उस के बारे में नहीं बतला पाता कि आखिर यह कैसे हो गया या यह क्या बला है बस कह देता है कि तुम्हें तो भाई फ्लू हो गया है। उसके होने का न कोई मौसम है न कोई वक्त। जाड़ा गर्मी बरसात सभी समय यह हो जाता है। इसी तरह से चेचक की बीमारी है। पहले कहते थे कि गर्मी में चेचक होती है लेकिन अभी तो गरमी भी नहीं है, ठंड भी नहीं और बारिश भी नहीं है लेकिन यह चेचक भी बारहों महीने चलती है। यही हालत अन्य रोगों के बारे में भी है।

अन्त में मैं और अधिक न कहते हुए सिर्फ यही प्रार्थना करूंगी कि सरकार इधर ध्यान दे, ग्रामों की ओर विशेष रूप से ध्यान दे और भारतवासियों के स्वास्थ्य को अच्छा बनाने का प्रयत्न करे ताकि यह देश उन्नति के पथ पर अग्रसर हो सके। मैं इन शब्दों के साथ एक बार फिर मंत्रालय की मांगों का समर्थन करते हुए और आपको मुझे समय देने के लिए धन्यवाद करते हुए अपना स्थान ग्रहण करती हूं।

Maharajkumar Vijaya Ananda (Visakhapatnam): At the outset, let me congratulate the Health Minister on the humanitarian work she does.

Mr. Chairman: Hon. Members should get up to catch my eye.

Maharajkumar Vijaya Ananda: Of course I know that she has inherited certain state of things and it is difficult to tide over those difficulties but she has done her best during her term of office as Health Minister. During the Three Plans, Rs. 370 crores were allotted for family planning out of which Rs. 10.30 crores were spent. It is a pity that such a big amount in these three Plans had been returned to the Finance Ministry. Ministries are so eager to have funds whereas here we find the Health Ministry is returning such huge sums.

The Minister of Health (Dr. Sushila Nayar): These are incorrect figures. Could you repeat those figures?

Maharajkumar Vijaya Ananda: I gave random figures. It was Rs. 30.70 crores allotted for family planning and the expenditure was Rs. 10.30 crores. These are random figures; it is something like these figures. When you have such large amounts for this particular purpose, greater effort should have been made. The fact is that in this country there is so much sentiment about family planning and so if that type of propaganda could be done with the money alloted, I dare say that we could have had much better results. Food is as important as health but health is probably more important than food. If a man is healthy he is able to get some food or the other. So that is the primary concern. Shri Asoka Mehta said recently that unless we are able to achieve something in the field of family planning during the next five or seven years, there is no room for complacency. This comes from Mr. Asoka Mehta. According to the Planning Commission our population in ten years would be about 63 crores and in 1981 they seem to think that it would be about 70 crores. If the population is going up like this, I think it will take all the efforts of the hon. Minister to go full steam ahead to see that population is checked and family planning programme is properly implemented and new devices are brought in so that they could be made available to the villagers. They can

[Maharajkumar Vijaya Ananda]

have lectures given there with microphones so that the villagers will realise that this is a very important item of life. Sterilisation has to be popularised. The medical students number only 11,000 in all the medical colleges this year it may be a thousand this side or that side—and in a country from Kashmir right up to Kanya Kumari this is by no means a creditable thing if only 11000 mature as doctors. Only three colleges are being proposed for this report, as I see from the report. Three colleges in a vast country like this are very insufficient. In view of the fact that we have got a lesser number of medical colleges, why not we have them in two shifts so that we can produce more doctors? Quoting the figures at random again, there are about 70,000 doctors in this country and about two lakh beds in the various hospitals. This is something shocking: that in a country like India stretching from Assam to Kutch and from Kashmir to Cape Comorin, we have just about 70,000 doctors and just two lakh beds. This, I think, is an item of very great importance and I have a suggestion to make. Take the case of Banaras, where we have divisions of five districts. We have a medical college for each division. Like that, if the hon. Minister could think of a scheme where we could have three to five districts and then put up a medical college for each such area, it would be good. Something on these lines could be thought of. We call them divisions in Uttar Pradesh; in Andhra, they call these are districts, which are very large in area; in Uttar Pradesh, the districts are not so big. On these lines, if the hon. Minister could think, that would be good. It is not an easy problem that could be tackled in one minute, overnight. But these are my humble suggestions.

About smallpox, I would like to pay a tribute to Dr. Lall who has been invited by many countries. I do not know if Dr. Lall is known to the medical authorities here. He was the Chief Medical Director in Uttar Pradesh, where he has done yeoman service. He has been asked by many countries to come and give his views. I would like to pay my tribute because he belongs to this country; he is an Indian, and has attained great fame. He is now working with the WHO.

Vaccination is not sufficient. I will just mention something interesting in this context, about what a military officer said in 1880. The Army Commission of the year 1880 said that the whole Indian experience points to one direction, and this is, that the severity of smallpox epidemic is more closely connected with sanitary defects which intensify the activity of other epidemic diseases more than what is usually imagined, and that the sanitary problems of towns and villages must be looked to for mitigation of smallpox as of cholera and fever. This was in 1880. I must say we have made some strides, but nothing in comparison with say Australia where one per cent infants have vaccination. In the USA, it is not compulsory, and there is no smallpox in other countries to talk about. For instance, in Assam, there is less smallpox than in other States.

Then I come to water supply. I am afraid I was misunderstood when I initiated that short-duration discussion on water pollution on the last occasion. I only meant to strengthen the hon. Minister's hands, because I felt that the Municipal Corporation people here and the Municipal Committee were absolutely hopeless and they were incorrigible. The whole city of Delhi was in desperate fear of contacting all sorts of yellow fever, jaundice and so on. It was with that idea that I moved that motion. Again, we find that there is something in the air already; that there is scarcity of water in this capital of India. There is already a cartoon in the *Hindustan Times* of today saying that the "Municipal Commissioner has urged people not to waste filtered water." This has come so early. Last year, we were inundated with floods. I would

like to ask the hon. Minister one thing. There was a talk about doing something with the Najafgarh nulla because that Najafgarh nulla had overflowed with the result that disease was the main trouble and last year it caught on like the rats which go on multiplying. There was a talk about desilting that area so that this year at least there would be no question of its overflowing. I hope the minister will kindly look into this matter, because it is really very very important for the city of Delhi.

There are various people who are manufacturing false drugs to the detriment of this country. Poor people, who do not realise what they are buying buy these false drugs. I hope the minister will take effective measures to see that such people who produce false drugs are not only taken to task, but I have a suggestion to make, for whatever it is worth. Of course, I am talking of the mediaeval and barbarous days. The only way to treat people who do blackmarketing, hoarding or producing false drugs is to put them in a main street and give them public flogging. It may be considered mediaeval and old. But what happens when you go to court? A man dies or a whole family is poisoned with that drug. He goes to the court. You know how easy it is to argue a case. Lawyers know how to turn and twist a case. Hon. members have given so many suggestions for tackling blackmarketing, hoarding, producing false drugs. But I say, put them in a main street and give them a good whipping; then this will soon die out.

Mr. Chairman: Why does he not table a Bill to that effect?

Maharajkumar Vijaya Ananda: There are many drugs that are really necessary in this country. I certainly appreciate the idea that drugs are being made in this country. Big firms have started production in full swing. But there are some vital drugs necessary for this country. Eminent doctors say there are drugs that really are necessary. Even if it be expensive, if a man can afford it, let him have it at least. I hope the minister will take note of it.

I will give a small instance about myself. I was in Bombay and I had a little congestion of my lungs. I was not feeling well. I went to an eminent doctor who prescribed colladil for me. For the life of me, I could not get colladil all over Bombay, Calcutta and Delhi also.

The Deputy Minister in the Ministry of Health (Shri P. S. Naskar): Are there no alternative drugs?

Maharajkumar Vijaya Ananda: There may be. I am just giving an illustration how a drug of that kind is not available.

Dr. Sushila Nayar: It is just the name!

Maharajkumar Vijaya Ananda: Whatever it be, it so happened. I am not a medical man, but a medical man can tell you there are so many drugs which would be of immense use in this regard if allowed to be imported. This should be put on a higher footing than even food.

I conclude by saying, let us not follow a penny-wise-pound-foolish policy. Let us get the best stuff for the country. Let us also have a larger number of hospitals and beds. 2 lakh beds for a country of this dimension is hardly sufficient. About medical colleges, I have made the suggestion that division type medical colleges could be started, if possible; i.e. 3 or 4 or 5 districts together can start a medical college. As far as possible, let us send doctors into the villages, because the villagers die like rats and there is nobody to look after them. Of course, the doctors must be given fair wages. If a young man who comes out from the college is asked to go to a village on Rs. 150, it is hardly worth going there. I hope that with the big allocations—of course, the big allocation for one item is for family planning—the hon. Minister,

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with her tact, will be able to get much more from the hon. Finance Minister.

Dr. Sushila Nayar: I may say that the figures given by the hon. Member are incorrect.

Mr. Chairman: Hon. Members should try to catch my eye. We have been insisting upon this practice. Unless hon. Members who are desirous of participating in the debate rise up in their seats I will not be able to call them.

श्री र० ना० रेड्डी (नलगोंडा) : सभापति महोदया, सेहत की ग्रांट पर मैं कुछ कहना चाहता हूं । सेहत की ग्रहमियत क्या है, इसके मुताल्लिक बहुत ज्यादा कहने की कोई जरूरत महसूस नहीं होती है । इसकी ग्रहमियत सब ही जानते हैं । लेकिन मुझे ग्रफसोस के साथ कहना पड़ता है कि पिछले सतरह सालों की ग्राजादी के बाद भी हमारी जनता की सेहत की हालत ग्रभी भी ठीक नहीं है । दिक से कोई पांच लाख लोग मरते हैं हर साल । इस साल काफी बड़ी हैजे की शिकायतें भी ग्राई हैं । चेचक का भी काफी जोर रहा है । यह हमेशा ही रहता है । यह कहना कि हम सतरह सालों की ग्राजादी के बाद भी ग्रपने मुल्क की, ग्रपनी नेशन की सेहत को सम्भाल नहीं सके हैं, शोभा की बात नहीं है । इससे यही साबित होता है कि हुकूमत किस तरह से काम कर रही है ।

16.37 hrs.

[MR. DEPUTY-SPEAKER *in the Chair*]

सेहत को कायम रखने के लिए पहली चीज जो बहुत ग्रहम है, गिजा है । गिजा ग्रच्छी लोगों को मिले यह सब से ज्यादा जरूरी चीज है । ग्राप देखें कि ग्राज सतरह साल के बाद भी 25 से 30 करोड़ जनता की रोजाना ग्रामदनी कितनी है । यह कहा जाता है कि पांच या छः ग्राने से ज्यादा नहीं है ग्रौर इस के बारे में कंट्रोवर्सी भी बड़ी है । मैं उस कंट्रोवर्सी में पड़ना नहीं चाहता हूं । लेकिन ग्राफिशल तरीके से जो मानी हुई बात है वह यह है कि पांच या छः ग्राने से ज्यादा ग्रामदनी नहीं है । इतनी सी ग्रामदनी से क्या गिजा लोगों को मिलती होगी, इसका ग्रंदाजा तो ग्राप ग्रासानी से लगा सकते हैं, ग्रच्छी गिजा की बात तो ग्रलग रही । हुकूमत ग्राज तक भी ग्रन्न की समस्या को, ग्रन्न के सवाल को हल नहीं कर सकी है । राशन भी लोगों को पूरी तरह से नहीं मिलता है । जब ऐसी हालत हो तो सेहत के मुताल्लिक ज्यादा बोलना भी बहुत मुश्किल हो जाता है । मैं यह नहीं कहता कि . . . . .

श्री शिंकरे (मारमागोग्रा) : फूड मिनिस्टर ग्रास्ट्रेलिया गये हुए हैं फूड के वास्ते ।

श्री र० ना० रेड्डी : वहां से लायेंगे, ग्रमरीका से लायेंगे, यह तो ठीक है । लेकिन ग्राप देखें कि कितने लोगों को ग्रच्छी गिजा मिलती होगी । मुश्किल से दस परसेंट को भी ग्रच्छी गिजा नहीं मिलती होगी ।

मिनिस्टर साहिबा ने जो बजट सेहत के वास्ते रखा है उसको ग्राप देखें । 28 करोड़ रुपये का ही बजट ग्रापने रखा है । केन्द्रीय हुकूमत का जो बजट है वह दो हजार करोड़ से उपर का है । उस में से सिर्फ 28 करोड़ रुपया सेहत के वास्ते ग्रापने रखा है ग्रौर इतने रुपये के लिए मंजूरी ग्रापने हम से चाही है । सरकार यह कह सकती है कि सूबों की हुकूमतें भी खर्च करती

हैं । लेकिन आप देखें तो आपको पता चलेगा कि वे दस परसेंट भी इस पर खर्च नहीं करती हैं । आंध्र प्रदेश के बजट की हालत को मैं जानता हूं । वहां पुलिस डिपार्टमेंट पर जितना खर्च किया जाता है उतना ही सेहत और मैडीसिन पर खर्च होता है । वहां भी अस्पतालों की हालत बहुत खराब है ।

डाक्टरों के बारे में यह कहा जाता है कि हमारे मुल्क में छः हजार जनता के पीछे एक डाक्टर है । मैं कहता हूं कि इस तरह से हिसाब लगाने का तरीका बहुत ही गलत है । यह वैसा ही तरीका है जैसाकि औसत आमदनी निकालने का तरीका है । एक आदमी को तो एक लाख मिलता है और दूसरे को सौ रुपया मिलता है और अगर दोनों का औसत लगाया जाय तो पहले तो दोनों को जमा किया जायगा और फिर उसको दोनों में तकसीम किया जायगा और एक के हिस्से एक लाख पचास रुपये आ जायेंगे । यह औसत निकालने का जो तरीका है, यह बहुत ही गलत है ।

आप यह भी देखें कि डाक्टर लोग शहरों में ही रहते हैं, गांवों में जाना पसद नहीं करते हैं । गांवों की हालत क्या है, इसका जिक्र बहुत से हमारे माननीय सदस्यों ने किया है । गांवों की हालत यह है कि वहां कितने ही लोगों के लिए एक डाक्टर है । आज आप कह सकते हैं कि छः हजार के पीछे एक डाक्टर मौजूद है लेकिन मैं तो कहता हूं कि वहां पर पचास हजार के पीछे भी एक डाक्टर नहीं है ।

डाक्टरों के मुताल्लिक मैं यह भी सोचता हूं कि यहां के डाक्टर लोग जो बाहर जाते हैं हैल्थ डिग्रीज ले कर, ये क्यों जाते हैं ? वह पाकिस्तान चले जाते हैं, इंग्लिस्तान चले जाते हैं, अमरीका चले जाते हैं । सुनते हैं वहां उनको दस गुनी तन्खाह मिलती है । यहां जितने मैडिकल ग्रेजुएट्स आप मेडिकल कालेजेज में प्रोड्यूस करते हैं क्या वह हिन्दुस्तान में हैं । आखिर वह बाहिर क्यों जाते हैं । यहां पर सवाल आता है कि आप उस को किस तरह से ट्रीट करते हैं । आप उन को क्या तन्खाह देते हैं, आप उनको क्या एनकरेजमेंट देते हैं काम करने के लिये । आज हमारे सामने यह सवाल भी आ रहा है कि कर्मचारियों को ही नहीं, अस्पतालों के डाक्टरों को भी स्ट्राइक करने की जरूरत पड़ रही है । अखबारों को पढ़ने से ऐसा मालूम होता है । मैं नहीं चाहता कि हास्पिट्ल्स में कोई स्ट्राइक हो, लेकिन इस की जिम्मेदारी सिर्फ उन के उपर डालना गलत होगा । इसकी जिम्मेदारी हकूमत पर है । उन कर्मचारियों पर नहीं है जो कि हास्पिटल्स में काम करते हैं । आप उन लोगों को क्या देते हैं कि जिस में कि वे स्ट्राइक न करें । जिम्मेदारी तो आप की है कि आप उन को इस तरह से रखिए कि वे स्ट्राइक न करें ।

फिर देहातों में डाक्टरों की जरूरत तो एक ऐसा मसला है जिस को हुकुमत आज तक न हल कर सकी है । और न मैं ऐसा समझता हूं कि वह बहुत जल्द हल कर सकेगी । आप देहातों में डाक्टर भेज ही नहीं सकते । अगर आप भेज भी दें तो वह जाते नहीं है । जो आप के प्राइमरी हैल्थ सेन्टर्स हैं उन की तादाद बहुत कम है । एक ब्लाक में शायद एक हास्पिटल हो । क्या इससे गांव वालों के मसले और जो उन की प्राब्लेम्स हैं वह हल हो जाती हैं । आज यहां पर हालत क्या चल रही है । माफ कीजिए, आप की इंडियन मेडिकल कौंसिल हिन्दुस्तान के देहातों के बारे में कुछ जान नहीं सकती । वह लोग तो पेडस्टल पर बैठे हैं और एम० बी० बी० एस० एक्सपर्ट्स तैयार करने की सोचते हैं ।

आज हालत यह है कि बंबक्स के हाथ में पूरा गांव होता है । मैं अपने ही गांव की

[श्री र० ना० रेड्डी]

मिसाल देता हूं । वहां पर चार क्वेक्स काम करते हैं जो कि इंजेक्शन और स्टेथास्कोप लेकर घूमते रहते हैं और इधर-उधर इंजेक्शन लगाया करते हैं । अभी हमारी बहन कह रही थीं कि आप डिप्लोमा कोर्सेज बन्द क्यों करते हैं । डिप्लोमा कोर्सेज आप को देते रहना चाहिय । आप भले ही एम० बी० बी० एस० डाक्टर तैयार कीजिये । इस में कोई आपत्ति किसी को नहीं है । लेकिन आप डिप्लोमा कोर्स क्यों बन्द करते हैं । आप उन को नौकरी मत दीजिय लेकिन उन को काम—याब होने दीजिये हजारों की तादाद में । आप मेट्रीकुलेशन के बाद तीन साल का कोर्स रखिये । वह लोग आपके यहां नौकरी न पा सकें तो कोई बात नहीं है लेकिन जो क्वेक्स दो तीन सौ रुपये महीने कमा रहे हैं उन की जगह पर तो तीन साल की साइंटिफिक ट्रेनिंग पाये हुए डाक्टर्स काम कर सकेंगे । वह गांवों में जाकर प्रेक्टिस कर सकते हैं । न तो आप गावों में एम० बी० बी० एस० डाक्टरों को भेजने के लिये तैयार हैं और न जो दूसरा आल्टरनेटिव तरीका है थोड़ी एजूकेशन देने का उस को ही मंजूर करने के लिये तैयार हैं ।

फिर नर्सों की क्या हालत है । कहा जाता है कि जितनी संख्या में डाक्टर्स हैं उनसे आधी संख्या में नर्सेज हैं । यह एक आश्चर्य की बात है क्योंकि एक डाक्टर के लिये ज्यादा नर्सों की जरूरत होती है । इस मुल्क में हालत यह है कि जितने डाक्टर्स हैं उनसे आधी संख्या में नसज हैं । क्यों आप कि लड़कियां आगे नहीं आती हैं । क्यों दूसरे मुमालिक में इसके लिये वह आगे आती हैं । आप के यहां जो नर्सों की संख्या इतनी कम है इसका एक कारण तो फिल्हाल यह मालम होता है कि आप एका—नोमिक इन्सेटिव देने के लिए तैयार नहीं हैं । क्यों मिलीटरी के लिये नसज मिल जाती हैं । जहां तक मैं जानता हूं कि इसका कारण यह है कि वहां उन को 300 रु० तन्खाह दी जाती है । आप क्या देते हैं । मैं यह भी मानता हूं कि हमारी लड़कियों में वैकवर्डनेस है, वह आगे आने के लिये तैयार नहीं हैं, लेकिन एक तो आप उन को एकानमिक इन्सेटिव देने के लिये तैयार नहीं हैं दूसरे हास्पिटलस में उन के साथ अच्छा बर्ताव नहीं होता है । हुकुमत को इन मसायल की तरफ संजीदगी से सोचना चाहिये । यह कहना कि हमारे मुल्क में लड़कियां आगे नहीं आ रही हैं, यह ठीक नहीं है । जब यह दूसरे डिपार्टमेंट्स में काम करते हैं तो हास्पिटल्स में काम करने के लिये क्यों नहीं आती हैं । जो ट्रीटमेंट उन को मिलिटरी हास्पिटलस में दिया जाता है वह उन को दूसरे हास्पिटल्स में दिया जाना चाहिये । इसी लिये वह नहीं आती हैं यह मैं बतला देना चाहता हूं ।

इसके बाद मैं दवाओं के मसले पर आता हूं । हमारे यहां दवाओं के नाम से काफी लूटा जा रहा है । यह दूसरी बात है कि दवायें मिलती नहीं हैं..... लेकिन जो मिलती हैं उन्हें पेटेन्ट ला के बहाने बहुत महंगा रक्खा जाता है । हमारे पास जो पेटेन्ट ला है उस को खत्म करने की जरूरत है । मंत्री महोदय इस पर सोचें । यह पेटेन्ट ला ब्रिटिश जमाने में कोई पचास साल पहले बनाया गया था । उस पेटेन्ट ला की बिना पर जो दवायें आज पेटेन्टेड हैं वह ज्यादातर विदेशी कैपिटलिस्टों की हैं । उन को न हिन्दुस्तान में कोई बना सकता है न बेच सकता है । मैं बहुत सी दवाओं की मिसालें आप को दे सकता हूं । एक दवा है जिस के लिये स्विटजरलैंड की एक फर्म एक कीलोग्राम पर 5,500 रु० चार्ज करती है । इटली एक ऐसा मुल्क है जहां यह पेटेन्ट्स कानून नहीं है । वहां उसी दवा को एक फर्म 300 रु० में तैयार करती है और हिन्दुस्तान में

आ कर उस को बेचना चाहती है । मगर चूंकि स्विटज़रलैंड की फर्म का हिन्दुस्तान में पेटेन्ट है इसलिए वह यहां ला कर उसे बेच नहीं सकती । यही बात है कार्टिज़ान की । कार्टिज़ान एक दवा है जिस की हिन्दुस्तान की कीमत 15 रु० फी ग्रेन है मगर दुनिया के और मुल्कों में वह 5 रु० फी ग्रेन मिलती है । विटामिन बी 12 जो है उस की हिन्दुस्तान में बिकने की कीमत 220 रु० फी किलोग्राम है, लेकिन दुनिया की कीमत उस की सिर्फ 30 रु० है । क्लोरोमाइसिटीन एक ऐसी दवा है जो बहुत ही पापुलर है और टाइफाइड के लिये इस्तेमाल होती है । पंचवर्षीय योजना में हुकूमत हिन्द ने उस को मैनुफैक्चर करने की कोशिश की लेकिन नहीं कर सकी, क्योंकि उस का पेटेन्ट है । पेटेन्ट करने वाले भी इतनी चालाकी करते हैं कि उस का हर पासिबल फार्मूला उन्होंने पेटेन्ट कर लिया है, जिस की रू से उन्होंने इस दवा का बनाना रोक दिया है । मैं नहीं समझ पाता कि इस पेन्टेट ला को खत्म करने में हुकूमत हिन्द को क्या आपत्ति है, क्यों इस के मुताल्लिक पसोपेश किया जा रहा है । हम अखबारों में पढ़ते हैं कि प्रधान मंत्री लन्दन में इस के खिलाफ कुछ कह कर आये हैं । यहां आने के बाद उन्होंने कहां कि मैं ने नहीं कहा है । यह दूसरी बात है । यह भी सुनते हैं कि एक अमेंडमेंट ड्राफ्ट हुआ है, हम यह भी सुनते हैं कि मिनिस्ट्री आफ हेल्थ और मिनिस्ट्री आफ इंडस्ट्री में कुछ मतभेद है इस चीज के मुताल्लिक । कुछ समझ म नहीं आता है कि क्या चल रहा है ।

Dr. Sushila Nayar: This matter concerns the Industry Ministry. The hon. Member might take it up with that Ministry when their Demands come up for discussion.

Shri R. N. Reddi: They are all inter-related.

My information is that the Ministry of Health is differing with the Ministry of Industry. The Ministry of Health wants that this patent law should be abolished altogether but it is the Ministry of Industry which is coming in the way.

श्री किशन पटनायक (सम्बलपुर) : मिनिस्ट्री आफ हेल्थ मिनिस्ट्री आफ इंडस्ट्री को सुझाव दे ।

Shri R. N. Reddi: The hon. Minister can say it later. That is what I have come to know. I think that is my duty to put it before the House.

दूसरी बात यह है कि रूस की मदद से हम दो तीन फैक्ट्रियां तैयार कर रहे हैं । लेकिन उन दो तीन फैक्ट्रियों में भी आप उन दवाओं को बना नहीं सकते हैं । आप उन को मैनुफक्चर नहीं कर सकते जोकि पेटेन्टेड हैं । इसलिये में बहुत जरूरी समझता हूं कि आप इस पेटेन्ट्स के कानून को खत्म कर दें ।

मैं तो यह भी निवेदन करना चाहता हूं कि आप ड्रग इंडस्ट्री का नेशनलाइज़ेशन क्यों नहीं कर देते क्योंकि ड्रग इंडस्ट्री हमारे मुल्क की सेहत के लिये बहुत ही अहम है । ड्रग इंडस्ट्री को बुरी तरह से नैशनलाइज़ कर दिया जाये और पेटेन्ट्स ला को खत्म कर दिया जाये ताकि जो हमारे बीमार लोग हैं वे कम दाम में दवायें खरीद सकें ।

आखिर में मैं अस्पतालों में जो कर्मचारी काम करते हैं उनके मुताल्लिक कुछ कहना चाहता हूं । उनके बारे में मिनिस्टर साहिबा का स्टेटमैंट मैं ने पढ़ा है । में इस बात से तो सहमत हूं कि ये अस्पताल पवित्र संस्थाएं हैं और इन में स्ट्राइक नहीं होनी चाहिये । मगर इन की सारी जिम्मेवारी सिर्फ कर्मचारियों पर डालना गलत होगा । आप अपने अस्पताल के कर्मचारियों को

[श्री र० ना० रेड्डी]

उचित सुविधाएं दें । आप उन के साथ जो बरताव करती हैं वह गलत है । आप उन को इत्मीनान से रखिए, उन को इकानामिक इंसेटिव दीजिए ताकि वे स्ट्राइक न करें । स्ट्राइक करने में उन को खुशी नहीं होती है । आप उन के मुतालबात को मान लीजिए तो वे क्यों स्ट्राइक करें । वे भी हिंदुस्तानी हैं, उन में भी देश भक्ति है, वे भी यह मानते हैं कि ये अस्पताल पवित्र संस्थाएं हैं . . .

डा० सुशीला नायर : आप जैसे लोग उनको गुमराह करते हैं, वे क्या करें ।

श्री र० ना० रेड्डी : आप उन को स्ट्राइक करने पर मजबूर करती हैं ।

Mr. Deputy-Speaker: The hon. Members may now move the cut motions to Demands for Grants relating to the Ministry of Health, subject to their being otherwise admissible.

Shri Warior (Trichur): I beg to move:

(i) "That the demand under the head 'Ministry of Health' be reduced by Rs. 100."

[*Need to consult Ayurvedic associations and organisations whenever Committees or Boards are formed under the Drugs Act.* (2)]

(ii) "That the demand under the head 'Ministry of Health' be reduced by Rs. 100."

[*Need to find out ways and means for the supply of raw materials like opium, ganja and pure gold for the preparation of Ayurvedic medicines.* (3)].

(ii) "That the demand under the head 'Ministry of Health' be reduced by Rs. 100."

[*Need to encourage cultivation of medicinal herbs and plants by reserving forest areas and giving subsidies to growers* (4).

(iv) "That the demand under the head 'Ministry of Health' be reduced by Rs. 100."

[*Need to give right of registration to traditional Ayurvedic physicians of Kerala.* (5)].

(v) "That the demand under the head 'Ministry of Health' be reduced by Rs. 100."

[*Need to constitute a seperate All India Medical Council for Ayurveda.* (6)].

(vi) "That the demand under the head 'Ministry of Health' be reduced by Rs. 100."

[*Need to elevate Ayurvedic department to the status of a major department* (7)].

(vii) "That the demand under the head 'Ministry of Health' be reduced by Rs. 100."

[*Need to open more Ayurvedic hospitals and dispensaries.* (8)].

(viii) "That the demand under the head 'Ministry of Health' be reduced by Rs. 100."

[*Need for financial assistance to States to raise the salaries and and allowances of registered Ayurvedic practitioners.* (9)].

(ix) "That the demand under the head 'Ministry of Health' be reduced by Rs. 100."

[*Need to allot more funds for construction of buildings for Ayurvedic hospitals and preparation of medicines.* (10)].

(x) "That the demand under the head 'Ministry of Health' be reduced by Rs. 100."

[*Need for financial assistance to States for proper treatment of patients in Ayurvedic hospitals and dispensaries.* (11)].

(xi) "That the demand under the head 'Ministry of Health' be reduced by Rs. 100."

[*Need to establish at least four Zonal Research Laboratories to analyse Ayurvedic medicines on modern scientific lines.* (12)].

(xii) "That the demand under the head 'Ministry of Health' be reduced by Rs. 100."

[*Need to organise periodical joint discussion on various aspects of different medical systems* (13)].

(xiii) "That the demand under the head 'Ministry of Health' be reduced by Rs. 100."

[*Need to popularise Ayurvedic treatment in foreign countries.* (14)].

(xiv) "That the demand under the head 'Ministry of Health' be reduced by Rs. 100."

[*Need to send Ayurvedic medical missions abroad.*(15)].

(xv) "That the demand under the head 'Ministry of Health' be reduced by Rs. 100."

[*Need to get the assistance co-operation and collaboration of foreign countries for research in Ayurvedic pharmacopia and therapy.* (16)].

(xvi) "That the demand under the head 'Ministry of Health' be reduced by Rs. 100."

[*Need to institute Presidential awards for outstanding contributions to Ayurveda from Ayurvedic physicians.* (17)].

Shri Yashpal Singh (Kairana): I beg to move:

(i) "That the demand under the head 'Ministry of Health' be reduced by Rs. 100."

[*Need to popularise the Ayurvedic system of medicine.* (18)].

(ii) "That the demand under the head 'Ministry of Health' be reduced by Rs. 100."

[*Need to set up a second Central Government Health Ayurvedic Dispensary in Vinay Nagar, New Delhi.* (19)].

(iii) "That the demand under the head 'Ministry of Health' be reduced by Rs. 100."

[*Failure to appoint doctors in dispensaries running without doctors* (20)].

(iv) "That the demand under the head 'Ministry of Health' be reduced by Rs. 100."

[*Need to improve the service conditions of doctors of Central Government Health Service Scheme.* (21)].

(v) "That the demand under the head 'Ministry of Health' be reduced by Rs. 100."

[*Failure to make adequate arrangements for the supply of drinking water to the residents of Delhi, particularly in summer.* (22)].

(vi) "That the demand under the head 'Ministry of Health' be reduced by Rs. 100."

[*Need to reduce the charges for non-government residents of Government colonies for treatment by Central Government Health Service Scheme Dispensaries.* (23)].

Shri Warior: I beg to move:

(i) "That the demand under the head 'Ministry of Health' be reduced by Rs. 100."

[*Need to meet the demands of the doctors serving under the Central Government, especially under the CGHS* (24)].

(ii) "That the demand under the head 'Ministry of Health' be reduced by Rs. 100."

[*Need to enforce more control on the prices of Allopathic medicines.* (25)].

(iii) "That the demand under the head 'Ministry of Health' be reduced by Rs. 100."

[Shri Warior]

[*Need to find ways and means to make milk products for children available in a regulated way.* (26)].

(iv) "That the demand under the head 'Ministry of Health' be reduced by Rs. 100."

[*Need to eradicate trade in spurious drugs by more stringent legislation and enforcement.* (27)].

(v) "That the demand under the head 'Ministry of Health' be reduced by Rs. 100."

[*Need to allocate more funds for drinking water supply in rural India.* (28)].

Shri Narendra Singh Mahida (Anand): I beg to move:

(i) "That the demand under the head 'Medical and Public Health' be reduced by Rs. 100."

[*Need to check the manufacture, distribution and sale of spurious, substandard medicines and foodstuffs.* (34)].

(ii) "That the demand under the head 'Medical and Public Health' be reduced by Rs. 100."

[*Failure to check large scale exodus of Indian doctors to foreign countries.* (35)].

(iii) "That the demand under the head 'Medical and Public Health' be reduced by Rs. 100."

[*Need to offer better salaries and service conditions to doctors joining Government service.* (36)].

(iv) "That the demand under the head 'Medical and Public Health' be reduced by Rs. 100."

[*Failure to educate rural masses in birth control and family planning.* (37)].

(v) "That the demand under the head 'Medical and Public Health' be reduced by Rs. 100."

[*Need to promote and develop Shuddha Ayurved in our country.* (38)].

(vi) "That the demand under the head 'Medical and Public Health' be reduced by Rs. 100."

[*Need to check the air pollution, particularly in large cities and industrial centres.* (39)].

Shri Yashpal Singh: I beg to move:

(i) "That the demand under the head 'Ministry of Health' be reduced by Rs. 100."

[*Inadequate facilities available at the Gole Market C.G.H.S. Ayurvedic Dispensary.* (43)].

(ii) "That the demand under the head 'Ministry of Health' be reduced by Rs. 100."

[*Need to open C.G.H.S. Ayurvedic Dispensaries in every Government Colony.* (44)].

(iii) "That the demand under the head 'Ministry of Health' be reduced by Rs. 100."

[*Paucity of staff and medicines in the C.G.H.S. Ayurvedic Dispensary, Gole Market.* (45)].

(iv) "That the demand under the head 'Ministry of Health' be reduced by Rs. 100."

[*Need for adequate steps to popularise Ayurvedic treatment among the public in general and Government employees in particular.* (46)].

Mr. Deputy-Speaker: These cut motions are now before the House.

Dr. P. Srinivasan (Madras North): Mr. Deputy-Speaker, Sir, I am speaking on the Demands for Grants relating to the Ministry of Health today.

First of all, let me congratulate the Health Minister and her deputy

for the achievements they have so far achieved in the matter of Health. The first achievement is that the National Malaria Eradication scheme has been successfully gone through and I am told that within the crossing of the Third Five Year Plan, malaria will be once and for all abolished from the sub-continent of India.

The other thing which probably I wanted to speak today is about filariasis. In the Report, I see the Filaria pilot project scheme. I fail to understand this. When I spoke last year about this, about 10 years back it was 6·5 million people suffering from filaria and last year, about which I speak today, it was 65 million of people suffering from that and the other statistics given by the Ministry of Health in the Annual Report is something alarming. I beg of the Health Minister to see that eradication of filariasis also should be taken on a national level so that once and for all we will be rid of that dreadful disease, a source of infection to the people living in the filaria endemic area.

About leprosy, many speakers have spoken about that. My own consideration is that leprosy must be taken at the national level. People who are suffering from this disease, either for good, bad or indifferent, are allergic to many healthy people. In a recent visit to a fair I saw that it was more of leprosy patients than the pilgrims. And more so, while I intended staying their for a couple of days, I came back the same day. That is the fate of other pilgrims also. Leprosy must be taken at the national level and encouragement should be given to private enterprises who are doing this anti-leprosy work so that the work which has to be done by the Centre and the States is done by these voluntary organisations. If they could be encouraged, much work could be done.

Coming to medical education, according to the Report, there are 81 medical colleges at present. Thanks to the vision of the Health Minister that the number has increased. Last year, there were about 10,277 admissions. At that rate, when are we going to achieve the target of serving the humanity, as the hon. Member rightly said just now? It is not one medical man for 6000—that is probabaly in urban areas. What about the rural areas? It may be one medical man for 40,000. My submission here is that about 10,000 admissions are there and at the end of five years and about that number may be the medical graduates coming out. Why not insist that, before such of those medical men enter the medical colleges, they shall do rural medical practice at least for three to five years. Can't we make it a compulsion? Can't the Health Ministry do it? I think, if there is a will, there is a way. That is the only way in which we can ask a medical man to come and serve the rural areas. Also, in our country, when compared to the male medical practitioners, the lady medical practitioners are rather poor in number especially in rural areas where medical attendance is required and especially in the matter of much-discussed subject of the family planning where a woman will be more useful and more helpful in that. About 50 per cent of admissions should be given for the next five to ten years to ladies so that in future the family planning programme would be tackled successfully. That may also help in that direction.

I am also reminded lately of the strikes in the medical profession. As a medical man of 30 years standing, I have not heard all these strikes for so many decades. Only recently, the strikes have started all over the section of the population including the medical men. After all said and done, even the medical man also is human. Has he been paid the right remuneration for his living consistent with his qualifications and with his medical achievements and other things? I don't think so. Therefore,

[Dr. P. Srinivasan]

I would request the hon. Minister to go into this question thoroughly from all sides. Even at the State level, in Madras there is one pay; in Mysore, there is another pay and at the Centre there is another pay. Why should there be this disparity? A medical man, a graduate of medicine, working either in Kanya Kumari or at the foothills of Himalayas, is the same person with the same attainment and with the same qualifications. This kind of disparity must be tackled at the highest level. I know the sympathy of our Health Minister. She must look into that and do the needful so that all medical men will be kept above board and there will not be any grievance against all these things and the threat of a strike shall not ever be heard either in this House or outside this House.

Coming to hospitals, I am told reliably that some hospitals or most of the hospitals have admissions double the number intended for those hospitals. What happens? The patients lie on the floor or in the *varandah* and the doctors and nurses have to topple over them. That is the fate of the hospitals. Will the Minister look into that and see that some more constructions, some more buildings, some more facilities are given to attend to these unfortunate patients? Then also, in the hospitals there are no compound walls. So much so that we hear of so many things, the dogs entering the wards and taking away the new born children and the dogs getting into the hospitals and carrying away the food. Such of those things also occur. Will the Health Minister look into the matter and see that justice is done and more money is given so that the hospitals are better attended to? During my recent tour of the USA, from east to west, I travelled and I saw about fourteen States, and I studied medical education, health and particularly family planning. After I had seen some of the hospitals, one of my American friends had taken me aside and asked me my impression about those hospitals. What did I find there? I found that the hospital buildings was such a colossal building with so many flats and so many other facilities, and each person had his own room with a television receiver. That is the mode of life that they are having. I had not seen many acute cases there. But what do we find here? Here, acute cases are the order of the day in our hospitals There people are convalescing in the hospitals with all facilities and all luxuries. When my Americans friend asked me what my opinion was about their hospitals, I said that compared to my country what they were having was a luxurious lodging-house.

17. hrs.

Now, I come to the vexed question of family planning. Since this is a burning question of the day, I hope you will give me your indulgence for a few more minutes. Many hon. Members have already spoken on that. Even my hon. friend Maharajkumar Vijaya Ananda has spoken on it.

First of all, I would request the hon. Minister to see that all marriages are registered. I do not know whether it comes within her portfolio, but since this arises out of family planning, I am just making these suggestions. Registration of marriages must be made compulsory all over India. About ten to twelve States have already the necessary Acts to ensure registration of marriages, but the other States have also got to fall in line. When a couple goes to a registration office for registering their marriage, the registration office should be asked to give them a booklet on planned parenthood, so that even in the beginning, the couple can understand that they must go by certain ways and means. Government could also levy some ordinary fee for registration, which will be a useful revenue to the Central exchequer.

Registration of births and deaths is done always in every city in every

State. When a person goes to the registration office for registration after the birth of the third child—I do not know whether the Health Minister will approve of it—the hon. Minister may consider the question of levying a nominal fee according to the social status of the person concerned. The reason for my suggesting the levy of a small amount is this. That small fee would give the couple food for thinking. At that time, the couple must be given a set of books explaining all the details of family planning and also given advice to approach the nearest clinic. They should not be expected to walk some twenty or thirty miles away, but they should be given advice at the nearest clinic. If that is done, then the couple will be careful next time, and that is a thing which will save them and also save our country.

I would also suggest that there should be more pictures on family planning. Thousands and lakhs of people see films every day. From the report of the Ministry I find that about 21 films have been prepared and shown. I have not seen here a family planning exhibition anywhere in my tour. We have fourteen languages in the country and we have numerous film studios all over the country. Could we not ask them to produce pictures which will be more appealing in each regional language on this subject? If every cinema house is asked to show, as is done in the case of the newsreel, at least 5—10 minutes every show every day, 365 days in the year, some film shorts concerning this subject, which will be meant for the literate, illiterate, the innocent and the vagabond, it will be more useful and a good impetus would have been given to the family planning drive.

Last but not least is the water supply problem. whether it is rural water supply or urban water supply the problem is the same. Coming as I do from Madras City, I know that the water supply scheme there has been hanging fire for the last so many years. The Gulhati Commission had come. Many schemes have been drawn up, but nothing has been done. If this is the state of affairs concerning Madras, a premier city, I can well imagine what would be the fate of the unfortunate, dumb millions of the rural areas who cannot represent those matters here.

During my travels in train when I am passing through different places, I get water in different varieties in different colours. I am not sure if those varieties of water are all fit for drinking purposes. I do not drink that water. I try to put up with my thirst and I carry a limited quantity of water in my flask. This is the state of affairs. Unless the Central and State Governments collaborate and evolve schemes for supplying good potable water, whether it is in Delhi proper or in the rural parts where people languish for good potable water we cannot tackle this problem. If the problem is tackled in this way, they will be doing their duty by the people.

In the Fourth Plan, the amount asked for family planning is Rs. 121 crores, but the amount given is about Rs. 95 crores. For water supply and sanitation, the figures is Rs. 820 crores, but the figure given is Rs. 340 crores, that is, one third. For control of communicable diseases, the amount asked for is Rs. 294·44 crores and the amount given is Rs. 125·50 crores or so. I would appeal to the whole House to request the hon. Finance Minister and the hon. Health Minister to see that more funds are allotted for these demands concerning health which is the very foundation of the whole nation, including our defence.

Dr. S. K. Saha (Birbhum): Mr. Deputy-Speaker, Sir, at the out set I am thankful to the Health Minister for giving us full details of the progress made in the field of health in our country.

Mr. Deputy-Speaker: Congress Members might not take more than 10

[Mr. Deputy-Speaker]

minutes each, as there is a large number from their side wishing to speak.

Shri Bishwanath Roy (Deoria): Ten minutes only?

Dr. S. K. Saha: Health is a valuable asset of our nation. But Sir, the provision made for this purpose is not sufficient to build up the health of the nation upon which everything depends namely—defence, development, agriculture, etc.

The Central Council of Health, at its meeting in Srinagar, strongly recommended an allocation of at least 10 per cent of the whole Plan for health. But I have seen in the First Plan, the provision was only 5·8 per cent, in the Second Plan only 5·7 per cent and in the Third Plan only 5·2 per cent. So, I suggest that ten per cent. of the total outlay of the Fourth Plan should be provided for health as recommended by the Central Council of Health.

More than twelve years have passed since the programme of family planning was taken up, but the progress is not satisfactory. This is due to lack of publicity in the rural areas where illiterate masses live. Mass Education among the illiterate people is absolutely necessary to have progress in family planning. They should be made to know what planning is, what its effect is on the family, society and country, what contraceptives are and how they should be used. They should also be made to know about free sterilisation operation for males and females; and it should be made known to them that the operation is more simple, and easier for the male than for the female. The death rate is decreasing consequently, there is increase of population, but our agricultural land is limited. So, food production is not keeping pace with the increase in our population. I suggest that family planning and economic planning should go side by side, so that the economy of our country will not suffer badly.

Then I come to the prevention and eradication of some of the important communicable diseases. Malaria has been almost eradicated from our country, but T.B. is growing more rapidly and seriously, in spite of the preventive measures taken by means of BCG vaccination and introduction of domiciliary treatment. I think this is due to lack of nutrition, both in quantity and quality, and lack of healthy housing accommodation. It is estimated that 6 million people are suffering from this disease, but only 34,000 beds are available. This is too small in comparison with the number of people suffering from the disease. There are neither any T.B. hospitals, nor any clinics, in the rural areas. They have to depend only on domiciliary treatment. They have to go to the district clinics to establish diagnosis. I therefore want to know from the Health Ministry what steps have been taken for diagnosis at the primary health centre level. I suggest that an after-care colony should be established at the district level for patients who have undergone treatment for a long period, and steps should be taken to give them the nutritions food, and also to train them in small-scale and cottage industries so that they would be able to stand on their feet in future.

Now I come to medical education. Though the number of medical colleges has been increased from 60 at the end of the Second Plan to 81, with an admission capacity of 10,277, yet there is rush for admission to the medical colleges. This is due to the growing tendency for medical education among the people. In West Bengal there are five medical colleges. But I have seen that the rush for admission is increasing every year. I suggest that two more medical colleges should be established in West Bengal. At least ten per cent of the

seats should be reserved for admission of the scheduled castes and tribes students. Though the outturn of doctors may be increasing every year there is shortage of doctors in every State, especially in the rural areas. For every 3000 persons the Bhore committee suggested one doctor but we have got one doctor for 6000. I have seen that because of the shortage of medical graduates LMP doctors are appointed as medical officers of primary health centres. Doctors are not willing to go to the villages as they do not get amenities there. So, I request the Health Minister to look to this and to improve service conditions of the doctors. Supply of protected water in rural and urban areas is not sufficient. It is a great problem of our country. Due to water-borne diseases many people die, their number comes to 2-3 million. Cholera tops the list of such water-borne diseases and it is endemic in our country, in Calcutta, Howrah and suburbs. It is neither controlled nor eradicated. In Western countries it had been prevented but in our country it is not prevented because of the failure of the Government to supply protected water. Water supply scheme must be accompanied with drainage scheme in order to prevent contamination of the water and prevent the risk of spread of filariasis.

Mr. Deputy-Speaker: The hon. Member must conclude.

Dr. S. K. Saha: For the medical graduate course for the nurses there is one college in Delhi. I suggest that there should be more colleges for graduate nurses courses at Calcutta, Delhi, Madras, etc. Thank you.

श्री रामेश्वरानन्द (करनाल):

यस्येइमे हिमवन्तो महित्वा
यस्य समुद्रम् रसया सआहु
यस्य इमा प्रदिशो यस्य बाहु
कस्मे देवाय हविषा विधेम्

Shri P. S. Naskar: May I have the translation?

डा० सुशीला नायर: स्वामी जी इस का तर्जुमा कर दें।

उपाध्यक्ष महोदय: इस का तर्जुमा कर दीजिए।

श्री रामेश्वरानन्द: इस में मेरा समय चला जायेगा और मुझे और समय नहीं मिलेगा।

श्री बाल्मीकी (खुर्जा): मन्त्र से दुखों की निवृत्ति होती है।

श्री रामेश्वरानन्द: उपाध्यक्ष महोदय, सब से पहले मैं परिवार-नियोजन के बारे में कहना चाहता हूं। स्वास्थ्य मंत्रालय की ओर से जो प्रतिवेदन दिया गया है, उस के पृष्ठ 53 पर परिवार-नियोजन के बारे में कहा गया है। परिवार-नियोजन के सम्बन्ध में बहुत भाई बोल चुके हैं। (*Interruptions*). माननीय सदस्य न बोलें। अगर वे बोलना चाहते हैं, तो मैं बैठ जाता हूं।

श्री पू० शे० नास्कर: स्वामी जी ने जो श्लोक है, क्या उस का इस से सम्बन्ध है?

एक माननीय सदस्य: माननीय सदस्य तो सन्यासी है। उन का परिवार-नियोजन से क्या सम्बन्ध है?

श्री रामेश्वरानन्द: माननीय सदस्यों को सुनना पड़ेगा। वे सब तो खराब हैं। मैं ही इस बात को कह सकता हूं।

इस प्रतिवेदन में बताया गया है कि हमारी सरकार की तरफ़ से स्थान स्थान पर 10,984 परिवार-नियोजन के केन्द्र खुले हैं, जिन में 7,00,000 लोगों का बन्ध्यीकरण आपरेशन किया गया है। आप बीमारी का इलाज भी

[श्री रामश्वरानन्द]

चाहते हैं और बीमारी में आग भी लगा रहे हैं। क्या कभी ऐसा होता था? क्यों नहीं ऐसा होता था? जहां आप करोड़ों रुपया परिवार-नियोजन पर खर्च करते हैं वहां मैं आप से यह भी निवेदन करूंगा कि आप इस देश की नर नारियों को, इस देश के बालक बालिकाओं को इस देश के गृहस्थियों को ब्रह्मचर्य की शिक्षा दें, उस पर आप रुपया खर्च करें। किन्तु उस बीमारी में तो आप स्वयं फंसे हुए हैं। इस तरह की बात लोगों को आप कह नहीं सकते हैं। अभी जो भी उठता है कहना आरम्भ कर देता है कि ग्रामों में परिवार-नियोजन हो। क्यों साहब, शहरों में क्यों न हो? आपने कहा है कि सात लाख लोगों का बंध्यीकरण आपने किया है। मैं जानना चाहता हूं कि इन में राष्ट्रपति महोदय और उन के परिवार के कितने लोगों का बन्ध्यीकरण किया गया है, प्रधान मंत्री, प्रान्तों के मुख्य मंत्रियों, राज्य पालों और केन्द्र के मंत्रियों में से और उच्च जो अधिकारी हैं, उन में से कितनों का परिवार-नियोजन के सम्बन्ध में बन्ध्यीकरण किया गया है।

यद यदा चरति श्रेष्ठः तत् तदेव हतरोजनः

बड़ा व्यक्ति जो काम करता है उसको छोटे भी करते हैं। अगर आप चाहते हैं कि परिवार नियोजन इस तरह से हो तो मैं निवेदन करूंगा कि स्वास्थ्य मंत्री जी और उनके मंत्रालय के जितने उच्च अधिकारी हैं उनको आगे आना चाहिये, उनका पहले बंध्यीकरण हो तब जा कर दूसरों का हो। तभी यह योजना जो आपकी है यह लागू हो सकती है नहीं तो यह बिल्कुल मिथ्या कल्पना मात्र है।

आप मनु स्मृति को पढ़ें। उस में क्या लिखा हुआ है? विवाह कैसे नर नारी करें? उस में लिखा हुआ है:

वेदान अधित्य वैदौवा वेदम्वापि यथाक्रमम्
ए विपलुत ब्रह्मचर्य् गृहस्थमाश्रम् माविषेत

गृहस्थी कौन बने? वह बने जिस ने चार वेद पढ़े हों, तीन पढ़े हों, दो पढ़े हों और दो नहीं तो कम से कम एक जरूर पढ़ा हो। प्राचीन काल में ऐसा होता था कि कुमार और कुमारियां जिन्होंने ब्रह्मचर्य को भ्रष्ट नहीं किया होता था वे गृहस्थ आश्रम में जाते थे। आप क्यों नहीं विवाह पर प्रतिबन्ध लगा देते? क्यों जो अयोग्य नर नारियां हैं उन पर विवाह करने का प्रतिबन्ध लगा देते? क्यों नहीं, कह देते कि वे विवाह न करें। एक तरफ तो विवाह होते जायें और दूसरी तरफ तलाक बिल पास करके नर नारियों को आप अनेक विवाह करने की छूट देते जाते हैं, यह कहां तक युक्तिसंगत है? यह तो आप अग्नि में घी डाल कर चाहते हैं कि अग्नि शान्त हो। इस तरह से कभी कुछ नहीं होगा। आप के राज्य में यह संसार नहीं बना है। इसको बने हुए पौने दो अरब बरस हो गये हैं। तब से यह संसार चला आया है पीछे देखना चाहिये कि इतनी जनसंख्या क्यों नहीं होती थी? वर्ण आश्रम मर्यादा के आधार पर प्रत्येक व्यक्ति, प्रत्येक गृहस्थी एक दो बच्चों की औलाद के लिए संकल्प किया करता था। जब एक अधिकारी एक स्थान से हटता है तो एक ही तो लगेगा, दस बीस तो नहीं लगेंगे। यह गृहस्थ आश्रम भी एक स्थान था जब माता पिता जन्म स्वभाव से ही दो तीन बच्चों को जन्म देते थे। वे लोग धर्म कर्म में विश्वास करते थे। आप धर्म कर्म को नहीं मानते हैं, ईश्वर को नहीं मानते हैं, विधर्मी की तरह से चलते जाओ जितनी दूर चला जाए। यह तो खाज की बीमारी में पकौड़े खाना, गुड़ खाना, खटाई खाना, तेल और मिर्च खाने वाली बात है। आप जितना चाहें पैसा खर्च करते जायें, कुछ होने वाला नहीं है।

जल के सम्बन्ध में भी कहा गया है कि जल नहीं मिलता है। यह ठीक है। मैं इसको मानता हूं। 184 पृष्ठ पर 24 करोड़ रुपया आपने जल सम्भरण के लिए रखा

है। उस में से 21 करोड़ रुपया तो केवल शहरों के लिए है और केवल तीन करोड़ रुपया देहातों के लिए है जिन की संख्या कम से कम आठ नौ लाख है। उनके लिए केवल तीन करोड़ रखना क्या न्यायसंगत है? मैं पूछना चाहता हुं कि क्या यह मजाक नहीं है, देहातों के साथ? सेना में भरती हों तो देहाती अनाज पैदा करें तो देहाती, कपड़ा पैदा करें तो देहाती परन्तु जब खाने और पहनने का मौका आए तो शहर वाले ले जायें, क्या यह उचित है? मैं शहरों का विरोधी नहीं हूं जो राजमाता है, उसके पुत्रों को आप एक आंख से न देखें दोनों आखों से बराबर आपको देखना चाहिये। जब तक आप ऐसा नहीं करेंगे, तब तक उन्नति नहीं आप कर पायेंगे।

उपाध्यक्ष महोदय: अब आप खत्म करने की कोशिश करें।

श्री रामेश्वरानन्द: दस मिनट मेरा समय है।

श्री बड़े (खारगौन): नहीं।

श्री रामेश्वरानन्द: नहीं का क्या अर्थ है?

उपाध्यक्ष महोदय। आपने छः सात मिनट ले लिये हैं।

श्री रामेश्वरानन्द: आप औषधियों का निर्माण करते हैं। आप एलोपैथी के पीछे पड़े हुए हैं। मेरा देश ऋषियों का देश है। इस में एलोपैथी का कोई काम नहीं है। जितना आप रुपया खर्च करते हैं, आयुर्वैदिक औषधियों पर करें, आयुर्वैदिक विद्यालय आप खोलें और वैद्य लोग, सन्तोषी लोग आप को बहुत ज्यादा और अच्छी से अच्छी दवाइयां इस देश में ही तैयार करके दे देंगे। आप आज दवाइयां विदेशों से मंगाते हैं और रुपया विदेशों को भेजते हैं। यदि औषधियां यही तैयार हों तो यह सारा रुपया बच सकता है। आज हमारे सामने विदेशी मुद्रा का प्रश्न है। हमारे देश के लोगों को अपने देश की औषधियों से ही काम करना चाहिये।

मैं आपको विश्वासपूर्वक कहता हूं कि बिल्कुल आपको औषधियों की आवश्यकता नहीं पड़ेगी। प्राचीन भारतीय चरित्र के आधार पर नर नारी चलें तो आपको इनकी आवश्यकता नहीं पड़ेगी। यह कहा जाता है कि टी० बी० की बीमारी का कोई इलाज नहीं है। आप देखें कि इस बीमारी में कौन मरते हैं। क्षय रोग जो है यह तब होता है जब नर नारियां बहुत अधिक व्यभिचार करते हैं। इसका इलाज आपके पास क्या है सिवाय इसके कि आप लोगों को ब्रह्मचर्य की शिक्षा दें। आप लोगों को ब्रह्मचर्य की ओर लायें। जिन लोगों को आज अच्छे से अच्छा खाना खाने को मिलता है क्या वे क्षय से पीड़ित नहीं होते हैं? वे उन लोगों से भी अधिक होते हैं जिन को कम खाने को मिलता है। जो ज्यादा खाते हैं वे अधिक बीमार होते हैं क्योंकि वे अधिक भ्रष्टाचार करते हैं। भ्रष्टाचार को रोकने के लिए, व्यभिचार से बचने के लिए...

श्री बाल्मीकी: इसके कीटाणु होते हैं जिनकी वजह से लोग इसके शिकार होते हैं।

श्री रामेश्वरानन्द: कोई कीटाणु नहीं होते हैं। मेरे लगादो सारे कीटाणु और देख लो कि क्या मुझे टी० बी० होती है। मैं इसका इलाज ले रहा हूं। मेरे गुरुजी और मुझे को लगा कर देख लो, कभी टी० बी० हो जाए तब। सात धातुओं में से बीर्य रूपी धातु जब नष्ट हो जाती है तब क्षय रोग होता है। उससे पहले कभी क्षय नहीं होता है। इस वास्ते आप पीछे की तरफ लौटो।

आप देखें कि औषधालयों में क्या हो रहा है। छः हजार के पीछे एक अस्पताल कहां है। पंजाब में करनाल का उदाहरण मैं दे सकता हूं। पंद्रह हजार तो अकेले धरौंडे

[श्री रामेश्वरानन्द]

में आदमी हैं और बीसियों उसके साथ गांव लगते हैं और वहां एक औषधालय है। उसमें भी कभी डाक्टर नहीं होता है और कभी नर्स नहीं होती है और जब दोनों होते हैं तो दवाइयां नहीं होती हैं। जो दवाइयां होती भी हैं तो मैं आपको निश्चयपूर्वक कहता हूं उन में से साठ प्रतिशत बाजार में जा कर बिकती हैं। डाक्टर कह देता है कि दवाई तो देनी है लेकिन हमारे यहां नहीं है, अमुक का नाम लिख दिया है, उसके यहां जा कर ले लो। वह नाम भी लिख कर दे देता है। उसके साथ वे मिले रहते हैं। अस्पताल के लिए जो दवाइयां जाती हैं वही जा कर बाजार में पैसों में मिलती हैं। बेचारे देहाती को वही दवाइयां बाजार जा कर पैसे दे कर खरीदनी पड़ती हैं। देहातों का तो भगवान ही मालिक है।

आप देखें कि देहातों में सड़कें नहीं हैं, सवारी नहीं है। बीस बीस गांवों के पीछे एक अस्पताल है। बीमार आदमी हो जाए तो उसको किस तरह से औषधालय लाया जा सकता है, आप ही बतायें।

आप दिमाग से, बुद्धि से, शक्ति से शहरों की तरफ लगे हैं, शहरों को ही आप देखते हैं। मैं आपको ऐसा करने से मना नहीं करता हूं। आप शहरों को देखो। लेकिन जिन के बल पर आपकी गाड़ी चलती है, जो ज्यादा आपको देते हैं, जिनके बल पर आप टिके हुए हैं, वे ग्रामीण ही हैं। उधर भी आप अधिक से अधिक ध्यान दें।

मुझे दस मिनट मिले थे और मेरी पार्टी वालों ने समय कटवा दिया, मैं इसको अन्याय समझता हूं। दो ही बार मैं बोला हूं। मुझे पहले लिख कर दे दिया गया था कि मैं स्वास्थ्य मंत्रालय पर बोलूं। बाद में मेरी पार्टी वालों ने कटवा दिया। अगर यही व्यवहार होगा तो मैं इसे सहन नहीं कर सकूंगा।

Dr. Melkote (Hyderabad): Sir, it is very common that members of this House vote moneys for the five year plans and each department gets what has been allotted there. People ask for more moneys here, having allotted a smaller amount there. So far as the Health Ministry is concerned, since the fourth plan is in the offing, may I request hon. members to consider what would be the amount which they desire that this Ministry should get. They can ask for it and work for it. Without that, every time complaining against this Ministry for not implementing so many things without giving it sufficient finances would not be correct.

Sir, I had occasion to visit and continuously visit various parts of the country for various types of work. The one thing of paramount importance from every point of view is the question of water particularly in the rural areas. This was so far a problem in the rural areas. It is becoming a problem in the urban areas also, where even if water is supplied for lack of drainage facilities diseases are again making their way and showing themselves up. I, therefore, feel that this problem has to be tackled in a very large manner.

Death rate has gone down bacause of the new inventions in medicines and the national measures taken by the Ministry in the past. Malaria has been eradicated. Cholera has almost gone out of appearance. Smallpox is disappearing and various other diseases are not to be seen today. This is the advance that this Ministry has made in protacting the health of the nation. Therefore, the death rate has gone down considerably. The question of infantile mortality has also been attended to in a large measure with increased number of hospitals in the rural areas.

The refection of its work is shown by the fact that first-rate doctors, quality doctors, MBBS doctors are

being produced by the nation. Today its number goes up to 10,200. In the coming years, particularly in the Fourth Plan, I understand, another 25 medical colleges are being opened Therefore, in the course of the next 10 or 15 years a sufficient impact of these good quality doctors would be made even in the rural sector. Whether half-baked doctors could be made available to the rural population, as if they do not, deserve better type of treatment, is a very big question. That is what people are asking. I think it is not fair. Therefore, whatever doctors are produced they should be doctors of quality.

While saying this, may I say this to you and to the House that as a member elected to the Indian Council of Medical Research I had occasion to meet many of its members at various places in their conferences. It is a pleasure to see how they have been working continuously and the type of research they have been doing. The amount of research work is also going up and India is getting credit in the international market. On such institute is the Nutritional Research Institute at Hyderabad which the British medical men themselves have applauded. They have told the medical personnel that if they want better training, better post-graduate research training in aspects of nutrition, it is not to America or to some other place that they should go to learn but they should go to India and that too to Hyderabad. This is a credit to the Medical Department, to the Health Ministry and to the Institute that we have here.

Sir, this is the type of work that is going on everywhere. It takes time to make a medical man. It takes time for him to gain experience and to make his impact on the rural sector, a factor which has been neglected for thousands of years. I would therefore plead for patience. But patience where the question of health is concerned is not good. Averages do not concern me but I have no conflict with them. But by and large, when we discuss national problems there is no other way. Therefore, unless the time factor is given and the Medical Department is given adequate sums of money to push in with all its schemes it would rather be difficult to make an impact on the nation. I would, therefore, feel that this House should be very considerate and think about these problems generously. The House should see to it that at least in the Fourth Plan a good deal more money is given to this Department.

The present Ministry is tackling the question of small-pox, leprosy and T.B. on a national scale. It has done the work in the case of malaria and a few other diseases. Still, many diseases like filaria are being tackled. I feel that the health of the nation would considerably improve by the eradication of these diseases. Unless water resources are made available adequately in the rural sector, both for drinking and for other purposes, whatever impact may be made by attending to some of these diseases would be negatived. So, adequate attention should be paid to water supply. I, therefore, feel that whatever money is being allotted to this Ministry, a good portion of it should be spent for the supply of good water to the rural population.

The primary health centres are coming up. Some hon. Members have pointed out that in the urban areas there is only one doctor for 6,000 people. In spite of the advances that we have made in medicine and in spite of the large number of medical men that we are turning out every year in the rural areas there is still only one medical man for a population of perhaps 60,000. That is a very small number. So, some attention has to be paid to this aspect of the problem. Dr. Srinivasan has made the suggestion that every medical graduate who is coming out of the college must be asked to serve for a prescribed period of time in the rural areas before he gets his degree. I think that by itself will not be sufficient. I think that even during the course of service,

[Dr. Melkote]

after they have put in 8 or 10 years of service, when they have become senior people, they should be asked to serve in the rural areas. Unless the senior people are asked to go there, the juniors will not be interested in going there. So, both of them must be asked to go there. For that, certain facilities and conveniences have to be provided to them in the matter of education, accommodation etc.

Reference was made to diploma courses. I do not like it for the simple reason that it gives discriminatory treatment to the rural sector of the population. When we want quality treatment, why should it be restricted only to the city people, denying it to the people in the rural areas? Why should we not post some of our best medical men in the villages? Therefore, to think in terms of producing doctors who are not up to the mark is not at all good.

The other aspect of the question which the Health Ministry is attending to is refresher courses to medical men, even to private medical practitioners. I do not know whether it would be possible and whether any legislation should be brought in. Many of these people may be commissioned to work in the rural sector, at least for a few hours every week, may be in a near-about village. That will create the proper climate and psychology for the younger generation in the medical profession to go there.

When the WHO conference is held abroad, Ministers and some of the officers attend the meeting. So far as the medical personnel are concerned, I would say that private medical practitioners in the rural areas as well as some Members of Parliament should be enabled to go there so that they can have an idea of what is happening in those conferences. I hope that the Ministry would bear this in mind and create facilities for taking such people outside.

Some hon. Member had referred to patents etc. I might point out in this connection that we in this Parliament have enacted the necessary legislation to prevent spurious drugs. But I would submit that its enforcement needs a lot of machinery. I find that in the Fourth Plan the Medical Department is trying to create this kind of machinery everywhere. Of course, we should not punish the innocent. At the same time, we must also remember that life is very precious; trying to make people die of spurious drugs is a very serious affair. The Act provides for the imposition of fines and punishments. But even today, after the enactment of this measure, hardly anyone is being punished. Is it because the manufacture of spurious drugs has completely gone down or is it because Government are tardy even after the enactment of this measure? The people are very anxious to know about these things because there is certainly a feeling in the country that spurious drugs are still being manufactured and are being sold to the detriment of the public. I hope that the Ministry will take adequate action with regard to this aspect of the question.

Family planning is also a very important thing. It is the poorest of the population who produce more. They have no food but they have the vitality and they produce more. During the last three or four months, I had occasion to visit Bihar, Kerala, Rajasthan and some other places. When I met some of the industrial workers and the members of their families there, the ladies complained to me that it was the menfolk that came in their way. I mentioned this recently during the debate on the Demands for Grants relating to the Labour Ministry, and the Speaker had then observed that recently in one of the papers the news had appeared that as a result of some of these drugs which were intended to prevent the birth of children, the women were

becoming men. I do not know. I have not seen any such news item, but it may be a fact. But the recent innovation that is being made, namely the intra-uterine device is simpler, and less costly, and at the same time it can stay there for months. This is an excellent innovation, and the ladies in the rural sector want this, and the wives of the industrial workers want these things. But it is the menfolk that have got to be educated. I personally feel that whilst we in the INTUC are prepared to help the Ministry to propagate this and see to it that the wives of the workers take to it, it becomes necessary to import some more social workers, some more lady workers, who can go and teach these things to the members of families. I hope that the Ministry will also bear this in mind.

Shri P. S. Naskar: I thank you very much for giving me a chance to speak on certain items that hon. Members have spoken about. I would first take up the question of the cost structure of drugs in this country.

My hon. friend opposite said a little while ago that the patent law was standing in the way of reducing the price of drugs in the country. It is a fact that the people who have patented drugs have put up their own price. As you know, there is a patent law in our country. I am told that Government are thinking of amending certain provisions of the patent law, and shortly Government will bring forward a Bill to amend the existing patent law. But apart from these patent laws, the Ministry of Health have set up a committee to look into the cost structure of certain life-saving drugs, and the committee will shortly give a report on the cost structure of those drugs, especially the life-saving drugs. Besides, we have also been taking steps to see that the firms that import the raw materials for the drugs do not import such raw materials at high prices. In the next licensing policy, we have suggested to the Ministry concerned that the c.i.f. prices of many of the drugs which are imported as raw material should be pegged at reasonable levels.

The Ministry has done one thing in regard to the stabilisation of the prices of drugs in this country. Soon after the emergency was declared, there were two orders issued at the suggestion of this Ministry by the Ministry of Industry, one about the display of prices of drugs being made obligatory on the part of dealers, and the other about the stabilisation of the consumer prices of drugs on 1st April, 1963. Prices of essential commodities have gone up since the emergency, but at least the prices of drugs stabilised on 1st April, 1963 have not gone up.

Reference was also made to spurious drugs in the country. As you know, recently a committee called the Drugs and Equipment Standards Committee was constituted by the Ministry, consisting of officials and non-officials. It was asked, among other things, to assess the extent of spurious as well as sub-standard drugs in the market. The committee after making an exhaustive inquiry came to the conclusion that it is a fact that there are spurious drugs, but they are manufactured by unknown and unlicensed manufacturers. Available data indicate that spurious drugs are moving in the market, but the committee felt that, overall, its incidence or the number of cases brought to notice was not of a significant magnitude. The committee made certain recommendations. These have been taken into account.

We have taken certain steps to stop the sale of spurious drugs in the country. One is that to eliminate unlicensed manufacturers, an all-India list of licensed drug manufacturers has been printed and made freely available to all concerned at a nominal price. Copies of this list have been circulated to all State drug control organisations and to associa-

[Shri P. S. Naskar]

tions of drug dealers in the country. It has also been made mandatory by rules that dealers in drugs must buy drugs only from the licensed manufacturers and should maintain a record of purchases and sales. There are certain other measures we have taken to stop the flow of these spurious drugs.

It has also been found by the committee that there are sub-standard drugs in the country. The committee examined quite a number of samples, from 1959 to 1964, and came to the conclusion that about 20 per cent of the samples were reported to be not of standard quality. Steps are also being taken to see that sub-standard drugs do not find a market in the country.

Generally, sub-standard or spurious drugs have a tendency to exist in the field of vitamins. Somehow or other, a lot of propaganda has been done for taking vitamins, that if one takes vitamins, one will be healthy and so on. There is a tendency in the country to believe that even the bread we buy or bottled drinks, everything is vitaminised. This sort of psychological effect is there.

A number of steps are being taken to see that spurious and sub-standard drugs do not come into the market and are not sold. For that, the drug control organisation is being strengthened at the State and Central levels. We have certain proposals to augment our Central Drug Directorate; the State Governments have their own proposals to strengthen their organisations.

A little while ago, an hon. lady Member referred to food adulteration. Recently, as you know, this House and the other House passed a Bill in this regard after considering the matter in joint committee. Upto now, prevention of food adulteration was dealt with by State Governments only; now the Central Government have taken concurrent powers and steps are being taken at the Central level to augment the machinery for prevention of food adulteration. We have kept a few thousands of rupees for a central unit in the budget year. In the Fourth Plan, we are proposing to have about Rs. 12 crores to have regional laboratories and other organisations to fight the menace of food adulteration.

Mention has been made about water supply. Two or three doctor friends said that so long as we did not give protected water supply in the rural areas and urban areas, and also make provision for sanitation, quite a number of diseases could not be prevented. I think Dr. Saha and Dr. Melkote referred to it.

The National Water Supply and Sanitation Programme was included in the Health Plan in 1954 in order to assist a comprehensive programme of improving water supply and drainage in the country for both urban and rural areas.

A general estimate of the requirements has been made by technical committees and the estimated cost of rural water supply schemes is about Rs. 600 crores, while urban water supply schemes require about Rs. 1,000 crores. Then you can imagine what a colossal problem we have before us. I read that report and I found that as it is today, about 40 per cent of our urban population have got protected water supply and 20 per cent of the population have got arrangements for sanitation. In the same report I read that the number of people living in the urban areas in our country is next in the whole world only to the number of people living in urban areas in Russia and America.

Funds for the urban phase of the programme are given to the State Governments as loans, and they allot the funds to selected local bodies for

implementing their water supply and sewerage schemes. All such schemes are approved by the Health Ministry with technical details.

The provision made in the Third Plan for urban water supply and sewerage schemes is Rs. 80.84 crores. There were 285 spillover schemes from the second Plan, and they were estimated to cost about Rs. 24 crores. They have also been sanctioned in the Third Plan period, and in addition to that, about 440 new schemes have been approved during the Third Plan for urban water supplying, costing about Rs. 80 crores.

The rural water supply in the country is implemented through different agencies. Piped water supplies requiring engineering skill are under the purview of this Ministry, whereas simple wells are provided under the Community Development programme. Water supply in the backward areas for scheduled castes and scheduled tribes is under the purview of the Home Ministry. Till recently there was another water supply scheme called Local Development Works. That was under the Planning Commission. That scheme has been taken over by this Ministry, and simple wells are being looked after by the Community Development Ministry in the rural areas.

The provision of simple wells in rural areas has made fairly tangible progress during the three Plans. In respect of piped water supply to individual villages or groups of villages, the investigation and design of such schemes require the employment of trained public health engineers, so that full benefits may be obtained for the money spent.

As you know, water supply and sanitation schemes are essentially a State subject, but still the Central Government, that is this Ministry, have been persuading all the State Governments to reorganise and expand their Public Health Engineering Departments so that implementation of the difficult water supply schemes in the rural areas could be expedited.

During the two closing years of the First Plan, the expenditure on piped rural water supplies was about Rs. 5.5 crores; in the Second Plan it was Rs. 16 crores; in the Third Plan, the entire provision of about Rs. 16.34 crores is going to be utilised. All these figures relate to the National Water Supply and Sanitation Programme (Rural).

It is a fact that in our health programme, we attach high priority to the preventive side as the surest and quickest and most effective measure to improve the nation's health and economic productivity. Protected water supply and sanitation are of the utmost importance to achieve the objective. Provisions for water supply and sanitation cover about a third of the total provision under Health in our three Plans so far. In the Fourth Plan, we are anxious to increase the allotment a little more.

श्री हुकम चन्द कछवाय (देवास) : उपाध्यक्ष महोदय, मेरा व्यवस्था का प्रश्न है। क्या मंत्री महोदय बिना कोरम के भाषण देंगे ?

उपाध्यक्ष महोदय : घंटी बज रही है— अब कोरम हो गया है।

Shri P. S. Naskar: Mention has been made about the water supply scheme. Hon. Members referred to the pollution of water supply in Delhi last year. As you know questions were answered in this House. A committee was set up to look into it and recommend about the augmentation of water supply in Delhi. That committee is to submit its report very shortly; it will say what were the causes of the pollution, whether it was preventible and if so whether the agency that was responsible for it did their job or not.

[Shri P. S. Naskar]

Several cut motions had been put about the scarcity of water supply in Delhi and they said that there would be scarcity in the coming summer or after a month or two. The point is whether the water supply authority are in a position to supply about 140 million gallons of water per day. About 18 months back or two years back a scheme was taken by the Delhi Corporation to augment the water supply by another 40 million gallons per day. Schemes for ten millions out of this had been completed and the work for augmenting the remaining thirty millions is rather behind schedule. There are certain factors which are causing this delay. I am personally taking interest in the last few months to see that the remaining part of the work is done.

श्री हुकमचन्द कछवाय: उपाध्यक्ष महोदय मंत्री महोदय का भाषण कल पर रखा जाये। वह बिना कोरम के जबाब दे रहे हैं।

श्री च० ला० चौधरी (महुआ) कोरम है।

एक माननीय सदस्य : कोरम है।

श्री हुकम चन्द कछवाय : गिन लीजिए। उपाध्यक्ष महोदय, छः बज चुके हैं। मंत्री महोदय कल अपना भाषण जारी रखें।

उपाध्यक्ष महोदय : कोरम है।

Shri P. S. Naskar: I am told by the Corporation authorities that the remaining portion of that scheme would be completed by next year. Hon. Members must have noticed some questions about the water scarcity in the colonies of South Delhi. The additional ten million gallons of water that had been raised, the works for which were commissioned, had not reached South Delhi area yet. It is the idea of the Corporation that at least 3-4 million gallons of water more per day has to be given to the South Delhi area but unfortunately one booster pump at Patel Nagar area has not yet been completed. The Delhi Corporation authorities had assured that it would be ready by the end of this month, if not, by the middle of the next month. With this additional three million gallons of water per day in South Delhi, I think it will lessen the hardship of that area. In addition to this, the Delhi Corporation have already sunk about 12 deep tubewells to augment the water supply, and another 13 will be completed before the onset of summer. This is the point which I wanted to make so far as Delhi water supply is concerned. I have pointed out the things that the Delhi Corporation wants to do about the augmentation of water supply, and these are the proposals which have been made and are to be implemented.

18 hrs.

But there is one big factor about shortage of water which I want to bring home to the hon. Members. It is the wastage of drinking water. This matter was taken up by the Minister several times with the councillors of the Delhi Municipal Corporation and other authorities concerned. There are three types of wastage: first, there is the public hydrant. The people do not seem to take care, in certain areas, to close the hydrants when they do not need water. This causes quite a heavy amount of wastage. Then, there are the leaking taps. The Corporation has to take care that the leaking taps are regularly and quickly repaired and in time. That will save a lot of water. Then, the New Delhi Municipal authorities said that in the South Delhi area, where they are feeling this scarcity of water, there is also wastage of filtered water. It was mentioned that filtered water is freely used in the gardens, especially in some colonies where the water-meters have not yet been fixed. We are

asking the Ministry concerned to see that as soon as possible, the water-meters are fixed in each individual home. The problem of leaking taps is also there. So, once we have the augmentation of 10 to 13 million gallons of water extra per day, plus the preventive measures taken to see that drinking water is not wasted, I think there will not be so much difficulty in the coming summer.

I do not want to take more time of the House. I find that some of the hon. Members who have moved cut motions are not present in the House. With these few words, I resume my seat.

18.03 hrs.

The Lok Sabha then adjourned till Eleven of the Clock on Tuesday, April 20, 1965/Chaitra 30, 1887 (Saka).

GMGIPND—LS II—296 (Ai) LSD— 26-5-65—970.