

CALLING ATTENTION TO MATTER OF URGENT PUBLIC IMPORTANCE

B.C.G. VACCINATION CAMPAIGN

Shri N. M. Lingam (Coimbatore): Under Rule 216, I beg to call the attention of the Minister of Health to the following matter of urgent public importance and I request that she may make a statement thereon:

"The controversy regarding the B.C.G. Vaccination Campaign."

The Minister of Health (Rajkumari Amrit Kaur): A controversy regarding the harmlessness and efficacy of B.C.G. vaccination has again been raised recently. During the earlier controversy in Madras State five years ago, the utility and efficacy of B.C.G. vaccination were explained in detail to the general public. As a result of this, the doubts raised against B.C.G. were set at rest and the B.C.G. campaign continued to be popular. Subsequently increasing demands were received from various parts of the country, including Madras State, for further extension of the campaign. Since then mass campaigns have been introduced and are being carried out in all the States in India and the total number of persons tested and vaccinated so far is nearly six crores and 2 crores respectively.

At this stage unfortunately some doubts have again been raised about the utility and efficacy of B.C.G. vaccination and it has therefore become necessary to reiterate the need for this vaccination in our country.

The seriousness of the tuberculosis problem in India is well known to hon. Members. It is also known that the resources of the country in terms of finance and trained personnel are too meagre to control tuberculosis in India by methods adopted in those countries which have ample resources at their command. Under the circumstances we have to adopt such safe and effective methods as are within our means in order to bring the problem within manageable limits.

Schemes for raising the standard of living and for providing better nourishment, housing and other facilities including more hospital beds and clinics have all been included and are being implemented under the Five Year Plans. These will no doubt augment the natural resistance of the people against all diseases and provide more facilities for treating tuberculous patients, but since their implementation cannot be achieved overnight, it is essential also to adopt such other measures as will stem the rising tide of tuberculosis in the country. B.C.G. vaccination has been certified by experts in T.B. after prolonged investigations as the best method known to medical science today for providing specific resistance to this disease.

After the most careful consideration and a thorough study of the various aspects of B.C.G. the Government of India decided in 1948 to introduce it in the country. In arriving at this decision, the Government considered the recommendations of international and national bodies such as the Expert Committee on Tuberculosis of the World Health Organisation (wherein were represented some of the foremost tuberculosis authorities from U.S.A., U.K., other European countries and India), the International Tuberculosis Campaign, the South-East Asian Inter-Regional Conference, the Technical Committee of the Tuberculosis Association, India, and the Indian Tuberculosis Workers Conferences. The Government also had the benefit of the views of eminent Indian doctors, viz. Dr. B. C. Roy, Dr. Jivraj Mehta, Dr. K. S. Ray, the then President of the Indian Medical Council, Drs. Frimodt-Moller and Ukil and others from different parts of India. The Government also studied the available scientific literature on the subject. The results of repeated investigations in various countries of the world such as the U.S.A., Canada, Denmark, Norway, Sweden, France and Japan convinced the Government about the harmlessness, safety and protective

value of B.C.G. vaccination. These investigations carried out in different countries under different conditions and among different races have proved conclusively that B.C.G. can reduce morbidity and mortality from tuberculosis among the negative reactors to 1/5th of what it would be, had they not been vaccinated. Parents in the U.K. are advised, and the advice is willingly accepted by the large majority, to have their children vaccinated at the age of 14. The statement that the U.K. is against B.C.G. vaccination is therefore wholly incorrect.

India is not alone in adopting this vaccination and was certainly not the first country to introduce a mass campaign. Such campaigns were started in many countries of Europe more than thirty years ago and are now being carried out in South America, Asia and Africa. The U.S.S.R. and Japan have carried out mass campaigns on a large scale. The total number of persons vaccinated all over the world today exceeds 100 million. In spite of such a large number of vaccinations under varying conditions, the number of complications is very very small, indeed far less than those incidental to other preventive vaccinations, including small-pox. World medical literature has so far quoted only three deaths associated with B.C.G., and even here the deaths occurred not because the germs became virulent. Eminent workers who have investigated these cases say that these extremely rare instances should not affect the progress of the campaign. Against this, it is on record that a phenomenal decrease in tuberculosis morbidity and mortality has taken place in countries where mass vaccination was carried out. For example, in Japan while 282 persons per 100,000 died of tuberculosis in 1945, after seven years of a mass B.C.G. campaign, the death rate was reduced to 82 in 1952. Denmark, where nearly every person needing vaccination has been given B.C.G.

has now the lowest tuberculosis death rate in the world. To quote from the American Review of Tuberculosis (November 1948):

"Recent reports from Soviet Russia show that large-scale B.C.G. vaccination in that country resulted in 50 per cent. diminution of the tuberculosis mortality among infants since the beginning of this preventive measure."

It has been stated that B.C.G. may prove harmful to under-nourished people like those in India. This is not true. Indeed, mass B.C.G. vaccination was started in the countries of Europe at a time when it was feared that the prevalent under-nourishment might cause tuberculosis to assume alarming proportions. But no such results ensued. In Japan where conditions with regard to nutrition, over-crowding, environmental sanitation etc., were similar to those in India, if not worse, mass B.C.G. vaccination campaigns have proved highly successful.

Some apprehension has been caused in the public mind because of a few alleged cases of complications reported in the lay press, and as far as we know, about 25 such cases were reported, most of them in Madras State. The majority were investigated, and it was found that quite a few of them had not been vaccinated at all but were only given a pre-vaccination test, and the rest were cases of ailments common to the community.

One case of blindness that occurred in Coimbatore has been much commented upon and has been ascribed to B.C.G. An expert committee of doctors who went into this question found that the blindness was due to encephalitis which was found prevalent in Coimbatore at the time of vaccination. The committee found a similar case of partial blindness in a girl who had never received the vaccination, thus clearly showing that this complication was not due to

[Rajkumari Amrit Kaur]

B.C.G., but again due to encephalitis. During the same period, encephalitis had caused three cases of blindness out of 24 investigated by the Indian Council of Medical Research in Delhi. It is incomprehensible that just a few cases of complications over the last eight years, even if they could be attributed to B.C.G., should be considered reasonable ground for an attack against a campaign under which about two crores of persons have been vaccinated all over India. It is a matter of satisfaction, however, to note that in spite of the recent controversy, the vaccination continues to be popular throughout the country, and I am sure that even in Madras State where the controversy has unfortunately been started by those who should have known better, the people will in the long run co-operate with the Government.

Apprehension has also been caused by the statement that B.C.G. is a live vaccine and might, therefore, cause active tuberculosis. If this were so, Denmark, where the entire population needing vaccination have been given B.C.G., and where complete records of vital statistics are preserved, any increase in the tuberculosis rate would have been quickly noted. Instead, there was a steep fall in the incidence of the disease, and Denmark today has the lowest tuberculosis death rate in the world.

As for the vaccine being a live one, it is worthy of note that there are other live vaccines like the small-pox vaccine, the yellow fever vaccine, the African plague vaccine which are universally accepted as harmless and are in vogue.

It is, therefore, abundantly clear that B.C.G. is a perfectly harmless vaccine and does confer specific resistance against tuberculosis. It is an effective weapon in our hands in our efforts to control tuberculosis and will greatly supplement other measures which we are concurrently taking.

I wish to stress once again that there is no room for any fears in this matter and that the Government of India find no reason whatsoever to revise their policy of carrying on this useful campaign as vigorously as possible.

COMPANIES BILL.—contd.

Clauses 197 to 207

Mr. Speaker: The House will now resume further consideration of clauses 197 to 207 of the Companies Bill. Out of five hours allotted to these clauses, about two hours have already been availed of yesterday, and about three hours now remain. This would mean that these clauses would be disposed of by about 3-15 p.m. Thereafter, the House will take up the next group of clauses, namely clauses 208 to 250.

Shri T. S. A. Chettiar (Tiruppur): I was saying the other day that clause 197 fixes the overall maximum for managerial expenses, and clause 347 provides for a maximum for managing agency remuneration. A suggestion has been made by way of amendment by my hon. friend Shri B. R. Bhagat that the overall remuneration in respect of managing agency commission must be on a slided basis, as is the case in regard to income-tax, i.e. the greater the amount of profit, the less the amount of commission to be paid to the managing agents.

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

In that connection, I was pointing out the expression of opinion in the Report of the Company Law Committee. At page 96 of their report, they have conceded the suggestion, but for reasons which they have expressed, they did not consider it very far. This is what they have said:

"A suggestion was made to us that instead of fixing an overall maximum, we should prescribe a scale of varying percentages appli-