

Mr. Speaker: The question is:

"That leave be granted to introduce a Bill to provide for the removal of disqualifications for membership of, and voting at elections to, Parliament and State Legislatures, and for certain miscellaneous matters in connection with such elections."

The motion was adopted.

Shri Pataskar: Sir, I introduce the Bill.

Mr. Speaker: This matter was taken up in the Business Advisory Committee and the Report has been placed here. It is intended that this will be passed in this Session by both the Houses.

Shri Kamath: The sooner the better.

INDIAN MEDICAL COUNCIL BILL

The Minister of Health (Rajkumari Amrit Kaur): Sir, I beg to move*:

"That the Bill to provide for the reconstitution of the Medical Council of India, and the maintenance of a Medical Register for India and for matters connected therewith, as passed by Rajya Sabha, be taken into consideration."

Sir, the question of amending the Indian Medical Council Act, 1933, has been under the consideration of Government for some time as the Act had become greatly outmoded and a number of amendments were necessary. Now, I would like just briefly to tell the House the main reasons for which the Act has to be amended.

First of all, it was absolutely necessary to give representation to licentiate members of the medical profession, a large number of whom are still practising in our country. Secondly, it was necessary to provide for the registration of the names of citizens of India, who had obtained or

have obtained foreign medical qualifications which are not at present recognised under the existing Act. Thirdly, to provide for the temporary recognition of medical qualifications granted by medical institutions in countries outside India with whom no scheme of reciprocity exists, in cases where the medical practitioners concerned are attached in India for the time being to any of our medical institutions for the purpose of training or research, or any charitable bodies. Fourthly, it was also necessary to provide for the formation of a committee for post-graduate medical education so that they could assist the Medical Council of India where the prescribing of standards of post-graduate medical education for the guidance of universities was concerned, and to advise universities also in the matter of securing uniform standards for post-graduate medical education throughout India. Then, we also had to provide for the maintenance of an All India Register to be kept by the Medical Council of India, which would contain the names of all medical practitioners possessing recognised medical qualifications.

As I have already said, the idea of amending this Act has been before us for some time. Naturally, I had to consult, in the first instance, all the States. I had to wait for some time before I could get their recommendations. After that I had to consult the All India Medical Council itself. Then, I did also consult the Indian Medical Association as well as leading medical men in the country.

There had been considerable agitation from the licentiate members of the medical profession that their qualifications ought to be recognised under the Indian Medical Council Act. At present their qualifications are recognised only under the various State Medical Acts, and I had felt that this request of theirs was reasonable. Therefore, we are going to recognise licentiate qualifications under the amending Bill that is now before the House.

*Moved with the recommendation of the President.

[Rajkumari Amrit Kaur]

Then there are a number of foreign medical qualifications that are not recognised under the existing Act. As the Medical Council of India has not succeeded in being able to settle schemes of reciprocity for recognition of these qualifications with corresponding authorities in foreign countries, it has been found necessary to recognise these qualifications both when they are held by Indian citizens and by foreigners, who happen to be appointed in any medical institutions in the country mainly devoted to teaching, research and for charitable purposes. Now, in the case of foreigners holding special qualifications and who happen to have been brought to India for a specific purpose, either for teaching or for research or for work in any charitable organisation, naturally we are going to put a condition that they will not be allowed to practise for personal gain and further they will only be here for such time as the Government of India may prescribe in consultation with the Medical Council and their practice will be limited only to the institutions to which they are attached and for so long as they continue to be so employed.

The present Act, as it exists, does not permit the Medical Council of India specifically to prescribe standards for post-graduate medical education. For this purpose the Government of India had created by executive order an All India Council for Post-Graduate Education, which functioned for some time. There was overlapping in the function of this Post-Graduate Committee and the Medical Council of India as both bodies were inspecting institutions at the same time. Therefore, under the amending Bill, with the full concurrence of the All India Medical Council, it is proposed to entrust the function of prescribing the standards of post-graduate medical education for the guidance of universities and for prescribing uniform standards for such education to the Post-Graduate Medical Education Committee, which will be constituted from among the mem-

bers of the Medical Council of India who possess post-graduate medical qualifications and experience in teaching and in examining post-graduate students of medicine.

One of the main complaints of the medical profession, and in particular of the Licentiatees, was the absence and the need for the preparation and maintenance of an All India Medical Register which will contain the names of all persons who are enrolled on the State medical register. As I said just now, the States maintain their own registers; but there is no All India register. Now there will be an all India register which will be prepared and maintained by the All India Medical Council. I am quite sure that this is a step in the right direction.

Further, opportunity has been taken to make a few other amendments. For instance, certain amendments have been made because of the reorganisation of States. Then, certain amendments have also been brought to the Bill as it originally stood by the Rajya Sabha. I am myself moving some of these amendments officially.

There has been a certain amount of dissatisfaction amongst the Licentiatees that they have not been given what they consider is their due, that is, equal status with the medical graduates. I would like to bring to the notice of the House that a Licentiate does have a lesser qualification than what is known as the M.B.B.S. or the medical graduate. This Council is formed primarily for setting up standards of education for graduates and it does not seem right that the Licentiatees should have the same number of members on the Council as graduates because naturally they will not have any experience either in teaching or in examining and actually they have not themselves had the same standard of education. So I think the fact that we have given them 7 seats on the Medical Council should satisfy them. In fact, when I had occasion to talk

to them they said they are grateful that this has been done.

Their other complaint was that they were not put on the same register as medical graduates. There the difficulty is this. Our medical graduates want to go abroad for post-graduate study. But in foreign countries the Licentiate qualification is not recognized. Therefore, in order not to penalise our medical graduates from receiving the advantages of post-graduate studies abroad, we have to keep the Schedules of graduates and Licentiates separate. But we have conceded to the Licentiates that there will only be one all India medical register and their names will be there along with the graduates. I have reason to believe that they have been really quite satisfied with these two concessions.

Now, because of the fact that we have no reciprocity with a number of foreign countries—in fact, none at the moment, if I remember right, except with the Commonwealth countries—those of our men and women who go abroad for either getting their degrees or getting post-graduate qualifications, we are not able to put their names on the register. It is literally penalising our own people and I feel very strongly that Indians who have got foreign degrees should not come under that ban. After all they are Indian citizens and to ban them from our own register is a very unfair thing. I am sure that amendment, at any rate, will appeal to the heart of every Indian.

Regarding temporary recognition of medical qualifications granted by medical institutions outside India, with those countries with whom no scheme of reciprocity exists for the time being, we have said that this will apply to those foreigners who are attached to our institutions only for the purposes of teaching or research or for charitable purposes and for the limited period for which they may be allowed to come by the Government in consultation with the All India Medical Council. We shall put in the rules that they shall not be

allowed, naturally, to practice for personal gain in order to avoid any kind of competition between foreigners and ourselves.

I have already spoken about the formation of the Committee for prescribing standards of post-graduate medical education. I may tell the House that as regards amendments after I had circulated the Bill for the opinion of the All India Medical Council, we accepted 98 per cent of their recommendations. The only question on which we differed—one of the amendments has come on that point—and in which Government cannot simply give in is about appeals. Now an appeal lies from the State Council to the State Government. When an appeal lies from the State Government it should lie to the Central Government which will consult the All India Medical Council. I gave an assurance on the floor of the Rajya Sabha that the Union Government will always consult legal opinion before coming to a decision. After all, if an appeal lies from the State Council to the State Government, an appeal from there should naturally lie to the Central Government.

These are the main points. We had a discussion with the Indian Medical Association in the matter. As far as the States are concerned, their opinions have been obtained about the Bill. The Bill was first introduced in May 1955. So ample opportunity has been given to everybody to study it but no amendments at all came. A few amendments that were proposed in the Rajya Sabha and were accepted have been embodied in the amending Bill as is now before this House. Only early in November did the Medical Council again raise some points. And in spite of the fact that the objections came very very late we did have a meeting with the President of the Council at which Dr. B. C. Roy was also present and the Prime Minister was in the chair and we went through the whole Bill, clause by clause, and we arrived at an agreement in respect of the official amendments which I am moving today. This is the largest

[Rajkumari Amrit Kaur]

common measure of agreement between the Union Government, the States and the All-India Medical Council. I do hope that the Bill as now put before you, coupled with the official amendments that I am bringing forward will be passed by this House.

Mr. Speaker: Motion moved:

"That the Bill to provide for the reconstitution of the Medical Council of India, and the maintenance of a Medical Register for India and for matters connected therewith, as passed by Rajya Sabha, be taken into consideration."

Dr. Jaisoorya (Medak): Sir, this is a Bill which is intended to reconstitute the Indian Medical Council which was constituted in 1933. This is the idea of this Bill. This Bill widens the scope and removes certain defects which were found in the previous Act of 1933. I am fully in sympathy with everything that has been said here. I am only feeling rather funny to see the term "Indian Medical Council Bill". It is a Council, but of what medicine? There are several systems of medicine. "Modern scientific medicine and all its branches include surgery and obstetrics." Apart from this, I want to know what would happen if we establish an Indian Medical Council for indigenous medicine. I would like to know as to what would be its status and scope. Now, there is the Dave Committee's report. I had a talk with my old friend Col. Lakshmanan about it and I wanted to know whether I could know its details and he said "We are going to have a meeting at Ranchi on the 14th." Ranchi has a first-class lunatic asylum and is a good place to have a meeting there! Till then he could not give the information that I wanted. What seems to me is that the whole concept is based on the resolution of 1948 which the Govt. of India passed in the pre-revolutionary days. That happened in the year 1948, that is, before a study was made about the scope of other systems of medicine. I have got a book with me called "Psychosomatic

Medicine". That is a good book. The difference between me and the Health Ministry is that I buy my own books and read them. My friends in the Health Ministry buy at Government expense and do not read them. This is what is stated in the book:

'Very frequently, following "thorough study" by means of the usual medical history, physical examination and laboratory investigation, some "pathologic curiosity" is discovered which really has nothing to do with the illness and the patient is then treated as though organically diseased, is subjected to unnecessary medical or surgical treatment, which in many instances intensifies the neurotic condition. In other words the attitude of modern medicine is not so very different toward these patients from that described in 1884 by Clifford Allbutt, the great English clinician, who said in speaking of the visceral neuroses:

"A neuralgic woman seems thus to be peculiarly unfortunate. However bitter and repeated may be her visceral neuralgias, she is told either that she is hysterical or that it is all uterus. In the first place she is comparatively fortunate, for she is only slighted; in the second case she is entangled in the net of the gynecologist, who finds her uterus, like her nose, is a little on one side, or again, like that organ, is running a little, or it is as flabby as her biceps, so that the unhappy viscus is impaled upon a stem, or perched upon a prop, or is painted with carbolic acid every week in the year except during the long vacation when the gynecologist is grouse-shooting, or salmon-catching, or leading the fashion in the Upper Engadine. Her mind thus fastened to a more or less nasty mystery becomes newly apprehensive and physically introspective and the morbid chains are riveted more strongly than ever.

Arraign the uterus, and you fix in the woman the arrow of hypochondria, it may be for life'.

Mr. Speaker: Are we going into the medical science now?

Dr. Jaisoorya: I was talking about the concept of scientific medicine. It was stated at the Psychiatric Congress that "the second half of our century finds us in a swing back to a more orthodox type of medical investigation."

Mr. Speaker: This is a Bill which is intended to regulate certain things and to prepare a Medical Register. We are not going into the question whether modern medicine is good or bad.

Dr. Jaisoorya: My objection is about the wording that is used here. If this is termed as 'scientific medicine' what are the other medicines? Are they 'unscientific medicines'? That is what I want to know. Is it intended by this that this is superior and other systems are inferior? This is nothing but arrogance or ignorance. I want to know the basis on which Part II of the Third Schedule has been included in the Bill. If I may mention here, I have had my education in the Universities of Central Europe. There were 26 universities in my time in Germany and one university was as good as the other. We have taken only three universities viz. Berlin, Freiburg and Heidelberg. What happened to the other universities which were equally good? There, you can go from one university to the other. It is unlike the universities of the English type where you cannot go from one university to the other. So, I think, mention should be made of the German universities and I think this would be enough.

Secondly, I would like to mention that no reference has been made about the Universities of Maharashtra and Kerala. I don't know what is the reason for this.

There are four very good medical colleges in the United States like John's

Hopkins, Columbia, Harvard and Rochester. They are high class institutions and if our men specialise in such colleges I don't know why they should not be included, just because there is no reciprocity. The question of reciprocity is a thing which comes much later. We should give chances to our young men to go and acquire such high-class knowledge which is not available here. So also in regard to the universities of Moscow. They are very high class institutions and I want to know whether we are not going to include them because there is no reciprocity. We want more and more good medical men. The main point for consideration is that the men should know something and the universities must have a good standing. Then I have no objection.

Now, I come to the subject of licentiates. There are one or two places where we had colleges to produce licentiates. I think that there were colleges at Bombay, Mysore and Calcutta. Most of the men there are with large practical experience; though these men are not going to be appointed Professors because they want special academic training. A man with M.B.B.S. qualification is by no means superior to a licentiate. I therefore say that we should have only one register, and not have the Second and Third Schedules. We should have one common register. I agree that there should be the provision about the employment of those who have post-graduate education either at home or abroad, but I think we must have one single register without schedules, because this creates a class consciousness. We have already the 4 classes in India, and now we want new castes M.R.C.P.s, F.R.C.S., P.Q.R.S.Ts. etc. I am for one Schedule, but provision for certain classes and applications for higher appointments. I have no objection to this, 99 per cent of men are general practitioners and the only difference about the post-graduate training abroad, as the hon. Minister said is the question of appointment. There was an article by Col. McRobert in the Indian Medical

[Dr. Jaisoorya]

Gazette, I think. In that article he has shown the necessity of considering our post-graduates from India, the old M.B.C.Ms. as superior to the raw people who come with commercial degrees like M.R.C.P. or F.R.C.S. The Bombay University when they offer any appointment say: "Your appointment is for the post-graduate qualification of Bombay University and that you have not of some foreign University". Therefore, I say by all means try to raise the standard but let us not maintain differences which have been coming along one historical fact. Let us take all licentiates and others under one register and delete the three schedules.

Shrimati Renu Chakravartty (Basirhat): Mr. Speaker, the Indian Medical Council has been a statutory body which has been recognized throughout our country as the most eminent professional body of medical doctors, and as the body which has been controlling and guiding the development of medicine and the growth of medical facilities for our countrymen. It is true that the Indian Medical Council was born during the days of foreign domination and it functioned under certain serious limitations which often went against our own national dignity. Formed by a foreign Government, it often met the demands of the General Medical Council of Great Britain, rather than the legitimate demands of our own profession here.

One such matter has already been brought before this House, namely, the question of reciprocity in the recognition of degrees. It was accepted by the British Government that even countries which did not want reciprocity with India could be granted reciprocity though the country was not desirous of directly dealing with us but with the General Medical Council of Britain. This was naturally very demeaning to our national prestige and self-respecting doctors of eminence bitterly protested against this clause. Letters were sent to all countries of the world asking for settling reciprocity directly. I believe

except Malta and one other small country no one had the decency even to reply.

In 1940 under strong national pressure it was unanimously resolved by the Council that no country which did not have sufficient respect for India and did not recognize the degrees granted by it directly but through General Medical Council should be allowed to be recognized in India or remain in the Schedule. Actually this was accepted by the British Government under pressure. Hence those included in Schedule II ceased to have any effect (except U. K. degrees) because they refused to have any deal with the Indian Medical Council.

Now by this Bill we are again re-introducing some of those countries which were at that time taken off the schedule by bringing them in part II of the Third schedule. I feel that there may be cases where the recognition of certain foreign degrees not having reciprocity with our degrees may be necessary of recognition for the good of our country or for the training facilities to be provided for the young men and women of our country and they may be recognized. My contention is that these matters should go before the Indian Medical Council which as the highest professional medical body must be in a position of granting recognition in certain special cases. I feel that after having read the Indian Medical Council Bill of 1956, the whole idea seems to be that the Central Government instead of the Indian Medical Council should have the right of specifying which particular degree should be recognized and put on the register or not.

I again repeat that I am not for shutting out all foreign degrees where we do not have the reciprocity, but I do feel that it is necessary to have the approval and goodwill of the Indian Medical Council which is the highest authority in this particular field of science.

Either you have to recognize the high and responsible status of the

Indian Medical Council or you have to departmentalize the entire work of medicine in our country. For instance, I was told that in U.K. the decisions of General Medical Council can only be put up for revision to the Privy Council and this indicates that Government interference is not tolerated by this body. Irrespective of parties and opinions the medical practitioners look upon this body as the highest body in India.

I feel that it is necessary for us to give to this body which has, at the moment secured a position in India, the status that is due to it. All medical practitioners, irrespective of parties or opinions, look to this body as the highest body guiding them. This status must be safeguarded I feel that we must maintain the principle that only the Council can grant recognition and the Government may notify it to be put in the Schedule. I do not think there is any necessity to fear that there will not be co-operation or there will not be understanding in building up the medical faculty or in giving the largest measure of benefit to our people and keeping up the high of medical science.

The second big question and I feel a very fundamental question, is the composition of the Indian Medical Council. In the first part of my speech, I have underlined the importance of the Indian Medical Council and the high status that we want to give to it. We must see that the body so constituted, draws the respect of the people in the country and reflects and contains within itself the representatives of the various States. Before developing this point, I should like to refer to the failures of the Indian Medical Council both in the British days and in the nine years after our freedom. Up till now, we have not been able to work out a National Register. I really do not know what is the great difficulty about it. We believe in planning. An important basis of our medical planning is to know the cadres which we have

and which we have to develop as well as the needs that have to be met. Therefore, I feel that one of the first jobs which the Indian Medical Council and the Union Ministry of Health have to undertake and the States have to undertake is the question of finalising the Indian Medical Register. In developing that point, I should like again to support Dr. Jaisoorya when he stated that we must give up this demand to divide the profession into so many categories, Schedules I and II, Parts A. B. etc. I feel it is necessary, to welcome that part of the Bill by which certain licentiates, I should say, the bulk of the licentiates, have really been given recognition under this Act, who will now be eligible to be registered practitioners in our States. The argument was that the licentiates are holding lesser degrees than that of graduates and so should have lesser representation. This question may have validity in teaching and research for higher studies. I feel that we should not have this hiatus between licentiates and graduates at least in the matter of representation in the Council. Therefore, I fully support the suggestion, a very wise suggestion, that has been made by the Indian Medical Association. I have also an amendment to that effect. Two Representatives should come from every State where there is a State Medical Register. One seat should be reserved for the graduates and one for the licentiates. The reason why I consider this as very important is this. While We want representatives of those who have taken up higher studies in medicine,—they are more or less the most advanced people—at the same time, the licentiates bring to the Council the needs, the demands, and the deficiencies of the vast masses who live in the villages. In the villages, you hardly ever get an M. B. B. S. You only get licentiates and even then you are lucky if you get one. We must have the needs of this part of our country reflected in the deliberations of the Indian Medical Council. You may, if you like, reserve one seat to the graduates and one to the licentiates. But, in all the States

[Shrimati Renu Chakravartty]

which have a Medical Register, we should be in a position to elect two members representing these two sections of doctors. I have also to stress this point that India is a very vast country. There are differences and divergences in developments. Health is a State subject. As such, we must see that the nominations of the representatives also come from the States. I believe, under the 1933 Act, the States used to nominate Members to the Indian Medical Council. In 1937, the I. M. S. men who were in charge, changed this and gave powers to the Central Government. Therefore, in the earlier Bill, there was the provision that one member from each State was to be nominated by the Central Government. Now it has been stated here that this will be done in consultation with the State Governments concerned. I think, the Union Ministry also begins to realise that it is necessary to have the good will and co-operation of the State Governments. I do not at all want to detract from the importance of having common standards and detract from the necessity to have consultation with the States and the exchange of experience; but I feel that this standardisation and this exchange of experience has to be done through the agency of the States and the institutions in the States. As such, it is necessary that each State should nominate its own representatives.

From this point of view, I also welcome the raising of the numbers to be nominated by the Central Government, from four to six. I am not against that. I should like the Central Government to have six members instead of four. But, I am against this nomination of the State Members by the Central Government. This is wrong. It will unnecessarily lead to a hiatus, a feeling of frustration between the States and the Centre, which should be avoided. We should do it.

There is one other point. I am not quite sure about the figures. I feel, what will happen to the Indian Medi-

cal Council as it is envisaged here is, the predominance will be of the nominated members and not the elected members. I believe, at present, there are only 13 State Governments that have Register. The Parts B and C States had no Registers. If we work this out, the predominance of nominated members will be seen. This should not be allowed. We must allow a larger number of people to be elected from the profession if we want the profession to regard this as their own body, a body which they will respect and whose decisions they will carry out. That is why I say that it is very important that not only the representatives from the States should be nominated by the States, but also that there should be a larger number of elected representatives from the profession itself, from the Universities.

A special feature of this Bill, which is rather obnoxious is that the Central Government has power to interfere with the refusal of the Council to recognise degrees. That is, in clause 12 sub-clause (4). I feel that, when the Indian Medical Council as the highest professional body in Medicine, has refused to recognise a particular degree, it is very bad that the Central Government should come in and after obtaining from the Council a report, if any, as to the reasons for any such refusal, amend the Second Schedule so as to include such qualification. What should be done is, actually it should be the Government which should write to the Indian Medical Council as to the reasons why they feel that there is a case for revision. Thereupon, the Council must meet, give serious thought to that question and with their approval, rescinding of the previous decision of the council should be entered into. I think this is very necessary. Otherwise, there will be open friction between the Central Government and the Indian Medical Council, and the status and authority of the Indian Medical Council as a professional body will be seriously hindered.

I very much welcome this provision about the setting up of the Post-graduate Committee to help and assist the Council in matters relating to post-graduate medical education. I am all for having co-relation between these bodies. I think it is wrong to duplicate and have far too many bodies, one fighting against another and there being no end of confusion. But, I feel here again that the same principle of ensuring hold of the Central Government is being enunciated. The Central Government will nominate 6 Members and the Council will elect three Members. This body will be going into the question of standards, research and other allied matters of higher education in medicine. If the Medical Council is to be a worth while body, I think the Council must guide its deliberations. As such it should have a predominant voice in it. I think that this sort of the Central Government allowing it to become a Government institution more or less subordinate to the Central Government will not lead to good results.

We have here in clause 17 the question of having Inspectors inspecting examinations in order to come to decisions as to the standards obtaining in the various institutions which are asking for recognition. We are only giving these Inspectors the right of being present at the examinations. They can only be there and just see how the examinations are being held. But I think that if we really want to tackle the question more fairly and really be able to assess the standards obtaining in a necessary that the Inspectors should also have a right to go round and see and inspect the teaching standards, the practical training facilities that are available etc., because as we all know, as all educationists know, examinations are certainly not the last word in finding out whether the candidate or what has been taught is of the best. Therefore, I feel that these Inspectors must also be allowed to not only inspect examinations, but also to inspect and see what standards of education

are prevailing there, training facilities for practical work and all such allied matters.

Lastly, about the Schedules, I agree with Dr. Jaisoorya that we would have one Schedule. If at all there is necessity for dividing of the Schedule it may be kept. But for purposes of representation on the Indian Medical Council, the entire electorate should be regarded as a joint electorate. I still feel that for our self-respect we should do away with Part II of Schedule III, not because we do not recognise the need of having well-trained people for the universities, but because today India has attained a certain degree of self-respect. Our educational standards are not lower than those of many other countries in the world. As a matter of fact, other Asian nations say that we have got the best opportunities to learn science and that our techniques and institutions are of a very high calibre. I feel that there are certain questions which we have also to judge from the point of view of national dignity. Keeping that national dignity before us, we can make exceptions provided those exceptions are brought about with the goodwill of the professional people in the particular branch of science, in this case the Indian Medical Council.

With these words, I recommend certain parts of the Bill, but I certainly very strongly oppose certain others which I have made clear.

Shrimati Jayashri (Bombay—Suburban): The Bill as passed by the Rajya Sabha is a very satisfactory one, and in several respects is an improvement on the draft that was communicated by the Medical Council.

I feel that the representation given to licentiates is quite reasonable in view of the fact that the number of licentiates is now decreasing, and also in view of the fact that the number of institutions which give this degree

[Shrimati Jayashri]

is also now decreasing. So, the grievance, in my opinion, is not quite reasonable.

I congratulate the Government on the improvement they have made in this Bill in improving the efficiency of the Council. It is indeed a good idea to constitute a Postgraduate Committee to assist the Medical Council in matters relating to postgraduate medical education. The Committee will consist of nine members, and they are supposed to have postgraduate medical education as well as experience in teaching and also experience in examining postgraduate students. While the first two qualifications are very essential, I feel that the third condition about experience in examining postgraduate medical students is not so very essential. I have a fear that by keeping this we might deprive many experts of the opportunity of giving their advice to this committee. I will give the names of a few of those who are at present heads of medical institutions in Bombay. They were appointed when they were quite young and they had not the opportunity of becoming examiners. For instance, Dr. S. G. Vengsarkar has been appointed Dean of Seth G. S. Medical College and the K. E. M. Hospital, a big municipal hospital in Bombay. Then there is Dr. D. P. Sethna, who is the permanent Principal of the Grant Medical College and Superintendent of the J. J. group of hospitals, who is at present officiating as Surgeon-General with the Government of India. He has been in charge of all these institutions for over five years. Then there is Dr. Montaire in the Yamuna Bai Hospital and Topiwala National Medical College, who has been found competent enough to be appointed by the Indian Medical Council to go and inspect medical colleges in different States with regard to their efficiency for training students for M. D. in Pathology. All these heads of institutions, as they have never been appointed examiners, will be deprived of a chance to serve on this committee. I feel it will be a loss to us of their experience in

training and in administration work also in these big institutions. And that is the reason why I have tabled an amendment for the substitution of the word "or" for the word "and" in clause 12(2) in the line reading "experience of teaching and examining post-graduate students of medicine". I hope that this will not affect in any way the efficiency of the Council, and I request the Minister to accept my amendment.

The other thing is about the election of the Chairman of the Council. All these years the foreign Government was ruling over our country and we had to follow their procedure, but in other countries like the U. S. A., France, Germany, Switzerland, Egypt, Russia etc., recognition of medical qualifications is done by the Government of the State concerned, and not by the Medical Council, as is done in the Commonwealth Countries. It is, therefore, desirable that the appointment of the Chairman of the Indian Medical Council should be in the hands of the Central Government.

13 hrs.

We know that there are many difficulties—the Health Minister can vouchsafe to this—that many had to suffer because the Universities did not give recognition immediately to certain of these institutions, and the Health Minister had to over-rule and press for recognising these universities. Moreover, Government are at present financing most of the expenses of these medical colleges and universities. I, therefore, feel that the appointment at least of the Chairman should be in the hands of the Government. The Council can appoint the Vice-Chairman. But the Chairman's is a very important position and to do justice to the various universities in the States, I feel that it is essential that his appointment should be in the hands of Government. Ours is a national Government, a democratic Government, based on democratic principles and I do not see any harm

in giving this right to the Government, to appoint the Chairman.

The other point is about mutual recognition of the medical degrees of different countries. It is proper that the Indian Medical Council may enter into negotiations with other countries for such mutual recognition, but I feel that it would be humiliating for our Government to apply for such recognition. Therefore, I have suggested the omission of the word "may apply". It is a reciprocal arrangement and I think it can be done by mutual agreement.

The hon. Minister already emphasised that we invite many foreign experts to help us in our institutions. This is necessary for improving our medical education and also to give benefit to various institutions. But while they are here I feel that they should not practise for private gain. They may work in these institutions. Similarly we would also expect that our qualified doctors when they go out should be allowed reciprocal arrangements to practise in other countries also. If this is allowed then there is no harm in inviting experts to help us in our institutions. But at least we should see that they do not practise for private gains and that is the reason why I have sent an amendment to this clause saying "that such persons shall not practise medical profession for personal gains." I would request the House to accept this amendment also.

Then, there are certain amendments to the Schedules which I would suggest. For example, certain degrees were recognised, which are redundant, especially with regard to the Universities of Baroda and Gauhati. I feel that as no such degrees were granted prior to these dates, these entries are not necessary and they should be removed. So, I request the Health Minister to accept these amendments which I have moved.

I wholeheartedly support this Bill.

Shri A. M. Thomas (Ernakulam):
Mr. Speaker, Sir, I am glad that a re-

form which is long overdue would now find a place on the statute-book of our country. Before I make certain general observations with regard to the Bill as passed by Rajya Sabha in the light of the speech of the hon. Minister, I would like to refer to a matter, which although of local importance, is now within the direct control of the Central Government.

I find from the Schedule that although there is an M. B. B. S. course in the Travancore University and there is a Medical College at Trivandrum, that degree does not find a place in the First Schedule.

Shri V. P. Nayar (Chirayinkil):
Non-existent diplomas are in the third Schedule also.

Shri A. M. Thomas: I find in the Third Schedule (Page 19, line 40) the entry against Travancore University "Diploma or certificate in Medicine and/or Surgery", so that it will only be recognised as a diploma and not as a degree. I would like to know from the hon. Minister when she replies why the degree of the Travancore University has not been recognised as such. The first batch of students has gone out from there; I find that only as far as that particular State is concerned, the degree has not been recognised as M. B. B. S. I do not know whether the Central Government is aware of this position and, if so, what steps they are taking to rectify the position. I understand—although not from authoritative sources—that there has been an inspection of that College and because of certain formalities which are yet to be complied with, the Indian Medical Council has not been in a position to recommend recognition of that degree as a full-fledged M. B. B. S. degree. Whatever be the drawbacks, it is now for the Central Government to issue directions to see that everything is made all right in that Medical College.

The Travancore Medical College is situated in ideal surroundings and I have been told by certain eminent peo-

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ple in the medical profession that if developed, that would perhaps be the best Medical College in India. There are so many buildings and equipments. The necessary hospitals are there and I fail to understand why it has not been possible for the Medical Council or the Central Government to recognise the degree of that University as a full-fledged degree which should find a place in the First Schedule. I further understand that there has been some unfortunate incidents in that Medical College and although an educational institution like the medical college should, as far as possible, be away from political cliques and intrigues, unfortunately, there has been some intrigue or clique or clique in the administration of that college. I am glad that the hon. the Home Minister is also present here when I refer to this matter. It is up to the Home Ministry and the Health Ministry to see that the administration of that College is carried on in the most ideal conditions. It is a very brilliant institution, an institution, of which we can be proud.

The Minister of Home Affairs (Pandit G. B. Pant): It is already being carried on in an ideal way.

Shri A. M. Thomas: I was just referring why the degree granted by that college is not recognised. I do not know whether the Home Minister is aware of that fact.

Rajkumari Amrit Kaur: May I explain the position in regard to Travancore-Cochin, since two speakers have raised this point?

Shri V. P. Nayar: A third is waiting.

Rajkumari Amrit Kaur: In fact, an amendment has just come.

The first group of M. B. B. S. students have only just come out. According to the rules of the All-India Medical Council, the Medical Council has to send its inspectors to that college, and the moment they go and

they say 'okay', Travancore-Cochin automatically comes into the Schedule. But I could not put in Travancore-Cochin there, until the Medical Council had been there. That is all. There is no difficulty about it.

Shri A. M. Thomas: In that case, I would urge that there should not be any undue delay in these matters. The first batch of students have already obtained their degrees, but they are not in a position to compete in the all-India examinations, as, for example, in the recruitment to the Defence Services.

Rajkumari Amrit Kaur: I shall refer the matter to the All-India Medical Council to take action as quickly as possible.

Shri A. M. Thomas: I should congratulate the Health Minister on the comprehensive Bill which she has brought forward.

Pandit G. B. Pant: So, the Kerala problem is solved.

Shri V. P. Nayar: It has just started.

Shri A. M. Thomas: I have got with me here a pamphlet issued by the All-India Medical Licentiate's Association, wherein they have put forward three demands, namely:

"(i) The inclusion of the statutorily recognised qualifications of the medical licentiate of India in the First Schedule of the amended Act;

(ii) the institution of an all-India medical register containing the names and qualifications of all persons who possess recognised medical qualifications in alphabetical order; and

(iii) provision for representation for medical licentiate in the Council."

I am glad that two of the three demands put forward by them have already been conceded and proper provisions have been made in the Bill, with the result that the hopes that

have been raised when a deputation of this Licentiate's Association met the Minister have been carried out by the Minister.

It is their prayer that there should be only one minimum standard of medical education and only one register. They say:

"To begin on a new and clean slate, all persons registered in the different State medical registers should be taken under the all-India register, and their names should be in alphabetical order."

According to clause 21, there will be an all-India medical register. I believe that in that medical register there would not be any distinction between the degree-holders and the licentiates, and that the Schedules that have been given in this Bill would only be for the purposes of this enactment.

I would not go to the extent of saying, as some of the previous speakers have done, that as far as this Bill is concerned, the distinction should be got rid of. We have to recognise the fact that we cannot treat the degree-holders as well as the licentiates on the same basis, especially in view of the added powers that are now being given to the Council. From clause 20 of the Bill, we find:

"The Council may prescribe standards of postgraduate medical education for the guidance of Universities...."

In that case, I feel that there must be proper representation for the graduates. If the licentiates as well as the graduates are to be treated on the same footing, as far as the constitution of the Medical Council is concerned, then it would be difficult for a body like the one contemplated in the Bill to lay down proper standards for postgraduate education. I should think that although that demand has been made by the All-India Medical Licentiate's Association, yet they will reconcile themselves to the Schedules that have been laid down in this Bill.

Shrimati Renu Chakravarty referred to certain features of the Bill

which, she said, were objectionable. She said that when an appeal is preferred, it should have been only to the Council. I am sorry I cannot agree with her on this matter. She pointed to the fact that in U.K. appeals from the decisions of the Medical Council are to the Privy Council. But it must be remembered that ours is a federal Constitution, and the State Governments have got autonomy in this matter. The State Governments have their own particular enactments. They have their own medical registers. When an appeal is provided for from the decision of a State Government, I do not know how it can possibly be objected to that the appeal should lie to the Central Government. The Minister has given an assurance already that when she decides on a matter like this, the Central Government would consult the Attorney-General and also the Medical Council. Beyond that, it is unsafe to lay down that the Medical Council be given all the powers or that if at all an appeal is to be provided, it can only be to a judicial body.

Shrimati Renu Chakravarty had also objected to sub-clause 4 of clause 12, which gives power to the Central Government to recognise certain medical degrees which have not been recognised by the Council. I believe that it will be only in extraordinary circumstances that the Central Government will utilise these powers. Having regard to the history of the occasions in which the Central Government have exercised this power, we would find that it was only as a result of an insistent demand on the floor of this House that this power which has been given to the Central Government to recognise the degrees has been used.

I would now draw the attention of the House to certain degrees which I find in the First Schedule. For example, the M. M. F. degree of the State Medical Faculty of West Bengal and the M. B. S. degrees of the universities of Bihar, Poona, Utkal, Gujarat, Nagpur and Osmania have now been included. But I understand that the Indian Medical Council has not been

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helpful in the matter of the recognition of these degrees, and when it recognised these degrees, it fixed a particular date which was rather hard on many degree-holders who had already passed out of the portals of these universities earlier, and the Central Government had to interfere. In fact, it was the subject-matter of so many questions and supplementary questions on the floor of the House, why the degrees had not been recognised with retrospective effect, and why so many doctors who had passed out of the portals of the various universities had not been enabled to practise. That created a situation in which the Council was not helpful, and only then the Central Government interfered as they had necessarily to interfere. But I hope that such occasions would be few and far between.

In fact, even in the present Indian Medical Council Act, that provision is there in clause 14 (4). So, it is not proper that we should object to this provision.

Dr. Jaisoorya: There is no such provision there.

Shri A. M. Thomas: No, it is there. It reads as follows:

"Where the Council has refused to recognise any medical qualification, which has been proposed for recognition by any such authority, that authority may apply to the Central Government, and the Central Government, after considering such application and after consulting the Council, may...".

So, there is that power with the Central Government with regard to constitution of the Council also. Shrimati Renu Chakravarty had raised certain objections. She said that the power of nomination in regard to the State Governments' representatives should be given to the State Governments. I believe it is only proper that the Central Government should have that power. However, there is

the safeguard that the Central Government will nominate the persons only in consultation with the State Governments. I do not think the Central Government would exercise this power in a rash or unreasonable manner and nominate a person who is not competent enough to fill up a seat in the Council. Even with regard to this power of nomination, the tendency in recent legislation, as far as this House is concerned, has been to give the Central Government as much discretion as possible after prescribing categories from which nomination would be made.

I refer to the University Grants Commission Act by which a body of equal status or perhaps of a higher status than this body was constituted. That body is intended to co-ordinate university standards. In one subsection of section 5 of the University Grants Commission Act, it is said that the Commission will among others consist of two members to be appointed by the Central Government, and then the various categories have been mentioned. In this particular case, the Bill has gone to the extent of recognising the element of election also. The element of election is found in sub-clauses (b), (c) and (d) of clause 3 of the Bill, and I do not think that it is now reasonable having regard to similar pieces of legislation which we have adopted in this House, to press for something more. But then, taking another Act—the All-India Institute of Medical Sciences Act—which we have recently passed, and where we have appointed a very high-power body, there is the element of nomination also. In that Act, two representatives of the Central Government are to be nominated by the Central Government, one from the Ministry of Finance and one from the Ministry of Education, and four representatives of the medical faculties of Indian University are to be nominated by the Central Government in the manner prescribed by the rules. So, the element of nomination has been recognised by this House

even with regard to a body like the All-India Institute of Medical Sciences.

Dr. Jaisoorya: Is it healthy?

Shri A. M. Thomas: It would be healthy. We cannot think that the Central Government would act capriciously in this matter. If the House has a control over the concerned Government, then, it is for the House to throw out that Government if it misbehaves.

It is good that in sub-clause (e) of clause 3, according to the amendment standing in the name of the hon. Minister, the number is going to be increased from six to eight. Six members are to be nominated by the Central Government, according to the Bill as it is. There is also an amendment by **Shri L. Jogeswar Singh** for giving representation to the Union territories. I think that the power of nomination has been taken under sub-clause (e) to give representation to the Union territories or the centrally administered areas, and also to those areas which may not find proper representation in the Indian Medical Council. I think the Central Government would keep in view regional balances also when they make nomination under sub-clause (e). It is good that the number has been sought to be increased from six to eight.

On the whole, I feel that the Bill, subject to certain modifications which the Government themselves are prepared to accept, has to be approved by this House as early as possible. In conclusion, I again urge on the hon. Minister that the register which would be kept should not perpetuate the distinction which we find in this Bill with regard to the Schedules I and II and that the Council that will be constituted would carry out the purposes that we have in view in passing a Bill of this kind.

Shri Mohanlal Saksena (Lucknow Distt. cum Bara Banki Distt.): I am afraid I cannot see my way to support

this Bill and I do so for very good reasons. If you look at sub-clause (f) of clause 2, you will find that medicine has been defined as "modern scientific medicine in all its branches" etc. We do not know what this modern scientific medicine is. It has not been defined anywhere. We know that for sometime the system of allopathic medicine has been dubbed with this name of modern scientific medicine. Even on a former occasion, I had raised the point as to where we can get a definition of a "modern scientific medicine". This is very important, because, if you look at sub-clause (k) of clause 2, you will find that a medical register means a register "maintained under any law for the time being in force in any State regulating the registration of practitioners of medicine". As it is, it means that only those practitioners who are practising modern scientific medicine can be registered and brought under this register. That again means that a large number of persons who are practising medicine in India are excluded from the purview of this Council. Why? It is because the systems of medicine that they practise are not recognised as scientific systems. I know that even in the All-India Institute of Medical Sciences Act, these systems of medicine have been excluded from the purview of research institutions, because it is said that even research cannot be carried on in the institute, in regard to ayurveda or unani. Later on, when the Minister wanted to show a little consideration, she said that researches in ayurvedic system, etc., could be carried on in that institution but that the expenditure will have to be found out of the funds provided for research in ayurveda and other indigenous systems of medicine.

Now, if one looks to the neighbouring countries like Ceylon, one will find that a woman Health Minister there, **Mrs. Vimala Vijayawardane**, has in the short time, seen to it that ayurveda got recognition in that

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country. Not only that, when she went to the World Health Organisation meetings, she pleads for it. She pleaded that the world has to learn a lot from ayurveda. But what do we find in India? We find that in spite of the lip-sympathy that our Minister shows now, even then in practice, nothing is done. On every occasion when an opportunity comes to recognise or give encouragement or to do anything good for ayurveda it is pointed out that the practitioners of ayurveda are not unanimous, or they are not agreed about plans of research and development and that she is therefore unable to do anything for it. She says that she is unable to spend any money for it because there is no unanimity among the practitioners of the indigenous system. But she forgets that so much, after all, is being done for the so-called scientific systems of medicine, not because of agreed proposals from the practitioners but because they have got a big directorate and have so many paid persons working there. They are going to have 50 medical colleges in India. Who prepared the schemes? They have got an All-India Institute of Medical Sciences. Who planned it? It was all worked out by the Union Health Directorate and the State Health Ministries.

It was urged on behalf of the indigenous systems of medicine, at a meeting of the panel of the Planning Commission, that there should be a separate directorate for these systems of medicine. I was there, and the Health Minister was also present. They made agreed demand that there should be a separate directorate for the indigenous systems of medicine. They also wanted that there should be a separate Council. The Minister was present there. It was a unanimous demand, but later on, it appears that for homoeopathy, the Minister has constituted only an advisory committee, saying that she has nothing to do with what has happened in the panel of the Planning Commission.

So, she does not care what decisions are taken there. Not only that. During the last ten years three Committees have been appointed. First there was the Chopra Committee. Then there was the Pandit Committee. Then we have got now the Dave Committee. This has again recommended that there should be a separate directorate for all these systems ayurveda, unani and homoeopathy. But during the nine years that the hon. Minister has been in charge of this portfolio, she has done precious little for the development and promotion of these systems of medicine which are serving our country by and large.

I have put this question more than once: how long will it take India to get the benefit of this modern system of medicine? Will it be within any foreseeable future? No. Not even in the third, or fourth or fifth Plan period. Then what is the use of having this modern system of medicine, this scientific system of medicine?

Not only this. There is another aspect. She says: "If these persons are qualified, they can practise". But in this Register if there is a doctor who has passed a degree recognised by the Medical Council and if he continues to practise ayurveda or homoeopathy, then he will not be entitled to be put on the Register under clause 3, because it is only those persons who are practitioners of 'medicine' who are so entitled, and 'medicine' means the modern scientific system of medicine. So even an M.D. or M.B.B.S. or holder of other high qualifications which are recognised under the Medical Council Act, if he takes to ayurveda or homoeopathy or unani, he will be debarred from having his name on the Register.

Our Minister has been to China. She has given an account of what is being done in China. Of course,

what is being done here is much less than what is being done there. There was another delegation which went to China. One of the members of that delegation, Shri Barooah gave me this information. They have very definite resolutions passed by the Congress there that the western system of medicine has to learn a lot from the indigenous system there. There they are required to make the indigenous system the base, on which all researches are going to be done. Their argument is like this: after all, crores and crores are being spent in other countries on research, on development and on the promotion of this modern system of medicine, which we will never be able to spend. But on the other hand, the indigenous system of medicine can contribute so much to the world's knowledge of medicine.

For example, there is *rauwolfia serpentina*. This medicine was being used in cases of blood pressure for so many years. Some research was going on in the Tibbia College on this, but nobody recognised it, of course not our Health Ministry or the Health Directorate, until it came from Germany as *rauwolfia serpentina*. So it is easier to approach our Health Ministry or other Ministries via London, New York and Berlin than from here, from these Benches or any place in India.

So what I am submitting is that if we want to develop a system of medicine for the welfare and well-being of our people, millions of people who are living in far-flung villages of India, we shall have to fall back upon these very systems which the Health Ministry has been ignoring and overlooking and not recognising. I venture to say that if the Health Ministry had spent 1/10th of the money and given even 1/20th of the attention that it has been paying to this modern, scientific system of medicine, to our indigenous systems, medical aid would have been within greater reach

of the common man in India than it is today.

Not only this. We find that in the Schedule they are going to recognise the degrees of other Universities, including those of South Africa, with whom we have no diplomatic relations. I do not know why we do not recognise any University either in U.S.A. or U.S.S.R. It appears that we are towing the line of the British Medical Council. We are recognising only those institutions which have been recognised by them.

One of our young men, who was a graduate in ayurveda from Banaras University, had gone to Berlin or Vienna—I forget which—where ayurveda was also being taught. There was a Chair for ayurveda there. He had gone for research. But the authorities turned down his application saying, 'Look here, the Banaras University has not been recognised'. Although there has been an ayurveda College for nearly 20 or 25 years, it has not been recognised. I do not mind your prescribing as high a qualification as you like. But you do not do that, and because of that, young men are debarred. This young man could not carry on research abroad.

My suggestion is this: either you do not have any medical register or have a medical register in which you allow the practitioners of different systems to be registered. It may be that you might prescribe the highest possible qualification you like, but to say that because a person is practising ayurveda, he will not be eligible on the ground that ayurveda is not a scientific system is not proper. What is a scientific system? I submit allopathy is not a scientific system. Allopathy is purely empirical. It may be dependent on science, physiology and other branches of science; it is purely empirical, as I said the other day in another place. Pandit Motilal Nehru was a layman. But he had taken to homoeopathy. His view was

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that it being a scientific system, even a layman could handle it. For instance we have the telephone. It is scientific. Anybody can operate it by dialing a number. The ordinary man may not know about the inner working of the telephone; he does not know how he gets the connection, but he can operate it. Because it is scientific.

After all, this system goes by the symptoms. Once you know the symptoms, you can prescribe the medicine. It may take one day or two days to study the symptoms, but after that, you can prescribe the right medicine. Therefore, Pandit Motilal Nehru used to say that this system was the most scientific system. About allopathy, he used to say that it was only empirical. They say that such and such medicine has cured so many person; therefore, it must suit every person. But that is not the case.

Let me cite the case of another friend. He was a post-graduate student who had gone from Maharashtra to the U.S.A. for further studies. He went to see the highest qualified physician there. When he met him, the physician asked him: 'Have you finished with the Indian system of medicine'. He replied, 'Yes, I have finished my studies of Indian medicine'. Then the physician showed a book and asked: 'Will you help me in understanding this book?' It was a book by Charak. This man replied: 'No, I have not seen this book'. Then the physician said: "Then how have you finished with Indian system of medicine?" Referring to allopathy, he said: "After all, your system appears to be more scientific than mine". This student asked, 'How?'. Then the physician explained further. In allopathy we overlook what may be called the reaction of the crucible. If you put salt and sulphuric acid in a copper vessel, it will be one reaction. If you put it in a silver vessel, it will be another reaction, and if you put it in a Chinaclay crucible, it will be a third reaction. Not only

that; the reactions will also vary with the temperature of the vessel.'

You generalise about BCG and go on inoculating all cases susceptible to T.B. This is wrong. After all, there are different systems, and different systems might react differently to the same medicine. About BCG, you know that a campaign is going on. There has been a lot of propaganda done by the Health Ministry in favour of it. On the other hand, our leader, Rajaji, has brought out a booklet entitled *Why I am against BCG?* Now, there is the evidence of Dr. A. J. Meyers, who is supposed to be an authority on T.B. He has written a letter which appeared in the *Hindustan Times*. He is in the University of Minnesota. He said that he was not of the view that BCG did good in all cases of tuberculosis. Then he said, 'I am sure at this moment you are in a minority there but I am equally sure that you are going to win ultimately because all the facts are on your side'. So, this is science. Because something comes from a foreign country like this B.C.G. all of us should have all-round inoculation here. This glamour of western medicine reminds me of the shameful conduct of some of our foreign-returned young men before the non-co-operation movement. They were ashamed to own their own parents before their friends because they were not in foreign costume and they could not speak English though they might have been educated in Sanskrit or other languages. I submit, our Minister should be proud of our cultural heritages. We are proud of so many things. Culture does not mean merely singing and dancing. Our cultural heritage includes Ayurveda which has been in vogue for the past 3000 years.

Recently, a committee was appointed in Ceylon and one of our Vaidas was also appointed a member of that committee and the committee has given its recommendations. Formerly, the Chairman of this committee

was a doctor and one of the members refused to serve on a committee which was to be presided over by a person devoted to some other system of medicine and so the chairman was changed. Within a few months, that committee have come out with comprehensive report as to how the system should be developed.

Mr. Speaker: The hon. Member has said all this. But how is it all relevant to the Bill?

Shri Mohanlal Saksena: It is relevant in this way because it is only the practitioners of medicine who can be brought on the register. And, what is medicine? Medicine means modern scientific medicine. Therefore, I say, even a person who has taken the degree of M.D. or any of the degrees prescribed here, if he takes to the practice of Homoeopathy or Ayurved before he is registered, he will not be brought on the register. So, I say...

Rajkumari Amrit Kaur: Anybody who has not a qualification in modern medicine will come on to the register.

Shri Mohanlal Saksena: I submit not. You will see in clause 2(k) that only practitioners of medicine can come on the register and medicine means the modern scientific system. If the person practises some other system which is not recognised then he will not be entitled to have his name brought on to the register.

Mr. Speaker: What is that clause?

Shri Mohanlal Saksena: Clause 2(k), Definitions.

Mr. Speaker: Yes, sub-clause (k) says—

“‘State Medical Register’ means a register maintained under any law for the time being in force in any State regulating the registration of practitioners of medicine;”

Shri Mohanlal Saksena: And medicine means....

Mr. Speaker: ‘Medicine’ means modern scientific medicine etc. Does the hon. Member mean to say that when an Advocate is enrolled and merely because he does not attend court, and they do not have an attendance register, they strike off his name? If a person is qualified....

Shri Mohanlal Saksena: My submission is this. Supposing I take an M.D. Degree from a recognised college. After that, I am convinced that it is no good and I take to the practice of Ayurveda and I take to Ayurveda before I have my name registered. Then, because I am not practising allopathy I will not be allowed to have my name in the register.

Mr. Speaker: If a person is an M.B.B.S. or an M.D. because he practises Ayurveda will cease to be a member? The hon. Minister says he will be brought on the register.

Shri Mohanlal Saksena: No. The hon. Minister is not to interpret the law. It is the practitioner of medicine that can be brought on the register.

Mr. Speaker: He may practise any other system of medicine also.

Shri Mohanlal Saksena: I speak of it before registration.

Mr. Speaker: We have heard enough about this matter. It is open to the Government to say that a register should be prepared only with respect to one class of medical practitioners who practise one system of medicine. This is clearly intended to cover only the practitioners of the modern scientific system. If necessary, the hon. Member may have a clarification and if he thinks fit may bring in an amendment to say that it means only practitioners other than Ayurveda, Unani or Homoeopathy. It is for the House to accept that amendment or not. But this Bill is intended to cover only the practitioners of the modern allopathic system.

Rajkumari Amrit Kaur: Yes.

Mr. Speaker: There may be a separate medical register for practitioners of Ayurveda, Unani or Homoeopathy. One does not come into clash with the other. Every opportunity must not be taken to question the relative merits of Ayurveda, Unani and Homoeopathy. I am afraid enough has been said already. If the hon. Member wants to table an amendment to make it clear he may do so. This does not exclude any practitioner from practising the Ayurvedic, Unani or other system also.

Dr. Jaisooriya: May I clarify the point, Sir? There is a misunderstanding on the part of the hon. Member. What is actually intended is that if a man knows his subject and has passed the relevant examination, then, he is entitled to come on the register. Whether he should be allowed to practise Ayurveda, Unani or Homoeopathy is not the question. No law can prevent him; nor even anybody can prevent him from doing that. Probably, the Medical Council may boycott him but no law can prevent him. Otherwise, I would have been prevented long ago.

Shri Mohanlal Saksena: That would not cover the particular case I have in mind. He may have taken a degree. But before he is registered he feels that he should practise Homoeopathy or Ayurveda, then will he be deemed to be a practitioner of medicine under this?

Mr. Speaker: Then, why should he come into this? If he has no faith in it, why should he come in here? This is intended for persons who practise a particular system of medicine. He has changed his religion. Therefore, why should he continue to worship in the same form?

Shri Mohanlal Saksena: That is why I say I am not going to support this. I must give my reasons....

Mr. Speaker: I have heard enough from the hon. Member.

Shri Mohanlal Saksena: I am not talking about Ayurved. I am only giving my reasons why I do not support this. If the Minister says she is contemplating to bring in another Bill....

Mr. Speaker: She did not say so. If the hon. Minister brings a particular Bill before the House, he or she need not explain to the House the time schedule when he or she is bringing Bills for other things and so on. Enough has been said about other systems of medicine from time to time. I have absolutely nothing against them. Every opportunity, relevant or irrelevant, should not be taken to push up other systems. Here, only the practitioners of the allopathic system are sought to be regulated. If the hon. Member has anything more on the Bill he may say.

Shri Mohanlal Saksena: I have to say only that it is very strange that no degrees from the U.S.A. are mentioned here. I do not know what is the explanation for it. Perhaps these colleges are not considered to be of the proper type, but personally I feel that we are towing the line of the British Medical Council, and that is why we have included only those degrees which are recognised by it. Even about the South African degrees, I would like to know how many practitioners have these degrees? And why do we recognise them although we are not having diplomatic relations with them. There is segregation there, but here we are also having segregation because we want to have two registers, one for the scientific system of medicine and the other for the rest.

Then there is my point about the Banaras University. You do not find mention of the Banaras University, which is giving degrees in Ayurveda, which is recognised. These are concrete cases. You might have a fourth schedule for all these men, which might relate to Ayurveda and other systems. Because you are having only

one Act, that brings difficulties in the way of our countrymen in other countries. You might not like to give Ayurveda the same regard as other countries do. They have got even chairs of Ayurveda. But I do not want to raise that issue because that will not be relevant here. I cannot support this measure.

I do not like to give any power of nomination in the hands of the Central Government in consultation with the State Government. After all, health is or has been a transferred subject all along, and I do not know why the Central Government should take this power of nomination in consultation with the State Government. The State Government are sufficiently representative and they can take care of themselves, and they can make proper representation. I support my friend, Shrimati Renu Chakravarty in her objection to the power of nomination being left in the hands of the Central Government.

With these words I say I am unable to support this measure.

Mr. Speaker: Why is the Banaras Hindu University not mentioned here?

Rajkumari Amrit Kaur: They are not teaching modern medicine.

Mr. Speaker: They give degrees merely in Ayurveda and they are not teaching allopathy. That is all right.

Shri M. K. Moitra (Calcutta North-West): This Bill is intended to replace the existing Indian Medical Council Act, and when such a measure is placed before this House we expected that it would be helpful in developing the present medical education and in establishing a rule of conduct which other professional councils have done. But in this Bill only an attempt has been made to take away the rights conferred upon people, to make it a subordinate government institution and to take away powers from the Universities and to centralise them in the Government.

This cannot help in developing education; neither can it help in developing autonomous bodies. What is surprising is that even some rights given to people who took part in the national movement have been taken away by this Bill. I refer to the Third Schedule. You will find against the Medical Faculty of Bengal the following:

"L.M.F. (Bengal). This qualification shall be a recognised medical qualification only when granted before the 15th August, 1947."

Similarly you will find against the Government of Bengal the following:

"L.M.P. (Dacca Medl. Sch.) This qualification shall be recognised medical qualification only when granted before the 15th August, 1947."

These words "before the 15th August, 1947" are very important.

You know that during the swadeshi movement in 1905 there was an effort to establish institutions for national education in Bengal, and along with national colleges, national medical institutions also were established. Also during the non-cooperation movement in 1921, several medical colleges were established. One of them was established by the late Desbandhu Chittaranjan Das and the other by the then Congress leaders at Dacca. Those who passed out of these national medical institutions were never given any status by the British Government, but after transfer of power in 1947, the West Bengal Government granted them status, held an examination and they were allowed to appear before the examination held by the State Medical Faculty of West Bengal. Those who passed were allowed to register their names in the Indian Medical Council Register. By a stroke of pen this Bill seeks to remove their names from the Indian Medical Council Register. Can this be explained here?

[Shri M. K. Moitra]

The Bhoré Committee made a recommendation in this regard. These people who passed out of the national medical institutions practised and then they gained experience. Not only that; after gaining experience, when the institutions in which they were trained were raised to the status of medical colleges, they were allowed to appear in an examination held by the State Medical Faculty and then those who passed it were allowed to register themselves as registered practitioners. In this Bill a provision has been made that they will be allowed to practise. Here everyone is allowed to practise. In this Bill none has been debarred from practising, but you take away the rights they earned, the rights which this Government, which claims to be national, conferred upon them after the transfer of power on the 15th August, 1947. Now you take away those privileges. I strongly plead that this right should not be taken away. You must establish a rule of conduct, and the rule of conduct demands that those who took part in the national movement, those who encouraged the national leaders by joining their educational institutions, should also be encouraged when transfer of power has been effected.

Mr. Speaker: Does the hon. Member mean to say that any medical practitioners in the allopathic system were removed?

Shri M. K. Moitra: He is allowed to practise; even a compounder is allowed to practise here, but not allowed to give a certificate.

Mr. Speaker: Does he mean that a degree-holder in allopathy, M.B.B.S. or M.B., who took part in the freedom movement is now not competent to give a certificate?

Shri M. K. Moitra: No, Sir. During the non-cooperation movement and the swadeshi movement several national medical institutions were established. They passed out of those institutions. Naturally their qualifications were not recognised by the

then British Government. But after the transfer of power on the 15th August, 1947, the State Medical Faculty held examinations for those who practised in the country, and then those who passed that examination were allowed to register their names and were treated as registered medical practitioners.

Mr. Speaker: They are now in the State register.

Shri M. K. Moitra: Hereafter they will be removed.

Rajkumari Amrit Kaur: They will not be removed.

Shri M. K. Moitra: They will be allowed to practise but their names will be removed from the State register.

Mr. Speaker: Would there be disqualification imposed by this Bill?

Rajkumari Amrit Kaur: I am not aware of any such thing. I am only aware that there will be an All India Register which will be maintained by the All India Medical Council, and if the State Medical Council has got any names on the State register which are equivalent to the qualifications that are required, they will not be removed. But if the qualifications are not according to the judgment of the All India Medical Council itself up to standard, they will presumably not be recognised. The recognition is in the hands of the All India Medical Council. We have never interfered.

14 hrs.

Mr. Speaker: Is it open to them to go into these cases and say that anything ought not to be there?

Shrimati Renu Chakravarty: Do they automatically come to All India Medical Register?

Rajkumari Amrit Kaur: There will be new State registers under the Act. I take it that there will be no ban to their coming on to that list. Of

course, it will all depend upon what the Indian Medical Council does itself.

Mr. Speaker: I would urge upon the Minister to make matters clear so that the House knows what it is enacting. Does it mean that those people who, during the British regime, underwent this training and were recognised as such, and who were put on the State register by the States, will be asked to undergo the training again? Is it merely because there is an all India register?

Rajkumari Amrit Kaur: There is no question of putting anybody on a register. If they have passed an examination and if the standards are up to the MBBS, they will *ipso facto* come on to the all India Medical Register.

Mr. Speaker: If the State Government has declared them as equal qualifications and if their names are on the State register, could they not come on the Indian Medical Register?

Rajkumari Amrit Kaur: It will all depend upon the all India Medical Council. If they are on the State register already and even though they have not got the requisite qualifications, they will not perhaps be removed from those registers. But, I have to leave the question to them the question whether the Council will agree to their coming on to the All India Register.

Dr. Jaisoorya: Are there any medical schools?

Rajkumari Amrit Kaur: Only one in Punjab.

Shri M. K. Moitra: I would refer to the Third Schedule, page 18. There has been a provision for debarring these people.

Rajkumari Amrit Kaur: Those who are on the State registers will continue to be on them. No one is removing them. If they have not got the requisite qualifications, etc. that is another matter; they will not be

eligible to come on the All India Register just as those who practise homoeopathy, ayurved or unani system.

Shrimati Renu Chakravartty: I want further clarification. Clause 23 reads:

"The Registrar of the Council may, on receipt of the report of registration of a person in a State Medical Register or on application made in the prescribed manner by any such person, enter his name in the Indian Medical Register:

Provided that the Registrar is satisfied that the person concerned possesses a recognised medical qualification."

Therefore, are we to take it that the qualifications of the people who are put on the State medical register may not tally with the qualifications required for entry in the All Indian Medical Register?

Rajkumari Amrit Kaur: May be. The State medical register may have some such persons on the register. I am not aware of all of them and I naturally do not go into them. People may not have either a licentiate degree or an MBBS degree. If so the All India Council may not wish to have them on the All India Register because they do not come up to the qualifications prescribed.

14.05 hrs.

[MR. DEPUTY-SPEAKER in the Chair]

Shri M. K. Moitra: I would like to clear that these people are on the State medical register.

Mr. Deputy-Speaker: That is what the hon. Minister says. If they are on the State register, they will continue to be there. But the question whether they should be entered in the All India Register, is a different one. That would be decided by the Council. I suppose I am correct.

Rajkumari Amrit Kaur: The qualifications required for entry on the

[Rajkumari Amrit Kaur]

All India Register are laid down in the Schedules. If they possess them, they will ipso facto come in. No one is disturbing anybody who is already in the State register because of this Bill; he or she remains there.

Shri M. K. Moitra: That is more superising. I am sorry the hon. Minister does not know that their names are also registered under the Indian Medical Council Act under sections 6 (c), (d) and (e).

Mr. Deputy-Speaker: That will be a different thing.

Shri M. K. Moitra: But they are now being excluded.

Rajkumari Amrit Kaur: There has never been an All India Medical Register and so there is no question of excluding anybody. The All India Medical Register is a new thing that is now coming into being.

Mr. Deputy-Speaker: Let the hon. Member go on now.

Shri M. K. Moitra: Those who have been registered even in the State Registers under sections 6 (c), (d) and (e) after certain examinations held by the national medical institutions should have been included in this Schedule. These words that appear on page 18 should go away:

"This qualification shall be a recognised medical qualification only when granted before the 15th August, 1947."

I hope the Minister would give us some assurance to this effect. She is anxious to grant this privilege to holders of LMF diplomas conferred by the British Government managed institutions but not to students who came out of the national medical institutions recognised by the West Bengal Government.

I shall further explain the position for the information of this House. After the transfer of power, the Government of West Bengal found that

there were many medical practitioners who passed out of these national medical institutions and were practising in West Bengal. At that time, these medical institutions were raised to the status of medical colleges and they got themselves affiliated to the Calcutta University. Then, there were four categories: first of all those who had undergone a course of five years' study and had passed from a national medical institution. They have been taken in by this Bill. Those who had undergone a course of four years studies and had practised for twenty years or less and after 1947 appeared at an examination held by the State medical faculty, had not been taken in. I hope the Minister will consider this question. Otherwise people will feel that these national institutions which were founded by national leaders are being neglected now by this Government...

Rajkumari Amrit Kaur: May I make a clarification for the benefit of the hon. Member? It may help him not to develop this argument. In the schedule what is there is 'LMF (Bengal)'. The State medical faculty of Bengal granted it before the 15th August, 1947. After that date, Bengal became divided and become West Bengal. It is there under the new name: 'Licentiate of the Medical Faculty, West Bengal.'

Mr. Deputy-Speaker: Is not that date of 15th August, given there?

Rajkumari Amrit Kaur: After 15th August Bengal became West Bengal and they came on to the State Medical Register of West Bengal.

Dr. Jaisoorya: That is correct.

Shri M. K. Moitra: Probably she is not correct, because you will find that Licentiate in Medicine and Surgery (National) (West Bengal) has only been granted this. That is, those who read for five years.....

Rajkumari Amrit Kaur: You will please read the next line. Licentiate

of the Medical Faculty, West Bengal or L.M.F. (West Bengal), L.M. & S. (Nat.) West Bengal have all come from Bengal to West Bengal. I do not know what the trouble is.

Mr. Deputy-Speaker: That date relates only the Bengal because afterwards it became West Bengal, and that '15th August' is not there so far as West Bengal is concerned.

Shri M. K. Moitra: Now, I will come to the establishment of Post-graduate Medical Education Committee. Sir, the universities are entrusted with the work of developing post-graduate medical education. The Government proposes to take away that initiative from the universities and hand it over to the All India Institute of Health and Hygiene, or some other institutions like that. We know that in several universities there are researches done and there are provisions for studies of M.D., D.G.O., D.C.H. and such other post-graduate subjects. It is the Medical Faculty of universities that help researches and it is the Medical Faculty of universities that prescribes the syllabus. Here the whole thing is sought to be entrusted with the Post-graduate Medical Committee to be created by the Indian Medical Council. That means the autonomy that is now being enjoyed by several universities is sought to be curbed, because almost all members of the Post-graduate Medical Committee will be nominated and not elected. The universities will not be able to elect their representatives to this body. It will be regulated by the Central Government. This will not help in developing post-graduate studies and, further, in those places where post-graduate studies have already developed it will receive a set-back.

Then, I will refer to the question of introducing visitors to examinations. I will welcome the idea of having an inspector or having a visitor for fixing up the curricula or syllabi of the universities and for inspecting the system of education there. But what is the fun of having a visitor at the time of examinations?

You know, Sir, medical examinations are held in two ways: first written and then oral. The introduction of a visitor at oral examinations will simply frighten the boys. There are various measures by which the boys have to satisfy the oral examiners and now, in addition to the oral examiners, they will have to find out means for satisfying the visitors also. This also goes against the prestige of the university.

Mr. Deputy-Speaker: The students may not have to find out means for satisfying the examiners if the observer is there.

Shri M. K. Moitra: They will have to. I am a member of a university and I know these examinations. They have to find out patients for examiners, otherwise it is difficult to pass in oral examinations. There is no provision to change that evil in this Bill; that is what I am complaining of.

When this question of introducing a visitor was made by the British Council during the British regime, all the universities joined together and protested against this. Now you are taking away that and you are introducing a visitor to control the examinations. Always the advice and help of the Indian Medical Council will be sought for improving the syllabi, for improving the system of education for improving the mode of imparting education in different colleges and so on. But, how can a university allow that an examination held by them should have a controller to control? That cannot be.

Dr. Jaisooraya: May I just ask one question? Would the hon. Member prefer a panel of external examiners instead of this?

Shri M. K. Moitra: I do not know of other universities, but in the universities that I know of—Calcutta, Madras, Andhra and others—there are always equal number of internal and external examiners. I am telling this with the responsibility of a member of the Syndicate of the Calcutta University.

Mr. Deputy-Speaker: Has the hon. Member finished?

Shri M. K. Moitra: No.

Mr. Deputy-Speaker: Then why should he invite interruptions?

Dr. Jaisoorya: I just wanted some clarification.

Mr. Deputy-Speaker: No, the hon. Member was waiting for other interruptions.

Shri Kamath: (Hoshangabad): That sometimes helps discussion.

Shri M. K. Moitra: This Post-graduate Medical Committee, which this Bill proposes to establish, will encourage favouritism, because in universities post-graduate education is done by members who have got a name and fame and who have acquired some renown with medical researches. When this medical education will come under the Post-graduate Medical Education Committee they will appoint professors probably with the advice of the authorities of the All India Medical Institute or such other bodies. The system of careful selection adopted by universities or the system of selection by the U.P.S.C. will be done away with. This will encourage favouritism, and this will give more power to the Indian Medical Council to control medical practitioners in the way they like to do.

Therefore, when you are introducing a Bill you should introduce such a measure as will encourage autonomy in the profession. Look at the Bar Council Act of England. Look at the Medical Council Act of England. There they encourage autonomy in the profession. But where is that autonomy here?

Now I come to the last thing and I will finish. I do not know why this Bill is introducing casteism in the medical profession. When both the licentiates and medical graduates will be allowed to register their names, why should there be casteism? Let there be separate Schedules, but at

the time of elections they should be allowed to vote jointly and there should be joint electorates.

With these words, I hope that necessary changes will be made in this Bill. Some amendments have been given notice of and I hope the Minister will accept the suggestions made on the floor of this House.

Shri L. Jogeswar Singh (Inner Manipur): Mr. Deputy-Speaker, Sir, though I generally welcome the Bill I should like to observe that it has got a serious loop-hole. It has totally neglected the Union Territories. The one thing they have forgotten while preparing the Bill is that there are Union Territories whose population is more than 40 lakhs.

These territories are called Union Territories because of the fact that they are economically very very backward. There are no medical colleges in those areas. No one has taken any initiative in the matter. There are no medical colleges either in Himachal Pradesh or Manipur or Tripura or in most of the other Union Territories. No step has been taken by either the local Governments or the Government of India to set up medical colleges in those areas. So the students who generally come from the Union Territories have great difficulties in getting admission in the universities in any part of India. These are difficulties mentioned by the students and the people from the Union Territories. So I request the hon. Minister to see that these Union Territories may be represented in the All India Medical Council. If they are represented in the All India Medical Council. If they are represented there, they will be in a position to ventilate their grievances regarding particular areas, the conditions of the people there, condition of the Licentiates and also the condition of the medical men in general. In this connection there was a proposal that there should be an integration of services of Health in the Centrally administered areas. I think that proposal has now been

dropped, as a result of which we have the difficulty in getting experienced and well-known medical men. So the people in those areas are not getting the services of experienced medical men and other medical facilities. If there was an integration of services of Health in the Union Territories, we would have got experienced men from the Centre for the same salary which is given at the Centre. We would have also got better men. But that proposal has been dropped.

Mr. Deputy-Speaker: The hon. Member is utilising this opportunity for referring to the opening of medical colleges in the Union Territories and for integration of services there. He ought to confine himself to the object of this Bill.

Shri L. Jogeswar Singh: If the representatives of the Union Territories are there in the Medical Council, they will ventilate their grievances and explain the difficulties. These are not beyond the purview of the Council. They have powers to fix standards and hold examinations and decide about conditions of service. If the representatives are there, they can explain the difficulties and get them ventilated. It is in that context that I am referring to representation in the Council.

In the original measure there was no provision for representation of Licentiates. Under this Bill they are given a certain amount of representation in the Council as proposed by the Hon. Minister. In this connection I should like to point out that in the First Schedule, against Gauhati University, it is stated:

"M.B., B.S. (Gauhati)

This qualification shall be a recognised medical qualification only when granted after the 20th May, 1952."

Why recognition is not given to those granted before 1952? I should like to know from the hon. Minister why recognition could not be granted to the M.B., B.S. degree awarded by

the Gauhati University before 1952. The recognition is given only after 1952. I am not able to understand this. I should like to have this point clarified by the hon. Minister.

Regarding the condition of the Licentiates, because of the provisional arrangement made by the Government, they can, after passing the MBBS condensed course, become recognized MBBS doctors after two or three years. They need not carry on their studies up to six years as is the case generally. So far as the Licentiates who are still in the employ of the Manipur or Assam Governments are concerned, after a condensed course of three years, they are allowed to enjoy the same facilities as are allowed to the MBBS doctors. Under that arrangement a large number of Licentiates have now become MBBS. But there are still some Licentiates who are working in the rural areas. They have so many grievances about their salaries, conditions of service and other facilities. Unless they are represented in this Committee, their case would go by default. So, I would like to draw the attention of the hon. Minister to this problem.

There is another point which I want to mention. I should not take advantage of the opportunity for asking for opening of colleges though that is very essential. This Council will wield powers for deciding standards of medical education, this and that. So, I suggest that regarding Union Territories, some seats should be reserved in the Delhi Medical College for medical students. Some seats should be reserved there for the medical students who come from the Union Territories because they have got no other facilities in any other university.

Mr. Deputy-Speaker: The hon. Member may ask for representation of Union Territories on the Medical Council. That is quite relevant. But so far as studies in medical colleges are concerned, that would be quite a different thing.

Shri Achuthan (Cranganur): His point is that there are no colleges there.

Shri L. Jogeswar Singh: My submission is that they have left out Union Territories so far as this question is concerned. So we must have representation in the Council. They have got so many grievances which are not of all-India importance. If they are represented in the Council, they can raise those problems. In the case of States, they can ventilate their grievances in the State Legislatures. But Union Territories are Centrally administered areas. There are many hard cases in the administration which we want to bring to the notice of the authorities. So, I urge upon the hon. Minister that in order to enable the people in the Union Territories to ventilate their grievances, some representation may be given to the Union Territories in the Council. This is the way in which I view this problem.

I have to refer to one point with respect to the reciprocity scheme. In this connection, I have to narrate the experience of the medical men who are coming from America. In Assam, we have seen a number of American doctors working. Their services have not been recognised. At the same time, they are doing excellent service. There are very good doctors in the Jorhat hospital and generally people go to that hospital. Their surgery is excellent. I am referring to this because, on account of this scheme of reciprocity, we are going to lose the best services rendered by the eminent doctors coming from America and U.S.S.R. A number of our boys and girls have been sent to America and U.S.S.R. for higher education. After they complete their education there, and after they get their degrees there, they are not going to be recognised in India. Why should there be so much of restriction in regard to reciprocity? We must see that, when our boys and girls come back after getting their degrees in the medically and scientifically advanced countries like the

U.S.A. and the U.S.S.R., those degrees are recognised. In the Schedule, I do not see the names of America and the U.S.S.R. Those qualifications should be recognised.

Dr. Jaisoorya: Not every American University is good.

Shri L. Jogeswar Singh: Good or bad, that is so everywhere in the world.

I have given notice of an amendment. I shall speak on it when that particular clause comes up for discussion. What I want in my amendment is that certain representation should be given to the Union Territories. It may be a small representation. I do not mean that every Union Territory should have representatives. Let there be one or two Members. The representatives may come biennially. Some representation must be there. I shall deal with other detailed matters when the amendment comes up.

Shri V. P. Nayar: Sir, when I went through the Bill, I thought that in spite of the hon. Minister's pious intentions, the Ministry has some top officials who claim to themselves, monopoly of all wisdom in the field of medicine. I do not want to enter into the controversial aspects of this Bill. But, I would like the House to know that, with the good provisions—some of them are really good—this Bill has evoked comments from one powerful section of the medical profession. I am referring in particular to the memorandum of the Indian Medical Association about which I heard the hon. Minister say something. Here is a passage which gives some idea as to how this Bill has been brought before this House. I am reading from page 5. They narrate some of the grievances and then they say:

"In spite of the above, the Health Ministry is trying to rush the Bill through the Lok Sabha without giving any opportunity to the Indian Medical Council to give its opinion. The Indian Medical Association fails to understand this undue haste."

It continues:

"The Indian Medical Association deploras the arbitrary nature in which the Health Ministry is pursuing the matter ignoring the Indian Medical Council and flouting the united opinion of organised medical profession in this country."

I cannot find out what has happened because I am not in the Ministry.

Shri Kamath: You will be soon.

Shri V. P. Nayar: But, I can say that it has provoked such a harsh comment on the Ministry. I think the Minister should think of consulting such bodies, which we know, have some representation. I do not say that the Indian Medical Association represents all doctors in our country. Nevertheless it is very unfortunate that, when such a vital measure like this is brought up before this House, there is room for such a complaint. That is why I said that whatever be the pious intention of the hon. Minister, I have a feeling that there is a section in the Ministry which, unfortunately, claims all the wisdom.

Certain provisions of the Bill are very welcome. I have no hesitation in welcoming those provisions. But, I want the hon. Minister to understand how with this regulation alone, we cannot control the field of medical education. According to the Constitution, co-ordination and determination of standards in institutions for higher education or research and scientific and technical institutions is a Central subject. We think that it is only just and fair that the Government of India takes upon itself the responsibility of standardising the various institutions of medical education. In that respect, I do welcome one provision here, although I would very much have liked to have it slightly changed, the provision regarding testing the candidates. I want the House to understand the difficulties in the field of medical education. When I say this, I am reminded of the scenes which I saw in some of the medical colleges in my recent tours. It was made out by Shri A. M. Thomas that

our Medical College, the Trivandrum Medical College has had no recognition. The hon. Minister said, that, when after the formation of the statutory body, a team of experts visits the institution and submits a report, it will undoubtedly be included in the First Schedule. I fail to understand how, when, because there has not been such investigation. Government does not find it convenient to include it in the First Schedule, a non-existent degree, as far as I understand, has been included here. The Trivandrum Medical College does not give any diploma; there are no licentiates. In the Third Schedule, you find Licentiates of Travancore Medical College have been included for recognition. On the one hand, you find a degree for which a student has to toil as hard as any other student in any other medical college in India is not recognised and on the other, another diploma which is not-existent has already been included as a recognized diploma! I am very grateful to the hon. Minister who has given the explanation when Shri A. M. Thomas was speaking. But, I would pose this question to her, because it creates some practical difficulties also. The hon. Minister knows that there is one batch of students who have come out of the college, or who are about to come out. There are many advertisements that one sees in the press calling for doctors to join the army, calling for doctors for service in the Centrally administered areas and various other States. How will it be possible, unless we have registration, for a medical graduate from the University of Travancore to apply for one of these jobs if it takes time? I would, therefore, very earnestly ask the hon. Minister whether, in doing so, some retrospective effect cannot be given because the students would have spent all the energy, all the money and all the trouble to have their degrees and when they take their degree and find that in this particular year, they cannot apply for a particular post, they will be put to very great difficulties and handicaps which I want the hon. Minister to prevent.

[Shri V. P. Nayar]

Having said this, I would take up some general questions about medical colleges because one of the objects of the Bill, as I understand, is to regulate the functioning of the various medical colleges.

The real problems of the medical colleges have been overlooked at least as far as I can see. It is here that I would very much like the hon. Minister to consider whether it is not time now to have a standard in respect of the teaching staff of the various medical colleges.

I have been to the Trivandrum Medical College which, as my hon. friend Shri Thomas said, is undoubtedly one of the best institutions from the point of view of its buildings—there is no doubt about it—and from the point of view of the site also. But to my great surprise I found that students who were about to qualify themselves in surgery have not seen an operation performed even on pentothal sodium which almost every district hospital outside our State has, the reason being that our State Department of Medicine does not have today anybody who is highly qualified in anaesthesia. As you know, the surgical operations today are not the surgical operations which used to be before the war. In the surgical theatre, the role of an anaesthetist today is very much more important than the man who deals with the knife, because it is he who has to control the patient. When from any other medical college—I was shocked to hear this—a student of surgery can witness an operation being done on modern anaesthesia, the student who has come through the various stages in medical education with as much difficulty as any other student from any other college has, in my State, to content himself with seeing operations performed in the old chloroform or the spinal injection. The other day I put a question to the Minister, and the Minister was briefed by the Travancore-Cochin Government to say that all modern

anaesthesia are being used. I had visited the hospital only a week before I put this question, and it was from the surgeons who were performing the operations that I understood that in the Medical College Hospital modern anaesthesia is almost non-existent, and to my surprise I found that although the Medical College itself is four or five years old, today one doctor has gone for specialisation in anaesthesia to the Vellore College!

I understand the difficulty. An anaesthetist today has no chances of private practice, and the Travancore University advertises the post of an anaesthetist at Rs. 200 to Rs. 300. You cannot get an anaesthetist for anything less than Rs. 800. I want him not to get Rs. 800 but to get Rs. 1,000 or Rs. 1,500. I do not mind it because it is he on whose skill the entire generation of medical students will have to be trained. Therefore, I submit that in such cases where the Central Government is aware that the medical colleges do not have sufficient staff, it should go a step forward, and if it is necessary pull up the local administrations and see that the minimum standard and equipment are given.

Take for example other departments. The hon. Minister herself knows that in a case where I got an electrocardiograph taken of a patient in whom I was very much interested..

Mr. Deputy-Speaker: The hon. Member has made that point, what he wanted to say, and he is stretching it too much.

Shri V. P. Nayar: I want to illustrate the various aspects of the present day medical education. As you know, I am a layman. I am not competent to speak on the technicalities of medicine.

Mr. Deputy-Speaker: That creates greater difficulty.

Shri Kamath: Medicated layman.

Shri V. P. Nayar: I was stressing this point, that even in the matter of reading a cardiograph, some of the medical colleges are not having per-

sons who have the requisite qualifications. It is not like the faculty of law where even some of us who have taken the B. L. or the LL. B. degree could with impunity teach any subject under law. If I have passed a general examination in law, I think I shall be a competent teacher to teach either criminal law, or Roman Law or jurisprudence or whatever it is. But today in the field of medicine, it is very much different. If it is surgery, the man who teaches surgery must have specialised in one branch of surgery. Whether it is abdominal surgery or thoracic surgery or neurosurgery is an entirely different matter, but the fact remains that in most of these medical colleges the right type of persons have not been chosen, all because the State Governments or the universities which run the institutions do not find it possible to maintain very highly paid doctors.

I found a recent advertisement of the Travancore Medical College in which the vacant post of the Professor of Surgery was advertised. You know a Professor of Surgery has only a pay of Rs. 400 to Rs. 750.

Mr. Deputy-Speaker: That would not be strictly relevant today. As I have requested the hon. Member, we shall discuss this Council today and not the professors' qualifications and other things.

Shri V. P. Nayar: In a moment I will submit how it becomes relevant. My contention is that while I am at one with the hon. Members who have welcomed the provisions of the Bill, I am only submitting to the House the patent omissions in this Bill.

Shri Kamath: Ancillary and corollary matters.

Shri V. P. Nayar: There are some patent omissions, and without the inclusion of certain provisions in the Bill empowering the Indian Medical Council to take proper action in such cases I submit the field of medical education would not be covered in the manner in which it deserves to be covered. That is my point. That is

why I said at the outset that I wanted to make certain general observations.

Mr. Deputy-Speaker: That would be very useful for a separate legislation, but that is not the field that is covered now.

Shri V. P. Nayar: There are certain provisions under which the Central Government takes powers. There are also other provisions which delegate to the Council certain powers. Under these powers this can come. Although it is not the subject matter of the legislation which is before us, when it comes to the question of rule-making or when it comes to the question of exercising powers, I want the Central Government to benefit by the criticism in this House—if not from mine, there may be other Members who will be interested in this subject, and the Government can certainly derive certain advantages...

I was submitting to you Sir, that in various medical colleges the scale of pay of doctors is inadequate. This is a matter which reflects very clearly at the time when the examinations are conducted. How can you expect a student who wants to learn surgery today to do it when a professor.....

Mr. Deputy-Speaker: He should heed my advice also, and not continue in the same strain.

Shri V. P. Nayar: I am referring to the provision relating to examinations. One of the powers given to the Council is that it can send a competent person at the time of the examination. The examination according to me is the final stage. There is no purpose served if in a *viva voce* a person sits along with three other people who belong to that college or a panel, and finds out the comparative merits or demerits of students. I am not referring to that. But for the preparation of the final examination there are certain very basic requirements which have to be satisfied and on which the Council should have necessary powers. That is the point which I want to place before you. Therefore, it becomes necessary that when the Con-

[Shri V. P. Nayar]

stitution gives a very definite power to the Central Government to determine the standards of the institutions of higher education including scientific and technical education and when presumably under this particular power the Health Minister has come forward with this legislation, she should consider whether it is not necessary in the context that we are in today to regulate the day to day administration of the medical colleges with a view to enable those who are sent by the Council to watch the examination of the students to ensure that the best education has been given.

I am very sorry to say that today most of these medical colleges do not have sufficient staff to teach, nor will they have eminent men in the respective fields. The result will be uncertain and ultimately what is the Council to do? The Council has to send some person to examine. What can he do? He can say out of 50 students examined for *viva voce* in surgery I have found 25 people to be incompetent, therefore do not recognise this degree. That is the only thing which he can do. Or, if it is in medicine, a competent person who goes there will only be able to say that out of the 25 persons recommended, 13 are not at all proficient in medicine, they do not know modern medicine. Therefore, when the Council wants to send a person and watch the students as to how they do under the examinations, it becomes all the more necessary for the Council to assume powers by which it could regulate the preparation for the examinations by revising the curriculum at definite periods, by ensuring that the minimum standardised requirements are provided in various hospitals and by seeing that competent professors are engaged to handle the students.

We must realise that medical education has changed quite a lot today. It has changed a good deal. The curriculum today may not be very different from what it was when my hon. friend Dr. Jaisoorya was a medical student. But the whole technique has

become different, and a doctor who fails to keep abreast of the modern developments will not be a successful practitioner. We may still conform to the old syllabus of 1920 or 1921, but the point that the Medical Council will have to consider is whether by sticking to a syllabus of 1921 we are to teach only in the lines in which the professors taught in 1921. Far from it; we have to follow new techniques. The whole field of medicine has changed. The whole concept of surgery has changed. So, it is incumbent on this Central organisation, in which Government are now trying to vest powers, to assume control of the situation and introduce, wherever necessary, a uniform standard in the institutions handling medical education.

It was in that context Sir, that I submitted that, unfortunately, today, the minimum equipment and the minimum staff position have not been ensured in most of the colleges. At least in some of the colleges which I know of, it is different. The argument is that they have no money,—a very good argument too. But this is a matter in which you create a generation of surgeons, physicians, obstetricians, gynaecologists and so on and send them out to the people with a licence either to save or to kill. This is something very important, which should make us sit up and think whether we should not improve this, and whether a degree should not be granted until after the best possible education. It was in this context that I submitted that no amount spent on medical education or over its superintendence and control would be unjustifiable.

Mr. Deputy-Speaker: They are not sent out to kill; they are sent out to save. They may not succeed in saving.

Shri V. P. Nayar: But then the difference is that when he prescribes a wrong medicine and the patient dies, there is nothing to prevent that. He can say that he was not....

Mr. Deputy-Speaker: Then, the hon. Member cannot say that he was sent out to kill.

Shri V. P. Nayar: I did not mean that. Probably I was influenced by the definition of 'doctor' given by Dr. Johnson, in his dictionary.

Shri Kamath: Possibly to kill.

Shri V. P. Nayar: Anyhow, I did not mean that.

Without limiting themselves to the powers which are already given under this Bill and which Government hope to give, I think that Government should take up the larger question and give such powers as would be necessary to determine the standards of various medical colleges, to see that these standards are ensured, to see that the various medical colleges in India today have the necessary equipment to teach modern medicine, if what she means by modern medicine is up-to-date allopathic medicine and also to ensure that while the students undergo their studies, they get all the facilities to learn what is happening in other countries.

As for the other points, I hope I will have an opportunity when the amendments are moved. I would request the Minister once again to kindly consider whether it will not be possible now to think differently in regard to medical education in this country. I am for giving all powers to the Central body, provided it has got an elected majority. It does not mean that I who have nothing to do with medicine will at all seek an election. Here, it is only an election from the best among the specialists. So, let us not be worried about it. Government need not assume the governmental control of 90 per cent. nomination. As my hon. comrade Renu Chakravarty submitted, it is not at all necessary, proper or justifiable.

However, whether it is elected or otherwise, is not the crux of the matter, once it has come into existence. The crux of the matter is that

the Council should have more powers to determine and make uniform the standards of medical education in our country and to enable our country to have better doctors and thereby to provide our people with better relief for the various ailments that they come across with.

Regarding the other points, I shall take my opportunity when the clause-by-clause discussion comes up, in case the Minister's explanations are not satisfactory.

Pandit C. N. Malviya (Raisen): I support this Bill. I agree with my hon. friend Shri V. P. Nayar that medical education should keep up a particular standard. I am glad that this Bill has been brought forward to remedy the defects that were found in the working of the old Indian Medical Council Act. I hope that as a result of this measure, the Medical Council will see that the standard of medical education is kept very high.

Thereby, I do not mean to cast any reflections on our doctors at present, because our doctors are doing a good service to our country. But the mere acquisition of qualifications and degrees is not enough. The Indian Medical Council should also lay down under their rules and regulations that the moral standard and the human standard of the medical practitioners should also be kept up.

I now come to the definition of 'medicine' given in clause 2 (f), which is as follows:

"'medicine' means modern scientific medicine in all its branches and includes surgery and obstetrics, but does not include veterinary medicine and surgery."

It has been stated that by using the words 'modern scientific medicine', we do not regard the Ayurvedic system or the Unani system or the homeopathic system or any other ancient system as scientific. I do not think it is correct to say like that.

[Pandit C. N. Malviya]

14-58 hrs.

[SHRI BARMAN in the Chair]

The term 'modern scientific medicine' is a popular and commonsense term. Everybody understands that allopathy has got a modern origin, whereas the Ayurvedic system, the Unani system and other such systems are ancient. But at the same time, nobody wants to suggest that they are not scientific medical systems.

Dr. Jaisoorya: You do not know her mind.

Pandit C. N. Malviya: I am not concerned with what is going on in her mind. I am concerned only with this measure that is before us. My hon. friend Shri Mohanlal Saksena advocated the cause of Ayurveda. So far as the indigenous system is concerned, I agree with him, but I do not think this is the occasion when an opportunity could be availed of to urge that point. Because we are considering this Bill, does it mean that the Government wants to discourage the Ayurvedic or any indigenous system of medicine? I do not think that the hon. Minister has such an intention as is stated in the Statement of Objects and Reasons. There are Ayurvedic and other institutions which are being run by our Government. Here is the Bill to provide for the reconstitution of the Medical Council of India, and the maintenance of a Medical Register for India and for matters connected therewith and those who will be enrolled under this Bill are as stated below:

15 hrs.

"Subject to the conditions and restrictions laid down in this Act regarding medical practice by persons possessing certain recognised medical qualifications, every person whose name is for the time being borne on the Indian Medical Register shall be entitled according to his qualifications to practise as a medical practitioner in any part of India and to recover in due course of law in respect of

such practice any expenses, charges, in respect of medicaments or other appliances, or any fees to which he may be entitled."

How can we say that hundreds of Vaid and Hakims are thereby precluded from practising their own systems? They are still going on and they will go on. I would have understood the seriousness of the advocacy of my hon. friend, Shri Saksena if he would have moved any amendment to this Bill, whereby he would have suggested the inclusion of any indigenous system. He has not done so, because I understand, he is quite sensible; he understands what is the scope of the Bill and, therefore, he could not bring that amendment. At the same time, he simply wanted to advocate a particular indigenous system. Nobody has any quarrel with him. I think it is impossible to reply why some other Bill has not been brought instead of this one. Confining ourselves to this Bill, there is nothing to oppose in it. Regarding the schedules, I think, I do not agree with the view expressed that these schedules have been brought in order to create any class consciousness. After all, we have to organize the Medical Council. In accordance with clauses, 3, 11, 12, and 13, we have divided the different qualifications in different categories—qualifications of foreign universities, qualifications of Indian universities and other qualifications. That is what is meant by the schedules and if the hon. Minister has no serious objection, there is no harm in having one schedule divided into different parts, one part meant for one particular category, another part for another category and a third part for a third category.

Coming to the composition of the Medical Council, I feel that we should have a number of persons nominated by the Central Government and the State Governments and among who are elected we should not discriminate between doctors and doctors, because no sensible man will try to put in a

candidate who will not deserve the representation, and naturally, a highly qualified and experienced person will be elected and we should leave it to the good sense of the electors and therefore, if this sort of division could be done away with, I shall be very happy.

There are certain qualifications mentioned in the schedules. I do not think that my hon. friend, Shri Moitra has been correct in the interpretation of clause 21 and in his fear of elimination of certain doctors. The clause reads as follows:

"The Council shall cause to be maintained in the prescribed manner a register of medical practitioners to be known as the Indian Medical Register, which shall contain the names of all persons who are for the time being enrolled on any State Medical Register and who possess any of the recognised medical qualifications."

In my opinion, this clause clarifies the whole position. Those persons who are enrolled in the State Medical Register for the time being will be enrolled in the Indian Medical Register as also those persons who by right are entitled to be registered in the Register, and dates have been given, I think, because after Independence, there was the division of Bengal....

Mr. Chairman: I think on that point the hon. Minister explained the position and Shri Moitra was satisfied.

Pandit C. N. Malviya: I shall not pursue that point. Similarly, there is a suggestion from Shrimati Jayashri, who has moved an amendment. She is afraid of all persons coming from outside and with whom our country has no reciprocity; they may come and practise here and thereby affect our medical practitioners. So far as this clause, at it is, is concerned, I think there is no ground for this fear. If the hon. Minister is in a position to see that the objection raised by Shrimati Jayashri is well-founded,

then her amendment should be accepted. The proviso to clause 14 is clear on the subject:

"Provided that medical practice by the doctors possessing such qualifications shall be limited to the institution to which they are attached for the time being for purposes of teaching, research or charitable work and for so long as they continue to do such work."

I think that no useful purpose will be served by adding that such medical practitioners should not practise for personal gains. It is included there only for a specific purpose and as soon as that specific purpose is served, those persons will not be allowed to practise in India.

I support another suggestion made by Shrimati Jayashri. That is in respect of clause 20, where provision has been made for a Post-Graduate Medical Education Committee for assisting the Council in matters relating to post-graduate medical education. Sub-clause (2) of clause 20 reads:

"The Post-Graduate Committee shall consist of nine members all of whom shall be persons possessing post-graduate medical qualifications and experience of teaching and examining post-graduate students of medicine".

If this provision remains as it is, it means that a person who has to be on the Committee should have post-graduate medical qualification, experience of teaching and also of examining, all three combined. There cannot be any alternative. I think this is not proper, because there may be a very well qualified post-graduate having several years experience of teaching but he might not have been an examiner. Therefore, this sub-clause should be amended as suggested by Shrimati Jayashri.

Mr. Chairman: When the clauses are considered, it will be quite proper to refer to these matters. Out of the 5 hours allotted for this Bill, we have already exhausted 3½ hours.

Pandit C. N. Malviya: This point has been referred to; that was why I was dealing with it.

Regarding nomination, election and democracy in the Indian Medical Council, I think it is sufficient that the Central Government which nominates is a democratic government. But if you have to organise an institution which has to do some work where no politics is involved, I think it is too much to push democracy to its logical conclusion. Therefore, I quite agree with the provisions of this Bill as they are, as regards the number of nominated members in the Council. But I may agree with the proposal that the number of elected members may be increased; the number of elected members should be on the common basis of all the doctors.

Now, I have to make a suggestion. In the Schedules, there are certain qualifications which are conditioned by the examination of F. Sc. Those who passed the pre-medical examination were not allowed, but if the new amendment that has been tabled by the hon. Minister serves the purpose and the limitation is removed by that amendment, then I have nothing to say. But I do not think it does. On page 17, column 4, it is said:

"This qualification shall be a recognised one only when granted before the 15th August 1947, provided the holders thereof had passed F. Sc. examination before taking up medical studies".

Some information has been provided to me on this subject. It is said that a certain sort of injustice is going to be done to a section of doctors under the category of LMS Punjab before 1947. By placing it in the Second Schedule only in the case of those LMS doctors who passed the F. Sc. examination before taking up medical studies, it is suggested that a great injustice will have been done and a retrograde step taken. The development that has taken place shows that there is no harm if we take out this condition regarding F. Sc. and allow

even those LMS doctors who passed the pre-medical examination. So I think the Schedule should accordingly be amended.

In clause 22, a particular period has not been fixed. At the time of the clause by clause consideration stage, I will give my reasons. I will be glad if the hon. Minister herself moves an amendment to fix the period. Here it is said:

"... each Registrar of a State Medical Council shall inform the Council without delay of all additions to and other amendments.."

I am afraid if a particular period, say, for example, 30 days, is not fixed, it might be more. 'Without delay' means nothing. It is an ambiguous term. So it should be defined.

With these observations, I support the Bill.

Mr. Chairman: Arguments regarding amendments may be adduced at the time of the clause-by-clause consideration stage. In order to economise time, only general observations may be made now.

Shri Achuthan: In fact, as a layman, I am not competent enough to go into the details of the provisions. But when I heard Shri Mohanlal Saksena pour his speech upon Rajkumari Amrit Kaur, I thought I might express my views on the matter. In fact, his speech was not upon this Bill but more upon ayurveda and BCG. I do not know what BCG has got to do with our discussions regarding the Indian Medical Council Bill.

Anyhow, the time has come when we must discuss this matter in Parliament. Rajaji says that the BCG vaccination scheme should not be proceeded with. Shri Mohanlal Saksena also says the same thing. But there are a number of countries which have adopted this. I understand that in some countries, it is compulsory. But in this country, I do not think there

is any compulsory BCG mass vaccination. If people are willing, they will be attended to. So there is not much point in saying that the Health Ministry is imposing something on the people against their will. There may be a case here and there, in which it might not have been done properly. That I can understand, but outright criticism, by saying that it is most inimical to our interests, is not warranted by the facts before us.

Shri Mohanlal Saksena was also referring to the ayurveda system. How is it relevant to the Indian Medical Council? We are here dealing with a branch of medicine, the modern system of medicine. Of course, we may look into the indigenous systems also. If the hon. Minister brings forward another Bill or two or three Bills dealing with ayurveda, unani and homoeopathy, or naturopathy. I have no objection. It is high time also that the Central Health Ministry, in conjunction with the State Governments, thought on those lines, because in all parts of the country—even in my part of the country—I find a number of quacks who do not know anything about ayurveda or homeopathy but still have big boards inviting people for treatment. Illiterate people do not know what will be the consequences of receiving treatment from these people. In some States, there are quacks who get themselves registered, but the terms of the registration must be made restrictive. It must be ensured that the patient who goes to such people must be at least given satisfaction that the man to whom he goes for treatment knows something about that science of medicine.

Ayurveda has been there in our country for the last so many centuries. It has not been properly attended to. Now there is a college in Jamnagar for research. It is high time that there was a uniform code; taking advice from the best men of the faculty, we can have two or three Bills stating that these are the degrees to be recognised by the respective Medical Council.

In my State, there is an Ayurvedic College there and the students have boycotted that college because they were not allowed to practise allopathy. How can we reconcile these two positions? Are we to have a Jack of all trades or a specialist in one subject? I do not agree with Shri Saksena that the scientific system of medicine defined here is not at all suited to our genius and that Ayurveda has got a scientific background and all that. I do not dispute that it has a scientific background.

Some hon. Members have raised the question of a preponderance of nominated people on the Council. We give the State Governments the right to nominate one man. The State is interested in the matter. So, he must be a man whom the State agrees to put there. That right must be there with the State Governments. So also with the Central Government. Apart from that, the members who are on the register have got the right to elect their own representatives. There is no justification for Shrimati Renu Chakravartty's criticism that there is a large amount of nomination.

Shrimati Jayashri wanted that the Chairman should be nominated and I agree with that. We are going to constitute a new Council. So, the most competent person considered fit by the Central Government should be there. The recommendations of the Council are to be accepted by the Government. The viewpoint of the Central Government should be reflected there and so the most competent person whom the Central Government approves should be the Chairman. There would be no deterioration in the harmonious working of the Medical Council if the Chairman is nominated by the Central Government.

In the Third Schedule there is a qualification of the Travancore University, the Diploma or certificate in Medicine and Surgery mentioned. I want to know from the hon. Minister how that has come in to be put in here. There is no such qualification. If there is something like that in the

[Shri Achuthan]

University Act I can understand that. I would like to know how the Central Government got this information.

I find from clause 13 that there are holders of diplomas which are not in the Third Schedule who can be included in the register. May I know whether there are other institutions in the country whose diplomas are not included in the Third Schedule and how many persons are there who are having those diplomas which are not included in the Third Schedule? In our country the percentage of doctors is very low. We may not have the maximum number or the best possible persons. But let us have the satisfaction that at least mediocre men who may not have had ample facilities for education can go to the villages and the countryside and give some relief to the people concerned. We are not satisfied with the number of medical men available in any part of the country. Our standard of life is also very low. So, people are easily amenable to diseases. The physical stamina to resist disease is not there. People have not got the robust vitality that is required. Even rice which only contains a lot of starch is not sufficiently available. We must see that when some diploma-holders are available in the country, instead of going in for others, instead of putting a number of years, they should get the right to come in.

The upgrading of institutions is going on. I understand that during the Second Five Year Plan an amount is set apart for upgrading colleges. The Travancore Medical College has also to be upgraded. The Central

Government must have an eye on all these institutions to see that the standard is kept high. We must have at least a few colleges where post-graduate education is imparted. It is a problem for us to get the best men to man our colleges. In the Travancore College, we tried our best. With the Central Government's help and the help of WHO, we got a foreigner to be the Principal of that college. But he did not fit in there. Environment and other difficulties were there and he could not remain there for long. So, let us have our own young men with post-graduate qualifications to man these colleges. Let us have a few medical colleges where post-graduate education is imparted and where we can have the best men for the purpose. After some time when we have such a number of colleges where medical graduates are trained, we will not have any scarcity of teachers or professors.

On the whole, I welcome this Bill and I hope that it will be passed very soon.

Shri Mulchand Dube (Farrukhabad Dist.—North): Mr. Chairman, I welcome the Bill and support it wholeheartedly. I am of the opinion that the establishment of the Medical Council and the register of medical practitioners are primarily essential. One should be able to know who are the persons to be registered and who are the persons qualified for the profession.

There is just one point to which I want to draw the attention of the hon. Minister. At page 17, we find:

Punjab state Faculty	Medical L.M.S.	Licentiate in Medicine and Surgery	L. M. S. Punjab. This qualification shall be a recognised one only when granted before the 15th August, 1947 provided the holders thereof had passed F. Sc. examination before taking up medical studies.
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In fact, the degree here is made to depend upon the previous academic qualification of the person who has undertaken this medical study. If he is a matriculate he is excluded but if he has passed F. Sc. he is included. My submission with regard to this is this. The previous academic qualification should not have that importance after the man has put in 6 or 7 years in the medical institution and passed the L.M.S. examination. I submit that the words which are there should be deleted. I am told that this L.M.S. course was open to the matriculates also up to 1939 or 1940 and thereafter there was a change in the rules and only F.Sc. were taken. Once you admit a person to the L.M.S. course with a lower qualification, I do not think it is proper to exclude him after he has passed the examination after undergoing a 6 years' course. It is really the medical test that should matter and not the academic test. Therefore, even those persons who have passed the Matriculation examination and have taken the course and passed the L.M.S. examination should be included and there does not seem to be any justification for excluding them. I hope the hon. Minister will consider this matter.

Rajkumari Amrit Kaur: I am glad that we have had a fairly long discussion on this Bill and I am grateful for all suggestions that have been made by many hon. Members of the House who take an interest in medical education, because it has been my aim throughout to maintain high standards of medical education in the country. But there has been a great deal of talk that is not really relevant to the Bill. I am, therefore, not going to dwell on what has been said about Ayurveda, Unani or Homoeopathy because it is completely irrelevant to what this amending Bill has been brought in for.

There were certain points raised by my friend Dr. Jaisooriya—I am sorry he is not in the House now—because I would like to bring to his notice that power to add to the schedules has been provided for in the Bill. I

think one or two other Members also said that if there are degrees that should be recognised, why have only these few been actually put in the schedules. My answer to that is that the Government of India accepts the recommendations of the All India Medical Council in this regard and there is provision in the Bill for it. Further, I do want to make it quite clear that qualifications whether from a British University or German University or a University in Russia or China or anywhere, where our nationals may go for education, can be included in Part II of the Third Schedule as and when requests from Indian nationals who qualify from those Universities are received and Government, after consulting the Medical Council of India, is satisfied that the standard of those qualifications is up to the mark. I think this is perfectly right as I said in my opening remarks. It is wrong for us so often, up to date to have refused to recognise the qualifications obtained by our own nationals in countries that do not have reciprocity with our country. Their qualifications may be very bit as good, may be even better than what can be obtained from Universities with whom we have reciprocity, and simply because we do not have reciprocity it has been wrong not to permit them to come on to our registers.

One Member opposite raised the point that there should be no reciprocity as far as degrees are concerned. I am one of those who feels that if we are to bridge the gulf that separates man from man and country from country, perhaps medical science is par excellence one of the ways in which we can do so and thereby not deny to our nationals the privilege of going to any country where they wish to get graduate or post graduate education. When they come back, simply because we have not got reciprocity with the country concerned, not to allow them to practise or to come on to our registers would be completely wrong. How can we then expect our nationals to go abroad and get their degrees also recognised? Reciprocity is something

[Rajkumari Amrit Kaur]

that connotes settling down in a country, practising in a country, and, therefore, all kinds of other questions come in. But where standards of medical education are concerned, I feel that we should not deny to our nationals higher standards of education. For example, there are Universities in America which have excellent degrees. Dr. Jaisoorya mentioned four. I know very many more than these four and certainly we should recognise those degrees. So far as foreigners are concerned, I naturally am jealous of the status of my country. I do not want foreigners who do not recognise our degrees and who have not got reciprocity with us to have the privilege of coming and settling down here and practising for personal gain. That has been completely eliminated. We have said that we shall only have them here for three purposes—for teaching, for research and for charitable institutions. As a friend opposite said, there are hospitals where people with foreign degrees, foreigners, are doing excellent work; why should they not be allowed to work? They will be allowed to work. Government, in consultation with the Medical Council, will limit the period of their stay, and the purpose for which they are here, namely for teaching, for research and for charitable work is already there.

Further, an hon. Member raised the question of not allowing them personal gain. It was here in the first instance in the Bill as it went before the Rajya Sabha. It was eliminated there from the actual Act itself. I consulted the Law Ministry about it also, and they brought to my notice the fact that if we retained those words here, it may reflect on those persons who are perhaps commanded by a University to teach in their college, and simply because they are being paid their salaries by a foreign government—they are not doing any private practice—even that might be looked upon as a personal gain and, therefore, we might lose the privilege of having many of these

persons. But in discussing this matter the other day with the Members of the Medical Council, I have agreed that it shall be put in the rules that foreigners who come from abroad at our request, of course, for a limited period naturally, whether it be for teaching or research purposes or charitable purposes, shall not practise for personal gain.

Some Members raised the question of licentiates—why should they not be in the same schedule as the graduates? I said in my opening words and I say so again now that the only reason for keeping licentiates in another schedule is not to make them feel inferior to anybody else or to promote asteism or classism, but when our people go abroad for post graduate studies, they will not be admitted because the moment we put licentiates in the first schedule where graduates are, we shall be told that we are recognising the licentiate qualification as a qualification fit for post graduate studies. Therefore I will not do it simply in order to defend my own nationals. It cannot and should not be done. But there again I have listened as far as I can to the plea of the licentiates and they are going to be on the All India Register, they are going to be on one register and only for the purposes of the Act will they be in another schedule. None is going to look at the schedules, but the whole country will look at the All India Register and there will be no difference there for them. I think that is the most that we can do.

The fact that we have given seven licentiates a place in the Council is again a concession to their oft-repeated demand that they should be there. I would very much like the House to remember that it is not right to put licentiates on a body which is purely for maintaining the standards of graduate education when they are not graduates themselves. But simply because the Indian Medical Association, on whose membership there are thousands and thousands of licentiates, begged of me to bring them on to the Medical Council,

I have given them seven seats, which seven seats they will be able to elect from among their own people. The Medical Council is very averse, and I think rightly averse, to give them any more representation because it says they are not really in a position to set or criticise standards of education. It is no good saying that licentiates are serving the country and they are in the villages and so on. All that is not relevant to the type of service here when we are really thinking in terms of a body that has to see to it that standards are maintained in our teaching institutions. We are only concerned with medical education in this Bill.

Some of the other points that have been raised have been that the body as proposed in this Bill in clause 3, is going to be 90 per cent, if I remember aright, nominated. Until the All India Medical Register is ready, I have got to nominate seven licentiates. I am willing to give an assurance that I shall consult the executive committee of the licentiates. Until the Register is ready, they will not be able to elect the persons from among themselves and preparation of the register may take a long time. Immediately the elected persons will be: 21 from the universities, 13 from the State medical colleges. As against this 34, the nominated will number 28. After the All India Medical Register is ready, out of a total of 62, the elected persons will number 41 and the nominated 21. In no sense is it correct to say that ninety per cent of this Council is going to be by nomination.

Clause 3 (1) (a) reads as follows:

"One member from each State to be nominated by the Central Government in consultation with the State Government concerned."

Originally, the clause read:

"One member from each State to be nominated by the Central Government."

In the Rajya Sabha it was said that I might put it 'in consultation with the State Governments'. I did so. A very healthy tradition has been built up between the States and the Centre.

On no occasion during the nine years that I have had the privilege of serving the cause of health has one single nomination from the State not been accepted by the Centre, even though sometimes inwardly I felt that a better man could have been sent. I have never questioned the State nomination and this procedure should continue.

This Bill has been before the public eye since May 1955 and not a single objection had been raised by the States or by anybody else until the other day in November. Therefore, the criticism that was read out by the hon. Member, I beg to say, is completely uncalled for. It has not been rushed through. It came before the public eye in May 1955 and in August it went to the Rajya Sabha where it was fully discussed. Even before the Bill was introduced, I had consulted the members of the Indian Medical Association, the All India Medical Council, medical luminaries, personally and collectively, all over India. Naturally, I have consulted the States. Not until all that had been done was this Bill brought before the Rajya Sabha. After it was passed there, the Medical Association came to me with some grievance and asked me: "Why were we not consulted?" I told them: "The Bill has been with you for three months. Anyway, you come and see me again." They came to me in deputation. So, the memorandum or whatever was read out by my hon. friend, Shri Nayar, must be very out of date.

Shri V. P. Nayar: Here it is dated the 15th November, 1956.

Rajkumari Amrit Kaur: They have no right to say that they have not been consulted. The plea that they put forward about the licentiates, as I have already explained, is wholly unacceptable; it would be wrong to accept them from the point of view of medical education. Certainly, the All India Medical Council would not look at it. My sympathies are naturally with the Medical Council.

The first batch of the students completed their medical course in the

[Rajkumari Amrit Kaur]

Travancore University and took their examinations last April, I am told. It just came to me, and I had my memory refreshed. I believe the Medical Council has inspected the College and so its recognition is only a matter of time. I cannot put them into the schedule until I get the O.K. from the Medical Council. But, I can assure the Members of this House that those young men or women can apply for any job and so far as I know they will *ipso facto* come on to the Schedule. I will not delay putting them on the Schedule the moment we know that they are eligible for the same.

There is the question of reciprocity with South Africa. We have no reciprocal arrangements with South Africa. But, certain qualifications granted by the universities of the Union of South Africa have been included in the Second Schedule subject to the proviso that they will be so recognised only if they were granted before certain dates. Whoever raised this point may see foot-notes (a), (b) and (c) on page 17 of the Bill. He will see that the degrees granted after the dates mentioned in those footnotes will not be recognised as the Union of South Africa have not agreed to have a scheme of reciprocity with us.

There was the question about Bengal and I made it clear that those who were registered in the State Medical Register would continue to remain on those registers even after this Bill has been passed. Please remember that it is the All India Medical Council who have to recommend to the Government. In no case do I refuse to accept their recommendations.

But, there was a case in the matter of the five medical colleges—Poona, Baroda, Ahmedabad, Nagpur and Darbhanga. These qualifications were not recommended by the All India Medical Council from a certain date. I accepted what they said in the first instance. But, then I had represen-

tation after representation from the graduates themselves and from the Health Ministers of the States concerned and from the Directors of Health Services. I had an enquiry made into the matter and I found that the All India Medical Council had been unjust. After having answered question after question on the floor of this House, I gave an assurance that if there was any injustice to the youngsters, I would remedy it and I remedied that injustice. I am sorry to have to say that the Indian Medical Council had not behaved as it should have. I for one will never be a party to giving away the power that the Central Government has to put an injustice right. After all, the Medical Council is an advisory body of the Government of India. The Government has always played fair by the Medical Council by accepting its recommendations, by and large, *in toto* and it is not right for the Council to feel that any injustice has ever been done to it. It is only right that where in the opinion of this hon. House an injustice has been done, it should be put right.

About inspectors and visitors, I may say that no university has ever objected to the appointment of inspectors and visitors by the Indian Medical Council. It is due not so much to the rules and regulations that obtain in the Act itself as to the courtesy and the desire on the part of the university authorities, no less than on the part of the Government, that they should have some kind of inspection to see that the examinations are conducted properly. The universities also are extremely jealous about any encroachment on their liberties. When the discussion was going on with the representatives of the universities, they said: "We will go so far and no further." It must always be remembered that in a Bill one has to see the view points of everybody and then try to get the greatest common measure of agreement.

Shri M. K. Moitra: Sir, I rise on a point of information. Have the universities agreed to allow visitors to inspect examinations?

Rajkumari Amrit Kaur: I am not able to give a definite answer to that. It may vary from university to university but, at any rate, it is not up to us to put this kind of thing in the Bill. We want to work as a happy family in co-ordination and collaboration with each other. I have no doubt, if the Medical Council says that this is something which they would like to do and if the university authorities feel that it will be to the general good, they will accept it for I do not think they will object. Anyhow, there is a provision that the visitor shall not interfere with the conduct of any examination. The universities also feel a little chary, but they have, as I have said, never objected. They could object to anybody from outside coming in and criticising them about the conduct of an examination. The provision that is today in the Bill is exactly what was in the original Bill.

One amendment has been put forward that the Chairman shall be nominated by the Government, and this has been put forward on the plea that the Indian Medical Council has some times done things which it should not have done. I am not accepting that amendment myself. I think we should stand for as much election as possible and, therefore, the Chairman should be there by election.

There has been some criticism about the Post-graduate Medical Committee. But I would again have the House remember that this entire clause 20 was discussed between us and the Medical Council, and this was a compromise, if you may put it like that, that was arrived at. Only the other day when Dr. Roy was here with the President of the Medical Council, he said: "This is exactly what we have agreed

to, and we must not go back on it". And I would have the House remember that, after all, the Central Government also will be nominating members from amongst the members of the Council. We are not going outside the Council. I do feel very strongly that time and again it is sought to be said that, perhaps, the Central Government is not democratic. After all, we too have come on the votes of the people to this hon. House and we too cannot afford to be unmindful of what the people say. But there are certain rights which, if the Opposition Members were on the Treasury Benches, I am 'sure' they would also safeguard in the same way as we do. There are certain rights and prerogatives that the Government must keep within its powers. But here, in the matter of these nominations, as I say, it is reasonable and it is a compromise arrived at between the Medical Council and ourselves. And, since the nominated members will be from amongst the members of the Medical Council, I do not think anything much will go wrong anywhere.

Shrimati Renu Chakravartty: But then what is the reason for it? We have not been able to understand. Why is it that Government thinks that it will be much better if they nominate rather than leave it to the Council?

Rajkumari Amrit Kaur: I have my own reasons for it. I am afraid that very often persons or individuals are not as objective as the Government would be. I claim the right for Government always to take a more objective view, and to have persons, perhaps, from various parts of the country when they might not have got such representation or of giving representation somewhere where they have not had it and picking out the best persons regardless of the State they come from. If you have more members from a certain area and the President comes from a certain area, there is bound to be a certain amount of, perhaps,

[Rajkumari Amrit Kaur]

favouritism, and I hope Government is always above favouritism. Therefore, I would like that right to remain. Now it is absolutely clear that the Post-graduate Committee will not interfere in any way with the autonomy of the universities.

I think I have answered most of the points. There are a certain number of official amendments which I propose to move. One of them is because of the reorganisation of States and the rest are as a corollary to the discussions that we had the other day when the Prime Minister himself presided at a meeting between myself and the members of the All India Medical Council.

I would like to say one more thing. There is no scheme of reciprocity with the United States of America and Switzerland. Again I repeat that if an Indian citizen who acquires qualifications from abroad applies for recognition then the necessary entry can be made in Part II of the Third Schedule after consulting the Medical Council of India.

Two other small points were raised, one about the Gauhati University and the other about Baroda University. Members said that they did not see why there should be any dates. As a matter of fact, I have two amendments to this effect seeking to omit that the qualification of M. B. B. S. shall be a recognised medical examination only when granted after the 20th May, 1952. I am willing to accept those two amendments.

Then there is another amendment. As a matter of fact, I am bringing it up as an official amendment, and that is in regard to the L. M. S. of East Punjab. I agree to the inclusion of L. M. S. qualification when the holders thereof have passed the Pre-medical Examination instead of F. Sc. in Part I of the Third Schedule. I may say this also that in the Rajya Sabha I accepted the point raised there by some Members that when an appeal comes to the Central Government we shall have the opinion of

legal luminaries of the Government of India in addition to consultations with the Medical Council. If an appeal arises from the State Council to the State Government, it is only right that from the State to the Centre the appeal should lie with the Central Government.

Sir, I hope I have answered to the satisfaction of all the Members who spoke on the various points that were raised and that now we may proceed with the clause-by-clause consideration of the Bill.

Shri M. K. Moitra: Sir, the hon. Minister for Health has not categorically stated anything about persons coming out of National Medical Schools and registered under article 6 (c), (d) and (e) as registered medical practitioners. May we have a categorical statement from her?

Rajkumari Amrit Kaur: I made a statement here and explained to the hon. Member that in the case of Bengal the 'qualifications granted after the 15th August, 1947' have now been all included in West Bengal. Simply because the name Bengal has been changed to West Bengal he need not have any fear. If he reads the Third Schedule, first of all there is the State Medical Faculty of Bengal, Licentiate of Medical Faculty Bengal (L.M.F. Bengal). This qualification shall be a recognised medical qualification only when granted before the 15th of August. So, all those who had this qualification before the 15th August, 1947 are all right. After the 15th of August, 1947, 'Bengal' becomes 'West Bengal'. There they now have got the Licentiate in Medicine & Surgery (National), West Bengal—L. M. & S. (Nat. West Bengal). Then there is the 'State Medical Faculty of West Bengal—Licentiate of the Medical Faculty, West Bengal—L. M. F. (West Bengal)'.

16 hrs.

Shri M. K. Moitra: May I point out to the hon. Minister that persons coming out of the National Medical

Schools come under article 6(b)? I am speaking of article 6(c), (d) and (e).

Rajkumari Amrit Kaur: I feel that the hon. Member's point has been met. Anyhow, these qualifications that are in the First Schedule are ones that have been proposed by the All India Medical Council and accepted by the Government. I am not prepared to give any more assurances.

Shri M. K. Moitra: I am referring to the articles in the Indian Medical Council Act.

Shrimati Jayashri: I have suggested a very small amendment to the clause relating to the "Post-graduate Medical Education Committee for assisting Council in matters relating to post-graduate medical education". My amendment seeks to substitute "or" for "and" in that clause.

Rajkumari Amrit Kaur: If the House is in favour of this amendment I shall accept it. It relates to clause 20(2). The section reads:

"(2) The Post-graduate Committee shall consist of nine members all of whom shall be persons possessing post-graduate medical qualifications and experience of teaching and examining post-graduate students of medicine."

The hon. Member wants to change the word "and" when it occurs for the second time by the word "or". The same point has been made by three or four other hon. Members. The point is this. You may have somebody, an extremely good teacher, but he or she may not have had the opportunity of examining. We should not ban him from being a member of the Committee, as it might be cramping the choice of Committee. I will accept it if the House is in favour of it.

Mr. Chairman: The hon. Member may move it at the appropriate time.

The question is:

"That the Bill to provide for the reconstitution of the Medical

Council of India, and the Maintenance of a Medical Register for India and for matters connected therewith, as passed by the Rajya Sabha, be taken into consideration."

The motion was adopted.

Clause 2— (Definitions)

Rajkumari Amrit Kaur: I beg to move:

Page 1, line 17—

omit 'comprised in the States'

These words are proposed to be omitted as they are considered superfluous.

Shrimati Benn Chakravartty: I want a clarification. Will the definition, after the amendment moved by the hon. Minister, include Union Territories also?

Rajkumari Amrit Kaur: Yes. This Bill extends to the Union Territories. I am asking for two more nominations in the Council simply to represent the Union Territories to which this Act extends.

Mr. Chairman: The hon. Member wants to know whether the word "States" will include Union Territories also?

Rajkumari Amrit Kaur: The word "States" will not include Union Territories. In the Bill the wording is "the territories to which this Act extends".

Mr. Chairman: The question is:

Page 1, line 17—

omit "comprised in the States"

The motion was adopted.

Mr. Chairman: The question is:

"That clause 2, as amended, stand part of the Bill".

The motion was adopted.

[Mr. Chairman]

Clause 2, as amended, was added to the Bill.

Clause 3—(Constitution and composition of the Council.)

Rajkumari Amrit Kaur: I beg to move:

Page 2, line 22—

after "each State" insert;

"other than a Union Territory".

It is purely consequential. Since the Union Territories are being denied representation under sub-clause (a) of clause 3, the members will have to be nominated by the Central Government. The number of members to be nominated has been increased from 6 to 8. Since there will be no State Governments in the Union Territories, consultation with the State Governments, which is provided in this clause, will have no meaning.

Mr. Chairman: If "State" does not include Union Territories, then why is it necessary to add the words "other than a Union Territory"?

Rajkumari Amrit Kaur: We have given representation to the Union Territories separately.

Shrimati Renu Chakravartty: After the amendment the clause will read: "one member from each State other than a Union Territory...". The hon. Minister says that two members are going to be taken as representatives from the Union Territories. Where is it provided for? That is not mentioned in the clause at all. The number of members has been increased from 6 to 8. But would it not be better to specifically state that two members will be taken from the Union Territories? Something of that nature should be mentioned there. Today the hon. Minister is there. Tomorrow somebody else will come and change it. This has no statutory effect.

Rajkumari Amrit Kaur: We shall provide in the rules that the Central Government will have to see to it while nominating that the Union Territories are represented. I just now

stated that the term "State" does not include Union Territories. I am now told by the Law Ministry that under the General Clauses Act the term "State" does include Union Territories.

Shrimati Renu Chakravartty: In that case, if you say "one member from each State to be nominated by the Central Government in consultation with the State Government," it will include Union Territories also.

Rajkumari Amrit Kaur: There can be no consultation with the State Government there, because there won't be any State Government. That was my only difficulty. I will put it in the rules that the two members that are to be nominated by the Central Government shall be representatives of the Union Territories.

Shrimati Renu Chakravartty: Since the Union Territories do not have State Governments, will it be possible to specifically mention in the rules that as far as Union Territories are concerned the members will be nominated in consultation with the Council or whatever body is functioning in that State?

Rajkumari Amrit Kaur: Certainly. I don't think there will be any difficulty in our nominating the members after consultation.

Mr. Chairman: The other amendments also may be moved.

Rajkumari Amrit Kaur: I beg to move:

Page 2, line 37—

for "six members" substitute "eight members"

I do not want to say anything more about it.

Shri Syamnandan Sahaya: (Muzaffarpur Central): May I know what is the cause of this increase?

Rajkumari Amrit Kaur: As I have said, it is only for giving representation to the Union territories. They will not have State Medical Councils or State Governments.

I beg to move:

Page 2, for lines 25 to 27, substitute:

"(b) one member from each University to be elected from amongst the members of the medical faculty of the University by members of the Senate of the University or in case the University has no Senate, by members of the Court;"

This amendment follows a provision contained in the existing Act. The representatives of the Indian Medical Council desired this amendment when they met me the other day and I have accepted it because, I think they will get better election in this manner.

I beg to move:

Pages 2 and 3—

omit lines 39 to 42 and 1 to 6 respectively.

I say, omit the entire proviso. This proviso is being omitted in agreement with the Medical Council. Simultaneously, clause 4(1) of the Bill is being amended so as to provide for nomination of members from the licentiates by the Government pending preparation of the Indian Medical Register. The proviso in respect of election under sub-clause (c) of clause 3(1) is no longer required as all States after reorganisation have got State Medical Registers. This is really part and parcel of the agreement with the Medical Council.

Shrimati Renu Chakravarty: May we understand what is the reason for substituting clause 4(1)? What exactly is the difference between this and what was provided for in the proviso to clause 3?

Rajkumari Amrit Kaur: The Medical Council took strong exception to this portion "in any State where a

Medical Register is not maintained". They said that all the State Registers will now be there. We have eliminated from the proviso lines 1 and 2. While saying that pending preparation of the Indian Medical Register, the seven members are to be nominated from amongst the licentiates. The Medical Council in fact, mentioned this to the Prime Minister who suggested that instead of having this proviso here, it may be in clause 4(1) simultaneously for the licentiates. When I come to clause 4(1) I shall deal with this. Clause 4(1) will say,

"An election under clause (b), clause (c) or clause (d) of sub-section (1) of section 3 shall be conducted by the Central Government in accordance with such rules as may be made by it in this behalf, and any rules so made may provide that pending the preparation of the Indian Medical Register in accordance with the provisions of this Act, the members referred to in clause (d) of sub-section (1) of section 3 may be nominated by the Central Government instead of being elected as provided therein."

Instead of having it in two places, we are having it in clause 4 (1) which the Medical Council thought would be better.

Shrimati Renu Chakravarty: In this substitute amendment,—I won't call it a substitute amendment, in this new amendment clause 4 (1) something extra is proposed to be done which was not there in the proviso to clause 3. The Central Government is going to conduct elections by laying down rules for the election of representatives. In the original proviso to clause 3, there was no such thing. Elections from the Universities were to be from amongst the medical faculty of the University. We welcome amendment No. 36 whereby the Minister is proposing that the election should be from among the members of the medical faculty. Even this is sought to be done away with. We should, I think, oppose this.

Rajkumari Amrit Kaur: I do not think you need oppose this. May I explain? This is proposed at the suggestion of the Medical Council. If you read clause 4(1), you will see it is stated that an election under clause (b), clause (c) or clause (d) of subsection (1) of section 3 shall be conducted by the Central Government in such manner as it may think fit. Now, we say, "Central Government in accordance with such rules as may be made by it in this behalf". All these rules will be placed before Parliament so that members will have every right to object to anything. I think this gives Parliament further power. In the rules, it will be said that these people will be nominated only in the first instance until the Register is complete. The Medical Council has approved of this amendment simply because the rules will be framed naturally in consultation with the Medical Council and will be placed before Parliament.

Mr. Chairman: Let me understand. The Government have moved amendments Nos. 16, 36, 17, 37; what about 38?

Rajkumari Amrit Kaur: I beg to move:

Page 3, line 7—

for "The Chairman and Vice-Chairman" substitute "The President and Vice-President"

The Medical Council desired that instead of saying Chairman and Vice-Chairman, we should say President and Vice-President. It is only a matter of nomenclature and I accepted it. I bow to the decision of the House.

Mr. Chairman: Amendments moved:

(i) Page 2, line 22—

after "each State" insert:

"other than a Union Territory"

(ii) Page 2, line 37—

for "six members" substitute:
"eight members"

(iii) Page 2—

for lines 25 to 27, substitute:

"(b) one member from each University to be elected from amongst the members of the medical faculty of the University by members of the Senate of the University or in case the University has no Senate, by members of the Court;"

(iv) Page 2 and 3—

omit lines 39 to 42 and 1 to 6 respectively.

(v) Page 3, line 7—

for "The Chairman and Vice-Chairman" substitute "The President and Vice-President"

Shri M. K. Moitra: I beg to move:

(i) Page 2, line 28—

for "one Member" substitute "two members"

(ii) Page 2, lines 31 and 32—

for "in the First or the Second Schedule or in Part II of the third Schedule" substitute "in the Schedules";

(iii) Page 2—

omit lines 33 to 36

You will find that the provision is, "one member from each State in which a State Medical Register is maintained". I have proposed that the number should be raised to two. Being encouraged by the reply given by the hon. Minister for Health that there was no question of casteism or classism in this Bill, I have proposed that the system of joint electorate should be introduced. There should not be any difference at the time of election between Parts I and II of the Third Schedule. There should be a joint electorate. My amendment No. 4 is consequential.

Mr. Chairman: Amendment moved:

(i) Page 2, line 28—

for "one Member" substitute "two members"

(ii) Page 2, lines 31 and 32—

for "in the First or the Second Schedule or in Part II of the third Schedule" substitute "in the Schedules";

(iii) Page 2—

omit lines 33 to 36.

Shrimati Renu Chakravarty: I beg to move:

I Page 3—

after line 6, add:

"Provided further that the Indian Medical Register is completed within two years of the passing of this Act."

II Page 2, line 23—

omit "Central Government in consultation with the"

III Page 2—

(i) line 31—

after "the Second Schedule" insert:

"and Part I of the Third Schedule by a joint electorate, one seat being reserved for the medical graduates and another to be reserved for those with qualification included in Part I of the Third Schedule; and

(ii) lines 31 and 32—

omit "or in Part II of the Third Schedule";

IV Page 2, lines 33 and 34—

for "elected from amongst themselves by persons enrolled on any of the State Medical Registers" substitute:

"nominated by the Central Government from amongst persons until such time as the Indian Medical Register is prepared"

My amendment No. 49 is the same as amendment No. 2 moved by Shri M. K. Moitra. My amendment No. 57 seeks to actually have nominations from the State Governments. I would, of course, not object to having it the other way about, although it is not there in my amendment, that the

State Government may nominate in consultation with the Central Government. This I have argued at length and I have tried to show that while I am for the Central Government having certain nominations on this Council, the State must also have its nominees on this body, because, after all, health is primarily a State subject. Therefore, I really do not see any reason in the speech that has been made by the hon. Minister for denying the State the right to have its nominees in consultation with the Central Government.

The Minister has said, and very rightly so, that uptill now there has been no case of the Central Government and the State Government differing. But we are laying down legislation for the future too, and we feel that we must proceed on principles, not upon personalities, and therefore although we have been helped by the hon. Minister in many matters, I feel that when we legislate, it should be legislation for the future, and the principle of allowing the State Governments to have their say through their own representations in consultation with the Central Government is the right principle to be stressed. At the same time, I support the Central Government having six members as nominees.

Regarding the new amendment which has been proposed by the hon. Minister, namely that we should specifically state that "State means any State excluding Union Territories, I think it is rather unfortunate, because I feel personally very strongly that it is the Union Territories.....

Mr. Chairman: I understood the hon. Minister to say that from the Law Ministry she now understands that "State" also includes Union Territories, and therefore specifically Union Territories are excluded by the amendment.

Shrimati Renu Chakravarty: Having moved amendment No. 16 it means that now we are specifically stating that the members who are going to be nominated from the States by the

[Shrimati Renu Chakravartty]

Central Government will exclude Union Territories representatives. So, my point is this. I feel that we should have representatives not only of the forward areas, but we must also have representatives from the backward areas. Delhi may be one of the more advanced Union Territories; but that is only an exception. I have felt that areas like Tripura, Manipur, Himachal Pradesh should have representation.

Mr. Chairman: She says that will be done by the rules.

Shrimati Renu Chakravartty: That may be done by the rules, and possibly because of that it has been increased from six to eight, but I think it would be a much better way and it would give some hope and some sort of feeling to those who feel rather neglected, that is the Union Territory people, if we keep it as it is here, and we give them also the right of having nominees on the Council. Therefore I feel that to make it specifically other than Union Territories is certainly not a very healthy thing.

I support the hon. Minister's amendment No. 36 whereby the universities are to elect from among the members of the medical faculty by the members of the Senate or in case the University has no Senate, by members of the Court. That is a very healthy thing. That is something which we should support.

Then I come to my amendments No. 49 and 50 which I think are most fundamental. I feel that we should have—because I want to give the Council a very high status and a very representative status—two Members from each State elected, and that is why for one member I have substituted two members. Also, I would like that there should be the representative from the medical graduates as well as from the licentiates. The hon. Minister has stated that the Indian Medical Council does not think that licentiates should have so much of a say in a body which is meant for

setting the standards for higher studies. I have tried to understand the job of the Council. Of course, in this Bill the preamble says:

“to provide for the reconstitution of the Medical Council of India, and the maintenance of a Medical Register for India and for matters connected therewith”,

Which is, I think, a rather unfortunate preamble. In the preamble to the 1933 Act it is very clearly laid down that the function was to lay down uniform standards for medical education and to maintain a proper standard of the same in all its aspects, undergraduate and postgraduate. When I have been working in the village areas I have felt that it is very necessary for those who practise in the towns to be able to evolve a standard of education which will be practical and which will be really in keeping with the actual conditions as they prevail in the villages. And that is why I feel that this attitude—I do not know if the Indian Medical Council have taken up such a high-brow attitude—is a totally wrong thing, and that they should realise that the licentiates should also have their say, and it is only by bringing into the Medical Council the experience of those who are medical practitioners in the countryside as well as those who have had the good fortune of being much more advanced in their studies, that we can set the standard for our country's medical colleges. That is why I feel that that is not a valid argument. As far as policy goes, I think we should very specifically lay down that both the graduates and the licentiates should have a say in the evolving of policies of the Indian Medical Council.

The reason for my moving amendment No. 51 is this. Where there are no State Medical Registers, nomination by the Central Government is to continue until such time as the Indian Medical Register is prepared. Together with that I want to make it very clear that it is time that we lay

down statutorily that we want the Register to be finalised within two years, so that the system of nomination is not perpetuated, and that we do see and take it upon ourselves to see that the Register is completed within two years.

Mr. Chairman: Amendments moved:

I Page 3—

after line 6, add:

“Provided further that the Indian Medical Register is completed within two years of the passing of this Act.”

II Page 2, line 23—

omit “Central Government in consultation with the”

III. Page 2—

(i) line 31—

after “the Second Schedule” insert:

“and Part I of the Third Schedule by a joint electorate, one seat being reserved for the medical graduates and another to be reserved for those with qualifications included in Part I of the Third Schedule”; and

(ii) lines 31 and 32—

omit “or in Part II of the Third Schedule”

IV. Page 2, lines 33 and 34—

for “elected from amongst themselves by persons enrolled on any of the State Medical Register” substitute—

“nominated by the Central Government from amongst persons until such time as the Indian Medical Register is prepared”.

Shri L. Jogeswar Singh: I beg to move:

Page 2—

after line 27, insert:

“(bb) One member to be nominated by the Central Government to represent the four Union Territories of Delhi, Himachal Pradesh, Manipur and Tripura, from persons who possess the medical qualifications included in the First

or the Second Schedule or in Part II of the Third Schedule;”

The hon. Minister has already explained that Union Territories should be given two seats by way of nomination, but there is some doubt expressed whether Union Territories are classified as States or not. The Union Territories are also units of India. India consists of 20 units; 14 units are States and six units are Union Territories. In this case these Union Territories may also be considered as States. Here only a verbal assurance is given that in order to give representation to Union Territories the membership has been raised from six to eight, that two seats will be given to Union Territories. But the thing has to be incorporated in the Bill itself, because in the near future it may become confused, and some other Minister in the place of the present Minister may interpret it in a different way. A mere assurance without incorporation in the Bill is I think quite unsatisfactory. So, I am moving this amendment. What is the harm in incorporating it in the Bill, because you have in your heart of hearts the good of the Union Territories. The reason why I am moving this amendment is this.

Mr. Chairman: Do you want only one?

Shri L. Jogeswar Singh: This is the only amendment that I have for clause 3. My other amendment is to clause 7 which will come up later on.

I was saying that representation should be given to the Union Territories. That these metropolitan cities like Delhi, and the backward areas like Himachal Pradesh, Manipur, Tripura and so on should go unrepresented is unthinkable. It is fantastic to suggest like that. They should be represented on important all-India bodies. Already, we have representation on some of the bodies of all-India importance. For instance, we have representation in Rajya Sabha; then we have representation in the Zonal Council, and so on. So, what is the harm if it is specifically laid down in this Bill that they will be represented

[Shri L. Jogeswar Singh]

on this Medical Council? If the Minister agrees that the Union Territories also may be represented, then she should incorporate an amendment in this clause to the effect that two out of eight members may be chosen from the Union Territories.

With these words, I commend my amendment for the acceptance of the House.

Mr. Chairman: Amendment moved:

Page 2—

after line 27 insert:

“(bb) One member to be nominated by the Central Government to represent the four Union Territories of Delhi, Himachal Pradesh, Manipur and Tripura, from persons who possess the medical qualifications included in the First or the Second Schedule or in Part II of the Third Schedule;”

Rajkumari Amrit Kaur: I am sorry I am unable to accept any of the amendments that have been moved.

In the matter of one member from each State being nominated by the Central Government in consultation with the State Government, I would like to point out that this is an advance on the other Bill, and I think it is perfectly right that the Central Government, who have never opposed and should never oppose the State Governments, should have this power. It is good to build up traditions rather than have everything put down in black and white. Supposing, for instance, a State errs and does not put up the right man, well, the Central Government should have the right to select the right man. The Central Government is just as much elected as the State Government. It is not ordinarily going to go against the State. What is more, no State has objected to this. I have not had a single letter from any State opposing this arrangement. On the contrary, they are perfectly content with the clause because they know that it has worked extremely well uptill now.

I now come to the other amendments, which seek to provide that two members should be elected from each State in which a State Medical Register is maintained. Surely, we do not want to make this Council a very unwieldy body; nor do I think it is right on principle. Whatever the licentiates may be doing in the villages, the licentiates are not competent to fulfil what this Bill actually wants the Medical Council to fulfil. After all, the members of the Medical Council have to work out and see that standard of examinations are up to standard. Obviously, to entrust a man who has had a lower standard of education with the maintenance of a high standard of education is the last thing that this country should do.

Regarding the criticism that the Union Territories have not been represented, I might mention that, after all, no amendment is necessary for this purpose. If we go on naming the Union Territories by saying, Delhi, Himachal Pradesh, Manipur, Tripura, the Andaman and Nicobar Islands, the Laccadive, Minicoy and Amindiv Islands, and so on, then there will be no end to it. It must be left to the discretion of the State Government with the nominations that it has in hand to see that these Union Territories are represented.

I might say that in territories like Manipur and Tripura, where you have practically no doctors today, certainly no doctors could be found who could ever spare time to come away from their work and look after medical education. We have to be realistic in these matters.

I am, therefore, unable to accept any of the amendments.

Mr. Chairman: I shall now put the Government amendments first. Does any hon. Member want that any of them should be put separately?

Shrimati Benu Chakravarty: If you put them first, many of our amendments will become barred.

Mr. Chairman: But I shall have to put them first.

If any of the amendments moved by Government is required to be put to vote separately, I shall do so. Otherwise, I shall put all of them together.

Shrimati Renu Chakravarty: It is better to put the Government amendments last.

Shri M. K. Moitra: I want amendments Nos. 2, 3 and 4 to be put separately.

Shrimati Renu Chakravarty: I want amendments Nos. 49, 50, 51, 57 and 58 to be put separately.

Mr. Chairman: I shall put first the Government amendments, one by one.

The question is:

Page 2, line 22—

after "each State" insert—

"other than a Union Territory"

The motion was adopted.

Mr. Chairman: The question is:

Page 2—

for lines 25 to 27, substitute:

"(b) one member from each University to be elected from amongst the members of the medical faculty of the University by members of the Senate of the University or in case the University has no Senate, by members of the Court;"

The motion was adopted.

Mr. Chairman: The question is:

Page 2, line 37—

for "six members" substitute:

"eight members"

The motion was adopted.

Mr. Chairman: The question is:

Pages 2 and 3—

omit lines 39 to 42 and 1 to 6 respectively.

The motion was adopted.

Mr. Chairman: The question is:

Page 3, line 7—

for "The Chairman and Vice-Chairman"

substitute "The President and Vice-President"

The motion was adopted.

Mr. Chairman: Now I will put the other amendments. The question is:

Page 2, line 28—

for "one member" substitute "two members".

The motion was negated.

Mr. Chairman: The question is:

Page 2, lines 31 and 32—

for "in the First or the Second Schedule or in Part II of the Third Schedule" substitute "in the Schedules";

The motion was negated.

Mr. Chairman: The question is:

Page 2—

omit lines 33 to 36.

The motion was negated.

Shrimati Renu Chakravarty: I want that amendments Nos. 49, 50, 51, 57 and 58 may be put to vote.

Mr. Chairman: Amendment No. 49 is the same as amendment No. 2 which has already been negated. I shall put the others to vote.

The question is:

Page 2—

(i) line 31, after "the Second Schedule" insert "and Part I of the Third Schedule by a joint electorate, one seat being reserved for the medical graduates and another to be reserved for those with qualifications included in Part I of the Third Schedule"; and

(ii) lines 31 and 32 omit "or in Part II of the Third Schedule"

The motion was negated.

Mr. Chairman: The question is:

Page 2, lines 33 and 34—

for "elected from amongst themselves by persons enrolled on any ;

[Mr. Chairman]

of the State Medical Registers" substitute "nominated by the Central Government from amongst persons until such time as the Indian Medical Register is prepared"

The motion was negatived.

Mr. Chairman: The question is:

Page 2, line 23—

omit "Central Government in consultation with the"

The motion was negatived.

Mr. Chairman: The question is:

Page 3—

after line 6, add:

"Provided further that the Indian medical Register is completed within two years of the passing of this Act."

The motion was negatived.

Mr. Chairman: Does Shri L. Jogeswar Singh want his amendment to be put to vote? Government want to give two seats, but the hon. Member wants only one.

Shrimati Renu Chakravartty: No, he has a point in this. He has mentioned it already.

Mr. Chairman: Does Shri L. Jogeswar Singh want that Government should give only one seat? Does he want me to put his amendment to vote? I think it does not arise now. Of course, it is only under rules.

Shri L. Jogeswar Singh: Please put it.

Mr. Chairman: The question is:

Page 2—

after line 27, insert:

"(bb) One member to be nominated by the Central Government to represent the four Union Territories of Delhi, Himachal Pradesh, Manipur and Tripura, from persons who possess the medical qualifications included in the First or the Second Schedule or in Part II of the Third Schedule;"

The motion was negatived.

Mr. Chairman: The question is:

"That clause 3, as amended, stand part of the Bill".

The motion was adopted.

Clause 3, as amended, was added to the Bill.

Clause 4— (Mode of election)

Rajkumari Amrit Kaur: I beg to move:

Page 3—

for lines 12 to 14, substitute:

"4. (1) An election under clause (b), clause (c) or clause (d) of sub-section (1) of section 3 shall be conducted by the Central Government in accordance with such rules as may be made by it in this behalf, and any rules so made may provide that pending the preparation of the Indian Medical Register in accordance with the provisions of this Act, the members referred to in clause (d) of sub-section (1) of section 3 may be nominated by the Central Government instead of being elected as provided therein."

I have already explained the reasons why this has been transferred from clause 3 to clause 4.

Mr. Chairman: The question is:

Page 3—

for lines 12 to 14, substitute:

"4. (1) An election under clause (b), clause (c) or clause (d) of sub-section (1) of section 3 shall be conducted by the Central Government in accordance with such rules as may be made by it in this behalf, and any rules so made may provide that pending the preparation of the Indian Medical Register in accordance with the provisions of this Act, the members referred to in clause (d) of sub-section (1) of section 3 may be nominated by the Central Government instead of being elected as provided therein."

The motion was adopted.

Mr. Chairman: The question is:

"That clause 4, as amended, stand part of the Bill"

The motion was adopted.

Clause 4, as amended, was added to the Bill.

Clauses 5 and 6 were added to the Bill.

Clause 7.—(Term of office of Chairman, Vice Chairman and members).

Rajkumari Amrit Kaur: I beg to move:

Page 3, line 30—

for "The Chairman or Vice-Chairman" substitute "The President or Vice-President".

There are really a set of amendments of this nature substituting the words "The President or Vice-President" for "The Chairman or Vice-Chairman", wherever they occur.

Mr. Chairman: The question is:

Page 3, line 30—

for "The Chairman or Vice-Chairman" substitute "The President or Vice-President".

The motion was adopted.

Mr. Chairman: The question is:

"That clause 7, as amended, stand part of the Bill".

The motion was adopted.

Clause 7, as amended, was added to the Bill.

Clause 8 was added to the Bill.

Clause 9.—(Officers, Committees and servants of the Council).

Amendment made: Page 4, lines 32 and 33—

for "The Chairman, Vice-Chairman" substitute "the President, Vice-President".

[Rajkumari Amrit Kaur]

Mr. Chairman: The question is:

"That clause 9, as amended, stand part of the Bill".

The motion was adopted.

Clause 9, as amended, was added to the Bill.

Clause 10.—(The Executive Committee).

Amendment made: Page 4—

(i) line 36—

for "the Chairman and Vice-Chairman" substitute "the President and Vice-President";

(ii) lines 40 and 41—

for "the Chairman and Vice-Chairman" substitute "the President and Vice-President";

[Rajkumari Amrit Kaur]

Mr. Chairman: The question is:

"That clause 10, as amended, stand part of the Bill".

The motion was adopted.

Clause 10, as amended, was added to the Bill.

Clause 11 was added to the Bill.

Clause 12.—Recognition of medical qualifications granted by medical institutions etc.)

Shrimati Renu Chakravarty: I beg to move:

Pages 5 and 6—

omit lines 40 to 42 and 1 to 6 respectively.

This actually deals with a case where recognition is withheld by the Council and the Central Government intervene and, after obtaining from the Council a report may, by notification in the official gazette, amend the Second Schedule. I have already said that I feel that if the Indian Medical Council is elected in a democratic manner, there is absolutely no fear that there should be any injustice done, provided the standards are all right. I find also now from what Rajkumari has said that there might be certain cases where, according to her, injustice was done by the

[Shrimati Renu Chakravarty]

Indian Medical Council. I feel that there is clause 30 which says:

"Whenever it is made to appear to the Central Government that the Council is not complying with any of the provisions of this Act, the Central Government may refer the particulars of the complaint to a Commission of Inquiry...."

Obviously, there is a right to refer these matters to Commissions of Inquiry. But I do feel that we should not bring such professional matters as education, medicine and the Press under executive authority. They should be autonomous to a large extent. Therefore, statutory powers in regard to the standard of degrees and so on should vest with the Indian Medical Council. The Rajkumari has earlier pointed out that it is necessary that only the best men should be there. After all, it should be left to the people with the requisite qualifications to lay down the highest standards. As such, I think either we should have that statutory right given to them and thereby give them the dignity associated with that body or we do not have the Indian Medical Council at all. As such, such revisory powers should not be given to Central Government in such a sweeping manner.

Mr. Chairman: The question is:

Pages 5 and 6 omit lines 40 to 42 and 1 to 6 respectively.

The motion was negatived.

Shrimati Jayashri: I beg to move:

Page 5, line 22—omit "may apply to, or"

This deals with the arrangements to bring about mutual recognition of medical degrees of different countries. It is proper that the Indian Medical Council may enter into negotiations with other countries for such mutual recognition, but it would

not be in keeping with the dignity of India that the Medical Council should apply for such recognition. So I have suggested this amendment.

Rajkumari Amrit Kaur: I accept this amendment.

Shrimati Renu Chakravarty: What is the reason for this? Why should not application be made if the hon. Minister feels that the Council should be able to enter into any sort of negotiations so that we can have better relations between countries? I do not see any reason why we may not apply. I think at one stage we did apply for reciprocity to all countries of the world.

Shrimati Jayashri: The Council "may enter into negotiations", instead of "apply to".

Mr. Chairman: Instead of "apply to or may enter into negotiations", it is simply "may enter into negotiations."

Shrimati Renu Chakravarty: Does it mean that it is redundant?

Rajkumari Amrit Kaur: I think we as a sovereign Government should not "apply to" others. We should have the right to enter into negotiations. We should not 'apply to' any foreign government.

Mr. Chairman: The question is:

Page 5, line 22—omit 'may apply to, or.'

The motion was adopted.

Mr. Chairman: The question is:

"That clause 12, as amended, stand part of the Bill."

The motion was adopted.

Clause 12, as amended, was added to the Bill.

Clause 13.— (Recognition of medical qualifications granted by certain medical institutions etc.)

Rajkumari Amrit Kaur: I beg to move:

Page 6—

for lines 18 to 22, substitute:

“(3) The medical qualifications granted by medical institutions outside India which are included in Part II of the Third Schedule shall also be recognised medical qualifications for the purposes of this Act, but no person possessing any such qualification shall be entitled to enrolment or any State Medical Register unless he is a citizen of India and has undergone such practical training after obtaining that qualification as may be required by the rules or regulations in force in the country or State granting the qualification, or if he has not undergone any practical training in that country or State, he has undergone such practical training as may be prescribed.”

. This, again, was at the request of the Indian Medical Association that these qualifications should not be recognised until and unless the holders have done a minimum period of internship at hospitals in India; unless they have already done the internship in other countries. The emphasis on internship is very great these days. I think it is a healthy amendment.

Mr. Chairman: The question is:

Page 6—

for lines 18 to 22, substitute:

“(3) The medical qualifications granted by medical institutions outside India which are included in Part II of the Third Schedule shall also be recognised medical qualifications for the purposes of this Act, but no person possessing any such qualification shall be entitled to enrolment on any State Medical Register unless he is a citizen of India and has undergone such practical training after

obtaining that qualification as may be required by the rules or regulations in force in the country or State granting the qualification, or if he has not undergone any practical training in that country or State, he has undergone such practical training as may be prescribed.”

The motion was adopted.

Mr. Chairman: The question is:

“That clause 13, as amended, stand part of the Bill.”

The motion was adopted.

Clause 13, as amended, was added to the Bill.

Clause 14— (Special provision in certain cases for recognition of medical qualifications).

Rajkumari Amrit Kaur: I beg to move:

Page 6, line 38 after “Central Government” insert “after consultation with the Council.”

In sub-clause (2) of clause 14, it is stated “In respect of any such medical qualification, the Central Government, after consultation with the Council, may,.....”

The Medical Council has again represented that they should be consulted in respect of sub-clause (1) also. Therefore I would like to insert also the words “after consultation with the Council” here also.

Shrimati Renu Chakravartty: This does meet the point to a certain extent. I had suggested—

Page 7, line 3 after “Provided that” insert “such recognition is approved by the Council and”

Page 7, line 8 for “consultation with” substitute “receiving the approval of”.

My point was that there should be not only consultation but approval also. But I do not think that with the

[Shrimati Renu Chakravartty]

Minister's acceptance of the consultation part, it is a little better. Therefore, I do not like to move my amendments.

Rajkumari Amrit Kaur: I have got another amendment to clause 14.

I beg to move:

Page 7, line 6—for "and for so long as they continue to do such work" substitute "and shall be limited to the period specified in this behalf by the Central Government by general or special order."

16-53 hrs.

[MR. DEPUTY-SPEAKER in the Chair]

This is in regard to those that come here from abroad for purposes of teaching, research or charitable work.

Mr. Deputy-Speaker: The question is:

Page 6, line 38—after "Central Government" insert "after consultation with the Council."

The motion was adopted.

Mr. Deputy-Speaker: The question is:

Page 7, line 6—for "and for so long as they continue to do such work" substitute "and shall be limited to the period specified in this behalf by the Central Government by general or special order".

The motion was adopted.

Mr. Deputy-Speaker: The question is:

"That clause 14, as amended, stand part of the Bill."

The motion was adopted.

Clause 14, as amended was added to the Bill.

Clauses 15 to 17 were added to the Bill.

Clause 18— (Visitors at examinations).

Rajkumari Amrit Kaur: I have an amendment No. 45, which is consequential. Everywhere we have

substituted 'President' and 'Vice-President' in place of 'Chairman' and 'Vice-Chairman' and the House has accepted them.

Amendment made: Page 8—

(i) lines 4 and 5—

for "the Chairman" substitute "the President"; and

(ii) line 9,

for "the Chairman" substitute "the President."

[Rajkumari Amrit Kaur]

Mr. Deputy-Speaker: The question is:

"That clause 18, as amended, stand part of the Bill."

The motion was adopted.

Clause 18, as amended, was added to the Bill.

Clause 19, was added to the Bill.

Clause 20—(Post-graduate Medical Education Committee for assisting Council etc.)

Shrimati Renu Chakravartty: I beg to move:

Page 9, for line 10 and 11 substitute: "elected by the Council and the remaining three members shall be nominated by the Central Government from amongst its members."

The hon. Minister has already told us that although it is not within the clause itself—it has no legal status—the Central Government will nominate members from the Council itself. That is more or less an assurance as far as I can make out. I do not know whether it is anywhere stated that the nominations will have to be within the Council.

Rajkumari Amrit Kaur: It is stated in sub-clause (1)—

"The Council may prescribe standards of postgraduate medical education for the guidance of Universities, and may advise Universities in the matter of securing

uniform standards for post-graduate medical education throughout India, and for this purpose the Central Government may constitute from among the members of the Council a Post-graduate Medical Education Committee (hereinafter referred to as the Post-graduate Committee).

So, Government cannot possibly go outside the members of the Medical Council.

Shrimati Renu Chakravarty: I think from the hon. Minister's speech that it does have legal status. Beyond that, my point is again a point of principle, namely, that the elective principle should be predominant and the Central Government should also have its representatives by nomination but from amongst its members, members of the Council. The very valid point has been made by the Minister by stating that it is necessary to see that within this Council the various regions—those that are developed, that are under-developed etc.—are balanced within the Council. That is the position, and I am at one with her. That is the reason why I have consistently advocated that the licentiates should have a say within the Council. I agree with her that the under-developed area should also have its representation there. I would have liked if the Central Government had by the rules, laid down specifically that certain regions should have representation, either nomination or election, that would have really kept a well-balanced Council. At the same time it would have kept the elective principle unimpaired.

Therefore, I feel that although I am at one with the hon. Minister in stating that I would like the various regional developments should also be taken into consideration in the composition of this Committee, yet because the elective principle is not there, I fear whether the regional development question can easily be solved by the rules. It is the Council that should have a larger number of

elected representatives, and only three should be nominated by the Central Government.

Shrimati Jayashri: I beg to move:

Page 9 line 7—for “and” occurring for the second time substitute “or”.

I feel that a person to be nominated or elected to the Post-graduate Committee should have a post-graduate medical qualifications and has experience of teaching post-graduate medical students for a number of years. Examining post-graduate students of medicine is not so essential, I think. We know from our experience in Bombay that there are highly qualified people....

Mr. Deputy-Speaker: I am told the Government is inclined to accept that.

Rajkumari Amrit Kaur: If the House is in favour of it, I will accept it. I leave it to the House.

Shrimati Jayashri: If the House requires some reasons, I will give them.

Shri Mohanlal Saksena: If the House agrees, there is no question of her not accepting it.

Shrimati Renu Chakravarty: The Government itself has an amendment to this clause, No. 19.

Mr. Deputy-Speaker: There was a Government amendment to the same effect.

Rajkumari Amrit Kaur: I withdrew the amendment, but it was too late for me to inform the Ministry of Parliamentary Affairs.

17 hrs.

Shrimati Jayashri: It has been the experience, especially in Bombay, that very highly qualified persons do not get an opportunity for being selected as examiners. For instance, the heads of the G. S. Medical College and Topiwala Hospital, the J. J. Group of hospitals and the Grant Medical College, etc. were taken in this administrative work when they were quite young and they do not get an opportunity. The Committee should have the benefit of their ad-

[Shrimati Jayashri]

vice. If we debar these people from being elected or nominated to this body, it will be a loss to it and it would be a pity if such competent men who had studied all aspects of medical education are debarred from being members of the Post-Graduate Committee. On the other hand, their experience as head of the medical colleges and teaching hospitals would be a material help to the Committee. I could give the names of these heads of institutions—for instance Dr. Satna, Dr. Vengsarkar and Dr. Baliga who is an expert in surgery but was never appointed an examiner. The Committee should have the benefit of the advice of such people.

Mr. Deputy-Speaker: Any other amendment to this clause? None.

Rajkumari Amrit Kaur: Sir, more than one speaker has spoken in support of this amendment and I have no objection to accept it. In regard to the amendment moved by Shrimati Renu Chakravartty. I feel very strongly that in the Post-Graduate Committee there should be no question of regional representation. You should get the best men from wherever they come. At anyone time, they may perhaps be even from one State. I would not cramp the hands of the Government or the Council in selecting the best men available.

Mr. Deputy-Speaker: The question is:

Page 9, line 7—

for "and" occurring for the second time substitute "or".

The motion was adopted

Mr. Deputy-Speaker: The question is:

Page 9

for lines 10 and 11 substitute.....

"elected by the Council and the remaining three members shall be nominated by the Central Government from amongst its members."

The motion was negatived.

Mr. Deputy-Speaker: The question is:

"That clause 20, as amended, stand part of the Bill."

The motion was adopted.

Clause 20, as amended, was added to the Bill.

Clauses 21 to 23 were added to the Bill.

Clause 24 (Removal of names from the Indian Medical Register)

Shrimati Renu Chakravartty: I beg to move:

Page 10, lines 15 and 16—

for "to the Central Government, whose decision, which shall be given after consulting the Council" substitute

"to the Council whose decision".

Here again, I move this amendment in accordance with the principles which I would like to see to be pursued in this Bill. The recognition of qualifications should be left to the discretion of the Council whose decisions should not be over-ridden by the Central Government.

Rajkumari Amrit Kaur: I think this House knows only too well how sometimes the Council has not recognised students passing out from certain colleges. I have had questions put to me on the floor of this House asking me to do away with this sort of injustice and I did it. But, it concerned five colleges and it constituted a terrible hardship on those who passed out of them. But, first I act always according to the recommendation of the Council and wait until I get complaints from the universities and the States concerned. The House should remember that the Council is an advisory body of the Government; it is a statutory body. The Government cannot relegate its authority to such a body and it must have the final say. It must have power to remove an injustice.

Mr. Deputy-Speaker: The question is:

Page 10, lines 15 and 16—

for "to the Central Government, whose decision, which shall be given after consulting the council".

substitute "to the Council whose decision"

The motion was negatived.

Mr. Deputy-Speaker: The question is:

"That clause 24 stand part of the Bill".

The motion was adopted.

Clause 24 was added to the Bill.

Clauses 25 to 32 were added to the Bill.

Clause 33. (Power to make regulations)

Rajkumari Amrit Kaur: I have an amendment No. 46—to clause 33. It is just a consequential amendment which has been accepted again and again by this House.

Shri Barman (North Bengal-Reserved—Sch. Castes): May I raise a point of order? It has been accepted by the House once. The same thing cannot be put to the House again. Supposing the House voted against this amendment, what would be the result? It is a consequential amendment and it can automatically follow.

Mr. Deputy-Speaker: It is not that it would follow automatically. If we had agreed that it would be changed everywhere, then perhaps it would have been possible. But, now it has to be put. I do not also see any possibility of the hon. Members voting otherwise on the same thing in a subsequent clause while having agreed to it in a previous clause. There is no harm. It has to be formally put.

amendment made: Page 12, lines 24 and 25—

for "the Chairman and Vice-Chairman" substitute "the President and Vice-President."

—[Rajkumari Amrit Kaur]

Mr. Deputy-Speaker: The question is:

"That clause 33, as amended, stand part of the Bill."

The motion was adopted.

Clause 33, as amended, was added to the Bill.

Clause 34 was added to the Bill.

First Schedule

Shrimati Jayashri: I have got two amendments Nos. 26 and 27 which I beg to move:

Page 14, lines 29 to 33—

omit "This qualification shall be a recognised medical qualification only when granted after the 20th May, 1952."

(ii) Page 14, lines 58 to 61—

omit "This shall be recognised medical qualification only when granted after the 1st April, 1954."

With regard to the Gauhati University and the Baroda University, the MBBS degrees were awarded only after the 20th May, 1952 and 1st April, 1954 respectively. As no such degrees were awarded by either of these Universities before the said dates the entries are redundant. Their retention also gives the impression that such degrees were recognised by the Council and the Government before the said dates but were not recognised now by them. This impression may be unfair to these Universities. They are likely to cause some misunderstanding and so, I request that we may delete them.

Rajkumari Amrit Kaur: I shall accept these amendments. It will make no difference if I accept them.

Mr. Deputy-Speaker: The question is:

Page 14, lines 29 to 33—

omit "This qualification shall be a recognised medical qualification only when granted after the 20th May, 1952."

The motion was adopted.

Mr. Deputy-Speaker: The question is:

Page 14, lines 58 to 61—

omit "This shall be recognised medical qualification only when granted after the 1st April, 1954."

The motion was adopted.

Mr. Deputy-Speaker: The question is:

"That the First Schedule, as amended, stand part of the Bill."

The motion was adopted.

First Schedule, as amended, was added to the Bill.

Second Schedule

Pandit Thakur Das Bhargava (Gurgaon): Sir, I beg to move:

Page 17, lines 14 to 20—

omit "provided the holders thereof had passed F.Sc. Examination before taking up medical studies

जब यह बिल इस हाउस के अन्दर पेश किया गया था तो इस के अन्दर कितने ही ऐसे आदमी जो कि एक तरह से क्वालिफाइड (अर्ह) हैं नहीं आते हैं। मिसाल के तौर पर कम्पाउंडर हैं जो कि बहुत तजुबेकार हैं और जिन को प्रैक्टिस में समझता हूँ सिविल सर्जन से कम नहीं हैं, जो कि वैसे तो क्वालिफाइड नहीं हैं लेकिन बहुत पुराने हैं, इस के अन्दर नहीं आ सकते हैं। इन लोगों को जिन्हें बच्चों की तथा दूसरी बीमारियों के बारे में काफी तजुर्बा है शामिल नहीं किया जा सकता है। अगर इन को शामिल किया जाता तो मैं जानता हूँ कि कुछ एम्बैरेसमेंट (परेशानी) होता और उन के लिये कोई अलहदा कायदा

बनाना पड़ता। इसलिये इस के बारे में मैंने कोई अलहदा एमेंडमेंट (संशोधन) नहीं दी। इसी तरह से वे जो कि आयुर्वेदिक और यूनानी सिस्टम आफ मैडिसिन (चिकित्सा प्रणाली) से ताल्लुक रखते हैं, उन को भी इस में शामिल नहीं किया गया है। लेकिन मैं आज उन के ऊपर नहीं जाना चाहता क्योंकि हो सकता है कि आनरेबल मिनिस्टर साहिबा उन के वास्ते कोई कानून इस वक्त लाना पसन्द न करें। लेकिन यह जो क्लास है जिस के बारे में मैंने एमेंडमेंट मूव किया है, ऐसी है जिस की तरफ हमारी जरूरत तबज्जह जानी चाहिये। ये लोग उन में से थे जो पृष्ठ १७ की पहली लाइन के अन्दर थे और जिन्होंने एफ० एस० सी० पास नहीं की थी। इस के मुकाबले में लोग थे जिन्होंने एफ० एस० सी० पास किया था और उस के बाद पांच साल की पढ़ाई की थी। ये लोग एट्रेंस या मैट्रिकुलेशन पास हैं और इन को एक साल तक पढ़ाने के बाद फिर पांच साल तक पढ़ाई कराई गई है और इस तरह से ६ साल तक इन्होंने तालीम पाई है। ये वे लोग हैं जिन्होंने उन के साथ जिन्होंने एफ० एस० सी० पास की है, एक साथ छठी एक ही बेंच व कमरे में बैठ कर पढ़ाई की और इस तरह से छः साल तक पढ़ने के बाद अब उन के साथ यह सक्ती करना कि उन्होंने एफ० एस० सी० पास नहीं की है इसलिये उन को शोडयूल २ में रिकगनाइज (मान्य) नहीं किया जा सकता है, यह बिल्कुल भी वाजिब नहीं है। यह तो वही बात है कि एक जमाने में अगर कोई क्लार्क की जगह निकलती थी और उस के लिये अगर क्वालिफिकेशन (अर्हता) मिडिल रखी जाती थी और अगर कोई एफ० ए० या बी० ए० एल्आई (आवेदन) करता था तो कह दिया जाता था कि यह जगह तो मिडिल पास लिये है, एट्रेंस पास को क्यों लें। इन लोगों ने छः साल तक तालीम पायी और उसी तरह से पायी जैसे कि एफ० एस० सी० पास में पांच साल तक पायी और मैं समझता हूँ इन दोनों में कोई फर्क नहीं है। फर्क इतना

ही है कि एक ने तो एंट्रेन्स पास करने के बाद छः साल तक पढ़ाई की और दूसरे ने एफ० एस० सी० पास करने के बाद पांच साल तक पढ़ाई की। और कोई भी किसी किस्म का फर्क नहीं है। इन्होंने भी जुबोलोजी, (जीव विज्ञान) बौटेनी (बनस्पति विज्ञान) वगैरह पढ़ी है पहली क्लास में मुझे एक डाक्टर साहब ने कहा कि आप यह करो कि आनरेबल मिनिस्टर साहिबा से यह कहो कि ऐसे डाक्टरों को जिन्होंने एफ० ए० पास नहीं किया एफ० एस० सी० का इम्तहान ले लिया जाये। यह अजीब मजाक है। छः साल पढ़ चुके हैं। अब उन का एफ० एस० सी० का इम्तहान लेने का कोई मतलब ही नहीं है। इस वास्ते मैं चाहता हूँ कि इस शेड्यूल में तरमीम कर दी जाये। अब उन के साथ सस्ती क्या है। छः साल तक पढ़ने के बाद आज उन को रिकगनाइज नहीं किया जायेगा और उन को दूसरों के मुकाबले में तनखाह भी निस्फ (आधी) मिलेगी। ये लोग फरदर स्टडीज (अग्रतर अध्ययन) के लिये एंटाइटल्ड (हकदार) नहीं हैं और फीज वगैरह में नौकरी नहीं कर सकते हैं। गर्जेकि उन के साथ ऐसा सलूक किया जा रहा है जिस के कि वे मुस्तहिक नहीं थे। इस के अन्दर आप ने जो ये अल्फाज रखे हैं कि :

"provided the holders thereof had passed F.Sc. before taking up medical studies."

इन को निकाल दिया जाना चाहिये।

मैं देखता हूँ कि आनरेबल मिनिस्टर साहिबा ने अपनी तरफ से शेड्यूल ३ में एक अमेंडमेंट दी है (East Punjab) फेकल्टी के बारे में जिस में उन्होंने प्रि-मैडिकल (पूर्व-चिकित्सा) तालीम को रिकगनिसान दिया है और उस को क्वालिफिकेशन समझा है और उन को मुसलतमना (अपवर्जित) कर दिया है। मैं पूछना चाहता हूँ कि इन बेचारों लोगों ने जिन का जिक्र मैं ने किया है क्या कसूर किया है? ये छः साल तक पढ़े भी हैं और इतने बरसों तक पढ़ने के बाद भी आज

क्या आप उन से यह उम्मीद करते हैं कि वे लोग अब एफ० एस० सी० पास करें और एफ० एस० सी० में दाखिल हों। वे लोग इतन ज्यादा क्वालिफाइड हैं कि अब आप उन को शायद इस इम्तहान (परीक्षा) को पास करने के लिये भी न कहें। तो फिर उन के साथ यह सक्ती क्यों कि तनखाह भी कम और हर तरह की डिसएबिलिटीज (अन-हंताओं) भी उन के साथ जुड़ी हुई है। क्या उन का यही कसूर है कि उन्होंने एफ० एस० सी० पास नहीं की है। मैं बड़े अदब के साथ अर्ज करना चाहता हूँ कि इस किस्म के बहुत ज्यादा आदमी नहीं हैं लेकिन वे हैं बहुत ज्यादा क्वालिफाइड और वैसे ही हार्डली क्वालिफाइड (उच्च अनहंता प्राप्त) हैं जैसे कि दूसरे हैं। इस तरह के आदमियों की तादाद मुश्किल से २० या ३० होगी। इन के साथ यह सक्ती वाजिब नहीं है। यह शर्त तो अब वेस्ट (पश्चिम) पाकिस्तान में भी नहीं है? वहां पर तो उन को हायर क्वालिफाइड समझा जाता है। वहां पर जब उन के स्टेस (मान प्रतिष्ठा) में कोई कोई फर्क नहीं है तो यहां पर क्यों फर्क किया जाता है। यह नहीं होना चाहिये। तो यह जो एफ० एस० सी० की शर्त है अगर इस को हटा दिया जाये तो मैं समझता हूँ कि कोई लम्बा चौड़ा फर्क नहीं पड़ेगा। यह उन के साथ इंसाफ की बात ही होगी; अगर आप ने ऐसा नहीं किया तो आप उन के साथ ऐसी सक्ती करेंगे जिस के कि वे मुस्तहिक नहीं हैं।

Mr. Deputy-Speaker: Amendment moved:

Page 17, lines 14 to 20—

omit "provided the holders thereof had passed F.Sc. Examination before taking up medical studies".

Rajkumari Amrit Kaur: Mr. Deputy Speaker, I am all in sympathy with what the hon. Member has said. My position is that this condition was imposed on the advice of the Medical Council of India. But I will take

[Rajkumari Amrit Kaur]

this question up with the Medical Council again and persuade them to see whether they can do it. It is within the powers vested in the Central Government in consultation with the Medical Council to bring anybody on the Schedule. So, if the hon. Member would withdraw his motion now, I will take the matter up with the Indian Medical Council and ask them to reconsider their decision.

पंडित ठाकुर दास भार्गव : आनरेबल मिनिस्टर साहिबा ने कहा है कि वह इस के बारे में मैडिकल काउंसिल की राय लेंगी। मैं समझता हूँ कि मैडिकल काउंसिल से इस हाउस के अख्यारत कहीं ज्यादा हैं। अगर मिनिस्टर साहिबा इस को दुस्त समझती है तो वह इसे आज ही मंजूर करें और अगर दुस्त नहीं समझती है तो इस की नामंजूर करे। मैं समझता हूँ कि मैडिकल काउंसिल से पूछने की कोई जरूरत नहीं है। मैं इस को नहीं समझता कि अगर काउंसिल कहे तो ही मिनिस्टर साहिबा करें और अगर न कहें तो न करें। यह बात मेरी समझ में नहीं आती है। मैं अपनी एमंडमेंट वापिस लेने के लिये तैयार नहीं हूँ। उन की मर्जी है, मंजूर करें या न करें। यह हाउस के मेम्बरान के साथ इन्साफ नहीं है कि उन की एमंडमेंट जो दुस्त व वाजिब हो वह भी मैडिकल फैकाल्टी की राय से ही मंजूर (स्वीकृत) हो और मिनिस्टर साहिबा बेवसी (विवशता) जाहिर करें।

Rajkumari Amrit Kaur: Sir, I do not think we should adopt an unreasonable attitude. With one breath I am told that I am taking away the powers of the Medical Council and with another breath I am asked to ride rough shod over the Medical

Council. I do not think it is right for me to ride rough shod over a body like that. I never have done so. I have always consulted the Medical Council and I shall try my best to persuade them. If they are agreeable, and I hope they will be, then there is no difficulty. They have got to see how many there are, they have got to go into the case of each one, see what the position is and so on. I know hardships do come but exceptions make bad law and, you, Sir, as a lawyer must know that. So I beg of the House, to let me consult the Medical Council in this regard and see what I can do about it.

Pandit Thakur Das Bhargava: In the light of the assurance given by the hon. Minister I hope she will do it with all her force and she will succeed there though I did not succeed here. So I wish to withdraw my amendment considering the interests of these unfortunate persons.

The amendment was by leave withdrawn.

Mr. Deputy-Speaker: The question is:

"That the Second Schedule stand part of the Bill."

The motion was adopted.

Second Schedule was added to the Bill.

Third Schedule

Rajkumari Amrit Kaur: Sir, I beg to move:

Page 18—

after line 43, insert:

"East Punjab State Medical Faculty Licentiate in Medicine and Surgery.

L.M.S., East Punjab. This qualification shall be a recognised one only when granted on or after the 15th August, 1947, to a person referred to in the entry relating to East Punjab State Medical Faculty in the First Schedule, provided he had passed the pre-medical examination".

To the hon. Member who just now moved an amendment I said that I would consult the Medical Council about it. I have consulted the Medical Council in regard to this as I felt that some injustice was being done to the L. M. S. of East Punjab. So this qualification will now be recognised only when granted on or after the 15th August, 1947 to a person other than any person referred to in the entry relating to East Punjab State Medical Faculty in the First Schedule provided he had passed the pre-medical examination. I would like this amendment to be accepted by the House.

Mr. Deputy-Speaker: The point of the hon. Member is whether it is after consultation with the Medical Council or not. The hon. Minister can convey her own feelings that this is reasonable and may be accepted. There is no need of repeating that the Medical Council has been consulted and it has agreed.

Rajkumari Amrit Kaur: I am mentioning this because there is so much criticism that we are taking away the powers of the All India Medical Council. The hon. Members have referred to this frequently. I mentioned this so that hon. Members may not think I am doing one thing here and another thing at another place.

Mr. Deputy-Speaker: The Council would only be entrusted with those powers that this House gives to it.

Pandit Thakur Das Bhargava: This House is certainly bigger than the Medical Council.

Shrimati Renu Chakravartty: I beg to move:

Page 20—

omit lines 1 to 14.

“East Punjab State Medical Faculty Licentiate in Medicine and Surgery.”

This gives an opportunity to our own nationals who have obtained degrees from those universities to have their degrees recognized. I think we need not put this as a part of the Third Schedule because there is no reciprocity. If there are certain cases where we do want to recognize certain degrees where we have no reciprocity and it is to our advantage, we shall certainly do it in consultation with the Indian Medical Council. Since the Council is there and as we recognize it as a professional body with the highest powers, I feel it is not necessary for us to have Part II of the Third Schedule. Since there is no reciprocity, we need not keep it. My amendment seeks to do away with this Part.

Rajkumari Amrit Kaur: I am afraid, I cannot accept this. This is consequential to amendment Nos. 53 and 54 of the hon. Member which I had refused to accept. In my opinion, it is necessary to retain Part II of the Third Schedule in the interests of the citizens of India. If we do not have this Part II, those of our men and women who have got these qualifications will not be able to register their names, which is very unfair to them.

Mr. Deputy-Speaker: The question is:

Page 20—

omit lines 1 to 14.

The motion was negatived.

Mr. Deputy-Speaker: The question is:

Page 18—

after line 43, insert:

L. M. S., East Punjab. This qualification shall be a recognized one only when granted on or after the 15th August, 1947, to a person other than any person referred to in the entry relating to East Punjab State Medical Faculty in the First Schedule, provided he had passed the pre-medical examination.”

The motion was adopted.

Mr. Deputy-Speaker: The question is:

"That the Third Schedule as amended, stand part of the Bill."

The motion was adopted.

Third Schedule, as amended, was added to the Bill.

Clause 1, the Enacting Formula and the Title were added to the Bill.

Rajkumari Amrit Kaur: I beg to move:

"That the Bill, as amended, be passed"

Mr. Deputy-Speaker: Motion moved:

"That the Bill, as amended, be passed"

श्रीमती कमलेन्दुमति शाह (जिला गढ़वाल-मश्चिम व जिला टिहरी गढ़वाल व जिला बिजनौर उत्तर) : इस बिल के सम्बन्ध में मुझे केवल थोड़ा ही निवेदन करना है पहली बात तो मैं यह कहना चाहती हूँ कि इस कौंसिल में आयुर्वेदिक सिस्टम (प्रणाली) को कोई स्थान नहीं दिया गया है। उस में वैद्यों को भी स्थान मिलना चाहिये।

धारा २ में "मैडिसन" (श्रीषधि) की डेफिनीशन (परिभाषा) में सिर्फ़ माइंड (आधुनिक) दवाइयों का उल्लेख किया गया है। मंत्रिणी महोदय से मेरा निवेदन है कि उस में आयुर्वेदिक दवाइयों को भी सम्मिलित किया जाये।

सरकार यह स्वीकार करती है आयुर्वेदिक दवाइयों में भी कुछ तथ्य हैं। विदेशी विशेषज्ञ भी आयुर्वेद के चमत्कार को मानते हैं। इस के अतिरिक्त जब सरकार आयुर्वेदिक संस्थाओं पर इतना खर्च कर रही है, तो वैद्यों को दी जाने वाली डिग्रीज इत्यादि को रेकगनइज (स्वीकृत) किया जाना चाहिये और वैद्यों को क्वैचर लिफिकेशन्स (अर्हताओं) को भी मान्यता देनी चाहिये जो मैडिकल कौंसिल (चिकित्सा परिषद्) बनती है उस में आयुर्वेदिक डाक्टरों को भी

शामिल किया जाना चाहिये जिस से आयुर्वेदिक के इन्टरेस्ट (हित) को भी बचा सके।

उपाध्यक्ष महोदय : इस विषय पर पहले ही बहुत चर्चा हो चुकी है। माननीय सदस्या शायद उस वक्त यहाँ पर नहीं थी।

पंडित ठाकुर दास भार्गव : इस सिलसिले में अगर हम चीन की हालत को देखें, तो हम को मालूम होगा कि वहाँ पर हजारों बरसों से जो मैडिकल साइन्स (चिकित्सा विज्ञान) चली आ रही थी, उस के मुताबिक जितना इल्म था, उस की जितनी संस्थाएँ वगैरह थीं, उन सब को एक ही जगह पर इनकापोरेट (निगमित) कर दिया गया, हालांकि यह हकीकत है कि वहाँ की पुरानी मैडिकल साइन्स (चिकित्सा विज्ञान) इतनी डेवलेप्ड (विकसित) नहीं है, जितनी कि हमारे यहाँ है। श्री सक्सेना ने शायद इस का जिक्र यहाँ पर किया है। जहाँ तक यहाँ की कौंसिल का ताल्लुक, है मैं पाता हूँ कि इस देश की जो सचमुच मैडिकल साइन्स थी, उस का इस में बायकाट (बहिष्कार) कर दिया गया है। उस में न आयुर्वेद को जगह दी गई है, न यूनानी सिस्टम को और न होम्योपैथी को। जिस तरह हमारे कास्ट सिस्टम (जाति पद्धति) के अन्दर अछूतों के साथ अनटचएबल (अस्पृश्य) का सा सलूक किया जाता है, उसी तरह आयुर्वेद को भी अनटचएबल समझा गया है। मैं यह पूछना चाहता हूँ कि क्या हिन्दुस्तान की सारी साइंसेज में सिर्फ़ एलोपैथी ही इस काबिल है कि उस को इस कौंसिल में जगह दी जाय। मैं यह भी जानना चाहता हूँ कि क्या हिन्दुस्तान में कोई ऐसा वक्त आयेगा, जब कि इस मुल्क का गरीब से गरीब आदमी इस सिस्टम से फायदा उठा सकेगा और हर एक बिलेज (गाँव) में हम डाक्टर भेज सकेंगे। हम सब जानते हैं कि एलोपैथी का इलाज कितना मंहगा है—इन्जेक्शन्स, ब्लड, (रक्त) पेशाब, मयकस वगैरह के एग्जामिनेशन (परीक्षण) और पेटेन्ट दवाइयों

में इतना खर्च आता है कि गरीब आदमी यह इलाज नहीं कर सकता है। आज डाक्टर के पास जाइये, वह हर दूसरे रोज बड़ी बड़ी मंहगी पेटेन्ट दवाइयों प्रैस्क्राइब (विहित) कर देता है, जो कि जर्मनी और दूसरे फारेन कन्ट्रीज (विदेशों) से आती हैं, जिन के मुताल्लिक हम कुछ भी नहीं जानते। मैं अर्ज करना चाहता हूँ कि यह इतना कास्टली सिस्टम (मंहगी पद्धति) है कि वह हमारे लिये टोटली (संबंधा) अनसुटेबल (अनुपयुक्त) है। क्या आइन्दा आने वाले हिन्दुस्तान में ऐसे डाक्टरों के लिये कोई जगह है, जो कि दो सौ रुपये से कम तनख्वाह न लें और जो बगैर फीस लिये किसी का इलाज न करें? हमारे हिन्दुस्तान की यह ट्रेडीशन (परम्परा) है कि वैद्य और हकीम गरीबों का मुफ्त इलाज करते हैं, कोई फीस नहीं लेते हैं। पिछली गवर्नमेंट के यहां पर आने के बाद हमारा वह सब का सब सिस्टम और सब की सब दवाइयां खत्म हो गयीं, इसलिये कि उस गवर्नमेंट ने उस सिस्टम की जितनी मदद की जानी चाहिये थी वह नहीं दी।

उपाध्यक्ष महोदय : पंडित जी शायद उस वक्त मौजूद नहीं थे, लेकिन सुबह स्पीकर साहब (अध्यक्ष महोदय) ने बहुत से मेम्बरों के इस तरफ जिक्र करने पर कहा था कि अगर यह बिल सिर्फ माड्रन मैडिकल साइंस (आधुनिक चिकित्सा विज्ञान) या एलोपैथी—उस की कौंसिल और रजिस्ट्रेशन (पंजीयन) वगैरह तक की महद्द (सी.मेत) है, तो इस का मतलब यह है कि शायद दूसरों की कौंसिल बनाने, उन को रजिस्टर करने वगैरह का सवाल अल-हिदा है और वह शायद दूसरी जगह लिया जायेगा। जूँ के बहुत से मेम्बरों ने इस सलसिले में एतराज उठाये थे और इस पर बहुत चर्चा हुई थी, इसलिये स्पीकर साहब ने कहा था कि इस में ज्यादा कहने की जरूरत नहीं है।

पंडित ठाकुर दास भार्गव : यह मेरी बदकिस्मती थी कि मैं उस वक्त यहां मौजूद

नहीं था और मैं आप का बुकिया अदा करता हूँ कि आप ने स्पीकर साहब के रूलिंग (विनिर्णय) की तरफ मेरी तबज्जह दिलाई है। यह दुस्त है—जैसा कि आप ने भी फरमाया है—कि शायद ऐसा हो जाये, लेकिन उस “शायद” की “वायद” करने के लिये ही मैं यहां पर खड़ा हुआ हूँ।

उपाध्यक्ष महोदय : इस वक्त—थर्ड रीडिंग (तृतीय वाचन) के वक्त—तो आप सिर्फ इस पर अफसोस ही कर सकते हैं।

पंडित ठाकुर दास भार्गव : आज आनरेबुल मिनिस्टर (माननीय मंत्री) साहिबा बड़े अच्छे मूड में मालम होती हैं और यह बात उन्होंने मेरी अमेंडमेंट (संशोधन) पर बोलते हुए जाहिर करदी है। उन्होंने कहा है कि वह इन डाक्टरों की इमदाद करेंगे, लेकिन मेरी दरख्वास्त है कि वह मेहरबानी फरमा कर इस सारे पुराने सिस्टम की भी इमदाद करें।

उपाध्यक्ष महोदय : अच्छे मूड के सारे फायदे आज ही न उठा लिये जायें।

पंडित ठाकुर दास भार्गव : हम को वह पक्का एश्योरेंस (आश्वासन) दें कि यह सब हो जायेगा, तो “शायद” की बजाय “वायद” हो जायेगा।

दूसरी एक छोटी सी बात मुझे यह कहनी है कि हर एक आदमी को अपने अपने जिले का तजर्बा होगा कि बहुत से ऐसी लोग होते हैं जो कि प्रैक्टिस करते करते परफैक्ट (पूर्ण) हो जाते हैं गो कि उन को किताबी नालिज (ज्ञान) नहीं होती। ऐसे लोग एलोपैथी के भी हैं। जब हम ने डेंटल काउंसिल एक्ट (दंत चिकित्सा परिषद् अधिनियम) पास किया था तो हम ने यह प्रावीजन (उपबन्ध) रखा था कि जो डेंटिस्ट (दंत चिकित्सक) बहुत तजुर्बकार हो जायेगा उस को प्रैक्टिस करने दिया जायेगा। मैं जानता हूँ कि दिल्ली में इस तरह के कुछ डेंटिस्ट हैं कि जो कि

[पंडित ठाकुर दास भार्गव]

उन लोगों से ज्यादा अच्छे दांत बनाते हैं जो कि जर्मनी से सीख कर आये हैं। इसी तरह से मैडीसन में भी है, क्योंकि यह तो करने की विद्या है। काम करते-करते कुछ लोग बड़े माहिर हो जाते हैं अगर आप ऐसे लोगों को रेकागनाइज नहीं करेंगी तो उन की प्रैक्टिस बन्द हो जायेगी और उन को रोजगार बन्द हो जायेगा। मेरी गुजारिश है कि ऐसे लोगों का भी इस मैडिकल काउंसिल के जरिये कुछ भला हो जाये। मैं चाहता हूँ कि मैडिकल काउंसिल को यह संदेशा पहुँच जाये। कि ऐसे लोगों के लिये भी कोई गुंजाइश रखी जाय। कि जो बीस या पच्चीस साल से प्रैक्टिस कर रहे हैं यह मियाद मैडिकल काउंसिल जो कि ठीक समझ उतनी मुकर्रर कर सकती है। मैं चाहता हूँ कि ऐसे लोगों को इस के अन्दर काम करने का मौका दिया जाये। हम ने डैन्टल काँसिल में ऐसे लोगों के लिये एक अलग प्रावीजन रक्खा है। मैं चाहता हूँ कि वैसा ही कोई प्रावीजन इस में भी हो ताकि वह लोग उस से फायदा उठा सकें।

Shri A. M. Thomas: Mr. Deputy-Speaker, I have been prompted to say a few words because of the observations just now made by my hon. friend Pandit Thakur Das Bhargava.

Mr. Deputy-Speaker: Let us hope that the neighbours will agree.

Shri A. M. Thomas: It is a matter of regret that whenever the Health Ministry Demands come before the House, any Health Ministry Bill comes up, it becomes a discussion of modern system of medicine versus other systems. I am a great sympathiser of the Ayurvedic system of medicine and other Indian systems of medicine.

Shri V. P. Nayar: Because you have to go to that when others fail.

Shri A. M. Thomas: Because certain forms of treatment of Ayurveda and Unani systems are eminently suitable for certain categories of diseases. We have got no less a person

than Shri Nanda himself before us who has undergone the Ayurveda treatment and who has been benefited by it. I think he would be a good protagonist of that system of medicine. All the same, we have to face realities. The average longevity of life in India has increased, I think, because people more and more resort to the modern system of medicine, which has made wonderful progress. If it is suitable to one tropical country, it is suitable to India which is another tropical country. I do not understand why Pandit Thakur Das Bhargava says that the Allopathic system of medicine is not suited to our country. It is suited to our country.

Pandit Thakur Das Bhargava: I referred not to the system, but the cost.

Mr. Deputy-Speaker: Shri A. M. Thomas said that he was prompted by the speech of Pandit Thakur Das Bhargava. Let not others be prompted by his speech.

Shri A. M. Thomas: Development of science, according to me, is not the monopoly of any particular country. It is for the benefit of the entire world. We must not be a party to this misplaced enthusiasm. That is my request to this House.

Mr. Deputy-Speaker: That could have been settled by the Members mutually.

Shri A. M. Thomas: Because of our enthusiasm for that, we are encouraging indirectly a lot of quacks. That is the difficulty. We have to face the realities. We should take advantage of the modern system of medicine.

17-34 hrs.

[MR. SPEAKER in the Chair]

Rajkumari Amrit Kaur: I do not want to detain the House any longer. I am very glad that at least one Member has got up and said that whenever a Bill is brought forward

by the unfortunate Health Minister, invariably questions of Ayurveda, homoeopathy and unani systems are brought up, even though they are not relevant to the Bill. No one has done more, according to my own conviction, than I for the upliftment of Ayurveda. But, if I am asked to accept the doctrine that modern medicine is not suited to India or that India should lag behind in this most vital of all sciences, the science of medicine, I am not going to be party to that. I want India to take her place in the comity of nations in every possible way and be at the top. But, this does not mean that I do not encourage Ayurveda or unani, etc., and give them opportunities of development. I have not yet had an agreed solution either by the vairs or by the Health Ministers of the States. As one Member said, quackery continues unabated.

The experience of China is quoted. May I say that China is going to turn out one more practitioner of traditional medicine? Not a single one. They have accepted modern medicine *in toto*. They are employing the practitioners of traditional medicine only in the case of chronic diseases, five in number. Not one of them is allowed to do anything in the case of communicable disease or any other case, or prescribe for any disease other than those five diseases. Not one of them is allowed even to learn modern medicine. I am giving them many more chances of development. Let us not quote China. China is going ahead fast with no inhibitions. I am doing everything for the uplift of Ayurvedi, homoeopathy and unani. Money has been set apart. It is for the vairs to use it as best as they can.

Mr. Speaker: The question is:

"That the Bill, as amended, be passed."

The motion was adopted.

ELECTRICITY (SUPPLY) AMENDMENT BILL

The Minister of Planning and Irrigation and Power (Shri Nanda): Sir, I beg to move:

"That the Bill further to amend the Electricity (Supply) Act, 1948, as reported by the Select Committee, be taken into consideration".

I may say just a few words regarding the background of this Bill. This Bill was introduced in the Lok Sabha on 28th September, 1955. On the 14th August last, this House adopted a motion for reference of the Bill to a Select Committee for submitting a report on the opening day of this session of Parliament. The Select Committee had strenuous work with this Bill. It is of a complicated and technical nature. The Chairman and the Members applied their mind to it. They had a number of sittings. It was found that the work could not be completed in the given time. Therefore, extension of time was asked for and then the Select Committee completed the work in the extended time.

I had, at the time when this Bill was moved, given the substance of the Bill and explained some of its essential provisions. On this occasion, I have to explain the changes that have been made by the Select Committee in the provisions of the Bill. Members might recall that the Bill which was before them dealt with some important matters. There was the question of control exercised by the State over the operation of the Electricity Board and it was desired that something should be done to strengthen that control. That was one part of the Bill. Some provisions were incorporated in that Bill on that account.

Then, there were certain provisions relating to the structure of the Boards themselves, that is, their set up and operation. Some improvements were sought to be effected in that through this Bill. The question of licensees