Mr. Deputy-Speaker: The question is:

"That leave be granted to introduce a Bill further to amend the Arbitration Act, 1940".

The motion was adopted.

Shri Raghunath Singh: I introduce the Bill.

CONSTITUTION (AMENDMENT) BILL*

(Amendment of article 53).

Shri Raghunath Singh (Varanasi): I beg to move for leave to introduce a Bill further to amend the Constitution of India.

Mr. Deputy-Speaker: The question is:

"That leave be granted to introduce a Bill further to amend the Constitution of India".

The motion was adopted

Shri Raghunath Singh: I introduce the Bill.

COMPANIES (AMENDMENT) BILL*

(Amendment of section 293)

Shri Mahanty (Dhenkanal): I beg to move for leave to introduce a Bill further to amend the Companies Act, 1956

Mr. Deputy-Speaker: The question is:

"That leave be granted to introduce a Bill further to amend the Companies Act, 1956".

The motion was adopted

Shri Mahanty: I introduce the Bill.

CANTONMENTS (AMENDMENT) BILL*

(Amendment of sections 13 and 60 and omission of section 14)

Shri Jhulan Sinha (Siwan): I beg to move for leave to introduce a Bill further to amend the Cantonments Act, 1924.

Mr. Deputy-Speaker: The question is:

"That leave be granted to introduce a Bill further to amend the Cantonments Act, 1924".

The motion was adopted

Shri Jhulan Sinha: I introduce the Bill

CENTRAL GOVERNMENT SERVANTS (OPTION FOR JOINING CONTRIBUTORY HEALTH SERVICE SCHEME) BILL – *Contd.*

Mr. Deputy-Speaker: The House will now resume further discussion of the motion moved by Shri Jhulan Sinha on the 26th July, 1957;

"That the Bill to provide option for the Central Government Servants joining the Contributory Health Service Scheme of the Government of India, be taken into consideration".

Out of three hours allotted for discussion of the Bill, 53 minutes were taken up on the 26th July, 1957, and two hours and seven minutes are still available. Shri D. C. Sharma may now continue his speech.

Shri D. C. Sharma (Gurdaspur): I was making the point last time that the gradation of fees was there for those who join the scheme and it is such that it does not spread the benefits of the scheme evenly over all sections of the people who join it. I was saying that if you pay eight annas a month for the scheme, you get eight annas worth of attention,

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*Published in the Gazette of India Extraordinary Part II-Section 2, dated 9-8-57 pp. 428-429, 430-431, 432-433.

and if you pay Rs. 10 a month, you get Rs. 10 worth of attention. I thought this was a simple proposition, but an exception was taken. Take the case of the railway train. There are three classes in the railway train. We find that the person who pays the third class fare gets those amenities which are available to the third class passengers. The person who pays second class fare gets the amenities which are higher than those accorded to the third class passenger and so on. In the same way, I think that this scheme which is meant primarily to help the low income groups has been devised in such a way that most of its benefits are taken over by what are called VIPs. I may submit with some amount of inside knowledge, that the time and attention that the VIPs get and the treatment which the VIPs get are out of proportion to what they pay for it. At the same time, I find that those persons who belong to the category which cannot be described as VIP, are not given that kind of treatment which should be due to them in a welfare State. At the same time, I say that this contributory health scheme suffers from a great deal of inadequacy. I again speak from inside knowledge—

Mr. Deputy-Speaker: There are very strong voices in my front. I request the hon. Members not to exercise their voice so much.

Shri D. C. Sharma: I was saying that the number of persons who are designated as junior doctors or as doctors who are not high-ups is very limited, and they do not have any time to devote to the rank and file of those persons who join the scheme. I would like to ask the hon. Minister as to the number of patients per doctor, and the number of patients each doctor examines. I find that there is room for a big increase so far as those non-specialist doctors are concerned. As far as the specialists are concerned, there may not be room for increase at this time. So far as the treatment of common maladies is concerned, the common ailments are concerned, I think this scheme suffers from the lack of adequate number of medical personnel. At the same time, I may tell the House that in the hospitals. I do not name the hospitals, no arrangements are made for facilitating the way of patients or would be patients to the places where they should go. In one hospital I saw some sign boards being put up, saying this leads to the surgical ward, that leads to another ward and so on. This was done by somebody, but afterwards, all those sign boards were removed. The reason given was, "Why do you have these signs? You will be only adding to the number of patients. Let them spend some time in finding out the place where they have to go." This is the attitude of the persons who administer the Contributory Health Service Scheme.

At the same time, I may tell you that a Member of Parliament wanted to get in touch with one of the hospitals under the scheme; he was on the 'phone for 1½ hours and he could not get the connection, because the number of telephones installed is not adequate. So, this C.H.S. Scheme, good and valuable as it is, suffers from lack of adequacy of personnel and telephones and other things which go with proper medical treatment. It will take a long time to make good these deficiencies. Therefore, you should give the people the option to be treated according to the indigenous systems of medicine—unani, ayurvedic or homoeopathic.

When I go through this report of the Health Ministry for 1956-57, I find that they have accorded very good treatment to these systems of medicine. A provision of Rs. 100 lakhs has been made in the second Five Year Plan for assisting the development of indigenous systems of medicine. I find that there is a provision for about Rs. 1,79,000 and odd for the development of the ayurvedic system. I find that even the homoeo-

[Shri D. C. Sharma]

pathic system of medicine has been recognised and there is a comparatively big provision. I find that unani and nature cure systems of medicine are also there. They are doing something for all these medicines. They have an advisory board and they are doing some research work in the indigenous systems of medicine. (*Interruption*)

Mr. Deputy-Speaker: This House is meant for debates and not for private conversation The hon Member may continue

Shri D. C. Sharma: I was saying that a Central Institute of Research in indigenous medicine is there, but the number of research assistants is not adequate What I mean to say is that these systems have been accorded recognition by the Government, but it does not go far enough It does not take these systems anywhere I would not say that a stepmotherly treatment is being given to them, but I must say that the treatment given to them is that they get something with the right hand and something is taken away with the left hand If you want to develop all these systems, you should also allow the people to be treated according to these systems That is not being done in the C H S scheme

I would also say that the indigenous system of medicine is the system for the masses, whereas allopathic system is a system for the few Anyone who goes about the country will find that whereas there are very few dispensaries where the treatment is according to the allopathic system, he will find the ayurvedic and unani systems everywhere I pray for the day when the allopathic system will become the system for the masses, when we will have health centres and dispensaries in every village of India But we have to wait for a long time for that Therefore, I would urge the Health Minister that he should make a beginning here His good example will be followed all over India Here is a scheme which is run entirely by the Government for the people and if he gives proper recognition to ayurvedic and unani and other systems by throwing open the dispensaries under the C H S. scheme to those systems, I think he will be putting his stamp of approval on the efficacy of these systems of medicine These systems will then receive the recognition at the hands of the Government of India, so far as the treatment side is concerned If that is done, I am sure the people will be happy and these systems will also get a big fillip so far as development is concerned The multitudes of unam practitioners, ayurvedic practitioners, homoeopathic practitioners and even nature cure pratctitioners, who are serving the masses in the remote villages of India, will also receive some kind of encouragement

I think it is time that the Health Minister sets a good example I can assure him that this good example will yield very good results which will be beneficial to the masses of the people

Mr. Deputy-Speaker: I think I have to call the hon Minister There is no Member who wants to speak

Shri Mulchand Dube (Farrukhabad) *rose*—

Shri V. P. Nayar (Quilon). Before the hon Minister replies, he should have the benefit of hon Members' speeches

Mr. Deputy-Speaker: The Members want to be benefited Mr Mulchand Dube

Shri Mulchand Dube: Ayurveda has been prevalent in this country for thousands of years and it is admitted that it cures many diseases of a critical nature, which are not readily cured by allopathic treatment Under those circumstances, to

compel anybody to resort only to allopathic system does not seem to be desirable. My submission, therefore, is that this should be an optional matter. A person who wants to go in for the allopathic system may be compelled to join the C.H S.S., but those who do not want to undergo the allopathic system of treatment, should not be compelled to join the scheme.

The difficulty is that the Government does not have ayurvedic dispensaries; I am told there are none. There seems to be some difficulty in having it In case a person is compelled to join the Contributory Health Service Scheme, it should be provided that he will have the option to undergo treatment based on either the ayurvedic system or the allopathic system or the homoeopathic system

I have personal experience of the homeopoathic system also There also I find that many diseases which are not curable by the allopathic system or curable with difficulty, are curable easily by the homoeopathic system Therefore, to compel any person to undergo any particular system of treatment and to pay for it, even though he may not like to avail himself of the advantages, is rather harsh and should not be done. Therefore, my submission is that it should be left to the option of the person concerned whether or not to join the C.H S S If there is any compulsion to join the scheme, he should be able to avail himself of ayurvedic, unani or homoeopathic system of treatment He should have the option as to the system of treatment, because treatment depends more on the desire of the patient than anybody else You cannot compel a person to undertake or to go in for a treatment in which he has no faith That would be going contrary to his wishes and it would not be good to him. If he has faith in a particular system or in a particular doctor whether he is an Ayurvedic physician or the Unani physician or a homoeopathic physician or an allopath, the chances are he will get relief from him. It all depends on the faith of the particular man. I think much depends on this. Therefore, any kind of compulsion that may be imposed upon any person to undergo treatment under a certain system of medicine so that he may join the Contributory Health scheme, does not seem to be proper.

पंडित ठाकुर दास भार्गव (हिसार) : जनाब डिप्टी स्पीकर साहब, इस बिल के बारे में मैं सब से अव्वल श्री मूलन सिंह साहब को मुबारकबाद देना चाहता हूं ।

Shri V. P. Nayar: May I point out, Sir, that there is no quorum in the House?

Mr. Deputy-Speaker: The bell is being rung—Now there is quorum. The hon Member, Pandit Thakur Das Bhargava, may continue.

पंडित ठाकुर दास भार्गव : मैं यह कह रहा था कि मैं इस बिल के बारे में सब से अव्वल श्री मूलन सिंह साहब को मुबारकबाद देना चाहता हूं कि उन्होंने हाउस का तवज्जह इस बड़े जरूरी चीज की तरफ दिलाई ।

दूसरी बात जो मैं अर्ज करना चाहता हूं वह यह है कि इस गवर्नमेंट के एटिट्यूड के बारे में मुझे जरा सा भी शुबहा नहीं है । आनरेबल हेल्थ मिनिस्टर श्री करमर साहब को उन की अपनी स्पीच की याद दिलाना चाहता हूं ।

Some Hon. Members: Karmarkar.

Mr. Deputy-Speaker: It may be pronounced in any way

The Minister of Health (Shri Karmarkar): 'Karmar' means do and die. There is another 'kar' at the end

पंडित ठाकुर दास भार्गव : गलती हुई, माफ कीजिये । मैं श्री करमरकर के नाम को नहीं भूल सकता ।

[पंडित ठाकुर दास भार्गव]

मैं ने पिछली दफा अपनी स्पीच में कहा था कि हमारे करमरकर साहब हेल्थ मिनिस्ट्री के ऊपर अपना मार्क छोड़ कर जायेंगे । मैं उस को भूला नहीं हूं । मैं कहूंगा कि चन्द रोज हुए जो उन की तकरीर इस हाउस में हुई थी, जिसमें उन्हों ने फरमाया था कि हम किसी शख्स को मजबूर नहीं करना चाहते कि वह ऐलोपैथिक सिस्टम के जरिये ही अपना इलाज कराये या किसी और सिस्टम से कराये, हम हर आदमी को उस की मर्जी पर छोड देना चाहते हैं, अगर उस तकरीर को लाजिकली इस बिल पर लागू किया जाय, तो मुझे शुबहा नहीं है कि उन को इस तरमीमी बिल को मंजूर करना चाहिये । हर एक शख्स को अख्त्यार होना चाहिये कि वह जिस सिस्टम से चाहे, अपना इलाज कराय । वरना हर एक आदमी के साथ बड़ी जबर्दस्तिया होंगी । यह क्या है कि उसे यह भी अख्त्यार नहीं है कि वह कह सके कि वह इस सिस्टम में शामिल नहीं होता । वैसे मैं इस को अच्छा समझता हूं कि हर एक आदमी को मजबूर किया जाय, अगर यह मजबूरी लाजिकल तरीके से दुरुस्त हो । वह तो उस के भले के लिये है कि थोड़ी रकम दे कर वह पूरी तरह इस का एन्टाइटल्ड हो जाता है कि जो इलाज गवर्नमेंट उस को देती है वह उसे कराये । चूनांचे मैं इस चीज के बखिलाफ नहीं हूं, लेकिन यह जरूर चाहता हूं कि वह जिस तरह से चाहे अपना इलाज करा सके । आज बहुत से ऐसे लोग हैं जिन्हें कंट्रिब्यूशन भी देना होगा और वह इलाज भी नहीं करायेंगे । अव्वल तो यह गलत होगा, दूसरे अगर वह इलाज करायेंगे भी तो इस तरह से करायेंगे कि जिस पर उन का फेथ नहीं है । तीसरी चीज यह है कि इस सिस्टम में बहुत सी ऐसी दवायें हैं जिन्हें बहुत से कांशिएंशस आदमी खाना नहीं चाहते हैं । अंग्रेजी सिस्टम से इलाज कराने में बहुत सी दवायें खानी पड़ती हैं जिन को लोग खाना पसन्द नहीं करते । हालांकि अब जमाना बहुत बदल चुका है, और लोगों को पता भी नहीं रहता है कि फला दवा में क्या पड़ा हुआ है, लेकिन फिर भी कुछ लोग परहेज करते हैं । अगर ऐसी कोई चीज है जिसे लोग नहीं खाना चाहते क्योंकि उन को इल्म नहीं है कि उस में क्या पड़ा है और वह उन का खानी पड़ती है तो उस का फायदा भी उन का ज्यादा नहीं होगा । चौथी चीज जो मैं अर्ज करना चाहता हूं वह यह है कि ऐलोपैथी के हक में एक तरह का डिस्क्रिमिनेशन है । इस का मैं पहले भी जिक्र कर चुका हूं और आज फिर रिपीट करना चाहता हूं । अब वक्त आ गया है जब कि गवर्नमेंट को ऐलोपैथिक या और किसी चीज के साथ इतना डिस्क्रिमिनेशन नहीं करना चाहिये ।

आज इस देश में करोड़ो रुपये की दवायें विदेशों से आती हैं, जो फिलवाकया बहुत सस्ती हैं लेकिन हम उन के लिये बहुत ज्यादा दाम देते हैं । इस के अन्दर जितनी रकम जाती है, उस का कोई ठिकाना नहीं है । अगर हम हिसाब लगायें तो देखेंगे आज तक हमारे देश में इतनी दवाये आ चुकी हैं कि हम अरबो और खरबो रुपये दूसरे मुल्कों का दे चुके हैं । इस वास्ते मैं अर्ज करना चाहता हूं कि इस कायदे को हम उसी सूरत में लोगो की रजामन्दी से कायम कर सकते हैं जब उस के अन्दर यह दर्ज हो कि जो भी शख्स जिस सिस्टम से चाहे उस से अपना इलाज करवा सकता है ।

इस के अलावा मैं जानता हूं कि जहां तक गरीब आदमी का सवाल है, आप कितने ही कायदे कानून बना दें, अभी वह दिन बहुत दूर है जब कि गरीब आदमी के साथ भी वही सलूक हो जोकि अमीर के साथ होता है । वह वक्त जरूर आयेगा अगर परमात्मा चाहेगा कि हर एक आदमी अच्छा

बर्ताव करेगा और उस में अमीर गरीब की तमीज नही रहेगी । लेकिन कम से कम आज हालत ऐसी नही है । मैं जानता हूं कि अगर किसी डाक्टर ने ऐसी दवा लिख दी जोकि पेटेंट हुई, तो वह कभी किसी गरीब आदमी को मुयस्सर नही होगी । कोई भी डाक्टर उस बेशकीमत दवा को गरीब आदमी के वास्ते नही देगा । मैं यह भी जानता हू कि चाहे किसी भी अस्पताल में चले जाइए, उस गरीब आदमी की, जोकि ८ आ० माहवार देता है, कोई भी परवाह नही करेगा । जो बडे बडे आदमी हैं उन की बात सब पूछते हैं । मेम्बर साहबान ने कई कहानिया सुनाईं वह सारी की सारी कहानिया दुरुस्त हैं । लेकिन अगर कोई हकीम या वैद्य के पास जायगा तो वह ज्यादा इत्मीनान के साथ इलाज करा सकेगा, और उन की दवा भी ज्यादा फायदा पहुचायगी क्योकि वह उस के सिस्टम के माफिक है और वह उस पर यकीन भी रखता है । हमारे यहा के लोग छोटी छोटी रोजमर्रा की चीजो को जानते हैं, मैं भी छोटी छोटी दवाओ का असर जानता हू । हालाकि वह दवायें हैं लेकिन उन के असर को लोग जान गये हैं । देश के हर एक घर मे उन का इस्तेमाल होता रहा है । आज गवर्नमेंट के पास एक मौका है, यह साबित करने का कि यह गवर्नमेंट नेशनल माइन्डेड है और नैशनल सिस्टम जो आयुर्वेदिक और यूनानी के हैं उन के बखिलाफ वह ऐलोपैथिक के फेवर मे डिस्क्रिमिनेशन नही करती है । आप की रिपोर्टों के अनुसार ८० फीसदी आदमी आयुर्वेद व हकीमो से इलाज कराते हैं और सिर्फ २० फीसदी अग्रेजी तरीके मे कराते हैं ।

आज श्री झूलन सिह साहब ने आनरेबल मिनिस्टर साहब के वास्ते एक टेस्ट केस दिया है । हम देखेंगे कि इस टेस्ट केस में हमारे आनरेबल मिनिस्टर साहब कहा तक पूरे उतरते हैं और जो कुछ उन्होने कहा है उस को वह पूरा करते हैं या नही । मुझे उम्मीद है कि वह इस टेस्ट में खरे उतरेंगे । वह इस चीज को महसूस करेंगे कि जब तक ठीक तरह से वह अपने सिस्टम को तब्दील नही करते तब तक जो चीज वह चाहते हैं वह पूरी नही होगी । अगर वह चाहते हैं कि उन की मंशा पूरी हो, तो उस की एक ही तरकीब है कि इस सिस्टम के अन्दर एक आदमी को पूरी छुट्टी दी जाय कि वह जिस तरीके से चाहे अपना इलाज कराये । इस का एक फायदा यह होगा कि गवर्नमेंट के खर्च मे बहुत कमी हो जायगी और दूसरे हकीमो और वैद्यो से इलाज कराने में दवाओ के ऊपर मरीज का भी बहुत कम खर्च होगा । इस तरह से अगर देखा जाय तो यह जो बिल आया है वह बहुत सही चीज है जिस का मानना निहायत मुनासिब है । मुझे उम्मीद है हमारे आनरेबल मिनिस्टर साहब, जो बहुत माकूल तरीके से देश का काम कर रहे हैं, हमें सबूत देगे कि जो वह फरमाते हैं वही उन के दिल मे भी है । हाथी के दात दिखाने के और, और खाने के और नही है ।

Shri Karmarkar: Mr Deputy-Speaker, I am grateful to the hon Members who have participated in this debate Though I regret that it will be my duty to oppose the Bill brought before this House by my esteemed colleague, Shri Jhulan Sinha, still, I believe, a very useful purpose has been served by this debate

Firstly, it has given the Government an opportunity of explaining to this House the precise nature of the scheme as also the utility of it Just by way of information to the hon House, I think I should take this opportunity of supplying a few crucial figures I am giving these figures on the background of July 1954 as compared or contrasted with the figures for July 1957 To start with, we had only 16 static dispensaries, but now we have 21 static and 3 mobile dispensaries. The number of beneficiaries, to start with, that is, in

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the month in which we started this scheme, namely July, 1954, was 2,23,000 as against 4,03,765 in July, 1957, which speaks of the popularity of the scheme The number of units which had joined this scheme, that is, which were participants in the scheme then was 53,000, but now it is 88,000 The average daily attendance then was 2,636 as against 11,564 now The number of doctors then was 41, but now it is 111

I am giving these figures in order to enable the House to have an idea of how the work is increasing Coming now to the financial aspect, as against an expenditure of Rs 15,87,805 incurred during 1954-55, when the receipt from the contributories totalled to Rs 7,61,472, for the current year what is estimated as the expenditure is Rs 35 lakhs and what is estimated as the probable receipts is Rs 21 lakhs As against a Central Government's share in 1954-55 of the order of Rs 8 26 333 this year, it is estimated to be Rs 14 lakhs in 1957-58 So, you will see that the number of beneficiaries has increased as also the Government's contribution towards this scheme

Two principal points were sought to be made in the course of the discussions One is that this Bill should enable a contributory to have an option about joining or not joining the scheme That would land us into many difficulties One of the features of this system is the extremely modest contribution that a beneficiary is expected to make It ranges from As 8 for the lowest category, such as the class IV employees, for instance, to about Rs 12 for the highest categories

I am grateful for the line of reasoning which my hon friend Shri V P Nayar adopted In fact, from the opposite side, I think, he was rather strengthening, our point of view He was quite right, and I entirely agree with him, when he referred to the high fees being charged outside this scheme, in a sense, the fees are so high that a man of modest means may not be able to afford the visiting fees or the treatment fees, for instance In fact, that is the reason that must have impelled my hon friend Shri V P Nayar to ask us not to scrap the scheme but to improve the scheme. I appreciate that line of argument

In a place like Delhi, the existing circumstances make out a very strong case for having a contributory health service scheme, wherein we are able to pool the resources and try our best to render such service as can possibly be rendered under the circumstances.

If we introduce an option about it, will it be the first option in the sense that a man who opts ouside the scheme opts out once and for all? That would be injustice A man who sees that the scheme is not doing well may opt-out today, but he might like to opt inside the scheme tomorrow, and maybe, it may suit his fancy to opt out again after a month or two Where are we to draw the line? What would be the justifiable line to draw in a matter like this?

Justice requires that if you are going to give option to the beneficiaries, they should be free to opt in and opt out whenever they like, just as in this House every Member has the option, and there is no compulsion about it, except the rule of sixty days' absence, otherwise, a Member can go out and come in any number of times he pleases, and we do not draw any line there We do not want to fetter their liberties, but the scheme would be unworkable

Secondly, if hon Members would like Government to contribute more towards the success of this scheme, and enable us to have more doctors, more of resources, more of equipment and more of medicines and things like that, I am quite sure that this House would pardon us if we were to make the scheme compulsory, especially because its incidence is so small.

There was one observation made by my hon. friend Shri D. C. Sharma, which was also supported by some other hon. Members, namely that it was impossible in the nature of things that there could be the same treatment to all. He said that a man paying As. 8 would not get the treatment that a man paying Rs. 12 would have. Unhappily for this world, there is something like what you might call a human discrimination. We do not justify that. Under the scheme, we would like every contributory, whosoever it may be, whether he is a class IV servant or the head of an administration, to be given the same treatment, so far as the treatment is concerned. But since we have based the contribution on their resources, we take from a man who is drawing Rs. 80 only As. 8 whereas from a man who is drawing Rs. 4,000 we take Rs. 12 a month. But that is no argument to pardon any single case of discrimination in the matter of treatment.

As I was having a look at the rules, I found that there was only one rule, where it might be said that there is some difference, and that is the rule that a contributory or a beneficiary drawing more than Rs. 800 a month can have the facility of consulting the staff surgeon direct by appointment. Apart from that, I do not find any discrimination, so far as we mean it, between a low-paid servant and a high-paid servant. It is the same for all. I would really be grateful if hon. Members could bring to my personal notice any case of discrimination between a servant and a servant, and I can assure this House that we shall not allow any such discrimination to be made by any person whatsoever, because such discrimination does cut at the root of any beneficial system which we want to take up, especially a social welfare system like this. I look forward to hon. Members of this House, especially like my hon. friend Shri V. P. Nayar, who is very active about such matters, to bring to my personal notice—not merely a question of representations—any case of discrimination, and I can assure them that I shall struggle my best to see that if there is any delinquency that is properly looked into and set right, and safeguards taken for the future.

There was another line of argument which was started by Shri V. P. Nayar. Looking at the thing constructively, I find that it was a very, useful observation. In the very nature of things, this scheme is till this moment what we call a temporary scheme; we have yet to receive the blessings of the Finance Ministry for making this scheme permanent. We hope that it will be made permanent.

Shri Sinhasan Singh (Gorakhpur): May I know whether the contributory scheme is applicable to the I.C.S. officers and also to the Ministers?

Shri Karmarkar: Yes, entirely. Why should there be any discrimination against I.C.S. officers and Ministers? I cannot understand.

Shri Sinhasan Singh: I wanted to know whether it is applicable.

Shri Karmarkar: Yes, entirely.

Mr. Deputy-Speaker: The hon. Member meant no discrimination against, but rather in favour.

Shri Karmarkar: No discrimination. I just tried to be a little wicked at his expense, but you, Sir, were alert and caught me.

Pandit Thakur Das Bhargava: Can a contributory have the Ayurvedic system also, if he likes to have it?

Shri Karmarkar: I shall come to that with a little less of passion. I would like to make this clarification that medical treatment of Ministers has been provided for in the Salaries and Allowances of Ministers Act, but the Ministers also have fallen in line with the rest, and have agreed to contribute, though they need not.

Shri Sinhasan Singh: From the Salaries and Allowances of Ministers Act and the rules thereunder, I find that there is a clause for medical assistance, to the effect that the Ministers will get the same medical assistance as the I C S officers That is to say, we find the Ministers bracketed with the I C S officers as regards the privileges and other things I would like to know whether the privileges they have got are the same as on the contributory basis or there is some difference

Shri Karmarkar: Now, we have made the whole thing uniform, though according to the rules that have been laid down, that need not be so For instance, I as a Minister may have chosen to have myself treated under that statute, differently from a member of the scheme, still, on the advice of the Prime Minister, and I think, at the request of the then Health Minister, which request was perfectly legitimate, all of us I think almost all of us, excepting perhaps one colleague about whom I am not sure, have joined as members of the C H S scheme And we are subject to the same advantages, and the same liabilities and the same limitations as any other man contributing at the present moment That is the present position

The other point that was sought to be made was that this scheme was a little unfructuous, because there was a huge crowd at the C H S dispensaries I have myself had occasion to visit these dispensaries In fact, one of the first things that I did after taking over, was to visit these dispensaries, partly because such visits do mean good to me personally, and perhaps, they might also result in the dispensary people doing the work a little better. I went in the company of some senior officers of my Ministry, including the Joint Secretary who is in charge of this scheme We went round and we saw that there were a few physical inconveniences We sought to have them remedied. Apart from that, I wanted to see for myself how the scheme was working, and I had found the condition which my hon friend Shri V P Nayar pointed out—I agree with him in what he said—namely that the dispensaries were crowded

Now, there are two aspects to this question The first is this What is the total benefit that is rendered? I could easily see that there was a crowd which the doctors found difficult to cope with The proper solution for it, as has been rightly suggested, is that we should give more attention to increase the number of doctors That is precisely what we want I am greatful to hon Members because what they have suggested will strengthen us very much in our request for a large number of doctors. But the fact that there is not a larger number of doctors is not to condemn the scheme outright

I made many informal attempts to have a cross-section of opinion regarding the utility of the scheme This is not the reaction of the highly paid beneficiaries but that of the lower grade low salaried people Their view is that so far as serious ailments are concerned, the benefit of this scheme is far far greater and more than what little contribution they are making

Suppose there is a T B patient A man drawing Rs 200 or Rs 300 even in Delhi cannot afford to have proper treatment for T B or for proper hospitalisation on his own What is promised him under the scheme is that if it is a case of sufficient seriousness he will have hospitalisation We have always been able to have a larger number of beds than necessary for the purpose of giving hospitalisation I should welcome any complaints on this score

People who are not so seriously ill, but are affected by T B, are given outpatient treatment But where hospitalisation is required, it is given Take serious cases of surgery, for instance, or things like that

I wish hon Members to appreciate the fact that what we would like to-

have is what one might call informed observations about the matter because we might be sitting in a sort of nest and many a time we do require fresh air, fresh criticism, in order to strengthen our hands. But we want that criticism to be well informed.

My information is that so far as serious ailments are concerned, the beneficiaries are getting far far more than they are paying. That is natural, because there are all these doctors looking after them. There are also staff surgeons and consultants for serious cases. We have two nicely equipped hospitals to take care of hospitalisation and the rest.

The real trouble is with minor ailments and out-patient areatment. Here I should like to make a personal, observation. The common tendency is perhaps—I say, 'perhaps' because I am not quite sure; I could not be sure about this—the moment anything little happens to us, if there is an advantage, we run up to the doctor and have some treatment I have set a rule for myself and my family. If my children or somebody suffer from fever, on the first day I do not go to the doctor. Everyone knows the remedy for such small ailments. We have homely remedies for them. Sometimes it may be harmful to go to a doctor in such cases, in case there is a casual fever. We should wait for a day or two, till it becomes serious.

Dr. Sushila Nayar (Jhansi): It is a dangerous doctrine.

Shri V. P. Nayar: That is the difference between a doctor and a Health Minister.

Shri Karmarkar: My hon. friend may be better informed. She is an expert. But in this case I can tell her that I have never seen people suffer on account of this. If it is a little serious, they can always approach the nearest doctor.

In any case, what I was saying was this that even for the most common ailments they go immediately to the doctor. There is ailment brought about by transition climate. The hon. Member who is a doctor herself knows the seasons for cold. It will start in November. It was there early in the rainy season. Do we immediately run to the doctor, the moment a person's nose begins to sneeze? Would my hon. colleague, who is an expert, advise me to run to a doctor in such a case? We know what to do for a common cold. If it is something serious, of course we should go to the doctor.

So one of the difficulties encountered is that for the commonest ailments people go there. Naturally they are bound to be treated there. We have no complaints to make. We are bound to treat the patient. In an epidemic like influenza, at the first sign we advise people to run to the dispensary

But the fact remains that so far as the outpatients with lighter ailments are concerned, there is a larger number than we can cope with. The only solution for it is to increase the number of medical personnel. We are trying to do that and our proposals for the immediately coming period is that we should have a larger number of doctors. For instance, our proposal for expansion of our present strength is as follows: We would like to have 14 new dispensaries; we want to have a consluting staff surgeon, then 4 staff surgeons who are specialists; then we would like to increase the strength of junior staff surgeons by 10; and at the lowest end, we would like to increase the strength—of assistant surgeons (grade I) by 82. We do feel that to cope with the increase of work, we do require this additional strength of 97 personnel. We do hope that we might be able to get the finance necessary for this and in course of time we might be able to render better service.

[Shri Karmarkar]

I would come to the other point, namely, the question of option of treatment. I should not like to take the time of the House on this occasion to enter into details about our policy. The House will pardon me if I say that I would like to keep patriotism outside the picture when medical treatment is concerned. If I were ill, as I said on an earlier occasion, I would not mind which line of treatment it was—whether it was allopathy, ayurveda, naturopathy or the fasting method or mud treatment or it was the nice treatment of massage from Kerala or things like that. I know that one of our colleagues has profited very much by disappearing into Kerala for a fortnight and coming back hale and hearty, getting proper type of treatment. It is a very precious method. (*Interruptions*) which my hon. friends will do very ill to joke at. I wish we, the Government of India, were able to go there and get a little knowledge about this method. The only difficulty is that people with the knowledge do not part with it

Apart from that, here it is not a question of evolving a national medical policy as in the case of national economic policy or national foreign policy. We would like to give to our people the best treatment possible and available. But for historical reasons—to repeat a little of what I said on an earlier occasion—for the last 150 years Government have been used to the allopathic system of treatment, the modern system of medicine. But we do consider neglect of the indigenous system to be wrong. It is our considered opinion that our attempt should be to take out the best from all systems of medicine.

I do not say this as a platitude. Day before yesterday, I had a little discussion with a very erudite ayurvedic Pandit. I put to him this proposition. I asked: Because ayurvedic research was stopped 400 years back, do you like us to forget what we have learnt during these 400 years in modern surgery, for instance, in matters of new inventions, in whatever field it may be, finding out of new drugs and so on? Then he agreed with me. He is one of the principal persons in an institution devoted to research. Then I told him that for malaria, one of the common ailments rampant throughout the country, D.D.T. is used against mosquito. Blood samples have been tested and it is found that there is a particular type of organism which is conveyed by the mosquito from one person to another. Is it wrong for us to use D.D.T. to exterminate that type of mosquito which is the carrier of this organism? He said there was nothing wrong in it. If quinine is proved to be a specific against malaria, would it be wrong for us to use it in preference to some other ayurvedic drug which might not be as efficacious? If it is equally efficacious let us put to the people both the drugs. But, if one is more efficacious and proved results are like that, have you any objection to adopt any modern system of medicine recently found or discovered in preference to old medicine? He said, none whatever and he offered his own suggestions. For instance, he said that he would not object to the use of antibiotics wherever it is good and wherever it is called for; simply because the antibiotics are a discovery of the 20th century, they should not be rejected by people who practised medicine of the 19th century. That is the point of view Government are taking because the traditions of Ayurveda—excepting for the personality of a few persons—have not been alive for centuries together. Therefore, what Government are trying to do is to give the best possible trial for researches in Ayurveda.

At Jamnagar, for instance, they have the Research institute and in

Bombay, the Bombay Government has a good scheme for researches in indigenous medicine. We are helping them. What is being done there is that they take up patients and beds are being allotted. We also give grants, in our scheme of assistance, per bed, to a certain extent in institutions which are conducting researches in Ayurveda. But, we do not want to run the risk of plunging into the unknown. If we are quite sure of the efficacy of a certain drug or a line or method of treatment for a particular ailment, we shall not hesitate to adopt it in government dispensaries also wherever it comes from.

Shri V. P. Nayar: May I ask the hon. Minister one thing? He said just now that he was convinced about the efficacy of Ayurveda, especially the massage system of Kerala. Supposing a government servant gets afflicted by rheumatism, would he have the option to resort to that kind of treatment the efficacy of which is known to the hon. Minister and his Cabinet colleagues?

Shri Karmarkar: I cannot speak for my colleagues. But, I myself have a feeling that massage under proper circumstances can do good to a person ailing from certain types of diseases. Personally, I would feel myself that a good massage would do me good. I am quite sure that a good system of massage would make my young friend more younger. I have no doubt about it.

But, apart from this question, we have now under our rules permitted for T. B., Polio and for Cancer, treatment outside Delhi if some such treatment is not available in Delhi. I think it is a matter for consideration.

Shri Pattabhi Raman (Kumbakonam): But oil therapy of Kerala is very good and there is no dobut about it.

Shri Karmarkar: I do not need the certificate of my hon. friend from this side to accept a proposition from the other side. I am sure that oil therapy is good and I am giving expression to my feeling that some persons stand to benefit by it including my friend Pandit Thakur Das Bhargava. That is a tried thing.

Pandit Thakur Das Bhargava: Allopathic medicine even if it is a tried thing is it therefore a panacea, a cure for everything?

Mr. Deputy-Speaker: I find three hon. Members standing at the same time.

Shri Karmarkar: That shows their enthusiasm in the subject.

But regarding my esteemed colleague who has been blessing me in this House for the last 10 or 11 years, I would not like to prescribe any treatment until he declares his full faith in me as a medical man which I am not.

Apart from that, I do really think that all these matters require serious consideration, for instance, oil therapy or the massage system. The other day we found a hard case; we could not help it. There was a case requiring some surgery. A public servant had to go to Vellore but we found ourselves fettered by rules. I shall reconsider these matters day by day and as more and more finances permit us to do.

I will not take more time of the House. With regard to the indigenous system, whether it is Ayurveda or any other system, we are giving them a serjous trial. Recently, when I had a talk with our top Director for researches, I suggested to him that it is now time in respect of ailments which are not of a serious nature to try indigenous drugs also in the case of a certain number of patients. We should like to proceed slow because, in any case, we should not be responsible for any uncalculated mishap to any one in our zeal for research into the indigenous system. Therefore, we are trying to go slowly and steadily. And, as, one by one the results of our researches come out

[Shri Karmarkar]

proved, I have no doubt that the Government of India will in the goodness of time take to these remedies because ultimately we as Government or the people as a whole can have no predilection for a system as a system, the whole idea ultimately being that the best possible system should be given to the patients.

Having said that, I think, I have said all that need be necessary to be said in this matter. I need hardly dilate on the point about discrimination made by my esteemed colleague and elder, Pandit Thakur Das Bhargava, because there is no sense of discrimination either regarding a person or regarding any system.

There was one suggestion that a Committee might be appointed. It is not only a Committee that can go through these matters. Ultimately, the members of the Committee could go round the dispensaries and see crowds and tell us that there are crowds. But, what I would say is this. Since hon. Members of this House have an occasion to be here for 6 months or 8 months in the year and have greater sources of information than we, perhaps, who are closeted inside our rooms could have, I shall be very grateful—and I am not formal when I say this—to have any suggestions from them. If they come across any instance where something proper has not been done, they can bring it to my notice. This is an experimental measure and on the success or failure of this depends largely any scheme for a national health insurance. What is that we are doing here? We are taking a token contribution from people and assure them of treatment for any ailment that they may be suffering from. I think, if we are able to evolve a system here, which is as free from mistakes as possible, this may prove as a really good example for the other places also.

Actually what has happened is, and that might show to this House with greater emphasis than I could command, that as many as about 18 organisations, members of those organisations, like the Sahitya Akadami, have offered to come into the scheme. In fact, we are considering the matter. We would like to have as many more members as possible. But, if it brings any sense of satisfaction to this House, I am in a position to tell the House that there is a greater anxiety to come into the scheme rather than to get out of it. Unless people read these debates in detail and find there is something wrong with the C.H.S. the normal experience is that there is no complaint except that at the outdoor they have to wait a little. That is a complaint and it is also a fact. To some extent, we are trying to cure that defect by increasing the number of doctors. Apart from that fact, I can tell this House that the scheme so far as is being worked has given satisfaction to a larger number of people than some of my friends appear to be thinking about.

I would like to disabuse my hon. friend Shri V. P. Nayar. He asked whether there is any committee looking after. What we have done is a thing which was necessary and which has worked well. We have a committee consisting of the Joint Secretary of the Ministry, the Director General of Health Services, the Financial Adviser, and the Adviser of the Planning Commission and then follow the representatives of the various organisations. For instance, there is the representative of women government employees; there is a representative of the C.P.W.D. and Central Secretariat Association, of the Class I Officers Association, the Stenographers Association, the P. & T. Employees Union and the Air Force Association etc. I need not tire the House with the names of all these. So, we have got one representative each from all these important organisations who come there, give their suggestions. They meet regularly, once in a quarter, subject to correction, and give us the benefit of their suggestion. I am giving this informa-

tion to the House so that in any case if any Member is feeling that there is no proper representation of any organisation, that Association concerned may be enabled to send a proper representative. The real justification for this scheme is not that the members of this Advisory Committee should say 'Yes' to whatever we say but should come forward with their suggestions

16 hrs.

I am afraid I have taken a little longer than what I actually wanted to, but since this was a matter important in itself and important because it has attracted so much attention in this House I thought I might take the liberty of inflicting a few observations on this House In view of what has been said, may I hope that the hon. Member who has been good enough to bring forward this measure and who, as I said has done not only a service to his point of view, but also enabled us to tell this House a few facts which it was worthwhile that the House should know and also invite not only the fullest cooperation but also fullest possible advice from this House, will be good enough to withdraw this Bill in this form? Under these circumstances I beg to oppose it.

Shri S. M. Banerjee (Kanpur): The Defence Employees Union of Delhi, those who are working in COD, army workshops, etc, had requested the Defence Ministry to see that the scheme was made applicable to them The Defence Ministry has replied that it has forwarded the application to the Health Ministry May I now whether they are going to be included in the scheme?

Shri Karmarkar: I shall have that matter attended to within half-an-hour from now, at any rate if the hon. Member is here by 5·30 I shall tell him what the position is

Shri Jhulan Sinha (Siwan) I am grateful for the support which hon Members of this House have given to my Bill. It must have been clear to the hon Minister that there was absolutely no opposition from any quarter to the provisions of this Bill. The only opposition to it has come from the hon Minister himself I am really surprised at that.

Mr. Deputy-Speaker: He is behind the hon Minister, I suppose

Shri Jhulan Sinha: That I am always Since I took up legislative work I have always been behind the hon Minister

I was only surprised and felt a little sorry that the hon. Minister has not grasped the intents and purpose of the Bill When I introduced the Bill and made a brief speech in support of it I never intended to inflict a homily on the utility or antiquity of the ayurvedic or to denounce the allopathic system. What I wanted was that the individual should have the freedom to choose the system of treatment This is a democratic country and we are moving in the direction of establishing democracy in all spheres of life

This Bill to me appears to be a clear step towards regimentation, regimentation in a sphere where it is the least needed, the sphere of personal welfare, welfare of the family and the individual.

Mr. Deputy-Speaker: He should come to his end

The hon Member may give his reactions to the suggestion of the Minister

Shri Jhulan Sinha: As for those who have supported the Bill, I have nothing to say

The hon. Minister has pointed out the difficulties of giving the option to the government servants to join the scheme and the nutshell of his argument appears to be that if an option is given the scheme will probably not work, because if a man joins and opts out the next day to rejoin it the day

[Shri Jhulan Sinha]

after, it will be a wild goose chase and the scheme as a whole will not work.

When I moved the motion for consideration of this Bill I made it quite clear that the option could be exercised only once and a person who has opted for a particular system of treatment will not be eligible to go back upon it and choose another system.

As for the difficulties of having an ayurvedic system of treatment, as pointed out by an hon. Member of this House.....

Mr. Deputy-Speaker: Would that also not involve some compulsion?

Shri Jhulan Sinha: It is only meant for those who opt for it.

Shri Karmarkar: I would like to ask one question of my hon. friend. For instance a man opts for allopathic system. We are assuming for the moment that there is no sure ayurvedic remedy. Because he has opted for this should we not give him ayurvedic medicine and save him.

Shri Jhulan Sinha: If there is a known medicine in a particular system he will opt for that system.

As for the difficulties of starting ayurvedic dispensaries they can have ayurvedic dispensaries as they are having allopathic dispensaries. In regard to the expenditure I want to point out that the hon. Minister was very happy about the number of persons joining it and the amount of expenditure that the Government is incurring on it, The latest report about the expenditure on this scheme says that they are incurring about Rs. 19 lakhs from the Government coffers beyond the contribution received from the employees. I want to put another question to the hon. Minister. Whom does this extra money benefit? I think it benefits none. Those who were getting all treatment free they have been made to pay something for it; as for the lower classes, they go as uncared for now as they were before.

There was an instance only the other day in North Avenue. A gentleman employed in the Parliament Secretariat living in the North Avenue went to the Contributory Health Scheme centre. He was suffering from malaria or influenza. The doctor was very busy and gave him a prescription. When he took the medicine he vomitted and was about to collapse. The patient was taken to the Wellingdon hospital where the doctor found the prescription to be wrong. The patient was luckily saved. If this is the benefit of the scheme I have nothing to say.

The success of the scheme was due only and solely to regimentation and compulsion that is involved in the scheme. I pointed out that the Members of Parliament were invited to join the scheme, but an option was given to them and you have seen the result. None has joined it. The scheme has no inherent merits of its own. It is only through compulsion that it is flourishing.

Members of this House who are representatives of the whole nation were given an option to join the scheme. I do not think anybody has joined the scheme. That shows that the scheme has absolutely no merit of its own, because it lacks in the freedom of the individual.

In view of this I would appeal to the hon. Minister to reconsider his decision and to save the sum of Rs. 19 lakhs per year. This money has to be spared for the success of the Plan for which we are economising all spheres of our activities. So, if the hon. Minister thinks that the scheme will fall down if the element of compulsion is withdrawn, I say that it will go unsung and unwept.

However, I find that the hon. Minister has not been able to grasp the spirit of the Bill and is not in favour

of accepting it. As a Member of Parliament and especially belonging to this side of the House, I do not want to embarrass the Government and embarrass myself and I would, therefore, seek the leave of the House to withdraw the Bill.

Mr. Deputy-Speaker: I have been waiting for it since long. Has the hon. Member leave of the House to withdraw the Bill?

The Bill was, by leave, withdrawn.

INDIAN PENAL CODE (AMENDMENT) BILL

(Insertion of New Section 427A)

Mr. Deputy-Speaker: We will now take up the next Bill. Shri Keshava is not here and he has not also got the recommendation that was required from the President. So, that cannot be moved. Shri Raghunath Singh will move his Bill.

Shri D. C. Sharma (Gurdaspur): What is the time allotted for this Bill?

Mr. Deputy-Speaker: One and a half hours.

श्री रघुनाथ सिंह (वाराणसी): Sir, I beg to move:

> "That the Bill further to amend the Indian Penal Code, 1860, be taken into consideration."

इंडियन पीनल कोड की दफ़ा ४२५ में "मिसचिफ़" की—जिस का उर्दू अनुवाद "शरारत" है—परिभाषा दी हुई है। दफा ४२६ और ४२७ उसी से सम्बन्ध रखती है। उन में संशोधन करने के लिए मैंने अपना यह विधेयक उपस्थित किया है। जहां तक दफा ४२६ का सम्बन्ध है, उस के अधीन आने वाला मामला वारन्ट केस और कागनीज़ेबल नहीं है। उस में जुर्म करने वाले के लिए तीन महीने की सज़ा रखी गई है। दफ़ा ४२७ में ७ वर्ष की सजा रखी गई है। लेकिन वारन्ट केस वह भी नहीं है।

इस सम्बन्ध में मुझे यह निवेदन करना है कि हमारे देश में फूडका बहुत शार्टेज है। चारों तरफ़ यह कहा जाता है कि अन्न का उत्पादन बहुत कम होता है। ऐसी अवस्था में अन्न उत्पादन करने वाले काश्तकार लोगों की रक्षा का भी कोई प्रबन्ध होना चाहिए। दफ़ा ४२७ के अनुसार अगर पचास रुपए तक का डेमेज हुआ हो, तो केस उस दफ़ा में आ सकता है। दो वर्ष तक की सज़ा हो सकती है। लेकिन अगर पचास रुपए से कम की मालियत है, तो दफ़ा ४२६ के अन्दर तीन महीने तक की सज़ा हो सकती है। वह केस समन केस होगा। मैं आप के सामने यह भी अर्ज़ करना चाहता हूं कि जब से गांवों में पंचायत और इलैक्शन वग़ैरह के सवाल खड़े हुए हैं, तब से यह देखने में आया है कि पारस्परिक द्वेष—एनमिटी—के कारण लोग खड़ी की खड़ी खेती को काट लेते हैं। मान लीजिए कि एक काश्तकार का एक बीघे का खेत है। उस में कम से कम चालीस मन गेहूं हो सकता है। एक आदमी रंजिश की वजह से रात को उस की सारी फसल को काट लेता है। अगर वह एक महीने की फ़सल है, तो काटने वाला उस को ज्यादा से ज्यादा पांच दस रुपए में घास के रूप में बेच सकता है। हालांकि काश्तकार उस में से चालीस मन गेहूं पैदा कर सकता था, जो कि हमारी राष्ट्रीय सम्पत्ति होती। इस प्रकार के केसिज़ गांवों में बहुत ज्यादा हो रहे हैं। आज जब कि सरकार की तरफ़ से सिंचाई का बहुत प्रबन्ध हो रहा है। नहरों की व्यवस्था की जा रही है। ट्यूबवैल्ज़ लगाए जा रहे हैं। इस बात पर ज़ोर दिया जा रहा है कि ज्यादा से ज्यादा अन्न का उत्पादन हो, तो उस के साथ ही साथ इस बात पर भी ज़ोर देना चाहिए कि जो लोग अन्न के उत्पादन में बाधक हों, उन को काफ़ी दंड मिलना चाहिए। आप जानते हैं कि अगर कोई व्यक्ति शत्रुता के कारण किसी गरीब काश्तकार की फ़सल काट लेता है, तो उस बिचारे के पास इतना पैसा नहीं होता है कि वह अदालत में जा कर फ़रियाद कर सके। इसी कारण इस प्रकार के केसिज़ दिन प्रति दिन ज्यादा होते जा रहे हैं। मेरे इस