

[Shri T. B. Vittal Rao]

out the workload for each, have they made a proper job analysis?

We have got five full-fledged railway board members and about five or seven additional members. This enlargement of the Railway Board should be thoroughly examined. I am not aware of any additional work in the sense that the mileage has not increased. Though the volume of traffic has increased, the total railway tract is only 36,000 miles as against 42,000 miles in the undivided India. Then we had only four members as against the present ten or more. So, I strongly urge upon the Minister to see whether some economy could not be made

17 hrs.

Mr. Deputy-Speaker: We will continue this discussion tomorrow. So far I have received notice from one hon. Member that he intends to move his cut motion No. 56. It will be deemed to have been moved subject to its being otherwise admissible.

#### Disabilities of Railway Staff

Shri Frank Anthony (Nominated—Anglo-Indians) I beg to move

‘That the demand under the head Railway Board be reduced to Rs 100’

#### INFLUENZA EPIDEMIC

Shri Sadhan Gupta (Calcutta—East) Sir, I am raising this discussion as something more than a *post mortem* on the last influenza epidemic. It is important as a *post mortem* and I am not under-stating that aspect of the matter, I shall deal with the *post mortem* aspects in some detail. As I shall presently show, my aim is something more to emphasise that aspect and to examine what has been done and what has not been done.

Mr. Deputy-Speaker: If the hon. Member does not mind, I have to say a few words. It is one hour's discussion. He would like to listen from the Minister in detail an explanation on what he has to say. There are

rather twelve members who have expressed desire to speak on this subject. I shall not be able to accommodate all of them but even if we could give a chance to five of them, perhaps they may require five minutes each and it will be 25 minutes.

The Minister of Health (Shri Karmarker): I should not like to take more than fifteen minutes.

Shri Sadhan Gupta: Fifteen minutes will be quite sufficient for me and I think I will conclude within that time.

As I said we shall examine how and why this epidemic had broken out and whether everything was done. It is necessary to remember the devastating toll that this epidemic has taken. When I refer to the devastating toll, I did not obviously mean the mortality rates because, fortunately, it has been small. But, apart from mortality, there has been certain aspects in the epidemic which are undoubtedly alarming.

First of all it has enveloped a large part of the country—north, south, east and west and it has raged with virulence practically in all parts of the country. What is more, it has affected a very huge population. We have a sort of a pamphlet which seeks to give us certain statistics of the number of deaths that have taken place as a result of this epidemic.

But, Sir, it is difficult to be convinced that the statistics, at least as far as the number of cases is concerned, are very accurate. Take the case of West Bengal of which I have some experience. It is said that the number of cases there was about 72,700. I cannot believe this figure to be correct, because in Calcutta, where a population of about five million live, I have made quite widespread enquiries and found that in every part the disease has raged. It has raged in *basties* which are very heavily populated, it has raged in refugee colonies which are also very heavily populated, it has raged in middleclass household

and even in the comparatively fashionable areas. What is more? From enquiries I have hardly been able to detect a household where this epidemic has not broken out in Calcutta. As a matter of fact, in most of the houses the involvement has been total, almost everyone in each household has been affected. Under those circumstances, I should think that in Calcutta itself the incidence must have been much more than 72,000, let alone the whole of West Bengal.

As a matter of fact, the discrepancy in mortality between the other States and West Bengal would suggest that there is something wrong with the statistics. In Madras, out of an incidence of 5 lakhs only 59 were dead whereas in West Bengal we are told that out of 72,000 or so 211 people died. This huge mortality and the low ratio of mortality and the Bengal at least the statistics are gross—suggests that in the case of West Bengal is inaccurate.

It is quite understandable how it has become inaccurate because I know in Calcutta very few cases have been reported to the authorities. The authorities hardly issued any directions to medical practitioners to report cases when they come across any such cases and, of course, many patients did not go to medical practitioners at all, they suffered and recovered in the natural process.

This experience must have been there in other States also. Therefore, the figure of 16 lakhs is hardly likely to be correct as far as the country is concerned. Not only was a huge population involved but, from the point of view of the country and from the point of view of the public as a whole what is more important is that the normal life was dislocated in many places. Educational institutions were closed for more than their normal period, and trade, commerce and Government departments like the Post and Telegraphs Department have been dislocated in many instances.

In view of this great dislocation, in view of this suffering caused to the

population, the question naturally arises as to whether everything was done to prevent the spread of this epidemic in this country. It is very difficult to be satisfied that everything was done. Obviously, this disease must have been imported from foreign countries, must have been introduced by travellers who had arrived from foreign countries, from countries where it first of all became an epidemic. It is common knowledge that in this country it was introduced from Singapore and Malaya.

A long catalogue has been given of measures taken to prevent the introduction of this epidemic, how people were isolated in Madras, how whole-ship-loads of passengers were isolated and so on. But I cannot help thinking that the quarantine arrangements were not very satisfactory. Even in spite of attempted isolation there must have been some leakage in the affected population who must have got free, escaped isolation and spread infection in our country.

Otherwise, if every possible case was isolated, I do not see how the disease came to be introduced in this country. In spite of a long catalogue I do not find that any passenger of any ship in Calcutta or Bombay was isolated or quarantined. It is just a statement that in every sea and airport, passengers were quarantined and isolated. In Bombay, Calcutta and Madras, this disease must have been introduced primarily by passengers travelling by ship, may be a few by air; I do not know how their isolation proceeded. I raise this aspect, as I said, not as a *post mortem* but because of the fact that there is an apprehension of a second wave. As a matter of fact, in Poona a second wave have already broken; it is the habit of the epidemic to break out again. That is the scientific opinion. Therefore, in the light of the failures that have taken place, we must be more careful in future. If this epidemic comes to us in future from foreign countries, quarantine measures must be very strictly observed and enforced.

[Shri Sadhan Gupta]

and isolation must be as complete as possible, if possible, it should be 100 per cent. complete.

Then, prophylactic measures must be taken on a mass scale. In the pamphlet circulated to us, we find a rather dismal statement that it will not be possible to inoculate people on a mass scale and the inoculation will be confined to key personnel. I am not against inoculating key personnel. For instance, I do not want our army to be all down with influenza in one day and jeopardise our defence. But mass inoculation must be kept in view. It is no use saying that it is impossible and leaving it at that. I understand vaccines have been manufactured in other countries and we had advanced quite a long way to manufacture a vaccine for the purpose of preventing this disease. I want to know what is the difficulty in manufacturing vaccine on a large scale. In the United Kingdom or the United States or in Australia, I understand it is being found feasible to manufacture this vaccine on a large scale. If we have any difficulties in manufacturing this vaccine on a large scale, let us try to gather the scientific knowledge from those countries, so that we can also manufacture or at least obtain vaccine in quantities sufficient for mass inoculation. Let us get into touch with the scientists in Australia or U K or the World Health Organisation or whichever other country or organisation is working at manufacturing this vaccine.

Apart from vaccine the possibility of other modes of inoculation should also be actively investigated and utilised. For instance, the other day there was an article in a newspaper by a doctor in a Calcutta hospital who said that very encouraging results had been obtained by transfusing blood of newly recovered patients into the blood of patients. He has said that even cases of very high fever have been seen to subside within a matter of an hour or so, after transfusion of

a certain quantity of blood from a newly recovered patient. It is worth trying how this method works; it is worth investigating. It is no use saying that it will be impossible to inoculate on a mass scale and that we will confine it only to the personnel. Besides inoculation, other measures should be investigated. For instance, it may be that the use of certain kinds of disinfectants through mouth wash, etc., may yield results. I am not a scientist myself, still less a medical man. So, I cannot vouch for the efficacy of any such disinfectants. But, this should be investigated, and if found suitable, if found effective, this should be recommended. By that we may prevent. There may be some kinds of food some fruits which may be protective against influenza. It is said that certain citrus fruits give some protection. I do not know whether it is right or wrong. But, it is very widely believed that lemons, for instance, would give some protection. All these things should be investigated. These things should not be left to the realm of conjecture. We should be fully prepared to meet the future recrudescence of this epidemic. Let us remember that the recrudescence that has taken place in Japan is a much worse epidemic as far as mortality is concerned, than the previous one. We hope something of this kind will not happen. If it happens, no one will forgive the Government's saying that it is impossible to perform mass inoculation and therefore we shall be content with inoculating key personnel alone.

Mr Deputy-Speaker Some hon Members are even now sending in their requests for permission to speak. I am reading rule 195 for their benefit. Previous intimation ought to have been given if they wanted to participate in this discussion. Even those who have given previous intimation, perhaps, all of them, would not be accommodated, because the number is large. I will try to accommodate as many as possible.

**Shri V. P. Nayar (Qullon):** Mr. Deputy Speaker, I am very much disappointed with the note which the hon. Minister has given us. I appreciate and I understand his personal anxiety. But, after having read the note, I am convinced that the officials of his Ministry have been sitting smug about this influenza epidemic. There is no reason why this epidemic should have been allowed to have the toll it has taken. You find in the report that, even as early as the winter of 1956-57, the epidemic was known to be raging in some parts of Japan and other countries. As we know, from these places, there is constant communication with India. Knowing as every one that influenza is a very easily communicable disease, and could be prevented also by proper steps at the proper time, there was no excuse for the Ministry to have allowed quarantine measures being taken very late and also to have arranged only for very defective controls. I am very glad that our workers have been able to isolate the particular strain of virus which has caused this. But, that is not all.

We know that India had to deal with this problem in a completely different way. Geographically, we are in a position very near to the focal centre of the present epidemic. Historically also we had reason to be more concerned about the epidemic because, going through the chapter on influenza in the Encyclopaedia Britannica, I find that in India it had taken the maximum toll when the epidemic was raging in a worldwide scale in 1918. You will be surprised to know that in the 1918 wave of influenza, about 12½ million Indians were killed, I was not born then; I do not know this by personal experience. The Encyclopaedia says so. We know there are certain conditions in which the epidemic can spread more easily in India. I think the department ought to have been very vigilant about it.

In this report you find that only 511 people died and about 16 lakhs

of people have had the attack. We know that hardly ten per cent. of our people are covered by allopathic treatment. Where has this figure come from? In almost every village, city and town hundreds of thousands of people were suffering from influenza. I do not dispute the figures. As reported, probably they were correct. But influenza by itself is not a killer. We wanted to know what were the causes of death, because in the wake of influenza it can also lead to other killing diseases. One such is pneumonia. It can also be a communicable disease. There is no mention of the causes of death, nor is there any mention of any post mortem examination of those who died of influenza.

We understand that very serious complications can happen to pregnant women affected by influenza. That means the whole of the next generation will be affected. Some such technical information also should have been given. We are not school boys to be given only statistics. I know the hon. Minister carries with him his vast experience in the matter of statistics, but unfortunately influenza does not form the subject matter of the Commerce Ministry and it had to be treated in a different way. And official press notes do not stop the multiplication of the virus as we all know. I am sorry that the epidemic is due in a very large measure to the neglect in taking proper measures at the proper time.

We are told that the next wave is expected any moment. Nobody can tell us now what the mortality in the next wave will be. It may be less or it may be more, but even today we are not sure whether all the steps have been taken.

It has been a very good time for the medical practitioners, especially the private practitioners, because in the case of influenza almost every known drug has been used. I know cases where penicillin has been indiscriminately used. Sulphadiazine and even tetracyclon have been given to

[Shri V. P. Nayar]

children. Maybe they are good in preventing secondary complications. Even that is understandable, but if you look at any of these papers you will find proprietary drugs like Anacin, Aspro, Codopyrin and Saridon being advertised as specific cure for influenza. Fortunately I did not get an attack, and I hope I will not get one also, but these have been advertised as specific cures and what have Government done about it. Do they not know that none of these proprietary drugs will prevent an attack of influenza?

17.27 hrs.

[MR SPEAKER in the Chair]

They have been allowed to be sold to the tune of several crores of rupees, and Government has done nothing about it. And the papers have given very panicky reports. All of us realise it is not a killer by itself, still one gains the impression by reading the papers that India is in the grip of a very mortal epidemic and hundreds of persons were dying.

I am glad the hon. Minister in the note has expressed his gratefulness for the co-operation which public organisations gave, but no effort had been made to enable public bodies to co-operate in this programme. At least I did not get any information about it. And if you continue your programmes of control like this, I am sorry to say that...

Mr. Speaker: The hon. Member should conclude now.

Shri V. P. Nayar: One minute, Sir I will not refer to the particular passage referred to by comrade Sadhan Gupta. What is the meaning of preparing vaccine in a small quantity and giving it only to key persons. Who are the key persons? Some 1,000 or 2,000 units of the vaccine will be produced and the report says that the vaccine will be judiciously employed for the protection of key personnel in

the first instance, and that the subject is receiving the attention of experts. What is it that receives attention? Is it the judicious application? Who are the key persons? Are they the VIPs or the VVIPs? Are we to discriminate in the matter of the epidemic? I certainly appreciate that certain sections of our people like the Hospital Staff, army, police etc., have to be kept free of this attack. I want the hon. Minister to consider ways and means of developing immunity among our masses by providing ample quantities of this vaccine. I am not a technical man either, but some ways and means will have to be found to see that this attack is no repeated with the virulence which we have had because in this Plan, unnecessarily, we are losing several hundred millions of man-hours on account of influenza striking down a person.

I have talked to the hon. Minister, and I know his personal anxiety and great sympathy with those who have had the attack. I want him to see that his department takes all the necessary steps, and there is no smugness at all in the matter of dealing with this epidemic. Unless we are in time, and we take time by the forelock, I am afraid we shall have to repent for what we have done.

With these words, I support my hon. friend Shri Sadhan Gupta.

Shri D. S. Eaju: (Rajahmundry): I would like to make a few observations on this epidemic of influenza which has flown to us actually from East Asia, and burst upon us like an atomic bomb, and taken the lives of about five hundred people and disabled, as far as statistics go, about twenty lakhs of people. Perhaps, these figures may not be quite accurate; perhaps, the number of disabled persons might be much more, for in a country like ours, statistics are not easily available. Even granting that the figure is much more, what difference would it make? It has taken enough toll of the lives

of the people, and it has inflicted enough suffering. So, we need not bother very much about the figures.

Now, the ship which was supposed to have brought some patients from Singapore actually arrived in Madras on the 18th May, 1957. And all the possible accepted precautions are supposed to have been taken. But within a few days the epidemic seems to have spread to Calcutta, Delhi and Bombay. So, I wonder whether cutting contacts with infected cases is the only means of prevention. It is true that contacts are a possible source of infection, particularly contacts with the infected cases. But how has it been possible for the epidemic to spread from Madras to Delhi or to Bombay in such a short time? I would like this matter to be further investigated.

Another observation that I would like to make is that this epidemic has inflicted the maximum toll on the densely populated areas, that is most of the cities, most of the industrial areas and other places where there is a lot of overcrowding have been afflicted. And one could easily see that most of the villages have escaped. This is an important factor that we have got to bear in mind, because as we are rapidly industrialising a large number of places the population is likely to get congregated at a few places. So it would become a serious problem for us. We have got to provide all sorts of facilities for all those people who are gathered within these industrial centres.

The average density of population in India is about 300 people per square mile. From this, you can easily understand what should be the density in an industrial area, certainly, the figure would be much more. When we have to combat future epidemics this is a factor which we have got to remember.

We understand that a vaccine is being prepared for combating this

epidemic. It takes a few weeks to prepare the vaccine, but by the time the vaccine is prepared, the epidemic would have subsided. Probably the new vaccine which is prepared is not actually useful. I wonder how it is possible to mass inoculate. After all, influenza is a mild disease. It is not a killer. So many drastic remedies are not actually necessary. Though in some cases anti-biotics have been used and have proved useful, nobody has found out a specific. Of course, anacin, penicillin, streptomycin have been used. They do eliminate pain for the time being.

But this is, after all, a disease which lasts for three or four days. In the majority of cases, it is very mild also though it has proved fatal in a few cases. But those cases are found to be suffering from other complicated diseases also. Those who were underfed, those who were elderly and those who were depleted otherwise have also succumbed to the disease.

So actually influenza is the precipitating cause, it is not the actual cause of death.

There is also another factor. This virus may change its strain. Then how is it possible to prepare a vaccine which could be useful for combating future epidemics? I personally feel that it is not possible. Even as it is, we have had a lot of trouble for preparing BCG vaccine. Still no conclusion has been arrived at in regard to that also. So if we prepare a vaccine, it may be doubtful whether it will be useful in preventing the disease. It will have a lot of complications. It may not be completely useful.

**Dr. Melkote (Raichur)** I think it would be a good proposition if we considered this disease from various aspects—the nature of the disease itself, the objective that the health authorities should keep before them, the curative aspect of it, the preventive aspects and incidentally the research and other aspects that go with it.

[Dr. Melkote]

If we look at it from this point of view, it should be borne in mind that this disease is essentially an air-borne disease. Men on earth and also the beasts have got to live with air as an essential factor. We cannot go into the stratosphere, because if we do so, there will be no air to breathe unless we carry air with us which in turn would be infected. Therefore, I personally feel that isolation in the real sense is impossible in this world so far as influenza is concerned.

It is stated in the pamphlet that the men from Singapore reached Madras on the 16th and on the 17th there was an epidemic of this disease raging in Madras and Calcutta. That in the course of 24 hours it should have spread to Madras as well as to Calcutta (where no boat had reached till then) should make it clear that the spread is very rapid and that rapidity can only be through the air.

Bearing this aspect in mind, in combating epidemics of this nature whether it is influenza or others of this type, I want to draw the attention of the Ministry to one vital thing, that people of all strata of society, rich or poor, get affected and, therefore, the objective of the Ministry should be to provide medicine, to all irrespective of the capacity of the pocket of the sufferer. If this is not borne in mind, it will mean that people who have got money to afford would get more attention and people with no money will suffer and try to get out of it as best as they can.

I note from the pamphlet that the Ministry have taken adequate measures to supply the necessary medicines to all parts of India. Whether this has been sufficient or not in the given situation is a different question altogether. But I find that they did keep the objective before them very clearly.

So far as the curative aspect is concerned, so far as I am aware, there is no drug on earth yet discovered by scientific men which can cure this

disease. Complications may be attended to. Various drugs may be lauded as a curative. Incidentally, one of our friends mentioned that Aspro and other things are being advertised in the market as a cure. That, however, brings more forcefully to the attention of this House that the sooner we enact the Drugs Act and enforce it the better it will be for all as such kinds of advertisements which dupe the public will not be resorted to after such enactment.

Mr Speaker: It has been advertised by the Colombo Radio.

Shri V. P. Nayar. In the papers also.

Dr. Melkote: Yes, in some papers also. It is, therefore, necessary that the Health Ministry should pay sufficient attention to that aspect of the matter and see that the public do not waste money unnecessarily. But when it is widespread and so many people get afflicted all of a sudden, the technical and other personnel are inadequate to meet the situation. I hardly think and I personally feel that no nation can afford to immediately mobilise such a large force as to be able to attend to every one.

It is a curious thing to note that in the note presented to us it is mentioned that people suffering from influenza are being isolated but in spite of it there is a spread of the disease. Who are the people that could be isolated is the main point. Possibly those people that come through the air or by ships from distant shores. The intention may be to prevent influenza affected people from coming into contact with others since the nature of the malaise is such that there are various strains of it. Possibly, one strain may be isolated but another may cause the spread. Towards that aspect the Health Ministry seems also to have paid some attention. But, I do not think that any such measures will be adequate to meet every situation. It, therefore, means that we should anticipate another round, maybe from Japan, maybe from

another country and be prepared to face that.

In that connection, the amount of vaccine that is being prepared will hardly meet the situation. To meet the demands of the whole world, nay infection of India itself, which has 36 or 38 crores of people, to manufacture all that and keep it going for an indefinite period anticipating infection to break out, is another big factor which, I do not know, whether any Government would be able to face even with the best of intentions. The keeping quality of the vaccine is the main matter. We may manufacture all the quantity that is necessary in anticipation, but whether the vaccine itself would stand the period for which it is manufactured and then be useful later is one of the important questions which members of the public have to appreciate before they could criticise the Government on this matter.

The last point is this. I said in the beginning itself that the chief thing is to attend to the poor. Medicines, there are none. Every one, allopath, homoeopath, ayurvedic or unani practitioner places before the patient some drug and calls it a sure remedy. The public naturally feel that they should take it. Whether they take a sulphanamide or any other drug, they think it is good because it costs something. The gullible public are no doubt paying out of their pockets. This is what is happening and it is not to this aspect that I wish mainly to stress before the Ministry. There are several families which get infected simultaneously and many of them are poor. They have not even the wherewithal to purchase the medicine, much less the gruel and other things they need at that time. Whether the public at large could not be mobilised to prepare the gruel, to take medicines to their houses, to give them the attention that is necessary, to attend to the complications that may arise, these aspects of the question, are very important and need to be attended to.

Lastly, so far as the preventive measure is concerned, may I request the Health Ministry to bear in mind

that there is not only one type of virus or one strain of the virus. There may be many strains and accordingly the nature of the infection that will come into the country vary. These are large problems to be borne in mind. But, as I said before, it is a very difficult question for anybody to tackle as things stand today. How best it could be tackled is still a point, which, I believe, is being considered by the medical men all the world over. But from what I could see, I should congratulate the Health Minister for taking energetic measures for combating this disease.

**Dr. Sushila Nayar (Jhansi):** I am grateful for giving me the time. I would not have had the courage to appeal to you, not having given my name earlier and I appreciate your kindness in calling upon me to say a few words. So far as this problem is concerned, there are two ways or two aspects to be considered.

**Mr. Speaker:** The hon. Member may come to the Minister's seat.

**Dr. Sushila Nayar:** The two aspects are: whether something could have been done to prevent it and whether something can still be done to prevent a recrudescence of another wave. I would respectfully suggest to the hon. Members in the opposition benches, who threw some suggestions to this effect, that to the best of my knowledge, scientifically, it is not possible. If it was possible, we would not have had an epidemic of influenza from time to time. The simple reason is this. Influenza is not due to one specific virus. There are a number of strains and viruses which come into prominence from time to time. Therefore, it is not possible for anyone to take preventive measures to stop an epidemic.

However, I would say that, generally speaking, in one epidemic, it is one virus or one strain of the virus which spreads from one country to another and so on. So, there is no reason for us to think that we shall have wave after wave of influenza in this country due to one strain and then due to

[Dr. Sushila Nayar]

another. Theoretically, it is possible for a country to have a large mass of vaccine prepared against a particular strain which is causing epidemic and give prophylactics to its people. But that does not last for any length of time. Therefore, it is questionable whether, with the limited resources in men and material in our country, it would have been wise for us to spend all that in preparing a vaccine for a large number of cases covering millions of people, particularly when that vaccine is going to give immunity for a very short time and also when it is not of a very grave or severe nature.

The second point which is of greater importance is the management of the epidemic when it takes place and is taking place. I would like to congratulate the Health Ministry for some of the measures that they have taken but I would also like to say that some more measures could have been taken and should be taken even at this stage. For instance, in Delhi, a very good job was done. Schools and cinema houses were closed, immediately steps were taken to open emergency hospitals in various parts of the city. But that is not what took place in all the States. I have just now returned from my constituency, Jhansi, where I also had a present of influenza for myself. I know that conditions are very bad. There are whole families lying sick and there is nobody to give them even water. Nobody has taken steps to see that there are emergency beds, emergency measures are taken and something is done to take care of the people. This is so in many parts of India to the best of my knowledge and from what I have heard.

That brings us to a very vital question. Health is a State subject. What control has the Central Government on those States? How can the Central Government make them take all these elementary measures which are very necessary, which can go a very long way to give relief to the people? It is for the health services of those

States to do the needful. The Central Government can supply all drugs. The Central Government can give them general directions and overall guidance, but the actual administration of these relief measures has to be organised by the States concerned.

The thing that I think has been lacking is an attempt on the part of the authorities to mobilise the medical profession as a whole. I have heard from the official side complaints that the doctors have not co-operated. On the other hand, I have heard very genuine complaints from the doctors that nobody has approached them. I know during the war there was a General called General Jolly who made a profession of it and became a very great expert in it. He called conferences almost every week, every fortnight. He met all the prominent leaders in the medical profession and tried to take them into confidence, tried to make them partners in organising medical relief for the country. We can only organise things in this country if we can stimulate enthusiasm, mobilise the good sense in our people, and there is plenty of it. I am sure we have not done that. We have, somehow or other, been thinking and acting in terms of watertight compartments. The official side wanted the people to go and offer their co-operation. It is for us to go and ask the people for their co-operation, to mobilise their goodwill, to make use of what they can offer to us. I am not only referring to fully trained allopathic doctors, I am also referring to vaidyas and hakims as has been pointed out by several hon. Members in this House.

There is no specific cure, but there is a good deal that can be done to mitigate the suffering. In that even the vaidyas and hakims, and also other people like nurses and widwives can help. They could be mobilised to give as much of nursing, as much of relief and avoidance of suffering as possible.

One more point, Sir, and I will be done. That is with regard to these

advertisements I entirely agree with the hon. Members opposite, that there is great need to put some control on the licences for advertisements of drugs. The radio—not our radio but the Ceylon Radio, and I suppose we cannot do much about it—has been just going on indiscriminately advertising all kinds of cures for influenza. Our own newspapers have been doing it. It is not the first time that advertisements appear in our papers in the name of medicine. The advertisements that appear in our papers in the name of medicine are just deplorable, they are a menace to the health of this country. I think it is time, taking advantage of the opportunity offered by this epidemic, which fortunately has been mild and has not led to fatalities as the earlier epidemics, that we should take care of the two points that I have mentioned.

Let us find out and organise ourselves to mobilise the public opinion, to mobilise the medical profession and all kinds of available sources which can help us in an emergency, and even outside of an emergency for organising medical relief in this country. Secondly, let us do something to curb this menace of advertisements on drugs which cheat innocent people of hard earned money which they can ill-afford to spend on very often useless and sometimes even harmful medicines.

**Mr. Speaker:** If some more members are to be allowed, I am afraid the House will have to sit for some time beyond 6. Is the House willing?

**Some Hon. Members.** Yes

**Mr. Speaker.** I will try to give opportunities to all the States one after another. Mr Vyas told me that the contagion is spreading to his State also. Mr Vyas

श्री रावें लाल व्यास (उज्जैन)  
मध्यक्ष महोदय, आपने जो मुझे अपने विचार प्रकट करने का अवसर दिया उसके लिए मैं आपका अनुगृहीत हूँ। यहाँ पर अभी जैसा कि बतलाया गया है सब से पहले मद्रास में

यह बीमारी आई और वहाँ से आने देश के दूसरे भागों में फैली। मैं समझता हूँ कि यह बीमारी हवाई जहाज से आई होगी तभी पहले मद्रास में फिर बम्बई में, कलकत्ते में और दिल्ली आदि नगरों में फैली और इन बड़े शहरों में आने के बाद उसने अन्य भागों में और छोटे छोटे नगरों में फैलना आरम्भ कर दिया है। इस समय यह बीमारी मध्यप्रदेश में काफी फैल चुकी है। यहाँ जो आंकड़े दिये गये हैं उनके अनुसार वहाँ पर केवल एन्फ्लूएजा के ८००० केस हुए हैं जब कि १० तारीख को जब मैं वहाँ पहुँचा तो मुझे मालूम हुआ कि इससे कहीं अधिक लोग इस बीमारी के वहाँ पर शिकार हुए हैं। स्वयं मेरे घर में जिसमें ८.१० आदमी थे सब बीमार हो चुके थे। उज्जैन के विभिन्न मुहल्लों में मैंने जाकर देखा कि काफी व्यापक रूप में यह बीमारी फैल चुकी है और उज्जैन में कई शहर आदमी इस बीमारी के शिकार थे। घर के घर बीमार पड़े थे और कोई उनको पानी देने वाला नहीं था। जब मैं डिस्ट्रिक्ट मेडिकल आफिसर से मिला तो मुझे मालूम हुआ कि उनको इसकी जानकारी नहीं है कि शहर में कितने लोग बीमार हैं। उनको तो अस्पताल में आने वाले लोगों की बाबत ही जानकारी थी, जब कि ऐसे लोगों की तादाद काफी थी जो कि अस्पताल नहीं गये। जो आकड़े दिये गये हैं वे वास्तव में सही नहीं हैं और कहीं अधिक लोग वहाँ पर इस बीमारी के शिकार हुए हैं। उसी रोज मेरे पास देहातो से पत्र आये कि देहातो के भीतर यह बीमारी व्यापक रूप में फैल गई है। मैंने उसी वक्त डिस्ट्रिक्ट मेडिकल आफिसर को इसकी बाबत चिट्ठी भेजी। उन्होंने केवल १०० आदमियों के वास्ते दवा की गोलियाँ भेजी जो कि बहुत ही नाकाफी थी क्योंकि मध्यप्रदेश में इस महीने के प्रथम सप्ताह में यह बीमारी काफी फैल चुकी थी। आज आवश्यकता इस बात की है कि चूँकि वैक्सीन जितनी चाहिए उतनी तैयार नहीं हो सकती है इसलिए केवल

## [श्री राधे लाल व्यास]

एलोपैथी पर ही निर्भर न रहा जाय और हमारे देश में जो आयुर्वेद पद्धति है और जो कि पूरी और मुकम्मिल है उसका लाभ उठाया जाय। वैद्य गन्ध गांव में मौजूद है और आयुर्वेद से इस बीमारी के लिए बहुत प्रशस्ती दबाएं मौजूद है और मैं चाहता हूं कि आयुर्वेद दवाओं का भी प्रयोग किया जाय क्योंकि एलोपैथी दवा जितनी चाहिए हम गांवों में पहुंचा नहीं पाते हैं। केन्द्रीय सरकार को चाहिए कि आयुर्वेद दवाएं जो कि पर्याप्त मात्रा में देश में हर जगह मिल सकती हैं और वैद्य लोग भी काफी तादाद में गांवों में होते हैं, वैद्यों को सलाह लेनी चाहिए और वैद्यों से सलाह करके पटवारियों, स्कूल मास्ट्रो और सरकारी कर्मचारियों के पास इसकी जानकारी करा देनी चाहिए कि अगर सारे देश में यह बीमारी फैल जाय और हो सकता है कि अंग्रेजी दवा जितनी चाहिए सुलभ न हो सके तो उस हालत में आयुर्वेद में ऐसी कौन सी दवाई है जो कि उस बीमारी में दी जा सकती है। इस तरह की जानकारी होने से लोग देहातों में जहां अक्सर अंग्रेजी दवाएं वक्त पर और जरूरत मुलाबिक नहीं पहुंच पाते हैं आयुर्वेद दवा का इस्तेमाल करके लाभ उठा सकेंगे।

इसके अतिरिक्त मैं ने उज्जैन में देखा कि वहाँ सफाई की ओर जितना ध्यान अधिकारियों का जाना चाहिए था उतना नहीं गया। अधिकारियों का ध्यान सफाई बनाये रखने की ओर विशेष रूप से दिलाना चाहिये क्योंकि अगर सफाई नहीं रहती है तो यह बीमारी फलन का ज्यादा डर बना रहता है और अगर अभी मैं इस ओर ध्यान नहीं दिया गया तो मुझे भय है कि हमें नयंकर स्थिति का सामना करना पड़ सकता है और ऐसी स्थिति हमारे सामने पैदा हो सकती है कि जिसका सभालना मुश्किल हो सकता है।

सन् १९१८ में, श्रीमान्, जब यह बीमारी हमारे देश में फैली, यह काला बुखार, और

जिसके कि कारण लोग अभी भी डरताये हुए हैं क्योंकि मिनिस्टर महोदय ने प्रकोत्तर के समय कहा था कि एनप्लुएजा की देहा में बुखरी बेव आने का खतरा मौजूद है। उस समय भी पहले इसका माइल्ल्ड अटैक हुआ था, मामूली रूप में शुरू हुई थी और खत्म भी हो गई लेकिन अक्सर के महीने में फिर यह बीमारी आई और उसने उस समय करीब १ करोड़ या डेढ़ करोड़ लोगों को मृत्यु के मुंह में डकेल दिया। अभी तो क्रिसमस उसका अब नहीं है लेकिन एनप्लुएजा बेव जापान में चल रही है और अब के उसके साथ डिस्टेंटरी है और इस सेकेंड बेव की बाबत लोगों में एक डर समाया हुआ है कि अगर वह हमारे देश में आ गई तो क्या होगा लोगों में जगह जगह गांवों में इसको लेकर बड़ी चर्चा हो रही है। उज्जैन में मैं ने देखा कि जो वैद्य और डाक्टर थे वह भी बिमार हो गये थे लोगो का इलाज करते करते। मैं चाहूंगा कि वैद्यों और डाक्टरों को इस बात का प्रीकाशन लेना चाहिए कि वे बीमार न पड़े क्योंकि उनके बीमार पड़ जाने से लोगो का इलाज रुक जायगा, इसके लिए जो बैक्सीन तैयार हो पहले उन्ही को दे देना चाहिए ताकि वह ठीक रह कर इलाज कर सकें और खुद बीमार न पड़ जाय। मेरा सुझाव यह है कि इस बीमारी के आयुर्वेदिक इलाज की जानकारी देश भर में कमा दी जाय ताकि वह जो सेकेंड बेव आफ एनप्लुएजा आने का खतरा है उसका सामना करने के निम्ने आवश्यक मात्रा में देश भर में जगह जगह पर आयुर्वेदिक दवायें और अंग्रेजी दवायें जुटाई जा सकें और हमें उस की तरह की स्थिति का सामना न करना पड़े जैसे कि सन् १९१८ में हमें इस बीमारी के वक्त करना पड़ा था कि लोगो को समय पर पर्याप्त मात्रा में दवा सुलभ नहीं हो सकी थी। आज भी दवायें सुलभ नहीं हैं जब मैंने इसकी बाबत डिस्ट्रिक्ट मेडिकल आफिसर से बात की और मैंने कहा कि अगर वैद्यों की जरूरत

हो तो हम लोग चन्दा करें तो उन्होंने कहा कि पैसा तो है लेकिन बाजार में दवा उपलब्ध नहीं है। आप भोपाल जा रहे हैं तो वहाँ हेल्थ मिनिस्टर को कहिये। मैंने वह इनफ़ारमेशन उनको पास भ्रान कर दी। कहने का तात्पर्य यह है कि आज भी हमारे वहाँ दवायें नहीं मिल रही हैं और हमारे मध्य प्रदेश में यह बीमारी गांवों में फैल गयी है, सलिये इस ग्रंथ विशेष ध्यान दिया जाना चाहिये और जैसे श्री हो दवा का समुचित प्रबन्ध करना चाहिये और अग्रजी दवा बाँकि ज़रूरत के मुनाबिक नहीं मिल पाती इसलिये मैंने सुझाव दिया है कि आयुर्वेदिक पद्धति का सहारा लेना चाहिये और बाँडों का भी सहयोग लिया जाना चाहिये क्योंकि आयुर्वेदिक दवायें भारत के हर एक गांव और कस्बे में सुलभ हैं।

मध्य प्रदेश में जहाँ इसका प्रकोप हो रहा है मैं चाहता हूँ कि केंद्रीय सरकार को उसकी बाबत नियमित रूप से जानकारी मिलती रहना चाहिये कि वहाँ पर कौनसी हालत है और प्रति सप्ताह वहाँ की रिपोर्ट भारत सरकार के पास आती रहनी चाहिये ताकि सेंट्रल गवर्नमन्ट जो कृषक कर सकती है, वह करे।

Mr. Speaker: I will now call Bombay Shri Joachim Alva

Shri Joachim Alva (Kanara) I am from Mysore.

The hon Minister is aware that in the Mysore State, in Sorab in the Shimoga district, a peculiar fever has broken out and the Government of India has sent out researchers especially foreigners to know what kind of fever it is. I want to ask whether this fever which has broken out in the Sorab taluk of the Shimoga district and which has claimed many deaths, has any connection with the influenza epidemic and whether there is any chance of its spreading out to other places because it is a very fatal disease which has come out from

Monkeys, as we are told. I want to know what measures are taken by the Government of India in addition to those already taken by the Mysore Government to control this kind of fever which was raging in the Shimoga district and whether the measures taken in combating influenza are the same as those that have been taken in combating the disease in Shimoga district.

Two speakers from both sides, the hon. Lady Member and my friend Shri V. P. Nayar have spoken about the ramp of advertisements both through the radio and newspapers regarding medicines. What measures has the Ministry of Health taken in regard to these disgusting advertisements. Right today, in the Hindustan Times, half a page has been taken for Aspro advertisement. Without meaning any kind of disrespect to any journal, I must say that advertising has reached disgusting proportions, both by real pharmaceutical firms, by bogus pharmaceutical firms and by pseudo pharmaceutical firms. I want to know whether the Ministry has drawn up a list of these firms so that they may be blacklisted if they are advertising in our land. Let us be very prompt about it. If they are resorting to advertising outside, let us blacklist them and see that Government does not give them any patronage or help or aid in carrying on their activities in this land.

Next, it pairs me to bring this matter before the House. I want to ask the hon. Minister whether he has visited any leper asylum after he became Minister.

Mr. Speaker: What has leprosy got to do with influenza?

Shri Joachim Alva: I am coming to the point. A person who visits a leper asylum is not afraid of anything else in the world. I have myself gone to a leper asylum; I was shocked to see things there and I ran away. The contagion in a leper asylum is not so much from nearness of the patient, but from the touch of the patient. I

[Shri Joachim Alva]

was shocked to see photographs of the hon Minister, the doctors and the officials of the Ministry going into hospitals with cloth covering their faces. It is highly demoralising in the sense that these measures should be available to the meanest man in the land. The hon Member Dr Sushila Nayar said that there were families of patients where drinking water was not forthcoming. If the top men in the Ministry go about seeing patients with cloth in their mouths, the morale cannot be kept as high. In combating this disease, the lowest man in the public should also know that he is also protected similarly. I think that the hon Minister should go about hospitals uncovered in the mouth in the sense that he must not show panic in the face of the disease and if the disease came upon him or upon the officials or upon any one else, they were as much immune or protected as anybody else. That is all I wanted to say.

Mr. Speaker: I suppose enough has been said. The hon Minister

Shrimati Ha Falchoudhuri (Nabadwip) May I have a chance?

Mr. Speaker: Bengal had a chance  
18 hrs.

Shri Karmarkar: I am grateful to hon Members who have raised this question on the floor of the House and to you for having given priority to it, because we in the Health Ministry are naturally interested that Members of this House as well as the public outside should know all that is worth while knowing, they should be given an opportunity to offer all suggestions that could be of use. I must say that much that is useful has been said on the floor of the House, though as related to the intensity of the epidemic that has unfortunately come over us during the last two months, the discussions have been more sober than could normally be expected. I am happy that there has been no sense of panic so far as this discussion in the House is concerned.

I am also happy that no attempt has been made artificially to raise what might be called difficulties in the way of those who are engaged in fighting what is at present a fairly tame disease but what might still become in the ultimate future, if apprehensions unfortunately prove to be true, something more serious.

In dealing with this debate, I propose firstly to deal with the points that have been made by hon Members and finally to allow myself a few general observations.

I frankly confess to myself that I was rather disappointed with the observations made by the esteemed colleague, the initiator of the debate. I always expect something very solid from him, and I must say that what has come from him, on this occasion is not much that has been useful to us or to combat the disease.

Firstly he said something which was obvious. Now, we never said that the figures given here are the absolute figures. The figures that are given here are the figures that we have received from the States, and the States have sent the figures which they have in turn received from various authorities. The authorities compiled the figures that came to their agencies, doctors and the like, and therefore we were careful enough to say not because we anticipated this comment in this House, that the statement showed cases and deaths from influenza recorded in the various States. I suppose in view of this my friend Shri Sadhan Gupta will easily concede to me that we have not made any claim more than what is absolutely correct. Certainly it is very obvious. It does not need anybody to tell us that the number must be larger, because many did not report. It was so very obvious that we did not think it fit to include it in a serious publication like this.

The second point made by my friend Shri Sadhan Gupta was that there has been great dislocation, I

entirely agree, and that is the greater reason why we should exercise greater care in view of the suffering that has been there, that is still going on in some States and that is likely to come

The only point, in fact, that I feel called upon to answer is his point that sufficient quarantine arrangements were not made. I am afraid that he has not had the time to have even this brief document read. Otherwise, he would not have made that statement. We have exactly pointed out that the first two ships that came in Madras harbour were quarantined, and it was not a technical quarantine. We got the ships, at some little expense I suppose to the public exchequer, quarantined outside the harbour  $3\frac{1}{2}$  miles away from the harbour for full five days, and we did this also at some risk. The medical personnel that went from Madras public health authorities were about 100, 30 doctors and 70 nurses. They went at midnight, ran some risk, and in fact, ten came back with influenza that could not be helped. But that is the sense of urgency with which we acted regarding quarantine. I suppose so far as it was humanly possible—I do not claim any superhuman efforts, we could do only what was possible—we alerted all the State authorities and I am quite sure in my own mind that they have done the best that was possible so far as quarantine arrangements were concerned. There was absolutely no laxity, and if I were to be reliably told that there was laxity we shall take notice and bring it to the notice of the State Governments. So far as we have been able to find out, the State Governments have done the best in the matter.

The next observation that I would like to make is about the second wave in Patna. As I said yesterday, some of the experts are of the opinion— basing their observations on the past experience of 1918—that a second wave might come. But there is no assurance that the second wave will definitely come, and we need not grow panicky about it. We have to take all

the measures possible, and I need hardly assure this House that the State Governments as also the Government of India are busy taking all measures that are possible with the resources at their disposal.

Regarding particular measures suggested by my hon friend, namely transfusion of blood, the question is whether a newly cured patient of influenza would be prepared to give blood. The second question is that even if some were prepared to give blood, transfusion is a process which requires careful handling. In any case, if that is the method which should be followed, I am quite sure that that particular method will be followed by the medical authorities in whose charge the patients are.

Then, my hon friend mentioned about lemons. That was a very feasible suggestion. I really wish that all of us, that is, we here assembled as representatives, should also do our best to take such measures as might possibly prevent the disease.

Here I might content myself with the observation that experience has shown that in spite of the fact that influenza has come into the country as a whole, and it has got to all the other cities also, normally it has had a heavier toll in the more congested localities, showing obviously that public health measures by way of public sanitation etc are very urgently required, especially in view of any impending disaster, and none of the States and public bodies should relax their efforts so far as public hygiene is concerned.

But I think personal hygiene also plays a large part. I am told and in fact, everyone has been proffering advice,—and a large number of letters from vavds are coming in the papers these days, with unsolicited advice ranging from the efficacy of their medicines, which they have invented, and which they are asking Government to purchase in as large a quantity as possible, to all necessary measures to be taken,—that anything from the prescription of a medicine

[Shri Karmarkar]

to the practice of *vogasana* has been prescribed as a remedy against influenza. That is a very healthy thing. That shows how serious people are about combating this disease.

In any case, measures of public hygiene—and so far as individuals are concerned, personal hygiene—will certainly act against any ailment that might come in the form of another wave, another wave is not likely, I do not say, and I do not want to frighten the House that it is likely, and I do wish and I do hope that looking to the vigour of the measures which our public health authorities have shown, influenza may not be tempted to come to the shores of India again, however, that is another matter. But still our measures have not to be relaxed. (*Interruption*)

Since Shri V. P. Nayar has interrupted, I should like to deal with him now. I am very happy that since yesterday he has learnt much more than what I thought he had learnt yesterday. I thought he would return again to radioactivity. I am very happy he has been disillusioned about it between yesterday and today, because he did not refer to it today. He was very furious about it yesterday. I am very happy to learn that today he almost appears to agree that we are not as yet definite about it, and, therefore, he has not raised that point.

Mr. Speaker: He started the quarantine one and a half months ago.

Shri V. P. Nayar: He wants me to be quarantined now.

Shri Karmarkar: From one of the observations he made, I found that he was made himself much more conversant with the first epidemic which arose in 1918, because the *Encyclopaedia Britannica* had long paragraphs about it, and, therefore, he had precious little to say about this little epidemic.

Shri V. P. Nayar: I said only one sentence.

Shri Karmarkar: All that he has been able to say in regard to the present epidemic is the complaint about the advertisements. Now, there are lots of advertisements about wonder cures and the like, but not every advertisement could be the subject matter for punishment. There are advertisements and advertisements.

Take, for instance, the advertisements regarding soap. The picture of the face as it looked before washing, and the face as it looked after washing might appear to be objectionable to my hon. friend, but it cannot come within the purview of the law. Anything that comes within the purview of the law is normally taken care of. If there are any cases which have escaped the notice of the authorities, I should be really very happy if they are pointed out to us, and we shall be very particular to take measures against the offenders.

Mr. Speaker: Is there a specific for it, apart from the change of face? So far as the disease is concerned, many people may be tricked into purchasing all these medicines.

Shri V. P. Nayar: Under the Drugs and Magical Remedies (Prohibition of Advertisements) Act, can Government not take action?

Shri Karmarkar: I shall have a talk with my hon. friend for half an hour on that, because this is a technical subject.

What is a cure for headache is advertised as also a cure for influenza. One of the things that we get in influenza is temperature. There are other things—that is another matter. So the normal medicine is prescribed. But the things prescribed to bring down the temperature is also the same thing prescribed for alleviating headache. Someone may advertise the drug and say that it is useful for stopping headache. He says that in

these days of influenza, it is useful. It is partly true. It is not true so far as the remedy against the whole range of influenza is concerned; it is true so far as headache is concerned.

So it is necessary to examine the thing. I am prepared to spend any amount of time with my hon. friend, about whom I am not sure whether he has studied the law on the subject. But I shall study the law myself, and if there is any real case, I should like to take serious notice of it.

There is my colleague, Dr. Raju, who spoke. He pointed out rightly that this has occurred in the densely populated areas. He also pointed out something which was new that I learnt. We know about the anti-cholera vaccine. We know how it acts as a prophylactic.

But the thing about this virus is that it is isolated in the first instance from the blood samples of the patient. Then vaccine is prepared from that. It is useful against that particular type of virus prevailing at that particular moment. As was rightly observed, it takes some time to manufacture this vaccine.

One is not quite sure about this virus. They say—I have not been able to understand it fully what exactly it means—that here is mutation in the virus itself. It appears that in the course of travelling, it gets mutated. Maybe that the next influenza may show a virus which has undergone mutation.

Then as against that, if there is to be a sure preventive remedy, a vaccine has to be prepared from the blood samples of the patient.

But still there is a rationale about it. There are types of influenza closely related. In case there is an epidemic at a particular place at a particular moment, then it is possible to try to prevent the incidence in that particular area by using the vaccine which is effective in a closely related ailment.

Dr. Melkote referred to the difficulty of preservation. So all these difficulties are there.

What we said about the key personnel—my hon. friend wanted to know whether it was VIPs; VIPs are very important personnel but key personnel need not be very important personnel—what we meant by key personnel obviously were those medical men who attended to the patients. Naturally we must immunize them. We tried to import some vaccine for this particular strain of influenza from foreign countries. We found that the cost price would be 6 shillings per dose. I do not know how our poor people could afford to purchase it and how much of it, and how much of public money would have to be invested for it. So, as was rightly observed, the vaccine that is to be manufactured can be really useful only for the key personnel and for certain selected sections of the population.

As for the others, we think of preventing the epidemic from spreading and when it comes, of giving the best treatment possible.

**Mr. Speaker:** What is the cost here for it?

**Shri Karmarkar:** If the import duty is off, it may come to about 8 or 9 shillings per dose taking freight etc.—I am not sure of it. It may be Rs 10 per dose.

Dr. Melkote rightly observed that there are many strains. So it is very difficult to say anything about the future. We do not exactly know what the future may bring.

My hon. friend, Dr. Sushila Nayar, referred to co-operation. I am very unhappy that she had not been here when the epidemic was at its worst; otherwise, she would have saved herself some of the observations she made. In fact, whether it was Delhi or other States, as a student of public affairs, I could say that there was one remarkable phenomenon about this epidemic and the way in which the

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Government and the people participated to combat it. You, Sir being in daily touch with the public, know how little there has been of squaling or complaints or grievances about the measures taken. That may be taken as an indication—a modest indication—of the type of relationship that existed between the people and the authorities. I am not saying this in a flattering mood. Whether it has been Madras or Bombay or anywhere else, it is my duty to say through this forum that I deeply appreciate the very strong and efficient measures adopted by the people and the authorities to combat this disease. I should also think it my duty to add that it has almost been a great pleasure for the authorities to work because there has been an immense measure of popular co-operation from organisations of all political shades of public opinion, from individuals and from people who have had to wait in queues for even two hours at a stretch for medicines. It is a phenomenon which we should not fail to take notice of and it is certainly that measure of co-operation from the people that served as an urge for them to come forward without any fear to combat this.

**Mr. Speaker:** She only referred to the matter of co-operation from medical practitioners.

**Shri Karmarkar:** You have rightly reminded me. It only compels me to make a rather unpleasant observation. In fact, we never received any complaint from anywhere that there was not such co-operation from medical practitioners, as it might have been from some other place.

**Dr. Sushila Nayar:** It was in short the crux of my complaint.

**Shri Karmarkar:** I do not know. We did not go from house to house. In fact, every party, the Bharat Sewak Samaj, the Congress, the Jana Sangh, the Communist Party, every

one co-operated with us. We made a common appeal. We did not go to every doctor's house. I think they co-operated. The municipal authorities made appeals; there were many noble members of the medical profession who came out voluntarily to help (*Interruption*). They even sacrificed their private practice and participated in this common effort. They sacrificed a lot. I did not refer to it; but one blacksheep should not condemn the whole group. I should also say that many people from the private medical profession did respond to the call. If there are any isolated instances where they did not co-operate, it may be that they thought the services to their own clients was much better than service elsewhere. Maybe something else tempted them and human temptations could not always be resisted and we have to make some allowances for human failings.

My friend, Shri Vyas emphasised very greatly on ayurvedic remedies. We have not discriminated either in Delhi or elsewhere between allopathy and ayurved. In fact, it was a pleasure to see allopathic arrangements, ayurvedic arrangements, homoeopathic arrangements and unani arrangements all side by side practised and I am quite sure that all dispersed without any quarrel at the end of the day and I was very happy to see that patients were given attention.

**Shri Radhelal Vyas:** My point was that the Government should make an attempt to publicise these ayurvedic medicines or other medicines which can be readily available in villages also so that people can make use of them.

**Shri Karmarkar:** This is being carried on as a long-term measure at our Jamnagar Institute. We are not sure as to whether Ayurveda has got a specific for this. We are carrying on experiments and we shall discuss about that later on. But let me tell

my hon friend that we, the Government of India are not in any manner allergic to Ayurveda. We like relief from whatever quarter it comes.

Then, my friend, Shri Joachim Alva, as usual—he will pardon me for saying that—was a little irrelevant. He will pardon me for it because he went on to ask a question for which he was bound to get a disappointing answer. As it was a personal question I am making a personal remark. In such matters, I may tell my hon friend that I have no fear for risk of life so far as I am concerned. It gives a pleasure to me to go wherever I get an invitation. It has been a pleasure to invite a Leper Asylum whenever an invitation has been made to me. I have always thought it my duty to do so, to go to hospitals and so on and so forth. Even before I became the Health Minister I have visited at least 5 Leper Asylums. I have not hesitated to go there. However, I did not shake hands with the patients there because the doctors asked me to keep at a respectful distance from the patients as they did and they prevented me from shaking hands. I have always taken pleasure in doing so. I think it must also be a pleasure for people like him. It gives some pleasure to the patients also because they feel happier.

**Shri Joachim Alva.** The man who goes to a Leprosy Asylum should not be afraid to go to the hospitals to see cases of influenza but uncovered on the mouth.

**Shri Karmarkar.** I think my hon friend is making a point about the cover that was used when I went to see the patients. Naturally, our medical advisers were anxious that in any case the Health Minister should be healthy so that he should be able to do service. It is better to put it on in highly infected areas but I never expected friends belonging to the tribe of my

hon friend would immediately put it out in the Press the next morning. One good that it does was that it gives protection against influenza infection. I thought that my hon friend would have complimented me for that because people seeing the Minister going like that into the infected areas would be tempted to emulate and do likewise. But that is neither here nor there.

**Shri Narasimhan (Krishnagiri).** Apart from giving protection to the man wearing the mask, it also prevents the spread of infection. He protects himself and he also protects the others from his own infection.

**Shri Karmarkar:** My hon friend has really given a very strong justification for what I did.

श्री विभूति मिश्र (बगहा) ने यह जानना चाहता था कि स्वास्थ्य मंत्री ने विभिन्न राज्यों को कितनी दवा दी है और कितना पैसा दिया है। यहाँ पर यह नहीं मेन्शन किया गया।

श्री करमरकर जिस वक्त आपने यह सवाल किया उस वक्त मैं इसके बारे में ही कहने जा रहा था।

I was just on that point I am sure that the House realises that there is a sense of division of labour. We in the Centre come in as a co-ordinating authority. The States are almost wholly responsible for whatever measures taken. I do not say that it is a feather in our cap. It is not a subject on which one should try to have laurels. It is a duty. I do not think any officer or any Ministry or any State Government which has done its business in this matter wants laurels. It is a duty that has been rendered. The best reward is the popular appreciation. That is the end of the story.

Immediately when we sensed on the 9th May, that it was likely that influenza may enter India, from that time onwards, I may say that the House would not charge me with want

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of alertness. We have always been ready. In so far as the State Governments are concerned, it is possible that some of the State Governments or the public health authorities with the best of goodwill or because of their belief that that particular city was very healthy normally and would be immune to influenza or perhaps for other reasons may have shown some laxity here and there. But, by and large, I must say that the State Governments have not spared their finances. We have not spared any. In fact, if the State Governments had asked for succour from us, I am quite sure that the Finance Minister would have spared some funds, even in the tight financial position.

In the majority of cases, as far as the public health authorities are concerned, I am happy to say that nothing was charged from them. I have seen the work done in Delhi myself, I have heard about Madras and Bombay and other places. Efficient measures were taken.

All possible preventive measures will be taken but nothing can stop influenza entering in the future if the neighbouring country is affected. It is a very easily communicable disease. If a person stands within a few yards of an infected person, within a few seconds he may get it. I am not able to assure the House that another unfortunate wave will not come and that we shall be able to prevent it. That is beyond our capacity and beyond anything that anyone can do. But, when it comes the ways to combat it are fairly simple. First, public health measures. Secondly, to keep ourselves aloof from possible infection and to close all public meeting places—cinemas, schools, etc.

There was a way which was observed in some of the States. As soon as you sense infection in a particular town, whether the people want it or not, spread the population round about the town. If there is a population of

about 50,000, spread about 10,000 in five places. There you publicly announce that there is medicine for any patient who comes there. The real reason of it is this. The out-patients who are suffering from mild influenza do not create any problem for us. That is not our problem; they suffer for two or three days, they take some medicine and get better. Really serious cases also come along with mild cases. As soon as you know that there is a really serious case, take that case in, have sufficient hospital accommodation and treat it there. That is the surest way of combating this disease.

I am quite sure the House will appreciate when I say that, that which has been done has been by and large fairly satisfactory. I have been closely observing all the reports. I have also had talks with the people concerned. I do not think I am making an exaggerated claim when I say that what needs to be done has been done to a very great extent. If there has been any remissness, we should like to have the co-operation of the House. Every Member of this House represents a particular area or at least half a district. I think each one can do a lot by way of inviting attention where there is room for grievance and by way of inviting the co-operation of the people where such co-operation is precious.

Sir, I have taken a long time of the House, but I must again reiterate my sense of appreciation, whether it be the officers in my Ministry, the Ministry with which it is my privilege to serve, or the State or public health authorities. I should like to pay a tribute to all the organisations who sent their different views. I would also like to pay a tribute to the people in general because it is the people in general that always shape the things that are to come. There has been no sense of panic, and I am quite sure if a second wave comes—if it does not come well and good—the people in the country will be mentally prepared to combat it, to brave it and get through.

श्री बिभूति मिश्र : मैमै जो प्रश्न पूरा था कि किन (कन स्टेटों) को कितनी दवा दी गई है और कितना पैसा दिया गया है, उसका कोई जवाब नहीं दिया गया।

श्री करमरकर : मैमै ऐसा कहा कि हम से किसी स्टेट न पैसा नहीं मागा है। हर स्टेट में यह हुआ कि जितनी दवा वहाँ के

लोग चाहते थे वह खुद उन्होंने अपने पैसे से खरीद ली।

Mr. Speaker: He knows English and, therefore, he must have followed what you said.

18.28 hrs.

The Lok Sabha then adjourned till Eleven of the Clock on Thursday, the 18th July, 1957.