[Shri Krishna Menon]

damage by hostile action after force landing. Intensive search for the personnel continues and is being maintained. It is too early to say whether they are alive or otherwise with certainty. But the uncertainty about their safety is causing us considerable anxiety.

The House should know that there is renewed hostile activity in some parts of Naga Hills. It may well be that this is a determined effort on the part of the small minority of unreconciled hostiles to create terror and thus sabotage constitutional development. Government are fully posted the situation and such firm action as is necessary to protect the overwhelming majority of the Nagas in the villages will be taken.

I feel sure that the House would share Government's concern in regard to the crew of the aircraft whose fate is unknown and also desire to express its sympathy to the families of those who have been the victims as a resut of hostile action. The posts will be maintained so long as they are required for the restoration of law and order and any assistance required by civil authorities will be given. The task of reconstruction and constitutional settlement will progress as a result of agreement over Nagaland. Government will take firm action against those who seek to overthrow constitutional authority by violence and crime.

Shri Hem Barua (Gauhati): May I seek a clarification?

Mr. Speaker: A sufficiently long statement has been made. I do not allow questions after the statement. Hon. Member will read the whole thing.

Shri Goray (Poona): We want to know whether this is the first time that the Naga hostiles have brought down a plane, or they have been doing it before. If they are doing it for the first time, it means they have better weapons.

Mr. Speaker: What can be done? The hon. Minister has said all that he had to say.

Shri Goray: Is it the normal situation, or is it getting abnormal?

Mr. Speaker: Whatever the situation, it has been explained by the hon. Minister at length. The situation is well in hand.

Shri Hem Barua: I want to know whether this intensification of the activities by the hostile Nagas on a wider scale is due to the feeling of resistance growing in them at the Government arriving at a political settlement with the Naga People's Convention. If so, have the Government ascertained from the Naga People's Convention what steps they have taken to win over the hostiles?

Mr. Speaker: I am not going to allow this question; it is a far-reaching one. All that we are concerned with is the Defence Ministry, and why a plane was shot down, why there was such action against an aeroplane.

Shri Hem Barua: This is the first time a plane has been shot down.

Mr. Speaker: The hon. Member will try to read everything.

12·12 hrs.

DRUGS (AMENDMENT) BILL—*contd.*

Mr. Speaker: The House will now proceed with further consideration of the following motion moved by Shri Karmarkar on the 30th August, 1960 namely:

> "That the Bill further to amend the Drugs Act, 1940, as passed by Rajya Sabha, be taken into consideration."

Shri Kodiyan may continue his speech. He has already taken 16 minutes.

Shri Kodiyan (Quilon—Reserved—Sch. Castes): The other day I was referring to the recommendations of the Pharmaceutical Enquiry Committee with regard to the development of the industry. I do not intend to go into the details, but I wish to refer to one point. The Committee have recommended the immediate constitution of a Development Council for the pharmaceutical and drugs industry. It is necessary to constitute the Development Council to develop the industry along the lines of these recommendations, but nothing has been done so far to implement the recommendations. Unless the industry is developed on a proper basis and unless unhealthy foreign competition is eliminated, the attempt to enforce drug control will not be a full success. My complaint is that Government is very slow in implementing the recommendations of the Committee. The Committee's Report was submitted in 1954, and this amending Bill has been brought forward by the Government now. It has taken about six years for the Government to bring forward this legislation.

Several of the recommendations of the Committee with regard to the effective implementation of the Drugs Control Act have not been taken into consideration by the Government. They have recommended that the Industries (Development and Regulation) Act should be amended so as to bring small pharmaceutical concerns within its purview. Now the Act applies only to some 75 concerns out of 1,643 concerns. Therefore, it is highly necessary that the small concerns are also brought with its purview, so that their development may be facilitated.

Something has to be done to control the price of the drugs. The purpose of the legislation should not be confined to mere controlling of sub-standard and spurious drugs; it should also see that the drugs produced in the country are made available to the people at reasonable prices. Now there is a wide margin between the price fixed by the pharmaceutical concerns and those fixed by the retailers. Then, there is no machinery or device to find out the actual cost of production, to determine the reasonable price of any particular drug. The Pharmaceutical Enquiry Committee had been asked to go into this aspect of the question. They asked the concerns to furnish some information regarding the cost of production, but in their Report they have said that only very few concerns had furnished this data. They have made a specific recommendation that every pharmaceutical concern should be asked to maintain records regarding cost of production. They have further stated that if such records are kept it would be helpful to the industry to fix proper prices if there is competition; it will also help the Government to fix the prices at a reasonable level when necessity arises. But I am sorry that nothing has been done so far by the Government in this regard. Government have not given thought to this aspect of the question, which, in my opinion, is a very important question, because most of the modern drugs in our country are not within the reach of the ordinary man. So, in enacting a legislation like this it must be our aim to see that medicines are made available to the common man at a reasonable price.

I therefore request the hon. Minister to make provision in the Bill for making it obligatory on the part of the pharmaceutical industry to maintain data regarding cost of production, and also authorising the drug inspectors to examine these records.

Shri Nanjappa (Nilgiris): The hon. Minister in his opening speech referred to the genesis of the Drug Act, 1940. During the First World War there was great scarcity of imported as well as indigenous drugs in the country, and on account of that, a lot of

[Shri Nanjappa]

what are called "faked drugs" were imported into the country and also manufactured here. Naturally, the public and the medical profession are agitated and want that such a state of affairs should not be allowed to continue. The foreign Government then appointed a committee to go into this question in 1930. After the deliberations and recommendations of that committee, in 1940, Government came forward with a Bill, and that was passed as the Drugs Act of 1940. Even after that, it was after a delay of six years, that is, in 1946, that the Act was brought into force. But the Act was inadequate to prevent sub-standard and misbranded drugs, as they call it. There was a good lot of such drugs on account of the scarcity of drugs due to the second World War. Besides, there were many pharmaceutical concerns in this country, and they began to produce many drugs. On account of the prevailing prices of the drugs, the scarcity conditions that were prevailing, and the different grades of the manufacturers, there were impure drugs, sub-standard drugs and misbranded drugs. Again, the public agitated, the profession agitated, and Government were pleased to appoint another committee known as the Bhatia Committee in 1953. That committee made some recommendations to prevent these misbranded and sub-standard drugs.

In order to give effect to those recommendations, the present Bill was brought forward; but, again after a lapse of seven years, somehow or other, I should say that Government have still failed to control the sale of these faked, sub-standard and misbranded drugs in the market.

The object of the present Bill is threefold. Firstly, through this Bill, Government want to give a better effect to the provisions of the Drug Act of 1940. Secondly, the Central Government want a control over the administration of the Drug Act, so that they may issue instructions to the State Governments to carry out the provisions of the Act. Thirdly, they can appoint their own inspectors and analysts, and they can establish their own laboratory to test the samples; and they can not merely stop with the taking and testing of samples, but they can give punishment, and also confiscate the misbranded or sub-standard drugs. This Bill has been brought forward with these important provisions.

But the application of this Act is sought to be confined only to modern medicines, that is, those which go in the name of allopathic medicines. The allopathic system has a standard pharmacopoeia known as the British Pharmacopoeia, and the latest edition is followed as a standard. Besides that, the standards laid down by the National Institute of Medical Research London, are also there to guide as standards in drugs. These standards apply to imported drugs as well as to those manufactured in this country.

In this House and also outside, there has been a good lot of agitation for encouraging the propagation of the indigenous systems of medicine, and the practices used by those systems. That is quite a welcome proposition. But, so far, there is no standard Pharmacopoeia for this system, nor has any standard qualification been prescribed for the practice of these indigenous systems of medicine. Unless these things are done, the Drug Act cannot work properly in this country, and the impure and sub-standard drugs will continue to be sold, and the public will suffer thereby. This is not my own way of thinking, but one Mr. Om Prakash, M.A., who is a man of this place, namely New Delhi, appeals to the President in the following terms:

> "I would implore the Government of India, through your majesty (that is, the President), to declare Ayurveda also a national system of medicine and it should be given an equal status compared to Allopathic Science, in all walks of life.".

So, even the practitioners of the indigenous systems also want to nationalise the system on a level with the allopathic system. It must be really nationalistic, and not individualistic. A secret medicine practised by certain individuals, without being disclosed to the public, is of no use, and a system cannot be established on a firm basis.

Again, the General Secretary of the All India Unani Tibbi Conference, Delhi, also makes an appeal to all Members of Parliament, as follows:

> "It is, therefore, requested that your honour as a Member of the Parliament should think this over an agitate for the passing of a suitable measure dealing with indigenous systems.".

So, even the practitioners of the Unani and Ayurvedic systems want those systems to be modernised and brought on a par with the modern system of medicine. I would not blame Government and say that they have failed in their duty to bring these systems also on a par with the modern system of medicine. They have been doing all things. They have established colleges to train people to practice these systems. Researches are also being carried out. They have brought out books in Ayurvedic and Unani systems. A certain amount of pharmacopoeia also has been brought out. But, yet, one cannot rely on these alone for the practice of these systems of medicine. Unless those in secrecy are brought to light and made available to all practitioners and to Government, it is not possible to make these systems as good as the modern system of medicine. Unless these things are given to Government and to the specialists, these systems cannot thrive in this country any longer.

So, my humble submission is that an independent pharmacopoeia for these systems of medicine should also be brought out as early as possible. Besides, some qualifications also must be prescribed for the practice of these systems. One thing which is noticeable in this country at present is that any man can sell any drug even in petty shops. You can get sulphanamide preparations in petty shops also. And people in the street can hawk any medicine they like. In my State, there is prohibition, but in the name of tonics and tinctures and extracts, intoxicating drugs are sold even in licensed drugists' shops. This is very common in my State. Government must do something to prevent the sale of drugs anywhere and everywhere.

I have tabled some amendments to this Bill, which, I feel, will make the Act more effective. If the hon. Minister gives me some explanation why the omission that I am presently pointing out has been made, I shall withdraw my amendments.

My first amendment is to the proposed sub-section (6) of section 23 which reads thus:

> "Where an Inspector seizes any record, register, document or any other material object....".

This Act is for controlling drugs. But the Inspector does not seize any drug. He seizes articles other than drugs. So I want to include the word 'drug' among the articles he can seize, so that it may be effectively controlled. The Inspector is not given all power to seize any drug he likes. The latter portion of the sentence says:

> "..he shall, as soon as may be, inform a magistrate and take his orders as to the custody thereof".

So he is not by himself independent. He cannot seize any drug he thinks necessary. He has to take orders from a magistrate. There is control. He may not have full powers to take action himself.

There is also another amendment which is important, which I have tabled. This is to clause 7 where section 27 is proposed to be substituted

[Shri Nanjappa]

by a new section. After "Whoever himself or by any other person on his behalf manufactures for sale, sells, stocks or exhibits", I want to add "and advertises". The cost of a drug is high not because the cost of manufacture of the drug is high; it is the advertisement which costs much more than the drug. Therefore unless that is controlled, there will not be effective control over any drug. So I want to introduce the words "and advertises" so as to make the Bill more effective.

As I said before, if the hon. Minister gives an explanation as to why these two things were omitted, I need not move the amendments.

Shrimati Ila Palchoudhuri (Nabadwip): I welcome this Bill because it has long been felt that there should be some control over drugs. This Bill tends to do certain things, to control the manufacture of drugs, to appoint Inspectors in the premises, to appoint government analysts to give directions to the State Governments. It also specifies that punishment shall not be less than certain periods, where drugs are found to be spurious or sub-standard, there is also provision for confiscation of the sub-standard drugs. All these objects are very laudable.

The industry in India is a very old industry. In fact, the ayurvedic system and unani system were there even long before the allopathic system came to India. Even the manufacture of drugs and chemicals has in a great way been associated with the freedom movement of India. In the 19th century in Bengal with the freedom movement, Acharya P. C. Ray was the one who made a pioneering effort at manufacture of drugs and medicines in Bengal and in India; after him, in Northern India there was T. K. Gajjar and also Rajamitra B. D. Amin of Baroda who followed suit. We all tried to manufacture drugs and medicines at that time, because only imported drugs were available. So this thing got an impetus and it was a laudable cause. But afterwards, as the impetus gradually grew and the industry actually gained more and more momentum, it is really a matter of regret that drugs, which mean the very life of people, have been made to play the part of a chess gamble, so to speak, to make more money. This is really very harmful, and I am glad that the Government have got some measure to try to control this.

It is true that in his Bill Government have sought to do these things. But if you look into the Bill, there are one or two things which I would like to bring to your notice. There is clause 4 which seeks to substitute by new sections, the existing sections 20 and 21 of the principal Act. Here it is said:

> "The State Government may, by notification in the Official Gazette appoint such persons as it thinks fit, having the prescribed qualifications to be Government Analysts for such areas in the State and in respect of such drugs or class of drugs as may be specified in the notification".

You may appoint Inspectors. You may appoint people to go into the premises. But the most important thing to do, in my opinion, is to deal with the firms that distribute the drugs to hospitals. It is not only the Inspectors and so forth who go into the premises and inquire about these things that are sufficient. The very first thing you have to look into is the responsible firms that distribute so many drugs to hospitals. The reaction of these drugs on the patient in India have to be studied through hospital statistics properly. After finding out the reactions, the people who manufacture these drugs in India in collaboration with foreign firms must be duly briefed, because a certain formula may not be so suitable for India as an identical formula is to foreign countries. I think this is a matter which should be stressed.

The second point relates to section 31 of the principal Act. It says:

"Section 3 of the principal Act shall be renumbered as sub-section (1) of that section, and after sub-section (1) as so re-numbered, the following sub-section shall be inserted, namely:—

".....any drug in respect of which the Court is satisfied, on the application of an Inspector or otherwise and after such inquiry as may be necessary, that the drug is not of standard quality or is a misbranded drug, shall liable to confiscation."

I quite agree if it is certified, but what is this 'otherwise'? It is very vague. Who is this 'otherwise'? What is this 'otherwise'? Who is going to give this information? Is it only the Inspector or is it just anybody in his individual capacity?

The spurious drugs trade goes on unimpeded in a very peculiar way. As you know, it is a chain with the *bikriwala*, bottle-wala and label manufacturers. All bottles and vials are sold and then the new stuff, which is absolutely spurious, is put into it. These bottle-walas and *bikriwalas* keep stocks of bottles etc. and sell it at any given time. Nobody is prevented from having any amount of this stuff. These people do not stock it themselves. Nor is the stuff kept where the Inspector is expected to go. These people keep it in a friend's house. The printing presses somewhere else print the labels. These walking chemists and walking drug distributors do untold harm. They promise women in rural areas that by taking their wonderful medicine, they will get beautiful hair and will look more beautiful in their husbands' eyes. Later on, these women become very ill. In Bengal very long ago an old dramatist also pinpointed this thing. Through the wrong labelling of drugs, a person who put on his hair what was labelled as hair oil but was really an adhesive, could not take off his hat later in front of his *burra sahib*. You can understand the situation with the man pulling at his hat but the hat sticking on to the hair.

So all these spurious drugs with labels must be looked into. This chain has got to be investigated. It is not that it can be done only by appointing Inspectors but also other means will have to be resorted to.

Thirdly, I would like to refer to the provision for giving directives to the State. What kind of directive are you going to give to the States? A co-ordinated control is a different thing. If there is dual or triple control, there is always a tendency to put the blame on one or the other. So, I submit that there should be a fairly clear-cut policy as to who is to do what, what the State is to do and what the Centre is to do.

Again, look at this peculiar state of affairs. Chlorine hydrate produced in some State cannot be used in any other State. You cannot use a thing produced in your own State but you have to buy it from another State.

This is a peculiar thing. I do not know what instructions you will give whereby such anomalies may be pointedly corrected and the Drug Act put to more use.

After all, on drugs depends the health of the nation. There have been cases in hospitals where morphia had been adm nistered and it has had no effect. When it was examined, it was found not to contain morphia. Streptomycin has been found to contain starch. So, this is a very laudable attempt that you are trying to control all this. But your way of control is not only to be through inspectors or various analysts but it should be also through the people who deal in spurious drugs, bad labelling and so on and so forth. Please lay your hands on them.

There are small manufacturers who are *bona fide* but who do not have the

[Shrimati Ila Palchoudhuri]

laboratory and other equipment. They are willing to show their *bona fides* and come to you with their good formulae and means of making these things. We have some very clever people and chemists. Give them a chance to prove their worth. Give them help when necessary. Subsidise the small industries so that they may produce drugs that will really do good to the people in general.

Lastly, let there be an Indian pharmacopoeia of all the Ayurvedic medicines as soon as possible. Let it be encouraged by the Health Ministry. The Health Ministry has to give the impetus. Many of our own drugs have come back to us through the British pharmacopoeia when they were known in India hundreds of years ago. Raulphia serpentina has come back to us through the British pharmacopoeia while sarpagandha was known to us ages ago, when nobody else knew about it. Of course, standard sation should be there. But this Indian pharmacopoeia should be made available as soon as possible because it is a system of medicine that is suited to India. The herbs are found in India and the way of application may also be very suitable to the Indian constitution.

There is the urgent need of the control of the drugs. Under whose control will these inspectors and analysts be? Will they be under the Ministry of Health or under the Ministry of Commerce and Industry? I think the Health Ministry will be in control of all these affairs; and really the Health Minister should be there.

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I think he will be there to give medicines to the people in the right way so that he is in control. He should have control on them. The control should not be kept on trade or commercial lines but on the lines of the health of the people.

Mr. Speaker: Dr. Sushila Nayar. But before the hon. Members speaks, let me know how long it will take for the clause-by-clause consideration. There are some amendments.

The Minister of Health (Shri Karmarkar): Not too long, I think.

Shri Harish Chandra Mathur (Pali): Fifteen minutes will do.

Mr. Speaker: We will close this debate by 4 o'clock. We started at about....

Shri Karmarkar: There is something else at 3 o'clock.

Mr. Speaker: Then, it shall stand over.

Shri Karmarkar: Perhaps, we may finish it by 3 o'clock. It looks like that.

Mr. Speaker: Let us see.

Dr. Sushila Nayar (Jhansi): Mr. Speaker, Sir, I wish to offer my congratulations to the hon. Minister of Health for bringing forward this Bill which was much needed and long overdue. The history of the introduction of Drug Control Bills which became Acts has been traced by other speakers. So, I am not taking the time of the House in repeating all that. However, we know that in spite of these Acts, which we thought would improve the situation very considerably, the situation has not improved according to our expectations.

Adulteration of drugs is fairly common. Sub-standard drugs are being sold practically everywhere and the catching of the guilty persons and their punishment is not an easy job. From time to time, there have been committees to consider this matter. The implementation of the Drug Control Act, at the present moment, rests with the States. Some States have taken it up seriously; others have not done it.

Then, there are certain areas where the Central and the State responsibilities naturally and necessarily overlap. Therefore, it was suggested by

the different committees that have been mentioned, as well as by the Estimates Committee of the Lok Sabha, in their report year before last, that the Central Government should assume greater responsibility in the implementation of the Drug Control Act. It is good, therefore, that this Bill has come before us. I have no doubt it will be accepted by everybody with a sigh of relief.

The provisions of this amending Bill, as they stand, extend the jurisdiction of the Government of India in the field of drug control and prescribe the minimum punishment of one year. They are very welcome. While the old Act prescribed maximum punishments which were quite good, in actual practice, very often, we found that after considerable difficulty when the guilty party was brought before the court, there was some kind of sympathy, some kind of feeling that one should not really be too harsh on these people. The truth of the matter is that those who indulge in sub-standard drugs and those who indulge in adulteration of drugs are as guilty and should be dealt with as seriously as any individual who commits murder. (*Interruptions*). I say that with deliberate intention and emphasis, because, supposing there is a life-saving drug and somebody's child, somebody's wife or somebody's husband or any other near and dear one is lying seriously ill in need of it. If, instead of that life-saving drug something else comes out of the phial—some adulterated stuff—that life is going to be lost. Who is responsible for that death? The person who indulged in adulteration. And, so, it is a tragic fact that sometimes people forget the importance of these things and begin to think in terms of rather lesser humanitarian objectives. They say why do you want to punish a poor man; what is going to happen to his wife and children? His wife and children do need all the sympathy. But the wife and children of the man who lost his life due to this man's adulteration need equal sympathy from us all. Therefore, it is a very welcome provision that the minimum punishment has been prescribed in this amending Bill.

The second provision which is very necessary and welcome is the provision that when an Inspector comes upon these bad drugs, the adulterated or sub-standard drugs, he can confiscate them. Up till now, there was no provision for this with the result that the man could only seal and advise that such drugs would not be sold in the market, he had no power to really catch hold of sub-standard and adulterated stuff and destroy it. Now, he will be able to do so, and it is a very welcome measure.

But I want to bring one thing to the attention of the hon. Health Minister. We are giving great powers to these inspectors. I hope Government will see to it that the inspectors are paid adequately, they are selected in a proper manner and they have the requisite qualifications to do justice to the job that we shall entrust to them.

Secondly, we have in this amending Bill taken care of the inspection of the drugs that have been manufactured and are put on the market, and by that means we hope to eliminate the sub-standard drugs. But, Sir, I want to know what is going to happen with regard to the licensing of the manufacturing houses. The licensing of manufacturing houses at the present moment lies with the Commerce and Industry Ministry. I wish to submit that the Health Ministry should be associated with the process of licensing. People who are entrusted with the promotion of industry naturally are eager to see that the industry spreads as fast as possible. It is natural also. We want rapid industrialisation of the country. I have sometimes heard an argument: "Why do you insist on the observance of the minimum standards for licensing the manufacturing places for the production of drugs; do you not want the poor man to earn his living?" Sir, I am very keen, extremely keen to see that the poor man has a chance of earning a living. But there are certain things which cannot be considered as a means of earning a

[Dr. Sushila Nayar]

living, and drug production is one of those things.

In drug production, Sir, the first thing is safety, and for that the observance of proper standards for the manufacture of drugs, come first, and earning a living has a secondary place. In my opinion, the small men can come together, pool their capital, form a co-operative society and in that manner, they can start a manufacturing concern if they wish to, but a drug manufacturing concern has to be of a certain minimum size with a certain minimum expenditure outlay, machinery and so on. There should under no circumstances be relaxation of the minimum standards for licensing of drug manufacturing places, and I wish the Health Minister to see to it that a provision to that effect is also brought before the House without delay.

Again, this licensing is also done by the States. There too it is necessary to take the type of powers that have been taken or are proposed to be taken by the Government of India under this amending Bill so that the Government of India can see to it that the Drug Control Act is properly implemented. I think the same kind of powers should be taken by the Government of India to see to it that the licensing of drug production houses is also carried out properly and under proper conditions observing the minimum standards.

Then, another hon. Member has already mentioned that advertisements should be brought within the purview of this Act. I agree. The types of drug advertisements that appear in our newspapers and various other places are most objectionable. We have a separate Act for this, I understand, but it does not seem to be having really the effect that everybody would like it to have. So, something should be done to prohibit this type of irresponsible advertising of drugs.

The third thing that I would like to see is this. We have too many drugs, which are essentially the same, with different names. Different drug houses are producing them. They give them different names—the drug is the same whether it is a vitamin preparation or something else—and the consumer, the common man is confused because one man says he should have this preparation, a second man says he should have that and a third man says he should have a third thing I think the Government should see to it that drugs which are essentially the same should not be allowed to have hundred and one names so as to confuse the public.

Shrimati Ila Palchoudhuri: Sir, may I make one submission. My hon. friend who is herself a doctor has just now said that different persons prescribe different medicines having the same effect. I hope she will realise that if one doctor has prescribed ephedrine and you contact another doctor he will prescribe emidrine or something like that—medicines having the same effect but different names. It is the fault of the doctors and the doctors have to be blamed for this.

Shri Harish Chandra Mathur: Should not they also be brought under this?

Dr. Sushila Nayar: I do not dney that doctors prescribe different medicines which may be the same in action and composition. I would admit that it is done. But the doctors are able to do it because there are a hundred and one drugs of the same quality and same action which are available in the market. That is why I said that the patient or the consumer can be confused. Sometimes he may have one bottle of medicine lying in his house and a very similar medicine may be prescribed by somebody else. I have seen in some of my friends' houses practically a whole pharmacy; in their cupboards, they have collected so many bottles of medicines having different names that it looks as though they have a whole pharmacy. Therefore, what I say is, let it be seen to that drugs with similar action are not allowed to have different names. If it is vitamin A, let

it be called vitamin A and not by a hundred and one names. If it is penicillin, call it pen cillin and not by ten names. Anybody who reads through the full paper will know what a bottle contains, but it is not the common man who will know what is inside a bottle, what has gone into its composition and all those things. Therefore, Sir, it is necessary to see to it that things with similar actions, similar qualities and similar potency are not given different names.

The same thing applies to the import of drugs. We are importing too many drugs under too many different names which have essentially the same composition, the same underlying ingredients and the same action. Here it is a question of saving foreign exchange also. I had a talk with the Director of Health Services of one of the Scandinavian countries. He said that they see to it that only one or two drugs of one action and one quality are imported for one year. He said that they often take the manufactures of somebody else the following year but in one year they see to it that they do not import too many drugs of a similar quality. I feel that something along those lines will also be necessary here.

I know that all these restrictions and controls open up avenues of corruption also, and we have to take care of that and see that such things do not happen. As we are exercising already controls of various kinds, I am sure the Government can see to it that without any undesirable complication we import only those drugs that are necessary and not too many drugs of the same action and quality under different names.

13 hrs.

Lastly, some of my hon. friends have asked why the ayurvedic drugs are not brought within the purview of this amending Bill. Obviously, Sir, this is an Act which is meant to regulate the quality of drugs—produced under the modern system of medicine. Therefore, I think if the Government tries to apply this to the ayurvedic drugs probably the ayurvedic physicians and ayurvedic experts will not like it; because, at the present moment, the Ayurved physicians are very often producing drugs for themselves. Once I had the occasion to examine a medical preparation of theirs—the Loha *Bhasma*—which was an iron preparation. I saw four preparations from four different people and had them analysed. The iron content was different in each one of them! Under the present circumstances, I think it is difficult to bring the Ayurvedic drugs under the purview of this Act, but I do hope that something will be done for the standardisation of the drugs produced by the Ayurvedic system of medicine also.

13.01 hrs.

[SHRI JAGANATHA RAO *in the Chair.*]

Shri Warior (Trichur): I may preface my observations by suggesting that the entire industry of drugs should be transferred from the charge of the Ministry of Commerce and Industry to that of the Ministry of Health, because the drug industry is very different in all aspects from the ordinary industries. It is concerned with the life of our people. It is concerned with the life of the people to a greater extent than even food. It is directed towards the healthy growth of the nation. Hence, if all the discrepancies found at present in this industry should be done away with, and a healthy system of drug manufacture should be established in this country, I think that the industry must not be viewed from the angle of profit and loss which is the usual angle with the Ministry of Commerce and Industry.

Although the report of the Pharmaceutical Enquiry Committee does not go far enough in this direction, it suggests that much more remedial measures should be taken. While we welcome this Bill, we have also to observe that this Bill is only a negative measure in the sense that the trafficking in spurious drugs is most prevalent in this country because of the existing

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circumstances, namely, the dearness of the drugs, the dearth of materials, and so on. Not only that. This drug industry, as far as the allopathic system is concerned, is 99 per cent. dependent upon foreign import and foreign materials. I do not want to touch upon all aspects of this industry, but I may mention one thing. If we do not have sufficient imports, or sufficient manufacture of the intermediate chemicals in our own country, we cannot for certain control the prices of these drugs. The intermediates are the most essential factor in the manufacture of essential and active drugs. Without them, modern pharmacopoeia is nothing. For these intermediate chemicals also, we depend upon foreign countries, and the report makes it succinctly clear and points out that our country must make every effort to manufacture as much as possible these intermediate chemicals in India. But we understand from the papers lately that the Government has entered into some collaboration with some foreign countries like Germany and the United States for the manufacture of these drugs. Even in the earlier report, after a great deal of earlier investigation and enquiry conducted by eminent doctors and Commissions in India, they have pointed out this aspect of the question. In our own country, there are collaborations going on between indigenous firms and foreign firms.

In this report, a whole chapter is devoted as to how these arrangements are made to the detriment of our own industry, and at the same time, to the advantage of foreign concerns. Although I do not wish to go into those details in speaking on this Bill, as I have said, this Bill is for the negative aspect of the control. The positive aspect is that we must give as much of medicine to our people and as much of effective drugs to our people and, at the same time, at cheaper costs.

I may just read a few lines from the report because many hon. Members might not have gone into the report in all its details. It is said at page 65 thus:

> "Certain arrangements have been entered into between some manufacturers in India with firms abroad by means of which the former are not in a position to undertake the manufacture of other useful and latest drugs based on the original product prepared in collaboration with the latter..... Such arrangements are not in the public interest and therefore should be discouraged. Even the little capacity that exists for the production of these essential drugs is, therefore, being crippled by these business interests of the foreign firms."

Instead of acting according to these observations in a way which will safeguard the interests of our nation, the Ministry has gone and entered into all kinds of arrangements and agreements with foreign firms which will result in crippling our industry in times to come. On the other hand, bold steps should be taken to make our drug industry, as far as possible, independent.

Though we have certain advantages in our negotiations with foreign countries, we are sorry to understand that most of those arrangements did not materialise and the Government did not take advantage of those things. I shall not go into the details because they will come along with other questions when they are discussed here, such as the anti-biotic industry in India. But for the present, I must sound a note of caution to the Government that before entering into new arrangements and agreements with foreign firms, especially with countries like the United Kingdom, Germany and the United States, we must see that no arrangements are made whereby we lose our independence and we remain

merely as distributors of drugs imported by us, though we may label them as "made in India" or say that they are our national products.

There is another point in this drug industry. India has got much more possibilities in the matter of indigenous drugs, apart from the chemical substances. India has got a much wider pharmacopoeia, I believe than any of the allopathic systems, that is, the system of western countries. Most of it has been lost by centuries of neglect and because also of the fact that some people gave out to the others what they knew of these things.

For instance, in Malabar, we know that there are several antidotes for several diseases which baffle the doctors even now, including western doctor. Once an allopathic doctor was telling me that the cemetery flower, the flower that grows abundantly around the cemeteries, is the best antidote for diabetes. I do not know whether we have made any research into this aspect. Again we know that only recently this *serpentina* was found to be efficacious for certain diseases. But then we have had a sorry spectacle in Kerala where whole ranges on the hills were abundant with this plant but because ignorant people and they did not know what it was, they collected it from the wild forests and sent it abroad. The people who knew its value as the best antidote for diseases like blood-pressure, etc., purchased the plant in lots and gave just a pittance to those people who had collected it from the forests. Our own Government had to come forward later with a legislation, prohibiting the export of that plant. But by the time the legislation came in, I think the whole of India became denuded of this precious drug. We have to plant it again.

Such drugs are innumerable; even our Himalayas are called in Sanskrit literature as *Ushadish*, which means, the *Isha* or God of medicines. It is in the Ramayana, as you will recollect, that we hear that Hanuman took the Sanjeevi from the Himalaya. That might be a legend but there may be some substance in that legend. We have neglected all these things and the westerners have taken full advantage of our ignorance and negligence and they have produced a pharmacopoeia which they say is sublime and supreme. In the tropical countries we have found that many of the medicines and drugs which they say are effective medicines are not suitable for our country. It may be that they may suit the cold climate or some other climate. In this respect I would suggest to the Minister that unless we take up the matter and have a thorough investigation and have more research stations in almost all the States where indigenous medicines are available, which is not done now properly, we cannot stop this traffic in spurious drugs.

Then I want to say that not only in the manufacture of drugs but also in the manufacture of things like vitamins and hormons we see the sorrow spectacle that whereas the raw material is available in one place, the plant and machinery for the production of these things are not set up there but they are set up in some other distant places, so that there is complete anarchy in the growth, collection, production and distribution of these drugs.

This sort of thing must be stopped. For that I would suggest that the drug industry should be set up in the places where the raw materials and other facilities are available. In this respect the Commerce and Industry Ministry have failed miserably. I do not want to quote instances at present, because I do not know what is yet to come. If it takes a good turn, I will welcome it.

Now, take the synthetic vitamin A, which is produced from lemon grass oil, which is available only in Kerala State and in the hill regions. The plant for it has been installed in a far distant place and the oil is taken all the way to that place from the southern most point. How much of

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transport cost and other costs are involved in transporting oil and then producing this, which is one of the most essential things, synthetic vitamin A. Innumerable instances can be quoted at length on this point. If this industry is left on the whims and fancies of those who enter this industry only with the purpose of profit motive, then I do not think this industry will grow and people will get sufficient drugs. So, resorting to spurious drugs cannot be stopped that way.

Another point is that in these industries the regulations relating to industries are not taken into consideration. This Report illustrates the way in which the manufacturers manufacture drugs in the most unhealthy, unhygienic and unscientific manner. They have suggested remedies for that. But the whole of the Commerce and Industry Ministry, or the Law Ministry for that instance, cannot cope with this situation in a developing economy because their attention is drawn to so many other important things. But, then, we must remember that this is not like other industries. If a steel plant goes phut, there may be some loss but it would not affect the life of the people, whereas some trouble in this industry will affect the life of the people. We have the instance even in this Parliament where an hon. Member succumbed because some such drug was administered to him. I do not know what the result of the investigating team on that is, but the fact remains that that hon. Member succumed after the administration of the drug. Now thousands of people are dying for want of drugs and also because of the administration of spurious drugs.

Since so many such instances have been quoted in this Report, I would suggest that the Government as a whole—I do not say the Ministry alone because the Health Ministry alone cannot rectify this thing; so, I say the Government as a whole—must sit down and consider these aspects very closely and evolve certain policies which will guarantee the safety of the people through proper manufacture of drugs under health and scientific conditions with the modern and up-to-date machinery and equipment. But all these things can be done only if this Ministry is expanded and given more powers. At present the Ministry is only an ornament without any power or control over the drug industry.

Even now I am afraid whether these penal clauses and the institution of central inspectors and other things will be effective or not, because there are so many loopholes which they may find out in actual working. I know cases of persons who are totally unqualified, not even matrics in science, who are doing drug business in so many parts of the country. If this is to be stopped, the Ministry must be given more powers for direct control of this industry and the distribution of the drugs, when alone can the health of the people be restored and our demands satisfied.

श्री रामजी वर्मा (देवरिया): सभापति महोदय, इस बिल को जिस उद्देश्य को सामने रखते हुए माननीय मंत्री जी ने पेश किया है, उसका मैं स्वागत करता हूं। किन्तु जिस गति से यह बिल हाउस में आ रहा है और जिस प्रकार से इस मुल्क के लोगों के स्वास्थ्य की ओर ध्यान दिया जा रहा है, वह ज़रा विचारणीय है। सन् १९३० में चोपड़ा कमेटी बनी थी और उस के दस वर्ष बाद यानी सन् १९४० में, इस हाउस का ही भी रूप रहा हो, एक कानून बना जिसको १९४० का ड्रग कानून कहा जाता है। आजाद होने के बाद सन् १९५३ में मेजर जनरल भाटिया की अध्यक्षता में एक कमेटी बनी और फार्मास्यूटिकल इन्क्वायरी कमेटी की रिपोर्ट आई। एक बरस उससे पहले इसी हाउस की एस्टीमेटस कमेटी ने भी एक

रिपोर्ट पेश की थी और उस के बाद अब सन १९६० में यह बिल इस रूप में हमारे सामने पेश किया गया है ।

भारतीय जनता के स्वास्थ्य की दृष्टि से, भारतीय जनता की तन्दरुस्ती की दृष्टि से इस तरह के बिल की बहुत आवश्यकता थी। व्यापारिक धन्धे जो हैं उन से उतनी हानि नहीं होती है, जितनी कि एडल्ट्रेशन से, मिलावट से, या दूसरे तरीकों से दवाइयों को खराब कर देने से होती है । आप जानते ही हैं कि सभी व्यापार, सभी उद्योग धंधा नफे की दृष्टि से होता है और यही दृष्टि-कोण दवाइयों को जो लोग डील करते हैं, उन में भी आ गया है। उन के अन्दर भी यह भावना आ गई है कि किसी न किसी तरह से रुपया अर्जित किया जाए। लोगों के स्वास्थ्य के साथ खिलवाड़ करना खतरनाक है और जैसा कि मुझ से पूर्व बोलने वाले वक्ताओं ने कहा कि स्ट्रेप्टो-माइसीन की जगह पर शीशियों में स्टार्च भरा हुआ है, मार्फिया का कहने को तो इंजैकशन दिया गया लेकिन उस में एक्चुअली मार्फिया नहीं था। इस तरह की घटनाओं की रोकथाम करना बहुत जरूरी है । ये सब काम नफे की दृष्टि से किए जाते हैं। मैं समझता हूं कि इस पवित्र धन्धे के लिए, देश भक्ति और अधिक पवित्र धंधा समझ कर के ही नहीं बल्कि मानव-भक्ति की भावना से प्रेरित हुआ धंधा समझ कर, इस बिल को कोई और रूप दे दिया गया होता तो शायद ज्यादा अच्छा रहता।

तीन बातें कहीं गई हैं। यह कहा गया है कि इम्पोर्ट, मैनुफैक्चर और सेल को कंट्रोल करने के लिए बिल बनाया जा रहा है। इम्पोर्टिड ड्रग्ज आपके यहां पर शुद्ध रूप में आती हैं। लेकिन नफा की दृष्टि से, गंदी से गंदी दवायें जो सड़कों पर तथा दूसरी जगहों पर बेची जाती हैं, उन के बारे में क्या कहा जाए । जो लोग इन को बेचते हैं या तो अपनी आजीविका चलाने के लिए ऐसा करते हैं या फिर सरकार द्वारा उस तरफ ध्यान न दिये जाने के कारण वे ऐसा कर रहे हैं। सरकार को चाहिये कि इन लोगों की गतिविधियों पर किसी न किसी तरह से रोक लगाये, इनको भी कंट्रोल करे। किन्तु इस बिल में ऐसा नहीं किया गया है। इस बिल में जो खास चीज की गई है वह यह है कि इंस्पेक्टरों और एनेलिस्टों की संख्या बढ़ा दी गई है । अब तक स्टेट लेवेल पर इंस्पैक्टर और एनेलिस्ट हुआ करते थे, अब सैंट्रल गवर्नमेंट की तरफ से भी इंस्पैटर और एने-लिस्ट होंगे । ऐनालिस्टस जिन दवाओं को पकड़ेंगे या मैनुफैक्चरर्स जिन दवाओं को लाइसेंस लेने के लिये आप के पास भेजेंगे, क्या आप की मशीनरी इतनी संगठित और इतनी बड़ी होगी कि वह उन के बारे में अपनी रिपोर्ट टाइम पर से पहुंचा सकें? मैं समझता हूं कि बजट में जितना रुपया रक्खा गया है उस के अन्तर्गत आप इंस्पैक्टर्स और ऐनालिस्ट्स की कितनी संख्या बढ़ायेंगे वह शायद एक या दो महीने ही बीत जाने के बाद नहीं, दो वर्ष बीत जाने के बाद भी अपनी रिपोर्ट न पहुंचा सकें। यदि इन्स्पेक्टर की रिपोर्ट किसी का चालान करने के लिये है तो वह कम्पनी एक वर्ष या दो वर्ष तक रुकी रहेगी और इस तरह इस काम में कोई एफिशिएंसी नहीं आयेगी । जो दवायें मिलती भी थीं उन का मिलना बन्द हो जायगा और हमारा काम भी रुकेगा ।

इसलिये मैं आप से कहना चाहता हूं कि जब आप इस काम को अपने हाथ में ले रहे हैं तो इस को कुछ और अधिक स्पष्ट करने की जरूरत है कि स्टेट लेवेल के जो इन्स्पेक्टर्स और ऐनालिस्ट्स होंगे उन का क्या कार्य होगा और जो केन्द्रीय लेवेल के इन्स्पे-क्टर्स और ऐनालिस्ट्स होंगे उन का क्या कार्य होगा। लोगों के लिये और आवश्यक सामग्री पहुंचने की जगह पर दवायें तुरन्त पहुंच सकें, इस में कोई रुकावट न हो, इस कानून से जो लोग इस क्षेत्र में काम कर रहे हैं उन के

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कार्य में बाधा न पड़े, शिथिलता न आये और अधिक त्वरित गति से इस काम का सम्पादन हो, इस के लिये आप को जितने इन्स्पेक्टर्स और ऐनालिस्ट्स बनाने पड़ें उन के काम का बटवारा भी ठीक से हो। उन के ऐडमिनिस्ट्रेशन की तरफ भी आप को ज्यादा ध्यान देना चाहिये। वर्ना यह होगा कि हमारा काम उचित ढंग से नहीं हो सकेगा। इस मुल्क में बहुत से इन्स्पेक्टर्स हैं, पुलिस इन्स्पेक्टर, सेल्स टैक्स इन्स्पेक्टर, फैक्ट्री इन्स्पेक्चटर, फिस स्टेट इन्स्पेक्टर्स, यूनियन इन्स्पेक्टर्स, इन इन्स्पेक्टरों की संख्या बढ़ा कर कहीं हम उन के ही तरह से इन से भी काम न लें। मैं विषयान्तर नहीं करना चाहता लेकिन बहुत से इन्स्पेक्टरों की बदोलत इस मुल्क में घूस और करप्शन ज्यादा बढ़ा है। कहीं प्राकृतिक बीमारियों की औषधि बनाने के स्थान पर उस में करप्शन की बीमारी भी नये सिरे से न घुस जाये। इस लिए मैं माननीय मंत्री जी का ध्यान आकर्षित करता हूं कि इस ऐक्ट का जो स्कोप आप बढ़ा रहे हैं, उस में इस का विचार जरूर करें।

एक चीज और है, कुछ भाइयों को इस पर भी एतराज होता है कि यह जो सब्जेक्ट है वह कांकरेंट सब्जेक्ट्स में है और इस तरह स्टेट गवर्नमेंट का जो अधिकार क्षेत्र है उस पर क्या केन्द्रीय सरकार एन्क्रोचमेंट नहीं कर रही है? लेकिन चूंकि यह कांकरेंट लिस्ट में है तो एक तरह का स्टैन्डर्ड हो, एक तरह का ऐडमिनिस्ट्रेशन हो, इस दृष्टि से जरूरी है कि सेंट्रल गवर्नमेंट का ऐक्ट हो और उस के अन्तर्गत इस के लिय स्कोप हो कि हर स्टेट अधिक से अधिक अपने अधिकार क्षेत्र को बढ़ा सके। हम को यूनिफार्मिटी लाने की दृष्टि से, प्लैनिंग की दृष्टि से उतना ही हस्तक्षेप करना चाहिये जितना आवश्यक हो। लेकिन इस के एडमिनिस्ट्रेशन का भार अगर स्टट गवर्नमेंट के मातहत रक्खेंगे तभी यह कार्य शीघ्र होगा, वर्ना यदि ऐडमिनिस्ट्रेशन का काम भी आप ले लेंगे तो यह काम भी उसी तरह से होगा जिस तरह से कि एक एक मुकदमे की मिस्ल पर सुनवाई होने में हाई कोर्टस और सुप्रीम कोर्ट में चार चार और छः छः साल लग जाते हैं और इन्स्पेक्टरों की रिपोर्ट पर काम होने में काफी देर होगी। इस लिये यूनिफार्मिटी लाने की दृष्टि से और प्लैनिंग की दृष्टि से ही इसे आप अपने अन्दर रक्खें, बाकी ऐडमिनिस्ट्रेशन जो है वह स्टेट्स के पास होना चाहिये। साथ ही इसका भी स्पष्टीकरण होना चाहिये कि आप के इन्स्पैक्टर्स और ऐनालिस्ट्स का क्या काम है और स्टेट्स के इन्स्पैक्टर्स और ऐनालिस्ट्स का क्या काम है?

एक बात और कहना चाहता हूं। ड्रग ऐक्ट के अन्तर्गत सिर्फ ऐलोपैथिक दवायें ही आई हैं। कुछ लोगों की राय है कि यूनानी और आयुर्वेदिक दवाओं को इस में मिला कर हम इसे और कन्फ्यूज न कर दें। किन्तु जहां तक इन दवाओं की शुद्धता और मिलावट तथा करप्शन की शिकायतों का सम्बन्ध है, मैं कह सकता हूं कि यूनानी और आयुर्वेदिक में ज्यादा शिकायतें है। लेकिन सिर्फ एक ही दृष्टि से जो फार्मुला ऐलोपैथिक पर लागू हो वह इन पर नहीं लागू होना चाहिये उन को आप ने छोड़ दिया है तो अच्छा किया है। लेकिन उन को आप ज्यादा दिनों तक छोड़ न रखिये। इन के लिये आप को अलग से बिल लाना चाहिये और उन को भी कंट्रोल में लेना चाहिये।

सब से ज्यादा जरूरत है कि इस के लिये भारतीय दवाओं की कोई फार्मेकोपिया विशेष रूप से हो। ऐलोपैथिक दवाओं के लिये हम को ब्रिटेन और अमेरिका की फार्मेकोपिया अवेलबल हैं और उन के आधार पर हम आगे बढ़ते हैं, किन्तु भारतीय दवाओं के लिये हमारे पास कोई फार्मेकोपिया न होना एक खलने वाला अभाव है। आप को इस की तरफ भी शीघ्र ही ध्यान देना चाहिये और यहां

की इंडियन फार्मकोपिया तैयार करनी चाहिये। उस के पश्चात आयुर्वेदिक और यूनानी दवाओं पर कोई ऐक्ट आना चाहिये।

अभी यह बिल इम्पोर्ट, मनुफेक्चर और सेल्स के लिये है। मैं तो कहूंगा कि फार्मकोपिया जिस दिन तैयार होगी और उस में आयुर्वेदिक और यूनानी दवाओं को आप शामिल करेंगे तो, इस में शायद आप को एक क्लाज और लगाना पड़े। क्योंकि इम्पोर्ट ही नहीं दवाओं का एक्स्पोर्ट भी हो सकता है जो कि देश के लिये एक गौरव की बात होगी, जिस की ओर मेरे पूर्व वक्ता ने आप का ध्यान दिलाया है। सर्वान्ध के सम्बन्ध में विशेष रूप से जिक्र हुआ है। एक भाई ने संजीवनी बूटी की तरफ भी ध्यान दिलाया है। यह बात बहुत ज्यादा समय लेने वाली नहीं है। भारत में जड़ी बूटियों और दूसरी दवाओं की कमी नहीं है। यह देश सब से पहले सभ्य हुआ, उस की सभ्यता का इतिहास सब से पुराना है, साथ ही इस की दवाओं का इतिहास भी पुराना है, परन्तु स्पष्ट है कि इस ओर हमारा ध्यान नहीं है। हमारे तरफ के यूनानी और आर्युर्वेदिक वैद्य हर बजट सेशन में इस बात पर जोर देते हैं, उन की अभिलाषा को पूरी करने के लिये मैं मंत्री जी से जोरदार शब्दों में अपील करना चाहता हूं कि इन दवाओं के लिये आप एक बिल लायें, उन को कंट्रोल करने के लिये। तभी इन के प्रति लोग अपना दायित्व समझेंगे और इस की तरफ ध्यान देंगे, जिस से फार्मकोपिया तैयार करने की ओर भी और बढ़िया से बढ़िया दवाओं को सुन्दर रूप में, विशुद्ध रूप में तैयार करने की ओर भी लोगों की प्रवृत्ति बढ़ेगी। उस के बाद इम्पोर्ट ही नहीं बल्कि हम भारत से दवाओं का एक्स्पोर्ट भी कर सकेंगे जो कि देश के लिये एक गौरव की बात होगी।

Shri D. C. Sharma (Gurdaspur): Mr. Chairman, I am not a doctor.

Shri Harish Chandra Mathur: But, you are a patient.

Shri D. C. Sharma: I am but one who has had to come into contact with doctors, chemists and druggists innumerable times during his life. At the same time, a Member of the Lok Sabha cannot help being apprised of this problem if he walks in any part of his constituency for half an hour. I would ask any Member of the Lok Sabha to visit ten families in his constituency. I am sure that after doing so, he will get so many complaints about spurious drugs, about drugs which are sub-standard, about drugs which are being called by right names though they are of the wrong quality. One cannot escape this fact anywhere. Therefore, I cannot but praise the good intention of the hon. Health Minister for bringing forward this measure. He has tried to tighten the provisions in some cases. He has tried to cast his net a little wider than before. He has tried to be a little more effective than before by introducing this Bill. I admire him for his vigilance.

But, I ask myself. Is this Bill going to solve even an one-millionth part of the problem that this country is facing. I am using the words in a very realistic sense; I am not trying to exaggerate. Ever since India became free, I think the manufacturers of spurious drugs have also got a licence to do whatever they like. The chemists have got a licence to sell medicines of a different kind under a different label. Doctors have got a licence to give medicines which are not of the kind that the patient wants. Therefore, this problem is a very very big problem. It is a huge problem and this small Bill, I think, is not going to touch even the fringe of the problem.

That is so, because, there is first of all the question of raw materials for the drugs. Can we control that? Then, there is the question of manufacture of these drugs. Can we control these manufacturing concerns? There is the question of manufacture of spurious drugs. All our vigilance has not prevented these persons from plying their nefarious, satanic, diabo-

[Shri D. C Sharma]

lical trade. Can we say that these Inspectors will be able to control this disease? The hon. Prime Minister said the other day that it is not possible for the Government to control floods. I think the manufacture of spurious drugs is a flood now and I believe that the Government will be unable to control it because it is a very very big kind of flood like the one which has overtaken Rohtak, or one which has overtaken Orissa or the kind of flood which used to overtake my constituency in previous years. I thank God, my constituency has so far been spared this.

How can you do it? The first thing is this. Divided responsibility means ineffective responsibility. When you divide responsibility at the State level and at the Central level, one comes to the conclusion that the sense of responsibility is diluted. They say, too many cooks spoil the broth. There is also a proverb in my State and my country, I think, that too many doctors kill a patient. I believe this Bill will be killed by the very fact that the Centre will poke its nose into one region and the State Goevrnment will poke its nose into another region. Then the noses will clash and the poor man will suffer. Therefore, I think, if there is one thing where we want nationalisation, it is here. I think, I am not talking of Siddha vaids. I am conscious of their greatness. I am not talking of the Ayurvedic physicians. I have been a beneficiary of them so many times. I am not talking of the Unani hakims. They are very good in their own way. The homoeopaths are very good in their own way. I have nothing but admiration for these persons because, I think, much more than the allopaths, the Unani, Ayurvedic and Homoeopathic physicians serve the masses effectively. I have, therefore, nothing to say against them. I hold my head before them in reverence for the good work that they are doing. But this Bill has a limited application. It refers only to the allopathic system of medicine. I think in the allopathic system of medicine, there is room for greater abuse than there is in any other system. Therefore, I would say that the Government should nationalise the drug industry so that we can locate the responsibility for spurious drugs, so that we can locate the responsibility for substandard drugs.

I know the Government has taken some steps in that direction. I think that much more than nationalisation of banks or nationalisation of newspapers or any other thing, it is this industry that should be nationalised, for this reason. The people want cheap drugs. The manufacturers manufacture these drugs not with any social motive. The social motive may be at the back of his mind. He manufactures with the profit motive and the profit motive means more and more expensive drugs for the people, more and more costly medicines for the people. If the hon. Minister prices the antibiotics at a higher rate than necessary, I can call him to question here on the floor of the House and he is liable to answer the question on the floor of the House. But he has a very superficial control over private manufacturers. The private manufacturers manufacture these drugs as they do any other commodity. Therefore, it is very essential that the whole drug industry from A to Z should be nationalised. People should be given cheap medicines. People should be given high quality medicines. People should be given those medicines which are real and genuine. This is very necessary. I think if there is a case for nationalisation anywhere, it is here.

There is another point to which I have already referred, but I want to devote a little more time to it. I think the system of diarchy in administration has not always worked well. This is a concurrent subject, and a concurrent subject is like a child owned by two parents and you do not know to whom you should assign the custodianship of the child. There is a conflict between the two parents. The State Government enters by one door, and the Central Government

stands guard there and asks: Why have you come by this door? Then the Central Government comes through another door, and the State Government stands there and asks: Why are you coming here? Therefore, these concurrent subjects do not solve many problems, but they do one thing; they create innumerable problems between the States and the Centre. I therefore submit that this should become wholly and solely a Central subject, so that we know from whom we have to expect something good, from whom we have to expect a reply. In this case I think it is a hotch potch. An analyst or an inspector can be appointed by the State and the Centre. It is a strange intermingling of functions and duties, and is not going to be a move in the right direction.

Then, I come to the punishment. How do you deal with a murderer, how do you deal with anti-social elements? I think you give them the maximum amount of punishment. But here, the punishment is a minimum of one year's imprisonment and fine, and there is also a provision that the punishment can be less than that. Why do you prescribe a minimum punishment and not the maximum punishment. I think it is a crime—I do not call it an offence, I call it a crime of the highest magnitude—and it should be dealt with in the most drastic manner. And you are giving one year's imprisonment; and you are also giving the magistrate a boquet of flowers and saying: if you want to reduce it, you can do so. Why should the magistrate make himself unpopular by giving this one year's punishment? He will give less than that. Therefore, I think this punishment should be made more deterrent. The hon. Minister knows what is happening in the country so far as these practices go. He knows that the manufacture of these things is going on under our very noses. So, I see no reason why the punishment should be so low.

I am very happy that some powers have been granted to inspectors which they did not enjoy before. Of course, there are some persons who say to us; Why are you having inspectors? We have so many kinds of inspectors, why are you adding one more class of inspectors to that already very long list? I think so long as we have law and order in this country, so long as we are working under the legal system, we must have inspectors, good, bad and indifferent. You cannot do away with them. I am happy they have been given some power of confiscation, but there is a proviso, "under orders of the court after such enquiry as may be necessary". So, you give power to the inspectors with one hand, and you take it away with the other. In certain cases you require immediate steps to be taken, but here there will be an enquiry, and by the time it is over, the things that you wanted to confiscate may have disappeared. Therefore, power to confiscate forthwith should be granted; it should not follow a court of enquiry.

The analyst is going to be a very important cog in this machine, but we know how sometimes these analysts behave. If the Government cannot accept all that I have said, they should at least have a central laboratory, like the Central Bureau of Fingerprints, where all these things are brought for analysis. Otherwise, the analysts are human beings, the inspectors are human beings.

Shri Ansar Harvani (Fatehpur): You mean to say in the Centre they will not be human beings?

Shri D. C. Sharma: We are all human beings, but if you place these persons under the State Governments, there is more chance of local pressure than if you place them under the Central Government.

I welcome this Bill, but how far will it go? I think this Bill has to cover every inch of our land; every home and every citizen should feel the impact of this Bill.

Shri Narayanankutty Menon (Mukandapuram): Which is the Bill you have not welcomed so far?

Shri D. C. Sharma: I welcome this Bill, but I do not welcome your interruption which is not of the right kind.

This Bill does not go far. If we want to kill an elephant, we must have a big gun. The Minister is having a toy gun to kill an elephant. I think he must bring forward a Bill with more drastic provisions. He should bring forward a Bill which is more stringent, more drastic and more effective in its administrative apparatus.

श्री आस (रत्नागिरी) : सभापति महोदय, यह जो बिल सदन के सामने लाया गया है वह फार्मास्यूटिकल इनक्वायरी कमेटी की सिफारिशों के छः वर्ष बाद लाया जा रहा है। मुझे अफसोस है कि इतनी देर के बाद इसे यहां पर लाया जा रहा है और इतना होने पर भी जितना कम्परिहेंसिव इस बिल को होना चाहिये था उतना नहीं है। इस में बहुत सी कमियां हैं जिन की ओर माननीय सदस्यों ने मंत्री महोदय का ध्यान खींचा है। अगर इस बिल को और थोड़ी सी देर के बाद लाया जाता लेकिन कम्परिहेंसिव इसको बना कर लाया जाता तो अच्छा था। अगर ऐसा किया गया होता तो फिर दुबारा और एमेंडिंग बिल लाने की आवश्यकता महसूस न होती। ड्रग एक्ट १९४० में बना था। १९५५ में इसको एमेंड किया गया और आज फिर एमेंड किया जा रहा है। माननीय मंत्री जी ने राज्य सभा में बहस का उत्तर देते हुए बताया था कि एक कम्परिहेंसिव बिल वह ला रहे हैं। लेकिन इस तरह से अलग अलग बिल लाने से यह अच्छा होता कि एक ही कम्परिहेंसिव बिल लाया जाता ताकि इसको बार बार एमेंड करने की जरूरत न पड़ती। मैं चाहता हूं कि माननीय मंत्री महोदय इस ओर ध्यान दें।

इस बिल का उद्देश्य यह है कि इंस्पैक्टरों की नियुक्तियां की जा सकें, सैम्पल ले सकें और जो नकली दवायें वगैरह बनाते हैं उन पर रोक लगाई जा सके। इसमें स्टेट गवर्नमेंट्स को डायरेक्शन देने का जो अधिकार सैंट्रल गवर्नमेंट को मिला हुआ है, उसको मान्य किया गया है। लेकिन यह नहीं बताया गया है कि इस बिल पर अमल कैसे होगा। इसका कारण यह है कि १९५५ के एमेंडिंग बिल में जो अधिकार स्टेट गवर्नमेंट्स को मिले हुए हैं, उनके बारे में भी सैंट्रल गवर्नमेंट के डायरेक्शन देने के अधिकार को मान्य किया गया है। इसके आखिर में लिखा है :—

> "The Central Government may give such directions to any State Government as may appear to the Central Government to be necessary for carrying into execution in the State of any of the provisions of this Act or any rule or order made thereunder."

मैं समझता हूं कि केवल डायरेक्शन देने की ही बात थी तो इस बिल को यहां पेश करने की कोई आवश्यकता नहीं था। इससे भी ज्यादा अधिकार हमारी सरकार को अपने हाथ में लेने चाहिये थे। आवश्यकता इस बात की थी कि स्टेट गवर्नमेंट्स से अधिकार निकाल कर सैंटर उन अधिकारों को अपने हाथ में लेता। अब कहा गया है कि सैंटर के इंस्पैक्टर भी होंगे और स्टेट गवर्नमेंट्स के इंसपैक्टर भी होंगे। इसका नतीजा यह होगा कि कावाई जितनी अच्छी तरह से होनी चाहिये, नहीं हो सकेगी। थोड़ा काम सैंटर करेगा, थोड़ा, स्टेट्स करेंगी। एक कहावत है कि दो घर का मेहमान भूखा रहता है। वही हालत इस बिल की होने वाली है। स्टेट्स के जो इंस्पैक्टर हैं वे कहेंगे कि यह काम हमारा नहीं है और सैंटर के इंस्पैक्टर कहेंगे कि कि हमारा नहीं है और जब यह किसी का काम नहीं होगा तो जो स्पूरियस दवाइयां बनाने वाले हैं वे अपना काम करते जायेंगे। इस तरह की बातों का स्पष्टीकरण होना बहुत आवश्यक

है जो कि माननीय मंत्री जी ने नहीं किया है। एक उदाहरण मैं आपके सामने रखना चाहता हूं। पिछले सैशन में एक सवाल मैं ने मंत्री महोदय से पूछा था जिसके जवाब में उन्होंने बताया कि सैनिटैक्स कैमिकल इंडस्ट्रीज लिमिटेड, बड़ौदा को उन्होंने ३२ दवायें, विदड्रा करने को कहा है। लेकिन उस कम्पनी ने अपते एजेंटों और व्यापारियों को पत्र भेजा है जिसमें कहा है कि जो कुछ प्रेस में आया है, उस पर विश्वास करने की आवश्यकता नहीं है और कम्पनी की बात को माना जाए। ये दवायें कितनी अच्छी हैं, इसका विवरण इस चिट्ठी में दिया गया है। मैं मंत्री महोदय से जानना चाहता हूं कि यह जो पत्र कम्पनी की ओर से कनफिडेंशली लिखा गया है, इस पर हमारी सरकार ने क्या कार्रवाई की है। हमारे पास इंस्पैक्टर हैं, स्टाफ है, क्या ये सब चीजें उनके नोटिस में नहीं आतीं हैं। यहां पर लोक सभा में सवाल पूछा जाता है और उसके जवाब में कहा जाता है कि कम्पनी से कह दिया गया है कि वह ३२ दवाओं को विदड्रा कर ले लेकिन ऐसा नहीं किया जाता है और कम्पनी पत्र लिख कर कहती हैं जो कुछ अखबारों में छपा है, गलत है। जो वर्ड हैं वे मैं आपको पढ़ कर सुनाना चाहता हूं :

"It has been brought to our notice that press reports about some of our products have created an adverse impression about us."

उनका कहना है कि एडवर्स इम्प्रैशन बन गया है। वे नहीं मानते कि ३२ दवायें जो सरकार ने विदड्रा करने को कहीं थीं वे खराब थीं।

आगे चल कर उन्होंने अपने पत्र में कहा है :

"It is well-known that multivitamin preparations can be dubbed sub-standard even if one ingredient is found slightly less than stated on the label. And many of the above 32 items were vitamin preparation."

यह बहुत टैक्निकल है और मैं इसमें नहीं जाना चाहता हूं। आखिर में उन्होंने कहा है :

"Our products are examined in our controlled laboratory, which is equipped with up-to-date facilities as reported in the press. Whenever a product is found to have deteriorated, it is withdrawn by us from the market."

ये जो ३२ दवायें हैं वे आज तक विदड्रा नहीं हुई हैं, ये आज भी मार्किट में बिक रहीं हैं। मैं जानना चाहता हूं सरकार बताये उसने इसके बारे में क्या किया है। ऐसी दवाओं के बनाने वाले के खिलाफ जब तक सख्त कार्रवाई नहीं की जाएगी तब तक में दवायें बनती और बिकती रहेंगी।

मंत्री महोदय ने कहा था उसी सवाल के जवाब में कि कम्पनी को एक्सपायरी डेट डालने को भी कहा गया है। लेकिन दी सैनिटैक्स कैमिकल इंडस्ट्रीज आज तक एक्सपायरी डेट नहीं लिख रही है। मंत्री महोदय ने यह भी कहा था कि उस कम्पनी के पास अच्छे एक्सपर्ट हैं, अच्छे टैक्नीकल एक्सपर्ट हैं, अच्छा काम करने वाले लोग हैं। लेकिन मैं आपको बतलाना चाहता हूं कि कम से कम एक आदमी को तो मैं जानता हूं जोकि टैक्नीकल एक्सपर्ट नहीं है और उसको बतौर टैक्नीकल एक्सपर्ट के रख लिया गया है। उसको इसका कोई भी ज्ञान नहीं है। ये सब बातें हैं जिन की ओर माननीय मंत्री महोदय का ध्यान जाना चाहिये। देखा जाता है कि उसकी सब-स्टैंडर्ड दवायें बाजार में बिकती हैं। ह्यूमिडिटी कंट्रोल रूम वहां नहीं है। ऐसे जो मामले हैं उन पर कड़ाई से रोक लगाई जानी चाहिये और जो डिफालटर्स हैं उनके खिलाफ सख्त कार्रवाई की जानी चाहिये।

[श्री आसर]

जिन कारखानों में इस तरह की खराब दवाइयां बनती हैं उन पर नजर रखी जानी चाहिये और उनका अच्छी तरह से इंस्पैक्शन होना चाहिये। मैंने एक उदाहरण आपके सामने रखा है लेकिन इस तरह के और भी बहुत से उदाहरण हैं जो मैं आपके सामने रख सकता हूं। मैं चाहता हूं कि इस तरह की चीजों की तरफ आपका ध्यान जाए।

श्री दी० चं० शर्मा जी ने कहा कि हमने कानून में एक वर्ष के दंड की व्यवस्था की है, एक वर्ष की शिक्षा रखी है। मैं माननीय मंत्री जी से पूछना चाहता हूं कि वह अपने अन्तःकरन से पूछ कर बतायें कि क्या वह सिसीयरली स्पूरियस मैडिसिस की बिक्री को रोकना चाहते हैं या उनका बनना रोकना चाहते हैं और अगर चाहते हैं तो क्या उसके लिए प्रयास कर रहे हैं ? मैं समझता हूं कि एक वर्ष की शिक्षा कम है, इसके लिए दस वर्ष की शिक्षा होनी चाहिये। जब आप एक गलत बात का अन्त करना चाहते हैं, अच्छे परिणाम लाना चाहते हैं तो जो लोग पैसे के वास्ते, अपने फायदे के वास्ते लोगों के जीवन के साथ खिलवाड़ कर रहे हैं, उनको आपको छः महीने की नहीं, एक वर्ष की नहीं बल्कि दस दस वर्ष की सजा देनी चाहिये।

रिपोर्ट में कहा गया है कि हमारे देश में करीब करीब १७०० छोटे मोटे कारखाने हैं और ड्रग कंट्रोल की दृष्टि से, इतने कारखानों के सैम्पल निकालना और हर एक को एग्जेमिन करना हमारे लिये कठिन है। फार्मास्यूटिकल इनक्वायरी कमेटी ने भी अपनी रिपोर्ट के पैरा ४ में लिखा है :—

"The existing laboratory facilities for testing samples of drugs drawn by Drugs Inspectors are most inadequate in all the State Government laboratories and result in inordiate delays. It is not uncommon to receive reports of analysis nine months after drawing the sample. To take action after a lapse of such a long period on stocks from which the samples were drawn is thoroughly impracticable."

जब आप स्पूरियस ड्रग्ज को रोकना चाहते हैं, इनको बन्द करना चाहते हैं तो इसके लिए यह आवश्यक है कि हमारे पास अच्छी लैबोरेटरी हो। इस रिपोर्ट के बाद से छः वर्षों में हमारे यहां बहुत से कारखाने बढ़े हैं लेकिन लैबोरेटरी फैसिलिटीज जिस परिमाण में बढ़नी चाहिय, उस परिमाण में नहीं बढ़ी हैं। इसका परिणाम यह होता है कि सैम्पल इंस्पैक्टर्स निकालेंगे और वे छः छः आठ आठ और दस दस महीने पड़ रहगे और उनका टैस्ट एग्जामिनेशन होगा। ऐसा करने के लिए दवा को छः छः और आठ आठ महीने तक खुले में रखना होगा और जब केस इतना पुराना पड़ जाता है तो जब वह कोर्ट में जाता है तो वह स्टैंड नहीं हो सकता है और हमारा अनुभव बताता है कि बहुत से केसिस छूट जाते हैं।

14 hrs.

मैं अपनी स्टेट का अनुभव बतलाता हूं। हमारे यहां प्राहिबिशन है। प्राहिबिशन के कारण बहुत से केसेज होते हैं। वहां पर जो इल्लिसिट वाइन चलती है उसके सैम्पल को बाटलों में भर लिया जाता है, पंचायतनामा वगैरह किया जाता है। उस के बाद जब आठ, दस या पंद्रह दिनों में बाटल खोली जाती है तो यह चमत्कार हो जाता है कि उस में इल्लिसिट वाइन नहीं रह जाती, केवल पानी रह जाता है। वह इल्लिसिट वाइन जो भर कर रखी जाती है वह पता नहीं कहां चली जाती है। जब ओरिजिनल वाइन की यह हालत हो जाती है आठ या दस दिनों के अन्दर तो जो दवायें बोतलों में बन्द कर के रखी जाती हैं और वे छः छः, आठ आठ महीनों तक लेबोरेटरी में रखी रहती हैं, तो उन का क्या परिणाम होता होगा। आखिर

वे केसेज किस तरह से सफल होंगे, इस पर विचार करने की आवश्यकता है । इसलिये जब हम इस बारे में कड़ी कार्रवाई करना चाहते हैं तो देश में लेबोरेटरी फेसिलिटीज को बढ़ाना भी आवश्यक है । अगर हम इसे बढ़ाने में सक्सेसफुल हो जाते हैं तो यह जो ड्रग अमेंडमेंट बिल हम पास कर रहे हैं उसे ज्यादा एफिशियेंट तरीके से चला सकेंगे । इस पर अवश्य ध्यान दिया जाना चाहिये ।

बिल का उपयोग केवल ऐलोपैथिक यानी विदेशी पद्धति की दवाओं के लिये होने वाला है । मैं पूछना चाहता हूं कि क्या इसका उपयोग आयुर्वेदिक और यूनानी दवाओं के लिये करने की जरूरत नहीं ? क्या आयुर्वेदिक और यूनानी दवायें स्पूरिअस नहीं बनाई जातीं ? मेरा यह दृष्टिकोण है कि आयुर्वेदिक और यूनानी पद्धति की तरफ हमें जितना ध्यान देना चाहिये उतना हम ध्यान नहीं देते । इन पद्धतियों में भी नकली दवाओं का निर्माण होता है लेकिन हमारी विचार पद्धति इतनी गलत है जिसका ठिकाना नहीं है, हम इस की तरफ ध्यान नहीं देते, हम केवल विदेशी दवाओं के बारे में ही विचार करते हैं । इस का परिणाम यह होता है कि लोगों को विदेशी दवाओं का उपयोग करने की ज्यादा प्रेरणा होती है । लोग कहते हैं कि चूंकि यहां कोई नियम नहीं है इसलिये देशी पद्धति से अच्छी दवायें नहीं बनती हैं । लोगों को कहते सुना गया है कि अगर विदेशी दवायें स्पूरिअस बन सकती हैं, जिन पर इतने प्रतिबन्ध लगाये गये हैं तो आयुर्वेदिक औषधियों का तो कहना ही क्या । इस लिये मेरा कहना है कि आयुर्वेदिक और यूनानी पद्धतियों के साथ जो स्टेप मदरली ट्रीटमेंट हो रहा है उस को छोड़ देना चाहिये । हमारे लिये यह विचार करना आवश्यक है कि आज स्वतंत्र भारत में हमारी आयुर्वेदिक और यूनानी पद्धतियां जो हैं उन को बढ़ावा देने का प्रयत्न करना चाहिये । मैं तो यहां तक कहने के लिये तैयार हूं कि इस बिल के साथ ही वह बिल भी आना चाहिये जिस से आयुर्वेदिक और यूनानी दवाओं का स्पूरिअस रूप से बनना दूर किया जाये ।

मैं प्रार्थना करूंगा कि जिस प्रकार ऐलोपैथिक दवाओं पर लेबल लगा रहता है कि उन के क्या-क्या इन्ग्रीडिएन्ट्स हैं, उसी प्रकार आयुर्वेदिक और यूनानी दवाओं के ऊपर भी इस तरह के लेबल लगने चाहियें । इसके लिये नियम होना चाहिये कि देशी दवाओं के ऊपर भी लेबल लगाया जाये जिस में इन्ग्रीडिएन्ट्स लिखे हों । अगर यह नहीं लगाये जाते तो लोगों के मन में शक रहता है कि पता नहीं बाजार में ठीक चीज मिलती है या नहीं, या कौन चीज ठीक है और कौन सी गलत । कई मेम्बरों ने बतलाया कि जब लोग घर में बाजार से दवा ले कर जाते हैं तो उन को वहां पहुंच कर कई बार धोखा उठाना पड़ता है । इस तरह की जो स्थिति है उस के लिये कुछ न कुछ प्रयत्न करना चाहिये । इसी लिये मैं कहता हूं कि आयुर्वेदिक और यूनानी दवाओं को स्पूरिअस ढंग से बनने से रोकने के लिये अलग बिल लाया जाये ताकि इन के साथ जो स्टेपमदरली ट्रीटमेंट हो रहा है वह खत्म हो ।

एक बात मैं आखिर में कहना चाहता हूं जिस की इस बिल में बड़ी आवश्यकता है । हम ड्रग अमेंडमेंट बिल तो पास कर रहे हैं लेकिन उस के कानून बनने के बाद जो छोटे छोटे दुकानदार हैं देहातों में, जिस के पास हाउसहोल्ड रेमेडीज होती हैं, और जिन की हर एक आदमी को हर समय आवश्यकता पड़ती रहती है, उन को बड़ी मुश्किल पड़ जाती है । मेरे मतलब हैं पेन बाम से, नीलगिरि आयल से, कैसटर आयल से, ऐस्प्रो, सेरिडोन आदि से । इन के रखने वाले दूकानदारों को बड़ी मुश्किल होती है । बिल पास हो जाने के बाद वे अपने पास इस तरह की दवायें नहीं रख पायेंगे क्योंकि इस कानून का पालन करना उन के लिये कठिन हो गया और देहात के आदमियों को जो कि रोज एस्प्रो, यूकैलिप्टस आयल, सैरिडान वगैरह चाहते हैं, वे चीजें

[श्री आसर]

नहीं मिल सकेंगी । इसलिये दूकानदारों को जो तकलीफ होती है उस को दूर करने की कोशिश की जाये । मैंने मंत्री महोदय से भी बात-चीत की है और मंत्री महोदय ने भी आवश्सान दिया है इस के बारे में । यहां पर उन के लिये ५ रु० की लाइसेंस फीस रखी गई है । यहां पर लाइसेंस फीस का प्रश्न उतना नहीं है, जितना उन को जो परेशानी होती है इस सिलसिले में उस को दूर करने की । इसलिये इस बिल में जो कमियां रह गई हैं उन को दूर करने का प्रयत्न किया जाये ।

Shri P. K. Deo (Kalahandi): The shortage of drugs, created by the emergency during the Second World War necessitated the passing of a legislation by the British authorities who were here then, and that legislation was known as the Drugs Act, 1940. It was amended about six years back, in 1954. But if we see the effectiveness of this Act, we find that it has remained a dead letter. What I mean to say is that under our very nose, a large-scale racket is going on from the side of the drug pedlars, and we find that all sorts of spurious drugs are found in the market and are passed on to the consumers to the detriment of their health.

In this connection, I beg to submit that a comprehensive approach should have been made to fill up all the gaps and lacunae, in the light of the experience gained in the administration of this Act during the last twenty years. Anyway, it is better late than never. I think some attempt has been made in this amending Bill to provide some deterrent punishment for those who carry on such activities.

If we take into consideration the constitutional aspect of this amending Bill, we find that an attempt has been made to encroach upon the provincial autonomy of the various States. I quite understand that the control of drugs is found in the Concurrent List, and it is the duty of the Centre and the States to see that it is effectively controlled. At the same time, I feel that so far as the planning aspect is concerned, it should have been done by the Centre, while the executive part of it should have been left to the State. Since a Bill of this type is going to affect so many people, it would not be possible for a centralised administration like the Central Government to go into every village and ensure that the drugs that are found in the petty shops are not adulterated but drugs of the proper standard are supplied to the patients. It would have been most appropriate if the administrative part of this drug control had been left with the various States, who could see through their own executives that drugs of the proper standard are supplied. We have also found that diarchy has never functioned properly I do not think this kind of duplication of authority both in the Centre and in the States will serve the purpose for which the Bill is being introduced. So, I most respectfully submit that this part of the administration of this Act should have been left to the States.

So far as the appointment of the Government analysts is concerned, I beg to submit that it would not be possible for the Central Government to appoint so many Central analysts all over the country. Actually, the States are the biggest users of the drugs, and their Medical and Public Health Departments use the largest quantity of such drugs, and, therefore, it would have been most appropriate if instead of the Central analyst, there had been State analysts, and every State capital had been equipped with the most modern laboratory which could go and examine at any time, if any doubt arises, regarding the effectiveness or the adulteration of any drug. It is very often found that the actual adulteration takes place at the packing stage. I know that there are so many firms in Bombay labelling themselves as druggists. But actually they purchase those drugs in big bulk and repack

them in small phials. At that stage, the adulteration takes place. We know from our experience that the penicillin produced in our Hindustan Anti-biotics should have been packed at the very place of manufacture, but instead of that it is sold in big bulk to various suppliers in Bombay who repack them in small doses and sell them. Some times ago, there was a discussion in this House over a most unfortunate accident that took place when a Member of this House fell a victim to this penicillin drug. I know of so many cases, so many of my dear friends, who had fallen victims to this penicillin injection, and died. It is now high time that the production of penicillin and its marketing and administration are controlled by the strictest measures. At present, the Hindustan Anti-biotics factory is under the control of the Ministry of Commerce and Industry. I beg to submit that it should instead come directly under the control of the Ministry of Health. It is the primary concern of this Ministry to see that drugs are properly manufactured in this country.

This Bill envisages the control of drugs that are being manufactured according to the British Pharmacopoeia. Even though we are independent since the last 13 years, no attempt has been made to compile an Indian Phamacopoeia. Even in the British Pharmacopoeia mention is made of so many Indian drugs. The hon. lady Member who preceded me mentioned Rauwolfia Serpentina. This is an indigenous plant of India. India holds the monopoly of this drug. But its effectiveness and its standard production has been monopolised by British Pharmocopoeia, and we find that its modern use has been brought to light by them.

We find that India is very rich in flora. Among the flora of the world, India has the largest contribution to make, because in a small compact area, we find climates varying from the tropical to the arctic. We we find erophytic plants in the desert area and plants which grow in the arctic climate in the Himalayan region. We find very effective medicinal plants here. A proper study of these should have been made in this country to compile an Indian Pharmacopoeia and evolve standard production of those drugs, which may throw some new light on the treatment of various diseases to which the western world has not yet found an effective answer.

Even though some attempt has been made in this regard at Jamnagar by way of research on our indigenous drugs and also in the botanical laboratories at Lucknow and Sibpur and so on, I think the effort is far from adequate, and more funds should have been provided for the same in the Third Five Year Plan.

Regarding the penal clauses of this Bill, there can be absolutely no two opinions on the need for providing more deterrent punishment of those persons who play with human life. I want a categorical answer from the Minister as to how many cases have so far been investigated and how many persons brought to book. I do not think that an adequate number of such cases have been dealt with effectively. It is immaterial if we provide for more deterrent punishment, unless the culprit is brought to book. Enhancement of the length of sentence or provision of more deterrent punishment is not of much consequence, unless the offenders are actually brought to book. In this connection, I beg to submit that the Minister should, instead of coming in with a piecemeal amendment Bill like this, come forward with a more comprehensive Bill which would include within its scope both the Ayurvedic and Unani form of medicines.

So far as drug addicts are concerned—my remarks will not be complete, without a reference to them—I beg to submit that even in those areas where we bombastically speak of the success of our prohibition policy, we find alcohol being sold fairly. You know that in the district of Koraput from which you come

[Shri P. K. Deo]

it has been a failure. In medical stores and shops, you can find the tonic *Mritasanjeevani sura*, which is nothing but cent per cent alcohol. If you go to any shop, you find various kinds of tinctures. Drug addicts can pay any price for such kind of drugs. I think there should be effective control in this regard.

So far as opium addicts are concerned, in areas where there is prohibition, the addicts have started taking morphia injection. I know there are so many persons who have addicted themselves to this kind of drug, so much so that they pay any price for obtaining it. This has brought ruin to families. It is now high time that the manufacture and sale of such kind of drugs is stopped once for all.

श्री राघेलाल व्यास (उज्जैन) : सभापति जी, यह जो ड्रग्ज़ अमेंडमेंट बिल हमारे सामने लाया गया है यह इस दृष्टि से लाया गया है कि ड्रग्ज़ ऐक्ट में जो खामियां थीं उनको दूर कर दिया जाये । ठीक है । लेकिन इसका मुख्य उद्देश्य क्या है ? ड्रग्ज़ ऐक्ट का सही या इस अमेंडमेंट का सही, मुख्य उद्देश्य यही है कि कोई नकली दवायें न ले और उसका स्वास्थ्य न बिगड़े । इसकी तह में यदि हम जायें तो इसका खास उद्देश्य यह है कि लोगों के स्वास्थ्य की रक्षा की जाये और उसको बिगड़ने न दिया जाये ।

इन छोटी छोटी बातों की तरफ तो काफी ध्यान दिया जाता है, लेकिन हमारे इतने बड़े देश में कि जहां ४० करोड़ की आबादी है, उसके अंदर नकली दवा लेने वाले कितने होंगे और नकली दवा देने वाले कितने होंगे । अगर इनकी संख्या देखी जाये तो ये लोग बहुत कम निकलेंगे । लेकिन, जैसा कि मैं पहले भी कई बार कह चुका हूं और आज फिर निवेदन करना चाहता हूं माननीय मंत्री जी से कि जो मोटी बात है जिसका सम्बन्ध आम तौर पर लोगों के स्वास्थ्य से है, उसकी तरफ अभी तक हैल्थ मिनिस्ट्री का ध्यान नहीं गया है । बगैर दवा दिये लोगों के स्वास्थ्य को बिगड़ने से रोकने के लिये अभी तक कोई इंतज़ाम नहीं किया जा रहा है ।

कल मैं श्री एस० के० डे० के यहां था, जो कि हमारे कम्युनिटी डेवेलपमेंट और कोआपरेशन के मिनिस्टर हैं । वहां रात को एक फिल्म दिखाया गया था । वह फिल्म शायद यूनाइटेड स्टेट्स आफ अमेरिका के सम्बन्ध में था । उसमें दिखाया गया था कि नदियों में जो गन्दगी होती है उस को रोकने के लिए वहां क्या-क्या प्रयत्न किया गया है । उसमें दिखाया गया था कि उस गन्दगी से कितनी बीमारियां होती हैं, उस जल में रहने वाले जीवों जैसे मछलियों आदि को कितना नुकसान होता है, जो आदमी उस पानी को पीते हैं और उस में स्नान करते हैं उन को किस प्रकार नुकसान होता है और उस पानी से जो दूषित गैस निकलते हैं उन से किस प्रकार स्वास्थ्य पर बुरा असर पड़ता है । और उस गन्दगी को दूर करने के लिए और पानी को साफ करने के लिए देश में किस प्रकार जगह-जगह प्लांट लगाये गये हैं । मैं उस सब को देख कर आश्चर्य में आ गया । लेकिन हमारे देश में नदियों और तालाबों में काफी गन्दगी है । दिल्ली में ही पानी की गन्दगी के कारण किस प्रकार जांडिस लोगों को हुआ था । मैं निवेदन करना चाहता हूं कि इस गन्दगी को रोकने के लिए हैल्थ मिनिस्ट्री प्रयत्न करे । उसका ध्यान इस तरफ जाना चाहिए । आज देश के लोगों के स्वास्थ्य के साथ खिलवाड़ हो रहा है, उसको रोकने के लिए आज ध्यान नहीं दिया जा रहा है । छोटी छोटी बातों की ओर ज्यादा से ज्यादा ध्यान दिया जा रहा है, जब कि जो लोग करोड़ों की संख्या में इस प्रकार अपना स्वास्थ्य खो रहे हैं उसकी ओर ध्यान नहीं दिया जाता । इसका मुझे बड़ा दुःख है ।

समय आ गया है कि शासन को ठोस कदम उठाना चाहिए ताकि मनुष्यों का स्वास्थ्य अच्छा रखा जा सके । दवाइयों से आप कब तक मनुष्यों को स्वस्थ रखेंगे ? महात्मा गांधी ने लिखा है कि अच्छी दवाई भी देंगे तो आदमी का स्वास्थ्य उससे बिगड़ेगा ही अच्छा नहीं होगा । जो प्राकृतिक चिकित्सा के पंडित हैं, जिन्होंने अनुभव किया है, जो डाक्टर रहे हैं वैद्य रहे हैं वे भी इस नतीजे पर पहुंचे हैं कि दवाई चाहे अच्छी हो या बुरी वह वाकई में उसके लिए एक जहर है । अब होता यह है कि दवा से वक्ती आराम हो जाता है लेकिन जो उससे हमेशा के लिए स्वास्थ्य मिलना चाहिए वह नहीं मिलता है और देखा यह जाता है कि उस समय तो वह दवाई किसी न किसी रूप में उस बीमारी को दबा देगी लेकिन आगे चल कर वह पुनः भड़क उठती है और उस दवाई का रिऐक्शन स्वास्थ्य के लिए हानिकर साबित होता है । हम शुद्ध जल और शुद्ध वायु का अगर सबके वास्ते इंतजाम न कर सकें तो कम से कम इतना तो कर ही सकते हैं कि जो बुराई होती है और पानी को बिगाड़ने वाली जो गंदगी और जहरीला माद्दा पानी में आकर मिलता है उसको तो नष्ट करने के लिए आवश्यक कदम उठा सकते हैं । मैं माननीय मंत्री से निवेदन करूंगा कि वह अपने डिपार्टमेंट वालों को कहें । वह यह मालूम करें कि कल जो फिल्म शो दिखाया गया था उस के सम्बन्ध में लिटरेचर मंगायें और देखें कि दूसरे देशों में पानी में जो यह गंदगी और जहरीले तत्व मिले होते हैं उनको नष्ट करने के वास्ते क्या प्रयत्न किये जा रहे हैं और क्या उपाय किये जा रहे हैं और मैं चाहता हूं कि उन उपायों और प्रयत्नों का हमारी तृतीय पंचवर्षीय योजना में समावेश होना चाहिए । जहां तक कि इसके लिये पैसे जुटाने का सवाल है तो आवश्यक पैसा आपको लोगों के सहयोग से अवश्य मिलेगा क्योंकि स्वास्थ्य एक ऐसी चीज है जिसमें हर एक शख्स की दिलचस्पी स्वाभाविक है और धन के लिए आप व्यक्तियों से, म्युनिसपैलटियों से और इंडस्ट्रीज से अपील कर सकते हैं और मुझे विश्वास है कि आप को उन से आवश्यक धन प्राप्त हो सकेगा ।

आप इंडस्ट्रीज से इस में सहयोग ले सकते हैं क्योंकि इंडस्ट्रीज बड़ी हद तक पानी को गंदा बनाने के वास्ते जिम्मेदार होती हैं । अब मैं आप को बतलाऊं कि एक कारखाना है, एक करोड़ गैलन रोज उसको पानी चाहिए और बाद में वह एक करोड़ गैलन पानी गंदगी मिला हुआ और जहर मिला हुआ नदी के अन्दर डाला जाता है और मैं आप को बतलाऊं कि मछलियां वहां की मरी हुई लोगों ने देखी हैं । उस से गैस निकलती है और जिससे कि लोगों ने फसल नष्ट हुई देखी है, दरख्त सूखे हुए देखे हैं । यह सारी चीजें हैं । अगर यह चीजें नष्ट हो सकती हैं तो उस गंदे और जहरीले पानी का मनुष्यों के स्वास्थ्य पर विपरीत असर नहीं पड़ता है, समझ में आने वाली बात नहीं है और अवश्य ही मनुष्यों के स्वास्थ्य पर उसका खराब असर पड़े बगैर नहीं रह सकता है . . . .

Mr. Chairman: How is it all relevant to the Bill?

श्री राधेलाल व्यास : मैं इस बिल का स्वागत करता हूं जिस में यह प्रयत्न किया जा रहा है कि नकली दवाइयों की रोकथाम हो ताकि लोगों के धन और स्वास्थ्य से खिलवाड़ न किया जा सके । दवाइयों में नकलीपन और मिलावट को रोकने के वास्ते जो यह इंस्पैक्टर्स मुकर्रर किये जाने हैं तो मेरा निवेदन यह है कि इतनी बड़ी स्टेट में १, २ इंस्पैक्टर्स मुकर्रर किये जाने से कोई खास नतीजा निकलने वाला नहीं है । हमें काफी तादाद में यह इंस्पैक्टर्स रखने होंगे ।

इसके अलावा हमें यह भी व्यवस्था रखनी पड़ेगी कि इंस्पैक्टर अपनी चैकिंग की रिपोर्ट किसी मैडिकल आफिसर को करे अर्थात् एक तरह से उस पर मैडिकल आफिसर का नियंत्रण रहे ताकि आज जो अधिकारियों द्वारा पावर्स के मिसयूज करने की शिकायतें

[श्री राघेलाल व्यास]

आये दिन सुनने को मिलती हैं वे न मिलें और वे अपनी पावर्स का दुरुपयोग न कर सकें । मुझे आशा है कि मूल बात की ओर मिनिस्टर महोदय का ध्यान जायेगा और वे इसके हेतु आवश्यक व्यवस्था करेंगे ।

Shri Naushir Bharucha (East Khandesh): Mr. Chairman, while one would welcome the provisions of this Bill, the outstanding impression, so far seen from the speeches of various hon. Members, has been that the provisions of the Bill will not materially check commerce and trade in spurious drugs; and it is very necessary that some more stringent measures should be taken, apart from providing punishment which this Bill provides.

Several hon. Members have stated that adulteration of drugs and misbranding of drugs has been an extensive evil. May I say that so far as Bombay city, in particular, is concerned—I have no experience of other cities—this type of trade in adulterated drugs is not only extensive, but it is extremely well organised? It cannot be that the police are not aware of it or the enforcement machinery under the Drug Control Act is not aware of it. It may be that the enforcement machinery is weak and that there is not sufficient staff or sufficient facilities for speeding the analysis of the drugs, samples of which are seized. But the fact remains that today trading in adulterated drugs is an organised industry and unless this organised industry is broken up, there is absolutely no possibility of the public obtaining a square deal in the matter of pure drugs.

It will be appreciated that not only trade is carried on in the manufacture of labels, containers and even the contents of the particular drugs or packages, but even reputed chemists and others take complete advantage of this. And the reason is that we have not anything in our Acts to enable the inspectorate to have surprise raids just as we have in the case of prohibition. My submission is that the powers of the inspector which have been defined under the Drugs Act—section 22—require to be thoroughly overhauled. The inspector should have powers to enter the premises not merely at reasonable hours, as has been mentioned here, which would exclude hours after sunset, but at any time of day and night as they do in the case of prohibition.

Shri Narayanankutty Menon: Even at a reasonable hour a Drug Inspector was murdered recently.

Shri Naushir Bharucha: Maybe.

Shri Karmarkar: In Kerala?

Shri Narayanankutty Menon: Yes.

Shri Naushir Bharucha: Unless the inspectorate is vested with very wide powers of having surprise raids, nothing can happen. Not only the power to take samples must be given to them, but also the power to seal the entire premises must be given to the inspectors. Even if a single bottle is found, the entire premises must be sealed. That ought to be done. Unless the powers are radically altered, I am afraid, if the inspector tries to follow the routine of the law, by that time the drug offender has sufficient warning and he will be in a position to remove the evidence of his own crime.

The second point, as has been rightly pointed out by Shri D. C. Sharma, who spoke before me, is this. On the one hand, you provide the minimum punishment, namely, one year's imprisonment; with the other hand you give the magistrate an option that for special reasons to be recorded in writing he may impose imprisonment of less than one year. My submission is that this should be altered this way that the magistrate should have no power whatsoever to give a

sentence of less than one year but permission should be given to the accused to go on appeal to the High Court or whatever the appellate Court may be, to reduce a heavy sentence. The difference is that so far as the lower court is concerned, the accused understands that the minimum sentence is one year; and it is very seldom that when the offence is proved, the accused dares to go to the High Court, because the High Court may as well enhance the punishment. Therefore, the discretion left to the magistrate should be taken away.

Thirdly, I would like to suggest that this type of arrangement even will not have a salutary effect, unless you have something which adds to the social stigma of the offender. One thing I would suggest is this. Supposing we enact that whenever a particular firm or person is convicted of the manufacture of a faked drug, in addition to the punishment he should be compelled to exhibit a board in his own shop showing that he has been convicted for manufacturing spurious drugs.....

The Narayanankutty Menon: Why not cancel the licence altogether?

Shri Naushir Bharucha: I am coming to that.

And, if that firm is made to exhibit this Board for a period of 12 months, I am sure, half the number of offences will stop. I do not understand why a simple thing like this is overlooked.

With regard to the cancellation of licences, I am absolutely in favour of such permission. I am of the opinion that where the offence is of sufficient gravity, the licence not only of the offending firm which deals in that drug must be cancelled but it should be made impossible for the firm to change its name and have licence in another name. And, that can be done by prohibiting a particular party who has been guilty of an offence from obtaining a licence if he is associated as partner in any other firm. These things can be done. Why is it not being done—I cannot understand? Probably, Sir, the hon. Minister will say that it is very difficult to implement all these things. I do not think so.

Sir, I am of the opinion that those anti-social characters who virtually gamble with the lives of other people for the sake of a few rupees of profit have got to be brought to book. At the same time, we have to look into the deeper causes of this problem. Why is it that drug faking is taking place on such an extensive scale? It is because there is large profit in the manufacture of drugs. The margin of profit is very big so far as the manufacturers are concerned. and, particularly in the case of certain drugs which are very difficult to obtain from outside, the temptation for blackmarketing and faking is very great. I do not understand why it should not be possible for the Government to take over the manufacture of at least certain types of important drugs which could be made available to the public at reasonable prices. If some such thing is done side by side, I think the deep causes, the rooted causes which induce people to fake drugs will at least partially disappear.

I am of the opinion, Sir, that while this amending Bill is on the right lines, it does not go far enough to solve the problem. I do not think it is going to make any difference whatsoever. I should like to know from the hon. Minister whether some type of liaison is being maintained between the Drugs Inspectorate and the Criminal Investigation Department—perhaps it is maintained or perhaps both are working in isolated spheres. Therefore, Sir, I think the provisions of the Bill should be still more tightened up. At the same time, Government should explore the possibilities of manufacturing particular types of drugs which are in great demand, the wonderful drugs which recent science has discovered and brought to

[Shri Naushir Bharucha]

light. If this could be done, Sir, I think to a large extent we will be able to minimise faking of drugs.

Shri Achar (Mangalore): Mr. Chairman, Sir, I support the Bill with very great pleasure. When spurious drugs are offered even in the mofussil and when we find the wonderful kind of advertisements that we get with regard to these drugs, it is time, Sir, that this industry is controlled. So I agree with the hon. Members who have supported this Bill and I give my full support.

It is only with regard to one or two provisions that I wish to say a few words. No doubt, in the parent Act there is a provision which says that when this examination or inspection is held the Criminal Procedure Code applies, but there is no specific provision in clause 5 or 6 which says that when the inspector goes he must have at least two respectful gentlemen with him, he must frame a list at the time of search etc. Though there is no provision here, as there is a provision in the parent Act I think there may not be any difficulty and there may not be any abuse of powers. Though it would have been better if some provision had been made in clause 5 or clause 6 here, as there is a general clause saying that the provisions of the Criminal Procedure Code will apply, there would not be any difficulty and, therefore, so far as those provisions are concerned I have not much of an objection even though I would have preferred the wording done in a little different manner.

But the most important point on which I would like to urge a few observations is with regard to penalty, the punishment. This, I would submit, is not in accordance with the general principles of jurisprudence. Here we are suspecting the magistrates and judges. The Indian Penal Code has been tried for generations. I would say, time has proved that it is a very good Act and its provisions are very good. What do we find in that? Wherever any penalty is provided, in sections after sections, the minimum is not provided and only the maximum is provided. It always says: "Whoever commits such and such an offence shall be punishable with imprisonment not exceeding so many years or fine or both". You may look into the Penal Code or any other Act which we have passed. You will find that the wording is: "not exceeding", and you have never controlled the discretion of the magistrates.

Shri Naushir Bharucha: The prohibition Act is there.

Shri Achar There may be a very exceptional case—I think my hon. friend for the interruption—but the general principle which I enunciated cannot be denied. If that is so, why, I ask the Minister, we should suspect in this Act the discretion of the magistrates or the judges? I do not know why the offences committed by a person who manufactures for sale, sells, stocks or exhibits for sale or distributes any drug should be considered more heinous, more anti-social than the several offences that are contemplated under the Indian Penal Code. For example, Sir, there is the highest crime: culpable homicide not amounting to murder. Even in such a heinous crime there is the discretion given to the judges. Then why do you suspect only in these cases of offences? The hon. lady Member, Dr. Sushila Nayar, who spoke from a doctor's point of view, gave us the picture of the illness of a child or a husband or the wife and getting some medicine which practically was water or some other thing and not the real medicine that was wanted. She depicted that picture and said that a person who commits such an offence must be given at least one year's imprisonment. I am afraid it is not a proper approach from the legal aspect. There is the other aspect of the question also. It may be that

some servant might have been engaged in a shop only for two days and he might not know exactly what things are exhibited and what things are sold. Should he be also given one year's imprisonment? The point that I am making out is this. It is a matter for our judges and magistrates to decide. We must provide the maximum and the sentence to be given must depend entirely on the discretion of the judges. They have got vast experience. Certainly, if it is an anti-social offence of a very serious nature they will give the required sentence to the person concerned. But their discretion should not be tied.

At this juncture, Sir, I would like to submit one thing. What is happening now? Not only in this amending Bill but also in the several Acts that we have passed, I would say, the general approach towards judiciary is not fair. We are trying to reduce the jurisdiction of courts. We do not want that appeals should go to the judiciary, we want separate courts. Whatever the circumstances may be, as far as possible, there is an attempt always to restrict the power of the judiciary, to avoid it. In this amending Bill, it is not exactly that but here it is something analogous to that, here the effort is to remove even the discretion of the magistrates. I would submit, Sir, this is not a very healthy and good position. I know the hon. Minister will refer to the proviso which says:

> "Provided that the court may for any special reasons to be recorded in writing impose a sentence of imprisonment for less than one year."

There is a provision, no doubt, but there it is stated that he must give specific reasons. If he gives reasons he can reduce the sentence. It is a very good provision, at least it stands much better than what I feared it to be at the outset; but still I submit, Sir, is it fair to the magistrates and judges to have such a sort of restriction? Do you find anything of that kind anywhere in the Indian Penal Code? Why do you suspect the magistrates and judges? The most important point that I want to stress is that it is not fair to practically suspect the judges and restrict their discretion.

The next thing that I want to submit is this. I am as anxious as anybody else in seeing that there should be a law regarding the products of Ayurveda and unani medicines. I join other hon. Members in their anxiety to see that these drugs are not spuriously prepared and sold. There may be difficulties in this matter, and I do not deny it. But then we see advertisements in various ways; I have seen advertisements saying that a man aged 70 may be made to feel as a young man aged 20 or 25 by using such and such a medicine! Even for such things, some drugs are advertised. We find such advertisements especially in the local language papers. All sorts of things are being advertised, and, if I may say so, the public are being practically cheated. No doubt it may be difficult to check all this, and probably each individual has got a particular kind of patent or some such thing. But, all the same, I submit that some effort must be made to check such things. If necessary, a committee may be appointed to ascertain the exact situation in this regard, so as to avoid such spurious drugs being advertised.

Shri Balakrishnan (Dindigul—Reserved—Sch. Castes): Mr. Chairman, I am not going to make a long speech touching on various points about the efficacy of drugs, etc., as have been referred to by Dr. Sushila Nayar and Shri C. Nanjappa, because I do not know much about drugs. I am a layman. But I know of a number of advertisements every day in the newspapers claiming wonderful properties for some drugs said to have been sent by the Lord himself through Viramamuni from the Himalayas to save the sinners! I do not want to touch on those points.

[Shri Balakrishnan]

But I want to bring one important point to the notice of the hon. Minister. Our country is the only country which can be proud of implementing prohibition successfully, whereas even in America, where they were trying to introduce prohibition, there was an uprising and it ended in failure. But, with the blessings of Mahatma Gandhi, we have introduced prohibition, and we can be proud of implementing prohibition. However, I think there are certain loopholes in the parent Act regarding the enforcement of prohibition. I think there is no prohibition even in the Prohibition Act to prohibit the selling of ordinary essences in the medical shops. I see in the bazaar, in every medical shop, essences being sold in different ways and different colours. There is no prohibition to prohibit or prevent the people from drinking such essences. If anybody refers the matter to the police, I think the police authorities say that there is no provision in the Act to bring the culprits to book. I believe that according to the original Drugs Act, every licence-holder is permitted to sell essences in the open market. I also think that in this amending Bill, there is a word 'misbranded'. But I do not know how far this word can help the Prohibition Act. I request the hon. Minister to make it clear. There should be a clear provision saying that essences containing a high percentage of alcohol should not be sold. I request the hon. Minister to empower the inspectors to check such sales of essences. I wanted to say only this much.

श्री झुनझुनवाला (भागलपुर) : सभापति जी, बड़े सौभाग्य की बात है कि जो हमारे हैल्थ मिनिस्टर आज हैं, वे पहले कामर्स एण्ड इण्डस्ट्री मिनिस्टर थे । उस समय उन्होंने कितनी स्प्यूरिअस मेडिसिन्स बनवाईं, यह तो वे ही जानते होंगे । अब वे यहां पर यह बिल प्रस्तुत कर रहे हैं कि इस तरह से वे स्प्यूरिअस मेडिसिन्स का आगे बनना रोकने की चेष्टा करेंगे । यह एक बहुत ही महत्वपूर्ण बिल है क्योंकि इसमें लोगों के जीवन मरण का प्रश्न है ।

श्री हरिश्चन्द्र माथुर : जीवन का नहीं, मरण का ही है ।

श्री झुनझुनवाला : यह ठीक है, मरण का ही प्रश्न है । इसके लिये जो बिल लाया गया है वह बहुत ठीक है । इसमें बहुत सी चीजें कही गई हैं, जिनके द्वारा यदि कोई व्यक्ति अपराध करता है तो उसको सजा दी जायेगी । परन्तु जैसा मैंने कहा, पहले हमारे स्वास्थ्य मन्त्री महोदय कामर्स एण्ड इण्डस्ट्री मिनिस्टर थे और वे बहुत अच्छी तरह से जानते हैं किस प्रकार से लोग मिलावट करते हैं और क्या-क्या गड़बड़ियां करते हैं । यदि वे कोई इस प्रकार का उपाय करें जिससे कि के स्प्यूरिअस मेडिसिन्स बनें ही नहीं और लोगों के मन में इसके बारे में भावना लाई जाये तो यह एक अच्छी बात होगी ।

जो लोग स्प्यूरिअस मेडिसिन्स बनाते हैं, वे केवल लाभ के लिये, पैसे के मोह में पड़ कर मेडिसिन्स को सस्ती बनाने के लिये इस प्रकार की मिलावट करते हैं । जैसा हमारे कई भाइयों ने बतलाया, ऐसे लोगों की बनाई हुई मेडिसिन्स को ऐनालाइज करना, उन लोगों को पकड़ना बड़ी मुश्किल की बात है । जब तक उनको पकड़ेंगे तब तक न जाने कितनी दवायें बाजार में बिक चुकी होंगी और लोगों के जीवन के ऊपर उनका क्या असर पड़ चुकेगा यह तो हमारे मन्त्री महोदय ही जान सकते हैं तो जैसा मेरे मित्र श्री दी० चं० शर्मा ने कहा, क्यों नहीं हमारे हैल्थ मिनिस्टर साहब खुद अपने ऊपर यह भार ले लेते हैं कि जितनी भी चीजें हैं उनको नेशनलाइज कर दें । आज बहुत सी चीजें नेशनलाइज की जा रही हैं, अगर मेडिसिन्स भी नेशनलाइज कर दी जायें और वे केवल गवर्नमेंट की देखरेख में ही बनें तो इसमें किसी प्रकार की गड़बड़ी की आशंका ही नहीं रहेगी । यदि प्राइवेट सेक्टर

में भी यह चीजें बनाई जायें तो भी वे सरकार की देख रेख में बनाई जायें ताकि बनने के बाद उन को ऐनालाइज करने या उनको देखने का मौका ही न रहे । मैं समझता हूं कि प्राइवेट सेक्टर में कोई भी आदमी ऐसा कर सकता है जिसके अन्दर प्राफिट मोटिव न होकर मानव सेवा की भावना हो । परन्तु ऐसे आदमी का पाना इस समय जरा मुश्किल बात है । हमारी सरकार तो वेलफेअर सरकार है, मैं तो उसके ऊपर भी जोर दूंगा जिस प्रकार की बातें यहां कही गई हैं यदि उस प्रकार की स्प्यूरिअस मेडिसिन्स बनाई जाती हैं तो यह बड़े दुर्भाग्य की बात है । यहां पर कहा गया कि अगर कोई मार्फिया इंजैक्शन लेकर मरना भी चाहे और कहे कि मरने के लिये हमें इसकी जरूरत है, तो उस को भी सही चीज नहीं मिल सकती है । इसलिये बहुत आवश्यक है कि इस चीज की ओर ध्यान दिया जाये ।

अभी हमारी बहन डा० सुशीला नायर ने एक बात बहुत अच्छी बतलाई कि एक ही दवा आज कई नामों से बिकती है । जब उसको खरीदने वाले जाते हैं तो घबरा जाते हैं कि वे यह लें कि यह लें या तीसरी लें । एक बार एक डाक्टर ने नुस्खा लिया, उसने कहा कि इस बीमारी के लिये यह चीज लाओ, फिर उसने दूसरे डाक्टर से नुस्खा लिया, तो उसने उसी दवा के लिये दूसरा नाम लिख दिया कि यह लाओ । तब आदमी डाक्टर से पूछता है कि फलां डाक्टर ने इसी बीमारी के लिये यह चीज दिलवाई थी, अब आप बतलाइये कि कौन सी ठीक चीज है ताकि मैं उसे ले आऊं। तो वह कहते हैं कि नहीं दोनों एक सी हैं, थोड़ा बहुत इधर उधर फर्क होगा । ऐसा कहने से उसके मन में भारी शक पैदा हो जाता है । ऐसी बहुत सी चीजें हैं जो एक से अधिक नामों से प्रचलित हैं । इसमें धोखा देने का बहुत मौका मिलता है । इसको यदि आप रोक सकें तो बहुत अच्छा होगा ।

कई भाइयों ने कहा कि आयुर्वेदिक और यूनानी दवाओं के लिये भी इस तरह का बिल आना चाहिये । आप कह सकते हैं कि दस पन्द्रह बरस बाद हम एक काम्प्रिहेंसिव बिल लायेंगे जिसमें यूनानी और आयुर्वेदिक दवाओं के बारे में भी कानून बनाया जाएगा । लेकिन मैं जानना चाहता हूं कि वह बिल आखिर किस दिन आएगा और कब लोगों की भलाई होगी । मैं चाहता हूं कि इस बारे में मिनिस्टर साहब बतला दें तो अच्छा हो ।

मुझे कुछ विशेष कहने को नहीं है । यह बहुत ही महत्व की चीज है । इसको बहुत सीरियसली हमको लेना चाहिये । हमारे आचार साहब ने बहुत सी कानूनी बातें बतायी हैं कि मजिस्ट्रेट को यह पावर होनी चाहिये और उसको यह पावर होनी चाहिये । मिनिस्टर साहब वकील भी हैं । वह कामर्स मिनिस्टर भी रह चुके हैं और अब वह हैल्थ मिनिस्टर हैं । इसलिये सब बातों को सोच कर उनको ऐसा कानून बनाना चाहिये ताकि ये सब चीजें न होने पाएं । मेरी मिनिस्टर साहब से प्रार्थना है कि इस बिल को ऐसा बनावें कि यह इफैक्टिव हो ।

Shri S. M. Banerjee (Kanpur): Sir, I thank the hon. Minister for bringin forward this Bill. I would like to say something on the various provi sions of this Bill. I am neither a doctor nor a compounder nor a druggist. My observations unfortunately are the observations of a patient. I would like to say what I feel about medicine, the prices of medicines, about the spurious drugs, etc. for the consideration of the hon. Minister.

Much has been said about spurious drugs and how to control them. My hon. friend, Shri Bharucha referred to the manufacture of such drugs in the city of Bombay. Bombay does not monopolise the spurious drugs. It is a chain; it is a vicious circle throughout the country. Sometime back I read a report in the Press that in Calcutta Gripewater, which is used for children, was manufactured by some concern in the bottle of

[Shri S. M. Banerjee]

Gripewater, but there was no Gripewater in those bottles, with the esult that some children who were given that Gripewater never came to their senses again after that. After all, the Chief Minister of West Bengal, who is an eminent doctor in this country, gave enough publicity to the manufacture of such drugs. Even documentaries were shown in Calcutta.

Kanpur is an industrial city. Apart from the spurious drugs, I would invite the kind attention of the hon. Minister to a tincture called tincture ginger. In Kanpur there is absolute prohibition. It was done with a motive by the State Government in consultation with the Central Government. They thought that Kanpur is full of industrial workers and they spend a lot of money on liquor. So, it was decided to have prohibition in Kanpur. This work started after prohibition. There are some quacks. Of course they have the signboard of a druggist or some people write after their names M.B. and a small 'h' for homoeopathy. They have started selling this tincture ginger, which is worse than any liquor.

Shri Karmarkar: Are you quite sure?

Shri S. M. Banerjee: I can take him to the shop, but the police people are so influential and they may not allow anybody to enter. When Dr. Jawaharlal Rohatgi, one of oue respected friends and a Congressman, became Deputy Health Minister in U.P., I requested him and he also tried his best. Unfortunately, this tincture ginger is being sold in Kanpur still. It is clearly written that it is a medicine shop or the shop of a chemist or a druggist. Four or five people go there, take the medicine, drink the medicine inside that shop and they come out singing songs like anything, because it is actually a liquor.

I am telling these things, because it is a grim reality. I can show representations from the housewives of those workers, who have requested me to put this question in Parliament as to how a major portion of their income goes to these quacks—so-called doctors—in the name of purchasing medicine, purchasing this tincture ginger, which was actually meant for cleaning the surgical apparatus—methylated spirit and other things—being used as liquor. Maybe there are numerous shops in Bombay, but in Kanpur I have seen this wretched condition of the poor ladies, whose husbands spend a lot of money on this, because they have to purchase it concealing the whole fact from the police and they have to pay a heavy amount to purchase this particular medicine, which is actually liquor.

So, I would request the hon. Minister to take up this matter with the State Government and ascertain the full facts, so that an inquiry may be conducted. If this is stopped in Kanpur, it will be resented by very big people, because very big people are running those shops, minting money out of the misfortune of the industrial workers. So, there will be resentment from them to any investigation in this regard. But I can help the hon. Minister and the State Government authorities if they appoint an inquiry to stop all these things.

The question has been raised as to why these industries should not be nationalised. I congratulate the Government of India for having an integrated plant in collaboration with the Soviet Union for manufacturing antibiotic drugs. Of course, in Pimpri, there was this one case of our hon. friend, Shri V. D. Tripathi, who died after using penicillin. But we have analysed the whole thing and after all, the penicillin manufactured in this country can be compared with that manufactured in any other country. I am proud of this drug industry. Apart from this, there are many other drugs which can be

manufactured by the public undertakings. So, this industry needs nationalisation. But before nationalising this industry, we should also try to nationalise those people who will work in this nationalised industry, because in our country, sometimes nationalisation means unfortunately scandal, because those men who run the nationalised industries are non-nationalised. We must nationalise them first and then nationalise the industry. Otherwise, in the name of nationalisation, anti-social elements and anti-national elements will attain their ow ends, in the garb of nationalisation.

My other point is about labelling of medicines. A lot of medicines are being sold secretly. The chemist will not give you that medicine, unless you specifically demand it. It has not been properly analysed at all. I wish the inspectors all success and I also wish that these inspectors who are going to be appointed may not become a part and parcel of this big circle, which is unfortunately playing with the human life of our countrymen.

Coming to the spurious drugs, the hon. Minister had replied to many questions and supplementaries and he has made a genuine effort to solve the problem. But how can we solve the problem unless the social conscience of the people is also aroused? There are documentaries on everything on anti-social elements but about the manufacture of spurious drugs I have never seen a documentary. There are various methods by which we can rouse the social conscience of our people and condemn the anti-social elements from the very core of our heart. Such films should be shown to the common people. Now people do not know anything about it and they go and purchase the medicine from a chemist or drugist, who, because of profit motive and without taking into account the fact that human beings are going to suffer because of that, sells them spurious drugs.

15 hrs.

I welcome this particular measure. Whether the Bill is comprehensive or not, it is a progressive step, a step towards a comprehensive Bill. A comprehensive Bill is always welcome. But, sometimes, in the absence of a comprehensive Bill, if you have to wait for 10 or 15 years for a comprehensive Bill, then I do not think any fruitful purpose will be served by waiting till then. So, whatever little has been done in the direction should be welcomed. The only thing is that it should be strictly followed.

About the punishment, my hon. friend, Shri Achar was telling that there was no faith in the judiciary or magistracy. We have a feeling that every time people who have been apprehended for this offence are acquitted or punished very leniently by the magistracy. It seems that unless a magistrate is not personally affected by a spurious drug he cannot feel the pulse of the people who have been affected. So, in the end I want to say that the speeches made by the various hon. Members should be taken into account and in the future a comprehensive Bill may be brought in.

Mr. Chairman: The House will now take up the next item.

15.02 hrs.

MOTION *RE*: REPORT OF U.P.S.C.

The Minister of State in the Ministry of Home Affairs (Shri Datar): I beg to move:

> "That this House takes note of the Ninth Report of the Union Public Service Commission, laid on the Table of Lok Sabha on the 17th December, 1959."

Shri Harish Chandra Mathur (Pali): May I know whether this motion will be voted?

Mr. Chairman: Yes. There are no amendments, but it will be voted upon.