

[Shri Tyagi]

at that stage and control of admission into Universities on the basis of the efficiency or competence of students will be impossible. People who have participated in mass movements, have always been guided by slogans. This has been the practice of many mass movements. We have relegated village education to what is called basic education. We have been good enough to just lure the villagers to basic education which had the blessings of Gandhiji. But basic education means no education for purposes of competition. Basic education means charming those village and rural boys into avenues which will be of little avail; if they want to join any college they become unfit. This is basic education. We get them diverted on the wrong side so to say. Real basic education as was originally conceived by Gandhiji has not really been understood by us; and it is not easy to practice it, and that is given to the smallest paid teachers of the villages. The high philosophy behind that basic education is being relegated not to the brighter people but to the smaller men in villages who are half paid and the best hours of the school are spent in showing the boy how to plough and all that. What is this? His parents for generations together have known how to plough the land how to irrigate it and how to reap the harvest. This is all we teach them. We take pride—and a false one; deliberately, we deceive ourselves into the feeling that we have done good to the villagers. That is the partial treatment meted out to the villagers. No Minister has the right to ask a villager to send his boy to the basic elementary type of schools, the low grade schools when he sends his boy to the Doon School.

**Mr. Deputy-Speaker:** I think he may continue tomorrow.

**Shri Tyagi:** I will come fresh tomorrow with more ideas.

17.03 hrs.

## INDIAN COUNCIL OF MEDICAL RESEARCH

**Shri Tangamani:** Mr. Deputy-Speaker, I would like to raise a discussion on the points arising out of the answer given on the 20th April, 1961 to Unstarred Question No. 3627 regarding the Indian Council of Medical Research. This question was tabled jointly by me and my hon. friend, Shri Dharmalingam. The answer covers quite a wide field; but the purpose in putting that question has not been served by the reply that was given to me.

I would like to say at the outset that I am not opposed to research being conducted and a considerable amount of money being set apart for that kind of research. I have received reports from certain eminent men, medical men interested in research that although they have submitted many schemes those schemes did not appear to find favour with the Indian Council of Medical Research. Without dilating much on that, I would like to mention the name of one eminent doctor from Madras, Dr. Ratnavelu Subramaniam who is a heart specialist. He is probably one of the few practitioners having a very lucrative practice in Madras. He can be ranked with men like the late Dr. Rangachari or Guruswamy Mudaliar.

I understand that this specialist has submitted schemes twice or thrice and it is well known that we have today to do a lot of research on the question of heart diseases. I would like to know what is happening to the schemes which were submitted to this Government by men like Dr. Subramaniam or others. That is a point for which I would like a direct answer.

Coming to the question itself, and the elaborate answer given, we have been told that.

“The Governing Body of the Indian Council of Medical

Research reviews the recommendations of the Scientific Advisory Board of the Council and decides the schemes of research that should be financed each year."

Now, we are given a list of as many as 192 items which were sanctioned in the year 1960-61; and we are also told how much money has been sanctioned from 1956-57 onwards, each year.

I take it from the answer itself. For the sake of comparison. I might mention the figures also. For the year 1956-57, Rs. 31,17,500 were sanctioned; for 1958-59, it was 51,30,000; for 1958-59, it was Rs. 50,55,000; for 1959-60 it was Rs. 34 lakhs and for 1960-61, it was Rs. 50 lakhs.

I wanted to know how the governing body of the Council functions. What I find from the answer is as follows:

"The Governing Body meets in Delhi every year. The various Advisory Committees of the Council, however, meet at different places. During the last five years these Advisory Committees have met at different places...."

Here they have mentioned Mysore, Lucknow, Indore, Hyderabad, etc. So, it is clear that the advisory committees which go into the schemes meet only once a year and these places strangely enough I am not trying to draw any inference—are those where there is no prohibition. Whether it is only a strange coincidence or whether deliberately those places have been chosen, I do not know. They seem to meet only in August or September each year, and the places chosen appear to be places where there is no prohibition. I would like to know whether this is just coincidence or whether there is any significance for the way in which they choose the venue. This is also point on which I would like to have an answer from the hon. Minister.

The Minister of Health (Shri Kar-markar): Poona also is there.

**Shri Tangamani (Madurai):** I would like to know the names of the members who meet once a year in those places during the months of August and September.

**Mr. Deputy-Speaker:** Are the months also relevant for this purpose?

**Shri Tangamani:** Months may be relevant. I do not know. In the months of August and September, the climate is very temperate, and it may be the best months for them. Some of my hon. friends say that the best time for going to Kashmir is August and September. Anyway, I leave it at that. I am not casting aspersions on anybody, but somehow, it seems to me that the committees meet only once a year and at places which happen to be outside the prohibited area. Now, I have got some more important points to which I shall refer.

**An Hon. Member:** Choose dry areas.

**Shri Tangamani:** At least once in a way let them have dry areas; why should they have the meetings continuously in places where there is no prohibition?

The Estimates Committee has mentioned about the question of research and it shows how a lot of money has been spent on buildings instead of research. That has been the general criticism of the Estimates Committee. Here, there are so many items—192 items. For some items, Rs. 10,000 may be given; for some items, Rs. 2½ lakhs, are given; yet in some other items, Rs. 3 lakhs are spent. The amount varies from place to place. The point that I would like to know is, are we or are we not satisfied with the money that we advance to these various schemes, at various centres for research alone? What is the nature of the check-up that we have? Do we have reports from these research centres as to what they have done about these researches? Can we have a book-let each year? We are spending Rs. 50 lakhs on 192 items. We would like to know the result of the research for which we have spent Rs. 50 lakhs.

[Shri Tangamani]

and whether the result has been made available to the various States and to the Ministry. That is another point which I would like to know, and if light could be thrown on this particular point, I will be very grateful.

Again, there are now many allied subjects with medicine like biochemistry, and I am happy to find that there are certain items in the list itself. Items 5 and 14 are items where questions relating to biochemistry are taken up. I also find that item 13 deals with the investigation of the common food allergies in Indian diet causing gastro-intestinal and other forms of allergy. This, I consider, is very important, because if the results are made known, it would very useful to us.

I find later on there is also research conducted about gastro-enteritis. This new name has shot into prominence during the past two or three years. Gastro-enteritis is akin to cholera. Cholera is supposed to be fatal. Gastro-enteritis also proves to be equally fatal, as was clear by what the hon. Minister himself mentioned in this House as to the number of people who succumbed to cholera and gastro-enteritis during the past year.

17.11 hrs.

[DR. SUSHILA NAYAR in the Chair]

I would like to know how much has been spent on research on gastro-enteritis and what is the effect of that research.

I find Rs. 2½ lakhs are being given. the whole question of drug research. So many questions are asked in this House about drugs. I would like to know the nature of the research they have done and what is the benefit that we have got. A lump sum of nearly Rs. 3,45,285 is set apart for the trachoma control project at Aligarh and also a sum of Rs. 47,260 for the Institute of Ophthalmology at Aligarh. Here

also I would like to know how this money is being spent.

Even if I read the headlines of some of these things, it will show whether any research can be conducted at all. There is an item called miscellaneous where money is given for items like "base-line health survey". Is health survey a research work to be done? There are so many other items also which will show that there is absolutely no research in them. Let us not deceive ourselves that all these 192 items deal with research work. Let us give money only to those schemes where research is done and research is to be encouraged and not to ordinary things which have nothing to do with research given under the heading 'research'.

I find Rs. 2½ lakhs are being given to the Mandanapalle institute. Is it for research or for the maintenance of the institute? I also find that for the medical college at Vellore, Rs. 50,000 are given, to study how leprosy is proceeding. Is it for study of leprosy that you are giving Rs. 50,000? Is it for study of tuberculosis that you are giving Rs. 2½ lakhs? An impression has grown in certain quarters in the south that this money is being given mostly to institutions run by the missionaries. There is the Perundurur Institute in Coimbatore District. If money can be given to the Madanapalle Institute for research, for the same reason money should be given to the Perundurur Institute also. I am saying this only for the sake of argument. That is why I was provoked into putting this question to get the details.

Earlier I have raised certain points and I am grateful to the hon. Minister for the 192 items which he has given. But these items will not convince me or this House or the country that the Rs 50 lakhs allotted for 1960-61 have been usefully spent, unless we are

told whether the money has been actually utilised for the research, unless we are told whether we have gained any benefit from the research particularly on these heart diseases and poignant diseases coming in this area like gastro-enteritis and cholera.

**Shri Dharmalingam** (Thiruvanna-malai): I want to put two questions.

How much money has been allotted for medical research during 1961-62? How much money out of it will go to Tamil Nad and what are the details of the various schemes?

**Shri Narasimhan** (Krishnagiri): I put a question yesterday to the hon. Minister about the large-scale prevalence of dysentery in North Arcot District resulting in 500 deaths. Regarding that several questions have also been put in the Madras Assembly. They were not able to identify the nature of the disease, whether it was diarrhoea or dysentery. It is like an epidemic there. The answer given to me was: "We do not know. Does not arise". When they are spending so much money on research, do not they keep track of the various epidemics in the country especially when the problem is severally faced by the State Government? Is not there any method of reporting to the Centre, so that the Centre may know what types of epidemic are there? I want to know whether there is any such arrangement or not. If there is any such arrangement, how is that kind of reply justified?

**Shri Karmarkar**: Madam Chairman, I am grateful to my esteemed colleague, Shri Tangamani, for having given me this opportunity to explain the activities of the Indian Council of Medical Research, because owing to shortage of time I had to deny myself that pleasure during the budget debate.

Before I proceed to deal with some of the points that he raised, I should like to straightway deal with the point raised by Shri Narasimhan, though it is not exactly pertinent to

the subject under consideration. Now, he tabled a question. I find on reference that the reply given though correct and accurate is a little cryptic. Normally, when a question is tabled and it is admitted by the Lok Sabha Secretariat, whether it be a Starred question or an Unstarred question, immediately we shoot off a telegram to the State Government to supply the information where it is required from them. Pending receipt of that information, we normally reply that we have no information. In view of the question tabled by my hon. friend, we took a serious view of the situation and we said: "We had no information". But out of courtesy for him, the reply could have been worded: "We have asked for the information and we shall lay it before the House". I am sorry if my hon. friend has felt about that. In any case, as soon as the information comes from Madras, I shall be happy to lay it before the House.

**Shri Tangamani**: It is Unstarred Question No. 4458.

**Shri Karmarkar**: Secondly, as the House may be knowing, we receive a periodical return of registerable diseases also. We receive detailed fortnightly information about cholera, small pox, plague and other diseases also. When we said that we had no information, we had no information present with us on the date of drafting that reply. But as I said before, as soon as we receive the information we shall place it before the House. I do hope that he does not misunderstand our reply to be an unwillingness to answer his question.

Now, to deal with another rather smaller matter, it was asked how much we have budgeted for. Well, the budget papers contain what has been budgeted for. If my memory is correct, they have budgeted for Rs. 50 lakhs for the current year. In making allocations we do not go region-wise. In the meetings of the governing body we do not decide how much must go to each State. It de-

[Shri Karmarkar]

pends upon the research schemes. If Tamilnad is to have the majority of research schemes, we shall not at all be sorry if the bulk of the funds is given to Tamilnad alone. Regarding exact schemes which have come from Tamilnad I shall have to take some time to go through them, because in the Indian Council of Medical Research we are not habituated to think region-wise. For us India is one; Tamilnad, Andhra Pradesh, Karnataka etc. are not relevant for our purpose. From wherever a scheme may come, that is a precious scheme for us I think that is the only healthy way of looking at things. If we once begin to deviate from that and say that Rs. 10 lakhs should go to Mysore, Rs 10 lakhs to Andhra and so on, then the rightness or wrongness of the scheme does not come so much into the picture. Therefore, Madam, if my hon. friend's suggestion is that we should make our allocations region-wise, I am unable to accept that suggestion. I would not be in a position to advise the Indian Council of Medical Research to think of regionalism in this matter; I would rather find fault with them if they look at this from that point of view, and I am quite sure the House will agree with me in that respect.

Coming to the basic point, Shri Tangamani referred to—possibly there is some reason for it—some esteemed medical person for whom he has esteem, I do not personally have cognizance of him—Dr. Ratnavelu Subramaniam. For all purposes, he is an esteemed and estimable person. I have just now checked up and I find that, so far as this year is concerned, the ICMR have received no scheme from him.

**Shri Tangamani:** He has given up sending any scheme for the last two years.

**Shri Karmarkar:** I see. So, it must be earlier. If my hon. friend tells me

how much earlier was it, I can deal with it. Otherwise, I shall have it checked up, because we have an yearly record of the whole thing. I shall look into the whole matter and see if there has been anything wrong and that they are discarding because, ultimately, there is a ceiling.

There are various advisory committees for different subjects, consisting of people competent in those subjects. Each advisory body considers all the schemes and then puts them up for recommendation to the scientific advisory committee which, again, consists of esteemed research people in the field of medical research, and then it comes, finally, to the governing body. Excepting during the last two years, when the governing body sought to give certain directions, inviting the attention of the Council towards schemes of, what we call, national importance, apart from that, I am not aware of any interference by the governing body in the scheme as such; because, when the schemes are received like that, normally—I say normally because exceptionally, once in a while, it might be that the scientific advisory body has interfered—they are not interfered with. I might not say hundred per cent but, nevertheless, so far as I know of their working—and here I should like to appreciate the work of the advisory bodies, the scientific advisory committee as also the governing body on the whole—they never interfere with any work. Anyhow, I shall have this scheme hunted out and I shall have it re-examined. I shall also lay it on the Table of the House, in view of the discussion which my hon. friend has raised in this House. If this scheme deserves to be promoted, I have no doubt that the scientific advisory committee and the governing body will revise their judgment. If the scheme does not merit any support, I will ask them not to worry about it, even though it was an esteemed gentleman that has suggested it, because sometimes even competent people forward incompetent schemes. In that case, I am quite sure that my

non. friend will agree with me that he should not ask us to approve the scheme, which is not worth it. Anyway, I shall have that particular scheme examined again.

There are certain points which he has made, with some of which I entirely agree. I myself am of the opinion, and the governing body has also agreed, that the earlier practice of meeting once a year may be varied. That is to say, the work may go all the year round and if a scheme is received in the middle of the year also, it should not suffer because the advisory body is going to meet at a later stage. Even otherwise also, the advisory body had been meeting, say, at different intervals. But it would be a good thing indeed if any scheme that comes in the interval, during the course of the year, is also considered by the respective advisory committees, as also the scientific advisory board. Nevertheless, this meeting once a year, apart from the occasional meeting, has served a very useful purpose.

I have very great regard for the amount of study which my hon. friend brings to his work. Subject to correction, I feel that a review of the activities for the years 1950-57 is placed in the library of the House. I shall have it checked up. If, by error, they have not been placed in the Library, I shall have sufficient copies placed in the Library of the House. It gives a review of the activities for the period 1950 to 1957. It is a succinct and good record of the meritorious work that the Council of Scientific Research has been able to do in the field of...

**Shri T. B. Vittal Rao:** What about the subsequent years?

**Shri Karmarkar:** Subsequently, they brought out another report for 1958-59 and 1959-60. Earlier, printed reports were published by the Scientific advisory board. I advised them directly to prepare a report of the work of the Council as well, to bring out a

review of the work of the Council. I shall get copies of this placed in the Library of the House. Yearly the Council will be publishing reports for the particular year with which it deals. Immediately after we rise today, I shall be very happy to pass on copies of both the reports to my hon. friend, Shri Tangamani.

**Shri Tangamani:** I shall be very much obliged.

**Shri Karmarkar:** I shall be very grateful if he goes through them. After he goes through them, I hope he will give me an objective appreciation of the work done by them and his objective advice. Had I taken that precaution earlier, perhaps he might not have raised this point today, as he did. Because, not having all the information at his disposal, he put forward, honestly, the points that were before him for consideration.

**Shri D. C. Sharma:** Why this favouritism to Shri Tangamani alone?

**Shri Karmarkar:** I shall supply them to all hon. Members. They will be placed in the Library. Regarding my friend, Shri D. C. Sharma, I do not want to trouble him with more literature than he already has. If he is interested, certainly I will pass on copies to him also.

**Shri T. B. Vittal Rao:** Then he will be tempted to raise a half-an-hour discussion.

**Shri Karmarkar:** Yes.

With regard to buildings, there are not many buildings. The only building that the ICMR possesses is its own workhouse here. The All-India Medical Institute building is a modest enough building. Then we have got a building for the Nutrition Research Laboratory in Hyderabad. We have got another building, not too small and not too costly, for the Virus Research Centre. The ICMR does not spend much of its money on buildings.

[Shri Karmarkar]

My hon. friend has referred to two or three points in detail. One of them is about gastro-enteritis. It is not for me to say because everyone knows and the technical people particularly know that it has been the convention to put in a Latin word for every disease instead of English words which is easy enough for common parlance. Gastro-enteritis is something connected with the gastric canal. That is what I am told. Any disease which irritates the stomach and the gastric canal is called gastro-enteritis. It can be of different species. Cholera could be one of them. Cholera is a virulent form of that.

**Shri Narasimhan:** It is a wide expression.

**Shri Karmarkar:** Gastro-enteritis is a wider expression, like the whole of India, for instance. Cholera is like a State a region or a district. Cholera is found to be one of the very virulent forms of the generic name gastro-enteritis. No doubt, cholera also is gastro-enteritis. But it is a specific disease. Its causative germ has been identified. It is of a very virulent nature.

**Shri T. B. Vittal Rao:** He has had a stroke of gastro-enteritis last year.

**Shri Karmarkar:** Anybody can have it. If he eats too much tonight he will have gastro-enteritis tomorrow. It is only a very big Latin name for a simple thing namely, indigestion. If he takes a little more of some non-vegetarian thing than he needs, gets irritation in the stomach, is not able to digest it and there is pain, it is gastro-enteritis. All types of irritations of the stomach are gastro-enteritis.

**Shri Ganapathy (Tiruchendur):** Shri Tangamani was affected by this last year. What was the cause of that?

**Shri Karmarkar:** I will not like to comment on individual cases. I have all my sympathy with him.

**Shri Ganapathy:** Has the doctor discovered anything?

**Shri Karmarkar:** I do not know. Let us not go into individual cases.

**Shri T. B. Vittal Rao:** Am I to understand that vegetarians do not suffer from gastro-enteritis?

**Shri Karmarkar:** Rotten vegetarian food also can cause it. But there is a greater chance of non-vegetarian food getting rotten than vegetarian food. I am not either way. I have tasted both.

Another point he made was about trachoma. As soon as my hon. friend goes through these books, he will find that trachoma was one of the very great problems here and the precious work done by the ICMR has now enabled the Government to evolve a firm programme with regard to trachoma control. Had this work not been there, this could not have become possible. Trachoma is a disease which is more current in the north than in the south and in some parts of western India. I think we have reasons to be grateful for the precious work that was done by the ICMR with the collaboration of outside agencies. In fact, the work of the Council in respect of trachoma is one of the feathers in the cap of the Council.

Then my hon. friend mentioned about base-line health survey. There he appears to limit research work only to what he calls purely limited medical research. In a country like India, health survey is one of the important researches in the field of medicine, not strictly as medicine, but in the field of health. It is only recently in 1952 that in the United States

also where they have all the means for health surveys they were able to evolve a national health survey.

**Shri Tangamani:** There is an item for the survey of various types of latrines.

**Shri Karmarkar:** That is also very important. I am very happy that my hon. friend has mentioned that. That will be the last point that I will touch. In fact, that appears to be a very vital thing.

About the health survey the work that the Council did was very basic. My hon. friend might like to know that in Delhi we have begun, what is called, a morbidity survey, that is a study of the diseases. A sector of the population, say 5,000 families or persons, is taken up for study from day to day as they approach the dispensary. A health survey of that kind is extremely helpful in trying to solve the health problems. In Madanapalli it was a detailed tuberculosis survey. They had taken up some towns and villages with a view to see what the incidence is like, how it could be controlled and things like that. There was another institution mentioned by my hon. friend. If they put forward a research scheme also, the Council will be very happy to consider that. We have no partiality, whether it is Vellore or a missionary institution or otherwise. This should not enter into our view at all. Any worth while work done anywhere should be encouraged.

That is about all the important points. The last point that my hon. friend mentioned is, I think, the weakest link as I happened to mention to a distinguished guest who had come this morning—he is in Delhi—on behalf of the President of the United States. We were discussing and I said that the weakest link in our health programmes is our environmental sanitation and the want of latrines in the villages. At some time the Indian Council of Medical Research went into the matter as to how

to have a sanitary latrine. And I am happy to tell the House that they have been able to evolve a cheap latrine which is practicable in every village. Well, I wish we do more to introduce that latrine in the villages, because if once we give our people good water supply and good sanitation, I think we have won more than half the battle.

**Madam,** I should not like to detain the House any longer. My hon. friend mentioned about prohibition and all that. I am not able to vouch about the daily habits of every one who attends the meetings of the Indian Council of Medical Research. But it has nothing to do with prohibition areas and non-prohibition areas. Because, he will find, for instance, that Poona is an entirely dry area. Of course, if my hon. friend is adventurous, if he wants something and if he seeks it, he may find it somewhere.

**Shri Tangamani:** Poona is an exception.

**Shri Karmarkar:** It is a dry area. I have been able to attend many of the meetings, and I have found Members uniformly sober; I did not see any sign of insobriety anywhere. So I thought that my hon. friend was in a little of just something or the other when he made those remarks! Because, it is not good to comment on the meetings from the venues of the meetings. I am quite sure in my mind that many of the places that my hon. friend visits in India on duty are also places where there is no prohibition. I do not grudge him if by chance he takes some himself. I am not going to interfere with his personal habits. But that is not exactly the relevant point here. They have met in dry areas, they have met in wet areas, they have met in all areas. Possibly it might be necessary to undertake a scheme of research as to what happens in supposedly dry areas and what happens in wet areas in order to wean away the people who are habituated to drink. That aspect has not been a subject of



[Shri Karmarkar]

research. And I am happy it is so, because it might land all of us into complications.

Madam, that is all that I have to say. I am really grateful to my hon. friend Shri Tangamani for giving me this opportunity to explain these things, and I am passing on these copies to him. I wish he raises another half-an-hour debate to tell us

what previous work the Indian Council of Medical Research is doing.

**Shri Tangamani:** In the next session!

**Mr. Chairman:** The discussion is over, and the House stands adjourned till 11 A.M. tomorrow.

**17.33 hrs.**

*The Lok Sabha then adjourned till Eleven of the Clock on Friday, May 5, 1961/Vaisakha 15, 1883 (Saka).*

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