

Mr. Deputy-Speaker: The question is:

"That leave be granted to introduce a Bill further to amend the Child Marriage Restraint Act, 1929."

The motion was adopted.

Shri D. C. Sharma: I introduce the Bill.

PREVENTION OF CORRUPTION
(AMENDMENT) BILL*

Shri Jhulan Sinha (Siwan): I beg to move for leave to introduce a Bill further to amend the Prevention of Corruption Act, 1947.

Mr. Deputy-Speaker: The question is:

"That leave be granted to introduce a Bill further to amend the Prevention of Corruption Act, 1947"

The motion was adopted.

Shri Jhulan Sinha: I introduce the Bill.

CENTRAL GOVERNMENT SER-
VANTS (OPTION FOR JOINING
CONTRIBUTORY HEALTH SER-
VICE SCHEME) BILL

Shri Jhulan Sinha (Siwan) I beg to move:

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

From the Statement of Objects and Reasons, it will appear on the face of it that the Bill is a simple one as this Bill deals with an apparently simple question. But really this Bill deals with a question which is not so very mischievous at present, but has a mischievous potentiality of engulfing the whole nation.

At present, the Contributory Health Service Scheme is merely a pilot scheme. Under this scheme, government servants stationed in Delhi and New Delhi have compulsorily to contribute a part of their salary in order to be entitled to certain medical facilities under the scheme.

As you are aware, Central Government servants had been entitled to certain medical facilities free of charge. There was absolutely no compulsion on them to join a particular scheme and to make contributions to have compulsory treatment under a particular system of medicine.

This scheme as it has been enforced since the 1st July 1954, makes it compulsory for all government servants in Delhi and New Delhi to have deductions made from their salary according to a graded scale, and then be entitled to certain medical facilities and other things. Had it been limited to this much, I would not have very much cared to take the precious time of the House. But the scheme, as it was adumbrated, has these words which have moved me to come up to the House. This is from Section VII of the Annual Report on the Contributory Health Service Scheme for Central Government Servants in Delhi and New Delhi:

Mr. Deputy-Speaker: The hon. Member has also to look at this aspect, as to whether this scheme was introduced as a result of some legislation or only by a regulation of Government.

Shri Jhulan Sinha: So far as I am aware, it is only a departmental circular.

Mr. Deputy-Speaker: The hon. Member wants some modification and only option for the employees. Is legislation required for that or can it be carried out by an amendment of the rules?

Shri Jhulan Sinha: But the main thing is this—I am just reading from the report on the scheme

“That working of the Scheme shall be reviewed after a period of two years from the date of implementation. The Scheme is in the nature of a pilot Scheme and on its success will depend the inauguration of a National Health Insurance Scheme”

Because this scheme has the potentialities of maturing into a National Health Service Scheme, which the Government has, probably under its contemplation, I am taking the precious time of this House, to consider the offensive aspects of the scheme and to nip the mischief in the bud so that and when the National Health Service Scheme matures these aspects may not be found there. That is what has moved me, so that the Government may be in a position to take these aspects into consideration when reviewing the scheme.

Mr Deputy-Speaker: Has the hon. Minister got the opinion of his advisers as to whether this legislation is necessary?

The Minister of Health (Shri Karmarkar): We have got it examined and they say that the Bill is not barred, unless it empowers the incurring of additional expenditure, which, in this case could not be determined.

Shri V. P. Nayar (Quilon): But, there is no Ayurvedic dispensary under the scheme.

Shri Karmarkar: He will come to this point later on.

Shri Jhulan Sinha: This Bill, as you will find, deals with two things. Firstly, it provides for the application of the scheme only to those persons who opt for it. Besides that, it also makes provision that nobody who opts for it should be made compulsorily to undergo a particular system of treatment that is envisaged in the scheme. The two aspects when analysed will come to this.

One thing is that this scheme, because it involves an element of compulsion

on any government servant, if I may say so, is not only opposed to the fundamental principles of our Constitution but is also offensive to the sense of development of our country from the view we want it to develop.

You know that there was a time when this country was under foreign rule and the foreign rulers took the advantage of their position for imposing a certain system of medicine. And, according to that imposition, only the allopathic system of medicine was recognised to be the scientific system and the other systems were dubbed as unscientific and something in the nature of quackery.

So far as we know this House and this country does not believe in that theory any longer. Of course, by bringing this Bill before the House, I do not intend to revive the Ayurvedic, the Unani or any other system of medicine but I only want it to be left to the free will and discretion of the people concerned. I do not mean to say that this system should be encouraged or that system should be discouraged or that this thing should be done or that thing should be done, although I hold very strong views about Ayurveda, Allopathy and Tibbi systems of medicines. That is a different matter altogether. When a person becomes a government servant, we cannot contemplate that he surrenders his right to choose the treatment for his own self and for the sake of his family.

Mr. Deputy-Speaker: There is no compulsion. The compulsion is for payment and not for treatment. He has to pay but he need not necessarily go to get the treatment.

Shri Jhulan Sinha: It is not to be expected that a person should pay for a system and undergo another system of treatment. Nobody can expect that from any ordinary prudent person. When one makes a contribution from his salary, naturally he chooses to go in for that treatment. He cannot pay for it and then undergo another treatment and incur further expenditure. That is not very prudent. Therefore,

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compulsory deduction leads, naturally, to compulsory treatment.

I have had representations from all sections of government servants. I am not going to disclose their names or whereabouts. This scheme claims to have an additional advantage that it is applicable to class IV officers. I had occasion to meet all grades of officers in connection with this Bill and I have not found any one quite satisfied with it. Officers of the first three grades used to get all sorts of treatment free, and therefore, they cannot be expected to be satisfied with the contributions that they have compulsorily to make for the treatment under the scheme. So far as class IV government servants are concerned, their grievance is that they have to make compulsory contributions from their pay and when they go to the dispensaries, they find them so overcrowded that the doctors have no time to attend to them. If I get time, I will read the report. Nobody pays attention to the class IV officers with the result that they have to make the contribution, go to the dispensary and come back disappointed and take to some other treatment and make further payment therefor.

I have seen the Government report on this matter and it claims satisfactory success. I will show that the success is mainly due to the compulsory application of the scheme to all government servants. I am not going to controvert the figures they have supplied. I can cite only one instance. This scheme was sought to be made applicable to the Members of Parliament. On the first of April last year we received circulars from the Department and from the Parliament Secretariat asking us to submit our opinion for this scheme. So far as I have got the report here, the response from Members of Parliament was almost nil, because it was not compulsory for them. That shows that there is something inherently wrong in the scheme. The inherently wrong thing is the element of compulsion

which makes the contribution compulsory to have the allopathic treatment.

Therefore, the first thing under the Bill is to make it not compulsory. The other thing is, if at all that scheme is allowed to go on, that those people who opt for it or who make payment for it, should have their option at least for having a treatment of their own choice under the scheme. If the deduction is to be made compulsorily and if there is no escape from it, let them at least have the freedom of choosing the system of treatment they like. These are the main provisions embodied in the Bill.

It makes two things. It makes the scheme applicable only to those who opt for it and, thereafter, those who opt for it should be allowed to have the system of treatment they choose under the scheme. I have had occasions in this House to make an estimate of the Government position in finding how this scheme has captured their imagination. They have given figures about the success of the scheme. There is an Advisory Committee also. I do not know who these people are who advise Government in this respect. But it seems they are giving wrong advice to the Government. I am reading from the report.

"Overcrowding in the Contributory Health Service Scheme dispensaries and a certain amount of delay in supplying medicines still exist and every effort is being made to remove these defects as early as possible. Reasons for these defects are that the number of dispensaries and doctors is not adequate to cope with the increased demands."

Then, they say that the progress made is satisfactory and the scheme is successful. As I said earlier, I do not bother very much for government servants who are getting much stronger and may deal with their grievances themselves. This scheme, as I have suggested, hold unfortunately the potentiality of becoming a

national insurance scheme asking the people to make compulsory contributions to undergo a particular system of treatment envisaged in the scheme. The position in the country now is that though about eighty per cent of the population gets its only source of treatment from ayurved and other indigenous systems of medicine and only about twenty per cent gets its treatment from other systems. If this scheme is extended to the whole of India consisting of 36 crores of people, I do not know whether the Government has resources or capacity to deal with the problem. I have, therefore, chosen to draw the attention of the House to the mischief that lies ahead. The Advisory Committee seems to have come to the conclusion that it is succeeding and so the scheme which was originally for two years is likely to be extended and it is likely to be extended further in the country. Therefore, I wanted to draw the attention of the Government to this offensive aspect of the scheme. Even if the Government decides to make it applicable to the Government servants alone, provision has got to be made for more doctors for the treatment of those people who are getting under this scheme. There is hardly a centre where anybody can go and get attended to without waiting there for hours and hours and even then they have to go disappointed because they have something else to attend to. I myself had occasion to meet an officer of the Secretariat in the Willingdon Hospital and he had been waiting there for an hour or so. When I asked him about it, he said: 'I do not know how long I will have to wait here. I shall be here till my office requires me there'. One has either to sacrifice the work in the office or sacrifice one's health by getting away from the hospital without getting proper treatment.

Therefore, the scheme deserves to be reviewed in the light of the objectionable features that I have pointed out. If at all my suggestions

are not accepted, then the scheme should be allowed to continue only in a way which helps the people and not hinders them. I very rarely talk and take the time of the House; I do not do so unless I feel compelled to do that in the discharge of my duty. I believed that speech is only silvery but silence is golden but I also believe in this:

नपुंसकं वस्त्रं चिद्वस्त्रं नत नवत्वेन पृच्छतः,
 अक्षुभ्रं हि त्नुते नोप, नरो भवति किल्बिषः ।

When the time demands and one does not speak he becomes a sinner. I have taken this opportunity to point out the objectionable features of the scheme and to improve, if not scrap, the scheme in due course. I shall take some time for reply if necessary and I commend my motion to the House.

Mr. Deputy-Speaker: The Motion is now before the House for discussion.

Shri V. P. Nayar: Sir, I also welcome the Bill. The object of the Mover, as we find from the Statement of Objects and Reasons, seems to be that he desires to remove defect which is now existing in the working of the Contributory Health Service Scheme. At this stage when the scheme has been working for about three years and we are thinking of removing the defects, we have also to find out how this scheme has been working.

The contention of the hon. Mover is that there should be option for anybody who becomes a contributor to the scheme to resort to systems of medicine other than allopathic system for which alone provisions seem to have been made under the present scheme.

About three lakhs of Government servants and also employees of quasi Government organisations are now beneficiaries of this scheme and we find it quite natural that the hon. Member asks for an option being given to the employees who have thus become contributors to resort to other systems of medicine because under

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the existing arrangements, it is almost impossible to get medical relief from the scheme.

From the 1956-57 report of the Health Ministry's several activities, we find that the monthly attendance is about 239 thousands. There are 113 full-time medical officers. This would put the figure at about 250 patients for a single doctor a day. It includes the time taken for diagnosis, for treatment and for everything. Having known, from the experience of many friends working in the Government, about the difficulties of getting treatment through this scheme, I think it is very right to give this option to the employees.

It is very interesting to note that, under this scheme Government have at least been able to collect some information which could be used with advantage by the Ministry. I never had an idea that among our Government servants in Delhi, about 76 out of every thousand had TB; it was surprising. Calculated at that rate,—the scheme covers about three lakhs of people now—I think that from among the contributors and their families, we should be having about 25,000 TB patients in Delhi. What is the treatment afforded? Here again from the annual report of the Scheme which we had the good fortune to receive on the 15th of January 1957—the report is for 1954-55!—we find that 174 cases had been hospitalised out of the 25,000 TB patients from among the Government servants and their families. These figures are given on page 30 of the Annual Report of the CHS Scheme for the period 1954-55. If the poor employees have to contribute and then become contributors to a scheme which is called Contributory Health Service Scheme and even then there is no hospitalisation in such cases—most TB cases do require hospitalisation—what is the fun of running such a scheme.

It is not merely a question of TB alone. I would not have been sur-

prised if TB alone could not get ample hospital facilities. We find that the incidence of disease among the Government servants, who have to be considered a slightly better class, is high and that is a very disturbing factor given in the same report.

17 hrs.

I find from page 6 of the same report that respiratory diseases are responsible for the highest morbidity and very rightly they say:

“The epidemiology of this group of disease is a matter for speculation”.

So, you find that the largest number of Government servants and their dependants are suffering from afflictions in the respiratory tract. While Government is unable to say what it is due to, it is a very serious matter. If the contributory health scheme cannot find out why it is so, the Government must set up a machinery to find out why the Government servants have such a morbidity for diseases of the respiratory tract.

Then, there is another interesting point relating to the incidence of disease. The report says:

“The incidence of dysentery seems to be responsible for the next highest morbidity, and indicates the necessity for the improvement of Public Health in the city. Delhi has a protected water supply and a water-borne sanitation system. One has, therefore, to look elsewhere for the epidemiological factors causing the high incidence of dysentery;”

where is this elsewhere? Does any one know? These are people who are in a slightly better condition. Even among them you find that diseases of the respiratory tract have the highest morbidity. Even in a protected area like Delhi where water-supply is supposed to be protected you have dysentery of such very high incidence. Even then the Government is saying that all is well

with this contributory health scheme, and that is something which it is impossible for some of us to digest.

Talking about tuberculosis, I want the hon. Minister to consider whether it would be possible to increase the bed strength so far as our Government servants are concerned, because affliction of tuberculosis does not harm the patient alone, it becomes a distributing centre for a dreadful disease and, working as they do in congested offices, the chance of spreading the infection becomes more.

Therefore, Sir, one finds that this scheme is completely inadequate to meet the demand. The Government, also, has not been paying much attention to this scheme. I know that the Government is incurring some loss. If 3,00,000 people from among the Government servants come and take advantage of this scheme, please do not think for a moment that they do so because of their faith in the scheme; it is just because it is impossible for these poor Government servants to get treatment from elsewhere.

As we all know, in Delhi as in the whole of our country medicine is left largely to the private sector. Every doctor charges exorbitant fee. An ordinary medical practitioner has to be paid Rs. 8, a so-called specialist has to be paid Rs. 16, and if he is a specialist worth the name he has to be paid Rs. 32 for a visit, for once going to a patient. How can a class IV or a class III employee find the means, when his child gets ill to take him to a doctor and pay Rs. 8, when he does not have Rs. 8 for even feeding his child; for a month?

There is also another difficulty. Supposing there was no consultation fee for a private medical practitioner, where is the means for a poor paid employee to purchase the required medicine? Even now the Government of India is allowing medicines to be sold at whatever cost the dispensing chemists may be pleased to charge. There is no control at all.

We find that several drugs are several times more costly than what they ought to have been. We know—the hon. Minister may not have known—that drugs have been sold in India at fleecing prices. The pharmaceutical concerns have been looting us on important drugs. The anti-tuberculosis drugs for which they were taking Rs. 125 can now be had for Rs. 2 or Rs. 3. That means, when they were selling at Rs. 125 it was not certainly out of any charitable disposition towards us, but they wanted to take more and more money from us.

Thus, Sir, the poor Government servants have no other go but to take advantage of the scheme. They cannot get relief for their ailments from the private practitioners or from the other hospitals.

I had been to the Irwin Hospital, when my hon. friend over there was the Minister of Health for Delhi State.
17.07 hrs.

[PANDIT THAKUR DAS BHARGAVA in the Chair.]

There I found that families had to stay in the hospital premises making their own chappatties to enable them to stand in the queue during night in winter months. When I saw that I immediately reported the matter to the Central Health Ministry—I did not have the good fortune of knowing the Delhi State Health Minister then. A Government servant who has to work on all the week days and who hardly gets a Sunday was made to stand in the queue like that. During the week days he has to be in office from ten o'clock in the morning to seven, eight or even nine o'clock in the evening. How can he find time to go to a hospital and be in a queue. In every hospital in Delhi I find this queue, and I understand that the longest queues are now in the dispensaries run under the contributory health scheme.

Dr. Sushila Nayar (Jhansi): I am not able to understand what the hon.

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Member wants. Does he want the Government servants to be taken out of the queue and keep the rest of the public in the queue? When there was shortage of accommodation in the hospital everybody had to stand in a queue, whether Government servants or ordinary public; everybody had the same facility and the same difficulty

Shri V. P. Nayar: Most certainly not, perhaps my hon friend did not listen to me carefully. I never said that. When she happened to be the Minister of Health in Delhi State, I had occasion to go to one of the Government run hospitals, and it being so overcrowded there was no chance for Government servants to stand in the queue and get relief. Therefore, I found families coming to the hospital premises with their hearths for preparing chappatties, so that they may be in the queue at three o'clock in the morning on a winter day. This is the condition in Delhi, under our very nose

Dr. Sushila Nayar: That is gross exaggeration, because a hospital is not open at three o'clock in the morning nobody can get in there before 6.00 in the morning, or at least earlier than 7.00.

Shri V. P. Nayar: My friend knows that there are no restrictions or regulations governing the queues outside the hospital. That is not the point.

Therefore, it is imperative that the Government servants, in order to get some relief, must be members of a scheme through which they get some advantages

We have to consider whether by paying a portion of the expenses he is getting what he is expected to get, or what he is entitled to get. I submit that from the contributory health scheme all that he gets is little. It is a great inconvenience for a Government servant to go there, wait for long hours in the queue and then get a prescription from a doctor.

I heard from a very reliable source—and it is again open to my friend, who seems to have great experience in this, to contradict me—that in these dispensaries recruitments is made from doctors who are fresh from the medical college. There does not seem to be any system of recruitment by which those who have some experience in other hospitals are drafted for work in this scheme.

No matter whether they are experienced or not, they have studied medicine; well and good. It is not that they go for all complicated ailments. But, how can a doctor who sits there—there is a very simple question—diagnose 250 patients a day. It is impossible for a single doctor to do that. Therefore, the figures given by Government corroborate the version which was given to me, that a doctor who examines a patient asks only two or three questions. He asks: "Do you have headache?" If the patient says "yes", then codopyrene is prescribed. If the patient says that he has chest pain then something else is prescribed. Like that in half a minute a patient is disposed of. A doctor does not even get time to use his stethoscope, let alone other forms or methods of diagnosis. If that is the way in which a Government servant will get relief from a scheme for which he contributes, then I submit, if Government cannot improve this scheme it is better to tell them that it is not possible to run the scheme.

Why is it so? It is because we do not have enough money. A Government servant who is in the last rung and gets Rs. 30 or Rs. 40 has to pay eight annas a month. If the monthly emoluments of a Government servant are below Rs. 75 then he has to pay eight annas to be a member of the scheme. What do we find in respect of others? It is not like the income-tax. The higher you go the lower is the percentage. If a man gets Rs. 30 and he has to pay annas eight, that is one-sixtieth of his pay, an officer getting Rs. 4,000 need pay only Rs. 12.

Why did we not have a scheme by which the officers, the higher officers are made to pay more? An officer drawing Rs. 4,000 can certainly be made to pay Rs. 100 a month. Does he alone require costly treatment, or does he alone require medicines? It is certainly not so.

I understand there is discrimination even in the matter of collection. I have heard the mover repeating this question very often in this House, and I happen to know his genuine interest. If the hon. Member wants to give an option to these Government employees, it is only because from this scheme it is not possible to get the relief. I am suggesting to the hon. Minister that, when he contemplates to expand the scheme, instead of having one doctor at one clinic for diagnosis, why not have five or six doctors sitting together? Putting two heads together will certainly be better for diagnosis.

We know from the report that the types of diseases which strike down Government employees are a few. Some diseases are more prevalent among the Government servants. Why not have a team of specialists? I find from the report that not all diseases are listed, but the more important of them reveal telling figures. In Delhi in 1955 summer, the cases of tuberculosis reported were about 2,500 every month, typhoid 126 and so on. I do not want to go through all the other details. They know the important diseases which happen to strike down the Government servants. Why do you have one doctor drawn from the medical college, who does not even get time to use the stethoscope, even if he knows how to use it? Why not have a team of doctors and have joint consultation as we find in other countries? I had an opportunity to see the advantage of such consultations in China. There the allopathic doctor alone does not sit and examine. I do not want the hon. Minister immediately to switch over and make arrangements by which

there will be a joint effort by the practitioners of various systems of medicine to find out relief. But we know that in this age of specialisation, a chest specialist can certainly diagnose a disease of the chest in a much quicker time than an ordinary general practitioner. Knowing as we do the important diseases, why can we not have a team of doctors in each clinic? You may reduce the number of clinics, but give better service from each clinic. Why is it not possible for us to make such an arrangement?

I would suggest that when we are thinking of filling up a lacuna in the existing arrangement, Government should not wait any longer to provide ample facilities. It is idle to say that there is no hospital accommodation. Most of these diseases, it may be contended, have been contracted by Government servants while in course of their duty. We know that we are not providing ideal conditions for Government servants to work. You go to the Old Delhi offices and you find that there is hardly room for five clerks to sit, but there are 25 of them there. There is no ventilation at all. These are being changed, I know, but partly Government would have been responsible for these poor-paid employees getting all these diseases. Why do not you have some mercy for them?

I find that the CHSS does not provide for free treatment for anybody except the father, mother and the children of the particular officer who is a member. Why don't you extend it to the brothers and sisters dependent on that particular officer? Why should you draw a distinction? The father may be an income-earner, or, when the father is alive, the mother may have some advantages from the father. Why don't you have the same consideration for the brother or sister, who is dependent on him? Why should you have such rigidity?

Then, Sir, I want the hon. Minister to think of setting up a committee to examine the details of the working of this scheme. I do not for a moment

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say that this scheme should be scrapped here and now. Not at all; we must all sit together and find out ways and means of improving the scheme and making it possible for Government servants to have complete reliance on this scheme for relief from their various ailments. That can be done and must be done, provided the Government have the large-heartedness towards their employees and provide the Government employees with a better treatment when they cannot afford treatment from the private practitioners, on account of Government's own faults. I do not say it is the fault of the private practitioners that they charge Rs. 16 or Rs. 17, nor is it the fault of the pharmaceutical dealers alone which accounts for such exorbitant and fantastic price of the drugs. These are partly due to the Government. They should realise this and Government should have the large-heartedness to come and tell their employees, "Look here; we shall subsidise the scheme to that extent by which all employees who are members shall pay little contributions which they can afford in getting the best service". All that I want my hon. friend to do is this. I am not referring him to the Encyclopaedia Britannica on this. This is a very very human problem, we know. I want him to sympathetically consider the case of government servants, knowing him as I do as a man having sympathy and initiative. I want him not to produce reports like this with portraits, attractive though they are as portraits. We do not know who are the members of the committee. But in this report the only photographs which appear are not of those who suffer from ailments, not of the queues in the hospitals, not of the hungry people who do not have any bread, but well dressed gentlemen who sit in the advisory committee. So far so good. But this attitude must change. The hon. Minister must come forward and tell us that he is prepared to do his best for promoting this scheme and making

it serve the cause for which we are having this scheme.

Shri Karmarkar: How much time do you propose to give me?

Mr. Chairman: This Bill was taken up only at half past four and the subject is very important.

Shri Karmarkar: I do not mind its being extended to tomorrow.

Mr. Chairman: It is already quarter past five and the House has to adjourn at half past five. Another gentleman can take part in the debate, if he likes.

Shri Karmarkar: Not that I mind more hon. Members taking part in the discussion, because it will be more educative. But unless you are prepared to extend this debate to tomorrow....

Mr. Chairman: How can it be extended to tomorrow? It will be continued on some non-official day. The subject is very important, I shall take the sense of the House. May I know the sense of the House?

Several Hon. Members: Yes, it may be extended.

Mr. Chairman: The sense of the House is that the debate should be extended by another two hours.

Shri Karmarkar: We welcome it, because it give us an opportunity to study the subject. I am in entire agreement with it.

Shri Shree Narayan Das (Darbhanga): Only one hour has been allotted to this Bill.

Mr. Chairman: One hour was allotted to this Bill and that is about to be over. I find that the House has taken much interest in this Bill, and therefore, I have taken the sense of the House to extend the time. The sense of the House is that it should be extended by two hours. It is hereby ordered to be extended by two hours. Does the House wish to adjourn now?

Shri Karmarkar: We may adjourn at half past five.

Shri D. C. Sharma (Gurdaspur): I rise to support the Bill, the Central Government Servants (Option for Joining Contributory Health Service Scheme) Bill, brought by the hon. Member Shri Jhulan Sinha.

It is a very simple Bill and is in conformity with the law of democracy under which we are living. Democracy means freedom of choice between a number of courses open to us. When the people of India vote at the time of the general election, they have the freedom to vote for any party they like. In the same way the government servants should also have the freedom to opt for any scheme of health service which they want. It is very unfortunate that in our country, we talk too much about modern medicine. Modern medicine is a big thing and is also a very useful thing. But, my feeling is that we are paying greater respect to modern medicine than it is being done in any other country of Asia. For instance, we have our neighbouring country China. Anybody who studies the health services in China will find that there, a great deal of emphasis is placed on the Chinese system of medicine. Allopathy may be there; the other systems may be there. But, the basic system is the Chinese system or indigenous system. As we have our Unani and Ayurvedic systems, they have also their system. But, in our country, on account of our association, a very happy association of a very unhappy association, with the British Government, I think we have become wedded to this allopathic system.

The allopathic system has its advantages and also its disadvantages. How many persons are there in this country who can avail themselves of this allopathic system which is expensive? It has become a kind of a racket now, in the sense that you have a long chain of specialists. Any one who gets ill, has to go round all that chain of specialists. You go to one

doctor; he sends you to another; he sends you to a third doctor and so on and so forth. It is a very long chain of specialists, a long gamut of specialists, which anybody has to go round. I believe that this is not very good.

I remember, Bernard Shaw used to say that the modern system of medicine is a kind of quackery. I do not believe in that. I do not like that way of judging things. People who think that the modern system of medicine is perfect or that the Ayurvedic system or the Unani system is a quackery or that the allopathic system is a quackery are not doing justice to the systems. I have seen a certain hospital in Calcutta. It was run by a charitable society. It is a very big hospital. I saw a large number of patients there. It was, I think, an out-door hospital. That is the kind of hospital that India needs. That is the kind of hospital which should be promoted in all parts of India. One wing of this hospital was devoted to allopathic treatment; another wing to Unani treatment; a third wing to homeopathy; there was a wing for naturopathy. They told me that there were certain diseases which could not be cured by all these systems but could be cured by naturopathy. What I want to say is, to think that the Contributory Health Service Scheme can render the maximum assistance to the persons who subscribe to it only by being wedded to the allopathic system, is not to do justice to those persons who want to avail themselves of this scheme.

My hon. friend Shri V. P. Nayyar has told you about the conditions that prevail in the hospitals which are run under the Contributory Health Service Scheme. I also have not heard good things about them. Of course, my hon. friend Shri V. P. Nayyar had more details to give. But, I must say that the reports which I have got from some of my friends and from some persons are not such as make me very appreciative of the scheme. But I do not want that the scheme should be scrapped. I want this scheme to continue. It should be improved, it

[Shri D. C. Sharma]

should be developed, it should become a big scheme instead of remaining a pilot scheme. I want all that, but I say that there are certain systems of medicine which are indigenous to this country and which should be encouraged.

I remember that when I feel very seriously ill after taking my M.A. examination, I went to the allopathic doctors. They did their best for me, but I can assure you that ultimately I was cured by a person, I do not want to name him, who was a practitioner of Ayurved. It does not mean that allopathy is not good because it did not cure me. But I say there may be some virtue in allopathy, there is also a great deal of virtue in Ayurved, there is also a great deal of virtue to be found in what you call the Unani system. Now, how can we give up those systems which are in conformity with the genius of our nation, with the temperament of our nation, with the system of living of our nation, with those traditions of living which we have been practising for generations? To ask them to give them up, I think, is something very, very difficult.

Of course, I know our Government treats Ayurved, Unani and the other systems like poor relations. I know that. Of course, they say to us: "Well, we have got the Jamnagar Institute where you have plenty of scope for research." I know all that, but I tell you that India requires at this time that we should bring these systems to the fore.

You take the case of these persons who pay eight annas a month towards this CHS scheme. Unfortunately, in this world we judge people by the amount of money that they command, by what they can give, and by the amount that they possess. Unfortunately, we are living in a world like that where materialistic values prevail. I cannot understand how

much of benefit these persons who pay eight annas only a month are going to get out of this scheme. Of course, if you pay Rs. 10 a month you get Rs. 10 worth of benefit. If you pay Rs. 5 you get Rs. 5 worth of benefit. But if you pay only eight annas a month you get only eight annas worth of benefit. But eight annas worth of benefit in Allopathy is very small whereas eight annas worth of benefit in Ayurved is something which cannot be ignored.

Shri Karmarkar: It might not be his argument, but I should like to make it clear that in our treatment—he may complain there is no Ayurved—eight annas contribution does not mean one-tenth of Rs. 8 contribution. The treatment is the same to everybody. Because a person pays only eight annas, he will not get 1/20 of the treatment which a man paying Rs. 10 gets.

Shri D. C. Sharma: I think it becomes you to say that, and it becomes me to say what I have said. You are an apologist for that scheme, and I being a common man know also the shortcomings of the scheme. It is good of you to say that and I will wish for the day when what you are saying is 100 per cent true. May God bless you. May God bless you bring about that state of affairs. But I was saying eight annas in Allopathy does not come to too much, but eight annas in Unani, Ayurved or Homeopathy comes too much.

Mr. Chairman: The hon. Member may resume on the next sitting for the Debate on this Bill.

17-30 hrs.

The Lok Sabha then adjourned till Eleven of the Clock on Saturday the 27th July, 1957.