

**DETERIORATION IN QUALITY OF FOOD SERVED ON RAILWAYS**

\*575. SHRI S. C. SAMANTA : Will the Minister of RAILWAYS be pleased to state :

(a) whether his attention has been drawn to the deteriorating quality of food being served by various units of Railway Catering Department; and

(b) if so, the steps being taken to improve the quality of food ?

THE MINISTER OF STATE IN THE MINISTRY OF RAILWAYS (SHRI PARIMAL GHOSH) : (a) Complaints about bad quality of food in various units of Railway Catering Department are occasionally received.

(b) Apart from investigating each specific complaint and taking remedial action, the other steps taken to improve the quality of food generally are :—

(i) proper training of cooks and other staff working in the Catering Units;

(ii) introduction of modern equipment and appliances in Catering Units;

(iii) procurement of good quality of raw materials required for the preparation of food; and

(iv) tightening of supervision on the work of staff.

SHRI S. C. SAMANTA : Is it not a fact that the Railway Corruption Enquiry Committee under the chairmanship of Acharya J. B. Kripalani went thoroughly into the catering system in railways and recommended some steps about improvement in quality of food served by both departmental catering and private contractors? May I know what steps have been taken on those recommendations? Recently a committee on catering was formed under the chairmanship of the Minister of State in the Ministry of Railways. I would like to know whether he is also going into those recommendations?

SHRI PARIMAL GHOSH : Regarding departmental catering, Sir, many of the hon. Members have raised that point before also. It is also a fact that there is much to be desired in the departmental catering. Whatever recommendations were previously made the Railway have imple-

mented them. Even then, with a view to further improving the quality and service of departmental catering a committee was constituted. They have gone into the matter and they have already submitted their recommendations. That is under the consideration of Government.

MR. SPEAKER : The Question Hour is over. Before I go to the Short Notice Question, I would like to make one observation. Tomorrow I would like to finish a few more questions. Hon. Members should not misunderstand me. I want to finish at least half-a-dozen questions every day. Today we have finished seven questions, thanks to the absentees—four were absent. Let us say that five to ten minutes a re-sufficient for a question and any one question should not be allowed more time. If that is agreed to, we will be able to finish at least six questions every day. I appeal for the co-operation of both the sections of the House.

SHRI S. M. BANERJEE : Kindly direct the Ministers to give correct answers also.

**SHORT NOTICE QUESTION**

**DEATH OF A GIRL DUE TO PENICILLIN INJECTION**

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S.N.Q. 7. SHRI MANUBHAI PATEL :  
SHRI M. L. SONDHI :  
SHRI DEVEN SEN :  
SHRI MAHANT DIGVIJAI NATH :

Will the Minister of HEALTH, FAMILY PLANNING AND URBAN DEVELOPMENT be pleased to state :

(a) whether Government are aware that a girl named Jagjit Kaur died of penicillin injection by a C.G.H.S. doctor in New Delhi on the 3rd March, 1968;

(b) if so, whether it was wrongly injected or there was some defect in the manufacture of penicillin injection; and

(c) the action taken in this regard ?

THE MINISTER OF HEALTH, FAMILY PLANNING AND URBAN DEVELOPMENT (SHRI SATYANARAYAN SINHA) : (a) Yes. The patient died on 2nd March, 1968.

(b) and (c). This was the fourth penicillin injection in the course of a treatment of five days which was started after an

appropriate sensitivity test. The fourth injection caused a reaction. All necessary treatment to combat the reaction was carried out. The batch of penicillin from which the injection was given has been withdrawn for testing.

**SHRI MANUBHAI PATEL :** Is there any standing instruction that penicillin injection should be given only by doctors and not by nurses? Was this injection given by a nurse, thereafter it was reported that the doctor could not attend, even though the doctor came he did not take it seriously and there was not even the emergency equipment like oxygen cylinder there?

**SHRI SATYANARAYAN SINHA :** It is true that instructions have been given that a qualified nurse in the presence of a doctor is allowed to give penicillin injection. In this case three injections were given according to that instruction.

**SHRI MANUBHAI PATEL :** By whom?

**SHRI SATYANARAYAN SINHA :** By the nurse in the presence of the doctor. She had not related badly after two injections. The doctor who was treating her saw that she was making improvement. Therefore, he suggested that two more penicillin injections should be given. The third was also given in the presence of the doctor. Unfortunately, when the fourth injection was to be given the doctor in charge went out for some domiciliary visit. She insisted to the nurse who had given the previous injections and said: "Do not mind. You have given already three injections. I am in a hurry. You must give me this injection also." So the fourth injection was given when the doctor was not present (*Interruptions*).

**MR. SPEAKER :** Order, order. So many hon. Members are sitting and putting questions. It will not be possible for the Minister to answer. Even if he answers nobody will understand anything when so many are shouting. Let him answer the question that has been put and then I will call hon. Members one by one to put their further supplementaries.

**SHRI SATYANARAYAN SINHA :** I am giving the facts. I am telling you what actually happened. When this fourth

injection was given she reacted badly. Immediately artificial respiration was given. In the meantime the doctor also came and all that was possible was done. In the meantime ambulance was sent for and by the time the ambulance came she expired. I would like to add that we have suspended that nurse....

**AN HON. MEMBER :** And not the doctor?

**SHRI SATYANARAYAN SINHA :** The House should realise one thing. Hundreds of injections of penicillin were given to patients out of the same stock. In this case also three injections were given to her and she was making improvement. But the fourth injection proved otherwise; I think it was her fate. What else can I say?

**SHRI MANUBHAI PATEL :** The hon. Minister stated that since the doctor was absent the nurse gave the injection, as the patient wanted it. Is it for the patient to decide whether the injection should be given by the nurse or the doctor? Then, why should the nurse alone be penalised? What step or action has been taken against the doctor? Then, again, the oxygen cylinder was not available and artificial respiration was given. What steps are the Ministry going to take against the doctor himself, the system itself and the Compulsory Health Scheme which is so much defective? Are they going to institute any inquiry, as they did in the case of general hospitals?

**SHRI SATYANARAYAN SINHA :** As I have said, hundreds of thousands of penicillin injections are being given and out of them one death has taken place. So far as the oxygen cylinder is concerned, it was available there. All that was possible was given. I would like the House to appreciate and realise that penicillin injections are given in millions of cases and only one death has been reported, and in this case also three injections were given earlier when the patient was reacting very favourably.... (*interruptions*). After the fourth injection her condition became worse.

**SHRI MANUBHAI PATEL :** What about the doctor? Was he also held responsible for it?

**SHRI SATYANARAYAN SINHA :** As I have said, the doctor went out on one of his visits,

**AN HON. MEMBER :** Why did he go ?

**SHRI SATYANARAYAN SINHA :** Because he had to go.

**SHRI M. L. SONDDHI :** After the death of Dr. Lohia in Delhi an impression has grown that the medical services, and specially the emergency medical services, in Delhi are unplanned, unsafe and inadequate. In the present case the crucial issue is whether there were adequate arrangements for emergency care. I would say that there is an enormous toll of lives in Delhi on account of there not having enough proper care of an emergency nature. Since penicillin injections create such adverse reactions—it is well-known; it is discussed in international literature on the subject—may I know what safeguards are provided in our hospitals against such adverse reactions which are part and parcel of the very practice of such penicillin injections ?

**SHRI SATYANARAYAN SINHA :** As I have stated, all the antidotes which are prescribed by the doctors were available there and everything was done....

**SHRI M. L. SONDDHI :** I am asking a specific question. What are the safeguards ? What are the legal safeguards and what are the medical safeguards in emergency cases ? There is an impression in Delhi that emergency cases are not properly looked after.

**SHRI SATYANARAYAN SINHA :** There is no question of emergency in this case.

**SHRI M. L. SONDDHI :** This is an emergency medical care case. It is a matter of definition. It is emergency when it ceases to be ordinary.

**SHRI SATYANARAYAN SINHA :** I would request hon. Members to realise one thing. In this case that was not the first injection. Three injections were given to her earlier and she made progress. Therefore, the doctor was encouraged to suggest one more injection. After that injection she began to react adversely. Immediately, all those medicines which are

given in such cases were given. They were all available. Oxygen was given and artificial respiration was given. In spite of all the precautions the patient died. Any amount of precaution in the world cannot avoid this.

**SHRI M. L. SONDDHI :** He has answered only the first part of the question. What about the second part ? When does a case become an emergency ? What is the time schedule ? Will the Minister tell us at what specific hour it became an emergency case and how much time elapsed after it became an emergency case when remedial measures were introduced ? Could he tell us when oxygen was given, when artificial respiration was given ? What was the exact time ?

**SHRI SATYANARAYAN SINHA :** The whole thing took place within 20 minutes. From the time she reacted adversely to the time when she became almost dead it took only 20 minutes. Within those 20 minutes, I would assure the hon. Members that all that was possible was done. In all these small dispensaries, the hon. Member should appreciate... (*Interruption*).

**MR. SPEAKER :** Shri Devan Sen.

**श्री देवेन सेन :** क्या मंत्री महोदय बतलायेंगे कि उस 20 मिनट के अन्दर जब वह लड़की नरबस महसूस करने लगी और उसकी मृत्यु हो गई, तो उस 20 मिनट के अन्दर वहां पर कोई बड़ा डाक्टर था या नहीं ? क्या यह सच है कि वहां पर कोई बड़ा डाक्टर नहीं था ? एक डाक्टर सरकार आये थे और वह नब्ज देख कर यह कहते हुए चले गये कि यह हमारा पेशेंट नहीं है यह लेडी डाक्टर का पेशेंट है । क्या यह भी बात सच है कि पुलिस को कोई इनफॉर्मेशन नहीं दी गई और जब उस लड़की के माता-पिता पुलिस को इनफॉर्मेशन देने गये, तो पुलिस ने नहीं ली ? क्या यह भी सच है कि नर्स को सस्पेंड कर दिया गया, जबकि कसूर डाक्टर का था ? क्या यह सब देखते हुए मंत्री महोदय इस बारे में असलियत जानने के लिये और कसूरवार कौन था, नर्स भी या वह डाक्टर था, सब बातों की जांच करवायेंगे ?

और जो भी कसूरवार सिद्ध हों उन्हें सजा देने का बन्दोबस्त करेंगे ?

श्री सत्यनारायण सिंह : कई बार इस बात को मैं कह चुका हूँ कि डाक्टर थोड़ी देर के लिये बाहर चला गया था। पेशेंट चूक पेंसिलीन के 3 इंजेक्शन पहले ले चुका था और फेबरेन्ल रिपेक्ट किया था, इसलिये नेचुरली डाक्टर ने कहा कि तुम्हें और इंजेक्शन उसके मैं देता हूँ..... (ध्यवधान)

श्री देवेन सेन : सवाल का जवाब दिया जाये कि कोई डाक्टर उस बीस मिनट के अन्दर आया या नहीं ?

श्री सत्यनारायण सिंह : दस मिनट के अन्दर वह डाक्टर मिस अरोड़ा पहुँच गई.....

एक माननीय सदस्य : वुलाने पर भी कोई डाक्टर नहीं आया।

श्री सत्यनारायण सिंह : यह बात गलत है।

SHRI VASUDEVAN NAIR : The Minister should be asked to answer the questions in all seriousness. He is making it a matter of laughter. He should be serious about it. (Interruptions).

श्री देवेन सेन : क्या यह वाक्या नहीं है कि जो डाक्टर वहाँ पर आये उन डाक्टर सरकार ने यह कहा कि यह पेशेंट मेरा नहीं है यह लेडी डाक्टर का पेशेंट है और ऐसा कहते हुए वह चले गये.....

अध्यक्ष महोदय : आर्डर, आर्डर। श्री दिग्विजय नाथ महन्त।

श्री दिग्विजय नाथ महन्त : क्या मंत्री महोदय यह बताने की कृपा करेंगे कि उस नर्स को जिसको सस्पेंड किया गया है उससे जबरदस्ती यह लिखाया गया कि पेशेंट ने रिक्वेस्ट किया था कि तुम हमें पेंसिलीन दो ? क्या यह बात उससे जबरदस्ती नहीं लिखाई गई थी ? दूसरे डाक्टर सरकार जो आये थे उन्होंने यह कह दिया कि यह किस मेरा नहीं है सिहाजा मैं इसको नहीं देखूंगा, क्या यह बात सही है ?]

श्री सत्यनारायण सिंह : यह बात कि नर्स से जबरदस्ती वैसे लिखाया गया मुझे पता नहीं है..... (ध्यवधान)

श्री हुकम चन्द कछवाय : कुछ पता नहीं है ? इतने लम्बे नोटिस के बाद यह सवाल आते हैं और इस तरह से मंत्री महोदय कहते हैं कि पता नहीं है तो यह यहाँ पर करने क्या आये है ?

श्री शिव नारायण : चुप रहो।

MR. SPEAKER : Order, order. I cannot allow this. Then, I had better go to the next item if this is the way.... (Interruptions) Order, order.

SHRI SURENDRANATH DWIVEDY : May I appeal to you, this scene should be stopped once and for all ? He is shouting something on this side and he is shouting on that side, "Chup Raho; Chup Raho."

MR. SPEAKER : Nobody should shout from either side. It is most unseemly in a House like this. (Interruptions). Will you kindly sit down ? It is wrong for both sides. The moment one gets up to shout, the other also gets up to shout. It is becoming a regular habit.

SHRI SURENDRANATH DWIVEDY : It is like a bazaar !

MR. SPEAKER : I do not mean to say only one is wrong. Both are wrong. There is no use. Mr. Kachwai shouting and, naturally, from that side Mr. Sheo Narain retaliating. I am put to difficulties. Both of them are quite happy and pleased with their activities. But I am unhappy and the whole House is unhappy.

SHRI SHEO NARAIN : On a point of order, Sir....

MR. SPEAKER : No point of order during the Question Hour.

श्री दिग्विजय नाथ महन्त : अध्यक्ष महोदय, मेरे प्रश्न का उत्तर आना चाहिये।

श्री सत्यनारायण सिंह : मैंने सच्चा उत्तर दिया है कि यह जो ऐलेग्जान किये जा रहे हैं उनके बारे में मुझे पता नहीं है और क्या वह चाहते हैं कि मैं बगैर उनकी जांच कराये कहूँ कि वह सब गलत हैं ? उन्होंने ऐलेग्जान किये हैं और मैं उनकी जांच कराऊँगा कि कहां तक वह बातें सही हैं।

श्री हुकम चन्द कछवाय : ऐसा बोलिये ।

श्री सत्य नारायण सिंह : और क्या मैंने कहा है ।

SHRIMATI SUSHILA ROHATGI : The Minister, in the course of his reply, has stated that since the patient had already been given three injections previously from the same batch, it was not considered necessary to test it again before giving the fourth injection. I would like to know what are the standing instructions in this regard. Is it necessary to test the batch as a whole or is it necessary to test each and every individual injection which is given to the patient ?

SHRI SATYANARAYAN SINHA : Sensitivity test is taken for the first time when the first injection is given. When there is no bad reaction, it is continued.

श्री कंवर लाल गुप्त : अध्यक्ष महोदय, इस तरीके के केस दिल्ली में एक नहीं कई होते रहते हैं। अस्पतालों में यहां एक महीने में कई-कई केस होते रहते हैं हालांकि अखबारों में तो एक-आध का ही जिक्र आता है। मंत्री महोदय ने जो यह कहा कि दुनिया की कोई ताकत उसे बचा नहीं सकती थी, तो उनके इस कथन से डाक्टरों और नर्सों को नेगलीजेंस के लिये बढ़ावा मिलता है। यह बहुत खतरनाक स्टेटमेंट है। मैं मंत्री महोदय से यह पूछना चाहता हूँ कि जो इनक्वायरी उन्होंने यहां के अस्पतालों के बारे में बैठाई थी, उसने डा० लोहिया के बारे में भी इनक्वायरी की है और आपके पास उसकी रिपोर्ट भी आई है और यह कि उस इनक्वायरी कमेटी ने आपके पास क्या रिपोर्ट दी है और उसने क्या कदम सजैस्ट किये हैं, जिससे कि आयन्दा इस तरह के केसेज न हों ?

MR. SPEAKER : That is entirely a different question. Then, a number of questions like that would be asked. No, no. Dr. Maitreyee Basu.

श्री कंवर लाल गुप्त : उस इनक्वायरी कमेटी की रिपोर्ट के बारे में तो बतलायें . . . . .

MR. SPEAKER : No, no. I have called Dr. Maitreyee Basu.

DR. MAITREYEE BASU : I would like to know from the Minister what sort

of test is made for sensitivity. By 'sensitivity', I think, he means allergy. What sort of test is done before giving a penicillin injection to a new patient—before every first injection is given—in this Dispensary ? This is my first question.

My second question is this. The patient is dead now. What sort of attention she got—that is one thing that many hon. members have asked. Have the ampoules been tested for something untoward ? Has the injection syringe been tested ? Has the batch been tested ? Has the whole batch of penicillin injection been tested ?

SHRI SATYANARAYAN SINHA : As I have said, the entire batch of penicillin out of which this injection was given has been impounded and sent for test.

About the syringe, I presume, it must have been sterilised. . . . (Interruptions).

श्री डा० ना० तिवारी : यह पैमिलीन का इंजेक्शन देने से इसी हाउस के एक माननीय सदस्य की पांच मिनट के अन्दर मृत्यु हो गई थी। उसकी इनक्वायरी हुई थी और उससे यह साबित हुआ था कि एक ही ग्रुप के भी जो पेंसिलीन के ऐम्प्यूल होते हैं, उनमें से कुछ खराब होते हैं और कुछ अच्छे, तो क्या यह जरूरी नहीं है कि एक ही ग्रुप के हर ऐम्प्यूल की इंजेक्शन लगाने के पहले जांच की जाये और यह देख लिया जाया करे कि वह ऐम्प्यूल का इंजेक्शन देने लायक है या नहीं ? क्या यह देखा जाता है ?

श्री सत्यनारायण सिंह : यह बात सही है कि 4 या 5 साल पहले ऐसी घटना घटी थी और एक मेम्बर की मृत्यु हुई, लेकिन मैंने बतलाया यह कि यह जो पेंसिलीन के बैचिंग होते हैं इनमें से कितने ही इंजेक्शंस रोज दिये जाते हैं, बाकी मौजूदा मामले का जहां तक ताल्लुक है, जिस बैच से यह पेंसिलीन के इंजेक्शन पेशेंट को दिये गये थे वह सब पकड़ लिये गये हैं और उसको टेस्ट के लिये भेज दिया गया है और जांच पूरी हो जाने के बाद ही पता चल सकेगा कि उसमें खराबी थी या नहीं और अगर खराबी थी तो क्या खराबी थी ।

**SHRI P. K. DEO :** Penicillin, which is a wonderful, healer, can also become a killer if it is not properly given after ascertaining the sensitivity or susceptibility of the patient to it. If there is any bad reaction, then immediately the antidote, Adrenalin, should be given. From the reply given by the hon. Minister, it is understood that the ambulance was called for. That means, the doctor who went there did not have the antidote for the reaction. If that is so, I would like to know the time lag between giving the antidote for the penicillin reaction and the actual injection. What is the reason for the delay?

**SHRI SATYANARAYAN SINHA :** As I have said, all the antidotes were given, but the ambulance was sent for because it was thought better to take the patient to the Willingdon Hospital where the resuscitation machine was available. That machine is not available in all the dispensaries.

**SHRI P. K. DEO :** For *post-mortem* inquiry.

#### WRITTEN ANSWERS TO QUESTIONS

##### उड़ीसा की औद्योगिक नीति

\*569. श्री रामावतार शास्त्री : क्या औद्योगिक विकास तथा समवाय कार्य मंत्री यह बताने की कृपा करेंगे कि :

(क) क्या यह सच है कि 22 फरवरी, 1968 को उड़ीसा सरकार ने राज्य विधान-सभा में अपनी औद्योगिक नीति की घोषणा की है जिसके अन्तर्गत गैर-सरकारी विनियोजन को आकर्षित करने की दृष्टि से उद्योगपतियों को विभिन्न रियायतें दी गई हैं; और

(ख) यदि हां, तो इसका ब्योरा क्या है और इस सम्बन्ध में सरकार की क्या प्रतिक्रिया है ?

औद्योगिक विकास तथा समवाय कार्य मंत्री (श्री फखरुद्दीन अली अहमद) : (क) और (ख). उड़ीसा सरकार से प्रश्न के भाग (क) के उत्तर में सूचना प्राप्त होते ही एक विवरण सभा-पटल पर रख दिया जायेगा ।

##### कालीकट में भारतीय जनसंघ के वार्षिक अधिवेशन के लिये विशेष गाड़ी का चलाया जाना

\*571. श्री ओ० प्र० त्यागी : क्या रेलवे मंत्री यह बताने की कृपा करेंगे कि :

(क) क्या यह सच है कि रेलवे अधिकारियों ने उस विशेष रेलगाड़ी के चलने में जानबूझ कर विलम्ब कर दिया था, जो कालीकट में हुए जनसंघ के पिछले वार्षिक अधिवेशन के लिये चलाई गई थी और इसके परिणामस्वरूप उत्तर प्रदेश तथा मध्य प्रदेश के मंत्री तथा अन्य प्रतिष्ठित व्यक्ति जो उस गाड़ी से यात्रा कर रहे थे, 28 दिसम्बर, 1967 को हुए अधिवेशन में भाग नहीं ले सके;

(ख) क्या यह भी सच है कि इस विशेष गाड़ी को चलाने के लिये डीजल इंजन के बजाय भाप का इंजन प्रयोग में लाया गया था; और

(ग) यदि हां, तो क्या सरकार का विचार इस मामले की जांच कराने का है ?

रेलवे मंत्री (श्री चे० मु० पुनाचा) : (क) जी, नहीं ।

(ख) विशेष गाड़ी के प्रायोजकों को यह बता दिया गया था कि गाड़ी भाप इंजन से चलाई जायेगी, इसके बावजूद नई दिल्ली से कालीकट तक कुल लगभग 3,000 कि० मी० की दूरी में से लगभग 2125 कि० मी० की दूरी में गाड़ी डीजल इंजन से और लगभग 875 कि० मी० भाप इंजन से चलाई गई ।

(ग) इस मामले की जांच की गई है और इस गाड़ी के अवरोधों और उसके कारणों के बारे में एक विवरण सभा-पटल पर रख दिया गया है । [ पुस्तकालय में रखा गया । देखिये संख्या LT—428/68 ]

##### EXPORT DUTY ON JUTE GOODS

\*572. SHRI INDRAJIT GUPTA : Will the Minister of COMMERCE be pleased to state :