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All India Institute of Medical Sciences

Bill

Proceedings in Lok Sabha : February 1956

Proceedings in Rajya Sabha : May 1956

The All India Institute of Medical Sciences :

25 Act, 1956

THE ALL INDIA INSTITUTE OF MEDICAL SCIENCES

25 Act, 1956

Act 4 of 1986

Act 30 of 1987

Act 33 of 2000

THE ALL INDIA INSTITUTE OF MEDICAL SCIENCES
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THE ALL INDIA INSTITUTE OF MEDICAL SCIENCES
25 Act, 1956

Act No. 25 of 1956

An Act to provide for the establishment of an All-India Institute of Medical Sciences
[2nd June, 1956]

BE it enacted by Parliament in the Seventh Year of the Republic of India as follows:

Short title and commencement

1. (1) This Act may be called the All-India Institute of Medical Sciences Act, 1956.
- (2) It shall come into force on such date¹ as the Central Government may, by notification in the Official Gazette, appoint.

Definitions

2. In this Act, unless the context otherwise requires
 - (a) "Fund" means the fund of the Institute referred to in section 16;
 - (b) "Governing Body" means the Governing Body of the Institute;
 - (c) "Institute" means the All-India Institute of Medical Sciences established under section 3;
 - (d) "member" means a member of the Institute;
 - (e) "regulation" means a regulation made by the Institute;
 - (f) "rule" means a rule made by the Central Government.

Establishment and incorporation of the Institute

3. (1) With effect from such date as the Central Government may, by notification in the Official Gazette, appoint in this behalf, there shall be established for the purposes of this Act an institution to be called the All-India Institute of Medical Sciences.
- (2) The Institute shall be a body corporate by the name aforesaid having perpetual succession and a common seal, with power to acquire, hold and dispose of property, both movable and immovable, and to contract, and shall by the said name sue and be sued.

Composition of the Institute

4. The Institute shall consist of the following members, namely:
 - (a) the Vice-Chancellor of the Delhi University, ex officio;
 - (b) the Director-General of Health Services, Government of India, ex officio;
 - (c) the Director of the Institute, ex officio

¹ 1st November, 1956, see Notification No. S.R.O. 2668, dated the 6th November, 1956, Gazette of India, 1956, Pt. II. Sect. 3, p. 1905.

- (d) two representatives of the Central Government to be nominated by that Government, one from the Ministry of Finance and one from the Ministry of Education;

- (e) five persons of whom one shall be a non-medical scientist representing the Indian Science Congress Association, to be nominated by the Central Government
- (f) four representatives of the medical faculties of Indian Universities to be nominated by the Central Government in the manner prescribed by rules; and
- (g) three members of Parliament of whom two shall be elected from among themselves by the members of the House of the People and one, from among themselves by the members of the Council of States.

5. It is hereby declared that the Institute shall be an institution of national importance.

6. (1) Save as otherwise provided in this section, the term of office of a member shall be five years from the date of his nomination or election:

Provided that the term of office of a member elected under clause (g) of section 4 comes to an end as soon as he ceases to be a member of the House from which he was elected.

Provided that the term of office of a member elected under clause (g) of section 4 comes to an end as soon as he "becomes a Minister or Minister of State or Deputy Minister, or the Speaker or the Deputy Speaker of the House of the People; or the Deputy Chairman of the Council of States or" ceases to be a member of the House from which he was elected. (Inserted by Act 33 of 2000)

- (2) The term of office of an ex officio member shall continue so long as he holds the office in virtue of which he is such a member.
- (3) The term of office of a member nominated or elected to fill a casual vacancy shall continue for the remainder of the term of the member in whose place he is nominated or elected.
- (4) An out-going member shall, unless the Central Government otherwise directs, continue in office until another person is nominated or elected as a member in his place.
- (5) An out going member shall be eligible for re-nomination or re-election
- (6) A member may resign his office by writing under his hand addressed to the Central Government but he shall continue his office until his resignation is accepted by that Government.
- (7) The manner of filling vacancies among members shall be such as may be prescribed by rules

President of the Institute

7. (1) There shall be a President of the Institute who shall be nominated by the Central Government from among the members other than the Director of the Institute.

(2) The President shall exercise such powers and discharge such functions as are laid down in this Act or as may be prescribed by rules or regulations.

Allowances of President and Members

8. the President and members shall receive such allowances , if any, from the Institute as may be prescribed by rules.

Meetings of the Institute

9. the Institute shall hold its first meeting at such time and place as may be appointed by the Central Government and shall observe such rules of procedure in regard to the transaction of business at the first meeting as may be laid down by the Government: and thereafter the Institute shall meet at such times and places and observe such rules of procedure in regard to the transaction, of business at its meetings as may be prescribed by regulations

Governing Body and other Committees of the Institute

10. (1) There shall be a Governing Body of the Institute which shall be constituted by the Institute from among its members in such manner as may be prescribed by regulations.

(2) The Governing Body shall be the executive committee,of the Institute and shall exercise such powers and discharge such functions as the Institute may, by regulations made in this behalf, confer or impose upon it.

(3) The President of the Institute shall be the Chairman of the Governing Body and as Chairman thereof shall exercise such powers and discharge such functions as may be prescribed by regulations.

(4) The procedure to be followed in the exercise of its powers and discharge of its functions by the Governing Body, and the term of office of, and the manner of filling vacancies among, the members of the Governing Body shall be such as may be prescribed by regulations.

(5) Subject to such control and restrictions as may be prescribed by rules, the Institute may constitute as many standing committees and as many ad hoc committees as it thinks fit for exercising any power or discharging any function of the Institute or for inquiring into, or reporting or advising upon, any matter which the Institute may refer to them.

(6) A standing committee shall consist exclusively of members of the Institute; but an ad hoc committee may include persons who are not members of the Institute but the number of such persons shall not exceed one-half of its total membership.

(7) The Chairman and members of the Governing Body and the Chairman and members of a standing committee or an ad hoc committee shall receive such allowances, if any, as may be prescribed by regulations.

Staff of the Institute

11. (1) There shall be a chief executive officer of the Institute who shall be designated as the Director of the Institute and shall, subject to such rules as may be made by the Central Government in this behalf, be appointed by the Institute.

Provided that the first Director of the Institute shall be appointed by the Central Government.

(2) The Director shall act as the Secretary to the Institute as well as the Governing Body.

(3) The Director shall exercise such powers and discharge such functions as may be prescribed by regulations or as may be delegated to him by the Institute or the President of the Institute or by the Governing Body or the Chairman of the Governing Body.

(4) Subject to such rules as may be made by the Central Government in this behalf, the Institute may appoint such number of other officers and employees as may be necessary for the exercise of its powers and discharge of its functions and may determine the designations and grades of such other officers and employees.

(5) The Director and other officers and employees of the Institute shall be entitled to such salary and allowances and shall be governed by such conditions of service in respect of leave, pension, provident fund and other matters as may be prescribed by regulations made in this behalf.

Location of the Institute

12. The Institute shall be located in New Delhi.

Objects of the Institute

13. The objects of the Institute shall be -

- (a) To develop patterns of teaching in undergraduate and postgraduate medical education in all its branches so as to demonstrate a high standard of medical education to all medical colleges and other allied institutions in India.
- (b) To bring together in one place educational facilities of the highest order for the training of personnel in all important branches of health activity; and
- (c) To attain self-sufficiency in postgraduate medical education.

Functions of the Institute

14. With a view to the promotion of the objects specified in section 13, the Institute may -

- (a) provide for undergraduate and postgraduate teaching in the science of modern medicine and other allied sciences, including physical and biological sciences;

- (b) Provide facilities for research in the various branches of such sciences;
- (c) Provide for the teaching of humanities in the undergraduate courses;
- (d) Conduct experiments in new methods of medical education, both undergraduate and postgraduate, in order to arrive at satisfactory standards of such education;
- (e) Prescribe courses and curricula for both undergraduate and postgraduate studies;
- (f) Notwithstanding anything contained in any other law for the time being in force, establish and maintain-
 - (i) one or more medical colleges with different departments, including a department of preventive and social medicine, sufficiently staffed and equipped to undertake not only undergraduate medical education but also postgraduate medical education in different subjects;
 - (ii) one or more well-equipped hospitals;
 - (iii) a dental college with such institutional facilities for the practice of dentistry and for the practical training of students as may be necessary;
 - (iv) a nursing college sufficiently staffed and equipped for the training of nurses;
 - (v) rural and urban health organizations which will form centers for the field training of the medical, dental and nursing students of the Institute as well as for research into community health problems; and
 - (vi) other institutions for the training of different types of health workers, such as physiotherapists, occupational therapists and medical technicians of various kinds;
- (g) train teachers for the different medical colleges in India;
- (h) hold examinations and grant such degrees, diplomas and other academic distinctions and titles in undergraduate and postgraduate medical education as may be laid down in the regulations;
- (i) Institute, and appoint persons to, professorships, readerships, lectureships and posts of any description in accordance with regulations;
- (j) Receive grants from the Government and gifts, donations, benefactions, bequests and transfers of properties, both movable and immovable, from donors, benefactors testators or transferors, as the case may be;
- (k) Deal with any property belonging to, or vested in, the Institute in any manner which is considered necessary for promoting the objects specified in section 13;
- (l) Demand and receive such fees and other charges as may be prescribed by regulations;

- (m) do all such other acts and things as may be necessary to further the objects specified in section 13.
- “(m) Construct quarters for its staff and allot such quarters to the staff in accordance with such regulations as may be made in this behalf;”*
- * (n) Borrow money, with the prior approval of the Central Government, on the security of the property of the Institute;” (Inserted by Act 30 of 1987)*

15. The Central Government may, under appropriation made by Parliament by law in this behalf, pay to the Institute in each financial year such sums of money and in such manner as may be considered necessary by that Government for the exercise of its powers and discharge of its functions under this Act.

Fund of the Institute

16. (1) The Institute shall maintain a Fund to which shall be credited -

- (a) all moneys provided by the Central Government;
- (b) all fees and other charges received by the Institute;
- (c) all moneys received by the Institute by way of grants, gifts, donations, benefactions, bequests or transfers: and
- (d) all moneys received by the Institute in any other manner or from any other source.

(2) All moneys credited to the Fund shall be deposited in such banks or invested in such manner as the Institute may, with the approval of the Central Government, decide.

(3) The Fund shall be applied towards meeting the expenses of the Institute including expenses incurred in the exercise of its powers and discharge of its functions under section 14.

Budget of the Institute

17. The Institute shall prepare in such form and at such time every year as may be prescribed by rules a budget in respect of the financial year next ensuing showing the estimated receipts and expenditure of the Institute and shall forward to the Central Government such number of copies thereof as may be prescribed by rules.

Accounts and Audit

18. (1) The Institute shall maintain proper accounts and other relevant records and prepare an annual statement of accounts including the balance-sheet in such form as the Central Government may by rules prescribe in consultation with the Comptroller and Auditor-General of India.

(2) The accounts of the Institute shall be audited by the Comptroller and Auditor-General of India and any expenditure incurred by him in connection with such audit shall be payable by the Institute to the Comptroller and Auditor-General of India.

(3) The Comptroller and Auditor-General of India and any person appointed by him in connection with the audit of the accounts of the Institute shall have the same rights, privileges and authority in connection with such audit as the Comptroller and Auditor-General of India has in connection with the audit of the Government accounts and, in particular, shall have the right to demand the production of books, accounts, connected vouchers and other documents and papers and to inspect the offices of the Institute as well as of the institutions established and maintained by it.

(4) The accounts of the Institute as certified by the Comptroller and Auditor-General of India or any other person appointed by him in this behalf together with the audit report thereon shall be forwarded annually to the Central Government and that Government shall cause the same to be laid before both Houses of Parliament.

Annual Report

19. The Institute shall prepare for every year a report of its activities during that year and submit the report to the Central Government in such form and on or before such date as may be prescribed by rules and a copy of this report shall be laid before both Houses of Parliament within one month of its receipt.

Pension and Provident Funds

20. (1) The Institute shall constitute for the benefit of its officers, teachers and other employees in such manner and subject to such conditions as may be prescribed by regulations, such pension and provident funds as it may deem fit.

(2) Where any such pension or provident fund has been constituted, the Central Government may declare that the provisions of the Provident Funds Act, 1925, shall apply to such fund as if it were a Government provident fund.

Authentication of the orders and instruments of the Institute

21. All orders and decisions of the Institute shall be authenticated by the signature of the President or any other member authorized by the Institute in this behalf and all other instruments shall be authenticated by the signature of the Director or any other officer of the Institute authorized in like manner in this behalf.

Acts and proceedings got to be invalidated by vacancies etc.

22. No act done or proceeding taken by the Institute, Governing Body or any standing or ad hoc committee under this Act shall be questioned on the ground merely of the existence of any vacancy in, or defect in the Constitution of, the Institute, Governing Body or such standing or ad hoc committee.

23. Notwithstanding anything contained in the Indian Medical Council Act, 1933, the medical degrees and diplomas granted by the Institute under this Act shall be recognized medical qualifications for the purpose of that Act and shall be deemed to be included in the First schedule to that Act.

"23. Notwithstanding anything contained in the Indian Medical Council Act, 1956, the Dentists Act, 1948 and the Indian Nursing Council Act, 1947, the medical, dental or nursing degrees or diplomas, as the case may be, granted by the Institute under this Act shall be recognized -

- (a) medical qualifications for the purpose of the Indian Medical Council Act, 1956 and shall be deemed to be included in the First Schedule to that Act;*
- (b) dental qualifications for the purpose of the Dentists Act, 1948 and shall be deemed to be included in the Schedule to that Act; and*
- (c) nursing qualifications for the purpose of the Indian Nursing Council Act, 1947 and shall be deemed to be included in the Schedule to that Act."*

(Sub. By Act 24 of 2002)

**"24. Notwithstanding anything contained in any other law for the time being in force, the Institute shall have power to grant medical, dental or nursing degrees, diplomas and other academic distinctions and titles under this Act."*

(Sub. By Act 24 of 2002)

Control by Central Government

25. The Institute shall carry out such directions as may be issued to it from time to time by the Central Government for the efficient administration of this Act.

Disputed between the institute and the Central Government

26. If in, or in connection with, the exercise of its powers and discharge of its functions by the Institute under this Act, any dispute arises between the Institute and the Central Government, the decision of the Central Government on such dispute shall be final.

Returns and information

27. The Institute shall furnish to the Central Government such reports, returns and other information as that Government may require from time to time.

Power to make rules

28. (1) The Central Government, after consultation with the Institute, may, by notification in the Official Gazette, make rules to carry out the purposes of this Act:

Provided that consultation with the Institute shall not be necessary on the first occasion of the making of rules under this section, but the Central Government shall take into consideration any suggestions which the Institute may make in relation to the amendment of such rules after they are made.

(2) In particular and without prejudice to the generality of the foregoing power, such rules may provide for all or any of the following matter, namely :-

- (a) the manner of nomination of members under clause (f) of section 4;
- (b) the control and restrictions in relation to the constitution of standing and ad hoc committees, under sub-section (5) of section 10;
- (c) the conditions of service of, the procedure to be followed by, and the

manner of filling vacancies among, members of the Institute;

- (d) the powers and functions to be exercised and discharged by the President of the Institute;
- (e) the allowances, if any, to be paid to the President and members of the Institute;
- (f) the number of officers and employees that may be appointed by the Institute and the manner of such appointment;
- (g) the form in which and the time at which the budget and reports shall be prepared by the Institute and the number of copies thereof to be forwarded to the Central Government;
- (h) the form and manner in which returns and information are to be furnished by the Institute to the Central Government;
- (i) any other matter which has to be or may be prescribed by rules.

“ (3) Every rule made under this section shall be laid, as soon as may be after it is made, before each House of Parliament, while it is in session, for a total period of thirty days which may be comprised in one session or in two or more successive sessions, and if, before the expiry of the session immediately following the session or the successive sessions aforesaid, both Houses agree in making any modification in the rule or both Houses agree that the rule should not be made, the rule shall thereafter have effect only in such modified form or be of no effect, as the case may be; so, however, that any such modification or annulment shall be without prejudice to the validity of anything previously done under that rule.”

1) Subs. By Act 4 of 1986 (w.e.f. 15.5.86)

2) Subs. By Act 4 of 1986 (w.e.f. 15.5.86)

Power to make regulations

29. The Institute may with the previous approval of the Central Government make regulations consistent with this Act and the rules made there under to carry out the purposes of this Act, and without prejudice to the generality of this power, such regulations may provide for;

29. The Institute make regulations consistent with this Act and the rules made there under to carry out the purposes of this Act, and without prejudice to the generality of this power, such regulations may provide for “with the previous approval of the Central Government, may, by notification in the official Gazette;”

1) Subs. By Act 4 of 1986 (w.e.f. 15.5.86)

2) Subs. By Act 4 of 1986 (w.e.f. 15.5.86)

- (a) the summoning and holding of meetings other than the first meeting, of the

Institute, the time and place where such meetings are to be held, the conduct of business at such meetings and the number of members necessary to form a quorum;

- (b) the manner of constituting the Governing Body and Standing and ad hoc committees, the term of office of, and the manner of filling vacancies among, the members of, the Governing Body and standing and ad hoc committees;
 - (c) The powers and functions to be exercised and discharged by the President of the Institute and the Chairman of the Governing Body;
 - (d) The allowances, if any, to be paid to the Chairman and the members of the Governing Body and of standing and ad hoc committees;
 - (e) the procedure to be followed by the Governing Body and standing and ad hoc committees in the conduct of their business, exercise of their powers and discharge of their functions;
 - (f) the tenure of office, salaries and allowances and other conditions of service of the Director and other officers and employees of the Institute including teachers appointed by the Institute;
 - (g) the powers and duties of the Chairman of the Governing Body;
 - (h) the powers and duties of the Director and other officers and employees of the Institute;
 - (i) the management of the properties of the Institute;
 - (j) the degrees, diplomas and other academic distinctions and titles which may be granted by the Institute;
 - (k) the professorship, readership, lectureships and other posts which may be instituted and persons who may be appointed to such professorships, readerships, lectureships and other posts;
 - (l) the fees and other charges which may be demanded and received by the Institute;
 - (m) the manner in which, and the conditions subject to which, pension and provident funds may be constituted for the benefit of officers, teachers and other employees of the Institute;
 - (n) any other matter for which under this Act provisions may be made by regulations.
- (2) Until the Institute is established under this Act, any regulation which may be made under sub-section (1) may be made by the Central Government; and any regulation so made may be altered or rescinded by the Institute in exercise of its powers under sub-section (1).

"(3) Every regulation made under this section shall be laid, as soon as may be after it is made, before each House of Parliament, while it is in session, for a total period of thirty days which may be comprised in one session or in two or more successive sessions, and if, before the expiry of the session immediately following the session or the successive sessions aforesaid, both Houses agree in making any modification in the regulation or both Houses agree that the regulation should not be made, the regulation shall thereafter have effect only in such modified form or be of no effect, as the case may be; so, however, that any such modification or annulment shall be without prejudice to the validity of anything previously done under that regulation." Inserted by Act 4 of 1986 (w.e.f. 15.5.86)

All India Institute of Medical Sciences

Bill

Lok Sabha :

18th February 1956 - (Pages 260 – 284)

20th February 1956 - (Pages 402 – 440)

21st February 1956 - (Pages 446 – 460)

Rajya Sabha :

3rd May 1956 - (Pages 1208 – 1252)

7th May 1956 - (Pages 1399 – 1474)

8th May 1956 - (Pages 1532 – 1630)

9th May 1956 - (Pages 1683 – 1754)

All India Institute of Medical Sciences

Bill

Lok Sabha

18th February 1956

(Pages 260 – 284)

Shri U. M. Trivedi : Has this money been paid already?

Rajkumari Amrit Kaur : No.

Mr. Chairman : The question is :

"That the Bill to provide for the transfer of a portion of the funds of the St. John Ambulance Association (India) to the St. John Ambulance Association (Pakistan), be taken into consideration."

The motion was adopted.

Clause 2, and the Schedule

Dr. Rama Rao (Kakinada) : May I say a word, Sir? I support the Bill as it is. Regarding the transfer of the amount, our friend there seems to be under a misapprehension about our suggestion. The suggestion is not to deprive the St. John Ambulance Association or the Red Cross of even one pie. I repeat it, I have already said that. What we want is, we have plenty of money there. We want it to be paid to the St. John Ambulance Association and the Red Cross there from those funds.

Sardar Hukam Singh : But, the banker is not so honest.

Dr. Rama Rao : He is anticipating me. I would go one step further. The Red Cross and the St. John Ambulance Association, India are responsible to pay to the other bodies. If those organisations do not get money from the Pakistan Government, we can pay it later on. Let us at least try to ask the Pakistan Government to pay out of our huge amount. That is my point. Our friend there smells politics in this. There is no politics. Only there is a little money and if we could get the Pakistan Government pay on our behalf, that would solve our problem. I am not in favour of allowing the Red Cross or the St. John Ambulance Association to run the risk of losing one pie. Any way, I support the Bill.

Mr. Chairman : The question is :

"That clause 2 and the Schedule stand part of the Bill."

The motion was adopted.

Clause 2 and the Schedule were added to the Bill.

Clause 1.

Amendment made : Page 1, line 4, for "1955" substitute "1956".

—[Rajkumari Amrit Kaur]

Mr. Chairman : The question is :

"That clause 1, as amended, stands part of the Bill."

The motion was adopted.

Clause 1 as amended, was added to the Bill.

Enacting Formula

Amendment made : Page 1, line 1, for "Sixth Year" substitute "Seventh Year".

—[Rajkumari Amrit Kaur]

Mr. Chairman : The question is :

"That the Enacting Formula, as amended, and the Title stand part of the Bill."

The motion was adopted.

The Enacting Formula, as amended, and the Title were added to the Bill.

Rajkumari Amrit Kaur : I beg to move :

"That the Bill, as amended, be passed."

Mr. Chairman : The question is

"That the Bill, as amended, be passed."

The motion was adopted.

ALL-INDIA INSTITUTE OF MEDICAL SCIENCES BILL

The Minister of Health (Rajkumari Amrit Kaur) : I beg to move :

"That the Bill to provide for the establishment of an All-India Institute of Medical Sciences, be taken into consideration."

I think all the Members of the Lok Sabha are aware of the scheme to bring into being the All-India Institute of Medical Sciences. The money for this has been allocated in our budget for the last 3 or 4 years. It was actually owing to the generous donation from the New Zealand Government under the Colombo Plan of £1,250,000,000 that the Government of India was enabled to begin to bring this Institute into being. It has been one of my cherished dreams that for post-graduate study and for the maintenance of high standards of medical education in our country, we should have an institute of this nature in India which would enable our young men and women to have their post-graduate education in their own country, in their

—[Rajkumari Amrit Kaur]

background with the necessary experience that we would all like to have of work in villages and the impetus that we would like to give to them to do research in the various spheres of medical education.

Medical education, in its theory as well as in its practice, is based on the utilisation of the contributions from the other physical and biological sciences. With the continued progress that has been taking place in both these fields, modern medicine has made and is making enormous strides towards increasing efficiency in regard to diagnosis and in regard to treatment and prevention of disease, as well as promotion of positive health. Therefore, the task of medical education, by and large, is to utilise as far as possible this new knowledge in training the doctor of the future. Medical education must, above all, take into account the special needs of the country from the point of view of affording health protection to the people. For instance, in our own country, and in Asian countries in generally the continued prevalence of various forms of preventible causes of sickness and suffering necessitates special emphasis, if I may so put it, on the preventive aspect of medical care. Further, the extent to which the future doctor will contribute his share to the well being of the country also depends on the extent to which he develops a community outlook and a desire to serve the people. Medical education, moreover, is receiving considerable attention in all the progressive countries of the world. I have had the privilege recently to see what is being done in the U.S.A., in the U.S.S.R., in Scandinavia, and even in the U.K. and the various steps that are being pursued to bring it more and more into consonance with present day needs and to promote an increasing realisation of the object of equipping the future doctor to give of his best to the community. India cannot afford to keep apart from this broad and steady programme of development that is taking place in other parts of the world. The idea of the establishment of this All-India Institute is to fulfil the purposes which I have mentioned.

I need not go into the details about how the Institute will function. It is first going to start with a medical training centre which will provide under-graduate study to only a very limited few. The major emphasis will

be on post-graduate study and specialisation, because one reason for our inability to fulfil the desire of so many States today to have medical colleges is the lack of personnel. One of the main duties of this Medical Institute will be to prepare personnel for medical colleges which it is becoming increasingly hard for us to get. I may inform the Members that when the States ask for medical colleges to be started, nearly always they have to go to retired personnel to carry on. How long we go on relying on retired personnel? It is absolutely essential that we create young men and young women of the highest calibre who will be able to man our educational institutions, in particular. This demand, as I have said, is increasing. I would now like to mention one or two special features of this Institute.

The system that prevails of private practice being permitted to doctors in medical colleges has, in my opinion,—I know I have many people differ from me, especially members of the medical profession—had a deleterious effect on the development of both sound teaching and active research in colleges. And therefore, in order to prohibit in this Institute, which is the first of its kind in our country and the first of its kind in Asia, private practice of every form and to pay the doctors reasonably high salaries to compensate them for the loss of private practice, is going to be a special feature. The doctors, if they are paid enough, will then be able to live contentedly and to devote their whole time to the promotion not only of teaching, not only of serving the patients who come to the hospitals, but also to what is very important, namely research. Then, all the staff and students are going to be housed in the campus of the Institute. The campus of the Institute is proceeding ahead fairly rapidly and I shall welcome any Members of this House who would like, to come and have a look at the campus to see for themselves how things are going on.

4 P.M.

Dr. Suresh Chandra (Aurangabad): Where is this?

Rajkumari Amrit Kaur: It is in Delhi just beyond the Safdarjang aerodrome.

Also I feel that by housing the staff and the students on the campus, we shall be reverting to and taking advantage of what I believe has been one of

the traditional good things in our country, that is the Guru-sishya relationship which has, in my opinion, not been given that attention that it should be given. Further, I want every student whether under-graduate or post-graduate to have ample opportunities to participate in both urban and rural health work, in rural centres as well as in the cities. I want the student even during his student days to participate and take some responsibility for the health of those who will later on be committed to his charge, because I feel that that will promote in him early in his career a community outlook and also promote powers of initiative and observation and of drawing conclusions from them.

When I was in America year before last, one thing struck me greatly. I was listening in to a fourth year student who was not yet qualified giving a complete history of the case which had been put in his charge. In America much more responsibility is being laid on students once they get towards the last year of their stay in a college.

Then, of course, this Institute will be given the powers and functions of a university because it will probably make revolutionary changes, as I hope, in curriculum as well as in modes of teaching, and therefore I feel that in the first instance, at any rate, the university status given to this Institute will permit it to give diplomas to all the students who pass out of its portals. Of course, they will be recognised qualifications and they will have to be put down in the Indian Medical Council Act, an amendment to which I hope very soon to introduce in this House.

Subject to such minimum control as the Government of India may exercise through its rule-making powers, the Institute will enjoy a large measure of autonomy in order that it may fulfil the objectives—I humbly claim that they are very fine objective—which I have tried to set forth in this brief survey. The Government of India will, of course, make itself responsible for providing adequate funds for the maintenance of the Institute, but I hope that philanthropy also will come to the aid, as it so often does, of such institutions because, after all, serving the cause of sick and suffering humanity is always something that appeals to those who would like to give.

The future of the Institute will lie ultimately in the hands of the Director, the Professors and other members of

the teaching staff and students, and I believe it will be their devotion to duty, their desire to promote their work and the spirit of altruism that will actuate them to subordinate personal considerations, as I believe the noble profession of medicine should do, to the fulfilment of the objectives to be achieved that will eventually create and maintain the atmosphere which is necessary for an Institute like this. I therefore do hope that in presenting this Bill for acceptance by Parliament today, the legal structure that is created may facilitate the progressive realisation of a steady development of improved methods of medical education in this Institute and that, through the influence it exerts, the standards of different forms of professional training in the field of health throughout the country will be raised.

With these few words I commend this measure to the acceptance of this House.

Mr. Chairman: Motion moved:

“That the Bill to provide for the establishment of an All-India Institute of Medical Sciences, be taken into consideration.”

श्री विभती मिश्र (सारन व चम्पारन) : सभापति महोदय, हेल्थ मिनिस्टर महोदय ने जो भाषण दिया है, उसकी एक-एक कांजी हमको मिलनी चाहिए।

Mr. Chairman: The hon. Member knows that only one hour has been allotted to this Bill, and he wants a copy. The copy cannot be circulated all at once. It requires time. What is the use of getting the copy?

Sardar Hukam Singh (Kapurthala-Bhatinda): He wants a copy of the Bill for future use.

Rajkumari Amrit Kaur: May I say that I have not got a copy of what I said? I had notes certainly, but not a copy of what I said.

अगर अनरेबल मेम्बर चाहें तो वह किसी वक्त मेरे पास आ जायें, मैं उनको बता दूंगी कि मैंने क्या कहा है।

डॉ. सुरेश चन्द्र : वह तो रिकार्ड से मिल जायेगा

Dr. Rama Rao (Kakinada): It may be circulated at least to the Members, that is what he wants.

Mr. Chairman: He really wanted to know the import of what the hon. Minister has said. That is all.

Dr. Rama Rao : I have great pleasure in supporting this Bill and welcoming the introduction of this Bill even at this late hour. It ought to have been done much earlier. You know, Sir, the foundation stone of this Institute was laid in Irwin Hospital several years ago. In this connection, I want to congratulate the hon. Health Minister on the future possibility of the abolition of this Part C State of Delhi, so that, apart from other things, Irwin Hospital also will come directly under the Central Government, and I hope she will be able to develop a separate medical college for under-graduate students in Irwin Hospital. She is very particular in saying that the under-graduate will be very, very few in this Institute which is mainly meant for post-graduate training so that the Institute can train teaching personnel for various institutions in the country. The intention of the Institute, I understand, is to minimise the necessity of our doctors to go abroad for post-graduate training and to give all those facilities here so that various university medical colleges can have well-qualified, well-trained personnel from the Central Institute. Of course, that is a good thing. I have no quarrel with that, and I fully support it and I am glad they are doing it now. But I would request the hon. Minister to remember that even ordinary education is very limited now. The chances for admission are very few and the graduates that are trained are quite insufficient in number. So, I hope the Health Ministry will consider this proposal, even from now, to build up a separate medical college.

As it is, there is an expression in the Bill itself that the object is to run one or more medical colleges. So, there is very great scope to develop another medical college in Irwin Hospital. It is not only for the teaching of medical students that I want a medical college here. When we have a teaching hospital the standard of medical treatment and medical attention is automatically raised. The huge population of Delhi and New Delhi will have at a very convenient place a very high standard of medical attention in the medical college hospital, if I may say so, the Irwin Medical College Hospital. I hope the Health Ministry will remember this, and build up that medical college hospital from now on. Of course, the other institute is already developing, and I

hope the pace will be quickened and the institute will start functioning very quickly.

The Health Minister expects, and I join with her when she says so, that there will be revolutionary changes brought about by this institute. We hope that there will be very efficient post-graduate technical personnel. I would suggest that one of the most important revolutionary changes should be the minimising of the medical college fees and expenses. You know very well that one of the costliest courses of education in India today is the medical college education. Since a very huge amount will have to be spent, it is only the rich people who can afford it. I would therefore suggest that while they should make the admission strict, they should not take any college fees at all, or if they want, they should take only very nominal fees. Secondly, they should subsidise the hostel and other charges, so that the medical college education will not be a bugbear and will not be the privilege of only a few.

I hope that while the education provided will be of a very high standard, it will not cost much. The Minister brought in the analogy, and a very good analogy at that, of our former *gurus* and *shishyas*. But you will recall that our former *shishyas* were not put to any expense at all. All that they had to do was to go to the *guru*, whether he was at Banaras or any other place, and then say 'I am here', and learn from him.

I hope the Minister will remember the analogy that she was brought in, and see that the institute becomes a real *gurukul* where the students will not have to get huge money orders and bank cheques.

I do not know why they want to provide for the teaching of humanities also to the under-graduates. It is not that I have any objection to that, but I feel that it is not necessary. We are going to have very experienced officers in charge of this institute, and I have no doubt that they will develop the institute in the normal way, and by experience, they will make it perfect.

I congratulate the Minister on her having brought forward this Bill. I support this Bill.

Shri U. M. Trivedi (Chittor) : The meaning of the word humanity may kindly be explained by the Minister.

Mr. Chairman : It is 'humanities' and not 'humanity'.

Shri T. S. A. Chettiar (Tiruppur) : At the outset, I would like to say a word on the last point that has been raised by the previous speaker. The trend of experience has been that in our technical and medical institutions, some study of humanities is necessary, in order that the students may become human. That is what has been found to be necessary by experience. In engineering colleges where the students deal only with machines all the time, and in institutions where they study sciences, they are not able to appreciate the human qualities which are embedded in the highest literature that the world has produced. It is with a view to making them more efficient men that this sort of studies has been recommended in many of these technical institutions.

I would now like to make a reference to one or two clauses. There are one or two matters on which I have a few apprehensions. Clause 4 of the Bill provides for the composition of the institute. But we do not know how many will be officials and how many will be non-officials. In the University Grants Commission Bill which we had passed recently, we had specifically provided that the majority of the members will be non-officials. I would very much like that there is a similar provision made here also. But there is no time now to table any amendment in that regard. But I do hope, however, that the Minister will give us an assurance in this regard, for we find that the whole lot is being nominated by the Government of India. There is a good number of non-officials, doctors and scientists, who will be available for being appointed to this institute. To my mind, it appears that to have a majority of non-officials is always a healthy convention, for that will ensure that the people who are there will not be persons who will act according to orders given, written or otherwise.

In clause 13, it is provided that the institute shall be located in New Delhi. But we find in clause 14(b) that one of the objects of the institute shall be :

"to bring together in one place educational facilities of the highest order for the training of personnel in all important branches of health activity ;"

This is certainly a great addition. But this gives rise to an apprehension in my mind.

India is a large country. As has been said already, India is a sub-continent. And Delhi is far to the north. Therefore, it is necessary that we should provide post-graduate courses in places like Madras (where large medical experience is available), Calcutta and Bombay so that those regions also may be amply provided with the necessary facilities. I hope this provision in the Bill, namely that the institute will be located in New Delhi, will not mean that the facilities which the Central Government intend to provide will be denied to those regions. I understand that that is not the intention, but I hope the Minister will make it amply clear that this provision will not, and should not, mean that there will be no facilities provided for post-graduate courses in the colleges in those regions.

I now come to sub-clause (f) of clause 15, which contemplates the establishment of a variety of institutions devoted to the study of the medical sciences. Hospitals are absolutely necessary. Then, there is provision for establishing a dental college, a nursing college, and rural and urban health organisations. Now, it will be found very difficult to provide all these things within New Delhi. Clause 13 says that the institute shall be located in New Delhi. Institute would include any part of the institute also. Therefore, the provision in sub-clause (f) of clause 15 would mean that all these affiliated institutions also should be located in New Delhi, but it will be found very difficult to establish all these things in New Delhi. There are other places where these institutions can be located, but the provision in clause 13 may mean that we shall have to have them within in New Delhi. The Minister is shaking her head, but I hope we shall know what she has to say.

I now come to another important clause, namely sub-clause (4) of clause 19, which reads :

"The accounts of the Institute as certified by the Comptroller and Auditor-General of India or any other person appointed by him in this behalf together with the audit report thereon shall be forwarded annually to the Central Government and that Government shall cause the same to be laid before both Houses of Parliament."

[Shri T. S. A. Chettiar]

This is the usual provision that obtains in other Bills also. Then, clause 20 says :

"The Institute shall prepare for every year a report of its activities during that year and submit the report to the Central Government in such form and on or before such date as may be prescribed by rules."

Accounts by themselves do not mean much, unless they come to us along with the report. But according to the provisions of this Bill, only the accounts will be placed before us, and not the report. In regard to the University Grants Commission Bill, where also we had the same provision—for after all the people who draft these Bills are the same—we thought it wise in the Select Committee to change it so that the report also will be made available to us. I have tried to amend the provision in the following form, and I hope the Minister will kindly agree to accept it :

"The annual accounts of the Institute together with the audit report thereon shall be forwarded to the Central Government and that Government shall cause the same to be laid before both Houses of Parliament, and shall also forward a copy of the audit report to the Institute for taking suitable action on the matters arising out of the audit report."

This provision is taken word for word from the University Grants Commission Bill which we had passed some time ago, and which will become an Act in quite a few days. What is good for the University Grants Commission is good also for this institute, and for a good reason at that Parliament should be aware not only of the accounts but also of the report of the working of the institute. We are virtually creating a new university, a Central university for medical sciences. And we should certainly know what is the work that is being done in the institute.

Under these circumstances, I hope the Minister will accept the amendment that I have suggested, as it has already been accepted in another Bill.

Rajkumari Amrit Kaur : May I ask for clarification? In clause 19 (4), it is provided that the accounts of the institute together with the audit report

shall be forwarded to the Central Government, and they shall be laid before both Houses of Parliament. So, the accounts and the audit report are there already. Does the hon. Member want that the report which is submitted to the Central Government, under clause 20, should also be placed before both Houses of Parliament?

Shri T. S. A. Chettiar : That is what I want.

Rajkumari Amrit Kaur : We can easily put it in this form in clause 20 :

"The Institute shall prepare for every year a report of its activities during that year and submit the report to the Central Government in such form and on or before such date as may be prescribed by rules, and the same shall also be laid before both Houses of Parliament."

Shri T. S. A. Chettiar : I will move an amendment to that effect at the time of the clause by clause discussion.

Rajkumari Amrit Kaur : I shall accept that the same shall also be laid before both Houses of Parliament.

Shri T. S. A. Chettiar : It is the same thing. Let me not go over that point again.

The next point relates to a very important matter, as to how admissions to this Institute are going to be regulated. You know we would like to regulate admissions by merit; the best young men and women throughout the country should apply and be admitted. At the same time, I as a Minister of Education in a big State, have found this difficulty. In engineering colleges, people from certain areas which are forward get admissions according to merit, but from the Ceded Districts, which required a large number of engineers, none of them got admitted, with the result that many of the engineers did not belong to those Districts and we were having trouble in getting engineers to work in those areas. To my mind, in regard to the development of the regions of this country, while weight should be given to merit, we should also see that a certain proportion should be given according to regional basis so that every region may have the benefit of the post-graduate course. In the Finance Commission, you know how the money is divided. The money is not given only according to the source or revenue; it is given on

two principles, the source of the revenue as well as the population basis. Even here, while merit is certainly a predominant basis for selection of students, we should also see that all the various regions should get a certain amount of representation, may be on the basis of 30 or 40 or 50 per cent. So that we will have a combination of both merit as well satisfaction of regional needs. This is not a matter which the Minister can decide immediately. It requires a very great deal of thought. I would request her to consider this matter so that later on this matter may be settled as satisfactorily as possible. That point has not been raised in this Bill, cannot be raised and should not be raised. It is a matter of detail of the working of the institution. But I would like her to consider the suggestion that has been made.

Then the hon. Minister said that as the students study, they will have practice also. That applies to all technical institutions, and that is something which we have been working for. It should not be merely theoretical training; there should be practical training in hospitals, and there should also be rural and urban setting provided for health engineering. But I am unable to understand how within the campus of the college, this can be done. This can be done only when people are deputed to those areas where that experience is available. I do not know whether it is necessary to have a provision in the Bill or it can be done by the rules, saying that wherever practical training is necessary, people can be deputed to such places as may be necessary. I suppose that is the intention of the framers of this Bill.

I have nothing more to say except that this is one of the long cherished desires we have and we look to the time when we will not only not be sending our people for higher grade training to foreign countries, but other countries will be coming to us for this training.

Shrimati Jayashri (Bombay-Suburban): I congratulate the Minister on bringing forward this Bill. Also on behalf of Government, I thank the New Zealand Government for the generous grant that they have made to our country for establishing this institution.

The establishment of this institution is long due and I take this opportunity to congratulate our Government on fulfilling this long felt need. As envisaged in our Second Five-Year Plan, we are going to establish many health centres in the country. For this, we require efficient staff. We have the saying, "Health is wealth". Unless we have got proper schemes for health services, it is difficult to get people for taking up such big schemes as we are going to implement in our Second Five-Year Plan. A healthy mind is possible only when there is a healthy body. So I would give first priority to looking after the health of the people in our country.

For supply of efficient personnel, it is necessary to have institutions for post-graduate and also under-graduate studies. I am glad, that this will be fulfilled by the establishment of this institution. But as some Members have suggested, I would also request the Minister to recognise other institutions also which are trying to fulfil the want that is felt in our country with regard to nursing and other professions. We are all aware that at present for 43,000 people, there is only one nurse provided here while in U.K. for every 300 of the population, there is one nurse. So there is a great demand for nursing staff, and I am glad that this institution is going to have a nursing college. But I would also request the Minister to see that this institution gives recognition to other nursing colleges established in the country. I would mention one such college which we have in Bombay for giving nursing degree, started by the Shrimati Narsibai Damodar Thackersy University. It is also trying to give nursing education to girls.

I am glad that this institution is going to serve the rural population also by providing rural health organisations which will form centres for field training connected with rural medical and health services. I hope with the establishment of this institution, that need that is felt at present in villages will be fulfilled. We know that our medical students from urban areas are not ready to go to rural areas to serve those areas but I hope that by this arrangement they will be made to work in rural areas, thereby fulfilling the long-felt need for medical services there.

[Shri Mohanlal Sakesna]

I again congratulate the Minister on bringing forward this Bill and I hope Government will give sufficient grants to this institution.

श्री श्रीनारायण दास (दरभंगा मध्य) : सभापति जी, मुझे बहुत खुशी हो रही है कि जो विधेयक स्वास्थ्य मंत्रिणी जी ने लोक सभा के सामने रखा है, और जिसके जरिये से एक अखिल भारतीय चिकित्सा विज्ञान की संस्था का निर्माण किया जा रहा है उसका उद्देश्य बहुत अच्छा है और मैं समझता हूँ कि सभी लोग इस का स्वागत करेंगे। लेकिन यह जानकर मुझे कुछ आश्चर्य हुआ है कि इतनी बड़ी संस्था के निर्माण के लिये जो यह विधेयक लाया गया है उस के साथ साथ कोई योजना अभी तक हमारे सामने नहीं आई है। इस विधेयक पर बोलते हुए स्वास्थ्य मंत्रिणी जी ने जो कुछ कहा है उस में भी वे इस बात की कोई रूप रेखा हमारे सामने नहीं रख सकी हैं। यद्यपि मोटे तौर पर सभी बातें इस विधेयक में रखी गई हैं लेकिन इस संस्था के निर्माण में प्रथम पांच वर्षों में आर्थिक दृष्टि से केन्द्रीय सरकार की क्या जिम्मेदारी होने जा रही है, यह बात मेरी समझ में नहीं आती। संस्था के उद्देश्य ठीक हैं, उस के ऊपर काफी जिम्मेदारी डाली जा रही है। इस बात की आवश्यकता भी है कि अखिल भारतीय आधार पर इस संसद् में निर्णय हो कि हिन्दुस्तान में चिकित्सा सम्बन्धी मान क्या हो। लेकिन जहाँ तक मेरा ख्याल है जितनी बड़ी संस्था का निर्माण होने जा रहा है उस के अनुसार जो बनी बनाई योजना होनी चाहिये थी कि प्रथम वर्ष में इस संस्था का क्या क्या काम होगा, कितने रुपये की आवश्यकता होगी, संसद् को कितने रुपये देने की आवश्यकता पड़ेगी, उस का यहाँ पर अभाव है। इस विधेयक के उद्देश्य जितने अच्छे हैं उतनी गहराई के साथ उस की योजना पर विचार नहीं किया गया है। अगर हमारे मंत्रालय ने इस योजना पर अच्छी तरह से विचार किया होता और इस की रूप-रेखा हमारे सामने रखी जाती कि इस वर्ष हम

क्या कर सकेंगे और अगले पांच वर्षों में हम क्या क्या करने वाले हैं, तो अधिक अच्छा होता। जो संस्था के उद्देश्य हम ने रखे हैं, उन में से किन किन उद्देश्यों को पूरा कर सकेंगे, किन किन संस्थाओं का निर्माण कर सकेंगे, अगर यह दिया गया होता तो मेरा ख्याल है कि हम इस सदन का ज्यादा अच्छी तरह से इस को समझा सकते। इतनी बड़ी संस्था का निर्माण किया जा रहा है, और मैं उस का विरोध न कर के स्वागत ही करता हूँ, समर्थन भी करता हूँ, लेकिन इस योजना पर अच्छी तरह से विचार करके लोक सभा के सामने कोई स्कीम आनी चाहिये थी।

डॉ० सुरेश चन्द्र : फाइनेन्शियल मेमोरेण्डम में यह दिया हुआ है।

श्री श्रीनारायण दास : मेरे मित्र कहते हैं कि फाइनेन्शियल मेमोरेण्डम में दिया हुआ है।

श्री यू० एम० त्रिवेदी : आप जरा अच्छी तरह से उस को पढ़िये तो।

श्री श्रीनारायण दास : मैंने फाइनेन्शियल मेमोरेण्डम को बड़े गौर से पढ़ा है। उस में कुछ भी नहीं है। किसी बात का भी निर्देश नहीं है, इस संस्था का तो जिक्र भी नहीं है। १९५५-५६ का बजट है जिस प्रकार आम तौर से बजट हुआ करता है, इस संस्था का तो वहाँ कहीं नामोनिशान भी नहीं है कि इस तरह की संस्था के लिये रुपया खर्च किया जायेगा, इस लिये या तो रिऐप्रोप्रिएशन से हो या फिर एक डिपार्टमेंट का खर्च दूसरे डिपार्टमेंट में डाल कर काम चलाया जा सकेगा। मेरा कहना यही है कि जल्द से जल्द इस संस्था का निर्माण होने जा रहा है, उस के बड़े बड़े मदस्य होंगे, लेकिन उन्हीं सदस्यों के ऊपर इस की जिम्मेदारी होगी कि इस संस्था की योजना की रूपरेखा तैयार करें और देश के सामने या संसद् के सामने रखें, तब कहीं इस संसद् को उस पर विचार

करने का मौका मिलेगा। मैंने जब अखबार में पढ़ा और इस की चर्चा सुनी कि केन्द्रीय सरकार इस तरह की संस्था का निर्माण करने के लिये बिल प्रस्तुत करने वाली है तो मुझे बड़ी खुशी हुई, लेकिन मैं समझता था कि बिल पेश करने के समय से पूर्व योजना पर अच्छी तरह से विचार कर लिया जायेगा। अगर ऐसा होता तो हम इस पर और अच्छी तरह से विचार कर सकते थे।

दूसरी बात में यह कहना चाहूंगा कि इस संस्था का उद्देश्य बहुत अच्छा है और हो सकता है कि इस बिल में संशोधन करने की गुंजाइश अधिक न हो, फिर भी मैं कहता हूँ कि इस तरह के बिल पर पहले प्रवर समिति में विचार कर लेना चाहिये क्योंकि भले ही इस में ज्यादा समय लगाने की जरूरत न हो फिर भी जिस नई संस्था का निर्माण होने जा रहा है उस का निर्माण होने के साथ साथ हम अपना लाखों रुपया उस को सुपुर्द करने जा रहे हैं। उस के सम्बन्ध में जो बिल है उस को इस कारण से अवश्य ही सेलेक्ट कमेटी को अच्छी तरह से विचार करने के लिये दिया जाना चाहिये था। इतनी जल्दबाजी में विचार करने से हो सकता है कि विधेयक में कोई त्रुटि रह जाये। अगर यह सेलेक्ट कमेटी में जाता तो वहां पर हम अच्छी तरह से विचार करके उस में सुधार ला सकते थे।

इस सम्बन्ध में मुझे दूसरा आश्चर्य यह हुआ है कि इस संसद के सदस्यों की जो विजनेस ऐडवाइजरी कमेटी हम ने बनाई है उस ने भी इस विधेयक के लिये इतना थोड़ा समय दिया। इतने महत्वपूर्ण विधेयक के लिये जिस में कि हम एक नई संस्था का निर्माण करने जा रहे हैं विचार करने के लिये केवल एक घंटे का समय पर्याप्त नहीं है।

दूसरे अफसोस की बात यह है कि हम सब लोग यह जानते थे कि शनिश्चर को संसद की बैठक नहीं हो रही है और जो बिल आर्डर पेपर

पर रखे गये हैं उन पर विचार नहीं होगा क्योंकि सोमवार से हम राष्ट्रपति के भाषण पर विवाद करेंगे। उस पर विवाद समाप्त होने पर ही इन बिलों पर विचार किया जायेगा।

Mr. Chairman : Did the hon. Member himself object to this allotment of time; did he do it?

Shri Shree Narayan Das : I did not object.

Mr. Chairman : Then why should he raise it now?

श्री श्रीनारायण दास : मैंने बाई दि वे कहा है, इस पर विचार करना चाहिये।

Mr. Chairman : The whole House including the hon. Member himself accepted this allotment.

The Minister of Parliamentary Affairs (Shri Satya Narayan Sinha) : The height of wisdom of the House is represented on the Business Advisory Committee.

श्री श्रीनारायण दास : ठीक है, मैं समझता हूँ कि अगर इस विधेयक पर कुछ और अधिक मौका मिलता तो अच्छा होता। मैं ऐतराज तो नहीं करता, लेकिन यह बड़ा महत्वपूर्ण बिल है और अगर इस पर कुछ और समय मिलता तो और अच्छी तरह से विचार हो सकता था। इस विधेयक के सम्बन्ध में सबसे पहली बात में यह कहना चाहूंगा कि इस संस्था के जो सदस्य होने जा रहे हैं उन के चुनाव की जिम्मेदारी केन्द्रीय सरकार पर ही होने वाली है। अभी जितनी शिक्षा संस्थायें चिकित्सा के सम्बन्ध में हैं, जितनी यूनिवर्सिटीज हैं, अगर उन के प्रतिनिधि इस संस्था में होते तो अच्छा होता। इसमें इंडियन साइंस कांग्रेस एसोसियेशन के प्रतिनिधि तो लिये गये हैं मगर जहां तक मेरा ह्याल है इस में उन यूनिवर्सिटीज के प्रतिनिधियों को जिन के अन्डर की चिकित्सा की शिक्षा संस्थायें चल रही हैं, लिया जाना चाहिये था।

कुछ माननीय सदस्य : वह भी हैं।

श्री श्रीनारायण दास : अगर इस में यह दिया गया है तो यह इत्तफाक करने की चीज है । हम सब चाहते हैं कि जितनी युनिवर्सिटियां हैं, जिन के नीचे चिकित्सा की शिक्षा दी जा रही है, उनके प्रतिनिधि इस में जरूर हों ।

मैं इस बात को कबूल करता हूँ कि मैं ने इस विधेयक को जितने गौर से पढ़ना चाहिये था उतने गौर से नहीं पढ़ा है । जितनी दिलचस्पी मुझे लेनी चाहिये थी, उतनी दिलचस्पी के साथ मैं ने उस को नहीं पढ़ा है, हालांकि मैं इस मामले में बहुत दिलचस्पी रखता था, क्योंकि मैं सोचता था कि अगर यह बिल सेलेक्ट कमेटी में जायेगा तो उस में सुधार की आशा की जा सकती है । लेकिन चूँकि जितना समय इस के लिये दिया जाना चाहिये था उतना नहीं दिया गया, इस लिये मैं इस समय कोई सुझाव का प्रस्ताव नहीं दे सकता । मुझे उम्मीद है कि दूसरे सदस्य अगर कोई सुझाव दे सकेंगे तो अवश्य देंगे । खास कर के जो रूल्स और रेगुलेशन्स बनाने का अधिकार केन्द्रीय सरकार को दिया गया है उन संशोधनों की जिम्मेदारी को निभाने के लिये सरकार पूरी तरह से विचार करेगी । संस्था के निर्माण में जिन रूल्स और रेगुलेशन्स के जरिये, डेलिगेटेड पावर्स दी जाती हैं, मैं समझता हूँ कि उन रूल्स और रेगुलेशन्स पर भी, जो संस्था द्वारा या सरकार द्वारा निर्मित किये जायेंगे, पूरी तौर से विचार किया जायेगा । इतनी बड़ी संस्था का जो निर्माण होने जा रहा है उस का भार ऐसे योग्य हाथों में दिया जाये जो उस संस्था के आदर्श को अच्छी तरह से स्थापित कर सकें और इस संस्था के प्रति जो जिम्मेदारी उन को दी जा रही है उस को वे पूरी तरह से निभा सकें ।

इन शब्दों के साथ मैं इस विधेयक का समर्थन करता हूँ ।

Shri Mohanlal Saksena (Lucknow Distt. cum Bara Banki Distt.) : At the outset I should say frankly that I can

neither welcome the measure nor congratulate the hon. Minister for her performance today. I confess I was also slack in giving notice of a motion for reference of this Bill to the Select Committee under a wrong impression. Yesterday, I did not know that the House would sit today; it was rather late in the night that I knew that we were sitting today and so I could not give notice in time.

I would remind the hon. Minister that last time she had brought a measure which was equally important and controversial—the Delhi (Control of Building Operations) Bill. Even then I had impressed upon her the need for referring such measures to a Select Committee even for a few days. I am sorry to note that even now she has brought such a measure. In this Bill itself, in clause 5, it is said :

“It is hereby declared that the Institute shall be an institution of national importance.”

Again there are provisions which purport to nullify the provisions of other statutes. For instance, it is said that the person who becomes the President of this Institute will be exempted from the disqualification of holding an office of profit for becoming a Member of Parliament. Then it gives powers to the Institute to give degrees and diplomas notwithstanding whatever may have been provided in the Medical Council Act. That is an important provision and at least we should have been told what was the opinion of the Medical Council on the subject. We should have known the opinion of the Committee which was appointed by this House as to whether it will be treated as an office of profit or not.

The hon. Minister says that she has been to other countries, U.S.A., U.K. and U.S.S.R., and has been impressed by the standard of education, and therefore, she is going to start this Institute, the first of its kind in Asia. I congratulate her for her inspiration, but I would like her to tell us how long she will take to bring the results of these researches within the reach of our ordinary people. Will it be 2, 3, or 10 years? Will it be possible for her to give a period? If she can bring the results within the reach of Common people in that period, I will congratulate her. What did Gandhiji say regarding this question? If the results of the research cannot be made available within two years to the ordinary poor people,

such a research is merely a waste—these are the words of Mahatma Gandhi.

Not only that. Again this is going to be an Institute of Medical Sciences, but "Medical Sciences" will not include Ayurveda, they will not include homeopathy and other indigenous systems of medicine. But they include only what has been dubbed and designated as modern systems of medicine—allopathy. I know that those who man the Health Ministries in the Centre and the States are allopaths and do not know much about Ayurveda etc. but they feel themselves competent to declare that it is not a scientific system. It is a matter of pity and shame for us not to recognise Ayurveda as a scientific system of medicine, particularly at a time when opinion in other countries are beginning to turn towards that system.

I know of one incident. One of our *ex*-Ministers who had been to U.S.A. told me that one of the medical graduates of the Bombay University had gone to the U.S.A. and joined a certain institution for further studies. When he met an eminent medical authority in the city, he was put the question, "Have you finished your studies in the Indian system of medicine?". He said 'Yes'. Then the doctor had a book in his hand and asked the student "Will you be able to help me to understand this book?"—it was a book by Shushrut. He said "I have never seen the book". The eminent doctor thereupon told him, "How can you say that you have finished your study of the Indian system of medicine?"

Mr. Chairman : May I know what is the conclusion of the hon. Member? Does he mean to suggest that the Medical Sciences do not include Homeopathy or Ayurveda or Unani?

Shri Mohanlal Saksena : They do not include Ayurveda etc.

Mr. Chairman : Will the hon. Minister kindly state what is the correct position?

Rajkumari Amrit Kaur : This is an Institute for the modern system of medicine and it cannot include any other system.

Mr. Chairman : Even Homeopathy is not a modern medical system!

Shri Mohanlal Saksena : To continue my story, the doctor told the student, "Then you do not know your own

system of medicine." In the matter of diagnosis, so many things are involved. Not only the reaction of the medicine but also the reaction of the crucible should be taken into account. If you put sulphur and sodium chloride, for instance, in a copper vessel, there will be some reaction; it will be different if they are put in a silver vessel; it will be again quite different in a China vessel. The doctor told him at the end that to prescribe certain medicines for each and everybody, without any consideration of climate and without knowing what will be the reaction on their system is not scientific.

When the hon. Minister returned from her trip to China, she talked of killing flies there and all that, and she said that she was impressed by that. I thought that she might introduce that system here as well. But she had nothing to say as to what have they done about indigenous systems of medicine in China? Is it not a fact that there is perfect collaboration between indigenous systems and the allopathic system there? In every progress report they mention the number of indigenous institutions they have started and the cases that are dealt with by them.

When there was this recent epidemic of jaundice in this very city due to the negligence—culpable negligence, criminal negligence—of the authorities themselves, the Health Authorities and other statutory authorities, thousands of people were seized by this malady. Who came to the rescue? Was it this modern system of medicine? One of the specialists declared that there was no remedy for it in that system—allopathic system. I know from my personal experience that thousands were treated under Ayurveda and Homeopathic system and got cured.

If in this very Institute of Medical Sciences Ayurveda and other indigenous systems will have no place, how can you expect them to be recognised abroad?

I have another objection that I have got. Why do you have all these things set up in Delhi? After all, the hon. Minister has been saying all the time and crying from housetops that Delhi is too much overcrowded, but now she is herself setting up an Institute here. She could have taken it to some outstanding place in the rural areas like Gurgaon or Faridabad or such other

[Shri Mohanlal Saksena]

places. Why should everything be located in Delhi particularly at a time when there is a demand that offices should move out from Delhi? Actually nobody moves out notwithstanding the decisions published in the papers. We are still having new institutions created and we shall have to make provision for housing and accommodation for them even when we are not able to make provision for those who are already in Delhi.

There is another objection that I have got. The hon. Minister has given a picture in which it is not possible to say what will be the financial commitments involved unless these institutions get started. We have got a provision here that the Government of India shall make all payments by grants. But we do not know how much will be needed. These are the days of planning, planned economy, planning for everything and so on; we want even private individuals to economise and save for the Plan. How much money is going to be spent on buildings? Are not buildings available elsewhere—in Simla, Mussoorie or other hill stations? We need not build so many buildings and spend money on them here for this purpose. But I find we are having so many buildings erected. In the financial memorandum appended to the Bill, it is said that in the year 1955-56 provision has been made for about Rs. 70,00,000, out of which Rs. 27,00,000 is obviously for construction of buildings. How much money will be needed in all, we are not told. I had some private talks and I understood that a sum of Rs. 3 crores will be required in all, and after that, a recurring grant to the tune of about Rs. 38,00,000 will be required. I would like the hon. Minister to deny that so much money will not be required.

Anyway, this House has been used to the tradition that whenever a proposal or a scheme involving much expenditure came before the House, it went through the Finance Committee or some other Committee of this House. Even if the Finance Committee was not there, she should have herself come forward with a proposal and refer to a Select Committee. Why should she rush through these things in this way? I know that the time allotted for this Bill is very short. I can say that one of the Members of the Business Advisory Committee himself did not know what the Bill was about. He thought that it

was a non-controversial bill because it had been brought on along with other non-controversial Bills relating to Red Cross etc. If this is the view of one of the Members of the Business Advisory Committee, how can we expect other Members here, who never thought that the Bill would come before us today, to know more about it?

There are many things to which I should take objection. Personally I will oppose the Bill so long as these medical sciences do not include Ayurveda, Homeopathy and other indigenous systems of medicine. Then there is another thing. In their First Five-Year Plan, the Planning Commission have recommended that the possibility of including the physical system of treatment in the medical sciences should be examined and facilities should be provided for giving training and education in that system. What has been done? May I know from the hon. Minister? It was a very important recommendation of the Planning Commission.

Mr. Chairman : Order, order. May I just bring to the notice of the hon. Member that only one hour was allotted today and we have to finish at 5. I would request him to close his speech.

Shri Mohanlal Saksena : I would close the speech but I would like to record my protest against the manner in which this is being hustled through.

Shri U. M. Trivedi : The time may be extended.

Mr. Chairman : We have already taken more than fifty minutes and several speakers have spoken. The Lok Sabha had accepted that one hour should be allotted.

Shri Mohanlal Saksena : I move that this Bill may be given extra time. So many speakers are there.

Dr. Suresh Chandra : Time must be given.

Mr. Chairman : What is the use of the Lok Sabha accepting the recommendations of the Business Advisory Committee if on every occasion there is a demand that the time may be extended?

Shri Ramachandra Reddi (Nellore) : This Lok Sabha has got every right to revise its opinion.

Mr. Chairman : Should it revise it so many times? I would just like to know how many hon. Members wish to speak on this Bill.

Shri Mohanlal Saksena : I have not finished yet.

Mr. Chairman : I find that there are eight Members more who want to speak.

Shri Satya Narayan Sinha : You are yourself aware of the fact that if this Bill is not put through today it will be held up till May. There is no time.

Rajkumari Amrit Kaur : May I suggest that we sit till half past five?

Mr. Chairman : If the Lok Sabha is willing to sit, I have no objection. Is it the desire of the Lok Sabha to sit longer?

Several hon. Members : No, Sir.

Mr. Chairman : It does not wish to sit longer; at the same time it wishes that the discussion should be continued. I am asking the hon. Minister of Parliamentary Affairs if he is willing to give one hour on the 20th.

Shri Satya Narayan Sinha : We are hardpressed for time. You know we have already allotted the time.

Mr. Chairman : But you are seeing the temper of the Lok Sabha. This will have to stand over.

Shri B. D. Pande (Almora Distt.—North East) : It is dictatorship on the part of the Government.

Mr. Chairman : I find that the consensus of opinion is that the discussion should be prolonged. I also find that they are not willing to sit longer today. May I know if the Report of the Business Advisory Committee has been placed before the Lok Sabha and has been accepted by it? Has it been put before the Lok Sabha and accepted by it?

Shri U. M. Trivedi : It was not put so far.

Mr. Chairman : The I am not bound by the views of the Business Advisory Committee the House has not yet adopted it in a formal manner. I was under the impression that it was agreed to by the Lok Sabha. Then I would only request the hon. Minister to find time on the 20th. If he cannot, it shall have to be adjourned to some other day. I understand that there was a proposal to prolong the sitting of the Lok Sabha till 5-30 P.M.

Some hon. Members : No.

Mr. Chairman : Was it not put before the Lok Sabha? I am asking the Minister of Parliamentary Affairs.

Shri Satya Narayan Sinha : My difficulty is this. I want quorum. Most of the Members have moved out and I could not stop them physically.

Mr. Chairman : So far as quorum is concerned, I find that in the Lok Sabha at the present moment, there are more Members than are usually to be found. If he saw the attendance for the last two hours or so, there was practically no quorum in the House. But at the same time, at this moment, there are more Members in Lok Sabha than they were at any time today. The desire of the Lok Sabha has to be met so far as the discussion is concerned. I do not want to postpone this till May. In that connection, I was asking the Minister of Parliamentary Affairs to let me know if it would be possible to allot one hour on the 20th.

Shri Satya Narayan Sinha : I do not know. If the Lok Sabha is prepared to sit half an hour more on that day, I have no objection. We are sitting till 5.30 on Monday. If it is the desire to sit from 5.30 to 6.30, I have no objection to prolong the discussion on the bill. There will be further discussion and the Bill will also be passed during that period.

Mr. Chairman : As it is agreed to, I postpone the discussion of the Bill to the 20th February from 5.30 to 6.30. The Lok Sabha stands adjourned till 11 A.M. on Monday.
4-59 P.M.

The Lok Sabha then adjourned till Eleven of the Clock on Monday the 20th February, 1956.

All India Institute of Medical Sciences

Bill

Lok Sabha

20th February 1956

(Pages 402 – 440)

[श्री वी. जी. देशपांडे]

मासला बना लिया गया है। आज प्रान्तीय कांग्रेस कमेटी के लोग सलाह के लिये आते हैं तो कल दूसरे लोग आते हैं। बाहर के लोगों को कोई पूछता नहीं। आपने मध्यभारत को मध्य-प्रदेश के साथ मिलाया। इस पर मध्यभारत के सब राजनीतिक दलों ने, कांग्रेस ने, हिन्दू महा-सभा ने, और भी जितने दल हैं सब ने विरोध प्रकट किया और जब इस विषय की चर्चा असेम्बली में हुई तो वहाँ भी बहुसंख्य सदस्यों ने विरोध प्रकट किया। परन्तु जब मैंने यह कहा तो हमारे गृहमंत्री श्री गोविन्द वल्लभ पन्त ने कहा कि मध्यभारत वालों ने मध्य प्रदेश में मिलने का विरोध नहीं किया। मैंने कहा कि मेरे हाथ में असेम्बली की प्रोसीडिंग मौजूद है जिस से प्रकट होता है कि इस का लोगों ने विरोध किया था। इस पर उन्होंने कहा कि ठीक है, विरोध किया है, लेकिन अब कोई विरोध नहीं कर रहा। तो असेम्बली में जो लोग राय देते हैं उस पर आप ध्यान देते नहीं। जब लोग रास्तों पर दंगा करते हैं और उत्पाद की धमकियाँ देते हैं तभी आप मानने के लिये तैयार होते हैं। इस प्रकार की परिस्थिति आप निर्माण करते हैं। बम्बई के प्रश्न पर आप ६ महीने तक चर्चा करते रहे लेकिन प्रधान मंत्री ने या और किसी बड़े नेता ने बम्बई में जा कर यह पूछा नहीं कि बाहर के लोग क्या चाहते हैं। अगर वे ऐसा करते तो किसी न किसी रूप से इसका हल निकल आता। यह बात आपने की नहीं बम्बई कारपोरेशन ने अपना सुझाव दिया। पूना कारपोरेशन ने भी अपना सुझाव दिया। पर आप ने उन की राय पर ध्यान नहीं दिया। दल के बाहर के लोगों से आप पूछताछ नहीं करते। फिर आप हमारे सिर पर सवार होते हो कि तुम प्रजातन्त्र के रास्ते पर नहीं चलते।

इस के भी आगे हम ने एक नई बात देखी। आज तीन साल से आप भाषावार प्रान्तों की बात कहते चले आ रहे हैं। एक साल तक आप का आयोग देश भर में घूमता रहा उस की प्रान्त रचना की योजना हमारे सामने रखी गई। फिर एक दिन किसी नेता के मस्तिष्क में ब्रेन वेव आयी और उस ने कहा कि बंगाल और बिहार को मिला कर एक राज्य बना दिया जाये। उन प्रदेशों के राजनीतिक दलों से पूछा नहीं। बाहर के लोगों को पूछा नहीं। प्रशासनिक सुविधा होगी या नहीं होगी, यह पूछा नहीं। आप ने दो प्रान्तों को एक करने का निश्चय कर लिया। फिर किसी दूसरे नेता ने

कहा कि बंगाल और बिहार की तरह महाराष्ट्र गुजरात और राजस्थान तक को मिला दिया जाय और एक प्रान्त बना दिया जाये। किसी ने कहा कि बंगाल के साथ आसाम को भी मिला दिया जाय। यह कहां तक ठीक है। इसी तरह का आप बिल लाने वाले हैं।

Mr. Deputy-Speaker: May I know how long the hon. Member is going to take to finish his speech?

Shri V. G. Deshpande: Only ten minutes; I have spoken for ten minutes now.

Mr. Deputy-Speaker: Then he can continue tomorrow.

ALL-INDIA INSTITUTE OF MEDICAL SCIENCES BILL

Mr. Deputy-Speaker: The House will now take up further consideration of the following motion moved by Rajkumari Amrit Kaur on the 18th February, 1956, namely:

"That the Bill to provide for the establishment of an All-India Institute of Medical Sciences be taken into consideration."

Shri Mohanlal Saksena may continue his speech.

Dr. Suresh Chandra (Aurangabad): He had already finished his speech.

सरदार ए० एस० सहगल (विलासपूर):
उपाध्यक्ष महोदय, मेरा प्वाइंट ऑफ़ ऑर्डर (औचित्य प्रश्न) यह है कि जब कि कंसिडरेशन मोशन (विचार प्रस्ताव) लोक सभा के सामने आ चुका है और उस पर बहस चल रही हो तो उस अवसर पर किसी मेम्बर को बीच में अपना अमेंडमेंट (संशोधन) लाने का अधिकार प्राप्त है? मैं इस प्वाइंट पर आपकी रूलिंग (विनिर्णय) चाहता हूँ।

Mr. Deputy-Speaker: He has a right to speak on his amendment. I am not able to follow.

Sardar A. S. Saigal: The motion for consideration is already moved and when the discussion is going on, is any hon. Member authorised to bring an amendment in the middle to refer the matter to Select Committee?

The Minister of Parliamentary Affairs (Shri Satya Narayan Sinha): When the consideration motion was moved, can any hon. Member bring a motion to refer the matter to a Select Committee?

Pandit Thakur Das Bhargava (Gurgaon): When a motion is put for consideration, that is the proper time; an amendment to that motion can be made. It may be for the circulation of the Bill or for reference to the Select Committee. I do not see why a motion to refer a Bill to the Select Committee could not be made after the motion for consideration has been made. On the contrary is it not the most proper time? In this case I understand that the motion to refer the Bill to the Select Committee was made perhaps before the consideration began but I am not sure. The practice is that one day's notice should be given; this motion was given more than one day ahead. I do not see what the point of order is.

Shri Mohanlal Saksena (Lucknow Distt. cum Bara Banki Distt.): May I point out that before the discussion started it was moved but the hon. Minister was pleased to take the objection that it was not in time? I accepted that it was not in time. But the Lok Sabha had been pleased to extend the time and I have not finished my speech. I can move my amendment today. There are other hon. Members who have also got similar motions and they can also be moved today.

Mr. Deputy-Speaker: I was not present here. I would like some clarification of the events that took place. As soon as a motion for consideration is made, the motion is moved and the hon. Minister in charge makes a speech as to why the Bill should be taken into consideration. By way of an amendment to the motion for consideration, a motion for circulation or for reference to a Select Committee can be made. That was the time. Immediately the consideration motion is placed before the Lok Sabha, hon. Members who have given notice of amendments must say that there is such and such amendment. Then he will be allowed to move it and make a speech then and there or, according to the discretion of the Chair, he may get a chance later on. Both the original motion and also the amendment will be under discussion in the Lok Sabha. But if the amendment is not moved then and he waits and takes his own time and brings it later, then hon. Members who had spoken will not have a chance to speak on the motion for reference to the Select Committee. They will not have a separate opportunity for that. I want to know what happened in this case.

Sardar Hukam Singh (Kapurthala-Bhatinda): There was the notice of this motion for the consideration motion. You are right when you observe that after a motion has been made everyone has a right to move an amendment that it may be referred to a Select Committee, etc. Whether a notice can be given after the motion for consideration has been made and after the Lok Sabha has begun considering it—that was the question. The question that was put before you was that no notice had been given earlier; notice was given after the Lok Sabha had taken up the consideration motion and discussed it partly. If notice of a motion comes after any motion had been discussed partly, then it is for the Chair to see whether that late motion can be accepted or not.

Pandit Thakur Das Bhargava: The two things must be kept apart. The first question is whether a motion for reference to a Select Committee is relevant when the consideration motion is made.

Mr. Deputy-Speaker: There is no question about it.

Pandit Thakur Das Bhargava: The second question is this. The hon. Minister moves a motion and gives such grounds as are not acceptable to the Lok Sabha. In that case, a motion can be made there and then and the hon. Minister can also accept the motion. I have seen this happening before in this House. The question of time is not material now because it was given two days ahead of today. Today when it is being moved, I do not see what the difficulty is or what the point of order is. Supposing a motion is made for consideration and at that very moment a person does not give the motion for reference to the Select Committee, that does not take away his right to ask the Chair to give him an opportunity and to waive the rule. These things are to be kept apart. He has got absolute right to move a motion of this nature.

Mr. Deputy-Speaker: Am I to understand that the hon. Member who was the Chairman for the time being allowed this motion to be made?

Some Hon. Members: No.

Pandit Thakur Das Bhargava: There was a motion perhaps in the office. At that time the motion was not made.

The Minister of Health (Rajkumari Amrit Kaur): I had moved for consideration of the Bill and after I had explained what the object of the Bill was, three hon. Members, if I remember right, got up and supported the motion. Later on when the hon. Member Shri Mohanlal Saksena got up, he said that he would like to refer the Bill—he said in the middle of his speech—to a Select Committee whereupon I said that I had received no motion for referring the matter to the Select Committee and therefore it was impossible for me to accept it. There were two other amendments which were given to me just as I came into the Lok Sabha day before yesterday. Now, I have just got four or five amendments given to me as I come into the Lok Sabha at 5.20. It is so difficult for me. Anyhow at that time I said in regard to one amendment I would accept it. I could simply not accept the other because it was not really in order. The motion for a Select Committee came to me only yesterday after this Bill had been postponed from Saturday to Monday.

Pandit Thakur Das Bhargava: May I add to what the hon. Minister had said? Things happen like this. The motion was not put before the Lok Sabha.

Mr. Deputy-Speaker: This was taken up on Saturday?

Pandit Thakur Das Bhargava: Yes. The motion was not placed by the Chair before the House; it was given to the office in writing but when Shri Mohanlal Saksena and Shri Shree Narayan Das spoke, they referred to it.

Mr. Deputy-Speaker: So, it was after the consideration motion was taken up; after it has started. Hon. Minister moved it also. Thereafter some three hon. Members have spoken. The next day, that is today, the motion is here.

Pandit Thakur Das Bhargava: On that day also, Shri Shree Narayan Das and Shri Mohanlal Saksena said in their speeches that they wanted the Bill to be referred to a Select Committee.

Mr. Deputy-Speaker: By that time no notice had been given.

Pandit Thakur Das Bhargava: On that day notice was given.

Mr. Deputy-Speaker: Before they said in the Lok Sabha, no notice had been given?

Pandit Thakur Das Bhargava: No notice was on the Order Paper. There was no notice with the Chair also at that time. It might have been with the office.

Shri Mohanlal Saksena: May I say a few words? You will also remember I consulted you. I was under the impression that the Bill would not be taken and the Lok Sabha would not sit and so I could not give notice. I had a copy of the motion which I had given to the office and it was taken up and it was there. But because the hon. Minister would not agree to waive the time or accept the motion, in my speech I referred to it and said I could not move it because she was objecting to it. Therefore, in my speech I had stated that I wanted to move a motion. Because it was objected then that the time given was very short—one hour—and the Lok Sabha agreed to the Bill being postponed for today and the Lok Sabha adjourned. I had not finished my speech then and therefore I am entitled to move that motion today. Whether it was circulated or not circulated I do not know.

Mr. Deputy-Speaker: I have heard the point of order. So far the facts are briefly as follows. Enough has been said. Just for the purpose of understanding the point of order and the decision on the point of order I am setting out the facts. The Bill was taken up for consideration on Saturday last. The hon. Minister spoke on the motion. Then the motion was placed formally before the House by the Chairman, whoever was the Presiding Officer at that time. Thereafter three other Members also spoke. Then Shri Mohanlal Saksena in his speech wanted to make a motion for reference to a Select Committee. The hon. Minister did not agree to waiving of notice regarding this matter.

Pandit Thakur Das Bhargava: This never happened. The hon. Minister never said that. That is not part of the proceedings at all.

Mr. Deputy-Speaker: I will delete that part regarding the question of accepting or not accepting. Now, Shri Mohanlal Saksena says that he came to me and I told him that in view of the fact that Saturday was fixed only by accident and, therefore, he could not have had enough time, if he gives notice even then it would be possible to waive the notice. I recollect having said so.

But, I still feel now that if Shri Mohanlal Saksena had given notice at one o'clock and the matter came up some time later, at four or five of the clock, as soon as the hon. Minister had sat down after making the motion it was for him to say: "I have given notice of a motion. Whether it is circulated or not let it now be treated as an amendment to this motion for consideration." He could have also quoted my having said that in view of the peculiar circumstances of Saturday being made a working day the notice ought to be waived. Then certainly the Chair would have waived the notice. It is not a mere matter of technical objection, the point is one of substance, if this ought to be differentiated from the other amendments to the particular clauses which are yet to be taken into consideration. As a matter of fact, the consideration of this motion already took place. Whether it is of such a nature as ought to be sent to a Select Committee or not those hon. Members who spoke had no opportunity to say anything. Further, if notice had been given in advance the hon. Minister also would have explained whether it is a matter of such importance or there is no contentious matter in it. These are arguments which certainly can be placed before the House. If there were any difficulties those difficulties could have been explained away. Even if it was felt that there was any difficulty, in view of the motion already tabled, the House could have taken that into consideration. But, here the hon. Minister and the hon. Members who have already spoken—probably, the Minister may have one—will not have a second opportunity. Therefore the question of waiving of notice in this particular case is not merely one of form but one of substance going into the very root of it. By allowing a special opportunity to the hon. Member who did not move the motion at any time I will be depriving the other hon. Members who took part in this debate of saying for or against the motion. If the hon. Member had been a little more alert and immediately after the motion for consideration was made merely pointed out that Saturday was quite accidentally fixed as a working day and therefore he could not give notice of his motion the Chair would have waived the notice and the House would have been in full possession of both the motions, for consideration and for referring the Bill to a Select Committee.

Now, so far as other motions are concerned which Pandit Thakur Das

Bhargava pointed out, on the spur of the moment some motions for reference to Select Committee might have been made but after long discussion, the whole question having been thrashed out. There are peculiar circumstances and there are exceptions. Let us not make an exception a rule. In this matter the hon. Minister is not willing. She thinks that it is not such a contentious matter as ought to go to a Select Committee and a number of hon. Members have already spoken on it. Under those circumstances I will not allow this motion to be made. I accept the point of order.

Shri Mohanlal Saksena: Sir, you have left me no option but to oppose this Bill for very good reasons which I will show just now.

Mr. Deputy-Speaker: Very well. I thought the hon. Member had concluded his speech.

Shri Mohanlal Saksena: I may inform the Lok Sabha that the hon. Minister took more than three years to produce this measure. I must say it is wholly misconceived, the approach is entirely wrong and the Bill is badly drafted. It does not give even a complete picture about the financial implications of this measure. I will just now prove what I have said.

Yesterday I informed the House that the non-recurring expenditure would be about Rs. 3 crores. That is not correct. I have got in my hands the Report of this very Ministry for 1954-1955 wherein it says that the non-recurring expenditure would come to Rs. 375.96 lakhs, that is nearly more than 3.75 crores.

Pandit Thakur Das Bhargava: In this Bill no such figures are given. The hon. Minister has not given us all these facts. I want to know wherefrom the hon. Member is quoting those figures.

Shri Mohanlal Saksena: It is on page 20 of the Report of the Health Ministry.

Shri U. M. Trivedi (Chittor): Sir, can we make one request on behalf of the House? Unfortunately this Bill has been introduced on Saturday when we were not aware that this Bill will be taken up. We were all anxious that we should continue to discuss this Bill for some time longer. That time was given by the Chairman after a great deal of struggle on the part of the House. Now,

[Shri U. M. Trivedi]

today the hon. Member, who spoke last time also, has taken up half an hour more. That means 8 of us who stood up last time to speak something on this Bill will not get any opportunity whatsoever to speak on this Bill. Would it not be possible to hold over this Bill till such time as we can discuss the Bill? No figures have been given to us. We have no data about this Bill. We are discussing in the dark.

Shri Gidwani (Thana): Besides that Shri Mohanlal Saksena has given us new figures which were not given by the hon. Minister.

Rajkumari Amrit Kaur: Sir, I would like to point out that this Bill was introduced in the Lok Sabha on 21-9-1955, and there was plenty of time for studying the Bill and giving motions. Further, this morning the Business Advisory Committee has said that this Bill shall be finished by half past six today.

Mr. Deputy-Speaker: So far as this matter is concerned, this Bill has been introduced so long ago as September and then the motion for consideration was made on Saturday. It was not introduced on Saturday. If one hon. Member says: "This hon. Member has given some figures and so we shall adjourn it." then when is this going to finish? That shows that other hon. Members are not as pains-taking as the hon. Member who brings some facts before the Sabha. What prevented them from looking into those figures? I cannot go on allowing adjournment of discussion on this motion from time to time as and when something comes up. Now, I would request Shri Mohanlal Saksena to conclude in five minutes.

Shri Mohanlal Saksena: As I have already said the non-recurring expenditure is nearly Rs. 4 crores. Then the recurring expenditure is Rs. 1,31,00,000 every year. The amount that has been given, for which we have to thank the New Zealand Government, is only one million pounds, that is Rs. 1,30,00,000. That will not cover even one year's expenditure. We have received only one quarter of that and I do not know what are the terms and conditions attached to it. Anyway, we have not been informed and what I object to is that there has been a deliberate suppression of facts. There is a Memorandum attached to this Bill giving the financial implications and it shows only that in 1955-56 there is a provision of expenditure of Rs. 27

lakhs and Rs. 42 lakhs on another item. The figures given in the Report itself have been suppressed; otherwise I feel that the Business Advisory Committee would not have allowed only one hour for this Bill which involves an expenditure to the Exchequer to the tune of a very big amount.

Then again, this is going to be an autonomous body and we will not have much control over it. It is an All-India Institute of Medical Sciences. Medical sciences will not include ayurveda and that is what the hon. Minister said. She also said it would not include homoeopathy also. Why? Are they not treated as medical sciences? Who are going to have this Institute in India then? You say it is for the medical sciences, but without ayurveda and homoeopathy, it will be like enacting Hamlet without the Prince of Denmark. The hon. Minister either wantonly or in the usual hurry is rushing through the Bill without even a reference to the Select Committee. As I pointed out the other day, this is not the first time. This is the second time that such a thing has happened. So, I would still beg of her that if she is not prepared to refer it to the Select Committee, let her at least accept ayurveda as a medical science and include it in the Bill. Ayurveda is the science of life. If we do not recognise ayurveda as a medical science, what does it mean? Of course I know the Members in the Business Advisory Committee did not fully realise the implication of this Bill. I had a talk with some of them the other day. They did not know that this was an important measure. Anyway, if they had not realised this, I am also to blame. But this does not mean that we should commit ourselves, for five years to come, to such a huge expenditure. I have had some experience of the working of this Ministry. We were once committed to a factory and we were always given to understand that the estimate would not go up. But we have come to grief.

Therefore, my first suggestion is this. You must, first of all, include ayurveda in medical sciences. Secondly, you must not confine this Institute to New Delhi. The hon. Minister has got always a preference for Delhi and New Delhi. Here, there is the Malaria Institute and so many other Institutes are concentrated in Delhi or New Delhi. After all, such an Institution as this should spread its activities all over India. Thirdly, there must be greater Parliamentary

control and representation in the governing body of this Institute. It is an Institute of national importance. We realise it, but there is no national approach. There is an anti-national approach. Any policy which does not recognise the indigenous system of medicine of this country as a medical science is anti-national and should be thrown out by the Lok Sabha. If, therefore, the Minister does not accept these three suggestions, I feel that this Bill should be thrown out.

Several Hon. Members rose..

Mr. Deputy-Speaker : This has to be finished at 6-30 P.M.

Shri K. C. Sodhia (Sagar) : I have tabled an amendment, and I want to clarify some doubts. They have to be resolved by the Minister.

Mr. Deputy-Speaker : We can do that when we come to the amendments.

Shri Gidwani : May I know whether the facts, as stated by Shri Mohanlal Saksena, are true? He said that the commitment is about Rs. 3 crores.

Rajkumari Amrit Kaur : I shall reply to the points at the proper time.

Mr. Deputy-Speaker : The Minister will reply at 6 o'clock.

Shri Mohanlal Saksena : Why should the Member who wants that information wait till then? Why should the Members grope in the dark? Let the reply to it be given now, instead of taking shelter behind something else.

Mr. Deputy-Speaker : The hon. Minister will reply at the proper time.

पंडित ठाकुर दास भार्गव : बिल को पढ़ने के बाद मैंने यह सोचा था कि गवर्नमेंट ने यह तय कर लिया है कि हायर साइंस और हायर एजुकेशन की सहूलियतें इस मुल्क के अन्दर ज्यादा से ज्यादा लोगों को मयस्सर हों। लेकिन जिस वक्त इस बिल पर डिसकशन होने के दौरान मुझे यह पता लगा कि न तो यह एक आल इण्डिया इंस्टीट्यूट (अखिल भारतीय संस्था) है और न ही यह सब मैडीकल साइंस से तालुक रखता है तो मुझे बड़ा अफसोस हुआ। जब वहस हो रही थी तो मैं ने मिनिस्टर साहिबा से पूछा कि यह इंस्टीट्यूट किस सिस्टम (पद्धति) के वास्ते है तो मुझे यह सुन कर हैरानी हुई कि 'यह सिर्फ माडर्न साइंस यानी एलोपैथिक सिस्टम आफ

मेडिसिन' के वास्ते है और किसी दूसरे सिस्टम के वास्ते नहीं है। उन्होंने यह भी कहा कि माडर्न साइंस में आयुर्वेदिक, यूनानी या होम्योपैथी नहीं आती है। मैं तो यह समझता था कि माडर्न साइंस में यह सिस्टम भी आ जाती है लेकिन जब मैंने उन के मुंह से यह सुना कि यह माडर्न सिस्टम नहीं है तो मैं हैरान रह गया। इस हाउस में हम हर रोज सुनते हैं और हमारी वजीर साहिबान और खुद पंडित नेहरू जी कहते हैं कि हमें अपने दिमाग साफ रखने चाहियें। अपने दिमागों की खिड़कियां खुली रखनी चाहिए लेकिन जब मैं यह सुनता हूं कि यूनानी, आयुर्वेदिक और होम्योपैथी माडर्न सिस्टम आफ मेडिसिन नहीं हैं तो मुझे हैरत हुए बगैर नहीं रह सकती। मैं समझता हूं कि जब हमारी मिनिस्टर साहिबा यह कहती हैं तो उन को कुछ शर्म आनी चाहिये, कुछ हया आनी चाहिये ऐसा कहने में शिक्षक होनी चाहिये। आयुर्वेद को जानता हूं और मैंने सैकड़ों ऐसे केस देखे हैं जिनमें कि एलोपैथिक ट्रीटमेंट फेल हो गया और आयुर्वेदिक ट्रीटमेंट कामयाब रहा। इस चीज को हमारे नन्दा साहब बहुत अच्छी तरह से जानते हैं। बम्बई में शिव शर्मा के पास दूसरे मुल्कों से लोग आते हैं और वाहमी इलाज एक तरह से टू-वे ट्रेफिक हो गया है। इस स्टेप-मदरली ट्रीटमेंट (सोतेला व्यवहार) को मैं बरदाश्त नहीं कर सकता हूं। यह बात बिल्कुल गलत है कि सिर्फ एलोपैथी ही माडर्न साइंस है और बाकी कोई भी माडर्न साइंस नहीं है। मैं इस किस्म के बिल को जिस के बारे में यह कहा जाय कि यही एक माडर्न साइंस है, कभी अपना बोट देने के लिये तैयार नहीं हूं। मैं इस के खिलाफ नहीं हूं कि एलोपैथी की स्टडी को बढ़ावा दिया जाय। लेकिन मैं चाहता हूं कि दूसरे सिस्टम को भी माडर्न माना जाए और उन की भी तरक्की की जाय। उन को यह कह कर कि वह माडर्न सिस्टम नहीं हैं और कोई साइंस ही नहीं है, इस वास्ते उन को बढ़ावा न दिया जाय, इस चीज को मैं नहीं मानता हूं। अगर इस बिल का नाम बदल कर आल इंडिया इंस्टीट्यूट आफ एलोपैथिक साइंस रख दिया जाय तो मुझे कोई एराज नहीं होगा। सिवाय economic grounds आर्थिक आधारों) के

दूसरी बात जिस से मुझे हैरानी हुई वह यह है कि कहा गया है कि हिन्दुस्तान के अन्दर इससे रुरल एरियाज की बेहतरी होगी। आज भी देहातों के अन्दर लोग वैद्यों के पास ट्रीटमेंट के लिये बड़ी तादाद में जाते हैं और उन को बहुत

[पंडित ठाकुर दास भागवत]

थोड़े पैसे देने पर इलाज की सहुलियते मुहैया हो जाती हैं। जहां तक एलोपैथीका ताल्लुक है जो फीस और दवायियों का खर्च वे चार्ज करते हैं, उन को देने की शक्ति गरीब आदमियों में नहीं होती है। यह लोग पांच-पांच दस-दस और सोलह-सोलह रुपये अपनी फीस मांग लेते हैं और जो पेटेंट दवाइयां लाने के लिये कहते हैं उन का खर्च अलग होता है। जो सस्ता इलाज है उसी को हमारे देहाती के लोग चाहते हैं। जिस तरीके पर एलोपैथिक के लावा दुसरे सिस्टम्ज के साथ (स्टेप मदरली) ट्रीटमेंट किया जा रहा है, उससे हमारा सिर शर्म से झुक जाता है।

अभी जब यहां पर बहस हो रही थी तो उस दौरान बताया गया कि चार करोड़ रुपया रिकॉरिंग (आवर्तक) और एक करोड़ ३१ लाख रुपया नान रिकॉरिंग (अनावर्तक) खर्च होने का एस्टीमेट (प्राक्कलन) है। हमारी मंत्री महोदया ने जब इसको पेश किया था उस वक्त कोई भी ऐसी बात नहीं बतलाई थी जब मैंने पहले इस बिल को पढ़ा तो मैंने इस बिल को उतनी अहमियत का नहीं समझा जितनी अहमियत का यह है। इस बिल की डिस्कशन (चर्चा) के वास्ते जो वक्त मुकरंर किया गया है उस को हाउस ने एक्सेप्ट कर लिया है लेकिन किसी को भी यह नहीं मालूम था कि यह इतनी अहमियत रखता है। परसों जब इस बिल पर बहस हो रही थी उस वक्त मैंने इस की अहमियत को देखते हुए और इस हाउस की फीलिंग का ध्यान करते हुए इस को मुलतवी कर दिया था। इस बिल के बारे में यह गलती हुई है कि किसी को भी इस की अहमियत का पता नहीं था। क्योंकि पूरे वाक्यात मिनिस्टर साहिबा ने बतलाए ही नहीं। अब जिस तरह से इस बिल को पास कराने की कोशिश की जा रही है, जिस तरह से इस को हासल करने की कोशिश की जा रही है, मैं इस को ठीक नहीं समझता हूँ और मेरा ख्याल है कि यह नेशन के हितों के खिलाफ है। मैं चाहता हूँ कि इसको एक सिलेक्ट कमेटी (प्रवर समिति) के पास भेज दिया जाए और मैं प्रार्थना करता हूँ कि हाउस की सेंस को देखते हुए जो मुनासिब बात है वही की जाय। जिस तरह का यह बिल है अगर इस को इसी तरह से पास कर दिया जाता है और इस को किसी सिलेक्ट कमेटी के पास नहीं भेजा जाता है तो मुझे इन से अपसोस होगा और मैं इस को सपोर्ट करने के लिये कभी भी तैयार नहीं हूँ।

Several Hon. Members rose.

Mr. Deputy-Speaker : About seven or eight Members want to speak now. I have noted down all the Members who want to speak and who have risen so far, and I shall give them an opportunity to speak during the clause-by-clause stage.

Shri Gidwani : Apart from the technicalities, even now, the hon. Minister could agree to refer the Bill to the Select Committee.

6 P.M.

Dr. Suresh Chandra : When this motion was taken up the other day, 7 or 8 Members wanted to speak and that was why the consideration of the motion was postponed. Today excepting for two Members, nobody else has been given any opportunity to express his views. It is very unfair that having waited till 6 o'clock, we should be denied an opportunity to speak.

Mr. Deputy-Speaker : I am entirely in the hands of the Lok Sabha. We will dispense with the third reading and we shall take ten minutes for the clause-by-clause consideration.

Pandit Thakur Das Bhargava : May I seek your permission to move formally that the debate on this Bill be adjourned?

Some Hon. Members: Yes.

Shri Gidwani : I support it.

Shri U. M. Trivedi : I whole-heartedly support it.

Rajkumari Amrit Kaur : I am not willing to accept that proposal, because it has already been accepted that we shall finish this at 6.30 today.

Shri Gidwani : Certain new facts have been brought to our notice now, which we did not know before.

Mr. Deputy-Speaker : There is a motion for adjournment of the debate. What does the hon. Minister say?

Shri Satya Narayan Sinha : The Business Advisory Committee, as you are aware, set apart one hour for this Bill. Again, at the request of hon. Members, we allotted another hour. If we adjourn the debate now, the Business Advisory Committee's decisions will have no meaning. We cannot stifle its decisions.

Shri Mohanlal Saksena : How many Members of this committee were informed at first that this would mean a non-recurring expenditure of about Rs. 4 crores and a recurring expenditure of Rs. 1,31,00,000?

Dr. Suresh Chandra : Apart from that, 20 minutes have been taken on the point of order, and only two Members have spoken....

Shri U. M. Trivedi : Only one Member has spoken.

Dr. Suresh Chandra : There are still a number of people who would like to speak. Therefore, the debate may be adjourned now and taken up on some other day.

Mr. Deputy-Speaker : I am willing to sit till 7 o'clock, but this Bill must be finished. We have one full hour left. This is a question of principle. The points that have been raised are these: This institute is confined or restricted to modern science in its scope. It may include homoeopathy. Perhaps it is also modern.

Pandit Thakur Das Bhargava : This question was specifically put by me to hon. Minister and she was pleased to say that homoeopathy, ayurveda and unani are excluded.

Mr. Deputy-Speaker : Therefore, it is a question of principle whether it ought to be accepted or not, and, reference to a Select Committee is not going to alter the situation.

Pandit Thakur Das Bhargava : It will.

Mr. Deputy-Speaker : Homoeopathy will have another institute. I am told by the hon. Minister that similar institutions for ayurveda have already been established somewhere. Under these circumstances, there is no purpose in referring the Bill to a Select Committee, because it is a question of principle and policy. The second point is about the expenditure and spending of so much money. Everybody knows that in New Zealand or some other country, they spend so much. Of course, a detailed consideration of the statement can be asked, but there is no purpose in saying again and again that it ought to go to a Select Committee. I am willing to sit till 7 o'clock and if the Lok

Sabha is willing, we will finish the Bill by sitting till 7 o'clock.

Some Hon. Members : No.

Mr. Deputy-Speaker : Those hon. Members who do not want to remain may go. There is no meaning in adjourning the debate at this stage. One hour was allotted to this Bill by the Business Advisory Committee and the time was extended by another half an hour. Pandit Bhargava was also a Member of the Business Advisory Committee.

Pandit Thakur Das Bhargava : Since you have been pleased to refer to me, I want to make one submission. The Business Advisory Committee never decided that the Bill has to be passed. It never decided that the Bill shall be proceeded with even after the motion for adjournment of the debate is passed. It is quite consistent that within the time allotted by the Business Advisory Committee, we just pass the motion for adjournment of the debate.

Mr. Deputy-Speaker : The hon. Member knows fully well that in the Business Advisory Committee we take into consideration all aspects and decide how much time is necessary at each stage. For adjournment of the debate no time need be fixed by the Business Advisory Committee. As regards the other things that are stated now and that were not placed before the Business Advisory Committee, these are matters of principle and can be decided here. Even now, only one small amendment is necessary, namely, the deletion of the word "modern". Instead of modern science, it will be science. For this purpose, it need not be sent to the Select Committee. The Business Advisory Committee decides something on behalf of the Lok Sabha and we should accept it. Therefore, for the clause-by-clause consideration, I will reserve 15 minutes. I will give opportunities to some hon. Members to speak now and at quarter to seven I will start the clause-by-clause consideration.

Pandit Thakur Das Bhargava : If you please allow that homoeopathy, unani and ayurveda are included in the phrase "modern science", we have no objection to continue. It is not a question of time, but of principle. I moved the motion for adjournment of the debate because, I was told yesterday that these things were not included.

Shri Sinhasan Singh (Gorakhpur Dist.—South): I want to appeal to the hon. Minister to be fair to the feelings of the Lok Sabha. Heavens are not going to fall if this Bill is postponed for some time. Having regard to the feelings of hon. Members, we may postpone the debate now and discuss the whole matter later. I think the hon. Minister should go with the feeling of the Lok Sabha.

Mr. Deputy-Speaker: I allow hon. Members to speak, but not to move for adjournment of the debate. The hon. Minister is not willing.

Shri U. M. Trivedi: On a point of order, Sir. There is already a motion by Pandit Bhargava for adjournment of the debate. What happens to that motion?

Mr. Deputy-Speaker: It is not accepted by the Chair as being a dilatory motion at this stage. Mr. Suresh Chandra.

Dr. Suresh Chandra: I rise to support the Bill which has been introduced by the hon. Health Minister. I know that there is great excitement in the Lok Sabha. (*Interruptions.*) I would request you, Sir, not to allow hon. Members to interrupt like this. There must be some decency.

Mr. Deputy-Speaker: Ignore the interruptions.

Dr. Suresh Chandra: I rise to support....

Some Hon. Members—*rose*.

Mr. Deputy-Speaker: Order, order; no hon. Member need interrupt.

Dr. Suresh Chandra: When the hon. Member was speaking this morning, I was listening to him very patiently and I did not interrupt him. I hope he will give me the same hearing.

I rise to support the Bill which has been introduced here. I have been going through the Bill and the speeches that had been made on it the other day. I have not been able to understand the speech which had been made by my hon. friend Shri Mohanlal Saksena, with great enthusiasm. I do not understand why Ayurveda should also be included in this Bill. I entirely agree with him that Ayurveda is a modern science. Homoeopathy is also a modern science.

Not only in this country, but in Germany and America, there are these Institutes and colleges. I think we have taken homoeopathy from those countries also. There are colleges and clinics in homoeopathy. In other countries they study Ayurveda from here. I entirely agree that there should be an All-India Institute of Ayurvedic sciences and one separately for homoeopathic sciences, as there are in other countries also. For instance, I can tell you that in several universities in Germany, they teach not only homoeopathy, they teach Ayurveda. They teach Susruta and Charaka.

An Hon. Member: Not in India.

An Hon. Member: In India also.

Dr. Suresh Chandra: In India also, there are universities.

An Hon. Member: Where?

Dr. Suresh Chandra: There is a university in Hardwar where Ayurveda is taught and Ayurveda degree is also given.

An Hon. Member: No, no.

Mr. Deputy-Speaker: Let the hon. Member go on. Whichever hon. Member catches my eye, I shall also give him an opportunity to speak.

Dr. Suresh Chandra: Any way, there are universities in Germany where Ayurveda is taught. Therefore, I do not think there is any point in mixing up these two things. Here, the question is simple. This is a very important Bill. At the same time, it is a very simple Bill.

Some Hon. Members: No.

Mr. Deputy-Speaker: Order, order. So far as this Bill is concerned, why is unnecessary heat developed? As a matter of fact, it is common knowledge that in Bhavnagar, the hon. Minister has established a research institute. I saw it myself. I am not a doctor.

Pandit Thakur Das Bhargava: That is research in medicines.

Mr. Deputy-Speaker: In Ayurveda.

Pandit Thakur Das Bhargava: That is research in medicines. That is something else.

Mr. Deputy-Speaker: There is one here. Likewise, let there be institutes for Ayurveda, unani, etc. There is no

good confusing the issue. It is not as if hon. Members do not want a research institute for modern medicine. All are agreed that there ought to be one. The only point is whether in this, the other one should be tacked on or whether there should be a separate institute, so that each one may develop and ultimately they may collaborate and bring up the country to one of its greatest heights. The only point is, when we are talking of the one, we are introducing the other. This is exclusive. What is the harm? If there is an institute exclusively for Ayurveda, what is the harm? Once this is established, if there is no similar institute with so much expenditure for Ayurveda, etc., if expenditure is the main point, hon. Members can certainly say, let us have an equally big institute or bigger institute with 300 crores.

Pandit Thakur Das Bhargava: With the greatest deference, I beg you to clear one point. Then everything will be over. You will please see the wording of this Bill. The words are modern sciences. According to my hon. friend Dr. Suresh Chandra, and according to you also, homoeopathy, etc., are modern sciences. If this is accepted, it will apply to all modern sciences. But, this Bill does not say so. It will apply only to allopathy. Kindly clarify the point, the meaning of modern sciences, and whether the Bill will apply to all.

Mr. Deputy-Speaker: What is the harm if it is intended exclusively for allopathy?

Shri Mohanlal Saksena: You ask, what is the harm. I may point out....

Mr. Deputy-Speaker: I am not interpreting. Let us assume that the term modern sciences restricts it to allopathy. Is it not open to the Government to say, I will have a separate institute for allopathy, a separate institute for Ayurveda and a third one for homoeopathy? Why should we tack on the one with the other, making a *kichdi*? That may be possibly in the mind of the hon. Minister. Let there be patience. There is nothing lost. We can have any number of institutes. If it is the object of the institute to confine it specially for allopathy, let it be so confined. Let us not include in it the others. It will be neither the one nor the other. Hon. Members need not become emotional in this matter. One or two suggestions have already been made. Pandit Thakur Das Bhargava has already said that the

scope must be enlarged and the others also must be included. I think Dr. Suresh Chandra has spoken. I call upon Shri Ramachandra Reddi.

Dr. Suresh Chandra: I have not yet spoken. There was a dialogue between Pandit Thakur Das Bhargava and the Chair.

My hon. friend Shri Mohanlal Saksena has already raised a very important point and that concerns the financial implications of the Bill. He has said that in this Bill no financial implications have been shown. As far as my information goes, provision for this institute has been made in our First Five-Year Plan. This has also been included in the Second Five-Year Plan. Therefore, I feel that there is no point in demanding special financial implications now here.

Coming to the merits of the Bill, in clause 4 of the Bill, it is said that there will be more official members controlling this institute. I suggest that there should be more non-official members included here. Another point has been referred to by my hon. friend Shri T. S. A. Chettiar who pointed out that in clause 20 it is said that the Institute shall prepare for every year a report of its activities during that year and submit the report to the Central Government, but his amendment was that the report should be submitted not only to the Central Government, but also to the Parliament.

Rajkumari Amrit Kaur: I will accept the amendment.

Dr. Suresh Chandra: I think the hon. Minister has accepted it.

Shri K. C. Sodhia: What is the amendment that has been accepted?

Mr. Deputy-Speaker: Let us see later on.

Shri Ramachandra Reddi (Nellore): I presume, I have no time to argue. I shall only confine myself to a few points here and there. In clause 3 of the Bill, the wording is "All-India Institute of Medical Sciences". I should think that these words should be amended so as to confine the scope of the Bill only to allopathy. They can as well say, All-India Institute of allopathy. If they make it clear like that, all the controversy will be over.

Mr. Deputy-Speaker: There seem to be a number of sciences in allopathic medicine itself.

Shri Ramachandra Reddi : Clause 4 says,

"four representatives of the medical faculties of Indian Universities to be nominated by the Central Government."

I think it is necessary to make it more clear, though not in the Act itself, at least in the rules that have to be framed under this Act. It is not possible for the Central Government to impartially select people, the four representatives, from so many universities and so many medical institutions. On the other hand, it must be possible for the Central Government to call for a panel of names of persons from each institution and from that finally select four members.

Clause 15 (b) provides for facilities for research in the various branches of the sciences mentioned. When research is undertaken, I think it is much better in a country like India to have co-ordinated research not only with regard to Allopathic science, but also with regard to other allied sciences. The other sciences in India also might be taken into consideration and co-ordinated research may be thought of in this connection. I do not have any time to go into the details about that.

I am afraid that under this Act this new institution or the Government would be interfering too much with the curricula of studies of the several institutions and there will be some sort of overlapping of activities if under-graduate training also is undertaken in this institution. If it is confined only to post-graduate training, that will be much better. If, on the other hand, they want to have under-graduate training also here, special care has to be taken to see that such under-graduates are chosen from all regions and all States. Otherwise, there is every possibility of favouritism coming in, and some of the non-influential regions may be excluded from availing of the advantages of this institution.

Under this Act there is every possibility of imposing the ideas of this institution on the existing institutions which are doing very meritorious work. Unless there is a complete discussion of some of the subjects before they impose their ideas, it will be very difficult for some of those institutions that have already advanced very much, to take the ideas or the decisions of this institution and adopt them there.

Then, with regard to post-graduate training, I would suggest that recruitment and admission should be on an All-India basis maintaining parity between State and State and region and region. Otherwise, there will be a sort of regional favouritism which I should think in an institution like this must be prevented.

Much has been already said by my esteemed friend, Pandit Thakur Das Bhargava about Ayurveda and other sciences, and therefore I do not want to speak on them.

Shri U. M. Trivedi : I do not wish to enter into the merits of this Bill at all because I find that there is hardly any time to offer any useful criticism so far as the provisions of this Bill are concerned. But I will point out one very glaring defect in the introduction and consideration of this Bill which goes to the root of the whole case, and I will put it before you to consider whether or not to proceed with the consideration of this Bill on account of constitutional lacuna. The Minister for Parliamentary Affairs, being completely conscious of the fact that he has got a big majority with him, is just laughing over a very legal affair. That is not fair on his part and I should request him to bear with me for a moment, to hear what I have to say.

The whole difficulty about this Bill is that firstly it offends against rule 87 of our Rules of Procedure. The financial memorandum which has been attached to this Bill is not in conformity with the provisions of this rule. This rule requires that a Bill involving expenditure shall be accompanied by a financial memorandum which shall invite particular attention to the clauses involving expenditure and shall also give an estimate of the recurring and non-recurring expenditure involved in case the Bill is passed into law. I would like to know whether it has been mentioned that under this or that particular clause so much expenditure recurring or non-recurring is going to be incurred.

I will again draw the attention of the House through you to the fact that this Bill offends against the constitutional provision of article 110 read with article 117 inasmuch as the certificate of the President is only to the consideration, and not to the introduction of this Bill. This Bill cannot be introduced as in the statement filed it has been said that under Demand No. 47 and Demand No.

126 expenditure is going to be incurred on account of the passing of this Bill. In other words, appropriation from the Consolidated Fund to the extent of Rs. 69.68 lakhs is going to take place. So far as the question of appropriation from the Consolidated Fund of India is concerned, article 117(1) says that whenever there is a question of appropriation of monies out of the Consolidated Fund of India, a Bill or amendment making provisions for any of the matters specified in sub-clauses (a) to (f) of clause (1) of article 110 shall not be introduced or moved except on the recommendation of the President. I therefore submit that the introduction of this Bill was entirely illegal and *ultra vires*. Therefore, my submission is this, that whatever may be the present position, this Bill cannot be proceeded with as it has now interfered with the ordinary constitutional rights of this House. Therefore, my submission is that the Bill shall not be considered.

Shrimati Renu Chakravartty (Basirhat) : I, of course, do not know about the constitutional position regarding the financial memorandum. If we look upon it from the human point of view, I feel that it is in the rightness of things that we have an all-India Institute for allopathic medicine.

Especially after having gone through clause 15 of the Bill I find that this institution has a very wide scope of work which is as a matter of fact rather ambitious. It includes not only teaching, post-graduate and under-graduate, it has to provide facilities for research, it has to conduct experiments in new methods of medical education. It has to set up one or more medical colleges in the different departments of preventive and social medicine. It has to set up dental colleges and nursing colleges, and most important of all, rural and urban health organisations. The list goes on further: training of different types of health workers, training of teachers for different medical colleges in India etc. I think it is a very big and ambitious plan. In this age what we need is more and more specialisation. So, while I am at one with Pandit Thakur Das Bhargava that we should develop as far as possible Ayurvedic medicine, I think we should go in for specialisation and have separate institutions. It is also true that our people find it more and more difficult to get Allopathic medicine because of its expensive system of treatment. This is particularly true of the average persons

in the villages or the middle class and poor people in the towns. But I would rather plead for a cheaper system of medicine and not oppose allopathy as such. The patent medicines which are now being sold at such high prices should be made available at lower prices. But, at the same time, it is also true that in the modern system of medicines specially in Allopathy, there are different departments which have to be developed. For instance, there is physiotherapy, there is occupational therapy and there are other medical technical departments which have to be developed, and as such I think this is more than what one Institute can carry out. If they can carry out even half of what they have listed in clause 15, I think it would be enough for one Institute to look after. But I would rather like to point out that there are certain other features in the Bill, which should have attracted greater attention from the hon. Members of the Lok Sabha.

For instance, there is the provision in clause 15(v) for the setting up of rural and urban health organisations where the students will get field training. Here, I feel that whilst it is true that we need a central organisation, yet the plea that has been made by various Members, that we should try and balance the development of medical institutions in various parts of the country deserves consideration. While it is not possible to have such big institutions all over the country, at the same time it is possible to spread out these rural and urban health organisations which will be the training ground for the medical, dental and nursing students of the institute. The setting up of these organisations in various parts of India will in itself give those who are studying at the central institute a much greater knowledge of the types of areas in which they have to work, and the problems with which they will be faced. I think this is one of the features of the Bill—(where the provision made has been very weak)—which should have been developed further, and which should have attracted the attention of hon. Members more.

I also agree with my hon. friend Shri Ramachandra Reddy that we should be quite clear in our minds that though this central institute may be located in New Delhi, yet it must try to create cadres for the whole of India; and the persons who will join this institute must be drawn from all over India, and there must be some plans for provid-

[Shrimati Renu Chakravartty]

ing for the backward regions specially, so that those that do not have medical colleges and medical facilities developed in their areas, such as we have in Calcutta, or Bombay, will have greater opportunities to avail themselves of the benefits and facilities provided in this institute.

I think we should have attacked this Bill along these lines, and tried to find out how far we could have made further recommendations in this regard, and made improvements and additions in clause 15 where we have some ten or twelve sub-clauses.

Regarding the composition of the institute, I feel it is rather important that we should have representatives of the medical faculties of the Indian universities. We find that according to the provision in the Bill, four representatives of the medical faculties of Indian universities are going to be nominated by the Central Government. But I feel that we should have a few more, because it is necessary that this central institute should become the centre where we shall have the collective wisdom of all the institutions that are already there in various parts of India like Madras, Calcutta and Bombay where we have very fine institutions which have gained experience as a result of so many years of teaching and research. Their experience will certainly be valuable, and therefore, representatives from among those experienced personnel also should be on this institute, so that we shall be able to build and develop on what we have already got.

If the idea is, as is stated in the Statement of Objects and Reasons, that we should become self-sufficient by developing a cadre and an institute, whereby the practice of sending students abroad for foreign training can be done away with—and I think we can really become self-sufficient—then I feel that by establishing this institute, we would be doing a patriotic job, which if well done will really be good. But that does not mean that we are minimising the importance of having an Ayurvedic institute. An institute for such sciences should also be brought into existence.

Mr. Deputy-Speaker: Now, Shri Gidwani.

Rajkumari Amrit Kaur: When do I have any chance to speak?

Pandit Thakur Das Bhargava: It is already 6.30 p.m. and we have been waiting here for the last seven hours in order that we may get an opportunity to speak. And now my hon. friend Shri U. M. Trivedi has raised some legal issue. We also want to consider that.

Mr. Deputy-Speaker: I shall state what I have to say on that.

Pandit Thakur Das Bhargava: You may give your ruling certainly but we also want to partake in the debate on the legal point.

Mr. Deputy-Speaker: The hon. Member must have said already what he had to say.

Pandit Thakur Das Bhargava: Even if I have not said that I would like to point out that we have already sat for seven hours, and now to ask the Lok Sabha to go on....

Mr. Deputy-Speaker: I informed hon. Members that we shall sit till seven o'clock today and conclude this Bill.

Pandit Thakur Das Bhargava: But that will be against the decision of the Business Advisory Committee.

Mr. Deputy-Speaker: So far as the financial implication is concerned, and the objection that has been raised is concerned, it is not a regular objection or a point of order that has been raised with regard to proceeding with the consideration of this Bill. The hon. Member only said in the course of his speech that this point also may be taken into consideration. But inasmuch as Pandit Thakur Das Bhargava says that I ought to dispose of that objection, I would straightway say that this is not a money Bill. It is only a financial Bill. It is not provided in article 117 of the Constitution....

Shri U. M. Trivedi: I am sorry there is a mistake. Will you permit me to say....

Mr. Deputy-Speaker: I am not going to permit the hon. Member to say anything now. I have heard the hon. Member sufficiently. After all, there is a limit to hearing.

Shri U. M. Trivedi: But one mistake is creeping every now and then.

Mr. Deputy-Speaker : It is not so. It is not one of first impression. Hon. Members would kindly recall that on a prior occasion, a similar Bill had been brought forward here, and I had my own doubts in respect of that Bill. The hon. Prime Minister also was here at that time, and I said then that I would leave it to the House. Subsequently we considered the whole matter.

And it was brought to our notice that any expenditure from the Consolidated Fund of India by itself does not require a sanction under clause 1 of article 117, and that clause 3 of article 117 does provide for expenditure from the Consolidated Fund of India.

Clause 1 of article 117 refers to those cases which are specifically mentioned in sub-clauses (a) to (f) of clause 1 of article 110; that is to say, the Bills contemplated therein must provide for expenditure, and actually in so many terms it must say that from the Consolidated Fund of India, such and such sums shall be spent.

Here, the provision is that the fund of the institute will consist of all moneys provided by the Central Government, and all moneys provided by other sources. But from what source? That is for Government to say.

Under these circumstances, this Bill does not come strictly within the scope of clause 1 of article 117. It comes only under clause 3 of article 117, and so far as that goes, the recommendation of the President has been given in so many terms. So far as introduction of the Bill is concerned, no sanction is necessary; only for the consideration and passing, that sanction is necessary, and that sanction has been obtained.

Now, I would call upon Shri Gidwani. At 6.43 p.m. I intend calling the hon. Minister.

Shri Joachim Alva (Kanara): I hope you will give me also a chance.

Mr. Deputy-Speaker : I am not going to give any chance.

Shri Joachim Alva : I beg of you to give me a chance.

Mr. Deputy-Speaker : I am sorry. I cannot give any chance.

Shri Joachim Alva : You said that you would close the debate at 7 p.m. So, there is still chance for two more to

speak. The Minister was to be called only at a quarter to seven of the clock.

Mr. Deputy-Speaker : What could I do? I am sorry. Now, Shri Gidwani.

श्री गिडवानी : मैं इस बिल का समर्थन करता हूँ और मैं चाहता हूँ कि इस में ग्रामों के लिये एक कैडर (पदालि बनाने का जो फैसला किया गया है, उस की तरफ़ ज्यादा ध्यान दिया जाय। हमारे हिन्दुस्तान में बहुत से लोग बीमार पड़ते हैं, लेकिन उन के लिये दवाओं का कोई इन्तजाम नहीं है। आज इस बात की बहुत जरूरत है कि हमारे मुल्क में लोगों को सस्ता इलाज मिल सके, जैसा कि चाइना और रशिया में मिलता है। वहाँ पर एक ऐसा कैडर बना हुआ है जिस में तीन बरस में डाक्टर तैयार कर दिये जाते हैं। यहाँ भी वैसा ही इन्तजाम किया जाना चाहिये ताकि गांवों के लोगों को लाभ पहुंचाया जा सके।

मैं हाउस का ज्यादा समय नहीं लेना चाहता हूँ, क्योंकि ज्यादा वक्त हमारे पास नहीं है। एक बात मैं यह कहना चाहता हूँ कि इंस्टीट्यूट के चौदह मॅंबर होंगे और उन में पार्लियामेंट के केवल तीन मॅंबर होंगे। मैं यह जानना चाहता हूँ कि यह क्यों किया गया है? रुपया देने वाले हम हैं। अभी बताया गया है कि तीन करोड़ रुपये तो पहले दिये जायेंगे और एक करोड़ रुपया सालाना की ग्रांट दी जायेगी। मालूम नहीं वाद में एक करोड़ से दो-तीन करोड़ हो जायें। मैं समझता हूँ कि कम से कम पार्लियामेंट के सात मॅंबर होने चाहिये ताकि उस पर हमारा पूरा असर हो, नहीं तो यह सारा मामला वैसे ही चलेगा, जैसे दूसरी योजनायें चलती हैं।

इन शब्दों के साथ मैं बिल का समर्थन करता हूँ और उम्मीद करता हूँ कि आनरेबल हेल्थ मिनिस्टर साहिबा पार्लियामेंट के मॅम्बरों की तादाद को बढ़ायेंगे।

Mr. Deputy-Speaker : Now, the Minister.

Shri Joachim Alva : Please give me a chance. I shall be referring to one very important aspect which has not been referred to at all by anybody so far, and that is in regard to the selection committee.

Mr. Deputy-Speaker : I am sorry. Now, the Minister.

Rajkumari Amrit Kaur : I am sorry that such an enormous amount of heat

[Rajkumari Amrit Kaur]

has been engendered over a Bill which is really a very straightforward and simple measure, and as such should have received the unanimous support of this House.

The plan for this All-India Institute of Medical Sciences has been before this House for the last four years; we have discussed the question from the point of view of education, from the point of view of maintaining standards, and also from the point of view of giving to our people post-graduate studies in their own country and in their own background. If you will turn to clause 15 on page 5, you will find that it has been clearly stated there that this institute is meant :

"to provide for undergraduate and postgraduate teaching in the science of modern medicine and other allied sciences, including physical and biological sciences."

As my hon. friend Shrimati Renu Chakravartty has said, and so clearly said in her speech supporting it, there is no reason why we should not have an institute of this nature. You, Sir, have also said that this does not mean that we are not going to have post-graduate studies in either homoeopathy or Ayurveda. As a matter of fact, post-graduate studies in Ayurveda have already been started on an all-India basis at Jamnagar. And we are upgrading now the College of Homoeopathy in West Bengal, and post-graduate studies, I hope, in Bombay.

Now some criticism has been levelled—I have so little time to reply—as to the official character of the Governing Body. I may bring to the notice of Members that there are merely three or four officials out of the seventeen members, because the non-medical scientists and those representing the Indian Science Congress certainly won't be officials. Representatives of the medical faculties are not likely to be officials. Then there are three Members of Parliament who certainly are not officials. So that objection really does not stand.

Then as far as the recurring expenditure is concerned, in the First Five-Year Plan appropriations for this Institute have been accepted by the Lok Sabha. It has been stated by an hon. Member who opposes this motion that Rs. 131.15 lakhs is the recurring expenditure of this Institute. I would like

to bring to his notice, to your notice Sir, and to the notice of the House Rs. 131.15 lakhs is the recurring expenditure for 7 years from 1953 to 1959, and not for one year. Everything has been given before. I have no time to go into the details of the expenditure.

Shri Mohanlal Saksena : What is the initial expenditure ?

Rajkumari Amrit Kaur : As far as the rural and urban centres are concerned, we are going to give teaching in them; it does not mean that there will not be rural and urban centres as Shrimati Renu Chakravartty pointed out, in other parts of India. Doubts were raised as to whether the existing medical colleges will stop post-graduate studies. I would like to assure Members, 'No', because I have upgraded certain departments for post-graduate studies in various States. That process will be continued.

Then all kinds of colleges are not to be concentrated here. The nursing college and the dental college certainly are going to be here with this Institute. You cannot ask me to remove this Institute today from Delhi, because the decision for having it in Delhi was taken many years ago.

I have been asked by one Member to give him an assurance about a college in Delhi and to start the same with the Irwin Hospital. If my plans had come about, this Institute would have been functioning by now, but I had to give up the Irwin Hospital at that time. Now, after the States Reorganisation Report is through, and if Delhi does come under the Centre, as has been suggested by that Commission, the Irwin Hospital will then be available. I have certainly in mind that there should be a college in Delhi so that people from this part of the world may not have to go outside for their studies.

I need not discuss Ayurveda because it is not relevant to this issue. I was told that in China many things were being done which we should copy. I may say that China is going ahead with modern medicine, and what is more, they have asked me if they may be allowed to come and study this Bill. In fact, I have sent them a copy of this Bill. They are determined to bring in a measure similar to this in China also.

Shri Joachim Alva: Have they been told about the glories of ayurveda?

Rajkumari Amrit Kaur: I am not talking about ayurveda now because it is irrelevant to the issue. I may say this that I have consulted the best medical educational minds in India, I have consulted scientific minds in India other than medical, persons who practise sciences allied to medicine. I have also consulted the Medical Council of India.

About the name, we call it the All India Institute of Medical Sciences. We do not call it the All India Institute of Modern Medical Sciences. I may say that the name, as it is, is all-inclusive. As ayurveda and homoeopathy develop and as such of them are taken in to modern sciences, they will certainly also benefit greatly by this institution.

With these few words, I would like to assure the Lok Sabha again that there is no insult meant to ayurveda or to any other system of medicine. This is a pure, honest attempt to bring to this country good standards of medical education and to make them available to all. I quite agree that medical relief should be made cheaper. That will be achieved when we start manufacturing our own medicines and make the highest medical education available to your young people in our own country.

As regards the amendments, I have to say something.

Mr. Deputy-Speaker: That will be when the amendments are moved.

Mr. Deputy-Speaker: The question is:

"That the Bill to provide for the establishment of an All-India Institute of Medical Sciences, be taken into consideration."

The motion was adopted.

Clauses 2 to 8

Mr. Deputy-Speaker: There are no amendments to clauses 2 to 8.

Shri Joachim Alva: I had given notice of an amendment at 11 a.m.

Mr. Deputy-Speaker: Notice is not accepted.

Shri Joachim Alva: You had promised to give me an opportunity to speak during the clause by clause discussion stage. I will take only two or three minutes.

Mr. Deputy-Speaker: Yes.

Shri Joachim Alva: I would like to refer to clause 2 regarding the term 'Governing Body'. This 'Governing Body' is a very misleading term. The Selection Committee has been already advertised in the papers. The Selection Committee consists of very very old men, who never had experience of research, clinical work, the teaching side or the operative work or any other side for over ten or nearly 20 years. They are men over 60 years of age and less than 70. The best men in the medical research now are under 50 years of age, those who have been trained either in Germany, U.K. or U.S.A.

Now, the Selection Committee has been advertised. They will appoint all the professors. The Director will be appointed by the Government. The Director is going to be perhaps a retired politician who has not had any teaching or operative work or anything of that sort for nearly two decades, Sir, this is very very important. The Lok Sabha has been completely misled in regard to the appointment. The cart has been put before the horse, and the advertisement has been made. All the posts have been advertised. What is the job of the Governing Body? The Director is going to be appointed by Government. Perhaps he will be a 'kushamat'. This job must go to a young man under 50 trained in the U.K. or the United States or Russia or China or anywhere. Great are the glories of ayurveda. Unfortunately, nothing is said about it. Greater are the glories of unani. If research is done in the proper way, in this land that is Bharat, we shall have greater glories still.

Who are the members of the Selection Committee? I will read out their names and ages: Dr. Lakshnaswamy Mudaliar—68; Dr. Jivraj Mehta—68, Dr. K. C. K. E. Raja, who was turned down by the UPSC—63; Dr. C. G. Padit—62 and Dr. Khanolkar—61. None of them has had operative, clinical research or teaching experience for the last 15 years. These are the men who are going to fix the future of our young men. We all know of the racketeering in medicine in Bombay and Calcutta. In Calcutta, one doctor collects Rs. 64 for consultation. Our young men and women in the profession, the finest and the best, are willing to work for salaries of Rs. 500, Rs. 1,000, Rs. 1,500 and Rs. 2,000. But these racketeers come in the way.

[Shri Joachim Alva]

Perhaps the Minister has in mind a Director who has practised commercialised vice in the profession. It is a pity that the oath of a medical man is ignored. What is the oath a medical man has to take? "I shall attend unto the sick and wounded without any distinction of caste or creed...."

Mr. Deputy-Speaker: How is all this relevant?

Shri Joachim Alva: The Selection Committee is not fired by any ideas. It has one of its members a man who has been turned down by the UPSC. The men who are on the Committee must be young men under 50. Already in other Universities in other great countries, they have electoral colleges consisting of first-rate medical men. There is only one administrator to help them. The Director should be a young man of 50. The Deputy Director should be a man of 50. Please keep away those old men. They may just sit on the seats of power as politicians. If I am 60 and I cannot handle a knife I must not be kept. You cannot keep this man. That is why I want this House to be seized of the appointments that are to be made, and that no manipulations are managed. I do admit that Safdarjang Hospital is one of the best hospitals. It must be run on the highest policy of public health. In the USSR and in U.K. hospitals or public health is run on highest lines and at the top appointments are not manipulated. If they are manipulated, manipulators should be turned out of office. Dr. Raja was turned down by the UPSC and we are smuggling him as selector. How can this go on? The hon. Minister is welcome to reply. I have got a heap of documentary proofs to dilate up. But I have not got the chance; I came very late. Medical education is very important....

Mr. Deputy-Speaker: The hon. Member has exceeded his time.

Shri Joachim Alva: In the name of the Governing Body and the Selection Committee all this is done. The Selection Committee is sitting cozily in the Health Ministry and making these appointments of the Director. He is a retiring or retired politician; he must be given a job. He has not handled a knife for the past 15 years and he has never taught for the past 20 years. We must fill up this institute with young men of 50 and 45, men whose contributions have been internationally

acknowledged and whose articles have found a place in world research journals. Here they are clever in manipulating. That should not be. I have done.

Rajkumari Amrit Kaur: All this is quite irrelevant to the Bill, quite irrelevant to the issue. The UPSC have themselves agreed to selection being made by special committees. I have got on the committee really very good men and I have no doubt in my mind....

Mr. Deputy-Speaker: The hon. Members are not on the Committee?

Rajkumari Amrit Kaur: No, Sir. This Selection Committee is for the appointment of Professors now. That is all. That has got to be done because some of them may even be sent abroad. I have got the consent of all the Ministers of Health and they are sending me up names. I say the best men are going to be taken; they are going to be young people. I do not know what reason the hon. Member has to read my mind or the mind of the Government of India as to who the Director is going to be.

Mr. Deputy-Speaker: The question is.....

Shri Sinhasan Singh—rose.

Mr. Deputy-Speaker: The hon. Member did not want to speak.

Shri Sinhasan Singh: How can the Selection Committee be appointed before the Bill is passed? The appointment of the Selection Committee implies the passing of the Bill. How is it done? Naturally, there is suspicion in the minds of people that it is because certain people are going to be appointed and certain people are going to be given jobs....

Mr. Deputy-Speaker: Does the hon. Member want to say that appointments have been made before the Bill is passed?

Shri Joachim Alva: All the appointments are to be made by the Selection Committee and before the Bill has come to the Lok Sabha.

Rajkumari Amrit Kaur: Only one appointment has so far been made to the All India Medical Institute and that has been done with the consent of the UPSC. I have got nothing more to say.

Mr. Deputy-Speaker: Some appointments have to be made even before the building is constructed. It is a Medical

College and a Medical Institute. How best is it to be constructed, what are the apparatus required and so on and so forth are and all points to be considered and who is the man that is to give information on all these. Therefore, somebody has to be appointed and put in charge. I know so far as the Central Leather Institute was concerned even before the building was erected, they had to appoint some Director under whose guidance work could be done. These are technical matters.

The question is :

That clauses 2 to 10...

Pandit Thakur Das Bhargava : Sir, are you putting all the clauses from 2 to 10 to vote? I want to speak on clause 9.

Mr. Deputy-Speaker : Then I will put clauses 2 to 8.

The question is :

"That clauses 2 to 8 stand part of the Bill."

The motion was adopted.

Clauses 2 to 8 were added to the Bill.

Mr. Deputy-Speaker : The hon. Member wants to speak on clause 9. I will reserve that clause. Let me finish other amendments to other clauses.

The question is :

"That clause 10 stands part of the Bill."

The motion was adopted.

Clause 10 was added to the Bill.

Clause 11.—(Governing Body etc.)

Shri K. C. Sodhia (Sagar) : I beg to move :

Page 3, line 35—

for "regulations" substitute "rules".

Mr. Deputy-Speaker : Does the hon. Minister accept it?

Shri K. C. Sodhia : Sir, I have not given my reasons. Let me just put my views before the Lok Sabha. There are rules which are meant to be framed by the Government and there are regulations which are meant to be framed by the Institute. In the Bill it has been said in clause 30 (d),

"the allowances, if any, to be paid to the Chairman and the members of the Governing Body and of standing and *ad hoc* committees;"

These are to be under regulations made by the Institute.

Under clause 29, the power of the Government to make rules, sub-clause (d) mentions the powers and functions to be exercised and discharged by the President of the Institute. Under clause 11,

"The President of the Institute shall be the Chairman of the Governing Body and as Chairman thereof shall exercise such powers and discharge functions as may be prescribed by regulations."

It means that these regulations will be framed by the Institute and under the rule-making powers of the Central Government it has been laid down that the functions of the President will be under the rules framed by the Central Government. Now there is clear inconsistency between the two. Let the hon. Minister see.

Rajkumari Amrit Kaur : What I wish to bring to your notice is that rules are made by Government and regulations are made by the Institute after the approval of the Government and this just means wider powers to the Chairman because he has to deal with a wide variety of subjects in regard to administration. What the hon. Member is saying is really covered by clause 7 (2).

"The President shall exercise such powers and discharge such functions as are laid down in this Act or as may be prescribed by rules or regulations."

So, there is no point in accepting the amendment.

Mr. Deputy-Speaker : Does the hon. Member press his amendment?

Shri K. C. Sodhia : Yes, Sir; that is very clear.

Mr. Deputy-Speaker : The question is :

Page 3, line 35—

for "regulations" substitute "rules".

The motion was negatived.

Mr. Deputy-Speaker : The question is :

"That clause 11 stands part of the Bill."

The motion was adopted.

Clause 11 was added to the Bill.

Clauses 12 to 14 were added to the Bill.

Clause 15.—(*Functions of the Institute.*)

Shri K. C. Sodhia: Sir, I beg to move:

Page 6—

omit lines 18 to 20.

In clause 15, functions of the Institute have been enumerated and in one sub-clause it has been laid down:

“deal with any property belonging to, or vested in, the Institute in any manner which is considered necessary for promoting the objects specified in section 14;”

That means he can sell away the property belonging to the Institute or mortgage it or....

Mr. Deputy-Speaker: It is qualified by ‘which is considered necessary for promoting the objects’ of the Institute.

Rajkumari Amrit Kaur: The Institute is, in legal parlance a juristic personality and, therefore, it alone can deal with its properties. I do not accept this amendment....

Mr. Deputy-Speaker: I do not think the hon. Member wants to press his amendment.

The question is:

“That clause 15 stands part of the Bill.”

The motion was adopted.

Clause 15 was added to the Bill.

Clauses 16 and 17 were added to the Bill.

Clause 18.—(*Budget of the Institute.*)

Shri K. C. Sodhia: I beg to move:

Page 7, line 8—

add at the end:

“and a copy thereof shall be laid before both Houses of Parliament.”

7 P.M.

Rajkumari Amrit Kaur: I have accepted the amendment and a copy of the report shall be laid before both Houses of Parliament within one month of its receipt.

Mr. Deputy-Speaker: I am talking of the earlier one, that is to clause 18.

Rajkumari Amrit Kaur: You cannot place the budgets of individual institutes before Parliament, but I accept the amendment to clause 20, with this modification so that it will read “and a copy of this report shall be laid before both Houses of Parliament within one month of its receipt.”

Mr. Deputy-Speaker: I understand the hon. Member is not pressing his amendment.

The question is:

“That clause 18 stands part of the Bill.”

The motion was adopted.

Clause 18 was added to the Bill.

Clause 19 was added to the Bill.

Clause 20.—(*Annual Report.*)

Shri K. C. Sodhia: We do not have a report of the Institute and we have had sufficient experience.....

Mr. Deputy-Speaker: Your amendment is accepted by the hon. Minister with a slight modification.

Shri K. C. Sodhia: I beg to move:

Page 7, line 36—

add at the end:

“and a copy of this report shall be laid before both Houses of Parliament.”

Mr. Deputy-Speaker: The hon. Minister has accepted it with the addition of the words “within one month of its receipt.”

Shri Chettiar is not here to move his amendment.

The question is:

Page 7, line 36—

add at the end:

“and a copy of this report shall be laid before both Houses of Parliament within one month of its receipt.”

The motion was adopted.

Mr. Deputy-Speaker: The question is:

“That clause 20, as amended, stands part of the Bill.”

The motion was adopted.

Clause 20 as amended, was added to the Bill.

Clauses 21 and 29 were added to the Bill.

Clause 30.—(*Power to make regulations.*)

Shri K. C. Sodhia: I beg to move:

Page 9—

after line 42, add:

“(bb) defining the powers and functions of the Governing Body.”

Rajkumari Amrit Kaur : This is already covered by clause 11, sub-clause (2) read along with clause 30, sub-clause (1) (a). Both of them should be read together and this is covered by them.

Mr. Deputy-Speaker : So, you say that this amendment is unnecessary.

The question is :

Page 9—

after line 42, add :

“(bb) defining the powers and functions of the Governing Body.”

The motion was negatived.

Mr. Deputy-Speaker : The question is :

“That clause 30 stands part of the Bill.”

The motion was adopted.

Clause 30 was added to the Bill.

Shri Nand Lal Sharma : There is no quorum now.

Mr. Deputy-Speaker : The hon. Member should attend to the Bill instead of counting the number of Members.

पंडित ठाकुर दास भार्गव : इस बिल (विधेयक) की दफा (खंड) ६ इस तरह से है :

“It is hereby declared that the office of President or member shall not disqualify its holder for being chosen as, or for being, a member of either House of Parliament.”

मेरी गुजारिश यह है कि यव सैक्शन निहायत जरूरी है और पार्लियामेंट की प्योरिटी (पवित्रता) के मुताल्लिक है—सभा के किसी इन्सान के जिस्म की प्योरिटी के मुताल्लिक नहीं, बल्कि पार्लियामेंट आफ इंडिया की प्योरिटी के मुताल्लिक है। इतने अहम (महत्वपूर्ण) मामले को कनसिडर (विचार) करने के लिये कमसे कम कोरम तो होना चाहिये, लेकिन इस वक्त यहां पर ४४ से ज्यादा मेम्बर नहीं हैं। फिर भी मैं उस की परवाह नहीं करता हूँ। (*Interruption*)

उपाध्यक्ष महोदय : परवाह नहीं है।

पंडित ठाकुर दास भार्गव : हां, मैं इस की परवाह नहीं करता हूँ और वह इस लिये क्योंकि आप नहीं करते हैं। एक मेम्बर ने उज्र किया, लेकिन आप ने कहा कि नहीं, चलने दो।

Mr. Deputy-Speaker : I am sorry that my language has been misunderstood. My Hindi is wrong. What I meant was that I counted it and I did not find that

there is absence of quorum. Possibly my counting was wrong.

Pandit Thakur Das Bhargava : If you count the number now, it is not more than 44.

An Hon. Member : Members are coming and going.

Pandit Thakur Das Bhargava : When the matter is being discussed, they should be here.

Rajkumari Amrit Kaur : Does the hon. Member want the deletion of this clause ? . . .

Pandit Thakur Das Bhargava : There is no question of that. First of all I shall convince the House that I am right. I do not want that it should come as a concession.

An Hon. Member : The hon. Minister is accepting it.

Pandit Thakur Das Bhargava : I am submitting that I should be allowed to make my speech. She may accept it or not, but she should decide the matter on merits and not because she wants to get the bill passed as soon as possible.

The Minister of Commerce (Shri Karmarkar) : Is there anything wrong about that ?

Pandit Thakur Das Bhargava : Is he an advocate for the hon. Minister ? If there is no quorum, we cannot proceed with it and I do not want to speak to empty benches.

Mr. Deputy-Speaker : I am asking for the bell to be rung.

Rajkumari Amrit Kaur : We can meet tomorrow and take about five minutes over this.

An Hon. Member : Better adjourn till tomorrow.

Pandit Thakur Das Bhargava : But I want to go on and there is no ban on my making a speech. If it comes to a division, we shall have to divide on this.

7-08 P.M.

Mr. Deputy-Speaker : There is still no quorum. This will be taken up as the first Bill tomorrow. Only clause 9 remains to be discussed and there is the third reading. All told, we will devote twenty minutes for this.

The Lok Sabha then adjourned till Eleven of the Clock on Tuesday, the 21st February, 1956.

All India Institute of Medical Sciences

Bill

Lok Sabha

21st February 1956

(Pages 446 – 460)

[Secretary]

MOTION

That the Bill to amend and consolidate the law relating to Copyright be referred to a Joint Committee of the Houses consisting of 45 Members; 15 Members from this House, namely :—Shri Mohamed Valiulla, Prof. R. D. Sinha Dinkar, Shri G. Ranga, Shri Nawab Singh Chauhan, Dr. Raghu Vira, Shri Banarasi Das Chaturvedi, Shrimati Lalavati Munshi, Shri Raghavendrarao, Dr. Raghubir Singh, Shri Shyam Dhar Misra, Kakasahab Kalelkar, Shri Abdur Rezzak Khan, Shri N. B. Deshmukh, Shri Rajendra Pratap Sinha, Dr. K. L. Shrimali, and 30 Members from the Lok Sabha;

That in other respects, the Rules meeting of the Joint Committee the quorum shall be one-third of the total number of Members of the Joint Committee;

That in other respects, the Rules of Procedure of this House relating to Select Committees shall apply with such variations and modifications as the Chairman may make;

That this House recommends to the Lok Sabha that the Lok Sabha do join in the said Joint Committee and communicate to this House the names of Members to be appointed by the Lok Sabha to the Joint Committee; and that the Committee shall make a report to this House by the 25th May, 1956."

(ii) "In accordance with the provisions of rule 97 of the Rules of Procedure and Conduct of Business in the Rajya Sabha, I am directed to enclose a copy of the Multi-Unit Co-operative Societies (Amendment) Bill, 1956, which has been passed by the Rajya Sabha at its sitting held on the 16th February, 1956."

MULTI-UNIT CO-OPERATIVE SOCIETIES (AMENDMENT) BILL

Secretary : Sir, I lay the Multi-Unit Co-operative Societies (Amendment) Bill, 1956, as passed by Rajya Sabha, on the Table of the House.

ESTIMATES COMMITTEE

NINETEENTH REPORT

श्री वी० जी० मेहता (गोहिलवाड) : उपाध्यक्ष महोदय, मैं रेलवे मंत्रालय सम्बंधी एस्टीमेट कमिटी की उन्नीसवीं रिपोर्ट लोकसभा की टेबल पर रखता हूँ।

Shri U. M. Trivedi (Chittor) : May I seek one information from you? Notice was given of a breach of privilege motion about four days back. But we have not heard anything about it so far. When are we likely to hear about it?

Mr. Deputy-Speaker : Branch of privilege regarding what?

Shri U. M. Trivedi : Breach of privilege arising out of Babu Ramnarayan Singh's arrest.

Mr. Deputy-Speaker : I shall make enquiries immediately.

Shri Kamath (Hoshangabad) : I had also given notice of a breach of privilege motion about the prevention of Members of Parliament from attending the sitting of the Lok Sabha in time on the 16th instant, when the Shah of Iran came.

Mr. Deputy-Speaker : I shall make enquiries and send word to the hon. Member.

ALL-INDIA INSTITUTE OF MEDICAL SCIENCES BILL

Clause 9—(Office of President etc.)

Mr. Deputy-Speaker : The Lok Sabha will now resume clause by clause consideration of the All-India Institute of Medical Sciences Bill, 1955. Clauses 2 to 8, and 10 to 30 have already been disposed of. Clause 9 of the Bill is under consideration, along with clause 1, the Title, the Enacting Formula etc.

After this Bill is passed, the Lok Sabha will resume discussion on the Motion of Thanks on the Address by the President.

Pandit Thakur Das Bhargava, who was in possession of the House, may now continue his speech.

पंडित ठाकुर दास भार्गव (गूडगांव) : उपाध्यक्ष महोदय, कल मैं लोक सभा की खिदमत में दफा ६ के बारे में अर्ज कर रहा था। कल मैंने दफा ६ को पढ़ कर सुना था जिस की रू से आल इंडिया इंस्टीट्यूट के जो मेम्बर्स होंगे या प्रेसीडेंट होंगे, उनके बारे में जो आफ्रिस आफ प्राफिट (लाभप्रद) का रिस्ट्रिक्शन (प्रतिबन्ध) है, उस से बरी किये जायेंगे यानी हर एक मेम्बर और उस के प्रेसीडेंट अगर वह इस हैसियत में होंगे तो उस के साथ मैं वह हाउस की मेम्बरी भी कर सकेंगे और आइदर हाउस की मेम्बरी भी वह कर सकेंगे और आइदर हाउस की मेम्बरी के वास्ते वह खड़े हो सकेंगे।

लोक सभा को याद होगा कि कल चन्द एक मेम्बर साहबान ने बड़ा सख्त ऐतराज किया था कि आल इंडिया इंस्टीट्यूट की गवर्निंग बाडी का जो कम्पोजीशन (रचना) है उस में बहुत सारे आफिशियल्स हैं, नानआफिशियल एलिमेंट (लोग) बहुत कम हैं। मैं समझता हूँ कि उन का ऐसा ऐतराज करना बिल्कुल दुस्त है और दरअसल इस इंस्टीट्यूट के अधिकतर मेम्बर्स नान-आफिशियल्स होने चाहियें। जहां तक हाउस के उन मेम्बरान का सवाल है जिन का हाउस इन्तखाव करेगा, यह बिल्कुल ठीक बात है कि हाउस के उन मेम्बरों के साथ किसी किस्म की डिसक्वालिफिकेशन नहीं आ सकती क्योंकि वे हाउस के एलेक्टेड मेम्बर्स होंगे, लेकिन ऐसे दूसरे असहाब के साथ जो इस बाडी के मेम्बर होंगे, उन के साथ इस डिसक्वालिफिकेशन को हटाना वाजिव नहीं है। मैं समझता हूँ कि इस मिनिस्ट्री को अभी तक शायद यह इल्म ही नहीं है कि स्पीकर साहब ने एक कमेटी बनाई थी, उस कमेटी ने काफी छानबीन के बाद एक रिपोर्ट पेश कर दी है और कुछ उसूल कायम किये हैं और उस की रिपोर्ट की कापी हर एक मेम्बर साहब को मुहैया की जा चुकी है। इस रिपोर्ट की रू से जितने भी वाइस चांसलर्स हैं उन सब को कमेटी की राय में ऐसा शक्स करार दिया गया है जिन के बारे में डिसक्वालिफिकेशन नहीं हटाई जायगी। इस के कम्पोजीशन में मैं देखता हूँ कि एक वाइस चांसलर का जिक्र है, देहली युनिवर्सिटी का वाइस चांसलर इस इंस्टीट्यूट का मेम्बर होगा और जाहिर है कि अगर कमेटी की राय मानी गई तो वह वाइस चांसलर डिसक्वालिफिकेशन के मातहत आ जायेंगे। इस के कम्पोजीशन में वाइस चांसलर को सब से पहले गहरी गहरी है और वह वाइस चांसलर इति-

क्वालिफिकेशन से मुबर्कर दिये गये हैं। चाहिये तो यह था कि जब तक उस कमेटी की रिपोर्ट लोक सभा में विल नहीं बन जाती उस वक्त तक इस किस्म का कोई प्राविजन (उपबन्ध) नहीं रखा जाता और उस रिपोर्ट से कानफिलक्ट (संघर्ष) की सूरत पैदा न होती और बेहतर होता कि इस के अन्दर यह जो एग्जेशन (छूट) का सेक्शन (धारा) है वह न आता। अभी तक उस कमेटी की रिपोर्ट न तो लोकसभा में कंसिडर हुई है और न ही उस पर कोई डिसीजन (विनिश्चय) लिया है। हम ने यहां पर एक कानून पास किया था कि सन् १९५७ तक जो भी किसी कमेटी के मेम्बर हैं, उन को डिसक्वालिफाई होने से रोका गया है क्योंकि ऐक्ट जल्दी पास नहीं हो सकता था। ऐक्ट उस रिपोर्ट के बाद जल्दी ही आने वाला है और मेरी समझ में उस को पहले ही एंटिसिपेट (पूर्वाधारण) कर के ऐसे अशख्सास को इस में से मुबर्कर देना जो फिलवाक्या बहुत सारे आफिशियल्स होंगे, यह वाजिव और दुस्त नहीं है। मालूम ऐसा होता है कि इस मिनिस्ट्री को अब तक इस रिपोर्ट का पता नहीं है और देखने में आया है कि इस मिनिस्ट्री को दूसरी और बहुत सी बातों का भी इल्म नहीं है। इस लोकसभा में बहुत से एश्योरेसेज (आश्वासन) रिफ्यूजीज के मुफ़ादात के बारे में दिये गये, उन की वावत भी जब यहां पर मिनिस्टर साहब के महकमें से पूछा गया कि आप ने उन पर क्या अमल किया तो उन्होंने फरमाया कि हम को इन एश्योरेसेज का पता नहीं है

The Minister of Health (Rajkumari Amrit Kaur): I refuse that statement. It is an untrue statement.

Pandit Thakur Das Bhargava: I did not hear what the hon. Minister has said but I am not giving way. When I wanted to put a question to the Minister, she did not give way. So I want to retaliate as a matter of fact. I do not want to give way to any Minister who is not considerate enough to give way to Members.

Shri S. S. More (Sholapur): This is a non-violent way of retaliation?

Pandit Thakur Das Bhargava: This is absolutely non-violent. There is a precedent for this also. If the Minister behaves like this, then we as Members of the Lok Sabha are certainly entitled.

Mr. Deputy-Speaker: To give way or not to give way is entirely in the discretion of the hon. Member. There need not be any precedent for this. He need not quote any precedent for this. It is open to him to give way or not.

Pandit Thakur Das Bhargava: I am too frank to say out my mind, so that the Ministers may improve their conduct towards us.

मैं जनाब की खिदमत में यह अर्ज कर रहा था कि एक ऐसे मामले में जिस में लोकसभा की रिपोर्ट हो चुकी है और जिस के अन्दर नया कानून आने वाला है और आनरेबल ला मिनिस्टर कोई एक ऐसा कानून लायेंगे और उस रिपोर्ट को बिल्कुल नजरअंदाज कर देंगे ।

Mr. Deputy-Speaker: Am I to understand that the hon. Member is opposing clause 9?

Pandit Thakur Das Bhargava: Yes.

Mr. Deputy-Speaker: I suppose the hon. Member wants that this sort of provision exempting Members of Parliament from incurring disqualification ought not be here in this Bill, but it should be in the general Act?

Pandit Thakur Das Bhargava: My submission is this that members of such a body should be disqualified from sitting with us. Let us remember that they will all be the satellites of this Ministry. They will all be persons who will certainly be Government servants to start with.

If you would kindly see the composition, you will find that most of them will be the servants of Government. Even if they are not servants of Government, I am very anxious that the nominees of this Ministry should not be allowed to sit with us.

Mr. Deputy-Speaker: Does it mean that the hon. Member is opposed to any Member of Parliament being on the institute?

Pandit Thakur Das Bhargava: No. On the contrary, I submit that so far as Members of Parliament are concerned, their representation may be increased, because the Members of Parliament are the proper persons who are to sit on this

body. They are elected representatives and moreover will be re-elected by the Houses.

Mr. Deputy-Speaker: The hon. Member is opposing only the inclusion of the word 'President'?

Pandit Thakur Das Bhargava: No, President and any member of the governing body. Now, the members of the governing body will be the nominees of Government. I am not expecting them to be independent. They will vote with Government in every matter.

Shri Joachim Alva (Kanara): Have six Members of Parliament there.

Mr. Deputy-Speaker: If we see the composition of the institute as given in clause 4, we find that there are to be three Members of Parliament.

Pandit Thakur Das Bhargava: So far as they are concerned, they are exempted. So far as they are concerned, the report of our committee is that if any Members of Parliament are elected by Parliament, then no disqualification can attach to them. We cannot stultify our own judgment and say that we shall disqualify them. Therefore, these persons will not come within the purview of the disqualification at all.

We are concerned with those other than the elected Members of Parliament. In so far as they are concerned, I humbly beg to submit that they ought not to be qualified. The disqualification should attach to them as attaches to all nominees specially servants of Government. So far as the other House is concerned, if they are elected Members, then the thing would be different. If they are elected then no question of disqualification shall apply. But there can be persons in the other House who may also be nominated by Government. I want that if any such person is there he ought to be disqualified. That is my humble submission. This clause ought not to have been there. I request Government not to include such clauses in any other Bill so long as the House has not taken any decision on the report of the Committee which has been appointed by the Speaker himself. It is rather anticipating the report and this should not have been included. This shows that in this Ministry there are people who do not know

anything of what is going about. I am very sorry to make this remark but it is unfortunately too true. Therefore, I oppose this clause.

Shri T. S. A. Chettiar (Tiruppur): If I may point out, Sir, for such Members to continue in Parliament clause 9 is unnecessary. The provisions in the clause relating to Constitutions will do. This will not disqualify people. The mischief of clause 9 will come in only in this way that there is somebody who is not elected to either House of Parliament but who is there by virtue of his nomination by Government. He might come to Rajya Sabha by nomination. By clause 9, it is open to the Government to nominate a member of this Governing Body to Parliament. I hope that is not the intention of Government at all. The Government wants only to ensure by clause 9 that people who are elected by Parliament might continue to sit in Parliament and it should not be declared to be an office of profit. But the real point is whether clause 9 is necessary to give effect to that. To my mind, clause 9 is unnecessary. Clause 9 does not say, people elected under 4(g). It says—

“It is hereby declared that the office of President or member shall not disqualify its holder for being chosen as, or for being, a member of either House of Parliament.”

It is open to the Government to say that the office of the President is such an onerous thing that they would like to make full payment for that member. That will mean that a paid officer of the Government of India will be entitled to be nominated or to stand for election to both Houses of Parliament. I think that is not the intention of Government, in introducing clause 9. I think it is meant for the purpose of safety. It will have a different effect than what is intended. That is, any member, whether fully paid by a salaried post or given only allowances can stand for election to Parliament or can be nominated to the Rajya Sabha. As far as I see, that is not the intention of Government.

Pandit Thakur Das Bhargava: May I know how does the hon. Member know the intention of Government? The intention is clear from clause 9. The intention does not matter; the clause matters.

Shri T. S. A. Chettiar: I understand that; that is why I say that clause 9 is unnecessary.

Rajkumari Amrit Kaur: We had really intended to put this clause in order to protect the Members of Parliament from being disqualified or from becoming President or members of the Institute. But, in view of the Prevention of Disqualification Act, clause 4, it is not necessary to retain clause 9. I am perfectly willing to eliminate it.

Mr. Deputy-Speaker: I am asking hon. Members whether if some fee is given to members of this Institute would that disqualify them?

Shri T. S. A. Chettiar: No, Sir.

Mr. Deputy-Speaker: The hon. Member says, No, Sir, I say yes. It may be by way of abundant caution that this has been put in. I leave it to the House.

Shri T. S. A. Chettiar: If that is so, the clause should say: President and members of the Institute who are elected by Parliament. If we want to make that clear we should say so. The effect of this clause would be that people who are not elected from the Houses of Parliament but who are nominated to the Governing Body can be nominated to the Rajya Sabha.

Mr. Deputy-Speaker: The question is....

Rajkumari Amrit Kaur: I am prepared to withdraw that clause. Am I permitted to withdraw?

Pandit Thakur Das Bhargava: You are putting it all right.

Mr. Deputy-Speaker: There is some small difference of opinion that unless I put this clause to the House, the Bill will continue without that clause. I am not going to take risks because the whole Bill has been taken into consideration and clause by clause have been put. There is no question of withdrawal of

any particular clause. No hon. Minister or hon. Member can now withdraw. I will put it to the House and it may negative it. That is the safest method.

The question is:

“That clause 9 stands part of the Bill.”

The motion was negatived.

Clause 9 was omitted from the Bill.

Clause I—Short Title and Commencement

*Amendment made : Page 1, line 4.—
for "1955" substitute "1956".*

[Rajkumari Amrit Kaur]

Mr. Deputy-Speaker : The question is :

"That clause 1, as amended stand part of the Bill."

The motion was adopted.

Clause 1, as amended, was added to the Bill.

Enacting Formula

*Amendment made : Page 1, line 1.—
for "Sixth Year" substitute "Seventh year".*

[Rajkumari Amrit Kaur]

Mr. Deputy-Speaker : The question is :

"That the Enacting Formula, as amended, and the Title, stand part of the Bill."

The motion was adopted.

The Enacting Formula, as amended, and the Title were added to the Bill.

Rajkumari Amrit Kaur : Sir, I beg to move :

"That the Bill, as amended, be passed."

Mr. Deputy-Speaker : The question is . . .

Shri Mohanlal Saksena (Lucknow Distt. cum Bāra Banki Distt.) : *rose—*

Mr. Deputy-Speaker : We have already exceeded the time limit.

The Minister of Parliamentary Affairs (Shri Satya Narayan Sinha) : A second extension has been given.

Mr. Deputy-Speaker : All right, two minutes for Shri Mohanlal Saksena and two minutes for Pandit Bhargava.

Shri Mohanlal Saksena : The other day you were pleased to ask about the

institution that has been established at Jamnager. I may inform the House that the expenditure has been very low. How much money has been spent? It is only about Rs. 10 lakhs. Though much has been provided in the whole plan only Rs. 10 lakhs has been spent. The hon. Minister is complaining that there are no funds. But there is money lying idle and she has not been able to spend because she has appointed a committee and it will take some time to report. Here we have got the Ayurvedic and Tibbia College founded by the late Hakim Ajmal Khan out of his own endeavours and there it is suffering for want of funds.

Mr. Deputy-Speaker : Why should one be linked with the other as if the Consolidated Fund of India is too poor to pay even the Tibbia College?

Shri Mohanlal Saksena : I am only saying what sort of sympathy the Government has got. It is adding insult to injury. On the one hand you do not grant sufficient funds for this purpose. The Princely States were financing Ayurveda and Unani to the extent of crores of rupees. Now, I ask how much money is being spent by the Government of India and all the States for this purpose. I say it is adding insult to injury, because you do not treat Ayurveda as Medical Science. It would have been much better if you had called this Bill by the name of All-India Institute of Allopathic Medical Sciences or something like that but not Medical Sciences. As I said yesterday, it is like enacting *Hamlet* without the Prince of Denmark. You are having such a costly Institute like this and still you do not make provision for Ayurveda and other indigenous systems of medicine being studied there. As a matter of fact, in my original speech I had referred to the fact that the Planning Commission in their First Plan had made a definite recommendation that the possibility of making provision for the study of physical systems of treatment should be considered and facilities provided for education therein. I had asked the hon. Minister to tell me what steps were taken by the Health Ministry in this respect, but she kept mum. Very often she had been going to the official gallery for information, but on this point she had no information.

Mr. Deputy-Speaker : The hon. Member is saying what he had already said.

Shri Mohanlal Saksena : I looked into the First Five Year Plan, but there is nothing in it about the expenditure. But in a progress report issued in September 1954, it is stated that the provision for Rs. 1,64,00,000 had been made for expenditure to be incurred on the Institute and it was expected that it would be ready and completed within the Plan period. I want to know definitely what will be the expenditure involved in the running of this Institute. There is no definite figure given. It is very well to say that this recurring expenditure covers six or seven years, but I want to know how much every year. Even this year we find that there is a provision for about Rs. 46,00,000 and it may go in subsequent years to the tune of a crore of rupees and even more. So I would like the hon. Minister to give me this information. Why is she fighting shy to do so? After all she should have presented to the Lok Sabha a complete picture. She has taken four years for bringing this measure, as I said yesterday, and yet wanted the Lok Sabha to pass this measure in an hour's time. I would also request the Business Advisory Committee to take greater care in deciding the question of allotment of time for the different measures.

Mr. Deputy-Speaker : So far as that is concerned, I will arrange for a notice to be put up hereafter regarding the meetings of the Business Advisory Committee; the agenda will be indicated on the notice board. Any hon. Member who wishes to make any special representation saying that a particular measure requires so much more time, etc., is always welcome. If we cannot accommodate all the Members in the Speaker's Chamber, I will hold the meeting in the Central Hall.

Shri Mohanlal Saksena : Of course, the Members are there. But after all, it is the duty of the Business Advisory Committee also to find out which measures involve too much expenditure,—expenditure amounting to crores of rupees—so that they may not be allotted just one hour's time. They are there to discharge a certain responsibility and they are supposed to work on behalf of the Lok Sabha and so the Members of that Committee must take care to study this more carefully.

Mr. Deputy-Speaker : Everyone studies, but not in the manner in which the hon. Member has studied.

Shri Mohanlal Saksena : No, Sir.

Mr. Deputy-Speaker : The hon. Member says that Members have not studied it. Two persons may study a thing but each one may address himself to some aspect of it.

Shri Mohanlal Saksena : So far as this Bill is concerned, I beg to submit not even one Member seems to have studied it.

Mr. Deputy-Speaker : I am sorry I am not able to reply from the floor of the Lok Sabha.

Shri Mohanlal Saksena : Otherwise how could one hour have been allotted to this important measure?

Mr. Deputy-Speaker : I am sorry I cannot allow any more time to the hon. Member. I would now call upon Pandit Thakur Das Bhargava.

पंडित ठाकुर दास भार्गव : जनाव डिप्टी स्पीकर साहब, मैं आप की खिदमत में छोटे से दो पायंट्स रखना चाहता हूँ। मैं विज़िनेस एडवाइजरी कमेटी (कार्यमंत्रणा समिति) का एक मेम्बर था। मैं इस बहस में नहीं पड़ना चाहता हूँ कि हम ने ठीक किया या गलत किया। कमेटी ने इस सिलसिले में एक घंटा दिया या दो घंटे दिये, लेकिन इस वक्त मुझे उस बारे में कुछ नहीं कहना है। इस बिल में साफ कहा गया है कि मेडिकल साइंसिज़ का एक आल-इंडिया इंस्टीट्यूट कायम किया जायगा। हम सब इस का मतलब यही समझे थे कि जितनी माडर्न साइंसिज़ हैं, उन का यह इंस्टीट्यूट बनेगा। लेकिन दौराने-बहस में आनरेबल मिनिस्टर साहिवा ने फरमाया कि माडर्न साइंसिज़ से मेरा मतलब सिर्फ एलौपैथिक सिस्टम है। मैं यह अर्ज़ करना चाहता हूँ कि किस मेम्बर के दिमाग में यह बात आ सकती थी कि आनरेबल मिनिस्टर साहिवा ऐसा डिसक्लोजर कर देंगी (बतायेंगी) कि माडर्न साइंसिज़ मीन्ज़ (का अर्थ) ओन्ली (केवल) एलौपैथिक सिस्टम है। जनावे वाला ने भी कल फरमाया था—और वह बिल्कुल बजा था—कि माडर्न साइंसिज़ के मानी होमियोपैथी भी हैं, यूनानी भी है और आयुर्वेदिक भी है। डा० सुरेश चन्द्र, जो कि इस बिल के हक में बोले थे, ने भी यही समझा और हर एक मेम्बर ने भी यही समझा। किसी को इस बात का ख्याल तक न था कि आनरेबल मिनिस्टर साहिवा जो कि नेशनल कांग्रेस को बिलांग करती हैं, माडर्न साइंसिज़ में से यूनानी और आयुर्वेदिक सिस्टम्स को हटा देंगी। जनावे वाला, मैं अर्ज़

[पंडित ठाकुर दास भागवत]

करना चाहता हूँ कि इस बिल का नाम—दि आल-इंडिया इंस्टीट्यूट आफ़ मेडिकल साइंसिज़ बिल—मिसनामर (गलत नाम) है। जनावे वाला का इन्टरप्रेटेशन (व्याख्या) दुरुस्त है कि इस में सब साइंसिज़ शामिल होंगी। अगर कभी यह मामला कोर्ट में गया तो आनरेबल मिनिस्टर साहिवा की इन्टरप्रेटेशन होल्ड वाटर नहीं करेगी (कसौटी पर खरी नहीं उतरेगी) और अगर कोई दूसरा आनरेबल मिनिस्टर इस रकम को आयुर्वेदिक और यूनानी सिस्टम पर भी खर्च करेगा, तो वह विल्कुल जस्टिफाइड (न्यायोचित) होगा और वह कार्यवाही अन-कांस्टीट्यूशनल (असंवैधानिक) नहीं होगी।

जनावे वाला ने निहायत खूबसूरती से फरमाया था कि सारे इंडिया के फाइनेन्सिज़ (वित्त) खत्म नहीं हो गये हैं और मैं उन की इस बात की कद्र करता हूँ, लेकिन मैं अर्ज करना चाहता हूँ कि आज आनरेबल मिनिस्टर साहिवा न एलोपैथी के लिये पांच-छः करोड़ रखे हैं, तो मुझे अभी देखना है कि कब वह आयुर्वेदिक और यूनानी सिस्टम के लिये कोई बड़ी रकम रखती हैं। मैं जानता हूँ कि वह हरगिज कोई रकम नहीं देगी। इस की वजह यह है कि उन के दिमाग में यह बात नहीं है कि आयुर्वेद को बढ़ाना है। जनावे वाला ने प्लीड (तर्क) किया था कि उस के लिये और रुपया मिल जायगा। मैं यह कहना चाहता हूँ कि अगर मुझे उस की आशा होती और अगर मुझे और फाइनेन्सिज़ दिखाई देते तो मैं उन को कानग्रैचुलेट करता (बघाई देता)। जो रुपया और साइंसिज़ के लिए खर्च होना चाहिये था, वह उन के लिये खर्च न कर के और देश को यूनानी और आयुर्वेदिक सिस्टम के बैनिफिट (लाभ) से डिप्राइव (बंचित) कर के यहां दिया जा रहा है, इसलिये मैं इस को अपोज (विरोध) करता हूँ। क्या आनरेबल मिनिस्टर साहिवा इतनी रकम किसी और सिस्टम के लिये भी देंगी? मैं जानता हूँ कि वह नहीं देंगी। जनावे ने भावनगर का जिक्र किया था। मैं जानता हूँ कि वहां के लिये कितनी रकम दी गई है। जब स्वराज्य नहीं था, तो सब स्टेट्स में यूनानी और आयुर्वेदिक सिस्टम के लिए बड़ी बड़ी रकमें खर्च की जाती थीं। अगर नेशनल गवर्नमेंट के कायम होने के बाद उन को उन का हक न दिया जाय, उन को इस तरह इग्नोर (उपेक्षा) किया जाय और रिवाइव (फिर कायम) न किया जाय, तो मैं नहीं समझता कि वह कोई ठीक काम होगा।

इस बिल को थोड़ा कर जहां तक दूसरे मामला का सवाल है, मैं देखता हूँ कि इस मिनिस्ट्री में न विज्ञान (दृष्टि) है और न ही मैं उस में कोई काम करने की शक्ति पाता हूँ। अभी थोड़ा ही अर्सा हुआ कि हार्जिसिंग फैक्टरी की स्कीम हमारे जिस्म पर एक बड़ा जखम लगा गई है।

Mr. Deputy-Speaker: May I submit to the hon. Member that all that will constitute a general discussion of the Budget and I am sure the hon. Member will have an opportunity to speak on it at that time, but not on this occasion? The housing factory does not come under this Bill.

पंडित ठाकुर दास भागवत : बहरसूरत उन को यह देख लेना चाहिये था कि आया इस से देश को कोई फायदा भी होगा या नहीं। मैं फिर कहना चाहता हूँ कि उन में विज्ञान (दृष्टि) नहीं है—वह देख नहीं सकते कि देश का फायदा किस बात में है। कहा गया है कि इस से रूरल (ग्रामीण) लोगों को फायदा होगा, लेकिन मैं यह अर्ज करना चाहता हूँ कि अगर हमारे देश के लोगों को कोई फायदा होगा, उन को कोई मेडिकल फैसिलिटीज़ (सुविधायें) मिलेंगी और उन की हैलथ अच्छी होगी, तो इस सिस्टम से नहीं, जो कि बहुत महंगा है, बल्कि इस देश के अपने सिस्टम से। जहां तक मैं देख सकता हूँ, दरअसल सारे सिस्टम को डिप्राइव किया जायगा और सारे देश को नुकसान पहुंचाया जायगा।

अगर महज साइंस का मामला होता तो आप करोड़ों रुपये खर्च कर देते मुझे कोई एतराज नहीं होता। इधर आप कहते हैं कि हमारे यहां रुपया नहीं है और दूसरी तरफ आप ऐसी चीजों पर जो कि महज सपने हैं रुपया खर्च करते हैं, जैसे कि हार्जिसिंग फैक्टरी है। शरणार्थियों के साथ क्या सलूक किया गया। इस मिनिस्ट्री को पता नहीं है कि उस की ड्यटी क्या है। यह मिनिस्ट्री दिल्ली में ऐसा इन्स्टीट्यूट (Institute) बना कर रूरल एरिया को फायदा नहीं पहुंचा सकती। इस सारे बिल का कन्सेप्शन (कल्पना) ऐसा है कि इस से देश को कोई फायदा पहुंचने वाला नहीं है। इस सिस्टम से देश को कैसे फायदा पहुंच सकता है कि जिसकी एक पेटेंट मेडीसिन की एक डोज (खुराक) का दाम ४२ रुपया हो। सैकड़ों रुपया इलाज शुरू होने से पहले कौन खर्च कर सकता है? हो सकता है कि इस सिस्टम

से दिल्ली के कुछ बड़े अफसरान को, मिनिस्टरान को और हम मेम्बरान को फायदा पहुंचे। लेकिन इस विल के वास्ते यह कहना कि इस से हरल एरियाज को फायदा पहुंचेगा गलत है और धोखे की बात है। मैं कहूंगा कि यह ऐसा विल है कि इस को पास नहीं किया जाना चाहिये।

Shri Joachim Alva : May I put only two questions? So much has been said about Ayurveda. I want to know whether Government propose to put sufficient funds in the Jamnagar Institute started by the Maharani of Jamnagar. It is a big institution of sufficient importance. There are five persons to be nominated by the Central Government. Is one of these five men going to hold the post of Director—the person whose age is between 60 and 70? I want to get a straight answer to this question. This sort of manipulation of appointments should not take place. This appointment should go to a youngster, not more than 55.

Mr. Deputy-Speaker : Hon. Member should only put questions.

Rajkumari Amrit Kaur : I have not got to say very much because I have already spoken in detail about this Bill. As far as Ayurveda is concerned, I may say that the Centre had allotted a sum of Rs. 37.5 lakhs in the first Plan for Ayurveda and Unani. This is in addition to what the States have provided. A Central Institute has been formed in Jamnagar and arrangements have been made already this year to introduce post-graduate studies there. A sum of one crore has been set apart for Ayurveda and Unani systems in the Second Plan. So, Government is not ignoring these systems. The tragedy is that the *vaids* are not able to put forth schemes by which they can absorb this money. That is my problem very much more than the ability or otherwise to provide funds.

As far as homoeopathy is concerned, the college at Calcutta is being upgraded in collaboration with the West Bengal Government and post-graduate studies are being arranged in collaboration with the Bombay Government in Bombay. None of these sciences are being ignored. But I claim that the majority of the people of our country want modern medicine.

Some Hon. Members : No.

Rajkumari Amrit Kaur : Modern medicine has been described on the floor of this Lok Sabha again and again by me and I do not wish to go into it again. As for the expenditure on this Institute, figures have been given more than once and I am not going to give them again. I wish to say no more except that I am convinced that through this Institute a very great deal of benefit will accrue to modern medicine and to the propagation of that science and also it will serve the people of this country in a better way than it has been able to serve them before.

Shri Joachim Alva : My question remains unanswered. Would the Director, among the five men, be a man between 60 and 70 years of age, completely out of touch with the latest methods of research, operation, etc. ?

Mr. Deputy-Speaker : Order, order.

Rajkumari Amrit Kaur : I am not prepared to say today who the Director will be.

Mr. Deputy-Speaker : I shall put the motion, now.

Pandit Thakur Das Bhargava : We were told that some amount would be contributed by the Government of India for Ayurveda. The hon. Minister said that it would be one crore. May I, through you, ask the hon. Minister to increase the amount to at least 4.75 crores as you were pleased to suggest during the course of discussion that more money can be appropriated for sciences other than those specified by the Minister in this Bill ?

Mr. Deputy-Speaker : Hon. Members have heard what the hon. Minister has said. It does not require any particular explanation. There must be schemes. The *vaids* have not been able to bring forward schemes. If schemes come up, say for Rs. 10 crores, then it is legitimate to say and fifty per cent will be given this year and the rest next year. Hon. Members will work up that way along with the *vaids*. For me to interest myself in this matter, I have no competence.

So, the question is :

“That the Bill, as amended, be passed.”

The motion was adopted.

All India Institute of Medical Sciences

Bill

Lok Sabha :

18th February 1956 - (Pages 260 – 284)

20th February 1956 - (Pages 402 – 440)

21st February 1956 - (Pages 446 – 460)

Rajya Sabha :

3rd May 1956 - (Pages 1208 – 1252)

7th May 1956 - (Pages 1399 – 1474)

8th May 1956 - (Pages 1532 – 1630)

9th May 1956 - (Pages 1683 – 1754)

All India Institute of Medical Sciences

Bill

Rajya Sabha

3rd May 1956

(Pages 1208 – 1252)

The motion was adopted.

MR. DEPUTY CHAIRMAN: The question is:

"That clause 9, as amended, stand part of the Bill."

The motion was adopted.

Clause 9, as amended, was added to the Bill.

Clause 1, the Title and the Enacting Formula were added to the Bill.

RAJKUMARI AMRIT KAUR: Sir, I beg to move:

"That the Bill, as amended, be passed."

MR. DEPUTY CHAIRMAN: The question is:

"That the Bill, as amended, be passed."

The motion was adopted.

THE ST. JOHN AMBULANCE ASSOCIATION (INDIA) TRANSFER OF FUNDS BILL, 1956

THE MINISTER FOR HEALTH (RAJKUMARI AMRIT KAUR): Sir, I beg to move:

"That the Bill to provide for the transfer of a portion of the funds of the St. John Ambulance Association (India) to the St. John Ambulance Association (Pakistan), as passed by the Lok Sabha, be taken into consideration."

I will not say more than two or three words. As a result of the decision again to partition the corpus and the allied funds of the Indian Red Cross Society with the Pakistan Red Cross Society and the transfer of the share due to the latter in accordance with the terms mutually agreed upon by the two Societies, it has become necessary to authorise the St. John Ambulance Association (India) which is a separate unregistered body—in practice it acts as the Ambulance department of the Red Cross Society—to

partition its funds and to transfer the share due to the St. John Ambulance Association (Pakistan) in accordance with the decisions arrived at after the meetings held on the 22nd April 1948 and again on the 11th April, 1953.

MR. DEPUTY CHAIRMAN: The question is:

"That the Bill to provide for the transfer of a portion of the funds of the St. John Ambulance Association (India) to the St. John Ambulance Association (Pakistan), as passed by the Lok Sabha, be taken into consideration."

The motion was adopted.

MR. DEPUTY CHAIRMAN: We shall now take up clause by clause consideration of the Bill.

Clause 2 and the Schedule were added to the Bill.

Clause 1, the Title and the Enacting Formula were added to the Bill.

RAJKUMARI AMRIT KAUR: Sir, I beg to move:

"That the Bill be passed."

MR. DEPUTY CHAIRMAN: The question is:

"That the Bill be passed"

The motion was adopted.

THE ALL-INDIA INSTITUTE OF MEDICAL SCIENCES BILL, 1956

THE MINISTER FOR HEALTH (RAJKUMARI AMRIT KAUR): Sir, I beg to move:

"That the Bill to provide for the establishment of an All-India Institute of Medical Sciences, as passed by the Lok Sabha, be taken into consideration."

I have very great pleasure in bringing forward this Bill before the House. The creation of an all-India institute of this nature was first mooted by what

is known as the Bhore Committee in their Report. That Committee toured all over India, went into the question of the health services in India, the means that provided those health services, ways of combating the lack of those services and also how best we could maintain high standards of medical education and thereby promote the scientific knowledge of modern medicine in our own land with all the experience and all the clinical material available to us in our own country, in the background of our own country, including the villages, rather than send a few of our students abroad to go in for further post-graduate study. Now, this Institute is going to lay primary emphasis on post-graduate studies. As I have just said, it is sad that today, up till now—in fact right up to this time—we have had to depend on scholarships, whether Governmental or from abroad such as the Rockefeller Foundation is good enough to give us, to send a few chosen representatives of the medical profession to outside countries to get their post-graduate studies in the various limbs of the medical profession. I have always felt that it would be even so much better for us if we could give the same knowledge as these young men and women acquire by going abroad in our own country. Further if we have an Institute of this nature, we shall thereby be able to control the standard of education; we shall be even able to make changes in the curriculum of our medical education and thereby give not only to this country but perhaps through our country even to the world, something different, something that we from our rare experiences will be able to find as we go along this exploratory path of progress. As I have often said, it has been one of my cherished dreams that an institute of this nature should come into being and that through it we may be able to serve our own people better, especially the people who live in our villages. Our educational institutions have up till now been always located in the cities this is also going to be located in Delhi, you may say a city, but we

are going to have village hospitals attached where our students will be able to go and work. They will not only get part of their education there but will be given wide chances for research in the villages.

When I refer to medical education, I refer to modern medical education. At the very outset, I would like to say that perhaps there might be a little confusion in the minds of some Members of this House, as there certainly was in the minds of the Members of the Lok Sabha, that because this Institute is called the All-India Institute of Medical Sciences, it should also include sciences other than modern medicine. I have to say that if I had not been given a very large sum of money, a million and a quarter pounds, by the New Zealand Government under the Colombo Plan, to start an Institute of modern medicine, I should probably never have been able to get our Government to give me that amount of money to start with. This is not a new scheme. It has been before both Houses because money for it has been budgeted over the last four years. There have been some delays in starting it but there was no question ever of this Institute being anything except one for developing sciences which are allied to modern medicine. Now, modern medicine includes ever so many sciences which with the dynamic progress which this science makes, are increasing in number every day. For instances, there are various limbs of surgery; not only general surgery but there is also orthopaedic surgery, neuro-surgery, chest surgery and so on. Even in the matter of clinical medicine, there are cardiologists and paediatricians, there are tuberculosis experts and specialists for various kinds of diseases. Then there is dentistry which is allied; there is the nursing profession which is allied and there is also radiology which is allied. There are the non-clinical sciences also, biochemistry, bio-physics etc., which are all allied. So, it would not have been right to call it just an Institute of Medical Science. It has

[Rajkumari Amrit Kaur.]
 been right to call it the All-India Institute of Medical Sciences, that is, all that modern medicine embraces within its very, very wide orbit. I go further and say that what modern medicine constitutes today, what modern medical science constitutes today, is the sum total of all the knowledge gleaned through all the long years lived on this earth as far as we can know, and just as I have no doubt that in the old days the Arab world called their science Unani, that is to say, they took it from Greece and probably ancient Greece and ancient India had contacts too—I have no doubt either that modern medicine in the initial stages took a great deal from Ayurveda or the science of life as propounded by our ancients. But there is no doubt also that Ayurveda remained static. We should do all in our power now to revive Ayurveda and through Ayurveda give what it has to give to enrich the broad stream of modern medicine, which we have accepted as the basic means of giving relief to our people in this country. We cannot in this one vital science go backwards or remain static or say that we will not progress with the rest of the world. Even when we were discussing the Red Cross Bill one Member said that it was too modern, it was too western—I do not understand what western and modern mean—for surely in the world in which we live we must take everything that is good from every part of the world. We certainly cannot live to ourselves. We are taking the aeroplane, we are taking the motor-car, we are taking atomic energy for peaceful purposes in which of course modern medical science is also included, and likewise from Ayurveda we must take what we can. I would have the House remember that with the continued progress that has been taking place in the fields of the physical and biological sciences which make such a vital contribution to medical science, modern medicine has made and is making enormous strides and it is increasing its efficiency in regard

not only to diagnosis and treatment but also in regard to the prevention of diseases which is extremely important and promoting what is now a common term and that is positive health. Therefore the task of medical education becomes a very important one and not one which we can minimise in any way because on the training of the future doctor depends really the type of help that we are going to be able to give to our people. So medical education above all things has got to take account of the needs of the country. Not only in our own country but in all Asian countries, various forms of preventable causes of disease and suffering continue and we have therefore to put greater emphasis on preventive medicine. Even in the western world, when I visited America two years ago in order to see the new trends in medical education, I was able to sense there also a desire to change over from many things and to integrate the preventive with the curative side very much more than has been done up to this time even there. The same aspect is coming into the United Kingdom, which is a conservative country and moves perhaps much more slowly than others. Only yesterday I had the privilege of talking with one of their outstanding surgeons who happens to be in India to-day. He has come out to see which hospitals in India are good enough for them to send out examiners for our students to take the F.R.C.S. He too was telling me that in all their teaching institutions they must specialise because an enormous amount of specialisation is taking part in modern medicine today and that is why they are called the sciences, but he said that in their countryside they do not want all that specialisation and they still want the general practitioner. I said that is exactly my problem and that is exactly what I have also embarked upon and therefore it is that more and more I feel that the future doctor has to come into line with modern medical practices and India cannot possibly afford to stay away from the steady progress and development that

is taking place in other parts of the world. The main idea at the back of the establishment of this All-India Institute is to fulfil the purposes which I have mentioned.

Now I do not want to go into details as to how the institution is going to function. I am sure the Members of this House have heard, and I hope they have heard with pleasure, as I have had the pleasure in making the appointment, of the appointment of Dr. Dikshit as the first Director of this institute. He is a man who has wide knowledge, outstanding knowledge in his own speciality which is physiology. He has had teaching experience. He was principal of a college. He has had research experience by having worked in the Haffkine Institute and latterly he has had wide administrative experience too as Surgeon-General of Bombay and so I hope that at the very beginning of this institute itself, as I hope this Bill will be passed to-day, this new Director will have the blessings of both the Houses of Parliament so that we can go ahead with confidence that we shall be performing a duty which we could not so far performed by our young doctors, both men and women, simply because we have lacked the facilities. And one of the main things that this institute will do is to provide the teaching personnel, Sir, for our medical colleges. Now practically every State has sent in their health plans to the Planning Commission and of course they always ask me to help them to get money for their health plans and I invariably do so, and practically all these States have asked for another medical college. U.P. wants to have three more colleges and I think they are right that they should have, according to their population, three more. But where are they going to get the teaching personnel? These just do not exist. What is happening in many of the medical colleges that are being started to-day. We have to fall back on retired personnel, which is not a good thing. How long can we fall back on retired personnel? And therefore I am hoping and I think I

have reason to hope with confidence, that after six years or seven years we shall be able to give to new colleges first class medical personnel that will have been trained in this institute in their post-graduate studies.

The other point that I would like to mention about this Bill is that in this All-India Medical Institute we are not going to allow—I know I have a great deal of opposition or, shall, I say, at any rate differences of opinion to face in this matter—we are not going to allow our professors in this institute to have private practice. I myself feel, have felt for a long time, even though I am not against private practice *qua* private practice for I am all in favour of the axiom that the labourer is worthy of his hire, that because of the lack of personnel, because of the enormous numbers of persons that come to hospital—and the enormous numbers naturally are the poor amongst us—that private practice with poor salaries which we have given to our doctors up to date has had a deleterious effect in-as-much as if a man has to supplement his income by private practice he naturally gives more attention to those who pay than to those who don't. It is human nature. I don't call the doctor bad names as some people do who say, "He won't go out to the villages." What do you give him? You give him a mere pittance, not even a house to live in, not even a hospital where he can practise his skill, and then you say he is unpatriotic. We have always to look at the two sides of a picture.

So these doctors are going to be paid enough and I have a feeling from the good response that we have had to the advertisements that have already gone out that those who will come here will be quite contented and will be glad to devote their whole time to the promotion not only of teaching, not only of serving the patients who come to the hospitals but also, what is extremely important and vital to the progress of modern medicine, of research. Today our doctors because of private practice have no time whatsoever to give to research. A very

[Rajkumari Amrit Kaur.]
distinguished physician Lord Moran—I may give his name—when I was talking to him four or five years ago about the Health Services in the United Kingdom said that there had been a great deal of opposition to them too and though private practice had not gone, it had decreased. He said that if there was one good thing that had happened it was that their doctors who were really proficient in all the limbs of the medical profession were able to devote ever so much more time to research than they did before.

Another thing which I think is a good step, a step in the right direction, is that all the staff and the students are going to be housed in the camps of the Institute. I feel that by thus housing them we shall be doing something as I said in the other House to revive or maintain the old and ancient Indian philosophy of the Guru-Sishya ideal which I think is extremely useful. The student should be able to go to any member of the staff if he has any difficulty and the staff should be in close touch with those with whom they are dealing. Hon. Members may—perhaps now it is too hot but during the next session when it is a little cooler—if they like come with me or they themselves can go to Safdarjung and ask Dr. Dikshit to show them round the campus and see the plan of the Institute. I am sure it will delight their hearts to feel that an Institute of such significance, of such magnitude—I do not mean now the magnitude of the buildings but the magnitude of the conception of the Institute—is going to be set up in the country. I am proud that India has really taken the lead in medical science in this part of the world. We are today training workers from abroad for Malaria; we are today training workers from abroad for maternity and child welfare; we are training them as public health nurses; we are training people for village work, as sanitary inspectors and public health personnel and I do hope that here in this Institute also we shall be able to give that help to those

countries who are not perhaps as far advanced as we are.

Then I hope after we have taken up our teaching programmes and after we have drawn up the curriculum, the course may perhaps even be shortened and the students who work in this Institute may have more chances of undertaking responsibilities as I was able to see in the University of Denver in the U.S.A. One of the things that struck me there was the opportunity I had of listening to a fourth year student giving his dissertation on the patient who had been put in his entire charge.

Now, this Institute—and this is very important—is going to be given the powers and functions of a university because it will, I am sure, make revolutionary changes in many things, not only in curriculum but also in modes of teaching. Therefore this university status which this Bill will give, will enable the Institute to give diplomas and this will be on the same pattern as exists in England today in institutions such as the Royal College of Surgeons, the Royal College of physicians etc. They give diplomas of their own which most of our students when they go abroad are only too anxious to get because they maintain an extremely high standard. Of course, these will be recognised qualifications and they will have to be put down in the Indian Medical Council Act, an amendment to which I hope very shortly to introduce in this House.

Subject to such minimum control as the Government of India may exercise through its rule making power, the Institute will enjoy a very large measure of autonomy in other that it may fulfil the objective which I have tried to set forth before you in this very brief speech.

DR. W. S. BARLINGAY (Madhya Pradesh): May I ask one question by way of clarification? There is the University Grants Commission. Will this Institute be entitled to grants from that Commission?

RAJKUMARI AMRIT KAUR: I could not answer that question off-hand. But at the moment I am myself in my Ministry budgeting for this Institute. I see no reason, however, it should not, but I cannot say off-hand because I have not got the constitution of the University Grants Commission before me.

DR. R. P. DUBE (Madhya Pradesh): If it is under the Delhi University, perhaps it might give.

RAJKUMARI AMRIT KAUR: It is not going to be under the Delhi University but since it enjoys the status of a university itself, it may be that it may come into the picture but I am not worrying about that at the moment. Of course the Government of India will make itself responsible for the expenses but I am always an optimist and I hope that serving the cause of suffering humanity as this Institute will be, it too like so many medical colleges, medical college hospitals and hospitals not attached to colleges, will benefit from private philanthropy which will also come into the picture and help us to progress still further. The future of this Institute will lie in the hands of Director, of the Professors and other members of the teaching staff and of the students. I believe myself that it will be their devotion to duty, their desire to promote their work and their spirit of altruism that will actuate them to subordinate their personal considerations, as I believe the noble profession of medicine should do to the fulfilment of the objectives in view, that will eventually create and maintain an atmosphere which is necessary for an Institute like this. I do therefore hope that in presenting this Bill for acceptance by the Rajya Sabha today, the legal structure that is created may facilitate the progressive realisation of a study development of improved methods of medical education in this Institute and through the influence that it will exert, I am sure that the standards of different courses of professional training in the field of health throughout this country will be raised.

30 R.S.D.—5.

I have received one or two amendments about putting in persons representing the Indian systems of medicine. I would like to assure the members that in not including the Ayurveda, Unani or Homeopathic systems in this Institute no insult is meant to them. They cannot just fit into this picture. I hope to have a Chair for the History of Medicine as you will see that we are including the teaching of the Humanities and in that History of Medicine Ayurveda will make its contribution and so will Homeopathy and Unani. But the actual teaching of these systems cannot be undertaken in this Institute. As a matter of fact I was not going to wait for the teaching of Ayurveda post-graduate courses. Post-graduate studies in Ayurveda are going to be opened in July this very year in Jamnagar where there is already an Under-graduate college and I feel that later on when more research comes into the picture and as we widen our scope, we shall be able by that time to have enough knowledge about all the drugs that are available in India. After all, there is a Drugs Research Institute in Lucknow. I pleaded with Dr. Bhatnagar at the time when he was raising these scientific laboratories all over India. I said, "Please have one as quickly as you can for research in Indian drugs". It is working in Lucknow. It is doing very fine work. I believe that there is now going to be a harbarium which will feed it still more. Then there is Jamnagar which has been working extremely well and when the Prime Minister went there the other day, he said this is a fascinating experiment that is going on here. And now we are going to have post-graduate studies evolved there also. We are gradually taking more and more of our Indian drugs into the pharmacopoeia. I have placed in the library of this House the latest Indian Pharmacopoeia. That has been drawn up not by vaidas but by those who profess modern medicine. I hope that those who go in for modern medicine will more and more after they have qualified go in

[Rajkumari Amrit Kaur.] " for the therapeutics of Ayurveda. I do not believe that we are really going about the right way in enriching Ayurveda or allowing Ayurveda to enrich modern Medicine, because what is happening today is that all those young students who into the so called Ayurvedic schools come out and practise nothing but modern medicine. That is not what you want if you want Ayurveda to live. It ~~want Ayurveda to live. It~~ will be killed by antibiotics and the use of penicillin, sulphadruugs and everything else by the practitioners of Ayurveda themselves. I myself feel that I am a much greater friend of Ayurveda than many of the Members of this House or of the other House imagine. Now, I hope with this brief and perhaps longer survey than I intended to give. I have made the objectives of this Institute perfectly clear before the House and that I shall have their full support to this measure.

MR. DEPUTY CHAIRMAN: Motion moved:

"That the Bill to provide for the establishment of an All-India Institute of Medical Sciences, as passed by the Lok Sabha, be taken into consideration."

SHRI P. N. SAPRU (Uttar Pradesh): Mr. Deputy Chairman, I give my support to the Bill. The Bill carries out one of the major recommendations of the Bhole Committee on Health Survey and Development, of which I was a member. Now, one of the objects of this will be to provide an All-India Institute for the advancement of medical knowledge and for the training of medical personnel. It will provide refresher courses for the physicians working in our towns and villages. It will provide, I take it, facilities for higher instruction in modern medicine. I think Rajkumari Amrit Kaur, if I may say so with respect, was a little far too apologetic in defence of modern medicine. We don't stand today where we did about four thousand years back, when our

ancestors had creative minds and did a very great deal in the world of medicine. The world has moved during those four thousand years and if you want to benefit by medicine or by the facilities which medical science offers, you must be prepared to go to doctors who have knowledge of physiology, anatomy, bacteriology, pathology and who can perform the various tests which are necessary in order to diagnose disease. There is a very great deal that can be done by way of research so far as our pharmacopoeia is concerned. I think we have a rich pharmacopoeia and one of the conclusions to which we were driven, as members of the Bhole Committee, was that the most fruitful way in which the ancient medical systems could be advanced was by the encouragement of research in those sciences. Now, I should have liked some more light to be thrown on the organisational side of the Institute. One of the questions ^{raised} ~~was~~ ^{these questions} were days—which we had to consider was whether this Institute should not be affiliated to the Delhi University or to any other University for that matter. We came to the conclusion—at all events the majority agreed and I was one among the majority—that it should serve, it should function as an autonomous institution having more or less the status of a university. But I do not see reflection like this segregation in education. The tendency to have special institutes and call them by the name of universities or to devolve on them the functions of a university has, I am afraid, been carried a little too far in this country. We have an engineering university and we have, I suppose, a technological institutes; should they call themselves universities? Now, a university is a place where knowledge is integrated. It is a place where you have researchers and professors of various branches of knowledge working and co-operating together for the advancement of learning. It is an advantage to have a big institution of a specialised character affiliated to a university. I wish, therefore, that a

decision had been taken to affiliate it to the Delhi University which, I believe, is a Federal University and, if necessary, the constitution of the Delhi University could have been modified for that purpose.

Another thing that I would like to say is this. I have gone through the Bill and I find that far too much has been left to be filled up by the rules to be made by the Executive Government. Now, by merely reading the Bill I can have no idea as to how the Institute will actually function and what the measure of internal autonomy will be that the Institute will possess. In a note which Dr. Abdul Hameed and I had the honour of appending to the Report of the Bhore Committee, we emphasised that the institution must not be allowed to develop in such a manner as to become a place for mutual admiration. We wanted, therefore, provision to be specifically made in the constitution for an external element on the academic bodies of the institution. I may be perhaps permitted to quote myself in this connection:—

“We cannot agree to the further suggestion that the shaping of the Institute in its technical aspect should be entrusted solely to the Director and Professors of the Institute acting as a medical faculty. No adequate reason has, in our opinion, been given as to why on the medical faculty, which will presumably frame the curricula and appoint examiners, an external element should not be provided for. In our opinion, there is danger under a constitution of this character, of the academic faculty of the Institute developing into a close corporation of mutual admiration. We would, therefore, provide for representation on this academic body of faculties of medicine in Indian Universities, grouped together, as an electoral college for this purpose.”

Now, I think that the Institute will have four representatives—I refer to clause 4—of the medical faculties of Indian universities to be nominated

by the Central Government in the manner prescribed by rules. But the Institute is not a medical faculty. The Institute will have a governing body and there will be many other bodies which will work as part of the Institute. What I have in mind is that on the academic bodies which will frame the curricula and which will be responsible for the conduct of examinations and for prescribing all the standards, there should be representation of an expert character—representation of an outside expert character—provided in the Constitution itself. I should like, Mr. Deputy Chairman, the position to be clarified in this respect by the Health Minister. What is the intention of the Government in regard to this matter? How do they propose to constitute the bodies which will be responsible for the framing of the curricula, for prescribing the courses and for the laying down of academic standards and how do they propose to maintain a liaison between this Institute and various medical bodies in the country? I think that at least we should have been given some information on this aspect of the matter because I find that almost everything is going to be left to rules which are going to be framed hereafter and we have no clear picture before us as to how this Institute will function. That it is desirable to have this Institute will be admitted. It is becoming increasingly difficult for our young men to get facilities for higher education in the bigger universities of western countries. Those universities have their own problems. They have got to think of providing for their own young men first and it is essential that we should have an Institute in this country of a very high character where it is possible for research to be carried on under almost ideal conditions. We do not want to lag behind in the race for knowledge in the modern world so far as knowledge and research are concerned. While we have produced eminent physicians and while we have produced good practising surgeons, it is

[Shri P. N. Sapru.]

a matter for regret that our output so far as medical research is concerned is poor. There are some people who have research to their credit, but one reason for—I am glad that Rajkumariji referred to it—the lack of output in research is that the abler physicians in our medical institutions are allowed private work. They devote too much time to private practice. I have known professors of pathology and anatomy having extensive private practice. How can you expect them with their lecturing work and with their private practice to advance medical research or knowledge? Therefore, the decision that, in this Institute, teachers will not be allowed private practice, is to be welcomed. It will be in the interests not only of the people who go to the hospitals connected with this Institute, but it will also be in the larger interests of medical research in this country.

Mr. Deputy Chairman, I do not think that I would be justified in occupying more time. But I hope that the Health Minister will enlighten us on the points which I have raised. I would like also to say one word about the President of this Institute. The recommendation was that the President of the Institute should be an independent person and it was suggested by some of us that he must be the Chief Justice of India or the Speaker of the Lok Sabha or it might be some person of high status not identified in the popular mind with any political party. I emphasise that in order that this Institute might inspire confidence, the President should be a person of independence and character and status and a person who would be regarded as free from the control of the executive government.

That is all that I have got to say, Mr. Deputy Chairman, on this Bill. Thank you.

DR. RAGHUBIR SINH (Madhya Bharat): Mr. Deputy Chairman, I

must congratulate Rajkumariji for having secured an enormous sum from New Zealand to get this Institute started. As she herself has admitted there has been much delay in starting this Institute. Anyway, now the Institute is there and we wish it all luck. The Bill is before us now.

At the outset, I would like to make a few remarks about what I would personally wish the Institute to do and in that respect I have two particular points to make. The first is that I would like to know whether this Institute of Medical Sciences is going to be one of those colleges that we have had all along throughout the length and breadth of the country or it is going to mark a departure from the past. Sir, we know that till about 12 or 15 years ago, there used to be a course called the Licentiate Course. That course has now been abolished. It used to take generally about four years after the passing of the matriculation examination. Now, the present course of M.B., B.S. takes seven years. On account of this, the medical studies have become difficult and very costly. In spite of a very large number of colleges throughout the length and breadth of the country, they are not able to produce really large number of medical graduates. Then, another problem is that the medical graduates who pass their examinations and want to take up practice, are not in any way willing to go out into the villages; we want and we are trying to extend medical facilities in the rural areas, but we find that necessary personnel are not available to go to these places. Many a time I have had a chance to discuss this question with many of the young medical practitioners, and they usually come out with two pleas: First they say that they have spent so much money on their medical education, and many of them generally come from poor families and are very keen to ensure that they recover at least some part of what they have spent. Secondly, they say

that once they go to the rural areas, they will not have any chance either to increase their knowledge or to get sufficient practice. The question then arises as to how, when we are anxious to increase medical facilities in the rural areas, we are going to get the personnel. Therefore, I would earnestly request Rajkumariji to call upon this Medical Institute to find out some solution for this problem and try to evolve an undergraduate course, which would be, if not similar, at least akin to the old licentiate course.

DR. W. S. BURLINGAY: In this Institute? It is really meant for research, not anything else.

DR. RAGHUBIR SINGH: May I inform Dr. Burlingay that it is expected to give diplomas also, and I think diplomas are smaller things than degrees.

DR. W. S. BURLINGAY: Not undergraduate diplomas.

DR. R. P. DUBE: Post-graduate diplomas.

DR. RAGHUBIR SINH: Dr. Dube does not possibly know what is the general feeling of the persons who come out of such institutions.

DR. R. P. DUBE: How do you know? You are a literary man, not a doctor.

DR. RAGHUBIR⁰ SINH: I live in a rural area and Dr. Dube comes from Jabalpur. I have travelled widely in rural areas. Anyway what I am trying to emphasise is that an answer to this problem should be found. If an answer is not found, the possibilities of increasing medical facilities in rural areas will be remote. That is my only point. I do not insist that this Institute alone should produce. I only bring it to the notice of the Health Ministry to see that something is done to find a solution to this difficulty.

Secondly, as my friends, Dr. Dube and Dr. Burlingay, said that this Institute is going to do only research work, in this connection, I would like to say that what we look forward to

is not the continued segregation of the various systems of medicine but an increasing integration of the various systems. We know that the Tropical School of Medicine did much good work in the earlier days when it tried to find out a solution for the relief of tropical diseases. I think it is very essential that an effort should be made to integrate the various systems with a view to giving more relief to the ailing humanity. Sir, it is the ordinary rule of nature that, wherever there is a disease, there is also a cure for the same near about. I feel that in many of these cases of tropical diseases, their relief will be found in this tropical country. I believe that, if a more thorough study of Indian medicines and medicinal plants is carried on, we will be able to find out more effective remedies from our Indian medicinal plants.

Coming to the Institute and the Bill, I have only a few remarks to make. As Mr. Sapru has pointed out, much has been delegated by way of legislation. I have hardly come across one clause in this Bill which does not mention "prescribed by rules or prescribed by rules and regulations" or something like that. Is it intended to give this Institute some autonomy or, as somebody suggested, to make it some sort of university? If it is intended to develop this Institute as some sort of university, I may point out that the rules of no university whether it is Centrally controlled or otherwise, are placed before the Legislature which controls it. Therefore, if it is intended that there should be delegation of legislation by rules and regulations, I do not see the reason why they should be placed here before the Houses of Parliament. Anyway, I feel that it is wrong to delegate too much of these powers for rule-making. I was talking to a very eminent Congressman, who is also a medical man, and he just mentioned to me that, if such a Bill had been introduced in any of these Houses some twenty years before, they would have ragged it to pieces. I think that is sufficient criticism on the subject.

[Dr. Raghbir Singh.]

Then, there are two or three points on which I would like some information. This question has been raised in this House very often. We find that appointments to this Institute have been taken away from the U.P.S.C. One would like to know why this special procedure has been adopted in this particular case. In a case like this where we want to ensure efficiency, where we want to raise its level, I do not think this is advisable in any way.

Then, it is said that this Institute is expected to supply personnel to the increasing number of colleges. I am rather sceptic about this possibility, because the persons who will come out of this Institute will need sufficient time to gain necessary experience and to complete essential high studies. It may be a possibility some twenty years hence, but not in any case to-day, nor in the near future.

Finally, I would also like to say that in case of Selection Board or persons who are appointed to select the persons to be appointed in this Institute, the persons are generally superannuated ones and not younger men who can have a different outlook. I believe that the new age wants new men and new outlook and for that, we will have to look out for newer people. I believe that we have definitely gone a stage ahead by inaugurating this Institute and whatever I have said here by way of criticism is only to ensure that this Institute does improve and should be much more successful in the future.

SHRI BHUPESH GUPTA: (West-Bengal): Mr. Deputy Chairman, I rise to speak on a subject on which I am not very competent to speak. I am a layman and my touch with the medical profession is only when I fall ill. Yet, as a public man, I come across certain things to which I should like to draw the attention of the Government. I am glad that in moving this Bill the hon. Minister has covered

a wide field of subjects and that has given us an opportunity to bring to the notice of the hon. Minister certain rather important facts. It will be agreed on all hands that in the field of modern medical science, we are lagging far behind. It is a matter of regret that even after Independence, we have not made the kind of effort that should have been made in order to catch up with the developments in the field of medical science. In fact earlier years have been years of neglect and today, when this kind of thing is being moved, we are naturally glad that at least an attempt has been made to turn the corner. As you know, in our country the medical profession is very badly organized. I have not in mind individual doctors or medical men or individual institutions and associations, which the medical men may have got in the country. I think that the whole question should be viewed from the point of view of Central direction. I also know that these medical things are very much under the State Governments and great responsibilities have devolved on them but that is no reason why the Central Government should not take more initiative in the matter and set things right where they require to be righted. At the same time I think it is the duty of the Government of India to initiate certain policies and measures which would promote the medical education in the country on a much wider scale than as at present. The state of our medical profession is not very good in certain respects and for that, I would not at all blame the medical men at all. I know they function and work against all manner of difficulties and at times they are even prevented from making headway by the powers that be. Sometimes we come across certain very unwholesome interference on the part of the Government authorities and as far as the States are concerned, there are too many of them. I come from a State where one of the chief medical men happens to be the chief

Minister of the State, a very powerful personality in the medical field and of course much more terrifying in the field of public administration.

DR. RAGHUBIR SINH: Do you want to stop his private practice and deprive the country of an eminent man's.....

SHRI BHUPESH GUPTA: He has two kinds of practices—one on the patient and the other on public life. I tell you, as far as the patients are concerned, I want him to continue the practice. As far as public life is concerned, otherwise, I want to stop his practices. But that is beside the point. Sir, as you know, Calcutta is a very important centre of medical profession and there are a number of medical colleges. There are eminent physicians and surgeons in our State. Even so, you would find that things are not getting on well. In fact in the past few years, the progress has been very very halting and limited. I think it has even been vitiated by certain interference on the part of the Chief Minister. You will find.....

MR. DEPUTY CHAIRMAN: Order, order. Mr. Gupta, the Chief Minister of Bengal is not here in this House. So don't make any personal allegation against him.

SHRI BHUPESH GUPTA: These are not allegations. How can I talk about medical profession without mentioning a person like him?

MR. DEPUTY CHAIRMAN: You should not make any personal allegation.

SHRI BHUPESH GUPTA: Till he chooses to be elected to the Rajya Sabha, we will not get him here.

MR. DEPUTY CHAIRMAN: Till then, you should not make any personal allegation.

SHRI BHUPESH GUPTA: I am making allegations against the incumbent of an office. I have no quarrel with him as far as the person is concerned but all that I am saying is, I am speaking of the State Government and anyway, if you like, I need not mention even the word

"Chief Minister". I have avoided mentioning the name. Anyway, the head of the State Government in our State undertook the reorganisation of the medical profession and medical institutions there, and he set about it in a particular way. Appointments were created where they were not necessary and some people were placed in positions for which they were least qualified. Important personalities from the medical colleges were sacked because of certain reasons. Such things had happened. Now if such things go on.....

AN HON. MEMBER: Question.

SHRI BHUPESH GUPTA: Then of course you cannot have progress in the field.

MR. DEPUTY CHAIRMAN: All these are matters for the Bengal Legislature. You should not make such allegations.

DR. RAGHUBIR SINH: He should put them before the State.

MR. DEPUTY CHAIRMAN: It has nothing to do with the Bill. Please speak on the Bill.

SHRI BHUPESH GUPTA: It has something to do with the Bill. I will show you. You please consider it.

SHRI R. U. AGNIBHOJ (Madhya Pradesh): Order, order. The Chair has given a ruling.

SHRI BHUPESH GUPTA: There is provision for providing medical teachers and teaching personnel for the various colleges. This will be one of the functions of this institution. Am I right or am I wrong? It is provided for in the Bill itself. I take it that the institution will be interested in supplying medical personnel to the various colleges. But I would like to know as to where is the guarantee that the people who are qualified at the institution, when they are sent to the various States, would be accepted by the State Governments or the medical colleges there? There is no guarantee at all. Because these are inter-related questions. The colleges

[Shri Bhupesh Gupta.]

are under the State Government. This institution is here. This institution is for what? It is for training personnel, for developing medical science. So the science is applied in the colleges and other institutions in the various States. Therefore, they become inter-related subjects. It is very difficult for us to judge one thing in isolation from the rest. Therefore I am saying that it is very essential to ensure that the personnel that you would train here are accepted by the State Governments and they are not either victimised or given undue promotions. We have fear, from our own experiences, that such things might happen unless and until the institution—to make the subject-matter relevant—assumes certain powers in this regard with a view to setting things right. That is very important. I am not in favour of curtailing the powers of the State Governments. In fact I should like the State Governments to have ample powers but should there be any difficulty in discharging the responsibilities of the institution, owing to certain interference by other agencies than the institution itself, that is to say, the State agencies or agencies outside normal jurisdiction of the Central Government, then the institution should have certain powers, at least certain powers of supervising things and all that. Otherwise I am afraid those things will not be put right

Then about training personnel, it is very important that we train up a large number of medical personnel in our country. The requirements are very great and I don't think that we can at all come anywhere near our requirements unless and until we make very vigorous efforts in all directions for training up our medical personnel in our country. At the 4 P.M. moment, as you know, most of the experts in the medical profession are those who have been qualified from abroad. I have no quarrel with foreign qualifications. I would like our men to acquire knowledge from various countries of the

world which have made progress in particular branches of the medical science. That is very important, because there must be a lot of give and take in this matter. But what I am concerned about in this connection is how quickly we can train our personnel in our country so that a larger number of students could be educated in these lines in our own land. It is quite well known that at present it is not possible for the general run of students to have the resources to go through this education. So far as scholarships are concerned, they are given to a very few students. They are not available to most of the students in the medical colleges. Therefore, it goes without saying that the overwhelming majority of students in our medical colleges are denied the possibility of higher medical education which only a few of them get abroad. That is why I would like to emphasise the importance and the urgency of developing higher education in our own country, specialised education in our own country. With that end in view, we should send our students abroad. At the moment, if somebody has the money, he goes abroad for training, no matter what he does there. Therefore the Government should come forward and so direct the education here in the medical field that we have a larger number of medical men sent abroad who would be mainly devoted to training our own medical personnel in the country. That is how the matter has to be approached. There is a lot of individualism and anarchy in this field which has to be controlled and directed, keeping in view the broader interests of the country in general and of the medical profession in particular.

There is another point that I would like to make in this connection and that is about the cost of education. As we all know, medical education is one of the most costly educations in our country. Even as it is, it is not possible for a large number of students who emerge out of the colleges and universities to go in for a medical

education because it is such an expensive course. The Institution should therefore, keep this in view and reduce the fees and tuition fees so that a larger number of students could avail themselves of the opportunity that would be put before them now. Unless that is done, medical education would be restricted to a very small number of students, however much the Government might desire to extend it, because of the financial difficulties, if not for other reasons. Therefore, this question is one of vital importance to the country and, when dealing with our medical institutions, we should bear in mind the possibilities and the financial capacities of the prospective students seeking education in these institutions. But in this Bill there is no such provision whatsoever. I think it is worthwhile the Government giving a subsidy, if necessary, to this education. They can reduce the fee and the Government should set apart some money to be given to the institution as subsidy for the loss on account of fees. After all, this is an institution which is required in the interest of the whole country and the whole of our society. Therefore, here we should not be guided by the considerations which generally dominate when we start institutions or colleges.

Then I come to the question of the composition of the Institute, I find that in clause 4(f) it is stated:

"four representatives of the medical faculties of Indian Universities to be nominated by the Central Government in the manner prescribed by rules;"

We are still to see the rules. We do not know what these rules will be like. I would like to make it very clear that I have no objection to the Central Government nominating provided the nomination is based on a proper assessment of the quality and competence of the representatives from the medical faculties. What I fear might happen is this. They would be consulting what they call the States, by which is meant nothing

more than the State Governments and on the recommendation of the Minister in charge of Health there, they would appoint people on this Board. I see that the hon. Minister assures me by indicating that this would not happen. I would be very glad if it does not happen. I would like to know how the Central Government would select the personnel or the representatives to be appointed on this Board. I am against leaving the whole matter to the State Government. I am not one of those who would say: Do consult the State Governments. Certainly the State Governments should be consulted, if necessary. Certainly the medical institutions should be consulted. But that consultation should be of such a nature that it brings out the best talents from the medical colleges in our country. There should not be interference by anybody in the selection of these representatives who are to be appointed on the Board, because they have to be people who bring in their experience of how medical colleges and institutions are being run, their experience born of the living touch they have with the student community. It is of vital importance, therefore, that the proper type of men are selected for sitting on the Board.

As far as the three Members of Parliament are concerned, it has been provided that two of them shall be from the Lok Sabha and one from this House. We have a large number of doctors and we can easily spare one for this purpose. I hope in the matter of this selection, proper care will be taken so that the right type of persons are taken. Of course, we are all right type of persons here.

I, however, find something missing in this Bill and that is that there is no provision for consulting the various medical associations in the country. Almost in every State and on an all-India scale, I believe, there are certain important medical associations to which eminent medical men belong. I do not know whether it is not possi-

[Shri Bhupesh Gupta.]

ble for the Government to seek their advice and suggestions in the matter of the administration of the All-India Institute of Medical Sciences. I find from some of their writings and publications that they have very many constructive suggestions to offer for the advance of medical sciences in our country. I also find that sometimes they come out with very good and constructive criticisms of certain policies and doings of the Government. Having regard to these things, I am inclined to take the view that it is necessary for the Government, when embarking upon this scheme of things, to seek their advice and suggestions so that things may be put right and progress may be assured.

Then I have a few remarks to offer about medical students' associations. I know that sometimes the Government is not at all willing to consult the students. But here, you see, one of the purposes of the institute will be to train up students, the higher medical personnel and I think it very necessary here to consult the students' associations in this matter so that you come to know what are their requirements, what are their difficulties and what are their experiences. This also, in my view, is very important.

As regards the sending of students abroad, I think the state of affairs at present is not very satisfactory. If for the purpose of this Institute medical men were to be sent to various countries abroad, the Government should consult the students associations, the colleges and other institutions with a view to making proper selections in the matter. I am afraid sometimes selections are made in an arbitrary manner and due attention is not given to talents and the possibilities of the various students who are sent abroad. I know also that sometimes good and capable persons are sent; but this is not always the case. Sometimes things are done in a very wrong way.

Now, about giving it the status of a University, certainly it should be given a very high status. I am not one of those who would like to restrict the functions of this Institute. In fact, I would like to enlarge the functions of this Institute because it is going to be a vitally important institution in our country. While I am in favour of enlarging the functions of this Institute, I am also interested in running it in an efficient and democratic manner. I would not be in favour of bureaucratic or arbitrary interference from any quarter. There should be living relations between the activities of this Institute and the Parliament. I think it would be worthwhile at least in the formative years, in the early period, in the beginning of this Institute, for Government to submit some kind of a report to Parliament as to how things are progressing. We are all interested in very quick advance in the field of medical science because we know that until and unless we can achieve successes very quickly, we would not be in a position to cope with the problem which is of very great magnitude. The problem is there before us. Therefore, as Members of Parliament, we would be interested in knowing as to how things are being carried on in the Institute. The hon. Minister would please consider whether it would not be worthwhile to present some kind of a report on the activities of this Institute at least in the coming few years or so.

The last point that I want to make is that when we start this Institute, we should keep in view the fact that we should not only concentrate expert medical men in certain chosen localities such as big cities like Bombay, Calcutta, Delhi or Madras but that we should provide expert personnel and eminent medical men in the various small towns and villages as far as possible. Certainly, attention should be paid to the working class areas which are denied medical facilities. As you know, in our country they do not get proper medical personnel in the hospitals and institutions run in the working class areas.

Therefore, I would like to impress upon the Government that while sending trained personnel from this Institute, care should be taken to see that they are distributed amongst the people keeping in view the fact that the majority of our people are not in a position to pay the high fees that are charged by eminent men.

It is a good thing perhaps that those people who will work in this Institute would devote their whole time to research work. Medical research has been a casualty in this period in very many respects. Therefore, we must have a set of personnel who would be solely devoted to research work as that is of great importance especially when we are thinking of developing our medical science on our own soil. I do not see any reason why we should not find self-sacrificing patriotic individuals who would be satisfied with this kind of research work in the Institute. We have got such people but the important factor is that only if the Institute is run efficiently and well as well as democratically, will the people feel enthused and inspired to devote their whole time and forego private practice in order to develop the medical science in our country.

With these words I wish the hon. Minister all success and hope that we shall soon see in our country a properly run All-India Institute of Medical Sciences catering to the needs of our society, concentrating the medical profession not in a few hands, not concentrating it in the cities and towns for the benefit of the rich only, but distributing the benefits of this Institute, the blessings of this Institute, evenly among the entire population which needs medical care most urgently, but which does not have the wherewithal to get such care because of the poverty for which it is not to blame.

PROF. A. R. WADIA (Nominated):
Mr. Deputy Chairman, I quite appreciate the enthusiasm of the hon. Minister for starting this Institute but I am afraid in actual practice the All-India

Institute of Medical Sciences will not be able to live up to all her expectations. It seems to me, Sir, going through the Bill, that after all this is going to be just a medical college, perhaps a super medical college with all the great financial help that she will naturally lavish on it and which an institution in Delhi may expect from the Central Government. My fear is that if there is so much attention to be given to under-graduate training, there is hardly any justification for starting this Institute at all. After all, we have got so many medical colleges in India. We need more medical colleges. I do not deny it, if we have these medical colleges, it is their duty to provide for under-graduate training. If you are, however, going to have a real super medical college, if I may use that expression, in Delhi, I think it should be for the post-graduate classes and not for the ordinary first degree classes. I assure the hon. Minister that she will soon realise the difficulties of the position because there is a general tendency to overemphasise the importance of under-graduate classes when both co-exist. A proper amount of emphasis on post-graduate training will be forthcoming when you have got only post-graduate classes and this is true not merely of medical institutions but of all institutions in India generally.

I find that due representation has been given to various interests in clause 4 but I do not find any direct representation given to the Indian Medical Council. I do not know why that is omitted. That is a sort of general all-India body and it would be useful to have one or more representatives of that body very directly. Of course, I share the misgivings of my friend, Mr. Bhupesh Gupta, when it comes to nomination of the different people. One can hope that the nominations will be exercised not for political reasons but in the pure interests of medical science.

I come now to speak on one subject to which Rajkumariji has also referred. She will pardon me if I say that there is a general impression in the

[Prof. A. R. Wadia.]
country that the Ministry of Health is not very friendly to the interests of Ayurveda and Unani. The impression may be certainly wrong and I am extremely happy to hear from her on the floor of this House that she has got great admiration for Ayurveda and Unani. I would request her to go a step further and not merely stop at expressing that sympathy but do something for them in practice.

SHRI J. V. K. VALLABHARAO (Andhra): She gave a convocation address to an Ayurvedic College.

PROF. A. R. WADIA: It seems to me that here is an Institution which will give a splendid opportunity for doing something for research in Ayurveda and Unani. If the undergraduate classes are taken away—as they should be in an institution of this type—there will be room enough and I am sure money enough for the encouragement of genuine research in Ayurveda and Unani. She referred to the institution in Jamnagar. I have seen it myself and I can appreciate the good work that is being done there. But one institution of this type is not enough. Perhaps there are others, two or more, in our country, but considering the needs of our country and the real demand for Ayurveda and Unani that exists in our country, it seems to me that an institution of this type can easily take up research in this direction. I am aware and painfully aware that our graduates from the medical colleges are usually hostile to Ayurveda or Unani. I am glad that there is at least one college in India and that is in Gwalior, where we had a very sympathetic and a very far-seeing man in the late Dr. Bhagwat Sahay; who created in that college a special department for research in Ayurveda. I have not heard any particularly glorious reports of the work being done there, but it was a step in the right direction. Now the point is that from personal experience the Ayurvedic drugs are of extremely great utility, but unfortunately we have not enough faith in our Ayur-

vedic practitioners. I would like to see a new type of medical graduate arising who with all the resources of western education can diagnose a disease and yet has enough knowledge of the Ayurveda and the Unani drugs which he can apply in practice. This is the combination that is really needed in India.

DR. R. P. DUBE: Does the hon. Member presume that there will be no chair for it or no research will go on in this institute? How does he presume that?

SHRI H. C. DASAPPA (Mysore): The Bill speaks only of modern medicine. That ought to make things clear for my hon. friend.

MR. DEPUTY CHAIRMAN: Order, order, let him go on.

PROF. A. R. WADIA: Sir, I do not presume anything which Rajkumariji has not herself said on the floor of this House. If Dr. Dube wants to speak on behalf of the Government he is welcome to do so; I have not the slightest objection. I am only pointing out to you, as a humble citizen of India, the real needs of India. I think it was pointed out by my friend, Dr. Raghubir Singh, than an average medical graduate does not care to settle down in a village; it is no use lecturing to him that he is unpatriotic; after all he has to live. And for the various reasons mentioned by him we do know that our villages are neglected so far as our ordinary graduates are concerned. He also referred to the existence of that somewhat inferior grade of medical people, the licentiates of some years ago, and it is a pity that that class has been totally abolished. They served after all a useful purpose. They may not have a very high degree of medical knowledge but they were the people who could be expected to settle down and who did settle down in the villages.

SHRI H. P. SAKSENA (Uttar Pradesh): They have been upgraded there; they have not been abolished.

PROF. A. R. WADIA: I am glad they are upgraded there but I am talking from my experience of South India.

SHRI H. P. SAKSENA: I am talking of North India.

PROF. A. R. WADIA: All right, Sir, I am glad to hear it. I am prepared to accept this suggestion and I think there is room for them and they ought to be encouraged.

Well, Sir, it is on this standpoint that I appeal to Rajkumariji to make some provision for real research in Ayurveda and Unani in this institution because it is only that thing that can justify the existence of this institute. I know that a good deal of fine medical research has been going on in all the universities of Europe and America. We are lagging behind in that; by all means let us catch up, but my own personal feeling is that we might prove ourselves more useful if we try to carry on experiments not exactly on the lines in which the universities in America and Europe are doing, but if we can carry on experiments on our Ayurvedic and Unani drugs, which have been known to us for centuries and the use of which is very efficacious, and if we can produce the type of men who can put that knowledge into good practice, I think, Sir, this institution will have amply justified its existence. But the way it is put, that there is going to be undergraduate teaching and there is going to be post-graduate teaching, in spite of our best wishes, I am afraid it will grow only into one of the ordinary medical colleges that exist in India.

Another little thing, Sir. This institute is going to be located in Delhi. Now, so far as medical colleges are concerned, it is always best to locate them in the biggest cities possible, not in the smaller cities. It is not a question of carrying on research in a very calm atmosphere—probably Delhi is calmer than Calcutta or Bombay even. But I do feel that the proper place for the location of this institution would be Calcutta or Bombay, because these

large places throw up a number of very interesting medical cases and a comparatively smaller place like Delhi will not be able to do it, but that is only a minor thing, Sir.

I would once again press not to waste public money on undergraduate classes and I would again press for making due provision for the teaching of Unani and Ayurvedic systems on a definitely research basis. If that is done Rajkumariji will have earned the genuine gratitude of our countrymen.

SHRI H. P. SAKSENA: Sir, I rise to give my support to the All-India Institute of Medical Sciences Bill. Lest I should forget I offer my gratitude to the hon. the Health Minister for having pleaded with the late Dr. Bhatnagar for the establishment of a Drugs Institute at Lucknow, which is doing very useful work, not on behalf of myself personally, not on behalf of the residents of the city of Lucknow alone, but on behalf of the entire Uttar Pradesh.

Sir, when we are complaining of the deficiency of research in the indigenous systems of medicine known as Ayurveda and Unani, I am reminded of the charge that was laid upon us by the British Government, which always used to say that India could not be granted self-Government or Home Rule because they were not fit for it, because they had no experience of it. Now on the one hand we were denied all admission to the administrative branches of the Government, all admission to the legislative branches of the Government, and yet the charge against us was that we were not fit for Home Rule or self-Government. The same, it appears to me, is the case so far as this deficiency in Unani and Ayurvedic drugs is concerned. Now I may be permitted to enquire whether anybody on the allopathic side has ever cared to find out what these tinctures and other allopathic medicines that we are importing to the extent of crores of rupees are made of. I assure you, Sir, and the entire House that almost all these preparations are

[Shri H. P. Saksena.]
prepared out of the Indian drugs which are exported from this country to all the countries of the world where allopathy is in vogue and they are sent back to us in the form of tinctures and other medicines.

[THE VICE-CHAIRMAN (SHRI R. P. TAMTA) in the Chair.]

When I talk to them, to the Ayurveda and Unani practitioners, they say, "Our medicines have undergone the experience and the experiment of thousands upon thousands of years and therefore there is not much for us left to carry on research. What are we to make the research for?" I know from personal experience, in the hilly tracts of our country, if there is a plant which gives you as severe a pain as a scorpion bite the moment you touch its leaf, there is nearby another plant which at once cures that serious pain and gives you relief as if no scorpion had ever bitten you. What is there for that rustic villager of the hills to make a research of? He knows the effect of both the kinds of plants and that is a knowledge that he has gained from his ancestors. He knows it; his children know it and it is a common possession of all the people. So this charge of the research in indigenous systems of drugs and medicines being defective is not proved. It has been levelled but it has not been proved.

Sir, I endorse the view expressed by my friend Prof. Wadia that somehow or other, perhaps inadvertently or perhaps by oversight, no place has been given, no representation has been provided for the All-India Medical Council which is a very important institution and which is a medical institution of an all-India character and which should have found a place in this Bill, intended for the establishment of an All-India Institute of Medical Sciences. I am rather positive that it was through an oversight that this has happened.

So far as encouragement of the indigenous systems of medicine is

concerned, I am personally acquainted with the fact that we never gave up the practice of making use of these systems. There have lived even in the city of Lucknow where I reside for the last 70 years of which I have personal experience, Hakeems as well as vaidas. The majority of the people go to them for treatment. They used to go to them; they continued to go to them and they go to them even today. But for lack of any encouragement from the State those not very rich people—I can safely say those poor people—cannot afford to distribute medicines to the poor gratis as they used to do before. Now they have been driven to the necessity of charging some fee for the medicine that they give. Of course, they do not charge any consultation fee but they cannot do but charge for the medicine that they give." But I have never found any financial assistance being given to these practitioners. If the matter is ever taken up with any person whatsoever, it is pointed out that it is a municipal affair and then subsequently it is said that it is a State Government affair and there is no talk about it at the Centre. So the thing remains where it has been for so long a time and the result is that that system of medicine and those practitioners are falling into decay and are undergoing very bad days. What else can be expected? What will be the result of this lack of encouragement? There can be only one result and that we see in the establishment of allopathic institutions in every city, in every district, in every town, in every big place. There is no Unani Medical Institute or Ayurvedic Medical Institute. Yet, I say all honour and all credit to them—I mean the Hakeems—who had a full area for themselves at Lucknow known as Jhawaitola. In that place there were Hakeems who could beat any medical practitioner hollow in the diagnosis of the disease as well as in its treatment. That big centre has gone into decay; not that there was anything wrong with that system of medicine, but because of the establishment of these State-aided institutions known

as allopathic dispensaries. The same is the case with Ayurveda. There is a very useful college for teaching Ayurveda at Pilibhit. Of course, that gets some monetary grant from the State Government of U.P. but then one college or one Institute would not suffice for such a big country as ours. At Lucknow there is a Moolchand Trust which prepares very useful medicines and sells them. Then the whole of Hardwar is full of people who are engaged in research in the manufacture of drugs and in other Ayurvedic occupations. Now, what encouragement, what financial help, what impetus, I humbly enquire, is being given to them? Nothing. I do not call this even step-motherly or step-brotherly treatment. I simply bow to the system that is in vogue and which is receiving fortunately enough a very great encouragement at the hands of the Governments both at the Centre and at the State level.

Sir, when we plead for the recognition and encouragement of Indian systems of medicine, let us not be misunderstood. I would beg of the hon. the Health Minister not to misunderstand us when we plead for the recognition and encouragement of Indian systems of medicine because it is just to make her task easy, to make the task of the Administration easy, to make it run very smoothly and very successfully, and to bring all praise and credit nearer to the Government that we plead for them. So we should not be misunderstood. None of us has got any axe of our own to grind. We want the country to prosper; we want the country to flourish; we want the country not to suffer from disease which is already suffering from poverty, squalor and so many other ills. So for Heaven's sake please do not add one more ailment to the already sorrowful life, that is, lack of medical treatment and medical help. That should be provided to the people in the cheapest manner in the way to which they are used, in the way in which they have faith and belief and in the way which has proved efficacious to them. They can quote the

story of their father or grandfather or of an old aunt who was cured by the treatment of a vaid or a Hakeem but the poor fellows have no quotations to make of any doctor who had attended them because their means are so small that no allopath, no M.B.B.S. doctor would ever go near those people. Therefore when we plead for the recognition and encouragement of Indian systems of medicine, it is as I said to help the Health Minister to do her work more fully, to lighten the burden of the allopathic graduates and to provide for the large population of the country that type of medical treatment that suits them, to which they are used, which is germane to their nature and which is cheap and within their scanty means.

Now, these are not objectives for which we may be blamed. There we may be accused just as I was accused in the morning by friends. For my purpose, I may point out to the House that if there is not much more in this Bill excepting this clause 5, I would have been satisfied. Clause 5 of the Bill says:

"It is hereby declared that the Institute shall be an institution of national importance."

Now, I may point out most humbly that it is a solemn declaration on the part of the Health Minister and the Central Government. National importance is a thing which carries within its fold all those things needed for a people like we Indians. Now, coupled with it there is a sentence in clause 13; the objects of the Institute are, namely, that this Institute of national importance will "demonstrate a high standard of medical education to all medical colleges and other allied institutions in India". Here the words used are, again, "medical colleges and other allied institutions". We all understand as we are used to the phraseology of English language that "medical colleges" mean the medical colleges which are run under the allopathic system of medicine. But there is no mention of the institutions being run under the indigenous sys-

[Shri H. P. Saksena.]
 seems of medicine. So, if I am not wrong those institutions have been rigidly excluded from this, and that the objects of the Institute should have been very specifically and very clearly stated. I was under the impression, my study of the Bill had convinced me that the Institute would be doing immense good to the country, to the cause of medical education, to the health of the people in future. But the remarks of a wiser friend, of a more experienced friend like Prof. Wadia, have set me doubting my own assessment of the Bill. I do not know—perhaps he is right and I am wrong. Still, I heard from the Rajkumari's lips this morning that some revolutionary changes were going to take place. Now, I simply hope and wish for those revolutionary changes. Politics, we have revolutionised; social relationship we have revolutionised. Now, what remains is only this treatment of diseases and restoration of robust and complete health to the people of the country. And their number is legion; we all know it is thirty-six and odd crores and all that. Anyway I am very sorry that I was made a victim of misunderstanding this morning wilfully, advertently or inadvertently I do not know. But I have no grievance against anybody. I resume my seat by praying with Lord Jesus Christ when they put him on the Cross, "Father, forgive them for they know not what they do" or what they say. Thank you.

SHRI R. C. GUPTA (Uttar Pradesh):
 Mr. Vice-Chairman, I welcome this Bill and I also congratulate the hon. Minister for taking concrete steps to found this institution of all India importance. This was really a dream and a dream is going to be realised after passing this Bill. I only desire that the institution should be worthy of its name and worthy of this great country. It is going to be an all India medical institution to which students from all parts of the country will flock for higher medical studies. It seems to me out of place to allow undergraduate students to receive training here.

I am definitely of opinion that no undergraduate should be allowed to study medical science in this Institute. This Institute should be reserved only for post-graduate teaching and research work. This in itself is a very ambitious work and the institution will fulfil its objects if post-graduate teaching of the highest order is imparted in this institution. At the present moment, hundreds of our students have to go abroad for foreign degrees for want of proper medical facilities. What the country requires is that the highest knowledge of medical science should be available to them in this country and I hope that this Institute will fulfil this great need of this country. One thing that strikes me—and to which I will draw the attention of the hon. Minister—is that this Institute may not become a close preserve of a few individuals. This should be guarded against. There is already a whisper—before this Institute has come into existence—that there are signs which may injure the reputation of this institution.

The idea should be to appoint the very best Indians available in this country and if there are certain subjects for which properly trained Indians are not available, it would be much better to get them from outside. But the teaching that should be imparted here should be of the highest order. We should not mind getting people from outside if they are not available in this country. Our degrees and diplomas should rank with those of the highest institutions in the world. People should not think of going to America or England or any other country for higher training. That should be the aim and for that, I hope that the hon. Minister will take adequate steps to find money in ample measure. A large amount of money would be necessary and that should be well spent. Therefore, one of the suggestions that I would like to make is that recruitment to this Institute should be through the Union Public Service Commission. The appointments should not be left in the hands of the members of the Institute. That

is likely to be misread, if we want to have a very good staff—and a satisfied staff—in this Medical Institute. I hope that the hon. Minister will take this question under her active consideration.

The second point is as to who should be the Director of this Institute. Much will depend upon the head of this institution. The Bill provides that the Director of the Institute would be nominated by the Central Government from among the members other than the Director of the Institute. I do not think that it is necessary to limit the choice to the members of the Institute. Anybody who is competent, anybody who can guide the.....

RAJKUMARI AMRIT KAUR: Will you please excuse me, Sir? Is he referring to the President, or to the Director? Presumably he is referring to the appointment of the President and not the Director.

SHRI R. C. GUPTA: I am sorry. The President of the Institute should be one who would inspire confidence in the public of the country and the choice should not be confined only to the members of this Institute.

So far as the question of the Director of this Institute is concerned, I am in agreement with the provisions of this Bill.

I would make one more suggestion so far as the composition of the Institute is concerned that some representatives—at least one from the Indian Medical Council—should be nominated by the Central Government because that is the highest body so far as this country is concerned. It does not seem proper that representation has not been given to the Indian Medical Council.

Some criticism has been made with regard to the powers given for making rules and regulations. I think that, in the very nature of things, this Bill is a skeleton Bill and it has very rightly kept to itself larger powers for

making rules and regulations. Unless the entire Governing Body of the Medical Institute is constituted, it would not be proper—and it is not possible also—to make the rules as may be necessary for running that Institute. Therefore, those wide powers are necessary and they are vested generally in all the educational institutions of the country. These larger powers will, I am sure, be properly exercised and worked and they will be exercised in the interests of the Institute itself.

Sir, the Institute would be only a medical college and not a university. I do not know if there would be any difficulty in the recognition of the degrees and diplomas of this Institute either in India or outside. Roorkee was an engineering college for a long time and it used to grant degrees and diplomas. But the reputation of the college was so very high that its degrees and diplomas were given preference over others by the employers. Some difficulty was later on experienced outside the country and then it was considered proper that the college should be constituted into a university. Now that college is a university. I do not know whether it would be necessary to convert the All-India Institute of Medical Sciences into a sort of university. The Bill contains provisions relating to the grant of degrees and diplomas. But that is the function of a university. Therefore, this college will serve the double purpose of training people and also granting degrees and diplomas. But the point worth considering is whether these degrees and diplomas would be recognized in foreign countries, when the graduates of this college go to other countries for higher studies. That is a point which should receive due consideration.

Something has been said about the location of this college. I entirely agree that such college should be located in Delhi. It is not necessary that Delhi should possess a very large number of medical colleges. It already possesses one college and there are so many other colleges in the neighbourhood. What we want is

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 good material in this Institute for training in medical science. Delhi is the capital of the country and it is proper that such Institute should be located here.

These are days of specialization. To say that provision should be made for teaching Ayurveda or Unani or other system of medicine, I think, is beside the mark. This is a medical institution for the allopathic system of medicine. We must have the best type of institution so far as allopathy is concerned, for research. It may be that so far as higher studies or research is concerned, it may be carried on in allopathic, homeopathic, Ayurvedic or unani systems. But as far as teaching is concerned, I think it would be wrong to introduce other faculties of Ayurvedic or Unani systems in this Institute. It is just and proper that teaching is confined only to the allopathic system and to no other.

In the end, I would again request the hon. Minister that she should see that no under-graduate training is imparted in this institution. The entire energy, the entire funds and the entire resources of the Institute should be utilised only for giving post-graduate training and research work and nothing more.

I hope that this institution will work well. The name of the hon. Minister will always remain associated with this Institute and it will go down in history that such and such a Minister was the person who founded

this Institute and it will really be a matter of great pride for this country in times to come.

DR. W. S. BARLINGAY: Mr. Vice-Chairman, there is a little time at my disposal.

THE VICE-CHAIRMAN (SHRI R. P. TAMTA): You just begin and you may continue next day.

DR. W. S. BARLINGAY: Sir, there are so many good things which Rajkumariji has said this afternoon.....

AN. HON. MEMBER: We cannot hear.

DR. W. S. BARLINGAY: I said that there were so many good things which Rajkumariji has said this afternoon that it is really a very difficult matter to disagree with her. In point of fact, so far as the assumptions or the postulates of her argument are concerned, I do not find any difficulty in agreeing with her wholeheartedly and yet I have to say something which superficially at any rate will appear like opposition to this Bill. That, however, is not the case at all.

THE VICE-CHAIRMAN (SHRI R. P. TAMTA): You may continue the next day.

The House stands adjourned till 11 A.M. tomorrow, Friday, the 4th May 1956.

The House then adjourned at five of the clock till eleven of the clock on Friday, the 4th May 1956.

All India Institute of Medical Sciences

Bill

Rajya Sabha

7th May 1956

(Pages 1399 – 1474)

PETITIONS RELATING TO THE STATES REORGANISATION BILL, 1956.

SECRETARY: Sir, I have to report to the House that twelve petitions relating to the States Reorganisation Bill, 1956, have been received by me.

LEAVE OF ABSENCE TO SHRI R. B. RAUT

MR. DEPUTY CHAIRMAN: I have to inform hon. Members that the following letter dated the 1st May 1956, has been received from Shri R. B. Raut:

"I am unable to attend the session of the Rajya Sabha being held from 23rd April 1956 till 31st May 1956.

I may please be granted leave of absence during the session as noted above."

Is it the pleasure of the House that permission be granted to Shri R. B. Raut for remaining absent from all the meetings of the House during the current session?

(No hon. Member dissented.)

MR. DEPUTY CHAIRMAN: Permission to remain absent is granted.

ELECTION TO THE CENTRAL ADVISORY COMMITTEE OF THE NATIONAL CADET CORPS

MR. DEPUTY CHAIRMAN: Dr. Hriday Nath Kunzru being the only candidate nominated for election to the Central Advisory Committee of the National Cadet Corps, I declare him to be duly elected to be a member of the said Committee.

THE ALL-INDIA INSTITUTE OF MEDICAL SCIENCES BILL, 1956—continued.

DR. W. S. BARLINGAY (Madhya Pradesh): Mr. Deputy Chairman, Sir,

the Bill which is now before the House is a very important Bill; and it is important for two reasons. One is that the Institute which it creates has been declared to be an institution of national importance in clause 5 of the Bill. The other reason is that, although according to the Financial Memorandum which has been given to us along with the Bill, the recurring expenditure on this institution this year is going to be of the order of Rs. 42.68 lakhs and the non-recurring expenditure of the order of Rs. 27.00 lakhs, it is obvious that in the years to come, we will have to spend a much larger amount than what is stated in the Financial Memorandum. In fact it seems to me that both the recurring and non-recurring expenditure is going to be of the order of a few crores; and that is as it ought to be. Because since, after all, you are going to create an institution of national importance, the expenditure of this order is surely, very very legitimate. I will, however, first of all discuss certain minor points in the body of the Bill itself and then go on to discuss a point of major importance from the point of view of our country and from the point of view of our culture and heritage. The first point that would strike everyone who reads this Bill is; why is it considered necessary that there should be a Statute for bringing into existence an institution of this kind? Surely, not only this institution but there are other types of institutions which can be brought into existence merely by virtue of an executive order from this Government.

SHRI P. N. SAPRU (Uttar Pradesh): How could an institution constituted by an executive decree, be able to grant degrees or diplomas?

DR. W. S. BARLINGAY: Oh, I see. That is a good point. I concede that. Thank you. But what I was trying to refer to was something different. One of the answers that I would give to hon. Mr. Sapru would be this that

simply such an institution could be attached to some university, say for instance, the Delhi University itself; and the Delhi University could grant diplomas and degrees. Of course, I concede that if this institution itself were to grant diplomas and degrees, then this whole thing could be done only by a Statute. But then, as I said, this institution could be attached to a university; and then in that case, I suppose the provisions of the University Grants Commission also will come into operation and this institution could get any amount of grants from the University Grants Commission. But what I was trying to refer to was an entirely different matter. By creating a Corporation of this sort, what have you done? To my mind, all that you have succeeded in doing is that the budget which this institute will bring into existence for its proper functioning, that budget, will never come before this Parliament. This is all that you have done. Of course, I am perfectly aware of the fact—I forget now the particular clause but I know—that so far as the accounts are concerned, they will be placed before the Parliament. That I know. But what is more important is the policy; and if the budget could have been presented before the Parliament also, this Parliament would have been able to discuss the policy which the Institute would follow in its functioning. The Parliament has been denied, I submit, that particular privilege.

Then, this is specially important in connection with another point which I shall urge last of all. It seems to me in this particular context that this Corporation is going to be a closed sort of Corporation and it will be entirely controlled by people who will have, as I shall try to show later, probably no kind of sympathy with indigenous or homoeopathic systems of medicine. I speak subject to correction and if they do have sympathy, all to the good.

Then the third point that I should like to mention is that under clause 4,

we find no representative from the Indian Medical Council. I do not know whether latterly the Indian Medical Council has been behaving or misbehaving. It is just possible that it is not behaving properly, but I have no information on the point; and all that I know is that there are certain cases where the Indian Medical Council has wrongly refused to recognise institutions which ought to have been recognised. I do not know whether the Indian Medical Council has been excluded on that account.

Then the fourth point with regard to this Bill is this. If you will kindly look at page 5 clause 13 you will find there that a very peculiar phrase is used:

“The objects of the Institute shall be—

(a) to develop patterns of teaching.....”

and this phrase occurs also in the Statement of Objects and Reasons. This phrase, to my mind, is a very important one. That shows that the present teaching or, at any rate, the present pattern of teaching in the existing medical colleges is not very much liked, if I may say so, by the Government and quite rightly. I feel that it is a pointer to the fact that the present system of medical education in this country requires to be corrected in the light of the principles of basic education which were enunciated in this country by no less a person than Mahatma Gandhi himself. The word “pattern” is a very important word. You will probably remember that originally we had the word *gestalt* in German and that word was used in connection with a certain school of psychology which arose in Germany some time ago. I don't know whether this particular word has got any relation to that word *gestalt*, but nonetheless I know that the word “pattern” is a very important word and it shows that there are parts of teaching which cannot be taken, so to speak, in isolation from the rest, but all those various different parts have got to be integrated in some particular

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fashion so that there is no waste of energy of any kind on the part of the students. I think that is a very important point in the whole of this Bill and if this Medical Institute is going to change the pattern of medical education on the lines indicated by Mahatma Gandhi, and on the same principles as we have for instance, in what we call basic education, then I think this is all to the good and the Minister deserves to be congratulated on that account.

Then, there is another point, more or less, of a technical kind, though not a very important one. I refer now to clause 8 of the Bill and also to sub-clause (7) of clause 10. Clause 8 says:

"The President and members shall receive such allowances, if any, from the Institute as may be prescribed by rules."

Now, you will observe that the President is also the Chairman of the Governing Body under sub-clause 10(3). Now, if you read sub-clause 10(7), you will find it states:

"The Chairman and members of the Governing Body and the Chairman and members of a standing committee or an *ad hoc* committee shall receive such allowances, if any, as may be prescribed by regulations."

Now, I do not know whether there is not some sort of a conflict—and I speak here subject to correction—between clause 8 and sub-clause 10(7). Whatever is prescribed by rules need not be prescribed by regulations. Actually, rules are made by the Government and regulations will be made by the Institute. I feel that there should be no such conflict as apparently there seems to exist.

I come now to perhaps the most important point which I wanted to urge in connection with this Bill and in connection with this Institute. This Institute is an institute of medical sciences. That is a very important

word, but I am not concerned with words, I am concerned with the substance. In this country, we have to face a very peculiar situation. It is not as if this country was a country of barbarians. In the past, as in the present, we have contributed largely to philosophy, to mathematics, to literature and if I may say so, in a very great degree, to science also. Now, whenever you think of any problem, when that problem relates to this particular country, you have to take into account all these facts. It is not as if you are building in a vacuum. If you want to deal with philosophy, of which I have the honour to be a student, you cannot, for instance, ignore the many philosophical systems which have been built up in this country by our great sages and *rishis*. That is not to say that we are bound to accept all that they say as truth. If that were the case, then there would have been no development of philosophy in this country.

Now, coming to the particular point in this case, namely, the case of science, I may say, Sir, with all humility that this country has made the greatest and most important contributions so far as medical sciences are concerned. Sir, I must say, and I must say it very clearly, that if all these works which are called works in *Ayurveda*, *Unani*, Homoeopathy or for that matter, any other system, do not contain any truth or any grain of science in them, I would be the first to throw them away. I submit that all that I am interested in is truth and science and nothing else. I do not say that there cannot be any chaff in whatever works there are concerning these systems. After all, as a student of anthropology also I know that even about the magical practices of the barbarians, when you begin to analyse them scientifically, you cannot say that all that they do is unscientific, that it is all superstition. The superstitious part of it has to be distinguished from the scientific part of their doctrines or their various kinds of magic and rituals.

SHRI GOPIKRISHNA VIJAIVAR-GIYA (Madhya Bharat): At least magic is opposed to science.

DR. W. S. BURLINGAY: I never said they were the same. I am talking of the practice of magic and I was saying that you should not think that all these practices, known as magic, contained only superstition that they contained nothing else. It is a wrong view to take. What I submit is this. In this country we have had a system of medicine called the *Ayurvedic* system. We have got works like those of Charaka, Sushrut and Wagbhata and there are several others also. There is a large and rich heritage of medical practice in this country, born out of experience of intelligent people. They were not unintelligent people for if they were, then we too should be unintelligent, for after all, we are born of them. At the same time I do not say that all that they had to say is the truth. After all we have got to examine everything before we accept it. We have to separate the truth from the untruth. With regard to that I have no complaint whatsoever. But what I would, respectfully, suggest now is that there is no justification whatsoever for ignoring the claims of *Ayurveda*, *Unani* and Homoeopathy from being considered medical sciences. They ought to be studied in this Institute as well as you study any other piece of knowledge or any other science, for that matter. They ought to be studied. They ought to be examined. Research ought to be done upon all these sciences also and if we find that there is nothing in them, then we should throw them away. I am not concerned with what is untrue or what is not a science.

Sir, there has been a tendency in this country to observe untouchability. This tendency to observe untouchability takes various different shapes. In the field of human relationships, on account of this untouchability, you have created a whole class of people as untouchables, pariahs, *harijans* and all the rest of them. In certain parts

of the globe, even women are untouchables, at any rate, in certain spheres. When you come to the province of words, you will find that there are purists. In Hindi, for instance, they begin to think that if an Urdu word comes into the Hindi vocabulary, "Oh, there could be no greater sin than that". These are the purists in words and, in the same manner, you have got these purists in the realm of science. So far as the other spheres are concerned, what they do is not a very dangerous thing but nothing is more dangerous to mankind and to science and to truth than this purism, than this separatism, than this spirit of untouchability when you come to the sphere of knowledge. The *Gita* has taught us, Sir:

"न हि ज्ञानेन सदृशं पवित्रमिह विद्यते"

There is nothing which is as sacred as knowledge and I would submit, Sir, that information and knowledge, from whatever source they may come, can never, never be regarded as untouchable. I should make it perfectly clear that I have no personal grouse against the hon. Minister or the other people who advise her—they are most excellent people, they are all gentlemen and whenever I talk to them, they talk in a very reasonable manner. So far as the hon. Minister is concerned, if I may venture a compliment, I would say that she is a very broad-minded and a very large-hearted woman full of milk of human kindness. I have no grouse against her personally, but then, at the same time, so far as the province of truth is concerned, there is no possibility of any compromise. *Ayurvedic*, Homoeopathic or any of these indigenous systems of medicine—either they contain truth or do not contain truth. If they do not contain truth, they ought to be burnt straightway. We will have nothing to do with them but, on the other hand, if they do contain truth, then I submit and humbly submit that these sciences or such of them as contain truth, ought to be studied in this very Institute. After all, we are not talking about mere words; we are

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talking about substantial researches. Especially in view of the fact of the peculiar situation in this country, if you begin to ignore our very heritage, then I submit that that would be a wrong thing to do.

Sir, the hon. Minister has said that she is a great friend of *Ayurveda* and Homoeopathy. I grant that immediately. As I said earlier, I have absolutely no grouse against anybody whether it be herself or any of her advisers—personally I have nothing to do with these persons. But she said the other day that the *vaids* were now giving injections thus departing from their own path and taking to some other path and so on and so forth. May I humbly submit that not necessarily she but the Government as a whole—whether it be the Central or the State Governments—is primarily responsible for this decline of Indian medicine? I will explain myself. Formerly, we did not have a welfare State. The State, in the old days, was concerned only with the maintenance of law and order but day by day, the State is assuming to itself functions of what is today called the welfare State. Now, what does that really mean? In practice, it means that the Government is the biggest buyer in the intellect market of this country. The point is that if all the intellect is bought today for the sake of the growth of Allopathy, then I can assure you, Sir, that very little will remain, very little of intelligence will remain, which can possibly flow in other channels, namely, in the channels of *Ayurveda*, Homoeopathy, etc. We sometimes talk of socialism and by this we mean that there should be, as far as possible, an equal distribution of wealth in this country into the various channels. I submit, Sir, that more important than the distribution of wealth in this country is the distribution of intellect. If you want that all these various channels of activity in this country should remain intact and should survive, then

what the Government has got to see is that from this fountain-head of social intellect of this country intellect is properly and equitably distributed in all the channels. Both the Central and the State Governments have been trying to put in all the intellect in the channel of what is today called Allopathy or may be modern medicine. You have got first of all to give equal opportunity to Allopathy, to Homoeopathy, to the yogic system, to Naturopathy and to every other system. You must be fair to them, fair in the sense that you design your policy in such a manner that intellect will naturally begin to flow in those channels also. If I have a son, and if you ask me as to where I would send him, as to what I would advise him to study, whether I would advise him to study *Ayurveda* or whether I would advise him to study Homoeopathy. I can tell you, Sir, that I will never send him—I promise you that—to study *Ayurveda* in this country at all. Why? Because, I am sure that if he begins to study *Ayurveda* or Homoeopathy, he will have no status in the society; he will earn little; he will not be accepted in Government service and his certificate will not be accepted by the Government departments. That is why, Sir, I would never, never, for anything in the world, send him to study either *Ayurveda* or Homoeopathy. You are not doing anything in this regard. What are you doing? What you are doing is you are following such a policy that all the best intellect of the country will flow towards Allopathy, and what remains then for the other systems? Virtually nothing. If you really want to do something for these other systems then mere research will not do. Of course, research is a great thing and I fully support what Rajkumariji is doing so far as research is concerned, but—this is the principal point that I am submitting—in Government services they must be placed on a par with others. An educational course will have to be prescribed for them spread over a number of years, the same as for allopaths. The same applies to Homoeopathy also; and these systems should be treated as on

a par. If you do that and then if the *Ayurveda* fails or the Homoeopathy fails, I shall have nothing to do with it. As I said, I am not worried whether the Homoeopathy fails or whether the *Ayurveda* is no more in existence. I don't care in fact for *Ayurveda* or for Homoeopathy. I care only for truth. Sir, there is no doubt whatever that there is a lot of truth in our systems of medicine. After all these systems of medicines have served the country for thousands of years. Now, what is happening in China for instance? There also they had a system of medicine and they are not trying to ignore all that is best in their system. I have got here a cutting from one magazine and that is with respect to the treatment of Encephalites. I am not going to read the whole cutting but I will read only a small paragraph, one or two sentences from this cutting:

"There is no doubt that this ancient Chinese cure with regard to Encephalites has proved itself in saving lives and preventing morbidity. On the other hand, modern science does not yet know the reason why it is so effective. Now the pharmaceutical properties of the many drugs it employs are being tested in laboratories of the newly established Academy of Chinese Medicine in Peking."

Now, I am reading this only to show a point of fact. Take for instance our *rasas*, our *matras*, our *bhasmas* and all the rest of them and see how effective still they are. And actually you will find that the very same principle which obtains in the preparation of these *matras* and *rasas*, the *Hemagarba*, *Kalakuta* and all the rest of them, has now been accepted in Homoeopathy also, namely, the principle of potency.

DR. R. P. DUBE: (Madhya Pradesh): May I know, Sir, whether Dr. Barlingay is talking about the truth of the science or the therapeutics of medical drugs?

SHRI KISHEN CHAND (Hyderabad): Well, he is a doctor of *Ayurveda*.

DR. W. S. BURLINGAY: The hon. Member will please note that I mentioned them only by way of example.

I am not suggesting even for one moment that whatever I have been saying is necessarily the truth. I am always speaking subject to correction. If, for instance, there is no truth in this concept of potency, I am prepared to withdraw; I am prepared to give it up. I have absolutely an open mind on that point and the hon. Member should have an equally free and open mind on questions of science. Now, what is the test of a scientific mind? Sir, the one test of a truly scientific mind is that it ought to be an absolutely open and receptive mind. That is the test of science, but today what we find is that the so-called allopaths have not a free; not an open mind on this point, and that is my grouse.

Now, in the end I would quote from this Report on the indigenous system of medicine itself, which certain persons from the Health Ministry itself have prepared, and this I am quoting for the benefit of this House:

"The critical spirit, by the way, has nothing in common with the spirit of systematic opposition or with the spirit of disparagement."

You must distinguish between the spirit of disparagement and the critical spirit.

"That critical spirit seeks the truth and hates, above all, the error; it is an eminently sound spirit."

I have no grouse about this critical spirit.

"The spirit of systematic opposition takes the opposite side of every position, of every conclusion, without endeavouring to ascertain their worth. The spirit of disparagement

[Dr. W. S. Barlingay.]
searches for evil everywhere and, if necessary invests it where it does not exist. The spirit of systematic opposition and the spirit of disparagement are eminently morbid spirits."

Now this is exactly what I want to say to my allopathic friends. You are now creating a very great institute of national importance. I may assure the hon. Minister that we are not so petty-minded. When for instance it is proposed that the standard of medical education in this country ought to be raised, we do not oppose that proposal. I am not going to oppose the hon. Minister and say, "No, the standard ought not to go up; it must come down." We are not so silly or so stupid as all that. Now what do I say? What is the type of people that I would like to conduct this institution? I would like the Director to be a person who knows Allopathy, but he must also know the principles of *Ayurveda* he must also know the principles of Homocopathy. He ought to know what is the type of man, what is the type of product that will be created from this institution. He must not be a narrow-minded person, a narrow-minded allopathic doctor, but a person well-versed in other systems also with a broad mind, as broad as Rajkumari's herself. That should be the sort of men that this institution ought to produce and if that be the case I will say that this Institute will be an ornament for this country.

With these words, Sir, I wholeheartedly support this measure. Thank you.

Dr. R. P. DUBE: Mr. Deputy Chairman, Sir, I thank you very much for giving me this opportunity. It is a bit premature in that I was not prepared to speak just now. I thought I would have the opportunity to speak after some others have spoken but in a way it is good that you have given me the opportunity to speak just after

Dr. Barlingay who has been saying all sorts of things against the modern medical men.

This institution was really conceived in 1945 when Dr. Hill came to this country and the Bhoire Committee was sitting. He said that medical education here was not up to the mark. Then two people, the Director-General of Medical Services, Lt. Genl. Hance and Dr. Pandit, who was then Director, King's Institute, Guindy and who is now the Secretary of the Indian Council of Medical Research, were sent to U.K., U.S.A. and Canada, under the recommendation of the Bhoire Committee. They went round the various universities and saw the medical educational system and how it was imparted and what kind of institution India needed. In 1946 when they came and submitted their report and recommended to start this Institution, I think, for reasons best known to the then Government, they postponed it because perhaps they thought there was a lot of money involved in setting up this Institution, but the idea of this Institution has all along been there since.

Really there are two things which this Institution intends doing. The first and foremost is to educate the postgraduate people and to do research and also to train people for the various medical institutions as teachers. The objectives of this Institution are given at the back of this Bill, but I personally think that these two are the main objectives; firstly to train teachers and research workers so that when they go back to their institutions after training they serve to upgrade the respective departments. This is most important because new medical colleges are springing up and every one of them is feeling the dearth of technically qualified persons. The second objective, as I said before, is to provide opportunities for postgraduate education in all branches of medicine so that it may be unnecessary thereafter for our students to go abroad for higher education. These are the two

main things that this Institution wants to achieve.

Yesterday many of the hon. Members were in agreement with the postgraduate course, but they could not understand why the undergraduates should also be given education in this Institution. I personally think that they are the essential evils. They should be there. If you really want to train teachers who will go and man the various colleges, they should have the experience of teaching. And this is the place where the teachers can be properly trained so that they can go and man the various colleges.

The second thing this Institution wants to do is to train students in the various new trends of medicine, or as it has been put here, "to develop new patterns". We are more interested in prevention than treatment. Prevention is better than cure is the old proverb and we must adhere to it. We must try to work out how a particular disease could be prevented. When the disease is there you can treat it with modern medicine; you can treat it with Homoeopathy; you can treat it with any 'pathy'. But the primary duty of every medical man today is to see how the diseases can be prevented and this Institution is one that will help in that work. A friend of mine—an hon. Member of this House—asked me, "What is the use of this research? There is research going on all over the world and certain countries are much richer in this respect than India. They are doing research and we can follow them." I must tell him that conditions are absolutely different here in India than in the other countries; there are certain conditions which are peculiar to India—environments, way of living, diet and so on. And there are certain diseases which are found only in India and in countries having a climate similar to that of India. And it is for this that this Institution has been helped, under the Colombo Plan, by New Zealand. There are institutions where our

students go, learn and pass the examinations and become graduates. There are institutions where people go for postgraduate studies. But there is no institution where these two things are combined. And in this we have really got something novel, something new, something very good. This is a new venture and that is why New Zealand gave, I think, a million or a million and a quarter pounds. They are the people who appreciated the necessity for such an Institution and helped this. I personally think that this will be a unique Institution of its kind.

Now, I must say a few words to my learned friends who asked, "Why should we not start Homoeopathy; why should we not have *Ayurveda*; why should we not take up the different systems of medicine in this Institution? Sir, this is the first experiment of its kind that we are embarking upon in the field of modern medicine. And what is modern medicine? You cannot say that the present medicine has nothing of *Ayurveda*, nothing of *Unani*. Everything is there. These systems of medicine like *Ayurveda*, *Unani* etc. were all there for over thousands and thousands of years, but no research, no experiment has been done on them for ages. The *Ayurveda* man just feels the pulse and says:

"Cough barha hai ya vaat-barha hai ya pitt barha hai."

Now, if the lungs are affected, it may be bronchitis; it may be pneumonia; it may be consumption; it may be hyperstalic congestion due to kidneys. But they cannot find that out easily. Not so in the modern medicine. You have got all the facilities to find out exactly what it is. We have got the stethoscope; we have got the X-ray. We have got so many other things. Why should we discard these things? We are going to harness the atomic energy in the cause

[Dr. R. P. Dube.]

of medicine; the isotopes can assist a great deal. I cannot understand why you should have a prejudice against these. When the science is there to help you, why should you not avail yourself of it? It is not as if you just believe in what somebody else says. You place yourself in front of X-ray screen, you can see the lungs; you can see how they work; you can see how they are affected. Why should we not make use of this knowledge that is there? Hon. Members say that allopaths have an antipathy against *Ayurveda*. I ask who will not have? We have got the microscope. We have so many other implements to diagnose and then treat. We do not treat without proper diagnosis. We have got modern medicines for treatment. It is a different matter that now we may not have some of them here and we get some of them from outside. But we can develop and produce them here. Please do not talk about Allopathy, Allopathy is dead and gone long ago. We practise modern medicine.

SHRI R. P. N. SINHA (Bihar): Can you see *vayu* on the X-ray? Your X-ray cannot work in such cases while *Ayurveda* can.

(Interruptions.)

DR. R. P. DUBE: I am a man who knows something of *Ayurveda*. (Interruptions.) *Vayu* is *hava* and it can be seen by X-ray. We can find out what is the reason why you have got wind. We can find out the causes and then remove those causes by proper treatment.

To ask for a Chair for Homoeopathy, a Chair for *Unani* and a Chair for *Ayurveda* to be created in this particular Institution would not be correct. The Institute has been conceived for a particular purpose for the advancement of research on modern medicine. How can these things go together?

DR. N. S. HARDIKER (Bombay): He did not ask for it.

DR. R. P. DUBE: I am not talking about Dr. Barlingay. I am talking about other friends of mine who spoke yesterday. They do not know what they are asking. Let us have one thing. One thing at a time and that done well is an old proverb and that is still very good and it would always be very good. Dr. Barlingay, asked: Why should we not take *asvagandha*? We have taken so many medicines, originally *Ayurvedic* medicines. We have put them in our pharmacopoeia. We are taking those that have proved to be good by scientific methods and by scientific experiments. We are absorbing them, and we will have to absorb them. We have no antipathy. It has been said that we modern medical people hate the other systems. This is not correct. If we find any thing that is scientifically good, we are willing to take that. We are willing to accept it. Why should we not? This is a scientific age and one should surely accept changes done in a right and scientific manner. I think hon. Members remember—Dr. Barlingay just read out two lines from a report, on which scientific research in *Ayurveda* has been started in the research institution at Jamnagar. It is on account of those two lines that the Government started research on indigenous medicine at Jamnagar where cases are treated, say three cases are treated by *Ayurvedic* method and other three cases (control) are treated by modern medicine. They find out there scientifically, the changes that take place. We find out by various examinations the benefit medicines have given. If they are better surely we accept the *Ayurvedic* drugs. It is here we have started learning to integrate. But you cannot go on integrating everywhere. That means that you can never reach your goal. You can never get perfection. My humble suggestion and request to my hon. friends who are very enthusiastic about Homoeopathy, *Ayurveda* and

Unani is please to wait. You have waited for hundreds of years. It is only seven years since we got our independence and we have started doing things. How can you expect any science or anything to develop in such a short time? If you want that the modern medicine should be absolutely forgotten and let the whole humanity of India to be guinea-pigs and we go on experimenting on them, well, I am helpless.

DR. SHRIMATI SEETA PARMANAND (Madhya Pradesh): Who have been the guinea-pigs for Allopathy?

DR. R. P. DUBE: Real guinea-pigs. We have rats; we experiment on rats and guinea-pigs, not on human beings. There is another gentleman, Dr. Raghbir Singh, who just told us: Why don't you quickly train people and send them to the rural areas? Do you mean to say that the rural life is cheaper than the urban life? I cannot understand the suggestion. Why don't you have good, qualified, and right type of people? There are 67 *Ayurvedic* colleges in the country. Is one of them running nicely? People have taken money. So much money has been given to them, still they are not running properly. Universities have been formed, where the professors and the teachers know nothing. Is it that for an allopath the heart is on the left and for *Ayurveda* the heart is on the right and *vice versa*?

DR. SHRIMATI SEETA PARMANAND: That is what the allopaths think.

DR. R. P. DUBE: Because they think rightly. They see it. They do not guess. They do not talk just for the sake of mere talking. There is no use being sentimental. Don't be sentimental. My good friends, my hon. friends, don't be sentimental. Sentiment does not take you anywhere. Facts must be faced and experiments must be done. And then and then alone you can reach the goal.

DR. N. S. HARDIKER: Their point is that you allow them also to experience.

DR. R. P. DUBE: You have got institution. Why don't you ask for some twenty more Jamnagars? I don't oppose it. By all means have twenty more Jamnagar institutions. But to say that this Institution for modern medicine must also have the other systems of medicine would not take us anywhere and it will be wrong.

SHRIMATI T. NALLAMUTHU RAMAMURTI (Madras): In modern medicine are included all these other systems also.

SHRI R. U. AGNIBHOJ (Madhya Pradesh): We want *samanvaya* in both.

MR. DEPUTY CHAIRMAN: Order, order.

DR. R. P. DUBE: They want *samanvaya*. You want integration in a different way. You mean to say that you should discard the stethoscope, the microscope, the X-ray and all that and start going back, put the finger on the hand and then say you had eggs last evening. What do you want us to do? I cannot understand. What integration have you got in mind? Treatment is the only thing that you want to be integrated.

DR. N. S. HARDIKER: You say that it is there. And their contention is that *Ayurveda* and *Unani* should also be included in this All-India Medical Institute.

DR. R. P. DUBE: The All-India Medical Sciences Institute is an institution which is being created for modern medicine, nothing else. We will request the hon. Minister and I think the hon. Minister has agreed to have a Chair there for the History of Medicine, knowledge of the various kinds and types of medical systems that we have in India.

SHRI MD. UMAIR SHAH SAHEB (Bihar): May I ask a question? When you are scientifically well-equipped, why are you afraid of these two medical sciences—*Ayurveda* and *Unani*—being bracketed? What harm will it do if these two systems of medicine are also bracketed in this Bill?

DR. R. P. DUBE: What do you want to do? What are you aiming at?

DR. SHRIMATI SEETA PARMANAND: If you study the amendments you will know.

MR. DEPUTY CHAIRMAN: Let him go on.

DR. R. P. DUBE: Amendments have been given without thinking—I have read all the amendments—because the Members who gave the amendments don't understand the principle on which this Institute is conceived and formed.

SHRI H. P. SAKSENA: Everything else can be given to the hon. speaker, but we are sorry we cannot give him understanding.

DR. R. P. DUBE: That is perfectly all right. It cuts both ways. I do not know who does not understand. I have given you the history of this Institution and how it was conceived and how it is being formed. If you still think that I won't understand, you are at liberty to have your opinion. But I absolutely disagree with your suggestions. Anyway, I wholeheartedly support this Institution and I personally think that it will be an asset. There are certain things in the Bill which need some comment. Many clauses in the Bill state that various rules and regulations would be framed later. All rule making power has been taken by the Executive. They could have been put in the Bill itself. The idea of this Institution is very good and I wish it good luck. And I thank the hon. Minister for bringing this Bill.

MR. DEPUTY CHAIRMAN: The House stands adjourned till 2-30 P.M.

The House then adjourned for lunch at one of the clock.

The House reassembled after lunch at half past two of the Clock, MR. DEPUTY CHAIRMAN in the Chair.

DR. RADHA KUMUD MOOKERJI (Nominated): Sir, I congratulate the hon. the Health Minister on the originality of her conception in launching into existence a unique medical institution of which the need was felt very acutely in the country. Now, my purpose is only to submit before the Minister certain observations and express certain doubts and also testify to certain difficulties which, I find, may be encountered in the working of this very laudable institution.

In the first place, I want to know whether there is any plan by which this great institution is expected to bypass the universities which are straining their utmost and which the hon. Minister is doing her best to develop into medical colleges characterised by very great efficiency. Some of these university medical colleges have instituted higher postgraduate courses for Doctorate of Medicine like M.D. or M.S. I think that some of the degrees of Doctorate which are conferred by some of these universities in India compare very favourably with similar standards of efficiency in other medical institutions of the world. Therefore, I say that this institute is investing itself with power to award these distinctions which are ordinarily supposed to have been the monopoly of the universities. I do not know whether there will be any harm in calling this new Institute as a regular medical university of India. And, of course, we may try to differentiate its functions from those of the ordinary medical colleges of the country by a recital of the objectives for which it will stand and the differentiation of objectives will give ample

justification for launching into existence a medical institution of this high grade.

Then, I find that this Institute also has to descend to the standard of undergraduate instruction in medicine. I think probably the idea of the framers of this legislation would be that perhaps in the training of undergraduate students for medicine, they will be found very handy as a sort of laboratory for carrying out experiments in medical education. But still this Institute is meant for framing elaborate courses and curricula in respect of both higher and undergraduate instruction. Now, clause 14, for instance, states that the Institute will provide for undergraduate teaching and prescribe courses and curricula for both undergraduate and postgraduate studies. So, in my opinion, perhaps this Institute lays equal stress upon the need for imparting undergraduate medical instruction along with its postgraduate course.

Then, there is the term "self-sufficiency in postgraduate" studies. I do not exactly understand the full import, the connotation, of this expression "to attain self-sufficiency in postgraduate medical education." Now, in these days of specialisation, I am afraid no single institution can claim the credit of being counted as the only self-sufficient institution in regard to the advanced branches of medical study and practice. In these days of specialisation and decentralisation, I do not know, because an institution is being launched into existence by the Central Government, whether it should claim the monopoly of organising central postgraduate study of medicine at one centre; and even if it does, the universities are autonomous institutions and there will be very great difficulties and causes for friction as between the universities and the Central institution. Perhaps the autonomous educational institutions will come into conflict with a Central body like this, of which we had a taste when we discussed the

University Grants Commission Bill. There, of course, Members freely expressed their views that perhaps a centralised University Grants Commission might encroach upon the autonomy of the universities.

SHRI J. V. K. VALLABHARAO (Andhra): Here it is more grants.

DR. RADHA KUMUD MOOKERJi: Here, of course, the Institute is concerned with both undergraduate and postgraduate study. On the data that I have in the Bill, I cannot say that this scheme is of a unique character. My object in placing this point before the Minister is that it might be possible for her to throw more light upon these points of doubt which arise, which may be described as causes of conflict between the autonomous medical institutions, in the country and the Central institution.

I find that there is ample provision made for research in the various branches of medical science. In this connection, I plead that perhaps the scope of research might include also researches in the indigenous medicines of the country. Without putting the matter in any scientific manner, one is prone to speak for the indigenous systems of medicine. I think that we are all for science—and most advanced science—and, therefore, even from the point of view of our advanced medical science, it is very necessary that the research programme of this Institute should include researches in the medical material available in the indigenous medical systems of the country.

Now that the scheme of undergraduate medical instruction has been undertaken by this Institute, I feel tempted to place before this House and the Minister in charge of this Bill certain very interesting facts about the curricula of medical studies in ancient India. You have heard the name of the famous Chinese pilgrim

[Dr. Radha Kumud Mookerji.]

It-Singh. He was a very learned man and spent about fifteen years in India from 675 A.D. His first duty in India was to study medicine completely. Why? Because in the intermediate curriculum which was in vogue in those days—those were days of greatness; those were not days of degeneration, India was being ruled by an enlightened Emperor like Shri Harsha—we find that the intermediate education comprised five compulsory subjects. Namely, first *Sabdavidya* i.e. grammar and vocabulary. Grammar is called the science of sciences and, therefore, no student should go without the study of Panini's grammar. Number two was *Silpasthanavidya*. Here you find the first and the earliest examples of basic education. That is to say the intermediate curricula must always include the compulsory study of the various arts and crafts for which India was then famous and the technical term used is *Silpasthanavidya*, that is to say, the *vidya* or science relating to the crafts of the country. And now, the wonder of wonders, in the compulsory subjects of study of intermediate education was included *Chikithsavidya*. The study of medical science was made compulsory for all students of intermediate education and on this subject, the Chinese pilgrim found that he was up against a very great difficulty. He came here to be trained as a Buddhist preacher, but he found that he could not have any work to do in India unless he had gone through the system of intermediate education which included the study of medical science as a compulsory subject. So, he submitted himself to the regulations, and then afterwards he says, "Is it not a sad thing that sickness prevents the pursuit of one's duty and vocation in life? Is it not beneficial if people can benefit others as well as themselves by the study of medicine?" I, therefore, hope that this Central institution will give an impetus whereby the study of medical science as a subject of study, on humanitarian and humane grounds, will gain publicity and popularity all over the country

and thereby will lay deep and broad the foundations of medical knowledge in the country.

Now, as regards the subjects of research for which the *Ayurveda* system of the country wants recognition. I can only point out certain examples of research. Taxila, which is now in Pakistan—it was Takshasila then and because Taxila later on—was then a centralised institution of medical education for the whole of India. There the medical course was for seven years. At the conclusion of this course, a student was not given a licence to practise, but he had to undergo one year's practical training. Of what kind? It was an examination in medical botany. The famous physician, Jivaka, the physician in attendance upon the great Buddha, was a distinguished student of medicine, but he had to undergo this practical training of one year; and the scope of the training was this that he had to find out the medicinal properties of plants within the neighbourhood of the university and then to report whether there was any plant which was useless for human welfare. Now, the poor man with a spade in hand examined on the spot the various roots, herbs and fruits as sources of medicine, and then reported back saying that whatever plants he had seen were full of medicinal properties and there was not a single plant or herb to be left out of account in building up a sound system of medical science. This gives a sample of what kind of research was done then in the sphere of medicine.

Now, as regards the cases of illness, this famous physician was appointed by the Emperor of Magadha as physician in ordinary to attend upon the Buddha himself. There is a famous story. The Buddha whose *nirvana* we are going to celebrate shortly all over the country, was also subject to diseases and ailments. Once he suffered from very obstinate constipation. This Jivaka was bound to treat him, but because he was a

superman, he was very anxious to find out a proper medicine which might not disturb his system in any violent way, as some of my friends here would like to do, because they are always anxious to apply very violent remedies which are worse than the disease sometimes. This Jivaka had to ransack the entire *Ayurveda* literature to find out a proper medicine, for a proper purgative, to be applied to a holy person like the Buddha. He eventually came to the conclusion that the Buddha should be asked to smell a medicated lotus. I wish to suggest this as an object of research as to how the smelling of lotus proved so efficacious in giving relief to the Buddha. I am quoting from sacred books on Buddhism, by which the Buddhists swear, and some of their scriptures, but unfortunately these do not give any prescription. I want this Institute to make that as the object of research and find out such medicines which gave easy relief to ailing humanity.

SHRI V. K. DHAGE (Hyderabad): Did they apply it to other cases?

DR. RADHA KUMUD MOOKERJI: We do not know the practice in those days. I have selected some cases out of the sacred Pali literature. There was a case of some disease in the head which persisted for too long. The patient was a prince of Ujjain.

SHRI H. P. SAKSENA: Was it a surgical case?

DR. RADHA KUMUD MOOKERJI: The medicine was drugged ghee which was administered through the nose of the patient, because the patient would vomit any medicine administered through the mouth. Therefore, Jivaka applied this medicine and the medicine proved very effective, and the man was cured of his permanent headache. Number two was a case of fistula. It was cured by just one anointing. No operation please. Just one anointing and the Emperor Bimbisara of Magadha—he was himself the patient—was cured. It must have

been a very strong disinfectant. There was another case of seven years of brain disease. This is the prescription of Pali texts: It was cured by a surgical operation. The surgeon "cut through the skin of the head, pulled two worms out of the wound, then closed up the sides of the wound, stitched up the skin on the head and anointed with salve." I am quoting the exact words of the sacred Pali texts. There was a fourth case, a very difficult case of entanglement of the intestines. The surgeon "cut through the skin of the belly, drew the twisted intestines and showed them to his wife." He then "disentangled the twisted intestines, put them back into their right position and stitched the skin together, anointing it with salve". Now, I come to that dreaded disease jaundice. Jaundice was cured by medicated ghee and this case occurred in one of the States on the frontier, Sibi country, as known to the Greeks in Alexander's time, somewhere in the present Frontier Province. Now, this great physician had insistent calls as a consulting physician, and his fees were 1,00,000 *kahapanas*. It must mean about Rs. 25,000. Calls came to him from Saketa, Banaras, Vaisali, Ujjain and N.W.F.P. Therefore, we will have to recognise that our indigenous medicine was popular and effective in its own time, and therefore, it is very necessary that, when you are having a modern programme of research, you should not shut out light from whatever quarter it may come. There is a modern programme of research, very wide. I come to a modern example. Mr. Saksena must be knowing it. My friends from U.P. must have heard of the name of Babu Shiv Prasad Gupta, who was Treasurer of the Indian National Congress, a man who was a great philanthropist.

SHRI H. P. SAKSENA: He was my jail-mate.

DR. RADHA KUMUD MOOKERJI: He was known for his matchless munificence in the cause of education

[Dr. Radha Kumud Mookerji.]
and in the cause of the country. He was suffering from high blood pressure, and was given up for lost by the allopathic physicians. Eventually, he was persuaded to undergo *Ayurvedic* treatment under the famous Syamadas Kaviraj of Calcutta, and he kept him alive for at least five years more. He gave him five years additional period of longevity. That was entirely due to sound *Ayurveda* practice. Mind you, I have no views in the matter because I am a layman. All that I am concerned with is this. Pray, include in your schemes of research in medical science those elements which will make important contributions even to modern medicine.

I have only one or two points of detail to mention. Under clause 4 I find that the Ministry of Health is not at all represented in the governing body of the Institute. I don't know the reason why it is so. I think the Ministry of Health, of all the other Ministries, should be represented on this Institute in the Governing Body.

THE MINISTER FOR HEALTH
(RAJKUMARI AMRIT KAUR): May I intervene? You will see that the Director General of Health Services, Government of India, is *ex-officio*.....

DR. RADHA KUMUD MOOKERJI:
I am not satisfied with that because you have a specific provision for representing some of the Ministries on this body and, therefore, I should think that the Ministry of Health as such should have independent representation on this Body. This is my humble view. You may or may not accept it.

As regards clause 5, I don't know the exact import of the words "national importance". I know that there is a clause in the Constitution where it is stated that if a subject is a State Subject, it might be centra-

lised for treatment by the Union Government if it is declared as a subject of national interest. I wanted to know whether that is the meaning that the Minister has in view. In that case, I think the scope of national importance must be wide enough to cover all systems of medicine prevailing in the country—systems of medicine which have survived the onslaught of the ages.

I want also to know whether this Institute will be an examining body or whether it will be merely a teaching body. I could not find out whether there is any definite provision in regard to that. After all you cannot dispense with examinations in determining the degrees and the distinctions to be awarded to the competing students. Of course, there is clause 14(h) which says "hold examinations and grant such degrees" etc. My idea is, if you really run it as a research institute of advanced character, I don't think it should be troubled by the necessity for holding examinations.

Highly important part of its attention which should be concentrated upon the advancement of medical knowledge and on research. So, I think it is better to delimit the functioning of these different bodies because you have many institutions which are holding examinations—the universities and medical colleges. But if in addition to that, you also enter the same field for holding competitive examinations, I think it will be at the expense of the advancement of higher knowledge. That is what I feel about it because I have spent a very long portion of my life in universities and examinations. So, I think that perhaps the most advanced educational thought of the world is turning towards ways and means by which the burden of examinations may be reduced so that the pupils might depend upon their tutorial work in order that they may furnish the teachers with valuable data as to their efficiency. So I should like this institution, which will be very modern

in its scope and method, to carefully consider the part that examination should play in its total scheme.

Lastly, I turn to the financial memorandum. It seems that this Institute will establish and maintain one or more medical colleges and specially a dental college is mentioned in this connection and a nursing college. Here, of course, I may say that perhaps this Institute is trying to cover the ground which is not embraced within the fold of other medical institutions, but I don't know why this dental college is specified and marked out. Are there not necessary in the country many more specialised colleges on which medical opinion should be asked for? I don't understand the meaning of the special reference to a dental college and a college of nursing also. That means a very intermediate status of an institution which produces nurses or that turns out nurses. On the whole, I feel that there is some kind of just a position of lower and advanced medical course, for study and work. I, therefore, wish to safeguard the real institution by strictly delimiting its functions so that inferior kinds of work may not be thrust upon this institution and take away some of its resources and attention.

On the whole, however, I once more repeat my congratulations to the hon. the Minister for Health for the exceedingly bold and original steps she has taken in endowing this vast country of India with an up-to-date medical Institute to turn out medical graduates who would no longer feel the need of decorating themselves with the coveted titles of F.R.C.S. or M.R.C.P. and I hope the Fellowship of this Institute would be a sufficient guarantee of the most advanced medical education that would be available in India in this Institute.

SHRI KISHEN CHAND: Sir, I whole heartedly welcome this Bill and am very glad that an All-India Medical Institute is going to be set up. But

as is the usual practice, the scheme is so ambitious that like the several laboratories and National Research Institutes, probably we will build very fine buildings, have a big staff, but the output of work may be low. I do hope the hon. Minister will safeguard against it and even if the buildings are small, and not very imposing, the quality of work that is turned out will be of a high order. Sir, there is an urgent need of this Institute because a large number of our students have got to go for postgraduate training and studies to foreign countries and it will be very good if we can provide postgraduate teaching and research in our own country. It will save not only the additional expenditure, but this postgraduate teaching and research work has an elevating influence on the undergraduate teaching also.

I would like to draw the attention of the hon. Minister that there is a Medical Council of India which controls undergraduate teaching and the holding of examinations and everything connected with it. I should have thought that the hon. Minister will support the Medical Council of India, strengthen it and raise up, if at all necessary, its standard, but to set up an All-India Medical Institute, which will not be guided by the Medical Council of India or be under the influence or control of the Medical Council of India, will create dual control in the teaching of medical undergraduates. In almost all colleges now, the standard of education and examinations are controlled by the Medical Council of India for the undergraduate students, what will be the case in this Institute? Will the undergraduates of this Institute also be under the supervision of the All-India Medical Council of India? Will the examinations be held under their control and guidance? Will there be a team of experts coming from the Medical Council of India for giving recognition to this Institute? I don't want the prestige of the Medical Council of India to come down and to

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 have a rival body in this Institute. Therefore, as has been pointed out by several hon. Members, at the most this Institute can take in about 50 or 60 undergraduates for training. When in our country we want thousands of undergraduates in medical science, what is the point of wasting money on having only these 60 undergraduates? Why not spend the same money on more postgraduate teaching and on more research? It will be much better that the money be saved on under graduate teaching and utilised for postgraduate work.

I was very glad to note that it will develop a new pattern of teaching. An hon. Member has wrongly interpreted this to mean that it is something like basic education.
 3 P.M. Probably, the hon. Member does not know that in our country we spend nearly one and a half to two years in the training in anatomy and physiology, while in America they only spend six to nine months, and yet they cover the same ground very well and even better than is covered in our Indian universities. Of course, they have any number of dead bodies for use, which are thoroughly disinfected and preserved completely in such a way that all the arteries and veins come out clearly; the muscles disappear and all the bones come out. The whole body is given to groups of two students and they deal with dissection in about three months time. In our Indian medical colleges probably one limb is given and the students spend nearly a fortnight or even a month on that one limb and in this way dissection keeps them busy for about nine to twelve months. Therefore, what I understand by this change in the pattern of education is that we improve the standard of education and at the same time bring down the time taken. Here at present it is five years while in America it is only three years. They complete the whole medical course in about four years, while in our colleges we find that even five years are not sufficient.

AN HON. MEMBER: It is four years.

SHRI KISHEN CHAND: May be only four years, but in any case it is one year less in America than here. So, I do think that there is very good scope for changing the pattern of education in such a way that we improve the standard and at the same time bring down the period.

Then an hon. medical Member of this House tried to impress on Members that when some other hon. Members suggested that we should carry out research in *Ayurveda* and *Unani* systems they were talking something nonsensical. But I do not think that it is such a ridiculous thing, because if you take medical science as a whole, you find that these systems too have something to contribute. Nobody denies that anatomy must have been developed by the *Ayurveda* and *Unani* systems in the good old days. Of course, very little trace is left of that; so we may follow the anatomy of modern system of medicine. I believe when we come to physiology and pathology, which deal with the question of how the human body functions and how diseases operate on the human body, there the difference starts between the Allopathic system and the *Ayurvedic* and *Unani* systems of medicine. But there is no reason why our modern medical colleges may not be able, somehow, to see something good in the physiology and pathology of the *Ayurvedic* and *Unani* systems. We agree that in the good old days probably the *Ayurvedic* and *Unani* people did not have big laboratories as are going to be set up by the hon. Minister in our country, that they did not have the instruments and other technical aids like those of X-rays and so many other electrical appliances; yet by their empirical formulae, by constant practice, by trial and error method, they had evolved a different system of medicine which was fairly effective in those days. We find that even nowadays there are certain medicines and drugs which have been found very useful by

foreign countries and they are being used by them; and yet, in our own country, we ridicule it and we think it is some sort of extremely non-scientific thing. If anybody mentions the names of *Ayurveda* and *Unani*, we say that it is a non-scientific thing and we should not think of it. I do not see any reason for our saying so, especially when after centuries of experience, the ancient people had found out certain good things. Even now, in most sciences it is not true that everything can be proved by experiments. In many cases one has to adopt empirical lines. Such and such things produce such and such results, though we do not know the cause of it. Therefore, when certain drugs and medicines have been found useful, I do not see any reason why they should not be tried. So, the suggestion is that if you remove the undergraduate classes from the All-India Institute, you can have a few Chairs for research in physiology and pathology on the basis of *Ayurveda* and *Unani* systems and then you can introduce the scientific method in the old *Ayurveda* and *Unani* systems also. My contention is that in a modern institute of this kind, there are more important things to be done than concentrating all your attention on undergraduate teaching or at least a greater part of your attention on undergraduate teaching; and to do so is not fair and right. The *Ayurveda* and *Unani* systems, if they are really and properly tackled, then you can have a new physiology and pathology developed and then in regard to the *materia medica*, the *Ayurveda* drugs are there. We have to see how the *Ayurveda* or *Unani* drugs affect the human body and for that, I submit that research posts must be established. A new type of professors may be evolved who will look at these things from the scientific point of view, at the physiology and pathology of the old *Ayurveda* and *Unani* systems.

Sir, there are a few more points about this Bill. We find that this

Institute will have a President and the teaching staff on the one side, under clause 7 and there will be a Governing Body on the administrative side, consisting of a Chairman and members of the Governing Body. I submit that in a teaching institution, if you try to separate the teaching staff from the administrative staff, there will be all sorts of clashes. A teaching college has a group of professors and the principal or you may call him the chairman or president or director of the institute. You may give him any name, but an institute of this type should after all, be governed by the teachers and by the principal of the college. But if you have a separate body, a governing body consisting of mostly administrators, representatives of the Ministry of Education, representatives of the Ministry of Finance, representatives of some other bodies, that are not directly connected with the teaching in that institute, you will agree Sir, that the result would be that quite possibly the teachers would get disheartened. There might be intrigues in the administration and they may not encourage research type of workers, but may be encouraging the teacher who is not good in teaching but good in propaganda work or some other things of that nature.

It has, of course, been pointed out that the University Grants Commission had recognised that institutes can give degrees and this Institute can give degrees also. But I think it would have been far better, as has been pointed by the previous speaker, if this Institute had been affiliated to some university for the work of conducting examinations and awarding the degrees. I know that in an institute with undergraduate classes, a large part of the time of the professors is spent in organising the courses of studies, in organising the timetables, in organising the practical work and, most important of all, in organising the examinations and declaring the results. If we could save all this time of these highly paid

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specialists by entrusting the undergraduate teaching to another college and the conduct of examinations even for the postgraduate courses to a university, they would be able to concentrate on higher researches and on better methods of teaching.

Sir, I welcome this All-India Institute of Medical Sciences; but I would once more request the hon. Minister not to include in it the undergraduate classes and also request her to affiliate it even in respect of the postgraduate degree course with some university in our country.

Dr. M. D. D. GILDER (Bombay):
Sir, it was fifty years ago that I got my first medical degree. Then, it took five years after the Matric and the degree was called the L.M. & S. which many facetious people called, "License to Murder and Slaughter". Now, it takes 7½ years after Matric and that too for the lucky people who are able to pass out at the first time of the examination. Fifty per cent. of the marks are required, not 30 per cent. or 25 per cent. as in the arts examinations, and lucky really is the boy or the girl who passes through within 7½ years. For post-graduate work, at least three more years are required—all of which takes a good slice out of a man's life. With all this, Ministers go and lecture to them after the long university course, to go and live in the village and to lead a villager's life! I had been one of the Ministers too but I put it this way: Ultimately, the only way you can give relief to the rural people is to socialise medicine, to take the whole profession into Government's hands and send people out into the countryside at a sufficient salary. I think that is the only remedy. We produce doctors after 7½ years or 8 years or 9 years; the fees are higher than in any other college; and we ask them to go to the countryside. That, Sir, is the problem before us at the present moment. If this Institute, by its experiment or medical studies, as the last speaker said, could reduce the course and help us that way, then

certainly we want such kind of help. We also want help in regard to the postgraduate studies and our research courses. I doubt whether, by merely restricting the work of the Institute to postgraduate teaching and research, in the present state of our education, we shall be able to fulfil that particular duty that is cast upon this Institute. Undergraduate work, in my opinion, is also necessary.

Sir, the importance of this Institute cannot be denied. The functions of this Institute are defined in one of the clauses and, as somebody stated, they are ambitious; but all the same they are necessary. In order to discharge these functions, we must have a powerful body of staff attached to the Institute. The functions of this Institute are to provide undergraduate and postgraduate teaching not only in medicine but in allied physical and biological sciences, to provide facilities for research, to provide for the teaching of humanities, etc. When there is teaching of humanities, ancient Indian tradition is bound to come in because Indian philosophy and Indian tradition are part of humanities, as far as we are concerned. These are very important functions and a very important body is, therefore, being created. I congratulate the hon. Minister on getting, as the first Director, a man who started life as a research worker, then went into medical teaching, went to America to study medical education and was also an administrator—the Surgeon-General of the State of Bombay, though, as he said, he was neither a Surgeon nor a General. Whether the teaching staff is fully paid or whether it is honorary, the teaching staff has got to do its work. We have had research institutes in the old days with servicemen and I had seen some of them working. They would come in at 11 and go out by 4 and make their assistants work; they would give their names first to the research work. Even if you look at the minutes of the old Medical Research Council you will find discussions on that subject as to whether the work of the assistant was plagiarised by the chief or not. This:

is a point of administrative detail and the hon. Minister will have to keep her eye skinned for that.

I would have supported the Bill whole-heartedly, but to my regret, when I look at it, excepting the first three clauses, which are purely formal, that the Act shall come into force on such and such day and so on, beginning with the fourth clause, in almost every clause you find the expression, "rules", "as prescribed by rules or regulations", etc. When the Congress just entered the Legislatures, there were tremendous fights about this delegated legislation. True enough, in modern conditions, delegated legislation is necessary because minor changes have got to be made and Parliamentary time is limited; but, at the same time, if you look at it, Sir, you will be surprised. In clause 4, you will find, "prescribed by rules"; in clause 6 "prescribed by rules"; in clause 7 "prescribed by rules"; in clause 8 "prescribed by rules"; in clause 10 "prescribed by rules"; in clause 11(3) "exercise such powers and discharge such functions as may be prescribed by regulations". This way, there are seven paragraphs on one page alone in which this expression occurs. What are we here for then, if by legislation, we are to give power to the Executive to do everything by regulations? Then, Sir, let us turn the page. In the first line, you will find "prescribed by regulations"; the third line contains "prescribed by rules"; the 15th line contains the same as also the 19th, 26th and 37th lines which contain the expression "prescribed by regulations". On one page alone these regulations come in seven times again. It goes on thus. I need not waste the time of the House by noting the number of times it comes in but there is this expression every time. The hon. Minister seems to have realised that this has been extraordinary because she puts a special note on delegated legislation at the end. She says that such delegated legislation is of a character normal to such Acts. Yes, delegated legislation comes almost in every Act

because Parliament has not got the time to amend these Acts for every minor detail, but when out of 30 clauses if this expression appears in 25 clauses, it is something rather extraordinary. I trust that the hon. Minister, after the Institute is settled, would come in with an amending Bill and let Parliament decide the matters which will, for the time being, be regulated by regulations.

It may also be that clause 24 may be necessary in the present conditions but this clause says, "Notwithstanding anything contained in any other law....". We have passed the Medical Council Act forming a Council—or, at least our predecessors in this House have created that body—which is a democratic body. Medicine is regulated, in English-speaking countries, by a democratically elected body; in Latin America and in Latin countries of Europe, it is regulated by the Minister as advised by his or her advisers. We have taken the procedure from the English-speaking countries. New Zealand has a Medical Council. I wonder how the New Zealand Government will feel if power were taken away from their Medical Council. It may be that the Medical Council does not act as the Government wishes it at present. When Congress first came into power, it was also not acting as the Government wanted it. The Provinces were represented by their Surgeons-General, but Congress Ministers decided at a Congress Ministers' meeting in 1938 to replace the Surgeon-General by a man who would voice their opinion, and that was how Dr. Bidhan Chandra Roy came to be made the first non-official President. If a democratic institution does not agree with the Government or cannot be made to proceed as the Government desires, then the thing I would like to be done is to change its constitution and not to take away its power altogether.

Secondly, Sir, our Medical Council has reciprocity with other countries. If you remember, Sir, the Medical Council was established for the purpose of reciprocity. Before that there

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were plenty of what they called 'visitations', and several doctors from Europe came on visitations to our country to inspect our medical colleges and only after a great deal of agitation, the Medical Council came into existence. During the agitation, Sir, I was one of those people who, in the Bombay Legislature, moved an adjournment motion against the Government of India, which was carried. Then again, Sir, there is the Indian Medical Degrees Act. Formerly, there were medical schools which were examining their own students and the Medical Degrees Act of 1916 took away the power of examination from them and established diplomas of L.M.P., L.M.F. and L.C.P.S. and made the students go to outside bodies for their examination and not to their own teachers; and here we are again counteracting that by saying: "notwithstanding anything contained in any other law"—notwithstanding whatever we have said we now say something different. Those are things which, I trust, the hon. Minister will see her way sooner or later to bring into line and I trust that the examinations will be conducted by external examiners and not only by the teachers.

Coming, Sir, now to the discussion that has been taking place here about *Ayurveda*, *Unani*, Homoeopathy and so on, my experience during the last 50 years has been: I have come down from the patient's room and on the stairs met a *hakim* go up or *vice versa* while the *hakim* has come down I have gone up, and if it had not been for the inhibitions of civilization, we would have put our tongues out at each other. Well, Sir, that has been the condition for all these 50 years. The Britishers have stamped on these indigenous practitioners. As my hon. friend said the other day, the first Surgeon-General of the East India Company had to cut the hair of the labourers of the East India Company for the magnificent sum of two pence a month. No barber in Delhi would look today at the half bald head of

Dr. Gilder even for the equivalent of two shillings! Many people say it is easy to compare the two systems. Well, a man went to one of the chief doctors at—[forget where exactly it was—Yale or Harvard, and said he had cold. The doctor said, "I can cure it for you in five days, but if you take common-sense care of it, it will be cured in five days". That is the condition in medicine. Sir, if a hundred patients come to a doctor's dispensary, 80 per cent. of them will get well, whether they take medicine or not. If it had not been for that, Sir, our villages would have been depopulated today. About 3 or 4 per cent. of them will die whatever you do, even if—as the saying goes—you bring the doctor's grand-father they are bound to go. That also serves a good divine purpose, which we must recognise, because if our grand-fathers and great grand-fathers had been living today, who would have looked at us youngsters? Then, Sir, these people from the villages speak a language which we do not understand. I have had people come up to me and ask me. "*Mera darud sardi ka hai ya garmi ka hai*". We the allopaths have lost touch with that language about *sardi* or *garmi* for over a hundred years, Sir. Our ideas and their ideas do not coincide. When the Britishers came, was this very Surgeon-General, who had to cut the hair of the labourers, any superior to our *vaids* or *hakims* of those days? And yet he stamped on them, and the Surgeon-General who succeeded him—all Col. Blimps—stamped on them and likewise today the advisers of the Minister want to stamp on them. At least my Surgeon-General from the I.M.S., when I was Minister, daintily asked me to stamp on them. Perhaps the hon. Minister with her pretty foot could stamp on them, but she has not got the weight of the British officers that have stamped on the *vaids* and *hakims* for over two hundred years. And what is the result of this stamping? We still meet on the stairs! Even in those days, in the days of that first Surgeon-General, incidentally, it was said that the Surgeon-General put in one medicine in several bottles and

labelled them differently and that, secondly, he put in his apprentices in the place of surgeons. He denied the first charge but he admitted the second and said that he put in the apprentices and accepted two months' pay from them in the year. Well, was he any better than our *vaids* and *hakims* of those days? I think our people were much better, but still there was the Colonel Blimp's mentality amongst the ruling doctors that stamped on them. As an hon. Member said also the other day, with a Governor-General like Lord William Bentinck an effort was made to bring the Western and Eastern systems together and Calcutta is said to have celebrated the marriage of the Western and Eastern systems with illumination.

DR. RAGHUBIR SINH (Madhya Bharat): With what result?

DR. M. D. D. GILDER: Well, I do not know if birth control was in use in those days. At any rate the result was that as soon as Lord William Bentinck went away, Col. Blimps of the Indian Medical Service or whatever the medical service there was stamped on the man, who made the effort, and got him out. Even in those days, in the days of the first barber Surgeon-General, it was said in England by an English doctor then, that India had better drugs and more drugs and England should not send any drugs to India.

Sir, my attitude towards these *vaids*, *hakims* and homoeopaths is this. It is time we stopped stamping on them. They are also men and many of them believe honestly in their systems. When our President goes and presides over the prize distribution of an *Ayurvedic* institution or an *Unani* institution, when the Speaker presides, as today, over an *Ayurvedic* conference, when Cabinet Ministers believe in these systems, when a big minority believes in these systems, it is the duty of the Government to provide medical relief according to these systems. But, Sir, also in every civilised country it is the duty of the Govern-

ment to see that before a man gets "a licence to murder and slaughter" he has a definite minimum knowledge of the science of healing. Every civilised country sees to that. It is, therefore, for the Government to see that those who want to practise *Ayurveda*, *Unani* or Homoeopathy or whatever it is, are taught in that science up to a certain extent. And we cannot now neglect modern preventive medicine. Preventive medicines have now come to play such a part in medical science that we cannot let them loose without telling about preventive medicine and about using modern cures. For instance, take the case of pneumonic plague. Formerly, you could as well sign the death certificate if you diagnosed a case of pneumonic plague. But now even those cases recover. And it would be absurd to let a man out to practise medicine without telling him how and what drugs he could use to make these cases recover. If that is done, I am sure there will be no difficulty. I am sure the hon. the Health Minister is also of the same opinion from what I heard her say the other day; only somehow or other it has not been very clearly expressed and I think if it is clearly expressed, it will satisfy my hon. friends on the other side also.

She has gone a step further. You will find in many of the American universities,—even at the college in England where I was educated—there was a Professor of History of Medicine. He was a Greek and Latin scholar. To us Greek and Latin are Greek and Latin. We want Sanskrit and Arabic. And she can easily get a man, a good Sanskrit scholar who can help in evaluating the history of medicine and in finding out what our people did in former days. If that man combines with the Professor of Pharmacology, he could show the Professor of Pharmacology what drugs there were, and what drugs our ancestors used. And they can do some research and find out whether those are good or injurious or toxic in any way and whether they are beneficial. And subsequently, if he combines with the

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Prof. of Clinical Medicine, first-class research could be carried on. And that is what she has done by telling us in her opening speech that she would be appointing a Professor of History of Indian Medicine.

Sir, I was very interested the other day to read what the Chinese were doing with their ancient medicine. I got hold of this quotation from one of their official sources:

"The official attitude is determined by the simple thesis that the experience of hundreds of years is likely to contain things of value; and that these things must be determined by scientific investigation and then incorporated into the body of modern medical knowledge."

One of their chief medical men says that old Chinese medicine is—

"a previously neglected mixture of experience and superstition from which we are now trying to extract and remould what is valuable—and there is a great deal that is of value."

That is practically what we can say about our ancient systems of medicine and if we look upon them from that point of view, I do not think there would be any difference of opinion between us. And I am sure that is the point of view of the hon. Minister; only she has not put it so clearly. That is my impression. Of course, the.....

SHRI H. C. DASAPPA (Mysore): That was the impression of many of the hon. Members.

DR. M. D. D. GILDER: I am very glad to hear that. As I said, we do not even speak the same language. The Britishers brought in the teaching of modern medicine about a hundred years ago. The Medical College of Bombay was founded in the late 40s of the last century; Calcutta came in the late 30s, a few years before Bombay and Madras a year or two

before Bombay. Till that time they did not even look at what was going on amongst us as regards medical relief. Their medical officers only attended on the rich Rajas, Maharajas and people of that kind. We were left to manage for ourselves. About a hundred years ago they woke up and we had some colleges and in the 100 years they were not able to do all that was needed because our people also have not co-operated to some extent. When I joined the medical college, there was no difficulty. You had only to pay the entrance fee and your name came on the roll. Today more than half the boys who want to get into a medical college cannot get admission.

There is only one little difference between the hon. Minister and myself. Maybe that the villages in Bombay are more backward than the villages in Himachal Pradesh. She says that the villagers in her district want modern medicine. The villagers in many of the districts of Bombay have hardly heard of modern medicine and when a modern doctor goes with his stethoscope and blood pressure instrument in one hand and his syringe and the scalpel in the other, these poor villagers would prefer to be treated by those who had treated their grandfathers. True, as education is spreading more and more people are coming from the villages to the towns and they appreciate and value modern medicine and till that comes.....

DR. N. S. HARDIKER: They are after Penicillin and other injections also.

DR. M. D. D. GILDER: At the present moment in some places there is a passion for injections. Many people ask for injections even if medicine by mouth would cure them. They would prefer to have injections and there are doctors who are "specialists in injections". This is like a doctor who said that his father was a specialist of nose, throat and ear, but he was going to be a specialist of the nose only. Only somebody asked him whether it:

was the right nostril or the left nostril in which he was going to specialise.

So I think if we look at the Bill in that light we shall at the present moment agree with the hon. Minister but will request her at a future date to come to us and let us pass an Act which will be a real Act and not an Act which says that whatever the Minister may do by Rules made by herself or regulations approved by her shall prevail.

SHRI H. C. DASAPPA: Mr. Deputy Chairman, Sir, I think a great step in the annals of Indian medical history is being taken now under this Bill and I join with my hon. friends in welcoming this measure particularly because I feel—and I think rightly—that it would obviate the large number of our medical graduates from going out of our country to foreign countries for the purpose of prosecuting their postgraduate studies and getting the necessary diplomas and certificates to enable them to take to either practice or teaching in the medical colleges. I quite agree that it is very desirable that we should have standards in our medical degrees and diplomas as high as, say, M.R.C.P. and F.R.C.S. of London or Edinburgh or any of the equivalent degrees in America. India is a big enough country, tall enough country to have such degrees and diplomas within her own frontiers. So far as competence is concerned to give adequate training for postgraduate students I do not think there is going to be any dearth because from my own knowledge I can say that postgraduate students who have gone abroad for these very distinctions have acquitted themselves wonderfully well and they have not been in any way behind the students in the West in the matter of getting distinctions. And so this Institute which has been dreamt of for years past and which the Bhoré Committee itself very strongly recommended should have come much earlier and now that it has come let us welcome it. I have no doubt that it has come to fill in a great

desideratum in the land and I join with the rest of the hon. Members in congratulating the hon. Minister for having brought this measure.

It would be wrong on my part if I were to simply get up to welcome the measure without referring or unburdening my own heart with regard to this great subject which is now agitating the minds of the people. Let nobody go about thinking that today in India there is not a problem in the medical field, the problem of what you call modern medicine which takes the Western system as its model and the indigenous medicine which is our own inheritance for centuries past. If there was not that subject agitating the minds of the people I do not think I would have stood up today to express my own views. Let me deal with this large question first before I go to any of the particular clauses. We have had very illuminating speeches by hon. friends who are most competent to speak, Dr. Gilder and Dr. Barlingay and Dr. Radha Kumud Mookerjee, who is a student of our ancient culture and philosophy. Now, I have not made such a research into the past history of our own systems of medicine, but I take it that today by and large as many people are served by *Ayurveda*, *Unani*, Homœopathy and Naturopathy as through Allopathy. I have no statistics.

SHRI M. GOVINDA REDDY (Mysore): Thousand times more people are served by *Unani* and *Ayurveda*.

SHRI H. C. DASAPPA: I want to put it on as modest a scale as possible. My friend, Mr. Govinda Reddy, says that a thousand times more are served by *Ayurveda* and *Unani*. I have no statistics, but with such knowledge as I have got.....

SHRI M. GOVINDA REDDY: How many hospitals have you got in the country and how many people are there in the country?

SHRI H. C. DASAPPA: He is only reinforcing my argument. I do not know whether his purpose is anything beyond that. It is true that our colleges are few, a microscopic few, compared to the magnitude of our requirements in the land. And how can these medical institutions produce all the physicians and surgeons necessary for dotting the whole of the country with a sufficient number of dispensaries and medical institutions? It is not possible and my friend, Mr. Govinda Reddy, is perfectly right. Suppose we put a ban on all *Ayurvedic* and *Unani* physicians today in the country and say you must all only have recourse to Allopathy, then you will find that there are not enough doctors and enough institutions for them. That was just what I was trying to make out. Here are systems which are fulfilling a great need. I am certain of two things, namely, these systems have survived all these centuries, in spite of the fact that the modern medicine has had a fairly longish lease of life in the land. It is a sufficient indication that there is some intrinsic worth, inherent strength and vitality in these systems. I have no doubt about it.

The second thing is the rather deplorable feature to which I must refer, namely, the terrible antipathy that exists among the votaries of modern medicine so far as our indigenous systems are concerned. I have throughout been a patient and I think an old patient is almost half a doctor. So, I know the kind of jealousy, even amounting to contempt, that the followers of modern medicine have towards these indigenous systems, which are fulfilling such a great need in the country. I would, first of all, beg of those who have got the destiny of our country in their hands to discourage this kind of an attitude on the part of anybody. I am not referring only to the allopathic doctors and surgeons. I am levelling this accusation even against the *vaid*s and *Unani* friends, who also suffer from a similar defect and narrowness of vision. They want to hug fast to their

old antiquated systems of diagnosis and refuse to take cognizance of the vast number of improvements that have taken place in the field of medical science, especially with regard to diagnosis of diseases. I am not referring now to treatment so much. But there is this outstanding fact that these followers of indigenous systems are reluctant to have recourse to the modern system of diagnosis, whether it is a question of stethoscope or taking the blood pressure or examining the blood and so on and so forth. They seem to be reluctant to recognise the newer methods. Now, I am not here to justify their attitude towards Allopathy. I am equally condemning the attitudes of both these groups who seem to think that they are some alien elements who must always be daggers drawn at each other. That I said is a thing which should not happen. I am speaking with a certain amount of confidence and even authority, because in my own life I have had recourse to both. Now, what happens is this. For instance, I go to a *vaid* and it may be that he is not able to give me the full relief and I just switch over to allopathic friends. They have a sneering attitude towards my own conduct. They say, you went there and having failed you have come here. And if perchance having tried Allopathy—there again I had not got enough relief—I go to an *Ayurvedic* man, he too has got the same attitude. Now, what is wrong with the mentality of our people today? Why should the followers of this modern system be averse to our own systems which have been there in the land for centuries? On the other hand, should they not feel proud that we in India have got certain systems which are ministering to the relief of the sick and the wounded and try to make the most out of those drugs and pharmacopœia. Likewise, I am referring to *Ayurveda*.

I was on the point that in my own life I had experienced certain ailments treated by *vaid*s and I think I had better share the experience with hon. Members in this House. I was hardly ten or eleven years old when I hit

against a pomegranate plant, being chased by another friend of mine. There was swelling near the left eye. Within a few months I developed cataract in the left pupil of the eye. We had one of the ablest ophthalmic surgeons in Bangalore, that was the late Dr. Ramaswamy Iyengar. I tried the medicine for six months under him. I got no relief whatsoever. Then, a certain distant cousin of mine told my father, "Will you send your child to my village? We will try and see if it can be cured." So, I went there. The treatment consisted of simple things namely cutting a shrub known as *hulikaddi* into pieces about a foot long early in the morning at about 4-30 and then blow its drops into the eye. It went on for just about a month. Certain kinds of fish have stones in their heads. You just grind them on the stone and apply it. I did it for about 20 days. Within a month the complaint disappeared and there was no necessity for an operation. And my left eye is strong—even stronger than the right eye. That was in 1904 or 1905.

In 1907, when I was about twelve, I had rheumatic swelling in legs and had to be carried by an orderly. I again tried the allopathic medicine under very eminent people. There used to be I.M.S. people in Coorg then. Nothing happened until at last we found a Malabar physician who was available there and with two oils, he was able to cure me within a month. In 1909, I had puss coming out in both the ears. Boric powder and so on used to be applied for about two or three months together. I went to a village and a local village woman applied a powder for two mornings and it was all right.

Sir, I will narrate one more experience and then I will not weary the House any more in this regard.

In 1940, I was attacked by arthritis. I did not know what to do. I had treatment in the early stages under a Malabar physician and I was just able

to get out of the jaws of death and survive. But the swellings of the joints remained. Who was the great physician who cured me then? It was Mahatma Gandhi. He asked his Secretary, Shri Mahadev Desai to write to me "Bapu undertakes to cure you and discharge you within two months and it is a rejuvenation process." Luckily for me, I have got the witness before me—Rajkumeriji, the hon. Minister for Health, was there—and it was a fast cure. I shook off 42½ lbs. of weight and with this loss of weight, I gained energy and today I am able to stand up here and share my experience with my hon. friends.

So, whether it is *Ayurveda* or *Unani* or Homœopathy, I have got very good instances. I do not want to weary the House by telling how Homœopathy came to the rescue of people who could not be cured by any other method. Why should we not try to garner all these rich experiences and heritage, pool them together in some common institute and make the best of them so that when the institute grows up, it will not be merely a replica of what we have in the West or a fairly good imitation of the West, but it may carry on with reorientated ideology? This shall be the focussing point of the best that we have in all the medical systems in the world—not necessarily in India, even the best that is in China—so that instead of merely trying to give to our countrymen what others possibly are abler to give, we shall give India as well as the world something which is of permanent value. That is a plea which I earnestly make to the hon. Minister. I know for a fact that her heart is set on this great mission. She herself said the other day. She, of all people, has been responsible for one of the finest pharmacopœia of Indian drugs.

Sir, I have got here one of the latest reports of the Pharmaceutical Enquiry Committee, the Chairman of which was Major-General S. L. Bhatia. The Committee was appointed in 1953 and they have given this report in 1954. I just want to read out one or

[Shri H. C. Dasappa.]

two sentences in support of my stand and the stand taken by so many hon. friends. As a result of this and even the earlier reports of the Bhore Committee and later on the Chopra Committee, certain steps have been taken. I do not mean to say that they have not been taken. Still, this may be of some interest—

“Drug and pharmaceutical research, comprehensively considered, has very wide scope in India. It will extend from systematic scientific study of the crude drugs that have been used in the indigenous system of medicines for centuries, on the one hand, to the highly developed field of synthetics and antibiotics, on the other. Nearly 75 per cent. of the drugs of vegetable origin listed in the British Pharmacopœia are native to India”,
this has got to be noted—

“and suitable substitutes for a large number of others can easily be found. Much of India's drug resources are still unexplored and unexploited.”

Later on, you will find—

“As a result of these trials several preparations of useful drugs from indigenous plants are already available in the market and some of them have been very popular and are extensively used; the extract of *Rauwolfia serpentina* as an effective remedy in hypertension, is one of them.”

Later on, you find that a number of such drugs are made here. I do not want to refer to them—

“A large number of plants, which grow in India, and which can form excellent substitutes for the imported and often expensive remedies, have been made available for use. Frequently, these are closely allied species, which are pharmacologically just as active as the imported varieties like.....” etc.

Here is another statement—

“It may be mentioned here that very often the drugs made from indigenous sources are not able to fulfil the requirements specified in the British and other Pharmacopœias, although these preparations are equally efficacious in the treatment of diseases.”

This is just a thing which an institute such as this can undertake. It is the way in which these drugs are prepared at present that prevents them from being incorporated in the British Pharmacopœia. After all, it is only when the British standards are fulfilled that they can get a particular chance of success or of acceptance all the world over. But, unfortunately, these do not fulfil those standards, but yet they say they are equally efficacious.

“The work of discovering remedies from the claims of Ayurvedic and other indigenous systems of medicine for their use in modern medicine has been a more difficult task.”

“With the setting up of research laboratories by Government Institutions, Universities and manufacturing concerns, such work becomes more possible and must be actively encouraged. Many research laboratories in the other countries have taken up the intensive study of Indian drug and achieved remarkable results.”

Then, he goes on to narrate how other countries have taken up these particular drugs available in India and have been able to present to the world certain very good specifics. Certain medical colleges are doing some kind of a research, but that is not sufficiently good.

4 P.M.

I must say that I was on the point that our allopathic friends are reluctant to make use of these specifics from Indian pharmacopœia. While this is the attitude of even Indians themselves, what is the attitude of certain foreign doctors and research

people is the question. We had in Mysore a certain German physician. He was in touch with the Ayurvedic and Unani systems and he was trying to experiment on his patients certain methods of treatment followed in those systems. No other Indian had the same generous attitude towards the indigenous systems. Recently, a number of German doctors visited South India. When they came to Bangalore, they asked, "Where are the Ayurvedic and Unani colleges? We would like to meet the persons in charge of those institutions and would like to discuss certain matters." That is the way of a real student of research, a real student of this great subject, but, unfortunately, such an attitude is not very much in evidence today. I think that we, who have been speaking about the indigenous methods and systems of medicine, we who want to contribute something to the world from out of our past, will do well to take up a fairer, a juster, a broader and more liberal attitude towards these systems. If we do that, I think that the agitation as well as the discontent that there exists today will disappear. As Dr. Gilder said, one would very much appreciate a clear pronouncement on this subject. The Government, as a Government, has recognised the modern science of medicine, and it is yet to recognise the indigenous systems of medicine. Now, what has got to be done is to recognise the indigenous systems of medicine. The only way to do it is to give the Central institutions the same status as would be given to an institute of this kind. Personally, I think that the only way by which this could be facilitated is not to confine the objectives of this Institute to provide teaching in the modern system of medicine only. It is not necessary to say so. You may just say, "the teaching of the science of medicine." After all, when we talk of medical sciences in the plural, it is not only one system which is contemplated in the Bill. It is an All-India Institute of Medical Sciences. I ask whether it would be fair for us to narrow down the science only to mean a particular science, *viz.*,

the science of modern medicine. No doubt, we shall have to have this scientific approach as the inevitable approach. With this scientific approach, we can try to harmonise the various systems and give a synthesis of the whole thing and give something new to the country. Therefore, I think it would be very good if we change this to mean every science of medicine.

Then, with regard to this Institute, as I said, I am thinking of a glorious future for this Institute with an outlook just as I have indicated and just as other hon. Members have indicated. It may be that this will open up a vast vista as yet unseen and hidden, which will enrich the entire medical science of the world. I am anxious that that should be the objective of this Institute and not merely just to narrow the objective of the Institute to something which any university or any institution of this kind in the West can give. I must say that this is going to play a very great part, just as for instance the Haffkine Institute in Baltimore which revolutionised the whole of modern medicine in America. This is going to give a new life to the medical science of the country, and I am sure that standards will greatly improve. I do not want to deal with the technical side of the instruction or training that they are going to give. One thing appeals to me. I think they have an idea that, when a student goes to his studies there, it is not as if he has no practical work to do in the course of his training. Today, there is a certain amount of clinical side, but actually he does not do anything which a qualified doctor has to do. In America and other places, the practice is for the students who undergo training themselves to be in charge of the patients, study the whole thing and give their reports, so that by the time they go out of the institutions, they are as good as experienced medical men. They have to do not only the theory but also the practical side of it.

[Shri H. C. Dasappa]

Then, a few words about the composition of this Institute. I have got here the recommendations of the Bhore Committee. There seems to be a fair measure of departure from the recommendations of the Bhore Committee with regard to the composition of this Institute. It has already been pointed out that the All India Medical Council has no representation on this Institute. I should like to know from the hon. Minister exactly the reasons why there has been such an omission. The Bhore Committee have provided in the composition that the President of the Medical Council of India will be an *ex-officio* member of this Institute, and then an additional member is provided for, to be nominated by that Council. Here barring the three representatives of Parliament, two from the other House and one from this House, all the others are nominated. It is provided here that one of the members will be the Vice-Chancellor of Delhi University, because it is sought to be located here. Now, the matter of location also has been agitated by some people as to why it cannot be located in Bombay or Calcutta. I have no particular views on this matter. I will only say that it is preferable to locate it either in Calcutta or Bombay. They said in the recommendations of the Bhore Committee: "Two Vice-Chancellors from all other Universities in India in rotation". It is a good idea to have, in rotation, at least two Vice-Chancellors of various universities which have got medical research and post-graduate research training also in their universities. That I don't find here, unless it be that they are brought in under sub-clause (e) of clause 4 which says: "five persons of whom one shall be a non-medical scientist". Then another very interesting thing is that the Bhore Committee recommended "two distinguished non-medical scientists nominated by the University Board". Sir, I don't want to go into further variations from their recommendations. This expert Bhore Committee must have had very

good and justifiable reasons why they recommended certain of these things. For instance, there is this question of two distinguished non-medical scientists mentioned. But there is only one provided for to be nominated by the Central Government. The more you give this Institute the character of being a more or less autonomous body, the better it is for the future of the Institute. Because they will be able to work divorced from the somewhat, not unusual, what you call, 'red-tapism' if you may please, of the Government. That is, generally a scientific body like this, an expert body, may not feel very happy with such a state of relationship. So, if you give them not only autonomy by virtue of the Constitution but also in practice, by the manner in which you constitute the Institute, I think it will be all for the better.

Then, it is provided in clause 6 that the term of the members shall be five years. May I humbly appeal to the hon. Minister that the term may be three years in the first instance? You just see how it works. It is just a beginning and the Bhore Committee also recommended a period of three years. So, instead of committing ourselves to as long a period of five years in the first instance, it may be better if we have three years in the beginning. Certain other hon. Members have referred to the question of having certain medical hospitals attached to the Institute. It refers to a dental college in particular. It is rather difficult to follow. Why should it be only a dental college? It may be an E.N.T. or it may be an ophthalmic hospital which is a very very important thing—at least as important as the dental college. The question is, whether we are going to have as appendages to this Institute so many other ancillary medical institutions. Then there is, of course, the nursing college and so on. For instance, we have a mental hospital which is now a very very important branch of medical relief. Are we thinking of having also a mental

hospital? It becomes rather a difficult job to have all these other hospitals attached to this Institute. Far better is that we may use the existing institutions.

I have not very much more to say except that I join with the rest of my hon. friends and say while offering our heartiest congratulations to the hon. Minister for bringing this very very important measure, that she and the Ministry as a whole would be pleased to take note of the very many suggestions that have been made and take them in a spirit of sympathy and friendliness and do something which will contribute distinctively to the vast medical wealth of the world.

SHRI MD. UMAIR SHAH SAHAB: Mr. Deputy-Chairman, Sir, it was not my intention to take my stand to express myself on this Bill today. I could have chosen some other time to express myself in this House but what can I do? Since I have been hearing the debate on this Bill, I was tempted very much that I should now break my vow and open my lips on this Bill first instead of waiting for any other Bill to come before this House. While congratulating the hon. the Health Minister, whom I know from a very distant quarter only—it is only very recently that I have come near her—while congratulating her for her many-sided achievements in the sphere of medical administration, I should say that I felt a bit shocked when my eyes reflected upon the contents of the Bill and when I found the total omission of reference to the indigenous systems of treatment and indigenous medicines, even the indigenous people who had their historic records in the past as well as in the present. I do agree with the hon. the Health Minister that institutes like the All-India Institute of Medical Sciences which she has proposed in this Bill are certainly very essential. They are very essential to impart modern training, modern teachings and modern methods to the undergraduates and other medical men in this country.

But I shudder to think how the Health Minister or Ministry can ignore indigenous systems of treatment which have remarkable records not only in this country but throughout the world. If I may be permitted, I can say that whatever may be said for the allopathic system of treatment, the allopathic system today owes its existence, owes its very basis, owes its very foundation to the basic principles of that very great system of Ayurvedic science which existed in this country 6,000 years back. The genius of our people, the genius of our philosophers, the genius of our scientists have not gone underground. They are still existing. Now, when we have come to power, it was expected and it was rightly expected—I say that since the dawn of independence to this country it was justly yearned by the people—that that science which had given life to the world six thousand years back would be raised. Let me quote Mr. H. G. Wells—if I may be permitted—that when the Western countries were sunk in darkness, when they did not know any system of treatment when they lived on *jantar* and *mantar* for the cure of their diseases, as now in certain backward parts of our own country, when those Western people did not know how to treat diseases some six thousand years back, as back as the Vedic period, our country had given to the world that complete code of medical treatment and medical sciences upon the basic principles of which and upon the basic theories of which, now so many medical systems have been founded. Even the structure of the allopathic system will go down if you do not raise the prestige or heighten the status of those medical sciences which exist in the name of Ayurvedic and Unani systems. May I tell you that even 1,000 years back when Harun-ul-Rashid was the Caliph of Baghdad, he invited *vaids* of India with their original Sanskrit manuscripts to Baghdad, that he treated them with great respect and they remained there for months together as royal guests and that he got all those Sanskrit manuscript of Vedas

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 and Ayurvedic system translated into Arabic which are now incorporated into other systems of medicine—Unani and others? When there was so much appreciation and admiration for these systems of medicine all these thousands of years outside India is it not deplorable that our Health Ministry has not shown any sympathetic consideration to them? The hon. Minister will kindly excuse me for saying so, and let me assure her that I am not speaking in terms of opposition to the Bill. I only want to impress upon her that these systems should have received more sympathetic consideration, because they deserve recognition from her. It may be said that she has done something by establishing a few colleges here and a few schools there. But is it consistent with the great science, is it compatible with the great philosophy which our country possessed all these years, is it consistent with the demands and requirements of our country and with the overwhelming feelings and sentiments of the people of India that only a few colleges and schools be established? During the last eight years, these people, these *vaids* and *hakims* have been hoping that they will have better days. They had suffered so many blows, one after another in the past, under the British. They hoped that at least under their own independent rulers things would take a different turn.

My hon. friend over there spoke highly of the allopathic system and I also agree that that system, undoubtedly, has interested the whole world and also we in this country should acquire the highest proficiency in the same. I appreciate the efforts of our Health Minister in this direction. But at the same time, I cannot forget the fact that she should have shown some sort of interest, some sort of recognition, some sort of sympathetic co-operation to the *Ayurvedic* and *Unani* systems of our country also. Words like X-ray, injection microscope etc, emphasising Scientific deve-

lopment were uttered by some friends here. But even without the aid of these instruments, with their simple tests of *nadi* and other methods our *vaids* and *hakims* could make correct diagnosis. Now, in this allopathic system, they have hundreds of instruments and hundreds of researches and tests to find out what sort of fever or cough the patient suffer from. Apparently, without any such elaborate researches, thousands of years ago, our people, living in caves, going round jungles, sitting under the trees and testing herbs and shrubs of the jungles, had excelled in their tests and researches. Of course, they did not possess multi-storeyed buildings to make these tests and to conduct these researches, they did not have these modern instruments. But they had their own super-intelligence, super-intellect; they had their seriousness, their devotion, their philosophic outlook and approach; and these have to be taken into account before one belittles them and their wonderful achievements. It is a wonder how without such laboratories, without the aid of such scientific apparatuses, these people, thousands of years ago, made their researches and found out the secret of those medicines which even today are being used by allopaths and others—of course, under different names and altered forms like old wines in new and beautiful bottles. I have great respect for the allopathic system, but at the same time I cannot forget my own sciences. I cannot afford to see the doom of my own indigenous sciences and the doom of my own people and their achievements at the altar of allopathic system.

You say this All-India Institute of Medical Sciences will do much good. I have no doubt about that. I quite appreciate your efforts and I wholeheartedly support this Bill. I wish such institutes should be multiplied in number. But at the same time, may I ask Rajkumariji whether it was not possible for her to bring in a similar measure for the improvement and for the encouragement of the

indigenous systems of medicines also? She could have brought it in the same form in which this Bill has been brought forward. It is still possible. That would have given great encouragement to the *vaids* and *hakims* and all these people who are looking up to her for encouragement, looking up to the Government for some such schemes for them. If they had been given some such encouragement which are overdue, many an apprehension would have been removed from their minds. I understand that perhaps it was not possible for the Government to give these people relief to the extent they expect. I find that under clause 4 you are to have one Director. Even if you are not prepared to bring in a similar Bill for them, was it not quite possible to increase the number of Directors? An hon. Member suggested that the Director should be one who knows all the systems of medicines, Allopathy, *Ayurveda* and *Unani*, but I do not agree, because such superhuman beings who know all the systems will not be available. But certainly it should be possible for the hon. Minister to so modify this Bill as to have one Director who knows *Ayurveda*, another from *Unani* system and a third from the Homoeopathic system of medicine. You can have a Directorate of four and this step will go a long way to encourage and create confidence in our *vaids* and *hakims* and to impress the people about the Minister's anxiety to encourage the indigenous systems also. This is the proper time, and it is high time, indeed, that action should be taken in this direction. If you cannot actually do more, at least do something to assure the people, that the Government is anxious to do something for them. This anxiety on the part of the Government will be clearly evident if they modify this Bill in the manner I have already indicated in the formation of a Directorate of four.

Where is the hurry? It may be asked. But let one urge that the improvement of *Ayurvedic* and *Unani*

systems also can go on side by side. The science of Allopathy has got the support of the Central Government although it is sufficiently improved. But the other two indigenous sciences are dying and I would appeal to the hon. the Health Minister that if she is not going to save this indigenous wealth of India, I am afraid the Allopathic system also will not survive for long and the structure upon which it is built may crumble some day or other, unless you have supplemented it with the *Ayurvedic* and *Unani* systems side by side. So, it is in the interest of this All-India Institute of Medical Sciences that I am impressing upon you here. Either you should add to the Directorate by increasing its number to four or you should bring in a similar measure some time in the near future so that these indigenous systems may be encouraged and those practising them may feel that the hon. Minister is also as serious for the indigenous systems as she is for Allopathic system.

Now, Sir Courtney Terrel, when he was Chief Justice of Bihar, while trying a case—I am not going into the details of the case—said in his judgement that "We are not here only to do justice but also to show that we are just". If the Ministry of Health cannot do actual justice to the indigenous systems let the Ministry at least show that it is trying to be just. This way, you will be enthusing a new spirit in the country and the revival of the *Ayurvedic* and *Unani* systems will be possible some day or other before they are doomed.

With these words, I congratulate the Minister and at the same time, implore upon her to save indigenous systems from being completely ruined. You will still find these *hakims* and *vaids* in the remote rural corners of the country; they possess wonderful qualities and intellects, of course, not a diploma which they do not get from any institute. They have got the knack of putting their fingers right on the spot—which my hon. friend there belittled—and find out how the

[Shri Md. Umair Shah Sabah.] human system is working, what are the diseases and how they can be cured. If you have got dozens of institutes of this type as proposed in the Bill in Bombay, Calcutta and so on, they will not be able to help you at all in protecting the national health unless the Minister for Health supports and utilises those intellectuals who are sitting idle and hidden in the remote corners of the villages of India. These *hakims* and *vaids* are not quacks, as my allopathic friends like to call them. These people have at least exercised their energy and time in acquiring this knowledge. These *hakims* and *vaids* would be found in abundance in the villages and these people could be well-employed to supplement the doctors. Modern medicine is not available in every part of the country; wherever it is available that is at very high price even where there are dispensaries sometimes medicines are not sufficiently available nor equipments. If by any chance, they get a prescription from private doctors, the medicine is very costly. If you spend a certain amount of money, if you encourage these *hakims* and *vaids* a little, the rural area people regain the national health and cheap medicine would be available to the poor at a few pies or a few annas. And what cannot be cured by spending hundreds of rupees can be cured by spending very little. The village people are naturally accustomed to the treatment of *hakims* and *vaids*. Let the Minister for Health make full use of these *hakims* and *vaids*. utilise their intellect especially when there is dearth of allopathic doctors. Further, I would suggest the starting of an institute of this nature dealing with *Ayurvedic* and *Unani* medicines, as these *hakims* and *vaids* certainly require some training on modern lines. These people know the art, they know the science, the only thing that they want is a little help and if you will provide that with a number of training institutes here and there, they will be able to cope with the requirements of the rural people and they will be more helpful than what

your doctors are today in the rural areas, with insufficient medicine, with insufficient dispensaries and without sufficient equipments. Therefore, I once again implore the Minister to save this indigenous wealth before it completely goes down.

DR. SHRIMATI SEETA PARMANAND: Mr. Deputy Chairman, while supporting this Bill, I would like to offer a few suggestions. As you know, the suggestions have to be based on certain criticism. I was unable to be present in the House on account of some work elsewhere and as such, there might be a little repetition of some of the points already made. In my opinion, Sir, sometimes repetition instead of being a disadvantage emphasises the points and also points to the keen desire of different Members about some of the lacunae in this Bill.

I have been unable to understand how this Bill could have emerged out of the other House in the present form. I have not been able to see the amendments there but even then, there are so many people who are anxious to give encouragement to the various indigenous systems of medicine and they would have liked to see, when money was being spent on such a large scale for starting this type of institute in the capital of the country, similar encouragement being given to the indigenous systems of medicine and thus making them come within the classification which the hon. Minister has chosen to confine only to Allopathy, viz., modern medicine.

I would begin with the words "modern medicine". What is the meaning of "modern medicine"? After all, if the indigenous systems could have been given the same opportunities for development, they also would have taken their rank with modern medicine. Who has made the present allopathic system a system of modern medicine? It is not our country that has been able to

spend on it. This was done by independent countries, by countries which had been able to spend on it so much. So, I feel this is one of the borrowed terms, particularly from America. American expression is sweeping over us and is making our English more American and that has been responsible for calling the system of Allopathy a modern one.

[THE VICE-CHAIRMAN (SHRI R. P. TAMTA) in the Chair.]

I may be permitted to observe that in calling the allopathic system as the modern medicine we unwittingly cast a slur on our own systems of medicine. Just because the followers of our medicine have not had the wherewithal with which to apply the tests of modern medicine or to develop it on those lines, there is no reason why we should be responsible for calling it an antiquated or outmoded system, or, in other words, perhaps not a useful system of medicine which deserves any attention. I would here refer to the hon. Minister's speech and quote a sentence from it in which she has said that—I better quote the sentence itself:

"I myself feel that I am a much greater friend of *Ayurveda* than many of the Members of this House or of the other House imagine."

We are very glad to see that she is a greater friend of *Ayurveda* and *Unani* and such other indigenous systems of medicine than others think she is, but, Sir, it is said that the proof of the pudding is in the eating. If these systems of medicine have not received as much help as they should have, then she could certainly be charged with giving step-motherly treatment to these systems of medicine. While reading some of the debates of the other House on some other Bills pertaining to her Ministry I find that she has said that they have spent a large amount of money on their Jamnagar Institute—in her speech here also there is a reference to it—and she would be willing to

give even more if they were approached and if her experts on, I suppose, *Ayurved* were to recommend that this money should be given. I would like to point out that the type of people in *Ayurveda* and *Unani*, etc., who would be considered experts unfortunately are not people who know how to make use of this patronage available through Government.

RAJKUMARI AMRIT MAUR: May I just say that in all schemes for *Ayurveda* research or development of any institution through research schemes, the judgement is entirely in the hands of *vaid*s who advise me? None of my modern medical advisers have anything to do with it.

DR. SHRIMATI SEETA PARMANAND: Exactly; I am expanding that point. Sir, I said that they did not know, unfortunately, the way in which to make their case. They are handicapped because of their inexperience and the old-fashioned training. Sir, I would here say something in order to bring that point out. It was said by Dr. Gilber. I am told, that *Ayurveda* was a big *tamasha*. Sir, after all.....

SHRI H. C. DASAPPA: No. no.

SHRI H. P. SAKSENA: We are going to have an *Ayurveda* Mahasabha this evening and he referred to it.

DR. SHRIMATI SEETA PARMANAND: I beg his pardon and I withdraw that remark. But I would like to say in that connection, Sir, that even if it were to appear not to a person like Dr. Gilber—I am told he has been responsible when he was Minister in Bombay for encouraging Homoeopathy and giving Bombay its first homoeopathic college—there are people, particularly, there are very many allopaths,—and quite a number of them I know holding very high positions in Government service—who think that *Ayurveda*, *Unani* and Homoeopathy are somewhat of *tamashas* and they think they cannot be called true sciences. Before I take up

[Dr. Shrimati Seeta Parmanand.] that question I would like to say here, Sir, a few words about *Rajashraya* or royal patronage. Here I would say that in our Republic there is Government patronage and anything that could look like *tomasha* or "crude"—that is the meaning of *tamasha*—can be raised to a higher level. As an example, Sir, I would mention the patronage which we have given to folk dancing and other village entertainments, which has made them now worthy of not only being staged in the theatres of Delhi after bringing those people all the way and having them parade in our Republic Day pageants, but worthy of being shown—even the most aboriginal dance—to visitors who come from abroad. It is only because they have got *Rajashraya* (Government patronage). That would be enough, Sir. What would happen to the demands of these *Ayurvedic vaidas* and *Unani hakims* if they were given guidance by people, particularly by allopathic doctors who have studied their systems and who in combination with their allopathic knowledge are practising them today?

Sir, it was also said that experimentation of these indigenous systems would make our countrymen guinea-pigs. I did interrupt Dr. Dube though it did not bring out his answer to the point I was trying to make. After all, all the advance that has been made in the allopathic system has been due to some guinea-pigs somewhere in some country; it may not have been in our country but in other countries and due to what those guinea-pigs suffered, at their expense we are today reaping the advantage of that allopathic system. Sir, I would here point out a few instances of eminent physicians, I would mention one name, which the advisers in Allopathy sitting in the official gallery there, the experts who give advice to the Ministry in the matter of policy, will have to recognise as being an eminent physician. He is Doctor Dhawle of Bombay. He is an M. D., an eminent M. D. in Allopathy and,

Sir, he mostly practises medicine in Homoeopathy and has achieved wonderful results. So, Sir, if there is combination of Allopathy with either Homoeopathy or *Unani* by the use of surgical operations or X-ray machinery or even by the use of stethoscope, there should be nothing to scoff at. After all one science has to depend on another and that is how sciences have developed and as a result of combination if we can achieve something that will produce better results, if we can develop a system that will be more suited to the physiology of our own countrymen, who have been used more to herbs, it will be some contribution that India will have made to the medical science of the world.

Sir, the reason why so many Members are speaking about these indigenous systems—it may sound something like repeating *ad nauseum* to the hon. Minister—is that they who come mostly from the villages, from the rural areas, are conscious of the advantages of these systems, of the greater advantages of these systems to the people in the rural areas, firstly, because of their comparative cheapness, and, secondly, because of the existence of people who know something of these sciences for generations, and, lastly, because, Sir, these systems, as I have already pointed out, are more suitable to their physical system. For these reasons, Sir, Members have to again and again request the Health Minister that she should, while trying to advance medical sciences, as she calls them, meaning modern medical science and modern medicine, do something, rather do something more for advancing these indigenous systems. After all, I might ask the hon. Minister how much can a poor country, in spite of the sum given by New Zealand, spend on such medicines. We cannot, Sir, compete with the other countries, nor would we be able to produce these medicines after research has been made. For these reasons, Sir, we could easily leave the research in the so called modern medicine to the countries of its birth—I do not like the name

"modern medicine"; I do not like to use it; I would use the plain word "Allopathy"—we could easily leave the research in Allopathy to the country of its birth and we, with our limited resources should try to develop and give opportunities to *Ayurvedic* and *Unani* systems of medicine. Also, Sir, I do not think it is necessary at all in a place like Delhi, even when there is no medical college, to firstly locate the Institute here and even if it were to be instituted only as a part of this institution to have undergraduate studies in such an institution, as in my opinion it would only divide the resources and not enable the Minister to focus attention on research and on teaching the staff. It should be, therefore, possible that the money that is already available for this institution and which would be spent on this undergraduate college could be spent to develop these other branches, particularly *Ayurveda* and *Unani*, and incidentally, Biochemistry or Homoeopathy, but that can come later on. If a medical college in Delhi is required, there being no medical college for men, Government with its resources and with the resources of the State Government could start another medical college independently. If this is to be an institution for training of staff and if diseases of various types are to be studied a big city, as was pointed out by an hon. Member, like Bombay or Calcutta, would have been more suitable where there are big hospitals and larger population. I would say that the criterion for deciding upon the place where this Institute should be located should be where without much extra expenditure on preliminaries, work could be at once taken in hand. And such a place would be either Bombay, Calcutta or Madras where there is a number of medical colleges and hospitals already in existence. For this reason I would even now suggest that this Institute should be located in one such place. If already some work has been taken up here, a medical college could be started.

31 RSD—3

As I am dealing with this, I would like here to mention that it is no use presenting a Bill to Parliament after proceeding in the matter to an extent when there could be no retracing of steps. Of what use is it to bring forward a Bill with a *fait accompli*, with something as an accomplished fact, before Parliament? It may be argued that New Zealand has given the money and that is why this has been done. I do not know what the terms are under which the money has been received. As was pointed out, the House should have been taken into confidence, as the money was given about four years ago, about the terms of the grant so that we could examine whether it should be accepted under the conditions whatever they may be. Similarly, it is no use saying that because this grant is there the Government has already decided to spend so much from its own funds. It is from that point of view I find that it is no use passing the Bill as it is, if one wants to make any substantial changes through suggestions. After all the money might have come from New Zealand, £100,000 or whatever the amount is, but in view of the recurring expenditure that will have to be incurred, it cannot be considered such an item that one could not forego. And in these days when there is so much desire for international collaboration and mutual help, I feel almost certain that if we had expressed certain ideas of the scheme to the country that gave the grant, if we had told them that we would like the Institute to be used for research side by side with Allopathy in *Ayurveda* and *Unani* systems, the country would not have objected.

With regard to the number of Directors etc., as I have tabled amendments to the effect that there should be one for each of the popular systems of medicine in this country, I would speak in greater detail when we deal with the amendments. Our systems of medicine are very ancient and *Ayurveda* is perhaps the oldest in the world barring that in Greece—but *Ayurveda* is perhaps even older than *Unani*; anyway it may be a matter

[Dr. Shrimati Seeta Parmanand] for debate—and in our country particularly when we want to revive these ancient systems, we should have an attitude which should accept the quotation “yet more things are in heaven and earth than are dreamt of in your Philosophy.” That is addressed to Heratio; the first two words maybe I may have added but the latter part of the quotation is correct. That quotation should be studied carefully and understood by the advisers of the Ministry who are Allopaths and who somehow have that insular mentality. From my experience of many Allopaths in high Government positions here and in the different States, I know some of them have such an attitude towards any system except Allopathy that they feel that all that is quackery. It may be quackery so long as you do not give it a chance or an opportunity to prove itself. After all, how was the modern system of medicine tested and proved to be a science? If you give that same opportunity to these two systems, opportunities for experiments and clinical tests, it will be proved that these systems which have benefited the people of our country for generations cannot be termed as absolute quackery.

I do not want to tire the House with illustrations as Mr. Dasappa has already given many, but I would like to refer to one instance where a cure effected by a *hakim* was a miracle. That *hakim* did not even feel the pulse of a patient to see whether he had cough and *pitta*, that is, bile, but sitting at a distance of 15 feet from the patient by just listening to the whole history for half an hour—and the case was chronic—he gave 7 pills—it may sound as if it is a matter for laughter but when it is a question of actual experience one has to think twice and, as I said, remember that there are more things in heaven and earth than are dreamt of—to be taken one on each day and said that if those pills did not give relief, then after the change of season, that is after three or four months—that was rainy season then—during cold weather he

would give seven other pills that would bring about a cure. And strange to believe, Sir, the first medication of seven days did bring about the cure. I would also like to refer to the use of *chaulmoogra* which is a cure for leprosy: Dr. Henser of U.S.A. was responsible for trying it on a large scale and for giving publicity to it. If our own allopaths had taken this up, I am sure they would have left it out as something which is useless. Col. Chopra who was an I. M. S. officer and an allopath devoted a good deal of his time to experiment with *Ayurvedic* drugs and has written an admirable volume about the efficacy or other wise of those drugs.

What I want to make out of all these is that it is the duty of the Ministry not to give funds in a half-hearted manner as are given to the Jamnagar Institute to which the hon. the Health Minister is never tired of making a reference, but to give enough funds as this system has lagged behind in research. As ours is its mother country, it must give the necessary incentive for research. I would, therefore, say that ever greater grants for research should be given than are given for institutes of this type. I do not object if money is given here for training staff because that would be a useful thing, but I do think that rather than tinkering at present with research in modern medicine, as it is called—the term is a slander and a libel on our indigenous systems of medicine—that money entirely could be used for research in these indigenous systems of medicine. Even today after bringing forward this Bill, instead of taking up an attitude of not accepting amendments—as is done usually by most of the Ministries—in response to the wishes of so many people in the House as well as in response to the wishes of the people outside in the country, the hon. the Health Minister should accept these few amendments which do not aim at taking away the entire objective of this Institute but only ask for some portion of it to be devoted for research

and, I would say, advance of these two systems of medicine which have done so much for the welfare of humanity for ages and which should be given their place, just as we are trying to give a place to so many other ancient things, along with Allopathy. I hope the hon. Minister would show consideration to the wishes of the Members of the House and also of the thousands of people outside in the country and accede to

our request to accept those amendments.

THE VICE-CHAIRMAN (SHRI R. P. TAMTA): The House stands adjourned till 11 A. M. tomorrow the 8th.

The House then adjourned at five of the clock till eleven of the clock on Tuesday, the 8th May 1956.

All India Institute of Medical Sciences

Bill

Rajya Sabha

8th May 1956

(Pages 1532 – 1630)

PAPER LAID ON THE TABLE
REVISED BUDGET ESTIMATES FOR THE
YEAR 1956-57 AND THE BUDGET ESTI-
MATES FOR THE YEAR 1956-57 OF THE
EMPLOYEES' STATE INSURANCE COR-
PORATION.

THE DEPUTY MINISTER FOR
LABOUR (SHRI ABID ALI): Sir, I beg
to lay on the Table, under section
36 of the Employees' State Insurance
Act, 1948, a copy of the Revised Bud-
get Estimates for the year 1955-56
and the Budget Estimates for the
year 1956-57 of the Employees' State
Insurance Corporation. [Placed in
Library. See No. S-173 /56.]

ELECTIONS TO COMMITTEES

INDIAN CENTRAL ARECANUT COMMITTEE

MR. CHAIRMAN: Shri T. R. Deo-
girikar being the only candidate
nominated for election to the Indian
Central Arecanut Committee, I de-
clare him to be duly elected to be a
member of the said Committee.

NATIONAL FOOD AND AGRICULTURE
ORGANISATION LIAISON COMMITTEE

MR. CHAIRMAN: Prof. G. Ranga
and Shri Deokinandan Narayan being
the only candidates nominated for
election to the National Food and
Agriculture Organisation Liaison
Committee, I declare them to be duly
elected to be the members of the said
Committee.

ANNOUNCEMENT RE. ORDER OF
GOVERNMENT BUSINESS

THE MINISTER FOR PARLIAMEN-
TARY AFFAIRS (SHRI SATYA NARA-
YAN SINHA): Sir, with your permis-
sion, I beg to announce the order of
the Government business in this
House after the disposal of the
Industrial Disputes (Amendment) Bill,
on or about the 9th May:

(1) Consideration of amendments
made by the Lok Sabha to the
Hindu Succession Bill. This is,

however, subject to the amendments
being duly transmitted to the House
in time.

(2) Motion for concurrence to
the reference of the Constitution
(Tenth Amendment) Bill to a Joint
Committee.

This is expected to be brought
forward on 14th May.

(3) Agricultural Production
(Development and Warehousing)
Corporation Bill.

(4) Representation of the People
(Second Amendment) Bill.

(5) Life Insurance Corporation
Bill.

(6) Part C States (Laws) Amend-
ment Bill.

(7) The Budget for 1956-57 of the
Travancore-Cochin State and the
connected Appropriation Bill will be
provided for consideration on 16th
May.

(8) Discussion on the working of
the Preventive Detention Act will
be provided on or about 23rd May.

12 NOON.

Time permitting, it is proposed to
bring forward also the Securities
Contracts (Regulation) Bill and the
Reserve Bank of India (Amendment)
Bill for consideration and passing.

I shall announce in due course
dates for the discussion of the Second
Five Year Plan, which is expected to
be presented to this House on 15th
May.

THE ALL-INDIA INSTITUTE OF
MEDICAL SCIENCES BILL, 1956—

Continued. /

SHRIMATI T. NALLAMUTHU
RAMAMURTHI (Madras): Sir, the
Bill to establish an All-India Institute
of Medical Sciences is an ambitious
and laudable venture, for none can
deny the need for research, for pre-
vention and cure of diseases, especially
of diseases common in our country,
and the need for training teachers of
medical sciences. But it is painful
and pathetic to hear that in the term
'Modern Sciences' our indigenous
systems are not included, and in the

[Shrimati T. Nallamuthu Ramamurti.]
 term "Medical Sciences" our own Unani, Ayurvedic and Homoeopathic cannot find a room or department of research and training. In that case, Sir, the title "The All-India Institute of Medical Sciences" should be modified, for the institute which excludes from its compass these very important systems that have gone into the making of our race, can neither be "All-India", much less "Medical", much less "Sciences"!

Sir, I was shocked, when I listened yesterday morning to the gibes and the derisive laughter the House indulged itself, in, when references were made to our indigenous systems of medicine. I felt, Sir, as if the old scene of Mahabharata was being re enacted and relived in our House, namely, the scene of Draupadi *Vastrapaharanam*, Draupadi *Manabhangam* as we say, and the Dhritarashtra laughing and jeering at the womanhood of India. I hope, Sir, that a Lord Krishna will be possible and I find the symbol of Lord Krishna in Dr. Gilder and others there, and my sister Mrs. Parmanand to save us from this *Manabhangam* to our own systems of medical sciences.

SHRI R. U. AGNIBHOJ (Madhya Pradesh): Who is doing the *Manabhangam*?

SHRIMATI T. NALLAMUTHU RAMAMURTI: We ourselves, for we are insulting and committing sacrilege to our own when it should be our duty to respect and reinstate our forgotten heritage in these systems of medicine.

Sir, when we were young (in our villages) we were administered preventive and curative medicines by our mothers and grand-mothers, by our elders and by our own Vaidyas. They gave us mixtures called *Kashayam* made out of herbs and drugs—cheap in cost, easily compoundable in our household equipment "*Ammi* and *Kulavi*" (grinding stone) produced out of the herbs and drugs available in our own local environment, and we, children

and adults, have been nurtured, have thriven and flourished on these decoctions. Even our own food, Sir,—I might address this to the Food Minister—was a well-balanced diet, a mixture of Arusuvai consisting of six testes, Ooppu (salt); Oovarpu (astringent); Poraipu (pungent); Kasappu (bitter); Poolippu (sour) and Tithippu (sweet)—not the preparation of vegetables soaked in oils and of the same colour and ingredient combinations of modern restaurants and hotels. True, Sir, our grandmothers' decoctions and treatments cannot be tested in the test tube and the microscope of modern scientific research, but they are based on centuries of practical experiments of trial and error. I am sure our Health Minister, Rajkumariji, would not deny that she herself had received benefit from the Ayurvedic treatment. Our own methods, Sir, to discover the best in our own systems are, I am sure, available in our country. They have to be tapped, nay dug out, and our research scholars have to take their research to the doors of our people in villages and towns, and it should be the endeavour of an institute of research to discover and restore our own rich heritage in the field of medical sciences. These—our systems—had been over shadowed and submerged under a foreign rule as, for example, even the skill of weaving the finest of Dacca Muslins that had gone underground. Let it not be said, Sir, that even after we had gained our freedom we followed the policy of our previous rulers in ignoring what is our own. If opportunities are created and real zeal enthused in our workers in our own systems of medical sciences, there is no doubt this same Rajya Sabha, a few years hence, will be amazed at the vistas of possibilities and achievements opened before their eyes, of our indigenous systems of medicine.

Now I would like to be enlightened, Sir, on the following points. What are the institutions of research in our systems that have been promoted by our Government so far? And in how many States and what financial pro-

vision, if any, by way of recurring and non-recurring funds has been made by our Government? What grants to schools and for scholarships have been made by our Government?

Sir, I have said so much about the hidden treasures of prevention and cure in our own systems, for I have come from a village myself and I also at the same time come from a family of doctors of allopathic medicine. Thus I have seen "The best of both worlds," and therefore I plead that in any attempt to establish a Research institute, the focus and centre of research must be first and foremost on our own systems of medical sciences besides encouraging other foreign systems.

Secondly, with regard to hospitals and colleges, all-India hospitals and colleges must be located—I think it is reasonable to say that—in densely populated areas, in population concentrated areas so that they can supply a felt demand for prevention and cure of many diseases that are found in these crowded areas. Colleges and hospitals should not therefore be merely area-wise or region-wise but located in thickly populated centres. Else we would be repeating the tale of rotten boroughs in England where they had representatives of Parliament and stones marked the areas where there was a vacuum of population.

Thirdly with regard to research institutions they are all over the world and I am not saying that we should not have departments of research, but I am pleading that research scholars of the finest type should be utilised, their research should be utilised and the State must come forward to provide funds for the advance of such research so that there could be co-ordination between the finest research scholars' achievements and an institute of medical sciences like this. The research institutions all over the world had been built round the work done by outstanding research scholars of eminence, *e.g.*, the Pasteur

Institute in Paris around Louis Pasteur (anti-rabic treatment); the Curies, husband and wife, who discovered radium, in Paris; Ross in India—discovery of the cause of malaria, Haffkine for the plague vaccine in India (Bombay); Sir J. C. Bose, Calcutta, on life of plants; Sir C. V. Raman, of world repute as a gigantic genius of scientific research in the realm of physical sciences of Dr. K. S. Krishan and Dr. E. K. Janaki Ammal and others, all scientific research savants.

We should endeavour to utilise these researches in the institution that we are going to start. Merely by creating a department and calling it a Research Department we do not produce research workers. They have to be given a chance to emulate the research that is going on in the country. We have had so many national laboratories in this country—I do not know—but we hear very little of original contribution being made in them so far since the dawn of our freedom. I beg to be corrected if I have committed any error here. I am all for scientific research and I know of enough talents in the country which could be advanced usefully for promoting original research. But I do not think that the purposes of our plans will be achieved by having an Institute undertaking undergraduate teaching even though it is for training teachers. It is not correct to compare a post-graduate research institute with a training college. Here you do research in diseases, that too diseases which are common in our country, and not evolve methods of teaching medical students on various subjects. On the other hand, if the training of teachers of medical colleges is the purpose of this Institute, let us say so; let us be frank about it. Even in regard to this I would like to say that so far as I know, the teaching in the existing medical colleges, *e.g.*, Madras Medical College, has not suffered in the least because of the absence of a teachers' training college for doctors. In the Madras Medical College from where many of the members of our family have gra-

[Shrimati T. Nallamuthu Ramamurti.]

qualified and where many of my own held posts of the highest importance, the students are given training in theory as well as in practice all along the way. In the classroom they get theoretical knowledge but as they go along they are given practical training in diagnosis and treatment of patients. After graduation and even in the senior classes, they go through a period of House Surgeoncy in all aspects of medical science. These hospitals all over our country are educating doctors in the theory and practice of medicine. Are we to say that henceforth only if you pass through the portals of this Institute you would be certified fit to become a doctor? We are forgetting that all roads lead to Rome. Sir, we have the great teaching:

“आकाशात् पतितं तोयम् यथा गच्छति सागरम्
सर्वदेव नमस्कारः केशवं प्रतिगच्छति”

Before a scholar like you, revered Chairman, I tremble to repeat these words. There are many ways of reaching the Heaven of achievement. That being so, we seem to be creating in this Institute—the one and the only way of reaching the Heaven of achievement in medical science, in teachers' training—a dangerous monopoly in a democratic State.

SHRI AKBAR ALI KHAN (Hyderabad): Mr. Chairman, I have been listening with interest to the long debate that has been going on on this measure. My feeling is that the debate has taken a strange turn and that is to pay compliments and homage to the indigenous systems of medicine as well as to level scathing criticisms at the Health Ministry for not being in sympathy and for not giving due attention to these indigenous systems. Sir, I am second to none in paying my compliments to Ayurvedic and Unani and Homoeopathy. Our historian Dr. Mookerji related instances from the time of Lord Buddha to the present day showing how effective the Ayurvedic treatment has been. My learned friend Mr. Desappa gave a number of

personal instances where these Ayurvedic and Unani systems have done great wonders. I entirely subscribe to this view to this extent that in many cases where Allopathy and other doctors have given up hopes, Ayurved and Unani have rendered immense services. So when I say that I consider that this debate has taken a strange turn, I only mean that while considering this Bill I feel it was something, with due respect to the hon. Members, irrelevant. This Bill deals with modern medical sciences. However much may be my regard for the indigenous systems, I think it would be wrong to put them together along with modern medical sciences. If we consider that the Jamnagar Institute is not adequate, let us have more Institutes; if we consider that there are many things to be done and more money to be spent, let us do it. Every effort should be made to resuscitate and to give new life to the old indigenous systems. There is no question about that. But while we are thinking of establishing an Institute for modern medical sciences I feel, with due respect, that this criticism is out of place.

SHRI H. C. DASAPPA (Mysore): If you look at the title of the Bill.....

SHRI AKBAR ALI KHAN: The title is 'The All-India Institute of Medical Sciences Bill, 1956', and in the body of the Bill on several occasions the expression 'modern sciences' has been used. So my submission is when we know a little of its history—as has been explained by some of our medical friends—the matter becomes still more clear. The position is this. Some time back two doctors—General Hance and Dr. Pandit—toured the whole world and submitted a Report. I wanted to see that Report but I could not lay my hands on it. And they came to this conclusion that there should be an Institute of this nature and character. The other thing that has got to be kept in mind is that under the Colombo Plan New Zealand has given certain amount of money for this specific purpose. In view of those

two factors we have to take the Bill as one for modern medicine and then judge it and give our criticisms and views for or against it.

Now, Sir, coming to the Bill itself, I have also got my own criticism. I submit that in these days of specialisation to have an all-India Institute where you should attempt to have research and all kinds of things is I think absolutely unsuitable, unworkable and not at all in the best interests of the work that we have in mind. For instance, take the established medical colleges at Bombay, Madras, Calcutta, Lucknow and so on. Some of them are doing excellent work. Is it not the duty of the Centre to see that encouragement is given and help is given to these old established institutions for further research rather than to have a white elephant in Delhi and try to do things at one place which cannot be done and which practically would be impossible to do? That is one criticism that I have against this.

The other thing is that there is a great demand for medical education. We have recently established one Gandhi Medical College in Hyderabad; one Gandhi Medical College in Bhopal; and one at Kanpur. I would like a categorical assurance from the Health Ministry that these institutions will be fully supported and they will be looked after. It is also necessary that we should have more institutions, more colleges, because there is a great demand for medical education. If we spend a lot of money on this and if our other institutions are going to be starved or if our future plan for increasing the medical colleges is going to be handicapped, I think, from that point of view also this Bill needs further consideration. Now, there is no doubt we would like to have a very good, ideal, all round research institute. So far as I know—I speak subject to correction—the Indian Council of Medical Research is meant for this purpose and this Institute usurps some of its functions. Now, when we have that Institute and there is no representative also of that institution in this Institute,

can we not financially and otherwise help that Research Council and see that some of the objects that we want to achieve through this new All-India Institute are achieved through the agency of the All-India Medical Research Council? That is an important point which deserves consideration.

Then, Sir, it has been pointed out by my learned friend, Dr. Gilder, yesterday that most of the things—at least he quoted nine instances—will be subject to regulations or rules. Of course, regulations are made by the Institute. There is some solace in it. But I feel that this Institute is going to be—if it is as it is—a section in the Health Ministry. It is a part of the Department. That is fundamentally wrong. If we want to have a research institute, the basic principle, according to me, should be that it should be as far as possible autonomous. You may appoint the best people that you can get and then leave them the liberty, leave them the opportunity to grow and to develop the institution. These institutions develop mostly round the personalities and when you have excellent people who are devoted to research in those cases the Institute will flourish, but if it is made to develop as a section, as a part of the Ministry, howsoever eminent may be the Minister and the staff—it will not work, because officialdom, red tapism, would hamper its growth. The feeling that nobody should interfere in their work and administration should be there, otherwise it is definitely against the best interests of a research institute. Apart from that, you see the composition in clause 4, except for the little mercy that the Health Minister had on Rajya Sabha and Lok Sabha, everybody else is nominated by the Ministry. Only three persons are there who will be elected from these two Houses. Then, you will see that in all important matters it has been said 'subject to the rules made by the Central Government',—clause 7 and clause 14 lay down a long list of rules to be made by the Government.

[Shri Akbar Ali Khan.]

And then, again, clauses 25, 26 and 27 all show how strong the Government wants to have its grip on this Research Institute.

[MR. DEPUTY CHAIRMAN in the Chair.]

I would submit: please don't call it a Research Institute, call it a section in the Health Ministry. I have nothing to say. But if you want to have a research institute, let it be an autonomous body. Let the best men come there and then think of the great ideals which certainly have motivated it. My submission is that I feel that in the present circumstances today it has become more or less a fashion to think of everything as an All-India Institute. Now, it is time we think over and we divide our resources, because after all just today during question hour the Health Minister said that our resources are limited. I quite appreciate that. But then don't spend it in such a way, but spend it throughout the country, giving impetus and encouragement to the old medical college for research work and post-graduate studies. Give help to the Indian Medical Council to think of improving the pattern which you want to improve through this new institution. And then increase the medical institutions and strengthen the colleges that have been recently started so that we may have greater medical education and certainly I am sure she will give her best thought, apart from this Bill, to give as much help and as much encouragement to the indigenous systems which are doing a great service. But certainly it cannot be treated at par with modern sciences. With these observations I give my qualified support to this Bill.

श्री राम सहाय (मध्य भारत) : उप-सभापति महोदय, इस बिल के बारे में यह शंकाएँ की जा रही हैं कि यह आयुर्वेदशास्त्र और देशी औषधियों से सम्बन्ध रखता है या नहीं। मैंने इस बिल को कई बार पढ़ा है और इसके नाम को, इसके स्टेटमेंट आफ आवजेक्ट्स एंड रोजंस को, इसकी धारा १३

में जो इंस्टीट्यूट के आवजेक्ट्स हैं उनको और धारा १४ की उपधारा ए से एम तक को देखा है। इन सब को देखने के बाद मैं तो कम से कम इस नतीजे पर पहुँचता हूँ कि इसमें इस बात की कोई स्कावट नहीं है कि देशी औषधियों और आयुर्वेदशास्त्र के ऊपर कुछ विचार न किया जा सके या इसके अन्तर्गत उस पर रिसर्च वर्क आदि का कोई कार्य न किया जा सके। माडर्न मेडिसिन और मेडिसिन, इन दो शब्दों का इसमें उपयोग किया गया है। जहाँ इसका नाम है वहाँ कहा गया है कि ग्राल इंडिया इंस्टीट्यूट आफ मेडिकल साइंसेज। यहाँ माडर्न मेडिसिन का उल्लेख नहीं है। धारा १३ में जहाँ कि इंस्टीट्यूट के आवजेक्ट्स बताये गये हैं वहाँ भी कहीं माडर्न मेडिसिन का लफ्ज इस्तेमाल नहीं किया गया है। धारा १४ की केवल उपधारा ए में माडर्न मेडिसिन का लफ्ज इस्तेमाल किया गया है। इन सब बातों को देखने से यह पता चलता है कि जो बिल के बनाने वाले हैं वे माडर्न मेडिसिन और मेडिसिन में तो भेद अवश्य ही करते हैं लेकिन उन्होंने कोई इस प्रकार का भेद नहीं किया है कि जिससे यह सारा ऐक्ट केवल माडर्न मेडिसिन पर ही लागू हो सके और दूसरे किसी सिस्टम पर न हो सके। इसके नाम, इसके स्टेटमेंट आफ आवजेक्ट्स एंड रोजंस और इंस्टीट्यूट के आवजेक्ट्स को देखने से भी इसकी पुष्टि होती है लेकिन फिर भी जब इस प्रकार की शंका हाउस में हुई है तब मैं समझता हूँ कि श्रीमती मिनिस्टर महोदया का अवश्य ही यह कर्त्तव्य है कि वह इस बारे में स्पष्टीकरण करें और साफ तौर पर यह बतायें कि दरअसल इस बिल को प्रस्तुत करने से उनका उद्देश्य क्या है।

माडर्न मेडिकल साइंस के बारे में दुनिया में, अनेक देशों में, अनेक प्रकार की संस्थायें और अनेक प्रकार के इंस्टीट्यूट्स चल रहे हैं लेकिन आयुर्वेदशास्त्र के बारे में कहीं भी कुछ कार्य नहीं हो रहा है। वह हाना या नहीं चाहिये क्योंकि इस बारे में याद कहीं कोई

कार्य हो सकता है तो वह केवल भारत में ही हो सकता है। इसलिये मैं मिनिस्टर महोदया से नम्रतापूर्वक निवेदन करूंगा कि वह यह दावे कि दरप्रमल यह जो आयुर्वेदशास्त्र की पद्धति है वह किसी भी प्रकार से नेगलेक्ट न रहे। ब्रिटिश राज्य में आयुर्वेद पद्धति को बहुत काफ़ी नुकसान पहुंचा है, उसको प्रोत्साहन तो बिल्कुल मिला ही नहीं बल्कि यही तरीके अख्तियार किये गये कि आयुर्वेदशास्त्र की पद्धति को हर प्रकार से डिसकरेज किया जाय। इस पद्धति से उसकी उन्नति करने में जो हानि पहुंची है वह तो पहुंची ही है लेकिन एंथ्रोपैथिक की पद्धति से यह भी हुआ कि आयुर्वेदशास्त्र जानने वाले जो लोग थे और जो इस पद्धति से उपचार करते थे उनसे जनता को एक और भी हानि पहुंची। वह किस प्रकार की हानि पहुंची, उसका मेरा यह अनुभव है— अनुभव ही नहीं बल्कि मेरी देखी हुई बात है। आयुर्वेदशास्त्र का थोड़ा सा अध्ययन मैं ने भी किया है इस लिये मुझे अवसर मिला है— मैं ने देखा है कि आज से २५, ३० साल पहले वैद्य लोग गरीब लोगों को मुफ्त दवाएं देते थे। लेकिन जब से इस एंथ्रोपैथिक सिस्टम का दौरा हुआ तब से इन वैद्यों को भी जो कि लोगों को मुफ्त दवाएं दिया करते थे, यह प्रलोभन हुआ कि उन्होंने भी एंथ्रोपैथिक के डाक्टर के अनुसार अपनी दवाइयों को कीमत लेना शुरू कर दी। पहले तो वैद्य लोग अपने पास से मुफ्त दवा देते थे, और नगर के बड़े बड़े सेठ, साइकार या बड़े बड़े लोग जो दवाएं खास्तौर से तैयार करवाने थे उनके द्वारा वे इस प्रकार दवाएं तैयार कराते थे कि जिनसे गरीबों को मुफ्त दवा मिल जाय। मैंने खुद देखा है कि बीसियों, पच्चीसियों भरोजों को किस प्रकार मुफ्त दवाइयां दी जाती थीं; दो-दो, तीन-तीन मुहल्लों में वैद्य इस प्रकार से काम करते थे। इसलिये मेरा निवेदन यह है कि इस आयुर्वेदिक शास्त्र की पद्धति को या देशी औषधियों की पद्धति को जितना नुकसान ब्रिटिश राज्य के जमाने में पहुंच चुका है उसको ध्यान में रखत हुए हमारा तो यह कर्तव्य

होना चाहिए कि वजाय माउने मेडिकल साइंस का उद्धार करने के—यह नहीं कहना कि आप उसको उन्नति न करें, समय के लिहाज से आधुनिक विज्ञान को आप प्रोत्साहन दें—आयुर्वेदशास्त्र का उद्धार करें, माउने मेडिकल साइंस के मुकाबले में आयुर्वेदशास्त्र को नेगलेक्ट करना तो किसी तरह से उचित नहीं है। इसलिये मैं नम्रतापूर्वक यह निवेदन करूंगा कि इस ओर काफ़ी ध्यान देने की आवश्यकता है।

आयुर्वेद पद्धति के बारे में, जैसा कि अभी एक सदस्य महोदय ने बताया, शंकाएं की जाती हैं और मखौल उड़ाया जाता है या उसको तमाशा बनाया जा रहा है। लेकिन यह बात नहीं होनी चाहिए। आयुर्वेदशास्त्र के सिद्धांत इतने बेसिक और महत्वपूर्ण हैं और उनमें पहले इतनी उन्नति हो चुकी है कि उनको किसी प्रकार से भुलाया नहीं जा सकता। साधारणतया हम जानते हैं कि यह सारा संसार पंचमहाभूतमय है। हम जानते हैं कि जितनी औषधियां हैं या जितने भी द्रव्य हैं, वे सब पंचमहाभूतों से बने हैं। हम यह भी मानते हैं कि मनुष्य का शरीर भी पंचमहाभूत से बना हुआ है। जब यह बेसिक सिद्धांत हमें मालूम है और इसके आधार पर आयुर्वेदशास्त्र कार्य करता है तो फिर कोई कारण नहीं हो सकता कि इसकी खोज में हम अज्ञानो मकसद जो हमारा है उसे हासिल न कर सकें। मेरा यह निवेदन है कि इसके बारे में खास तौर पर गौर होना चाहिए। मैं तो यह अर्ज करूंगा कि अगर मंत्रों महोदया का यह मत है कि इस दिल का व्यवस्था के दर आयुर्वेदशास्त्र या देशी औषधियों सम्मिलित नहीं हो सकतीं तो उस दिशा में श्रीमती डॉ० सीता परमानन्द ने जो एमेंडमट दिया है उसे स्वीकार करने पर विचार करना चाहिए और स्नोपगर फरके इतनी कमी को पूरा करना चाहिए।

आज विदेशों में जिस प्रकार से उन्नति हो रही है और जिनसे अब तक हमने लाभ उठाया है और आगे भी लाभ उठा सकते हैं,

[श्री राम सहाय]

उन कामों के रित्तरथ इत्यादि पर हम आवश्यकता-नुसार खर्च करें, लेकिन आयुर्वेदशास्त्र को नेगलेक्ट करके उन पर ज्यादा पैसा खर्च करें यह हमारे लिए किसी प्रकार से भी मुनासिब नहीं है। देशी औषधियों के सम्बन्ध में मैं यह कहना चाहता हूँ कि जितनी खोज और जितना अन्वेषण आयुर्वेदशास्त्र ने किया है, उतना आज भी एलोपैथी नहीं कर सका है। आयुर्वेदशास्त्र ने द्रव्य के गुण, रस, वायु, धिपाक और शक्ति के बारे में जितनी खोज की है और हर एक प्रणाली के बारे में निबन्ध में जितना विवेचन किया है, वैसी चीज हमें एलोपैथी में देखने को नहीं मिलती है। जैसा कि मैं ने निवेदन किया, मेरा कुछ थोड़ा सा सम्बन्ध आयुर्वेदशास्त्र से रहा है और एलोपैथी से यद्यपि मेरा विशेष निज का सम्बन्ध नहीं रहा लेकिन बड़े बड़े डाक्टरों और बड़े बड़े एक्सपर्ट लोगों से मेरा सम्बन्ध जरूर रहा है और जो मेरे निज के डाक्टर हैं उनसे मेरा सम्बन्ध रहा है, तो मैं ने यह देखा कि फार्मों में बी. एस्. सी. करने के बाद या फार्मैकोलोजी, फार्माकिननाजी में एम. एस्. सी. या डाक्ट्रेट या पी. एच० डी० की डिग्री लेने के बाद भी यह पद्धति उनको उतना ज्ञान नहीं देती जितना ज्ञान आयुर्वेदशास्त्र के निबन्ध में आज मौजूद है। ऐसी सूरत हूँते हुए भी अगर हम इस शास्त्र को नेगलेक्ट करते जायें, तो यह किसी प्रकार से उपयुक्त नहीं है। मैं तो यह निवेदन करूँगा कि आज की जो पद्धति है, वह केमिस्ट्री, फिजिक्स, बायोलॉजी, साइकोलॉजी, इत्यादि पर अपनी बहुत सी बातों को निर्धारित करती है। लेकिन हमारी जो पद्धति, आयुर्वेदशास्त्र की है, वह इससे ज्यादा गहरी है। इसमें योग, सांख्य, न्याय, वैशेषिक इन दर्शनों से बहुत कुछ सहायता ली गई है और बड़े बड़े ऋषि मुनि जो इनके ज्ञाता थे और जो इनका अध्ययन करते थे केवल अध्ययन ही नहीं करते थे बल्कि इन शास्त्रों को अपनी प्रैक्टिस में लाते थे, उन्होंने इन सब बातों की बड़ी खोज की है। आज दुर्भाग्य से देश में यह बात तो नहीं है कि ऐसे

लोग इस प्रकार की खोज करने के लिए तैयार हों या मिल सकें लेकिन जो भी पद्धति आज की है, फार्माकिननाजी, फार्मैकोलोजी, फार्मैसी इन पद्धतियों के आधार पर हो अगर हम अपनी देशी औषधियों का अच्छी तरह से अन्वेषण करें, उनका उपयोग करें तो मैं समझता हूँ कि हमारे देश में देशी औषधियों के प्रति या इस आयुर्वेद शास्त्र के प्रति जो थोड़ी सी अथ्रद्धा उत्पन्न हो गई है, वह मिट जायगी।

जितने भी सदस्य यहां बोले हैं और उनके भाषण में जो बातें सामने आई हैं उनमें स्पष्ट है कि सबने आयुर्वेदशास्त्र को पैरवी की है। जब सारे ही सदस्य करीब करीब आयुर्वेदशास्त्र की पैरवी कर रहे हैं तो मैं समझता हूँ कि कोई कारण ऐसा नहीं होना चाहिए कि आयुर्वेदशास्त्र की पद्धति को इसमें शामिल न किया जा सके और उस पर विचार न किया जा सके।

मेडिकल साइंस के लिए तो बहुत से कालेज हैं, एक ही नहीं, बल्कि दस-दो, तीन-तीन और चार-चार कालेज कई प्रान्तों में हैं। उन सब के होते हुए भी फिर अभी चीज के लिए एक इंस्टीट्यूट हम यहां देहली में और कायम करें, तो उससे कोई विशेष लाभ होने वाला नहीं है। इसलिए मैं फिर यह निवेदन करूँगा कि इस बारे में खास तौर पर गौर करने की आवश्यकता है।

मैं हाउस का अधिक समय नहीं लूँगा। क्योंकि इस बारे में जितने भी सदस्य बोले हैं उन्होंने कुछ न कुछ अवश्य ही आयुर्वेद के बारे में कहा है। एक बात मैं और जरूर अर्ज करूँगा, गो वह एक्सपर्ट की राय को मोहताज है। मिनिस्टर अहोदया ने यह फर्माया था कि वे प्राइवेट प्रैक्टिस को इजाजत डाक्टरों को नहीं देंगे। यह ठीक है कि हो सकता है कि किन्हीं प्रोफेसर्स को इस प्रकार की इजाजत न दी जाय। लेकिन आम तौर पर सारे टीचिंग स्टाफ के लिए इस प्रकार का बंधन या रोक होना, यह मुनासिब नहीं है क्योंकि रोगों को जानना और मरीजों को देखना यह एक खास काम है और यह भा डाक्टरी विषय को पढ़ाने का एक अंग है।

मेरा यह अनुभव है कि बहुत से डाक्टर, वे चाहे कितने क्वालिफाइड हों या चाहे-उन्होंने कितना ही लिखा पढ़ा हो, जब तक वे मरीजों को देखकर उनका इलाज नहीं करते हैं तब तक उनका ज्ञान, पुस्तकी ज्ञान रहता है या कालेज का ज्ञान रहता है, और वे अपने को उस विषय में माहिर नहीं बना सकते और रोगियों को अच्छा करने में कोई विशेष सहायता नहीं पहुंचा सकते ।

श्री ज० रा० रूपूर (उत्तर प्रदेश) : उससे सम्बन्धित जो सरकारी अस्पताल होगा उसमें यह सब काम देख सकेंगे ।

श्री राम सहाय : जैसा अभी आपने फर्माया, वह ठीक है कि सरकारी अस्पताल में होगा । लेकिन अस्पताल में भी रोगियों का लिमिटेड नम्बर रहता है, हर प्रकार के अधिक मरीज उसमें नहीं आते । टीचिंग स्टाफ को हर प्रकार का ज्ञान लाजिमी तरांके पर मिलना चाहिए । मैं ने तो यह निवेदन किया है कि उसमें यह हो सकता है कि किन्हीं खास प्रोफेसर्स को इस प्रकार की इजाजत मिलनी चाहिए, लेकिन आम तौर पर एक रूल बना देना अच्छा नहीं होगा । यही मैं ने निवेदन किया है ।

अंत में मैं हाउस का अधिक समय न लेकर मिनिस्टर महोदया से यह निवेदन करूंगा कि वे मेरे सुझावों पर विचार करें और आयुर्वेदिक पद्धति और देशी औषधियों को खास तौर पर स्थान देने की कृपा करें ।

SHRI M. GOVINDA REDDY (Mysore): Sir, if the hon. Shri Akbar Ali Khan made the fine distinction that this Bill contemplates only modern medical science, not any medical science, his distinction has served one purpose, and that is to confirm the doubt that this House has all along been expressing during this debate that the Government are not intending to accommodate Ayurveda or any other indigenous system in this Institute. I may point out that my hon. friend is wrong in presuming that this Bill contemplates only, or should

be interpreted that it contemplates only, modern medical science. Let my hon. friend refer to clause 13 of the Bill, the clause which determines the object of this Institute. This clause does not say 'modern medical science.'

SHRI AKBAR ALI KHAN: It is clearly mentioned here 'undergraduate and post-graduate medical education'.

SHRI M. GOVINDA REDDY: It is all right. Undergraduates and post-graduates may be in any school of medicine. The title does not warrant this.

DR. SHRIMATI SEETA PARMANAND (Madhya Pradesh): 'Modern medical science' has acquired the meaning that it refers only to the allopathic system.

SHRI M. GOVINDA REDDY: That I admit. My contention is that the statement that this Bill refers only to modern medical science is wrong, because the object does not confine this to modern medical science only.

SHRI AKBAR ALI KHAN: Can you mention any indigenous system where you have these undergraduate and post-graduate courses?

SHRI M. GOVINDA REDDY: We will have post-graduate and undergraduate courses. We may have them in any system of medical education. This is what hon. Members during these two days have been asking. You have got some medical systems in the country. Formulate courses for those systems. Well, if my hon. friend has not been able to follow the trend of the debate, I am very sorry for him.

SHRI AKBAR ALI KHAN: The whole point is that at present there are no such courses in them.

SHRI M. GOVINDA REDDY: Government may not have accepted them as medical sciences, but our claim is that the indigenous systems are sciences. Hon. Members have pointed out that although we are ignorant of it, they were scientific systems once.

SHRI AKBAR ALI KHAN: Some centuries ago.

SHRI M. GOVINDA REDDY: They were far more developed than the present modern medical science. I am going to give instances to prove this. My hon. friend's distinction has focused attention on one point, i.e., the policy of the Government in this matter. This Bill, although it does not directly refer to the policy of the Government in establishing this Institute, it does imply policy. What is that policy? Let us refer to the Statement of Objects and Reasons. This is not a clear statement, and I do not know whether the Minister for Health is very clear about it. It speaks of patterns of teaching and standards for undergraduates and post-graduates. Then it goes on to say:

....."it is necessary that the country should attain self-sufficiency in post-graduate medical education".

We do not want self-sufficiency in undergraduate medical education. Sir, any institute of an all-India character that the Government are contemplating to establish should have a bearing on the life of the country. I mean to say that it should be an institute which will prove useful to the country. If the Government's intention is that this applies to only modern medical science, if this Institute confines itself only to modern medical science, then I am in agreement with my hon. friend here that this Institute will not be very useful to this country. In the matter of training for undergraduates or post-graduates or diploma holders, the country's needs should be taken into account. In this wide country we do not have a doctor even for 200 to 300 villages, and the Government have in their wisdom taken the decision that the short-term courses like the L.M.P. and others that we had in several States should not be there, and they have been abolished. Now, we have got graduate courses only, and the course involves seven and a half years. Although the degree course is for five years, nobody passes without being plucked at least once, and there is hardly 3 to 4 per cent. who may pass in all the examinations without

failing in any. It is seven and a half years after undergoing two years' college education. This course means an expenditure of anything from Rs. 15,000 to Rs. 20,000 per graduate, and naturally after spending so much money, they do not like to go and settle in villages. First of all, we cannot have through this costly course as many doctors as the country needs. Secondly, these doctors who pass out at public expense are not willing to serve in the rural areas. So, most of them go to urban areas for service in comfortable positions or practise as private practitioners again in urban areas where they can earn money, and having spent such a heavy sum on their education, naturally they will have an eye on getting back at least as much money as they have spent on their education. What is the duty of the Government in these circumstances? The duty of the Government, as anybody can conceive, should be to provide for a course which, while it will assure minimum efficiency and competency, will be able to supply an adequate number of doctors for the country. I was hoping, when the talk of this Institute being established and a Bill being brought forward here was heard, that Government would be taking steps to meet the basic needs of the country. Today, what is the death rate? But for these so-called quacks, the Vaid and Hakims, in areas where these allopathic doctors do not reach, the death-rate in this country would have been horrible. The primary need of the country is to have doctors—many doctors—with minimum efficiency and I would like the hon. Health Minister to consider this aspect. Is it not urgent for the country that we should in as quick a time as possible, provide as great a number of doctors as possible? The hon. Health Minister has visited China. The hon. Dr. Gilder was referring to the advance that China has made. I believe the hon. Health Minister has had occasion to observe the developments that they have made. I don't say that China has advanced in every respect more than our country but what they have done

in the space of three or four years in the matter of medicine and public health is something really wonderful which we should without any sense of inferiority complex, emulate. The basic need that I have pointed out, in this country was the basic need of that country also. It was a country thousand times poorer than ours, much more miserable than ours before their liberation and a country teeming with diseases. It was notorious for its V.D., notorious for its T.B., notorious for its malaria and notorious for its typhoid. What have they done? Let me point that out to the hon. Health Minister and to this House. I believe she has had occasion to go into this. They started what is known as a People's Patriotic Health Movement. They hit upon a very nice plan. When I went there with a delegation, we had conferences with the medical authorities and public health authorities and their Health Minister,—each time lasting three hours and we had very frank discussions. We wanted them to tell us the extent of the diseases that were prevailing in China and what they have done to eradicate them. According to the statement which they made—I don't remember the exact percentage but approximately I am saying—about 70 per cent. of the cases were of V.D., over 40 per cent. of T.B., and malaria of course had no limits and it was not confinable to any computation and typhoid was upto a horrible degree. When we asked for the figures two years ago, they said they had brought down the 70 per cent. to about 7 per cent. and the others to much less than that and today these diseases which were a terror or dread of that country, were not at all a problem. I put a straight question to them "Do you mean to say that within a period of three or four years, you were able to achieve this? Were you able to do this with magic?" They said 'We don't mistake you for putting that question but when we explain the method adopted, it will be very clear to you.' The method adopted was this. First of all they wanted to check the spread of the diseases. For that they hit upon

a very clever device and that was to find out in every village patients suffering from communicable diseases. In every village they have some institution called People's Movement—something like Village Panchayat. They issued instructions to the people's congresses in the villages like our Village Panchayats to notify to the authority who was sent to them, the patients suffering from communicable diseases. He went there, collected together the villagers and then asked for names of patients who were suffering from any communicable diseases beginning from cold and itches to much bigger diseases. They gave the lists. The man was not a full doctor but was trained only for detecting the communicable diseases. He verified these reports and segregated all those people who were suffering from communicable diseases. They had established camps at convenient distances and people were sent to those camps where a more qualified doctor took charge of them and if those communicable diseases were beyond the power of that doctor, they would be sent to District Hospitals for which Government had made arrangements.....

SHRI AKBAR ALI KHAN: What were the qualifications of that doctor?

SHRI M. GOVINDA REDDY: He had no qualification except practical training just as you train midwives, just as you train nurses. They also have got a training for doctors. That is exactly the point which I am making. They were able to achieve this by this method of the People's Patriotic Health Movement. They first of all checked the spread of the diseases. Then they attended to the cases which were segregated and doctors attended on them and then they thought, in order to attend to the health and medical problems, that this long course was quite incapable of supplying the doctors and so they have short courses. They don't award diplomas. There is only one degree—that is the medical degree which is a course much the same like ours but there are short courses. Anybody can go and

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 get trained in that and he will be a doctor with limited competency and within that he will have received good practical training. I put this question to the Head of the Department: 'You say within a period of 1 to 2 years you can train a doctor. How can you do that?' He said 'Mr. Reddy, you want a driver for your car. A perfect driver would be an automobile engineer who knows everything about the mechanism or engine of the car. Would you appoint him to serve the purpose of a driver? You want a man who knows enough to carry on with the driving of the car and who knows the rudiments of the mechanism of it. You don't want an automobile engineer.' So when the dire need of the country is so large, we want doctors who can, with their limited knowledge and competence, go to the villages and give some relief. Let the hon. Minister imagine what it means for a patient from a village to go to a hospital in a District. For us, who get comfortable incomes it has no significance but for those in the villages, to go for even the smallest complaint to a town means loss of work for him and for those elders who attend on him. It means going 20 to 50 miles to a district town and staying there for weeks together—all that would cost about Rs. 500. Let us take an average case—not too small a case and not too big a case. Rs. 500 for a poor peasant—peasants form about 50 per cent. of the villages at least to make a moderate estimate—for him Rs. 500 is a life's fortune. How many people can afford to have that? In Delhi if you have the misfortune to go to a doctor for a prick, you have to buy your own medicine. For the prick he charges you Rs. 10 and the medicine cost is yours. If you have some tooth ache and if you want a doctor to attend on you, he charges you Rs. 27 to Rs. 30 just for touching and if it is for extraction of tooth, no less than Rs. 70. In a country with the object of socialist pattern of society here are doctors who can fleece us to any extent. If that should be the case

with individuals like us, urban people, getting good incomes, what should be the case with rural people? So my point in enlarging upon this is to show that we need doctors in the villages. We need as many doctors as is possible for the Government to give to the country and that can not be had by this long-term costly course; this Institute which the Government have thought well to establish, should devise courses which would equip the doctor with the minimum efficiency which is necessary for giving first aid or for giving first attention to cases in the rural areas. If this Institute does not think of doing that and if the Government have no mind of providing some sort of medical relief to the rural areas, I should say that they are failing in their duty. They have failed in their duty so far and they would be failing in their duty again. So I would like to say that there is nothing to prevent you, in this Bill, from having such a short course. So I would like the hon. Minister to give a direction because it is not specifically mentioned. Everything in this Bill is put in vague terminology. I would like her to give a specific direction that this Institute be charged,—with a view to solve the shortage of doctors in the country,—to devise courses by which we could provide doctors with conceivable efficiency, for the villages all over the country. The other aspect which I would like to deal with is in regard to research.

MR. DEPUTY CHAIRMAN: You can continue in the afternoon. The House stands adjourned till half past two.

The House then adjourned for lunch at one of the clock.

The House reassembled after lunch at half past two of the clock, MR. DEPUTY CHAIRMAN in the Chair.

SHRI M. GOVINDA REDDY: Sir, before the House rose for lunch, I said I would resume my speech by taking up the subject of research. But before I go to that point, I would like to clear up one or two points or

wrong impressions which seem to have been left in the minds of members by what I said in the morning. I said that in order to relieve the country of the shortage of doctors, we should find devices and short-cuts to provide the adequate number of doctors at the earliest possible moment and that this was possible. I do not mean that we should not have the highest standards. We can have the highest standards possible. But the country needs doctors, and doctors of some sort we should give them. That was my point.

Secondly, somebody raised the question whether doctors without such long trainings, whether doctors with only short-cut trainings would be efficient in their work. I would content myself with giving one instance which is within my own experience. As many sitting here may know at Hindpur in Andhra between Mysore and Andhra, we are running an education-cum-rural service centre and there we have a dispensary. In that dispensary we have a doctor who is not a qualified doctor. But he knows allopathy because he has been trained by his brother who is himself a doctor in allopathy. This so-called untrained doctor is looking after the dispensary there. He goes to the villages and anybody is free to go and see and verify what I say. There are allopathic doctors, highly qualified, Government doctors and in Hindpur there is a government hospital also. But believe me, Sir, people from Hindpur town come all the way to this dispensary to this man crossing a river, travelling some two and a half miles. They do not wish to go to the government hospital. They come to this man to be treated. And remember, he is not a qualified doctor, and yet he has conducted operations, which are a dismay to the allopathic trained government doctors themselves. This has happened not once or twice, but many times, because he has been there for the last twelve years and during these twelve years there is not a single case which he has not attended to. Well, this is a point to show that given good practical training, the

doctor will answer the purpose of medical service in our rural areas.

Now, I may give a contrary instance, a case to show that because a doctor is highly qualified, it does not mean that he is competent. I have myself been the recent victim of a very competent, highly qualified doctor about which I will, with your permission, Sir, say a few words. In March last, in the beginning of the month, I had a cold and I went to an allopathic doctor. He said it was a case of cold and bad throat also. And he prescribed for me sulphadiazine pills at the rate of six tablets a day. This he prescribed for nearly two weeks. Then my kidneys ceased functioning properly. They got weak, but I thought it was due to congestion in the stomach or something like that and I did not attribute it to the medicine. He also did not care to enquire about the reactions. Then on the 24th and 25th of last month, I had again a cold and again got the same prescription from him. I had to go to Bombay immediately after the commencement of this session, to attend a meeting. There I got temperature. In fact I had fever here even on the 22nd and 23rd. For thirty years I had not known what fever was. But I got fever on the 22nd and I had it on the 23rd and on the 24th I flew to Bombay and on the 25th I had a temperature of 104 degrees. The people concerned with that meeting got frightened and they sent for a doctor and he got from me the treatment that I had been having and he wondered how with such heavy doses, I did not pass blood instead of urine. Sir, I am still not recovered. I had to fly to Bangalore and I got myself checked up and everywhere they wondered how a doctor could prescribe such a heavy dose as six pills a day of sulphadiazine. And who is the doctor? That doctor is in the Parliament House. He is to look after us. This is not one case that has happened here, there are many cases. I am saying this not as a complaint against that doctor, because I have already written to him a strong letter describing what happened to me.

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and asking him not to prescribe sulphadiazine as one gives peppermint to children. Sir, my business is not to complain. I am simply saying that because a doctor is highly qualified it is no guarantee that he is competent. It is the practical training that he receives and the extent to which he puts his heart and soul in the work that matters.

I am not against our providing for the proper training of doctors and that too in allopathy, because all along I have been dealing till now only with allopathy. I have not yet come to Ayurvedic doctors.

Now I come to the subject of research. This Institute is to confine itself only to research in allopathy. But what is it that we can do in that direction? Let us examine this point calmly. There are many countries which are far more advanced in allopathy than we are. We are nowhere compared to them. We are nowhere compared to England, or America or Germany. We are nowhere when compared with many other countries of the world which are far more advanced than we are. And if we believe the accounts given by doctors who have gone abroad and visited the foreign hospitals and institutions, the equipment in our hospitals and the methods that we adopt are at least twenty five years behind the latest methods and equipments that they are adopting. Under these circumstances, what is the contribution that we can make by way of research in allopathy? I do grant that we can make some research here and there, but can it be a significant one; can we call that as India's contribution to the science of allopathic medicine? On the other hand, Sir, there is a vast field which for the rest of the world is quite unknown, a vast field in which India can make a wonderful contribution to the science of medicine, the science of anatomy and physiology.

I will just quote one instance to bring home my point. Many hon.

Members and the hon. Minister for Health also know the case of the Yogi who lay buried in Delhi for seven days and on the seventh day stepped out quite fit. What was that? That was no magic. That was no black art. What was it? What was it that made him live in a confined atmosphere for seven days and yet remain quite fit? Surely, there must have been some knowledge in his possession which made him control all his organs, his whole body. I will give another instance. We have heard of Hatha Yoga. Recently, only a few years back, we had a genius here in India who performed most wonderful feats. He swallowed almost anything, bottles, acids, glass pieces, razor blades, nails and needles and all sorts of poisons that the people of science and doctors mixed for him. They experimented at Calcutta, at Madras and at Bombay and also in several other cities in this and other countries. Famous scientists like Dr. C. V. Raman witnessed these experiments. But there was no explanation as to how he could eat all this and still live. No scientist could explain what exactly was the knowledge that was in the possession of this man which enabled him to digest all these things, things like nails and razor-blades and acids. What was it that enabled him to digest glass and iron nails? What was it that helped him to neutralise the acids that he drank? It is something wonderful and remarkable. And if such a thing had only happened in a country like America or England, where the sense of patriotism is very high, they would not have left the man as we have done. They would have put scientists on such a person and made them study and test him so as to find out the secret, the processes that he was doing or what exercises enabled him to do all this. I would not have minded our Health Minister giving a lakh of rupees to such a man, lodging him in a fine hotel and having a dozen physicists and medical men and chemists study the processes and the secrets of this wonderful phenomenon. So, is there not sufficient

room for us to study? In which part of the world can we see such miracles, I would like to know. We may call it quackery. But there it is, baffling the scientists. That is a thing which is purely based on science. The hata-yogi may not be able to explain it but he has learnt it by sheer practice and it must have been based on some science. This is a field in which this Institute has to undertake research and I am sure if the hon. Minister had only put scientists to study this, by now every great scientist in the world would have run to India to study this wonderful phenomenon. India would have been a place of pilgrimage. We are saying that this Institute is of national importance. What more national pride could we have if we had but investigated this problem? Has the Government moved its little finger to analyse this and to find out the reasons for this? Has the Government done anything to tap this information and to disseminate it to the wide world? We have not done anything. We expect a very high sense of patriotism from our people but when we see instances which display hitherto unknown forces of knowledge before us, we shut our eyes simply because we do not know what it is or because we believe in something else. It is a grievous fault on our part.

In the field of medicine, I can give one or two instances. I do not wish to take more time but will only give one or two instances which are within my experience. A lady fell ill in a village, sixty miles from the district hospital. She was suffering from gas in her belly which became just like a barrel and she had some other trouble down below. There was no other doctor anywhere near and she could not be taken to the hospital in that state, sixty miles on a country road and in a bullock cart. The pandit had to be called. He was a reputed man no doubt and he wanted to examine her but the lady would not give in. Everybody tried to persuade her that in that hour—she was expected to croak within an hour or so—she should consent. The pandit asked her

to give him her feet so that he could touch them in obeisance and go. She was lying and the pandit took hold of her feet in his hands and in a few seconds she became unconscious. He pressed the feet just behind the hub of the foot bone and she became unconscious. He asked another lady to hold her feet like this and examined her. When he came out, I asked him, "What is it that you did? Please tell me". He was my family doctor too and he asked me to stand with folded hands. I stood with folded hands. My uncle was present there beside me. The doctor did not touch my feet but pressed two fingers on my sides and I became unconscious. My uncle wanted to know and the doctor agreed to show him too. He asked him to stretch his hands. My uncle did like that and the doctor by pressing the points (here) made my uncle unconscious.

SHRI AKBAR ALI KHAN: Why not bring him here to Parliament?

SHRI M. GOVINDA REDDY: In our place, there are no shaving saloons. We give our heads to a country barber for shaving. This barber shaves 150 people per week for only ten or fifteen rupees a month. He belongs to the same community as the doctor. As you know, Sir, the barbers in our community are physicians. I told him of this instance and of my experience. He said he would do likewise and placed the thumb and the middle fingers on my temples and I became unconscious. There was another friend who is a trustee of the mandir who wanted to try it and by doing this thing, that friend too became unconscious. This may be laughed at but it is a fact. The man, however, cannot explain it but it is a fact that every man who knows something of indigenous medicine knows something like this and not of course the whole of the science. I agree that ayurveda as administered today is not scientifically administered but that is not the fault of ayurveda. That is our fault. We have neglected it utterly; we have not encouraged it. (Interrup-

[Shri M. Govinda Reddy.]
 tion). We are also responsible for the Government. What is the use of blaming the Health Minister? We are equally responsible. We have neglected it and that is why we see ayurvedic pandits coming in rags. Because he is ill-looking and because he sits in a hut, you say that he is not competent. Let the Health Minister order for a field survey to be conducted, not in the whole country but let her select one dispensary in one district in Mysore and another one in Madras. Let a survey be conducted of the number of patients that go to the ayurvedic dispensaries, the number of patients that get cured and also the cost which is more important. Let them also take a census on the same basis of the hospitals. I dare say that ayurveda will get the laurels. When I speak of ayurveda, I include all the indigenous systems. I believe in all. This is a thing which the Health Minister should do. Dr. Seeta Parmanand read out the Health Minister's speech which said that she bowed to none in her respect for ayurveda but, Sir, within my experience of the last four years, ever since this House was formed—and you know that many Members of this House have been asking several questions on ayurveda—we have found her very apologetic and not at all enthusiastic about ayurveda. Why should she not take pride in a science which today is the largest institution administering medicine? This is a field where we have to undertake research. What is the use of imitating the Western countries? Even if we imitate, what is the measure of research or fresh knowledge that we can add to it? We will be nowhere. Just as in politics India has made her own contribution and is being respected by every country in the world, so also I dare say that if the Health Minister only comes out with some aid—instead of saying that it is not a science and all that sort of thing—and believes that this must be a great thing—let her devote chairs for research in this subject—I am sure that we will gain equal respect in the world, and every country in the world

will be grateful to India for the knowledge which she will be adding in the field of anatomy and even of life.

I want this Institute to fulfil this function and to bring such a pride to the country. Left to itself, I know it will not do that because the experts that we have are not practical men. Without any offence to them, I say that they are not practical. We had a distress period in Mysore and there was an Englishman belonging to the Friends' Service Union whom I was taking along. That Union was giving multi-vitamin tablets, milk powders, etc. He was fresh from the college and he was looking transfixed at a bullock cart. I asked him, "What are you looking at?" He said, "I say, Mr. Reddy, are there not thousands of engineers in your country who have gone abroad to study in England and America?" I said, "At a modest estimate I will put it at least at 10,000". Then he said, "Is it not a shame that no engineer in your country has attended to this phenomenon, to lighten the burden so as to make the bullock cart move easily?" He said the same thing with regard to drawing water. You know, Sir, the tedious way of drawing water and where bullocks are employed for the purpose they will have only four years' life. He said, "What are your engineers doing?" He made me hang down my head in shame, and even today that fact stands. What have our engineers done about this rural problem? That is why I say unless the Government directs the experts will not do these things. That is why we want Ministers. The Ministers have practical experience. They have moved in the world and they will be able to direct the services of the secretariat in a proper way and therefore it is that I want the Health Minister to give directions, to charge this Institute with these two purposes, to relieve the shortage of doctors by whatever means it be and to conduct research in indigenous systems. We need not concentrate on allopathy alone because, even

if we do, we can do precious little. There are other countries which are far advanced in this and in this modern age, a discovery made today will be spread to-morrow.

The other day we read in papers about Rauwolfia Serpentina, the herb that we were exporting to America, and that some medical student has synthesised that successfully and therefore it is said that America will no longer import the herb.

Well, such things are going on; we can profit by them. But here is a field which no other country in the world can attend to, and here is a field in which a vast store of knowledge of the human body undreamt of by the civilised world is there. Let this Institute, Sir, develop on these lines and bring our country pride, and I congratulate the Minister for bringing this Bill and for establishing this Institute, but I would reserve my congratulations with this exception and that is it should serve these two purposes which I have elaborated.

Thank you, Sir.

SHRI BISWANATH DAS (Orissa): Sir, I rise to give a conditional welcome to this Bill. I am delighted, and I am thankful to the hon. the Minister for having brought this measure which will upgrade medical institutions and improve medical instruction and also improve the professional capacity of medical men. In this view of the question it is a welcome measure.

Sir, as it is, it raises certain pertinent questions. The first is: What is going to be the position of the medical colleges that are now being controlled by the State Governments as also by the various universities. They have built up a reputation of their own, some of them like Calcutta, Bombay and the rest, and there are again certain new medical colleges which have been established. What is going to be the position of these institutions in terms of and in relation to this institution? For new institutions it is a difficult thing. A medical college means a conception in terms of

crores of rupees. Now will these institutions be upgraded or will they go down to be assigned the position of second or third-rate medical colleges? I want to have an assurance from the hon. the Minister as to what she is going to do in this regard. So far as the States are concerned, many of the States are not able to find the finances necessary to develop these institutions. Therefore it is necessary and desirable that we should have a clear picture of the future with regard to all this.

Sir, the other question that comes to our mind is this: Why should Delhi be the most fortunate place to have everything for herself? Calcutta has developed, Bombay has developed and Bangalore is very important, a very attractive place both from the point of view of the climate and also its central location; equally so is Hyderabad. The question why Delhi has been chosen for this purpose is one for which an adequate explanation is necessary.

Sir, having stated all this, let me come to another important question about our conceptions of medicine. Medicine as seems to have been understood by the hon. the Minister and also by the Department merely confines itself to allopathy; all the activities undertaken by Government are on this side. Sir, it reminds me of the old bygone times when the poor Indian was regarded as a native in his own country and the Britisher as an honourable gentleman in India. It used to be said, "Oh, here is a native." Are you going to give that very status? Britain has gone; India has become independent. Her culture has to survive and develop. Are you going to retain the same old labels and keep the Indian cultural institutions and culture in the same old position which it used to occupy in times of yore? I want to have a clear statement of policy by the Minister and also by the Government.

Sir, there are things which could be tolerated and there are again certain things which cannot be tolerated.

[Shri Biswanath Das.]

Eight years have passed. I have a right to know, I have a right to claim from the Treasury Benches, I have a right to see how far, to what extent my culture has been protected, and my cultural institutions have been developed. Every Indian and also the Members of this House have a right to demand an explanation from the Government.

Sir, in this respect I feel as if Government is going one way and the people just the reverse way. Why should this reverse process go on? Our country which is absolutely independent is free to chalk out her own way of life. Sir, we have got our cultural institutions and organisations in every sphere of activity. We spend crores of rupees on meteorology, on the western system. It is probably necessary and useful. But we have our meteorological system, which is equally useful. Go to a moffusil place. The poor peasant looks to his Panjika to see when the rains would set in to prepare himself to face this season. What have we done? How are we worth our name, how are we worth our salt if we do not attend to his needs? Sir, I do not discountenance the proposal, but I have a right to claim that both these should at least be allowed to develop *pari passu*. I have a right to know what has been done. It is not only meteorology. Leave alone any other thing, even the Britishers had to admit that the system of philosophy in the East and especially in India is the finest and the best. It pains me to see that neither the Government nor the universities have taken care to see that the Indian philosophic systems, neither Sankhya nor Mimamsa nor Vedanta nor any of the others are given due place except the start that has been made by the baby University of Poona, which is doing something in that line. Sir, how long am I to see that my money is being spent in developing a culture which is foreign to my culture? I do not say "nothing doing", but I do say: Do something; at least give an equal slice for me and my culture.

3 P.M.

Sir, my hon. friend, the Health Minister is the guardian of the health of the 36 crores of people of this country. May I put to her a straight question? I know her kind feelings towards human beings. She is one of us. Till yesterday she was with Gandhiji. She had sat at his feet to get inspiration and to be inspired. Sir, is there anyone in India. I ask, who is a greater revivalist, who is a greater lover of things ancient to be put in the modern way than Gandhiji? I would ask my hon. friend whether she has followed the wise and illustrious steps of her great Master and if so to what extent. She says she loves Ayurveda. I also love it equally and I join with her and bless her. But what is the sport of love that she has? The performance of the Government of India in these last seven or eight years reminds me of a comedy that I read when I was a student in the High School. It is a comedy wherein a poor Plebeian tried his very best to save the honour of his daughter from the rapacious hands of a Patrician. Finding that he was unable to save her the last thing that he had to do out of his affection for her was to take the girl with him to the open market in Rome and stab her to death. That was the way he could save her. Is this the sort of love that she is going to show for our culture that has stood the test of time? My hon. friend, Dr. Mookerji, was quoting chapter and verse from Buddhist literature. Why go in for research in Buddhist literature? Think of Ramayana; think of Maha Bharata and the War of Kurukshetra and see how useful it was even in times of war. Sir, with all her best efforts and with all the money at our command, we can never expect to reach the level of America in Modern medicine. So why waste money? Why not copy their experiments and try to apply them here? If there are talented Indians, let them take to research even in Allopathy I do not mind. I do not know how well to thank my hon. friend from Bombay for whom I

have always a regard—I mean Dr. Gilder, an eminent scientist and physician. All praise for Allopathy but my hon. friend would not accept that. I fully agree with friends like Dr. Dube who said, 'leave Ayurveda to itself'. That is exactly what I want. Leave me to myself; don't you murder me; don't you stab me. Leave me to myself to grow. And how am I to grow? Sir, it is the people who have kept Ayurveda alive today. We have got eminent physicians here in this House as well as outside the House.

Sir, I am one who was suffering from Filariasis. As the Chief Minister of Orissa the best of treatments was available to me. But they were all to no purpose. It was only Ayurveda that cured me and for the last 13 or 14 years I have no Filariasis.

AN HON. MEMBER: Cured?

SHRI BISWANATH DAS: Yes; cured fully. And thousands are being cured. Therefore, to dub it as unscientific and to kill it for all times is a thing which the people of the country will not tolerate and to which I as their representative can never agree despite all my affection, respect and regard for my hon. friend.

Sir, we have appointed committees, I know. The report of the Indigenous System of Medicine Committee is there in the secretariat archives. Thereafter Dr. Pandit's committee was appointed and what is the recommendation of that committee? On page 26 in paragraph 96, they say: "The study of Ayurveda has been neglected so long in the past and it would be a distinctly retrograde step to take any measure which will continue the existing state of affairs even for a short period." I take you again to page 27, paragraph 99, wherein the Committee says: "From what has been stated it will be clear that no advance in the proper understanding of the indigenous systems of medicine is possible unless at least one centre of research for these systems is brought into being

as soon as possible." Thereafter in paragraph 102, it is said: "We suggest that at least one institution should be selected by each state Government for upgrading in the manner indicated above." They have made a lot of recommendations and they have called upon each State to have an upgraded institution which would serve the purpose of Ayurvedic colleges for higher study, instruction and research. I want to know from my hon. friend as to what has been done on these recommendations. My money is being spent annually. Sir, I thank the hon. the Health Minister for her inattentiveness.

I say that she is one of those who is never satisfied with the few crores that she is getting for developing the allopathic system. May I ask how many lakhs is she spending for Ayurveda and other indigenous systems of medicine? We have a right to know this. If it is understood that the Government is not going to listen despite all the protests from this House, we will have to take other measures to make the Government feel that they will have to respond to the wishes of this House and to the wishes of the people.

Sir, Mahatma Gandhi lived, worked and died to see that the system of untouchability is wiped out not only from India but from the whole world. Unfortunately, my hon. friend who received inspiration from him and served at his feet is the one who is creating untouchables. Ayurveda is now an untouchable; it is an untouchable system. I quite see that the allopathic doctors would not touch it even with a pair of tongs even though they are born in India and bred in India. Probably they themselves may be getting treated by Ayurveda.

DR. W. S. BURLINGAY (Madhya Pradesh): That is their morality.

SHRI BISWANATH DAS: I won't blame any one, nor would I speak of any one's morality, but I would appeal to them to see

DR. R. P. DUBE (Madhya Pradesh): Irrelevant talk! Does not concern the Bill at all.

SHRI BISWANATH DAS: But I would appeal to them to see the actions and the result of the actions that they are taking. I as a member of the Council in Madras agitated. The agitation first began with a group of friends for the Indian system of medicine and we succeeded in establishing one institute. I always feel that for providing medical treatment for the vast masses of your people and also for utilising the herbarium potentialities of this country there is no other go but Ayurveda. There is no other go but Ayurveda, either from the point of view of national finance or from the point of view of national security, in times of emergency or war. There is no other way but to develop this system, which is our own. And I want her to lead in this because India could never gain her prominence in allopathy, in race with America, Russia, England and the rest. But in the field of Ayurveda she is herself alone, absolute. Sir, China is one country where the doctors, even topmost people, the best of doctors do not reject the old system. They do not do so, that is, in outlook, ways and mentality. Why have we gone down or why have we ourselves degraded? I would appeal to my friends to upgrade ourselves. Once I was looking into Russian propaganda literature. When they talk of public health, they inspire the reader with what Russia did five hundred or seven hundred years back, the Russian scientists and Russian medical men did five hundred or seven hundred years back. Why don't you inspire yourself and get inspired by what your people....

DR. RADHA KUMUD MOOKERJI (Nominated): What did you say about China?

SHRI H. P. SAKSENA (Uttar Pradesh): Please repeat. We could not follow.

SHRI BISWANATH DAS: In China the Government and the best medical men have a very soft corner for their own culture and cultural institutions. The Government spends a lot of money over them and their system of medicine is also being developed.

DR. R. P. DUBE: Question.

SHRI BISWANATH DAS: Why can't you do the same thing? I am not in favour of mixing all these. *Kichdis* are difficult things to digest. Therefore, I am not in favour of mixing. I want that Ayurveda should grow by itself. It is a science that could stand the test of time and it has stood the test of time. But I want that money must be found. Institutions must be started. Research must be carried on and postgraduate and undergraduate courses must be provided for people. To that extent I think most friends will agree. With these few words I offer my conditional support and I will give her my fullest support if she agree to include within the scope of this institution—of course, it may be in separate activities—the development of Ayurveda, Unani, Siddha and other indigenous systems.

MR. DEPUTY CHAIRMAN: Mr. Panj hazari. We want to finish this Bill today.

SARDAR RAGHBIR SINGH PANJHAZARI (Pepsu): Yes, Sir. I will finish within five minutes.

MR. DEPUTY CHAIRMAN: We have spent too long a time over this Bill. So, please be brief.

सरदार रघुवीर सिंह पंजहजारी : उप-सभापति जी, मैं राजकुमारी जी को मुबारकवाद देता हूँ कि उन्होंने भोर कमेटी की सिफारिशों को मद्देनजर रखते हुए आज यह बिल नये हिन्दुस्तान के निर्माण के लिए इस हाउस के सामने रखा है। भोर कमेटी के मेम्बरान आउटस्टैंडिंग पोजीशन के मालिक हैं और उन्होंने तमाम हिन्दुस्तान का दौरा कर के, तमाम हेल्थ सेंटर्स में जाकर, हेल्थ इंस्टीट्यूशंस

में जा कर, बहुत बारीकी से हालत को देख कर, उन हालात के मुताबिक रिपोर्ट पेश की है और उसी के मुताबिक आज आल इंडिया इंस्टीट्यूट आफ मेडिकल साइंसेज दिल्ली में बनने जा रहा है। कौन नहीं जानता है कि हिन्दुस्तान के कुछ थोड़े ही डाक्टर पोस्ट ग्रैजुएट ट्रेनिंग के लिये हिन्दुस्तान से बाहर जाया करते थे उनमें से कुछ डाक्टरों जो अमीर होते थे वे तो अपने पैसे से जाते थे लेकिन ज्यादातर डाक्टरों गवर्नमेंट की स्कालरशिप से ही जाया करते थे और जब वे हायर ट्रेनिंग लेकर हिन्दुस्तान में आते थे तो उनका रहजान शहरों की तरफ ही रहता था और उनके नये तजुबों से शहरों के लोगों को ही फायदा पहुंचता था। लेकिन आज इस बिल के जरिये से जो इंस्टीट्यूशन हमारे हिन्दुस्तान में बनने जा रहा है उससे जब बहुत ज्यादा तादाद में डाक्टरों नया तजुबा ले कर, नये हालात को जान कर, नये रिसर्च को कर के और नई ट्रेनिंग ले कर बाहर आयेंगे तो वे सिर्फ शहरों की ही नहीं बल्कि हिन्दुस्तान के देहातों की, जिनकी आबादी ७० से ७५ फीसदी है, भी सेवा करेंगे। मैं समझता हूँ कि आज की दुनिया में जब कि परिमाणु शक्ति से दुनिया की हालत को और हिन्दुस्तान की हालत को बेहतर बनाने की कोशिश की जा रही है तब नए हालात के मुताबिक ही हमारे लिये मेडिकल ट्रीटमेंट को भी आगे बढ़ाना जरूरी है।

कोई जमाना था कि देहात के लोग डाक्टरों के नाम से घबड़ाते थे और वे कभी भी एलोपैथिक ट्रीटमेंट नहीं करवाया करते थे, वे सिवाय वैद्यक ट्रीटमेंट के और हिकमत के और कोई ट्रीटमेंट नहीं करवाते थे। उपसभापति जी, आप सुन कर हैरान होंगे कि देहातों में जो वैद्य या हकीम हुआ करते थे वे वहाँ पर ही एक या दो किताबों को पढ़ कर इलाज करना शुरू कर देते थे और वे डाइग्नोसिस तो कभी जानते ही नहीं थे। वे किसी को सुहागा खाने को कहते थे तो किसी को नीम का पानी पिलाते थे और उसका नतीजा

यह होता था कि बगैर किसी इलाज के लोग मर जाया करते थे। आज मुझे खुशी है कि आज हमारे हिन्दुस्तान में मेडिकल एड इतनी ज्यादा हो गई है कि जल्दी से आदमियों को अब मरने नहीं दिया जाता है। मिसाल के तौर पर पहले जब देहातों में कोई टी० बी० का मरीज हो जाता था तो लोग यही समझ लिया करते थे कि यह अब तो मर गया है और वो बेचारा मर ही जाया करता था, कोई वैद्य या हकीम उसको बचा नहीं सकता था लेकिन आज टी०बी० को इन्क्वोरेबिल डिजिज नहीं समझा जाता है बल्कि एक्स रे लेकर के सही डाइग्नोसिस किया जाता है और इसका इलाज किया जाता है।

मैं जहाँ से आ रहा हूँ वहाँ खुशकिस्मती से एक मेडिकल कालेज भी है और उसके साथ ही साथ उसमें आयुर्वेद का भी एक छोटा सा सेक्शन है, वहाँ उसका हास्पिटल भी चल रहा है। हमारे यहाँ पटियाला में एलोपैथी होस्पिटल जो है उसमें सात सौ बेड्स हैं और वहाँ कभी भी कोई जगह खाली नहीं रहती है। उसमें ज्यादा तादाद में देहातों के लोग अपना इलाज कराने के लिये आते हैं। लेकिन आयुर्वेद के इलाज के लिए पिछले छः महीनों में सिर्फ एक ही मरीज वहाँ पर आया, वह थे ज्ञानी करतार सिंह जी। वे उस अस्पताल में बीमारी की वजह से या किसी पोलिटिकल बिना पर ठहरे थे। जो रुपया उस होस्टल के लिए गवर्नमेंट ने रखा था वह हर साल तकरीबन लैप्स ही हुआ करता था।

मैं यह नहीं कहता कि आयुर्वेद को बिल्कुल ही इग्नोर किया जाय। मुझे यह देखकर खुशी हुई कि जामनगर में आयुर्वेदिक कालेज खोला गया है और उसमें रिसर्च भी किया जा रहा है। मैं यह चाहूँगा कि हेल्थ मिनिस्ट्री उसको ज्यादा से ज्यादा फाइनेन्शियली मदद करे और उसको आगे बढ़ाये। अगर उसमें वह तरक्की कर जाय तो ऐसे इंस्टीट्यूशन हिन्दुस्तान में और भी सूबों में बनाये जायें। लेकिन अगर वही कालिज कामयाब न हो तो मेरी

[सरदार रघुवीर सिंह पंजहजारी]

समझ में नहीं आता कि इस इंस्टीट्यूशन में जो कि नया बनने जा रहा है आयुर्वेद को लाकर हम क्या फायदा हासिल कर लेंगे, बल्कि मैं तो समझता हूँ कि फायदे के बजाय मेडिकल साइंस में जो नये नये रिसर्च, नए नए तजुबे हो रहे होंगे उनसे जो फायदा होने वाला होगा उसमें रूकावट जरूर पड़ जायेगी। जनाबेवाला, मैं यह अर्ज करूंगा कि आपने यह देखा होगा कि आयुर्वेदिक में अभी तक रिसर्च की कोई पूरी बात या नतीजा सामने नहीं आया। आप कहीं भी ले लीजिए, सिवाय लखनऊ के, कहीं भी आयुर्वेदिक मेडिसिन्स नहीं बन रही हैं।

सक माननीय सदस्य : बहुत जगह बन रही हैं।

सरदार रघुवीर सिंह पंजहजारी : बहुत कम। कोई ट्रेड आदमी उनको नहीं मिलता। मिसाल के तौर पर आप दिल्ली को लीजिए। दिल्ली में आपके कितने वैद्य हैं और आपके मेडिसिन बनाने वाले कितने हैं। इसके मुकाबले में एलोपैथी में आप देखिए कितने उसके डाक्टर हैं, कितने मरीज उसका इलाज कराने के लिए आते हैं। किसी किस्म का प्रेस्क्रिप्शन डाक्टर से लिख कर के दे देता है तो दवाई 'विदिन नो टाइम' मिल जायगी। लेकिन आयुर्वेदिक के बारे में मैं कहता हूँ कि कोई भी दवाई हो वह सस्ती होगी लेकिन आसानी से मिलेगी नहीं, क्यों कि उनको बनाने वाले ट्रेड आदमी नहीं हैं।

जो यह मेडिकल इंस्टीट्यूट बनने जा रहा है, इसमें एक चीज जो मुझे पसन्द आई वह यह है कि पुरानी संस्कृति को राज-कुमारी अमृत कौर जी ने उसमें रखा है। वह यह है कि उसमें वहां के प्रोफेसर्स और स्टूडेंट्स का साथ साथ रहना। मैं समझता

हूँ कि स्टूडेंट्स और प्रोफेसर्स के इकट्ठा रहने से गुरु और शिष्य का रिस्ता मजबूद कायम होता है और इससे स्टूडेंट्स प्रोफेसर्स से ज्यादा से ज्यादा फायदा उठा सकेंगे। मैं समझता हूँ यह चीज हिन्दुस्तान के लिए बहुत फायदेमंद होगी। इसी बात जो उन्होंने की है वह यह है कि यूनीवर्सिटी से उसको अलग रखा है। हमें उम्मीद है कि यह हिन्दुस्तान में एक ऐसा इंस्टीट्यूशन बनने जा रहा है जो न सिर्फ इस मुल्क में बल्कि बाकी दुनिया में भी अपना नाम ऊंचा करेगा और इंस्टीट्यूशन वालों का यह काम होगा कि उसको कामयाब बनाने के लिए ज्यादा से ज्यादा तजुबे दुनिया को बतलाकर हिन्दुस्तान और एशिया में ही नहीं बल्कि दुनिया में अपनी एक अलग जगह बना लेंगे।

जनाबेवाला, मैं एक छोटी सी बात कह कर बैठ जाऊंगा। मैं आयुर्वेद के सपोर्टर्स को यह अर्ज करूंगा कि अगर वे वाकई आयुर्वेद को आगे ले जाना चाहते हैं तो इस किस्म की मुखालिफत जो वे कर रहे हैं उसे उन्हें नहीं करना चाहिए। इस सिलसिले में मैं एक मिसाल देना चाहता हूँ। एक आदमी को वैद्य बनने की जरूरत पड़ी और वैद्य बनने के लिए वे दूसरे गांव में वैद्य का काम सीखने के लिए गए। उस गांव में एक डाक्टर था जो कि देशी तरीके से इलाज किया करता था। उसने देखा कि डाक्टर के पास एक बैल आया, जिसका भला फूला हुआ था क्योंकि उसमें फोड़े की वजह से गिल्टी बाहर निकल आई थी। डाक्टर ने एक इंट ली और उससे आहिस्ता आहिस्ता थपथपा कर के वह गिल्टी ठीक कर दी। जब उस आदमी ने देखा जो कि वैद्य का काम सीखने गया था, कि डाक्टर ने दो मिनट में गिल्टी ठीक कर दी तो उसने मन में सोचा कि मैं भी उसी तरीके से इलाज करूंगा। उसने दूसरे गांव में जाकर वैद्य की दुकान खोल ली। वहां किसी आदमी के गिल्टी हो गई थी और वह उसके पास इलाज कराने

पाया। उस डाक्टर ने जिस तरह से बैल का इलाज किया था उसी तरह से ये जो नये वैद्यवने ये इन्होंने भी उस आदमी के गले में सोटा लगाना शुरू किया, जिसका नतीजा यह हुआ कि उस मरीज की जान चली गई। यह किस्सा कहने से मेरा मतलब यह है कि वैद्य तो होने चाहिये लेकिन उनको पूरी ट्रेनिंग भी साथ ही मिलनी चाहिए। इस किस्म के वैद्य जो आज कल हिन्दुस्तान में हैं, वे मुल्क को नुकसान ही पहुंचाने वाले हैं।

इन अल्फाजों के साथ मैं आपका शुक्रिया अदा करता हूँ और अर्ज करना चाहता हूँ कि इस इंस्टीट्यूशन को बढ़ाने के लिए हेल्थ मिनिस्ट्री को हर तरीके से सब लोगों को सपोर्ट देना चाहिए।

DR. P. SUBBARAYAN (Madras): Sir, I am afraid we have had a very long discussion on allopathy and Ayurveda from what I have understood from hon. Members. But this Bill is confined to the improvement of standard of education amongst what I would call the practitioners of modern medicine and, therefore, I do not think that it is proper to go outside the limits of this measure which only deals with practitioners of modern medicine. I do not think.....

SHRI BISWANATH DAS: May I know if it does include medical practitioner of Ayurvedic system of medicine?

DR. P. SUBBARAYAN: No. no. You are mistaken because it does not deal with medical practitioners; it deals with the improvement of medical education as practised by practitioners of modern medicine. That is where you are mistaken and we have the pathological and medical history of some of our hon. Members as well as.....

DR. W. S. BARLINGAY: That is the title of the Bill, if I may say so.

DR. P. SUBBARAYAN: The title of the Bill says: "The All-India Institute of medical Sciences Bill, 1956." If you will read the Statement of Objects and Reasons it says, "The Institute will have the power to grant medical degrees, diplomas and other academic distinctions which would be recognized medical degrees for the purpose of the Indian Medical Council Act, 1933." Therefore, it really confines itself to a particular system of medicine. That is what I hold and, therefore, it is out of that scope. You can certainly suggest amendments to improve the scope of this Bill and to improve the standard of medical education in this country as understood by modern medicine. It may be, of course, possible that in the course of this study, we may adopt some of the drugs as have been recommended by the Chopra Committee which are found useful by practitioners of modern medicine.

SHRI H. P. SAKSENA: Do you deny the name even of 'Medical Sciences' to Ayurveda and Unani?

DR. P. SUBBARAYAN: I do not deny that at all. What I am saying is this. The Bill confines itself to the Indian Medical Council Act of 1933. When there is no representation on that Council for Ayurveda or recognition of Ayurveda, it is done under a different legislation. That is my point. Therefore, what we are concerned with in this Bill is—I repeat it once again—the practice of modern medicine as understood by that phrase.

DR. W. S. BARLINGAY: Change the title of the Bill.

DR. P. SUBBARAYAN: The title of the Bill does not really make any difference. You may also find out what is provided for in the Bill and the Bill relates to the improvement of medical sciences as understood by practitioners of modern medicine.

DR. RADHA KUMUD MOOKERJI: I think the term 'Medical Sciences' cannot exclude Ayurveda, the science of.....

DR. P. SUBBARAYAN: So long as I am on my feet, I do not wish to be interrupted however high the interrupter may be.

Well, Sir, what I say is this. I think what the Bill provides for is for a particular purpose and provisions have been made to carry out this purpose. I have only a request to make to the hon. Minister and that is this. For instance, with regard to the memorandum regarding delegated legislation, it says, "The delegated legislation is of a character normal to such Acts." That is what I quarrel about I am sure some of the hon. Members have read the book on the subject—it is an old book, but still a standard work—Lord Hewart's 'New Despotism'. That says, "The tendency of modern executive governments is to take as much power as they can through delegated legislation and therefore, Parliament's power to that extent is restricted". Therefore, they found a phraseology to suit this in the House of Commons and that is this. "All rules and regulations made by such delegated legislation should be laid before both Houses of Parliament for fifteen days and these rules and regulations do not have the power of law till they have been on the Table of the House for these fifteen days and no amendment or no legislation has been proposed by either House."

SHRI AKBAR ALI KHAN: There is a provision made:

DR. P. SUBBARAYAN: No, you please read. It is only to be laid ready before the House. It does not provide for its being discussed or for amendments to be proposed by Members of this House. That is the power which is given to the Houses of Parliament so that, before it becomes law, Members of Parliament would have had the right to discuss the matter and come to a conclusion before actually it takes the shape of delegated legislation. I would like the hon. Minister to consider this point and see that through such delegated legislation the executive

does not take away more power than is provided for by a parliamentary system of Government.

MR. DEPUTY CHAIRMAN: What is the particular section you refer to? You referred to the Indian Medical Council Act, 1933.

DR. P. SUBBARAYAN: Clause 28 (3) says, "All rules made under this section shall as soon as may be....."

MR. DEPUTY CHAIRMAN: You referred to the Indian Medical Council Act, 1933.

DR. P. SUBBARAYAN: I am referring to the rules and regulations made under this Bill. If you read this Bill through, you will find that there is a lot of power taken by the Government to make rules, etc. At least there are seven clauses under which such powers are taken.

MR. DEPUTY CHAIRMAN: I want to know the section in the Indian Medical Council Act which you referred to.

DR. P. SUBBARAYAN: There is no section. I was only referring to that Act. It has nothing to do with this. What I mean to say is that this House should have the right to formulate resolutions on the rules made by Government, and a certain time should be given for that. If within that time the House does not propose to do it, then the delegated legislation takes effect and becomes the law of the land.

SHRI KISHEN CHAND: If you refer to page 9 of the Bill, it is clearly stated there that 'All rules made under this section shall, as soon as may be after they are made, be laid before both Houses of Parliament.' It is already there.

श्री ज० रा० कपूर (उत्तर प्रदेश) :
उपाध्यक्ष महोदय, इस विधेयक पर काफ़ी वाद विवाद हुआ है और यह स्वाभाविक ही है कि इस सदन में, जिसके बारे में यह समझा जाता है कि इसके ज्यादातर अर्थिक उद्ग

के वयोवृद्ध लोग होंगे, ऐसे विधेयक के ऊपर काफ़ी वाद विवाद हो क्योंकि जिन लोगों की अवस्था अधिक हो गई है उनके लिए यह स्वाभाविक भी है कि उनको ऐसी बात से दिलचस्पी हो जिस के द्वारा ऐसी संस्था बनाई जाय, जिससे लोगों की आयु बढ़े ।

उपाध्यक्ष महोदय, मैं मंत्राणी महोदय को हार्दिक बधाई देता हूँ इस अच्छी सूझ के लिए, जिस के फलस्वरूप यह विधेयक हमारे सामने प्रस्तुत किया गया है । हमारे देश में इस बात की बड़ी आवश्यकता रही है कि डाक्टरी शिक्षा देने के लिए एक उच्च कोटि की संस्था हो जिसमें वैज्ञानिक शिक्षा और चीरफाड़ की शिक्षा दी जाय, जिस के लिए अभी तक हमारे देश के विद्यार्थियों को विदेशों में जाना पड़ता था । यह हर्ष का विषय है कि भविष्य में हमारे देश में इस तरह की काफ़ी उपयुक्त संस्था स्थापित हो जायेगी ।

उपाध्यक्ष महोदय, माननीय मंत्राणी महोदय को इस बात के ऊपर भी बधाई देना चाहता हूँ कि इस विवाद के अंतिम समय में भी उन्हें डा० सुब्बारायन जैसे भुप्रसिद्ध नेता का समर्थन प्राप्त हुआ जबकि इससे पहले केवल डा० दुबे का थोड़ा अंग में और श्री अकबरअली साहब का ही समर्थन प्राप्त हुआ था । इनके अलावा सभी सदस्यों ने जिन्होंने इस विवाद में भाग लिया, इस विधेयक की काफ़ी आलोचना की ।

स्वास्थ्य मंत्री (राजकुमारी अमृतकौर) : सभू साहब ने भी इस बिल का समर्थन किया है ।

श्री ज० रा० कपूर : तो मैं इस बधाई को दोबारा कहना चाहता हूँ कि सभू साहब का समर्थन भी आपको प्राप्त है । जो कुछ भी संतोष आपको इन समर्थनों से मिल रहा है, उसके लिए मुझे कोई अफसोस या रंज नहीं है । आखिर, संतोष तो आपको मिला कुछ समर्थनों में !

लेकिन उपाध्यक्ष महोदय, इस विधेयक की जो कटु आलोचना हुई है उसकी जिम्मेदारी स्वयं माननीय मंत्राणी के ऊपर ही है क्योंकि इस विधेयक को अगर आप उपयुक्त शब्दों में रखतीं तो इस प्रकार की आलोचना नहीं होती । डा० सुब्बारायन ने कहा कि इस विधेयक का क्षेत्र इतना विस्तृत नहीं है कि उसके ऊपर इस तरह की आलोचना की जाय । यथार्थ में बात यह है कि नीयत भले ही कुछ रही हो उसका क्षेत्र संकुचित रखने के लिए किन्तु जो शब्द इस विधेयक के नाम में रखे गये हैं "All India Institute of Medical Sciences," और धारा १३ में जो इसका उद्देश्य वर्णित किया गया है और उससे भी अधिक 'स्टेटमेंट आफ आबजेक्ट एन्ड रीजन्स' में बताया गया है कि किस कारण से यह विधेयक प्रस्तुत किया गया है, इन सब बातों से तो प्रत्यक्ष यही मालूम पड़ता है कि इसका दायरा बहुत कुछ विस्तृत है । मन में कुछ भी बात रही हो लेकिन डा० सुब्बारायन ने जो यह कहा कि इसका क्षेत्र बहुत सीमित है वह उचित नहीं मालूम देता । उन्होंने एक चतुर वकील की तरह इस विधेयक के Statement of Objects and Reasons के अन्तिम शब्दों को पढ़ लिया लेकिन इसके पहले जितने भी शब्द स्टेटमेंट आफ आबजेक्ट एन्ड रीजन्स में दिये हुये हैं उनको उन्होंने बड़ी योग्यतापूर्ण दृष्टि से अलग रख दिया । अच्छा होता यदि उसको वे पढ़ लेते, पढ़ा तो उन्होंने अवश्य होगा, लेकिन उन्होंने हमारा ध्यान उन शब्दों की ओर ही आकर्षित कराया जिनके बारे में वे अपनी दलील देना चाहते थे, लेकिन जो पहले के शब्द हैं उनसे यह साफ बात मालूम होती है कि इस बिल का क्षेत्र बहुत विस्तृत है । इसका उद्देश्य यह है कि जितने भी मेडिकल साइन्स हैं, उनके प्रचार के लिए और उनकी वृद्धि के लिए यह संस्था स्थापित की जाय । यदि माननीय मंत्राणी महोदय यह मंजूर कर लें कि इस बिल के नाम में जो ये शब्द दिये हैं कि "आल इंडिया इंस्टीट्यूट आफ मेडिकल साइन्सेज", इसके बाद ड्रैफ्ट में

[श्री ज० रा० कपूर]
 "एलोपैथिक एन्ड एलाइड" शब्द जोड़ दिये जायें तो लोगों को इस तरह की आलोचना करने का अवसर न मिलेगा। इस विषयक के अन्तर्गत भले ही आप भारतीय पद्धति की बातों को न रखें लेकिन यह बात बहुत आवश्यक है कि भारतीय पद्धति के आधार पर एक इसी तरह की केन्द्रीय संस्था की स्थापना की जाय ताकि भारतीय पद्धति की उन्नति हो सके।

उपाध्यक्ष महोदय, जब मैं यह कहता हूँ तब मैं यह भूल नहीं जाता कि सरकार की ओर से जामनगर में इस प्रकार की एक संस्था स्थापित कर दी गई है जिसमें भारतीय पद्धति को प्रोत्साहन दिया जा रहा है। लेकिन यदि हम इस रिपोर्ट को पढ़ें जो सन् १९५५-५६ की है जिसमें सन् १९५६-५७ का कार्यक्रम इस स्वास्थ्य मंत्रालय ने दिया है तब मालूम हो जायेगा कि यह कोई बड़ी संस्था नहीं है। अभी तक इस संस्था के ऊपर कोई विशेष रुपया खर्च नहीं किया गया है। मैं माननीय सदस्यों का ध्यान पृष्ठ ४४, ४५, ४६ और ४७ की ओर दिलाऊंगा जिसमें जामनगर की संस्था के सम्बन्ध में बताया गया है कि अभी तक इसने क्या काम किया है और भविष्य में क्या करने जा रही है।

उपाध्यक्ष महोदय : एक बड़ी बात जो इस संस्था में कही जाती है वह यह है कि :

"A standard has been prepared—nothing less than that—laying down the fundamental equivalent for weights and measures used in Ayurveda in the metric as well as in the English system."

यह एक बड़ा भारी काम बताया जाता है जो कि इस संस्था ने अभी तक किया है। इसके अलावा भी कुछ काम वैसे बताये जाते हैं, लेकिन वे भी कुछ विशेषता के काम नहीं हैं। "Future Plan of work at the Institute" जो बताया जाता है कि भविष्य में क्या कार्यक्रम है उसमें हमें बताया गया है कि "Animal experiment Laboratory" भी स्थापित की जायगी। जो इस संस्था में

जानवरों के अनुसंधान की एक लेबोरेटरी भी स्थापित की जायगी। ठीक है, हिन्दुस्तानी आदमी और जानवर दोनों के अनुसंधान के लिए एक संस्था यहां स्थापित की जायगी और कोई हर्ज भी इसमें नहीं है क्योंकि मनुष्य भी तो एनिमल कहा जाता है। एक समय में यह व्याख्या की गई थी कि : "Man is also animal", और "रेशनल" शब्द बाद में जोड़ दिया गया, लेकिन एनिमल तो खैर मनुष्य भी है। तो इस प्रकार की यह संस्था है। भूतकाल में वेट्स और मेजर्स बनाये गये हैं और भविष्य में जानवरों के सम्बन्ध में भी अनुसंधान किया जायगा।

उपाध्यक्ष महोदय, इसमें बताया गया है कि हमारे माननीय प्रधान मंत्री, जवाहरलाल नेहरू जी ने इस संस्था को देखा और इस सम्बन्ध में उन्होंने जो लिखा है वह पृष्ठ ४६ पर दिया गया है। उन्होंने ठीक ही कहा है। जो कुछ उन्होंने लिखा उसमें इस मंत्रालय को कुछ सीखना चाहिये। इस मंत्रालय को उसकी ओर कुछ ध्यान देना चाहिये और उसके अनुसार आगे काम करना चाहिये। पंडित जी ने लिखा है :—

MR. DEPUTY CHAIRMAN: Mr. Kapoor, we are not concerned with the Jamnagar Institute now. Please let us know what you want this Institute to do.

श्री ज० रा० कपूर : मैं तो यह चाहता हूँ कि जामनगर जैसा इंस्टिट्यूट भी इसके अन्तर्गत रहे क्योंकि इसका क्षेत्र बहुत विस्तृत है और इसमें काफ़ी तरक्की की जाय और इस तरह की एक हंसी मजाक की वहां संस्था स्थापित करके यह न कहा जाय कि इस मंत्रालय ने आयुर्वेद और यूनानी पद्धति को बहुत काफ़ी प्रोत्साहन दिया है। मैं समझता था कि सभी लोगों ने इस पर जोर दिया है और मैं भी इस पर विशेष रूप से जोर दूँ कि इस बिल के अन्तर्गत जो संस्था स्थापित की जा रही है, इस बिल के अन्तर्गत जो रुपया खर्च किया जायगा, उसमें

से कुछ अंश, उसका अच्छा अंश आयुर्वेद, यूनानी, हॉम्बोपैथी इत्यादि पद्धतियों पर भी खर्च किया जाय और इसी लिए मैं जामनगर संस्था की बात कह रहा था। उसका विशेष उल्लेख, यदि मैं ने भूल नहीं की है तो माननीय मंत्री महोदया ने स्वयं ही किया था और बिना उस बात को सुने हुये तो शायद हमारा ध्यान इस संस्था की ओर न जाता क्योंकि यह कोने में एक छोटी सी संस्था पड़ी हुई है और इसके बारे में हम लोगों को बहुत मालूम नहीं था। इस सम्बन्ध में मैं विशेष समय न लेकर दो मिनट में इस विषय को खत्म कर दूंगा। प्रधान मंत्री जी ने कहा है :

"This is a fascinating inquiry going on in this research Institute and it may well lead to very fruitful results. The so called conflict between ayurvedic and modern medicine has to be studied and resolved."

आगे चल कर उन्होंने कहा :

"The only right approach has to be the one of science, that is, of experiment, trial and error."

कहने का तात्पर्य यह है कि उन्होंने ठीक ही लिखा है कि वैज्ञानिक अनुसंधान इस सम्बन्ध में हमें करना चाहिये और हम भी और क्या चाहते हैं? यही तो चाहते हैं कि आयुर्वेद और यूनानी के सम्बन्ध में वैज्ञानिक अनुसंधान हो और उसी प्रकार से अनुसंधान हो जिस प्रकार एलोपैथी में आप कर रहे हैं और करने जा रहे हैं। यदि इस विधेयक के अन्दर ऐसा जैसा कि कुछ माननीय सदस्यों द्वारा संशोधन प्रस्तुत किया गया है, यह जोड़ दिया जाय कि भारतीय पद्धतियों के संबंध में भी अनुसंधान इस संस्था में होगा तो हम लोगों को बहुत कुछ संतोष हो जाय।

एक और बड़े विशेषज्ञ जो संस्था को देखने गये और उन्होंने जो कुछ उस सम्बन्ध में लिखा उसको पढ़ के बहुत कुछ हमें हर्ष होता है और

हमारा उत्साह बढ़ता है। वे सज्जन हरवर्ट जे० अर्वन, आस्ट्रिया के एक विशेषज्ञ थे। आप लिखते हैं :

"Many scientists and scholars in Europe have great interest in Ayurvedic medicine; this was one of the reasons why I was sent to India by my Government, since I had done already some study in History of Medicine, comparative therapy etc.

I was very pleased to hear that this highly qualified institution will start Post-Graduate Training in this field.

Returned to my country, I will contact with both Governments i.e., Austria and India in order to make it possible for qualified Austrian doctors to attend these courses. These mutual exchanges of ideas and training will do a lot of benefit to our patients."

उपाध्यक्ष महोदय, इसे पढ़ने का तात्पर्य यह है कि विदेशियों को भी हमारी भारतीय पद्धति के प्रति सम्मान है और वे इसमें लाभ उठाना चाहते हैं, हमें भले ही इसके प्रति सम्मान न हो। मैं यह नहीं कहता कि माननीय मंत्री महोदया को सम्मान नहीं है, लेकिन यदि कोई सज्जन ऐसे हैं जिनको इसके प्रति उतना सम्मान नहीं है जितना कि होना चाहिये तो उन्हें भी हरवर्ट जे० अर्वन महोदय की इस बात को सुनकर हर्ष होना चाहिये और उनके हृदय में भी भारतीय पद्धति के प्रति सम्मान होना चाहिये। उपाध्यक्ष महोदय, इस संस्था के ऊपर कोई विशेष रूपया खर्च नहीं किया गया है। जहां तक मुझे याद है, यदि मैं गलत कह रहा हूं तो मुझे आप क्षमा करेंगे और मंत्री महोदया मेरी भूल सुधार देंगी, कि प्रथम पंचवर्षीय योजना के अन्तर्गत शायद साढ़े ३७ लाख या कुछ इतना ही रूपया भारतीय पद्धति को प्रोत्साहन देने के लिए रखा गया था। लेकिन जहां तक मुझे मालूम है, केवल कोई १५, १६ या १७ लाख रूपया

[श्री ज० रा० कपूर]

उसमें से खर्च किया गया और बाकी रुपया अभी तक खर्च न होने के कारण रह गया। जब कि चारों ओर से हमारे देश में स्वराज्य प्राप्त के बाद यह आवाज है कि इस भारतीय उपचार पद्धति को भी प्रोत्साहन मिले, तब हमें यह देख कर दुःख होता है कि इस छोटी सी मात्रा में जो रुपया पहली पंचवर्षीय योजना में रखा गया था साढ़े ३७ लाख, उसे भी मंत्रालय खर्च न कर सका, जबकि हमारी आवश्यकता तो इससे भी कहीं अधिक थी और जब कि एलोपैथी के ऊपर बहुत ज्यादा रुपया खर्च किया गया और किया जाना चाहिये, उसमें कोई गलती नहीं है, लेकिन जब उस पर इतना रुपया खर्च किया जाता है तो इसपर भी कुछ रुपया खर्च किया जाय और खासकर वह रुपया खर्च कर ही दिया जाय जो कि इसके निमित्त रख दिया जाता है। तो, उपाध्यक्ष महोदय, मैं क्या कहूँ, यह एक बड़े दुख की बात है, दुर्भाग्य की बात है कि यह जो नई संस्था स्थापित की जाने वाली है, इसमें आयुर्वेद और यूनानी की कोई बात नहीं रखी जायगी, जैसा कि अब तक है, और वह संस्था कहां स्थापित होने जा रही है? दिल्ली जैसे नगर में, जिस नगर का भूतकाल में सम्बन्ध रहा है स्वर्गीय हकीम अजमल खां से। स्वर्गीय हाजिकुल मुल्क हकीम अजमल खां के नगर में केन्द्रीय सरकार द्वारा जो संस्था स्थापित हो, उसमें यूनानी और आयुर्वेदिक पद्धति का विचार न हो, कुछ भी उसके प्रोत्साहन के लिए गुंजाइश न हो तो यह मैं एक दुर्भाग्य की ही बात कहूंगा।

उपाध्यक्ष महोदय, बहुत से माननीय सदस्यों ने बताया है कि कैसे कैसे कठिन रोगों का इलाज हिन्दुस्तानी पद्धति से आसानी से हो जाता है। उनको दोहराने की आवश्यकता नहीं है, लेकिन मैं भी दो छोटे से उदाहरण दूंगा, एक आयुर्वेद का समझिये और दूसरा होम्योपैथी का। जहां तक पाइल्स और फेचुला का सम्बन्ध है, बहुत लोगों को ज्ञात होगा कि

बंगाल में कोई स्थान चांदसी है जहां के लोग बड़ी आसानी से बिना चीर फाड़ किये हुये पाइल्स का और विशेष कर फेचुला का इलाज केवल एक थोड़ा सा डोरा डाल कर करते हैं। मेरे एक सम्बन्धी को यह रोग हुआ था और मुझे जान कर बड़ा हर्ष हुआ कि कैसी आसानी से बिना चीर फाड़ किये उनका इलाज एकचांदसी के वैद्य ने किया। होम्योपैथी का जहां तक सम्बन्ध है, मेरे एक मित्र की धर्मपत्नी के पेट में नहीं मालूम क्या रोग हो गया था, एक्सरे भी हुआ था, लेकिन कुछ पता न लग सका। लखनऊ में इलाज के लिए वे ले जाई गयीं। किसी ने कहा कि इन्टेस्टाइनल टी० बी० है, किसी ने कुछ कहा, लेकिन जब एक होम्योपैथिक डाक्टर महोदय के सामने वे प्रस्तुत की गयीं तब उनकी आंखों की तरफ देखकर होम्योपैथिक डाक्टर महोदय ने केवल एक प्रश्न पूछा। वह बड़ा साधारण सा प्रश्न था। उनसे पूछा कि गर्भवती होने की अवस्था में क्या तुमने मिट्टी खाई थी। इसका जवाब देने में उन्हें कुछ संकोच हुआ लेकिन उन्होंने फौरन कहा कि हां, यह बात तो है। उन डाक्टर महोदय ने बताया कि गर्भवती होने की दशा में स्त्रियों को कुछ सोंधी सी चीज खाने की तबियत करती है और वे वंशलोचन इत्यादि और कभी कभी मिट्टी भी खा लिया करती हैं। इतना कहते ही उन्होंने एक दवा दी जो कि कोई साधारण सी दवा होगी और केवल यह कहा कि तुम सिर्फ पूरी और आलू खाओ। तो दो तीन महीने केवल पूरी और आलू खाने से और उनकी दवा लेने से उनका रोग बिल्कुल ही दूर भाग गया जब कि हमारे मित्र बहुत चिंतित थे कि यह क्या हो गया और यह इन्टेस्टाइनल टी० बी० है या क्या चीज है?

उपसभापति महोदय, कहने का तात्पर्य यह है कि हमारे यहां आयुर्वेद की, यूनानी की अथवा होम्योपैथी की जो पद्धतियां हैं उनको भी अगर उपयुक्त प्रोत्साहन मिले तो कहीं ऊंचे दर्जे का फल हमें मिल सकता है।

MR. DEPUTY CHAIRMAN: Mr. Kapoor, I want to call the Minister at four o'clock to reply to the debate. And there is one more speaker.

SHRI JASPAT ROY KAPOOR: What am I to do, Sir?

MR. DEPUTY CHAIRMAN: You said you would take only two minutes.

SHRI JASPAT ROY KAPOOR: I never said that I would take only two minutes. In fact, had I known that I would take only two minutes, I would have preferred not to open my lips.

DR SHRIMATI SEETA PARMANAND: He said two minutes with regard to that particular point.

MR. DEPUTY CHAIRMAN: Was it with regard to that particular point? I thought you said you would finish the speech in two minutes.

SHRI JASPAT ROY KAPOOR: No I never said that, I am afraid.

MR. DEPUTY CHAIRMAN: Please do finish soon.

SHRI JASPAT ROY KAPOOR: If you will please give me time up to four o'clock, I will finish within that time, Sir.

MR. DEPUTY CHAIRMAN: Maulana Faruqi also wants to speak.

SHRI JASPAT ROY KAPOOR: We shall be very happy to hear him, Sir.

MR. DEPUTY CHAIRMAN: Please finish as soon as possible.

SHRI JASPAT ROY KAPOOR: I will try to be as brief as possible. I am just trying to pick and choose my points.

उपसभापति महोदय, इस बिल में कहा गया है कि इस संस्था को वह गौरव प्राप्त होगा जो कि एक राष्ट्रीय उच्च कोटि की संस्था को होना चाहिये और हमारे संविधान की लिस्ट सं० १ में इसकी गणना की जायगी। ठीक है, जब इसको राष्ट्रीय संस्था का गौरव

प्राप्त होने जा रहा है तो उचित यही होगा कि हमारी जो उपचार की राष्ट्रीय प्राचीन पद्धति है उसको भी इसमें स्थान मिले। मैं इस सम्बन्ध में और कुछ नहीं कहूंगा क्योंकि हमारे और मित्रों ने भी इसी विषय पर बहुत कुछ जोर दिया है और मैं नहीं जानता कि मेरे इस पर और अधिक जोर देने का कोई फल होगा, यदि और मित्रों के इस पर जोर देने से अभी कोई फल न हुआ हो या आगे चल कर भी न हो। मैं केवल यही कहूंगा कि यदि इस संस्था के अन्दर भारतीय पद्धति से शिक्षार्थियों को शिक्षा देने का इस वक्त प्रबन्धन हो सके तो कम से कम अनुसंधान के लिये तो इसमें अवश्य ही गुंजाइश होनी चाहिये और इसके अलावा मैं आशा करूंगा कि हम लोगों की जो इच्छा है, जो कि मंत्राणी महोदय से छिपी नहीं है, उसको ध्यान में रखते हुए वह शीघ्र से शीघ्र एक ऐसा विधेयक भी प्रस्तुत करेगी जिसके द्वारा एक ऐसी ही उच्च कोटि की संस्था बना कर उपचार की आयुर्वेदिक, यूनानी अथवा हो सके तो होम्योपैथिक, पद्धतियों को भी प्रोत्साहन देने के लिये वह प्रयत्न करेगी, क्योंकि अगली पंचवर्षीय योजना में भी आपके पास इस सम्बन्ध में काफी रुपया है और यदि आपने यह नहीं किया तो जैसे पहली पंचवर्षीय योजना में जो रुपया आपको मिला था वह आप खो बैठी हैं वैसे ही अगली पंचवर्षीय योजना में जो रुपया आपको मिलेगा वह भी आप खो बैठेंगी।

राजकुमारी अमृत कौर : मैं नहीं खो बैठी हूँ।

श्री ज० रा० कपूर : एक बात मैं और कहना चाहता हूँ। जहां तक गर्वनिग बाडी आदि का सम्बन्ध है उसमें जो आपको सुझाव दिये जा रहे हैं और संशोधनों द्वारा जो दिये जायगे उनको स्वीकार कर के हिन्दुस्तानी पद्धति के विशेषज्ञों को भी उसमें आप रखेंगी ऐसी मुझे आशा है। शायद आपने इंस्टीट्यूट के मेम्बर्स की संस्था १७ रखी है, तो या तो उनमें

[श्री ज० रा० कपूर]

से एक या दो स्थान ऐसे विशेषज्ञों को आप देंगी अन्यथा आप इस संस्था में दो या चार से वृद्धि कर देंगी और उन लोगों को रखेंगी और इसी प्रकार से गवनिंग बाडी में भी एक या दो स्थान ऐसे लोगों को आप देंगी ।

उपसभापति महोदय, मुझे यह जानकर हर्ष हुआ है कि जो डाक्टर इसमें रखे जायेंगे उनको निजी प्रैक्टिस करने की आप आज्ञा नहीं देंगी । चारों ओर से इसका समर्थन हुआ है, केवल राम सहाय जी ने ही कहा है कि ऐसा होना उचित नहीं मालूम पड़ता है । उनका खयाल यह था कि इसमें जो डाक्टर नियुक्त किये जायेंगे उनको पूर्ण रूप से ज्ञान प्राप्त करने का अवसर नहीं होगा क्योंकि वे किन्हीं गेगियों का इलाज तो नहीं कर सकेंगे । उस समय ही मैं ने कहा था कि इस संस्था के साथ अस्पताल सम्बद्ध होगा और उसमें रोगी भी होंगे, उसमें अनेक रोगी होंगे और उनका इलाज करने का इन्हें अवसर मिलेगा लेकिन मैं समझता हूँ कि यदि लोग चाहें तो इस सम्बन्ध में कुछ व्यवस्था हो सकती है । इस सम्बन्ध में जब कभी लोगों ने बात हुई तो कुछ लोगों ने यह भी सम्मति प्रकट की कि जो लोग अस्पताल में नहीं जाना चाहते हैं उनको यदि ऐसे विशेषज्ञों से लाभ उठाने का अवसर न मिले तो यह उचित नहीं होगा । इस सम्बन्ध में मैं एक सुझाव प्रस्तुत करना चाहता हूँ कि जो धनी लोग अस्पतालों में आ कर इन विशेषज्ञों में लाभ न उठाना चाहते हों और यह चाहते हों कि उनसे अलग से सलाह और मशविरा करें तो उनके लिये अस्पताल के समय में ही अथवा उसके अलग कुछ समय निर्धारित कर दिया जाय और उस समय में और लोग जा कर अस्पताल के ही किसी विशेष स्थान में उनसे सलाह मशविरा करें और सलाह लेते समय उनको फीस दें जो कि सरकार की ओर से निर्धारित हो और उस फीस में से अधिकांश सरकार को जाय तथा थोड़ा सा अंश उन

विशेषज्ञों को दे दिया जाय । ये विशेषज्ञों घरों पर जा कर उनकी देखभाल नहीं करें बल्कि वहीं पर वे लोग आयें जब तक कि कोई खास ऐसी विशेष परिस्थिति न हो कि रोगी अस्पताल में किसी तरह से जा ही न सके और उस दशा में भी जो कुछ फीस उन्हें मिले उसका अधिकांश अस्पताल को अथवा इस संस्था को जाय और केवल थोड़ा सा ही अंश उस विशेषज्ञ के पास जाय ।

अंत में, उपसभापति महोदय, मैं यही कहूंगा कि मुझे यह मालूम पड़ता है कि यह विधेयक बहुत जल्दी में बनाया गया है और मालूम पड़ता है कि ऐसी कोशिश की गई है कि किसी न किसी रूप में, स्केलेटन रूप में, इसका ढांचा हम लोगों के सामने आ जावे और उसके बाद इसको नियमों और अधिनियमों द्वारा आवरण दिया जाय । यह कोई अच्छी बात नहीं मालूम पड़ती है भले ही नीयत इस समय यह हो कि जल्दी में इस उच्च कोटि की संस्था को स्थापना कर दी जाय । अब तो जो कुछ हो सकता है वह यह अवश्य हो सकता है कि जैसा कि डा० मुन्बारायन ने सुझाव दिया है, कि धारा २८ में यह लिख दिया जाय कि जो नियम इस सम्बन्ध में सरकार बनावे उनको यहां उपस्थित किया जाय और जब दोनों सदनों के सम्मुख उपस्थित किये जाय तो ये नियम १४ दिन तक रहें और इन दोनों गृहों को यह अधिकार हो कि इस अवधिके अन्दर उनका जिस प्रकार से भी चाहें संशोधन कर सकें । यह कोई बहुत नया सुझाव नहीं है, अनेक विधेयकों में भी इसी प्रकार के नियम रखे गये हैं, इसी प्रकार की धारा रखी गई है । इस सम्बन्ध में मैं ने भी एक छोटा सा संशोधन भेज दिया है और मैं आशा और विश्वास करता हूँ कि मंत्राणी महोदय यह संशोधन कल स्वीकार कर लेंगी ताकि इस संसद् को यह अधिकार हो कि जिस रूप में भी चाहे उस रूप में उन नियमों में संशोधन कर सके अन्यथा इस संसद् के अधिकार को इस तरह से ले लेना और हमसे यह कहना

کی ہم ایک چیک کو دستخط کر کے بिल्کول ایلک رپ میں دے دے جس سے کہ سرکار کو اتریا اس سنسوا کو سب پرکار سے سارے اتریا کر ہوں اور اس ترہ سے ہمارے اتریا کو لے کر کے ہمارے اتریا کاٹ لیاے جاےں، یہ کور کور اتریا تریا نہیں ہوتا ہے ۔

اتر میں اور کور اتریا ن کور کر یہی اتریا کورگا کہ جب اتریا اتریا ہمارے سمسوا اتریاےں ترہ ان میں جو سوااا ہم لوگوں کی ترہ سے سنسواوں کے رپ میں دیاےں جاےںے انکو اتریاणी مہودیا سوااا کر لےگی ۔

مولانا ایم - فاروقی (اتر پر دیاےں) :

جناب دیاےںی اتریا مین صاحب - اتریا میں اس سلسلے میں کوریا اتریاں کہی جا چکی ہیں - میں یہی اس سلسلے میں ترہوڑی سی اتریاں کہنا چاہتا ہوں - کہونکہ رور یہی مینے پاس بہت کم ہے - اس کے علاوہ میں اتریاہل منسٹر کا زیادہ رور نہیں لینا چاہتا - خاص طور پر اتریا کور صاحب نے جو اتریا سجاہار اور اتریا اتریا میں دیاےں کی ہیں ان سب کی میں اتریا کرتا ہوں -

یہ مسلہ کورنگو میں برابر اتریا رہا کہ کور سا تریاہے علاے سائلٹنک ہے اور کور سا ان سائلٹنک - مینے ترہ صرف یہ خواہش ہے کہ کور موع دیا جائے ان لوگوں کو جو کہ طلب اور اتریا رورڈک سے واقف ہوں اور اس کے بعد کہل کر یہ سمجھنے کی کورس کی جائے کہ آیا اتریا اور طلب میں جس کے اتریا ترہ ہزار برس سے کام ہو رہا ہے کور کور یہی اس قسم کی ہے جو

معقول مانی جا سکتی ہے - یا نہیں مانی جا سکتی ہے - اتریا اتریا کمپنی کے رور سے برابر جو اتریا اتریا ہوتا آ رہا ہے کہ یہ ہمارے دیاےں علاے اور دیاےں تریاہے علاے جو ہیں وہ سب ان سائلٹنک ہیں اور وحشیاہے ہیں - ترہ اس پر اتریا کے زمانہ میں ضرور رور ہونا چاہئے - میں عرض کروں گا کہ اس پر رور کرنے کا موعہ نہیں ملا ہے لہذا اس کا موعہ یتریا رور اور کورسوں کو دیا جائے کہ وہ دنیا کو اس بارے میں کور سمجھا سکیں - مینے یہ جان کر برا افسوس ہوتا ہے اور خاص طور سے جب ڈاکٹر اتریا کو یہ کہتے ہوئے سنا ہوں کہ طلب ان سائلٹنک ہے مینے سمجھا میں یہ نہیں آتا کہ کس بنیاا پر وہ یہ اتریاں کہتے ہیں -

تریاہے سترہو میں سینجری تک افسورہ یورورسٹی کے مینڈیا سن کے کورس میں وہ قانون ہے جو شیخ کی طلب میں بنیاا کی کتاب ہے طلب کے کورس میں برابر داخل تھی - ایک کتاب زہراوی کی ہے - اسورق یہی اے دیکھیں ترہ اس میں اتریا جسم کے سرجری کے مترلی تمام فوٹو ملیں گے - یہ کتابیں جو اس زمانے میں رائیج تھیں وہ اسپن سے ہو کر یورپ میں آئیں اور ان ہی کے اتریا اتریا مینڈیا سائلٹنک ہوا - ترہ جو چیز کہ یورپہے میں بنیاا کی چکہ رکھتی ہے اس کے بارے میں اتریا یہ فومانیں کہ

پھر اس کو انجکشن کا ایک نسخہ
دے دیا جاتا ہے -

RAJKUMARI AMRIT KAUR: Hos-
pitals have nothing to do with this
Bill.

مولانا ایم - فاروقی : میرے کہنے

کا مطلب

MR. DEPUTY CHAIRMAN: Hos-
pitals do not come in under the opera-
tion of this Bill.

مولانا ایم - فاروقی : میں تو یہ

بتلا رہا تھا کہ

RAJKUMARI AMRIT KAUR: I pro-
test very strongly against irrelevant
discussion. The House has taken
three days over this Bill. The condi-
tion of hospitals run by the States or
run by anybody else has nothing to
do with the Bill that is before the
House.

SHRI JASPAT ROY KAPOOR:
Perhaps the hon. Member wants to
suggest how the hospitals which you
will establish under this Bill should
be regulated and conducted.

MR. DEPUTY CHAIRMAN: This
Bill has nothing to do with hospitals.

SHRI JASPAT ROY KAPOOR: No,
Sir.

MR. DEPUTY CHAIRMAN: It is
concerned with medical education and
medical research. Please confine your
remarks only to these.

SHRI JASPAT ROY KAPOOR:
There are the hospitals which will
be established under this Bill. I hope
they are going to establish some hos-
pitals. It is specifically provided here-
in.

RAJKUMARI AMRIT KAUR: We
are not concerned with this point at
present.

مولانا ایم - فاروقی : میرے کہنے

کا مطلب یہ ہے کہ ان اسپتالوں میں
جو سرکاری ملازمین علاج کرانے کے لئے
جاتے ہیں انہیں بھی اس طرح کی
حالت کا سامنا کرنا پڑتا ہے - سرکاری
ملازمین کے لئے یہ کپلسری ہے کہ وہ
اپنا علاج سرکاری اسپتالوں میں ہی
کرائیں - اگر کوئی سرکاری ملازم باہر
علاج کراتا ہے تو اسے کسی کا بل ادا
نہیں کیا جاتا جب تک ...

MR. DEPUTY CHAIRMAN: Please
confine your remarks only to this Bill.

مولانا ایم - فاروقی : میرے کہنے

کا مطلب یہ ہے کہ ہمارا جو پرانا
طریقہ ~~علاج~~ علاج تھا وہ ریگولڈ نہیں ہو
سکتا ہے اور نہ اس کے اوپر کچھ خرچ
ہو سکتا ہے - تو کم سے کم ان اسپتالوں
کی حالت تو اچھی ہوتی جہاں پر
مارٹن طریقہ پر علاج ہوتا ہے تاکہ اس
سے کم سے کم عوام کو تو فائدہ حاصل
ہوتا -

میں ان جملوں کے ساتھ یہ کہتا

ہوں کہ کپور صاحب نے اپنی تقریر کے

دوران میں اس بل کے متعلق جتنی

باتیں کہیں ہیں ان سے میں پورا

اتفاق کرتا ہوں اور ان کی باتیں ۹۹

فیصدی ^{منظور} کے قابل ہیں -

†[مولانا ام. فاروقی (उत्तर प्रदेश):

जनाव डिप्टी चियरमन साहब, एवान में
इस सिलसिले में काफी बातें कही जा
रही हैं। मैं भी इस सिलसिले में थोड़ी सी,

†Hindi transliteration

[भौलाना एम० फ़ारूकी]

बातें कहना चाहता हूँ, क्योंकि वक्त भी मेरे पास बहुत कम है। इसके अलावा मैं आनरेबिल मिनिस्टर का ज्यादा वक्त नहीं लेना चाहता। खास तौर पर अभी कपूर साहब ने जो चन्द सुझाव और चन्द तजवीज़ें पेश की हैं, इन सब की मैं तार्जद करता हूँ।

यह मसला गुप्तगू में बराबर आता रहा कि कौन सा तरीका-ए-इलाज-सैन्टिफिक है और कौन सा असाइन्टिफिक। मेरी तो सिर्फ यह स्वाहिस है कि कोई मौका दिया जाय, इन लोगों को जो कि तिब और आयुर्वेदिक से वाकिफ़ हों और इसके बाद खुल कर यह समझने की कोशिश की जाय कि आयुर्वेद और तिब में, जिसके ऊपर तीन हजार वर्ष से काम हो रहा है, कोई चीज़ भी इस किस्म की है जो माकूल मानी जा सकती है या नहीं मानी जा सकती है। ईस्ट इंडिया के वक्त से बराबर जो प्रोपेगंडा होता आ रहा है कि यह हमारे देशी इलाज और देशी तरीका-ए-इलाज जो हैं, वह सब अनसैन्टी-फिक और वहाशयाना हैं, तो इस पर आपके जमाने में ज़रूर गौर होना चाहिये। मैं अर्ज करूंगा कि इस पर गौर करने का मौका नहीं मिला है। लिहाजा इसका मौका यकीनन वैद्यों और हकीमों को दिया जाये तो वह दुनिया को इस बारे में कुछ समझा सकें। मुझे यह जान कर बड़ा अफ़सोस होता है और खास तौर से जब डाक्टर हज़रात को यह कहते हुए सुनता हूँ कि तिब अनसाइन्टिफिक है, मेरी समझ में यह नहीं आता कि किस बुनियाद पर वह यह बातें कहते हैं।

तकरीबन सत्तरहवीं शताब्दी तक आक्स-फोर्ड यूनिवर्सिटी के मेडिसिन के कोर्स में "कानून" जो शेख की तिब म बुनियादी किताब है, तिब के कोर्स में बराबर दाखिल थी। एक किताब जहरावी है। इस वक्त

भी आप इसे देखें तो आपको इसमें जिस्म के सरजरी के मुतल्लिक तमाम फोटो इसमें मिलेंगे। यह किताबें जो इस जमाने में राइज थीं वह स्पेन से होकर यूरोप में आईं और इन्हीं के ऊपर आपका मेडिकल साइन्स डेवलप हुआ। तो जो चीज़ कि एलोपैथी में बुनियादी जगह रखती है उसके बारे में आप यह फरमायें कि साहिब यह तो अनसाइन्टिफिक है, यह तो कोई समझ में आने वाली बात नहीं है। आपको इस बात पर गौर करना चाहिये कि यह चीज़ आज की नहीं है, बल्कि तीन हजार वर्ष की पुरानी है। हमारे यहां के वैद्य यहां से उठ कर बग़दाद गये, वहां खलीफा हारून रशीद के जमाने में ग्रीक बावली, सीरियन, इजिप्शन वगैरह ने मिलकर तमाम तरीकों को मिला कर तिब को ईजाद किया। उस वक्त बग़दाद तमाम चीज़ों का सैन्टर था। जिस वक्त वैरूनी हिन्दुस्तान में आया और वह बनारस में सात वर्ष तक पंडित की शबल बना कर पंडित की तरह रहा, उसने यहां के मुतल्लिक काफ़ी मालूमात हासिल कीं। और जब यहां के वैद्य बग़दाद गये तो बादशाह खुद उनके इस्तक़बाल के लिये आये। तिब जो उस वक्त बनी वह सिर्फ़ यूनानी ही नहीं है, बल्कि उस जमाने में जितने भी इलाज के तरीके थे, उन सब को मिला कर तिब बनाई गई। तिब में जो तर्जुमा ग्रीक से बावली या सीरियन से हुआ है, उसे आप देखेंगे तो मालूम होगा कि उनमें ७५ फीसदी दवायें और अलामतें वही हैं जो आपको वैद्यकी में भी मिलेंगीं। इस के बाद जब यह तिब यहां आई, तिब और वैद्यकी मिल कर एक नयी चीज़ पैदा हुई। हिन्दुस्तान की वैद्यकी से तिब ने जो कुछ लिया और तिब से जो वैद्यकी ने लिया वह सब के सामने मौजूद है। कोई बीमारी और उसका इलाज ऐसा नहीं, जो इसमें मौजूद न हो। एक एक हजार सफ़ा की किताब तो सिर्फ़ आंख के इलाज के लिये आपको मिलेगी।

एक चीज की जानिव मैं आपकी तबज्जुह और दिलाना चाहता हूं। आप आयुर्वेद और तिव को अनसाइन्टिफिक कहते हैं। लेकिन आपका जो सिस्टम आफ मेडिसिन है, उसको सिर्फ डेढ़ सौ वर्ष हुए हैं। इससे आप उसूले इलाज को छोड़ दीजिये। सर्जरी को छोड़ दीजिये जो नया नया डेवलप हुआ। लेकिन हमारे आयुर्वेद और यूनानी में जो दवाओं का तजुर्वा है, वह तीन हजार वर्ष का है जो कि तबोवों ने किया है। आपका तो सिर्फ डेढ़ सौ वर्षों का तजुर्वा है दवाइयों का। आप गौर करें कि इन दोनों में कौन सा अनसाइन्टिफिक है।

एक मामूली चीज असरोल जो हमारे यहां देहरादून की बादियों में पैदा होती है उसने दुनिया भर में इन्क्लाव पैदा कर दिया है। हमारे तरीका के जरिये इस असरोल में मिर्च और दो चार मामूली चीज मिला कर एक नुस्खा तैयार किया जाता है जिसको हमारे यहां के वैद्य और हकीम जनून के लिये और दिमाग के लिए इस्तेमाल करते हैं। आज यह असरोल ब्लड प्रेशर के लिए इस्तेमाल हो रहा है। अमरीका के लोग इसे सर्पेन्टाइन के नाम से ले रहे हैं। इस तरह की और भी बहुत सी चीज हैं, एक मरज ज्वावतीस का है। आपके यहां कोई इसका इलाज नहीं होगा। आप बराबर इसके लिए एकड्रीन का इन्जेक्शन देते रहेंगे। लेकिन मैं आपको यकीन दिलाता हूं कि इस वक्त भी आपके हिन्दुस्तान में ऐसी जड़ी बूटियां हैं जिनसे इस बीमारी को जल्द दूर किया जा सकता है। आप इनको डेवलप तो कीजिये, इसके लिए मदद तो कीजिये और सैन्टिफिक तरीके से तहकीक कीजिये। लेकिन आप कहते हैं कि हम तो इसे छुयेंगे नहीं। आप गौर फरमायें कि कितनी ज्यादाती की बात है कि जो मुल्क अपनी दवाओं और अपनी कल्चर, अपने न्याय फ्रमसे और हिकमत के

सिलसिले में दुनिया में मशहूर था, आज डेढ़ सौ वर्ष में हमारे दिमाग के ऊपर बाहरी मुल्कों और मगरबी मुल्कों का असर इस कदर हो गया है कि हम उस मुल्क की चीजों को नजरन्दाज करते जा रहे हैं। तो आपको चाहिए कि अब अपने मोता जा खाक में पड़े हैं, उनको इकट्ठा करके साफ करें। जदीद साइन्टिफिक तरीकों से आप जरूर फायदा हासिल करें। मैं यह नहीं कहता कि आप इन से फायदा हासिल न करें। लेकिन तीन हजार वर्ष से जिस पर हम तजुर्वा करते चले आ रहे हैं उनको क्यों छोड़ देते हैं। मैं कतना हूं कि आप मरीजों से जाकर पूछें और इस चीज को खुद देखें कि इससे कितने फ्री सदी मरीजों का फायदा होता है। आप और हम सब जानते हैं कि किसी भी तरीका से इलाज करने में सौ परसेंट फायदा नहीं होता है लेकिन अगर किसी चीज से ७५ परसेंट भी फायदा होता है (तो आप इसे महबूल दवा करार देते हैं। अगर जांच करने के बाद ७५ परसेंट भी फायदा होता है) तो मैं कहता हूं कि आप इन इलाजों के लिये और दवाइयों के लिये जितनी मदद दे सकते हैं, दीजिये। आप हमारे यहां के इलाज को डेवलप कीजिये और हमारी दवाइयों को तरक्की दीजिये। और मैं इस बात को दावे के साथ कह सकता हूं कि बहुत अमराज में आज हमारे तरीका में जो दवाइयां मिलेंगी, वह दूसरी जगह नहीं मिलेंगी।

चूंकि हार्ट की बीमारी के फ्रन से मेरा ताल्लुक है, इसलिए इसके बारे में एक मिसाल मैं आपके सामने पेश करता हूं। हमारे एक डाक्टर हार्ट के डाक्टर हैं डाक्टर फरीदी, जो कि लखनऊ में एक बेहतरीन डाक्टर समझे जाते हैं। उनके नीचे चार जूनियर डाक्टर काम करते हैं और हर बड़े मुल्क की डिग्नरियां उनके पास मौजूद हैं। लेकिन साल भर से वह हमारे यहां की बनी हुई एक देसी दवा की

मीलाना एम० फ़ारूकी

डिविया लिये हर वक्त बैठे रहते हैं, इस ब्याल से कि कहीं इसके बगैर हाट फेल न हो जाय और मर न जायें। कहने का मतलब यह है कि हमारे यहां इस कदर ज़द अस्तर दवाइयां हैं कि जो कि दूसरी जगह नहीं हैं। सिर्फ़ इनके लिए फ़ैसलिटी दीजिये। ये कौन सी बात है कि आप मौका नहीं देते। आप फ़ैसलिटी दीजिये और मौका दीजिये और इस तरीका पर उन्हें डेवलप होने दीजिये, जिस तरीका पर आप फारेन उसूल इलाज को या फारेन तिव को मौका देते हैं। हमारे तरीका-ए-इलाज को नज़रन्दाज कर देना कोई इन्साफ़ की बात नहीं होगी। यह कह देना कि साहब यह तो अनसाइंटिफिक है मुनासिब नहीं है, दरअसल इसको समझने के लिए बढ़त गहरे और अमली मुतालिआ की ज़रूरत है। आप बैठ कर गुफतगू कीजिये और समझने की कोशिश कीजिये कि वह क्या चीज़ है। अभी तक तो इतना भी सबर नहीं होता कि आप यह जानने कि कोशिश करें कि वैद्यकों है क्या चीज़ या तिव है क्या चीज़। लेकिन डाक्टर लोग वैद्य और हकीमों के बारे में कहते हैं कि यह तो बेकार है। वैद्य लोग कहते हैं कि डाक्टर बेकार हैं। हमें तो यह चीज़ तस्लीम नहीं करनी चाहिये। तो मैं इस सिलसिले में यह अर्ज करना चाहता हूँ कि आप इस बात की पूरी फ़ैसलिटी दीजिये कि अपने यहां के जो उसूल इलाज हैं इन पर थोड़े दिन तज़ुरवा किया जाये। इलाज के सिलसिले में आप सैकड़ों चीज़ें डेवलप कर रहे हैं। आयुर्वेद और तिव को भी डेवलप कीजिये। डाक्टर लोग तिव को बुरा कहें और आयुर्वेद वाले डाक्टरी को बुरा कहें इसके कोई मानी नहीं ह। हमें जितने भी मेडीसन हैं उन सबको डेवलप करना है। हिन्दुस्तानी तरीका-ए-इलाज, तिव या आयुर्वेद और एलोपैथिक या दूसरे भी जो इलाज के तरीके दुनियां में राज़ हैं, उन सब से आप मिल कर फायदा हासिल करें।

इस तरह जितने भी साइंटिफिक तरीके हैं, उनसे फायदा हासिल कीजिये और जितनी आपकी गुजशता चीज़ें हैं, उन से तज़ुरवा हासिल कीजिये। यह सवाल ही नहीं पैदा होना चाहिए कि आयुर्वेद को न लिया जाय, तिव को न लिया जाय, लेकिन एलोपैथिक को लिया जाये। दूसरी बात जो मुझे अर्ज करनी है, वह हकीम, वैद्य और डाक्टर की हैसियत से नहीं बल्कि एक मामूली आदमी की हैसियत से कहनी है। मैं जो अर्ज करना चाहता हूँ वह यह है कि हमारे मुल्क में जो अस्पताल हैं उनकी हालत बहुत ही खराब है। हमारे मुल्क में जितने भी हस्पताल हैं चाहे वह हैल्थ मिनिस्ट्री के अन्डर हों या न हों, इन अस्पतालों में जो दवाई दी जाती है वह पच्चीस फीसदी मरीजों के लिये भी काफी नहीं होती। आम तौर पर डाक्टर साहब एक तरह का मिक्चर बना देते हैं और वही ज्यादातर बीमारियों में मरीजों को दिया जाता है, जब किसी मरीज पर वह दवाई अस्तर नहीं करती तो फिर उसको इन्जेक्शन का एक नुस्खा दे दिया जाता है।

मेरे कहने का मतलब यह है कि इन अस्पतालों में जो सरकारी मुलाजमीन इलाज कराने के लिए जाते हैं, इन्हें भी इस तरह की हालत का सामना करना पड़ता है। सरकार के मुलाजमीन के लिए यह कम्प्लेसरी है कि वह अपना इलाज सरकारी अस्पतालों में ही कराये। अगर कोई सरकारी मुलाजम बाहर इलाज कराता है, तो इसे किसी का बिल इलाज के लिए अदा नहीं किया जाता जब तक.....

मेरे कहने का मतलब यह है कि हमारा जो पुराना तरीका-ए-इलाज था वह रेकिग्नाइज नहीं हो सकता है और ना इसके ऊपर कुछ खर्च हो सकता है, तो कम से कम इन अस्पतालों की हालत तो अच्छी होती, जहां पर मॉडर्न तरीका पर इलाज होता है ताकि इससे कम से कम अबाम को तो फायदा हासिल होता। मैं इन जुमलों के साथ यह कहता हूँ कि कपूर साहब ने अपनी तकरीर के दौरान में इस बिल के

मुतल्लिक जितनी बातें कही हैं, उनसे मैं पूरा इत्तिफाक करता हूँ और इनकी बातें ६६ फीसदी मन्जूर करने के काबिल हैं ।]

RAJKUMARI AMRIT KAUR: Sir, I have listened with very great attention during the last three days to all that has been said by every single speaker that has risen to speak on this Bill. I am, like my friend, Dr. Subbarayan, a Member of this House, distressed that instead of considering the Bill, instead of having read the Bill and the objects and objectives of that Bill, this debate has just deteriorated into almost a battle of Ayurved against modern medicine. It was never the intention of the Government of India, under whose auspices and with whose blessings this All-India Institute of Medical Sciences is being brought into being, to have any quarrel with Ayurved or Unani or Homoeopathy or Nature Cure or any other system of medicine that may to-morrow come into being.

SHRI BISWANATH DAS: May I know, Sir, whether it is the view of the hon. the Minister that none of these systems come under the purview of medical sciences?

RAJKUMARI AMRIT KAUR: Sir, if the hon. Members will permit me to explain the position, their questions and the arguments that have been raised will be answered *seriatim*.

The All-India Medical Institute was an institute that had been suggested to be brought into being as long ago as when the Bhole Committee issued its Report and I confess that I am extremely happy to have had in this House, at a time when I have brought this measure for being passed here, a Member of that Committee for whose support and for whose clear enunciation of what this institute was meant to be—he was the first speaker in this debate—I am thankful.

I would draw the attention of the Members to the Statement of Objects and Reasons and if you will turn to the last sentence, you will see there

that "the Institute will have the power to grant medical degrees, diplomas and other academic distinctions which would be recognised medical degrees for the purpose of the Indian Medical Council Act, 1933." Now surely nobody can ever draw the inference that of these medical degrees can be anything relative to either Ayurved or Unani or Homoeopathy.

At page 5 you will see under clause 14(a), "With a view to the promotion of the objects specified in section 13, the Institute may provide for undergraduate and postgraduate teaching in the science of modern medicine" and again at page 8 in clause 23 and 24 "Notwithstanding anything contained in the Indian Medical Council Act, 1933, the medical degrees and diplomas granted by the Institute under this Act shall be recognised medical qualifications for the purposes of that Act and shall be deemed to be included in the First Schedule to that Act." "Notwithstanding anything contained in any other law for the time being in force, the Institute shall have power to grant medical degrees, diplomas and other academic distinctions and titles under this Act."

Therefore the purposes of this Institute have been very clearly laid down in this Bill. Naturally therefore it pertains to the development of modern medicine. Now, when I took over charge of the Ministry of Health, one of the first things that I deplored greatly was the fact that so many of our young boys and girls and doctors who had been in practice for some time, especially in the teaching profession in our colleges, used to have to go abroad to get their postgraduate training away from their own background, away from conditions which they would have to practise under when they came back, away very often from the clinical material that this country offers and offers in a special way because, after all, we are a tropical country and we have many diseases here, which we do not have in the western hemisphere, and therefore it was that I thought that,

[Rajkumari Amrit Kaur.]
if I could have a medical institution where I could give postgraduate studies to my own people in my own country, it would be of enormous advantage. It would not only save money but it would give them the necessary knowledge in their own country and with a sense of pride that they will be getting it in their own country rather than having to go abroad for it.

Secondly, it has been born in upon me recently—and born in upon me in a special manner when I go abroad as I have the opportunity of doing fairly often that there are noticeable new trends that are taking place in the modern system of medicine and I want to adopt many of those new trends here. For example, last year we had a special conference on medical education for this purpose and many suggestions have been made and many things have been said to us in regard to the alteration of the curricula that exist in our medical colleges today. I was anxious that we should also come into this picture and perhaps take a first step in this direction whereby other countries might also learn from us. Now, as far as the modern system of medicine is concerned, I would just like to read to you the Cabinet decision which was taken after several days of serious talk, naturally under the leadership of our Prime Minister:

“The Central and Provincial Governments should decide that modern scientific medicine shall continue to be the basis of the development of national services in the country.....”

but they also recommended and I remember so well that it was at my own suggestion that—

“facilities for research on scientific lines into the Ayurvedic and Unani systems of medicine should be promoted on as broad a basis as possible on the lines recommended in the Chopra Committee's Report and the results of such research when they are of proved value will not only enrich the Ayurvedic and

Unani systems but will also be incorporated in modern medicine so that eventually there will emerge only one system of medicine.”

Now, I say this to you in all humility that in the Central Ministry of Health while I have been its chief servant it has been my endeavour to follow this resolution which was passed by the Cabinet of this country not only in the letter but in the spirit. And I claim with all sincerity that I have given full play, as much as I could, to the development of Ayurved on proper lines. I will comment in detail on this question of Ayurved later. I would like first of all to answer some of the other points that have been raised because they are really very much more relevant to the Bill.

First of all, hon. Members have said, ‘why have you located it in Delhi?’ Well, Delhi was thought—again after much consideration—to be the best place because it was going to be a new venture and naturally it was right that it should be under the eyes of the Ministry concerned so that we could see to it that it develops along right lines.

Dr. W. S. BURLINGAY: May I ask the hon. Minister one question because that will help the hon. Minister? There is a statutory provision in this Bill to the effect that this institution shall be located in Delhi. What I want to ask is this. What is the necessity for such a statutory provision for this purpose?

RAJKUMARI AMRIT KAUR: You have to ask the law Ministry. I do not know. It matters very little whether there is a statutory provision or not. But the land has been acquired and as I have said already, hon. Members can go there at any time and see how much of the building has already come up. Therefore the question of location really does not arise. And there is no gainsaying the fact that there is plenty of clinical material in Delhi. It is not necessary to go to Bombay, Calcutta or Madras to get clinical material.

Then I have been asked whether there were any conditions attached to the New Zealand grant. As a matter of fact, as I said, this concept of an All-India Medical Institute was given by the Bhore Committee. I accepted it at once and from the very first year when I took over charge I pressed for it but I could not get any money. So when the Colombo Plan came I put forward a scheme and that scheme was accepted by the New Zealand Government. Their grant carries no conditions whatsoever. Naturally, they did understand that it was to be an all-India Institute for the development of postgraduate and undergraduate training in modern medicine and research.

Some other hon. Members asked, "why should there be a Dental College and a Nursing College? Why not others?" Someone else asked, "why any at all?" Sir, dentistry has been a very neglected science in our country. There really is not one first-class dental college in India today and I was determined to be able to have the facilities to turn out trained dentists in my own country. Our dentists have to go abroad now to get really first-class qualifications. Therefore it was that I wanted a Dental College attached to this Institute. Similarly, nursing also has been the most neglected limb of the medical profession though it is an important limb. There are only two Nursing Colleges in the whole of India—one here and one in the South. They are producing for us Sister-tutors who can go back to the States and take up teaching of nursing. I do not want a whole heap of other colleges in this campus but I do look forward to a department for Social and Preventive Medicine. We cannot keep abreast with the development of modern medical science if we do not have the teaching of Social and Preventive Medicine.

Dr. Raghubir Singh talked about stereotyped colleges and the need for L.M.P. courses and rural services. I have no doubt in my mind that this is not going to be a stereotyped

college. It is a new venture; it is a pioneer venture. It will break new ground all the time and I have no doubt that with the support that it will have from the Government and I hope with the support that it will have from the elected representatives of the people who have the honour to come to the Rajya Sabha and to the Lok Sabha, this Institute will be a very fine Institute and it will be not only something worthy of India but something worthy of the world. I agree—as one speaker said—that our own young men are no less intelligent than others. Many of them have made their mark in the world of surgery, in the world of medicine, in the world of pathology and in all the other branches of this great science of medicine. We may never lower standards.

Someone asked, 'why is the U.P.S.C. not allowed to recruit?' We consulted the U.P.S.C. and they have agreed to recruitment being made without consulting the Commission until the Bill is passed and after the Bill is passed, because it will be a statutory non-government institution, recruitment will be outside the purview of the Union Public Service Commission and that is a logical corollary.

About rules and regulations, some have said that there are too many and some have said that we are taking away from Parliament what is really Parliament's due. Clause 28 gives power to the Central Government to make rules and clause 29 gives power to the Institute to make regulations. Clauses 6 to 10 specifically mention matters which may be catered for by rules and regulations. And these matters are mentioned in clauses 28 and 29 for the sake of further clarity. If references to rules were to be deleted from clauses 6 to 10 the language of the Bill, I was told, would become cumbrous. And this pattern has been followed in innumerable Acts and I only plead that we should give as much autonomy as we can to this Institute which is going to be a pioneer

[Rajkumari Amrit Kaur.]
venture. Let us have elasticity and let us have autonomy and let us not feel that for every little thing, for every little rule and regulation they will have to come up here. After all, you are going to have an extremely good Governing Body which will lay down the policies which will be followed by the Institute and the regulations must be left to the discretion of the Institute itself.

SHRI JASPAT ROY KAPOOR: But where is the autonomy when the rules will be made not by the Institute or the governing body but by the Government? The autonomy is not there when the rules will be framed by the Government.

RAJKUMARI AMRIT KAUR: Well, the Government is not going to make rules that are not going to be acceptable to the governing body. Government will be in very close touch with the governing body. Trust your Government. Trust your good scientific people. Don't always think that all the wisdom lies in these Houses. It does not.

And now in regard to the University Grants Commission, section 3 of the University Grants Commission Act provides that the Central Government may declare that any institution other than a University shall be deemed to be a University for the purposes of this Act.

Shri Sapru asked for clarification regarding the Committees. I would refer him to clause 10 (5) whereby the Institute may set up as many standing committees and *ad hoc* committees as may be necessary for specific purposes and for advising the Institute and these sub-committees may either be executive or advisory. And liaison between the Institute and other medical colleges will be maintained through non-official representatives on the Institute. And if you will look at the membership in clause 4(a), 4(e) and 4(f), you will see that the non-official element is very, very much present there.

On this Institute, I was again asked, why representation had not been given to the Indian Medical Council. When the Bhore Committee recommended the inclusion of the President of the Medical Council of India and another member of that Council, at that time the idea was to include the supervision of the Council over the undergraduate part of the functions of the Institute. Latterly—and I think quite rightly—the whole concept has changed, because we want to make the Institute an independent organisation in the undergraduate field. We want to experiment in that undergraduate field. We want to shorten it or widen its scope or however else we may want to change it. But we want that done and, therefore, we do not want it to be a stereotyped college that will come under the Medical Council. Later on, of course, changes can be made. That is another matter. But at the moment we do want in this institution full freedom for experimental studies.

SHRI AKBAR ALI KHAN: There is no room for representation of the Indian Council.

RAJKUMARI AMRIT KAUR: These same reasons apply to the special status that we wish to give this new venture for non-affiliation with any University. There is no question of bypassing any University. There is no question of not going on helping the existing Universities, to upgrade any of their institution or departments should they wish to do so. But this Institute has to become—if it is to play the role that I want it to play—a guide to all our teaching institutions. It has got to be an all-India seat of learning giving the lead and ever so much in the truest sense of the term of 'all-India'. And I think we want an all-India spirit in this country now more than at any other time of our history. We are sadly in danger of going into narrow parochialism and provincialism which cuts at the very foot of all that we at any rate were taught to fight for under the banner of the greatest man this country has ever produced. Moreover in the no-

inations under clause 4(e) and 4(f), members of the Indian Medical Council are almost certain to be there. I should say they are certain to be there, and I hope, therefore, that that satisfies the Members. I have already said that we want an undergraduate college and I need not repeat the argument. Apart from the fact that reform is needed in undergraduate studies because new trends are coming in everywhere. Please remember that in modern education now postgraduate studies are not and must not be in a water-tight compartment any longer.....

DR. SHRIMATI SEETA PARNAND: It will make it parochial.

RAJKUMARI AMRIT KAUR: They are too closely linked with undergraduate courses and dare not work in isolation if we have to forge ahead.

There were some objections raised to clauses 23 and 24 of the Bill. I venture to submit that these are necessary because one of the main purposes of the Institute is to experiment in the field of medical education and adequate freedom for this purpose is hereby provided. Of course, these diplomas and degrees will be recognised. They will be recognised under the Act. They will have the impress of the Government of India and what is more I am hopeful and I am certain that they will be recognised throughout the world just as the F.R.C.S., M.R.C.P. and F.R.C.P. of London and Edinburgh and M. Ds. of America are recognised all over the world. I have no doubt that the degrees and diplomas that our people get in this Institute will also get not only worldwide recognition but worldwide approbation.

Now, regarding the budget of this Institute I say that it has not been sprung as a surprise. Every year for the last four years both Houses have been passing the budget for this Medical Institute. So, no surprise has been sprung. This actual Bill is just for power to manage the Institute in the best possible manner.

Someone then said that there may be conflict between the teachers and the Governing Body. Now, I see no reason whatsoever why scientific men should quarrel with each other. The Governing Body will lay down policies, but the internal management will be the burden of the Director with such staff as is under him. Someone then said, "We have experience of large buildings and little work being done therein." I can assure him that this will not be the case. As a matter of fact, Members may be interested to hear that postgraduate studies in orthopaedic surgery have already commenced and commenced in hutments.

Someone talked about 'modern medicine' being an American phrase. I must say that this took me by surprise. I do not know whether the lady who said this has visited America, but all I know is that the term 'modern medicine' is not really used in America or in England. As a matter of fact, in England if you were to speak, as I was speaking last year to the late Minister of Health of the United Kingdom, he talked about "orthodox medicine." The other day I was talking to an American professor and again he talked about "conventional medicine." I think we may claim that we here in India have coined this word 'modern medicine' and doctors both in England and elsewhere have taken to it and are going, I think, to adopt it. Anyway what is in a name? Further, in any case, allopathy does not mean modern medicine. Allopathy, I may tell the Members of the House if they do not already know it was a name coined by Homoeopaths because they wanted to call modern medicine by a name as opposed to homoeopathy. But modern medicine is very very much more than any 'pathy'. It is the sum total of all the knowledge, gained through all the years since mankind has existed, as I have said again and again and I have no doubt that Ayurveda and Unani have contributed to it.....

SHRI H. P. SAKSENA: But they are excluded from this conception of modern medicine.

RAJKUMARI AMRIT KAUR: No. They are certainly excluded as they exist today. Please remember that Ayurveda in its pristine glory was one thing, but as one of the very great supporters of Ayurveda has on the floor of the House more than once said, I agree that it is not being practised in the proper way today. It has remained static. Are we going to remain static in anything? Is India not to come up to scratch in this vital science? I should be very sad if my country failed in this when it was going to adopt everything scientific in every other department of life—in your engines, in aeroplanes, in motor cars, in river valley projects, and even in atomic energy. Atomic energy is going to come and is going to be used for medical purposes. Will you mix Ayurveda there too? You cannot mix up things.

SHRI BISWANATH DAS: Can the hon. Minister tell us whether she is prepared to give equal status, equal opportunity.....

MR. DEPUTY CHAIRMAN: She will come to it a little later.

RAJKUMARI AMRIT KAUR: When I used to be with Gandhiji we used always to have a great deal of humour with him. He used to say to me, "Tell me, what is the 'Thought for today' in today's *Times of India*? And I always used to read out the 'Thought for today' to him. And if he was struck by it, he used to tell me to write it down in a special book so that he could remember it. I have continued to read 'A Thought for today' in the *Times of India* ever since and today, this was the "Thought for today":—"The interests of society often render it expedient not to utter the whole truth, the interests of science never: for in this field we have much more to fear from the deficiency of truth, than from its abundance." And I was struck by it—not as a miracle as some

friends here have talked about as being done by v aids, but as a very happy coincidence because it does really express what I feel about the approach to this whole question. Science is a search for truth. Medical science is no less a search for truth than any of the other vital sciences. In fact it is, much more vital because it touches the human being in a special way. It means life or death; it means enjoyment or suffering; it means illness or wellbeing; it means pain or lack of pain. Therefore, we have to approach medical education in a very, very scientific manner. And I have felt all the time that I have listened to the speeches made here and time and again, even wondered—whether it is due to expediency or whether their arguments are due to an appreciation of a real search for truth. When I was fighting in 1951 for my election in my own constituency, v aids came to me and said, "Here are 3,500 or 4,500 votes which we will give you if you will recognize Ayurveda." I said, "Go and throw them down the next drain. Nothing doing. I am not to be bribed." Those votes went against me. I say to you, "Do not think in terms of placating any interest; think in terms of the science."

Now, in the speeches that have been made on the floor of the House, no differentiation seems to have even been conceived of between fundamental research and research in drugs. Many people have said, "Ayurvedic Medicines are this and that." I do not deny it. I say that there should be research—intensive research—in medicine that are used by the v aids and by the unanis and by the homoeopaths also. But fundamental research is a little different and is a far more difficult thing. If you will read the Health Ministry Report—one Member was good enough to turn to this Report—you will find that in addition to the research that has been done in Jamnagar on the study of Pandu, Grahani and Kamla group of diseases, "investigation on guineaworm in-

fection in collaboration with the Director of Ayurveda. Saurashtra and identification of drugs used in Ayurveda have been undertaken. In addition to the above research literary research for the collection of references on the subject of Anaemia from Vedas, Upanishads, Purans, and other classics and original works is also in progress. The Pharmacy Department have prepared some important medicines" and twenty items are given. And then they give you further information as to what the Institute is doing. If you turn to page 45, you will find that they are doing research on Mana Vinishchava, Darva Vinishchava and Varma Vinishchava. References are being compiled from Ayurvedic Classics on colour as well as similes used. Then, work on identification of crude drugs plants and herbs, cultivation of medicinal herbs etc. are also in progress. And there is the future plan of work at the Institute:—

1. To develop Siddha System of medicine.
2. To develop outdoor clinical research.
3. Schemes proposed in the Second Five Year Plan, viz.,
 - (a) Establishment of the Unani Section.
 - (b) Animal Experiment Laboratory.

After all, if you want to experiment on the effect of medicines available, you have got to take the help of modern medicine.

Then there are:—

- (c) Panch Karma and Naturopathy.
- (d) Manuscript and publication department.
- (e) History of medicine and so on.

People have rather.....

SHRI JASPAT ROY KAPOOR: Is there any student in this Institute firstly and secondly, is there any hospital attached to it?

RAJKUMARI AMRIT KAUR: Of course there are. I would beg of the Members to go to Jamnagar and see for themselves what is happening and perhaps they will then realise what the Prime Minister has written himself:

"This is a fascinating inquiry going on in this research Institute and it may well lead to very fruitful results."

SHRI JASPAT ROY KAPOOR: My simple question is: Is there any student in this Institute? I sought an enlightenment. Of course, I will avail myself of any opportunity to go there.

MR. DEPUTY CHAIRMAN: The reply was "there are."

RAJKUMARI AMRIT KAUR: I cannot give you the number; but the officials here will be able to tell how many there are. But of course there are students.

Now, immediately I come back from my tour, I am going to Saurashtra—to Jamnagar—myself to open post-graduate studies in Ayurveda, I do not want them to wait in this Institute; I want them to go on. We are going on.

Now, in spite of the fact that funds were provided in the First Five Year Plan for the development of Ayurveda and other ancient systems of India, they could not all be utilised. Why could they not be utilised? Simply because I write to every single State and say to them, "Send me schemes for research" and schemes are received. The v aids are not people who have been educated in modern medicine. They examine them and pass them or not. Some Members seem to have some kind of an antipathy to modern medicine in spite of the fact that, when they are ill, most of them come for accommodation in my hospital.

SHRI H. P. SAKSENA: The antipathy lies elsewhere.

RAJKUMARI AMRIT KAUR: I am not going to give way to any one.

The advisers in Ayurveda are:—

1. Dr. Gokhale, Principal of Ayurvedic College, Poona.
2. Dr. Srinivasa Murthy, ex-President of the School of Indian Medicine, Madras.
3. Shri Ramprasad Sharma, Director of Ayurveda in PEPSU.

I have got people to advise me on Homoeopathy: Dr. Mazumdar, Dr. Diwan Jaichand, Dr. Dhawale, Dr. Saksena and others. For Unani also I am having talks with hakims to see what they can do. I have asked them on more than one occasion to send me schemes. Three times I have seen them myself, and asked them to send me schemes, but I have not yet got them. I am hoping that with the help of my friend, Mr. Zaidi, who is interested in this institution in Delhi, something may come out for Unani. In addition to that, Rs. 1 crore has been provided by my Ministry solely for research in the indigenous systems of medicine in various institutions in the country. Ayurveda has been allotted Rs. 60.5 lakhs. I can only hope they will be able to spend it. If they spend it and if the Unani and Homoeopath people also spend more, I have no doubt that I will be able to get them more money. There will be no question of lack of money. The only question is: Will they be able to spend it? In addition, the Indian Council of Medical Research of which I am again the President, have set aside another Rs. 20 lakhs in the Second Five Year Plan for investigation in indigenous drugs. It is for the State Governments really to do more for Ayurveda. What are they doing for Ayurveda? It is their burden in the first instance. If they do not encourage it, you should go and penalise them, if you so wish.

They are also responsible to the people whom they serve. I have met Health Minister after Health Minister from the States, and I have to contradict Dr. Gilder's statement which he made yesterday. They tell me that while they are opening ayurvedic dispensaries, the people actually demand modern medicine. This is what is happening. I think I have a recollection of Dr. Gilder wanting to put up an ayurvedic dispensary somewhere or other in some village in the Bombay State and telegram after telegram and representation after representation coming to him asking for a modern dispensary. After all, he was Minister of Health for five years in the Bombay Government. What was he able to do for Ayurveda? He started some new courses for it. I said to him, "What is happening today is, 'You train these young men in Ayurveda but they actually...'"

SHRI M. GOVINDA REDDY: I will give the explanation as to why people prefer the allopathic dispensaries to Ayurvedic dispensaries. The State Governments do not give anything to the Ayurvedic dispensaries. They give them just Rs. 10 or Rs. 15, and no equipment and how can you expect people to go there?

RAJKUMARI AMRIT KAUR: If they are paying Rs. 5 or Rs. 10 to these vaidis, I say that it is very wrong. I will ask them to pay more. What I say is this: If you really want Ayurveda to live and not allow the practitioners of Ayurveda to practise anything but that science, then, if you teach them anatomy, teach them physiology, teach them pathology and all the other non-clinical subjects and teach them also how to read X-Ray pictures and expect them after that to practise Ayurveda, they are not going to do it. They are going to practise modern medicine and that is why the students in the college at Lucknow are on strike, the students in Trivandrum are on strike. They want to learn modern medicine. If you feel that the States are not doing enough, I am willing to write to the States. I have advised all the Minis-

ters of Health to teach the vāids a certain amount of hygiene, a certain amount of sanitation, teach them how to inoculate, how to vaccinate, and then let them give their own remedies in their own way to the villagers. In that way alone will Ayurveda live. Secondly, I say that, if the therapeutics of Ayurveda and Unani is made a postgraduate study, then alone will you get the real essence, the substance, the life-giving things which are in these systems, so that all knowledge may be brought into the broad stream of modern medicine. But my suggestion was not accepted by the Ministers. I hope to be able to give substantial stipends to M.B., B.S. fully qualified people to study Ayurveda and then to practise it. Now, I think that is a far better way of doing things. I am willing to give to one or two colleges in the first instance a chair in Ayurveda so that those who have graduated in modern medicine may learn this science also. That is the way to revive Ayurveda. I fully agree with my friend from Bihar who said, 'Do something to revive it.' I would like to revive it and take from it all that is worthy of taking from it. That is what we want. As I said, I do not run the hospitals in the country. I am only the Health Minister in the Centre. I can only advise. But I claim that I have done more for research in Ayurveda than was ever done before. We have brought out today an Indian pharmacopoeia of Indian medicines produced by people who are not Vaidyas. I would like Vaidyas and Hakims to produce their medicines in a scientific way. There are difficulties, however, in fundamental research. When I went and saw the patients, in one place where we are having this fundamental research, being treated by the vāids and by modern medicine, the people who were being treated by modern medicine were able to get out quicker. The other people who were being treated with Ayurvedic medicines were asking to be changed over to modern medicine, so that they too could get out of hospital quicker. We want to do research, because after all

quickness is not everything. As Dr. Gilder rightly said, there are many people who get well without medicines and not by some homoeopathic pill or anything else.

The same about homoeopathy. I have been trying to get the three Homoeopathic Colleges in Calcutta to agree to have just one really good college so that I could give it enough money, but they have not agreed. They are still quarrelling. I have chosen one college, and I have actually in the next Five Year Plan provided the best part of Rs. 14 lakhs for Unani, Homoeopathy and, if possible, nature cure. As Gandhiji once said, nobody in India knows the science of nature cure.

Then one word with regard to the bias of some people against modern medicine. After all when you want surgery, where do you go? If you want gynaecology and obstetrics, where do you go? If you want pathology, where do you go? If you want radiology, where do you go? If you want dentistry, where do you go? If you want ophthalmology, where do you go? If you want maternity and child welfare, where do you go? Modern medicine has reached out to the villages. You have maternity and child welfare in modern medicine and not in Ayurveda. It is all very well to say that our people live because of these people. People live certainly. Man lives through all kinds of difficulties. He survives. But what about the high incidence of disease in India? The doctrine of the survival of the fittest still remains. In bio-chemistry, in preventive medicine, in all these things research can only be done in my opinion by scientific modern medical men. My friend, Mr. Govinda Reddy, said to me that research must be done by modern men, and I agree with him. I shall do my best in regard to research in Ayurveda, but that can be done only by modern medical men. Even in Ayurveda, there are two contrary views: One view is that there should be no modern medicine in it at all. There is another body of opinion which says, "Let the

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vaids practise modern medicine as well." I think myself that that is wrong.

SHRI H. P. SAKSENA: May I know how much has been given for modern medicine? She said just now that Rs. 14 lakhs have been provided for Ayurvedic and Unani systems.

RAJKUMARI AMRIT KAUR: I have already told the House that Rs. 60 lakhs have been given to Ayurveda. In addition, Rs. 5 to 6 crores are being spent by the States.

SHRI H. P. SAKSENA: What is the Centre's expenditure for modern medicine?

RAJKUMARI AMRIT KAUR: As a matter of fact, for modern medicine, all the money that is provided in the country is provided by the States, and we give very little. I am providing for something for this Institute which is still to start. I am providing Rs. 1 crore for the indigenous systems, for research in them. We have got under us only institutes like the All India Institute of Hygiene, Nutrition Laboratories and so on. A large sum of money is being provided, for research in modern medicine. In addition, Rs. 1 crore is being given for the indigenous systems of medicine. I am not stingy about giving to what is good. Now you talk about the attitude of mind of my Ministry. There is nothing wrong with the attitude of mind here but I want the best for my people and I do want here and now to say this, that I wish to condemn in the strongest language at my disposal the horrid remarks that are made by Members of this House—and I expect more responsibility on their part—against my advisers. They cannot defend themselves on the floor of this House. It is not right to hit below the belt and I bear witness that it is to their credit that in all my schemes for every sort or kind of help to the indigenous systems of medicines, I have had nothing but absolute, cent. per cent. support from them. It is cruel, wrong and wholly inaccurate to talk against them as some persons

have done here and I would like those words to be withdrawn by them.

Regarding the chair for History of Medicine, I think it is most important that the History of Medicine should be taught and that our people should know from the beginning the history of Ayurveda among other things and I am delighted that Dr. Radha Kumud Mookerji quoted all the Sanskrit that he did. I would like to tell him that I have appointed in the Bangalore Institute for research in mental diseases a Sanskrit scholar who will help me to see what the ancients did in mental cases. I shall do likewise here and I wish to say this too that as this Institute develops—just now it is only in the under-graduate stage and a few post-graduate studies have begun—there is no reason at all why there should not be a close liaison between this and Jamnagar. I want Jamnagar to develop and become an All India Institute. It is an All India Institute for Ayurveda. I would like another Institute to spring up for Unani and I would like an All India Institute for Homoeopathy. These will spring up in time. Don't be impatient, don't ask me to mix up training here because the very purpose of this Bill will be spoiled. The Chair for the History of Medicine will be a tremendous asset and will give very great help. I can assure hon. Members that I will not deny help to research in the indigenous systems of medicine.

DR. RADHA KUMUD MOOKERJI: May I ask a question? May I know whether at this stage under-graduate study should be included in the scheme? When we are thinking of upgrading the standard of medical education, should we fritter away our resources in under graduate study.....

RAJKUMARI AMRIT KAUR: No. The emphasis will be much more on post-graduate studies. The under-graduate school I have to have as I have already said, because I want to experiment with the orientation of under-graduate education so that the University in Lucknow—the hon. Member's University—and others may

be able to learn something new and he may be able to bring the reorientation into all medical colleges. Also those who are taught here will become teachers. We badly lack personnel in our teaching colleges. We are so lamentably short that I do want young men and women to be trained here and trained in the proper way and therefore a teaching institution must surely have a practising school but it will be a very small undergraduate college. In time, I hope to draw from the very best from all over India. That is what I wish. Self-sufficiency on post-graduate education only refers to the fact that we should be able to have all our post-graduate education in our own country. Self-sufficiency in undergraduate education is not necessary. We have already got it. Now many Members have mentioned—I have nearly finished, and I might be allowed a few minutes more as it is difficult to break off in the middle of an argument—many people have talked about China. I have been to China quite recently myself. I took the trouble of going into the utmost details in regard to what they call, traditional medicines. It may interest hon. Members of this House to know what China and their Prime Minister told me—of course we have adopted the modern system of medicine—"We have to catch up with the West". I said "You may have a great deal in your traditional medicines". He said "We may have, we have." But no more traditional doctors are being turned out in China—not one. Now in the traditional school—and I went to two of them because I wanted to see what they were doing—not a single traditional doctor is allowed to treat anything except four or five chronic diseases like chronic hypertension which they treat with acupuncture and they are doing research on that. Then they treat chronic rheumatism, chronic arthritis, chronic gastro-enteritis and one or two other ailments. They were doing something for children—I think in some kidney trouble in children. That is all. No communicable disease is allowed

to be treated by traditional doctors. They have got new graduates, men trained in modern medicine, educated absolutely in the modern way and their auxiliary personnel get their training in pathology, in anatomy, in physiology. That is what they are doing. They are teaching everyone, even the traditional doctors, whether they are old or young, a certain amount of modern medical science. I found an old man with a stethoscope round his neck and I asked him, "Are you using it?" "Yes, Madam," he answered. "I am using it and I am very glad I use it, because I find it much easier to do the diagnosis with the aid of the stethoscope than by just putting my fingers on the pulse." So that is China. Do not imagine that China is happy to lag behind the West. It is not. It is going ahead. We too are trying to train any number of what we call auxiliary medical personnel who are getting as good a training as the Chinese doctors, if not a little more.

I was told, "Do not think of tinkering with modern research." I think that was the word. I do not understand how research can be tinkering, for research has nothing to do with tinkering. But to do research only in Ayurveda without the vast field of medical research open to us in this country under the modern system would be to me the absolute negation of research. I do not understand what kind of research that would be. Research has to be all embracing and all inclusive. Therefore, I hope that I have explained everything to the satisfaction of everybody and that I have convinced the House that I am not against Ayurveda. I am willing to help Ayurveda and to give them fully qualified men. I want them to go into that field. They should have every opportunity for research, every opportunity for serving our people, not only in the villages but everywhere. Why do you want always our villages to have the second best? I want the villages to have the very best. I want the villagers to have even better service than I have, because I consider them much more liable to

[Rajkumari Amrit Kaur]
fall ill than I am. I want these people to serve in the hospitals, everywhere. I will have no objection to giving them the best facilities. We are developing better under-graduate and post-graduate studies in Jamnagar and when I get fully qualified post-graduate men from there, certainly we will collaborate with each other and there will be interchanges and there will be coordination so that all that is available in Ayurveda will come in, as I have said, into the broad stream of this vital science—medical science.

After what I have said, I hope those hon. Members who have put forward amendments will understand that it is impossible for me with the purpose that I have in view for this Institute, to accept those amendments. But I have given every assurance on the floor of the House and I shall carry out all those assurances, that none of them, neither Ayurveda nor Unani, nor Homoeopathy shall be allowed to suffer for lack of funds, for lack of facilities for research; and it is up to their protagonists and their practitioners to give me schemes and get money from me, whatever I can give them. And I shall also ask the States not to pay the Vaidis so little, but to encourage them to serve the public and to do research also.

With these words, Sir, I would commend the motion to the House.

SHRI SHAH MD. UMAIR SAHEB (Bihar): Sir, I would like to know from the hon. Minister whether the House is likely to have another and similar Bill brought before it, dealing with Ayurveda and Unani systems in due course, some time in the future at least?

RAJKUMARI AMRIT KAUR: Certainly, if there is progress, why not? I would love to have a Bill like this. But today I find it so difficult to get

even professors learned enough for Ayurveda to go there and give even lectures. But we have got to work it out. I would request hon. Members to go to Jamnagar and see things and give me suggestions how to improve it further. I have no objection to bringing in a further Bill to this House whenever it is necessary to do so.

SHRI R. C. GUPTA: (Uttar Pradesh): I would like to know, Sir, whether the hon. Minister will permit the doctors working in this Institute to have private practice or not.

RAJKUMARI AMRIT KAUR: No, I have said, no, Sir. But I think under the rules,—and we have not framed any rules yet—I feel very strongly that we should provide that those who can afford to pay, the wealthy people, for any advice they get, they should pay a fee, and this should be out of teaching hours, and this fee can go to the Institute, as was suggested by, I think, Shri Kapoor.

MR. DEPUTY CHAIRMAN: The question is:

“That the Bill to provide for the establishment of an All-India Institute of Medical Sciences, as passed by the Lok Sabha, be taken into consideration.”

The motion was adopted.

MR. DEPUTY CHAIRMAN: We shall take up the clause by clause consideration of the Bill, tomorrow.

Now the House stands adjourned till 11 A.M. tomorrow.

The House then adjourned at thirteen minutes past five of the clock till eleven of the clock on Wednesday, the 9th May 1956.

All India Institute of Medical Sciences

Bill

Rajya Sabha

9th May 1956

(Pages 1683 – 1754)

(2) A copy of the Messages exchanged between the Prime Ministers of Canada and India and the Statement published in both countries on the occasion of the signing of the Agreement.

[Placed in the Library. See No S-174/56 for (1) and (2).]

EIGHTH REPORT OF THE COMMITTEE ON PETITIONS

SHRI JASPAT ROY KAPOOR (Uttar Pradesh): Sir, I beg to present the Eighth Report of the Committee on Petitions, dated the 8th May 1956, in respect of the twelve petitions which were remitted to it relating to the States Reorganisation Bill, 1956. In view of the fact that these petitions are identical in language and prayer to the petitions already circulated as papers to the States Reorganisation Bill 1956, the Committee has directed that only this report need be circulated to the hon. Members, and it be also forwarded to the Chairman and Members of the Joint Select Committee.

THE ALL-INDIA INSTITUTE OF MEDICAL SCIENCES BILL, 1956— *continued*

Mr. CHAIRMAN: We shall take up clause by clause consideration.

Clause 2—Definitions

Dr. W. S. BURLINGAY (Madhya Pradesh): Sir, I move:

4. "That at page 1, after line 13, the following be inserted, namely:—

"(cc) 'Medical Sciences' include Allopathic, Ayurvedic, Yunani and Homeopathic systems of medicine;"

(The amendment also stood in the name of Dr. Shrimati Seeta Parmanand.)

Mr. CHAIRMAN: Both the clause and the amendment are before the House. (After a pause). If there is nobody who is prepared to speak.....

Dr. W. S. BURLINGAY: Sir, I must apologise that I did not get up because it was really Dr. Shrimati Seeta Parmanand who was going to move this amendment, but since it has fallen to my lot, I do so. This is an important amendment and I want to make it perfectly plain that at any rate, as far as I am concerned, at a later stage, I am not going to press this amendment. That is for the very simple reason that we belong, after all, to the Congress Party, and we do not want to embarrass the hon. Minister in any way. But I might say this at this stage: we have heard the hon. Minister with great patience and with great attention and she is an extremely reasonable person. We have got great respect for her. But at the same time, I do wish to make it plain that as far as I am concerned, I am not convinced—not fully convinced at any rate—that justice is being done to Ayurveda and Homeopathy in this country. As our Prime Minister is always fond of saying, and quite rightly, in a democratic country such as ours, it is extremely important to remember that the methods by which we try to achieve results are at least equally important, as important as the results themselves, and therefore, although there may be disagreement between myself or those who are the protagonists of Ayurveda or Homeopathy and the hon. Minister, we do not want to make an attempt to gain a point and lose a friend. As Rajkumariji herself has said, she is a friend of Ayurveda and we want to explore in a very reasonable way further possibilities of discussions with her so that whatever we want to gain for Ayurveda may be properly and gracefully gained.

There are, if I may say, Sir, two or three things which we have got to remember so far as these systems of medicine are concerned. In Ayurveda there are certain things which seem to me very important; and one is that there are certain medicines of very very great value, and investigations

[Dr. W. S. Barlingay.]

have got to be undertaken to assess and ascertain the value of these medicines. Secondly, there is a large body of medical practice in Ayurveda that has developed in this country and all this experience of medical practice, which this country has gained during the past several centuries, cannot be simply thrown away. Whatever may be of value in that volume of experience has got to be absorbed. Then, there are two very important points again to which I want to invite the attention of the hon. Minister. One is, that this is a very poor country and the prescriptions of the Ayurvedic vaidyas, or for that matter of the Homeopaths, are very cheap as compared with the amount of money we would be required to spend if we want to take the allopathic medicines. The Ayurvedic herbs and medicines are easily available in our villages. There is no reason on earth why, when these herbs are efficacious—if they are not, we should give them up, but if they are efficacious, if these remedies are efficacious, I do not see why even the allopathic practitioners should not take to these medicines. Where is the harm in that, I don't understand.

I am one of those who believe that the doctrines of Ayurveda ought to be integrated into the modern medicine. I have never been able to understand the doctrine, that the medical science can be either of the allopathic colour, or of the ayurvedic colour, or homeopathic colour. I don't see any justification, I don't see any sense, in saying that, for instance, anatomy could be either allopathic or ayurvedic or homeopathic. What sense is there in talking like this, I, for one, am unable to see. I don't understand what would be meant by saying this pathology is ayurvedic pathology, and this would be homeopathic pathology. After all, these are propositions which we make with regard to Nature in the largest sense of the term, and these propositions are either false or true, and if they are false, we must discard them, but if

they are true, then a way must be found out for integrating all those various true propositions into one harmonious system of medical science.

Sir, you will readily agree that what I am propounding now is not something which is new to this country. You will remember the great Badra-yan who propounded the सूत्र तत्रु समन्ययात्, and there is a brilliant commentary on that Sutra by no less a person than the great Shri Sankara himself. What was the problem before him? The problem before him was one of *samanvaya*, or integration or synthesis. That was the problem before Shri Sankara. He tried to synthesise the various propositions that were found in this or that Upanishad and some of these, propositions were either discard or explained away, or they were incorporated and integrated into a body of harmonious knowledge about the Brahman. I suggest that this is really what the Allopaths have to do today, with regard to the medical sciences. I must say that there is no science in the world which has so much fallen on bad days. What I really wish to say is that Allopaths should today learn Charak and other works. They made certain propositions with regard to Nature, with regard to the constitution of the human being, with regard to the effect of certain drugs or medicines, of certain herbs etc. on the body. All those propositions refer to parts of the objective world. Modern scientists also have propositions for these very parts of Nature. Therefore, why is it not possible to effect an integration of all these various propositions, those, for instance, made by Charak, those made by some of the Chinese physicians and those made by the modern scientists? If these propositions are examined properly in a proper scientific and critical spirit, a *samanvaya* or integration or synthesis of them all, and a harmonious synthesis too, can be effected. And if this sort of work is undertaken by this Institute, then this Institute will be an ornament not merely to this country, but to the whole world.

MR. CHAIRMAN: Well, we have had on this point much general discussion.....

DR. SHRIMATI SEETA PARMANAND (Madhya Pradesh): Yes, about the acceptance of Ayurveda, Unani etc.

MR. CHAIRMAN: We have had the general discussion, and all that I am anxious about is that when you talk about the amendments, you may state.....

DR. SHRIMATI SEETA PARMANAND:all the reasons for them.

MR. CHAIRMAN: Yes, but not the reasons that have already been stated.

DR. SHRIMATI SEETA PARMANAND: Sir, I would like to say that there has been enough discouragement to participating in any further discussion on this Bill in the second reading stage, inasmuch as the hon. Minister for Health yesterday, even before the second reading stage had begun, was pleased to give a reply to the second reading debate in one sentence and that at the end of the first reading, by saying that she was not prepared to accept any of the amendments. So, even without hearing what the reasons for the amendments were, if the hon. Minister has decided that she was not going to accept any amendment—and she has said so on the floor of the House—then I submit, that there is no point in further discussing this Bill. In fact, if that is the attitude taken up, then I am afraid, there is no point even in bringing up Bills to this House; if issues are to be pre-determined in this manner.

I would not agree at all with the views expressed by the hon. Member who preceded me, that we belong to the Congress Party and so we are not going to press any of the amendments. Sir, even in the case of such an important legislation like the Hindu Succession Bill, when this House had even passed it, when the Party's

Amendments Committee had also gone through the amendments, the hon. Minister for Legal Affairs—fortunately he is sitting over there, and I am sure, he will bear me out in what I say now—was pleased to accept amendments to several of the clauses. Sir, the very purpose or object of Parliamentary procedure is that in the common wisdom of all the hon. Members, we may perfect the Bills in such a manner that they may serve the best interests of society for a long time. Yesterday, the hon. Minister gave the House assurances that all that was said on the floor of the House she would bear in mind, and things would be carried out. In that case, there is no reason or need for bringing in any Bills at all, because the Government is there always to carry out anything necessary in the best interests of the country. But I would submit that Bills which become Acts last for a long time, though Ministers may change. For that reason, assurances given by a Minister should not be considered enough. If any one principle is accepted that a certain Bill is expected to apply only to certain items, then those who follow the principles according to that Act will not be prepared later on to consider other items to be included in it.

Therefore, I have brought forward this amendment that the term "medical sciences" should be defined. I do not understand why the expression "medical sciences" should have been put in here. It may perhaps be argued by the hon. Minister that this very word "sciences" shows that it was their intention to later on include the other services also. But I would invite attention to clause 14 of the Bill to show that that could not have been their intention, because physical and biological sciences are supposed to be included in this term "medical sciences." But I will come to that amendment later on. Here I am on the question of definition. I would request the hon. Minister to accept this amendment, and I would also point out to her that nothing would be lost if at

[Dr. Shrimati Seeta Parmanand.]
the worst this Bill has to go back to the other House because of these few changes. After all, it has waited for about four years, and so nothing would be lost by postponing the passing of this Bill by a couple of months. After all, whatever has to be started has already been started. The appointment of the Director has also been made in anticipation of the consent or sanction of Parliament. So, in order to satisfy the wishes of not only one Member, but almost the unanimous wish of all the hon. Members of this House, I do hope that the hon. Minister, even at this stage, would kindly agree to accept the amendment which would give recognition to these medical sciences.

I would again request her to consider this fact that this is the country of the birth of these sciences, namely, Ayurveda and Unani, or rather it is the land of adoption of the latter. If this land does not do anything for them, does not, so to say, give them some special consideration, because they had remained behind, who will do it? We should say that within the meagre resources available, these sciences should be given an opportunity here in this Institute, so that the already existing inferiority complex that is there in the minds of the Vaidyas, on account of their not being educated in the western culture, may be removed. They feel that that is the reason why they are not given recognition by the Government and that is the reason why they are not able to come up to the standards required of them. Therefore, for these reasons, if these sciences are given recognition along with the other systems in the same Institute, and given a chance to develop from the very beginning in the same Institute, by our incorporating them in this Bill, by a definite definition, we will be doing justice not only to these sciences, but we will be meeting a very popular demand—and the hon. Minister knows it—that within the limited resources of the country, these two sciences have to be developed to meet our

demand, and to encourage, incidentally, our own pharmacopoeia and the allied industry that will be raised here.

It may be argued by the hon. Minister here that she was able to satisfy the hon. Members of the other House who had brought in several amendments. I do not know what exactly happened in the other House; but I may submit that even though the hon. Minister for Legal Affairs was able to satisfy this House with regard to several things, the other House did exercise its right to change whatever they thought fit to change in their own wisdom, in the clauses of the Hindu Succession Bill. Similarly, Sir, that should be no argument. It should not be that as the other House accepted the Bill as it was presented, this House should also do the same, especially when this House was not given an opportunity to examine the agreement, as to whether there were any conditions of grant. The hon. Minister said that there were no conditions attached. If we were not taken into confidence earlier, as Members of the House, in framing this scheme, I think, it is really necessary now that the hon. Minister should kindly accept these amendments. If she cannot forthwith start a research department in Ayurveda and Unani, in this Institute, if she cannot attach hospital accommodation immediately, she can do this later on, but once such a provision is incorporated in the Bill, Members will not have any objection, because they will get the assurance that it will be done.

SHRI P. N. SAPRU (Uttar Pradesh):
Mr. Deputy Chairman, I am rather surprised at the turn the discussion has taken. The Minister for Health made a very eloquent speech and a very conciliatory speech in which she fully recognised the contributions that Ayurveda and Unani systems may have to make to the pharmacopoeia of the future.

[MR. DEPUTY CHAIRMAN in the Chair.]

Even after that eloquent speech, the quest for a solution which would destroy the character of the institution which is sought to be built by this Bill continues. This institution is the result of a major recommendation of the Bhore Committee. I think, the Bhore Committee was very fair to all systems of medicine; that Committee did not have any practitioner of the indigenous systems of medicine as its Member; it did not have any Homeopath as its Member. Nevertheless, it recommended—and I think, it was hinted at by Dr. Gilder—that there should be a Chair for the history of medicine and that the holder of that Chair should be a man who has had a liberal education. Liberal education in India would mean and include a profound study of the Sanskrit language and literature. It would be for the holder of that Chair to suggest new vistas of thought to those who were undergoing training in that institution. The institution was intended to be a sort of a teachers' college, a college for the training of teachers, in a certain system of medicine.

Now, that system of medicine rests on assumptions which are completely different from those which underlie Homeopathy, for example. If you recognise Homeopathy, I do not see any reason, why you should not recognise some other system of medicine also. I know of a treatment called "Abram's treatment" and I know of a cure which was regarded as a very wonderful cure. There used to be a gentleman who was occupying the position of the Chief Justice of my State. He was diagnosed by all the physicians as suffering from cancer of the stomach and he was given three weeks' time. He went to England, to Harley Street physicians. They all said that there was no doubt that he was having cancer. He went to a person called Abram. A dying man goes to quacks also, and he was completely cured by him. He is very nearly 90, and is still in the enjoyment of his pension.

DR. W. S. BARLINGAY: May I say something for the information of the

hon. Member? I am sorry to say that Mr. Sapru has entirely misunderstood the matter. The point is that homeopathy is a system and a scientific system of medicine. It is not a question of a drug here or a drug there, and it is not a question of giving a medicine here and a medicine there in a sporadic way.

SHRI P. N. SAPRU: Mr. Abram claimed that his was also a system and a scientific system. There are biochemists who claim that they have their system; there are the naturopaths who claim that they have a system. That way there are hundreds of systems of medicine. This Bill contemplates, without prejudice to your establishing as many institutions as you like—you can establish as many institutions as you like, provided you have got money to throw about—that work shall be done in one particular branch of medicine which is recognised as the medical science in the modern world.

Reference was made to the Soviet Union and to China. Now, we had a representative, a physician of eminence, from the Soviet Union to assist us on the Bhore Committee, and his testimony was that indigenous systems of medicine are not recognised in the Soviet Union, for the simple reason that the people of the Soviet Union have a scientific outlook on life, and that they do not feel themselves bound by the past. They had been feeling themselves divorced from the past.

I do not say that our Ayurvedic and other systems of medicine, when they were evolved, had no contribution to make to medical science. I was reading, Sir, the other day a book; I thought of bringing it here, but I have forgotten to bring it. It is a book by a British Professor, Prof. Basham, called "the Wonder that was India". It contains a whole chapter devoted to the contribution the ancient Hindus made to medicine and surgery, but it must be remembered that 2,000 years or 1,500 years have elapsed since those

[Shri P. N. Sapru.]

contributions were made, and the world today does not stand where it did 2,000 or 1,500 or even hundred years ago. Therefore, it is only by the study, in a critical spirit, of the pharmacopoeia of this system, only by studying in a critical spirit the history of this system, that you can make advances in this system. To say that they stand on the same footing as medical science today is.....

DR. W. S. BARLINGAY: May I ask Mr. Sapru a question? Has he studied Tilak? Has he studied any book on Homeopathy?

SHRI P. N. SAPRU: I have glanced through the books of Tilak and I have seen something of Charak, but I do not think that dear old Charak, speaking with all respect to him, knew enough about physiology, anatomy and bacteriology.

SHRI M. GOVINDA REDDY (Mysore): May I know how these remarks are relevant at all? This is quite unnecessary; he is not answering the amendments. The hon. Member is advancing controversial arguments which necessarily other Members of the House should take up in order to refute them. He does not know that even modern authorities are disputed, and there are controversies even about Allopathy. Even in allopathy, there are controversies. Why should he now go into this question?

SHRI P. N. SAPRU: I would not withdraw one single word of what I have uttered, Mr. Deputy Chairman. My expressions are perfectly parliamentary. I am entitled to have my views. I may be ignorant, but I am entitled to be proud of my ignorance. I am entitled to have my views on our ancient systems of medicine. I am entitled to have my views on the contribution that Charak has made to the advancement of surgery in the modern world, or to the advancement of medicine in the modern world.

SHRI KISHEN CHAND (Hyderabad): Will you allow irrelevant matter also to be stated, Sir?

SHRI P. N. SAPRU: Irrelevant matter was not introduced by me. Irrelevant matter was also introduced by speakers who did not confine themselves to what this Bill was intended for, who went beyond the scope of this Bill and talked of this All-India Institute assuming to itself functions which it could never discharge. Where do the Homeopaths, Vaidya, Hakims and Naturopaths come in here?

SHRI BISWANATH DAS (Orissa): On a point of order, Sir. With all respect to my friend, I feel, that what he has uttered just now is a reflection on the Chair, namely, that the discussion that has taken place in this House was not to the point covered by the Bill. That means they are irrelevant. Is it a congratulation to the Chair, that we honour? It means that the Chair allowed irrelevant things.

MR. DEPUTY CHAIRMAN: I suggest that the hon. Member leave the Chair alone.

SHRI P. N. SAPRU: The Chair is quite competent to take care of itself. Now, Sir, the question is whether to this institution, which was meant to promote one particular branch, one particular science of medicine, other systems.....

DR. W. S. BARLINGAY: Medical science is not a particular branch of medicine.

MR. DEPUTY CHAIRMAN: Let him go on.

SHRI P. N. SAPRU: The singular can also include the plural and the plural can also include the singular in law. I wish my friend would study some legal terminology and he would find that sometimes plural includes the singular and the singular includes the plural. That is a well known method of interpretation.

MR. DEPUTY CHAIRMAN: By the same argument, if you concede that,

Mr. Sapru, they say that medical science includes Ayurveda and Unani systems. They say that medical science includes those systems also, I mean, that is the other side of the picture.

SHRI H. P. SAKSENA (Uttar Pradesh): Exactly.

SHRI P. N. SAPRU: If they wish to claim for their systems the name of science, I have no dispute with them, but I would say that, so far as this Bill is concerned, its scope is limited to one particular form of medical science, the science of modern medicine.

MR. DEPUTY CHAIRMAN: But where is it made clear?

SHRI M. GOVINDA REDDY: The Bill does not say that.

SHRI JASPAT ROY KAPOOR (Uttar Pradesh): In the body of the Bill only, it does say 'the science of modern medicine'.

SHRI H. P. SAKSENA: We are talking about the title of the Bill, not the body of the Bill.

SHRI P. N. SAPRU: When we use the word 'medical science', in modern parlance we mean, the Allopathic system of medicine. When my friends fall ill and the illness is of an acute character, they do not.....

MR. DEPUTY CHAIRMAN: Suppose to-morrow Dr. Barlingay becomes the Health Minister in the Central Government, what is there to prevent him from including Unani and Ayurveda medicines through this Bill, I want to know.

SHRI P. N. SAPRU: Through this Bill?

MR. DEPUTY CHAIRMAN: Through the operation of this Bill. Even when the Bill is passed as it is, what is there to prevent him from bringing in Unani and Ayurvedic systems through the operation of this Bill.

SHRI P. N. SAPRU: We are a sovereign legislature. One legislature cannot bind.....

MR. DEPUTY CHAIRMAN: I am afraid the wording of the Bill is not so clear. Fortunately, the Law Minister is here and if he would elucidate the matter, I would be very much obliged.

DR. RADHA KUMUD MOOKERJI (Nominated): Besides, the word 'research' certainly brings within its ambit all systems of medicine.

SHRI P. N. SAPRU: I am bound to respect your views and in fact, I have said what I wanted to.

MR. DEPUTY CHAIRMAN: The 'science of modern medicine' comes only in clause 14, and there are the several items which this Institute can take up, but the main clause, I think, is clause 13 which describes the objects of the Institute, namely, "to develop patterns of teaching in undergraduate and postgraduate medical education" etc. 'Medical education' may mean any system of medicine.

SHRI JASPAT ROY KAPOOR: In all its branches.

SHRI BISWANATH DAS: May I know what is 'modern medicine'? Is 'Allopathy' modern medicine?

MR. DEPUTY CHAIRMAN: Well, that is the doubt that is in my mind also. The Law Minister can make it clear. I shall be very much obliged and the House also would be very much obliged.

SHRI P. N. SAPRU: I have not looked at the Bill from a draftsman's point of view, but I should have thought that the word 'medical science' has a definite connotation when it is used to-day. Without any qualification, you can speak of the Homeopathic system of medicine or Homeopathic science, or you can speak of the Ayurvedic science. But when you talk of medical science, and you qualify the word

[Shri P. N. Sapru.]
'medical science' by the word 'modern' the feeling can only be one and that is that you have the Allopathic system of medicine in mind. Maybe that if the word were merely 'sciences', it could mean them equally, but I do not see that the word 'medical science' can have reference to any science other than the science of Allopathic medicine.

MR. DEPUTY CHAIRMAN: That is where the difference lies.

DR. W. S. BARLINGAY: We respectfully agree with your interpretation.

MR. DEPUTY CHAIRMAN: I am expressing my doubt; that is all—not that I am correct.

SHRI P. N. SAPRU: In the Report of the Bhole Committee, in Chapter XX it is stated, "In this country, we believe that the historian of medicine can also perform the eminently useful function of investigating the indigenous systems of medicine 'not only for their ideological content, not only as aspects of India's ancient and mediaeval civilisations, and as end products of a long development, but also for the purpose of assisting in the evaluation of their practical achievements.'" In another place, in Chapter XXIII, they wound up that chapter by saying, "We have recommended the establishment of a Chair of History of Medicine in the proposed All-India Medical Institute, and have suggested that one of its functions should be the study of these systems in view of the importance of investigating the extent to which they can contribute to the sum total of medical knowledge."

Now, all this is not excluded from the scope of the All-India Institute, as visualized or contemplated.....

DR. W. S. BARLINGAY: Nothing is excluded.

SHRI P. N. SAPRU: And therefore, if nothing is excluded, I do not see why

the words 'Homeopathy', 'Unani' and 'Ayurveda' should be inserted.

MR. DEPUTY CHAIRMAN: That is a suggestion that the hon. the mover of the amendment should take note of.

SHRI P. N. SAPRU: If the term 'medical sciences' is of an all-embracing character, then the mover should have no fear that Ayurveda, Unani and Homeopathy are excluded from the purview of investigation by this Institute.

DR. W. S. BARLINGAY: If you accept the interpretation, it is perfectly all right.

SHRI H. P. SAKSENA: Incorporate it in the Bill. Mere acceptance will not do.

DR. W. S. BARLINGAY: Let the hon. Minister make a statement on the floor of the House that that is the meaning.

SHRI H. P. SAKSENA: Even then, it will have to be incorporated.

SHRI P. N. SAPRU: What I say is that so far as the research aspect is concerned, this Institute will conduct research in the indigenous systems of medicine also, see what indigenous drugs are in current use, which have been handed down to us from the past, and what utility they have, and so on. That, I think, would certainly be one of the functions of this Institute. So far as the Professor of History of Medicine is concerned, he will review the development in the various countries of the world, give his own evaluation of our system of medicine.....

DR. W. S. BARLINGAY: I am sorry Mr. Sapru is again wrong. A person who deals with history will deal only with dead historical facts and.....

MR. DEPUTY CHAIRMAN: Let him finish, Dr. Barlingay.

SHRI P. N. SAPRU: Often a historian has to pass verdicts. Dr. Radha

Kumud Mookerji is a historian of eminence, and I have read some of his books on ancient history, and he is fairly dogmatic in his views on the various characters in history. Sir, if you are to write a history of law, you will have naturally to understand the social, philosophic and other background of the age in which a particular system of law was developed.

DR. RADHA KUMUD MOOKERJI: May I say a word, Sir?

MR. DEPUTY CHAIRMAN: Not necessary.

DR. RADHA KUMUD MOOKERJI: Just one minute, Sir. As a historian, I simply placed before the House certain facts about the medical treatment undertaken with reference to specific cases. I did not go beyond facts.

MR. DEPUTY CHAIRMAN: May I suggest to Mr. Sapru that this Chair for the History of Medicine and the Bhole Committee Report are all there. Nobody disputes those things. We are only concerned with the wording of the Bill now—the wording in the several clauses of the Bill.

SHRI H. P. SAKSENA: Rather the amendment only just now.

MR. DEPUTY CHAIRMAN: Yes; only the amendment. So let us confine ourselves to that.

SHRI P. N. SAPRU: The explanation that has been given by the hon. Minister makes it hardly necessary for us to emphasize our differences too much with regard to this matter. I think that the Bill as it stands needs no amendment and no change. So we should be satisfied with the Bill as it is. Of course, there are parts of the Bill, which I myself criticised. As I said, in my opening speech, we have to get a full picture of how this Institute will function. Then, I thought, that too much power had been delegated to the Executive. They are all there; but I see no reason why members of the stature of Dr. Barlingay

and Dr. Seeta Parmanand should ask for changes which would lead to confusion, so far as this Bill is concerned. That is all that I have to say.

MR. DEPUTY CHAIRMAN: I do not think long speeches on this amendment are necessary. We shall ask the Law Minister to explain the position.

श्री राम सहाय (मध्य भारत) : मैं जरा यह चाहता था कि, इसके पहले कि ला मिनिस्टर साहब बोलें, मैं दो मिनट में उनकी तबज्जह इस तरफ दिलाऊँ, कि इंटरप्रिटेशन करने में वे

MR. DEPUTY CHAIRMAN: I think it is not necessary. He knows the position.

THE MINISTER FOR LEGAL AFFAIRS (SHRI H. V. PATASKAR): Sir, the point is, there is an amendment suggested to clause 2 that 'medical sciences' should include Allopathic, Ayurvedic, Unani and Homeopathic systems of medicine. So far as I am concerned, I would say straightway that probably those systems of medicine are as important as what is known as the modern science of medicine. That apart, the only question is what is the purpose for which this Bill has been brought forward, and whether, looking to all the provisions that find a place in this Bill, we should try to include in this a reference to Ayurvedic, Unani and other matters.

MR. DEPUTY CHAIRMAN: I hope you have understood the position. The hon. Minister's view, if I am right, is that this Bill excludes Ayurvedic, Unani and other systems, because this Bill is meant only for the modern system of medicine, and that is the recommendation of the Bhole Committee, as mentioned by the hon. Minister and also by Mr. Sapru, whereas the Members who have moved this amendment want the inclusion of these other systems. My doubt that is even if we pass the Bill as it is, it may not exclude Ayurvedic,

[Mr. Deputy Chairman.]
Unani and other systems. Whether that is the position or not is the problem. If the hon. Minister wants to carry out her intentions under this Bill, the title probably should be 'The All-India Institute of Modern Medical Sciences Bill, 1956'. As to whether that position is correct or not, I want your opinion.

DR. SHRIMATI SEETA PARMANAND: The hon. Minister may also look at the provisions in clause 13 which is the relevant portion.

MR. DEPUTY CHAIRMAN: Yes; the relevant portions are the Statement of Objects and Reasons, clauses 13 and 14 and clauses 23 and 24. You may kindly go through them and let us have your views.

SHRI H. V. PATASKAR: Yes; the only important clauses are clauses 13 and 14 and also the Statement of Objects and Reasons. These are the really important portions which should guide us in arriving at a proper conclusion.

MR. DEPUTY CHAIRMAN: I may also say that it is conceded, I believe, that the Ayurvedic and Unani systems are systems of scientific medicine, I suppose that is conceded.

THE MINISTER FOR HEALTH (RAJKUMARI AMRIT KAUR): Certainly.

SHRI H. V. PATASKAR: Not only that; but I understand from the information given to me by the hon. Minister in charge that, as a matter of fact, there is already an Institute for the Ayurvedic system.

MR. DEPUTY CHAIRMAN: Yes; different institutions have been established and every encouragement is being given.

SHRI H. V. PATASKAR: There is no desire to discriminate between one system and the other.

DR. SHRIMATI SEETA PARMANAND: That is not the point. If I may explain my amendment.....

MR. DEPUTY CHAIRMAN: You have already spoken.

DR. SHRIMATI SEETA PARMANAND: The hon. Minister who is going to give his opinion has not heard my point of view.

MR. DEPUTY CHAIRMAN: He was here.

DR. SHRIMATI SEETA PARMANAND: Not from the beginning.

MR. DEPUTY CHAIRMAN: He was here throughout.

DR. SHRIMATI SEETA PARMANAND: Because this Institute is to be here in the capital of the country, we are keen that it should include these other systems.

SHRI H. V. PATASKAR: That is a question of the location of the Institute. That is a different matter on which I would not say anything. So far as I can see, clauses 13 and 14 and what is mentioned in the Statement of Objects and Reasons should be sufficient for us to determine as to what really is intended by the provisions that are contained in the Bill. And I believe, my colleague, the Health Minister, stated yesterday that her own idea is that she wants to have this All-India Institute of Medical Sciences for a definite and particular purpose, and that it relates only to modern medical sciences. Clause 13 says that the objects of the Institute shall be to develop patterns of teaching in undergraduate and postgraduate medical education, in all its branches, so as to demonstrate a high standard of medical education to all medical colleges and other allied institutions in India and secondly, to bring together in one place educational facilities of the highest order for the training of personnel in all important branches of health activity and to attain selfsufficiency in postgraduate

medical education. That is what clause 13 says but clause 13 is followed by clause 14.

MR DEPUTY CHAIRMAN: Clause 14 contains several directions by which the objectives mentioned in clause 13 may be promoted.

SHRI H. V. PATASKAR: Therefore, I am going to request you to have a look at all these together, for determining as to what was really intended by the hon. Minister when bringing forward this Bill. Clause 14 says:—

“With a view to the promotion of the object specified in section 13, the Institute may—

(a) provide for undergraduate and postgraduate teaching in the science of modern medicine and other allied sciences, including physical and biological sciences; etc.”

So, clause 14 is really intended to carry out what has been mentioned in clause 13. Though, therefore, the language of clause 13 may be regarded independently as something which admits of

MR. DEPUTY CHAIRMAN: But are they not illustrative?

SHRI H. V. PATASKAR: There are (a) to (f) and several other sub-clauses.....

SHRI M. GOVINDA REDDY: Clause 14 restricts clause 13.

SHRI H. V. PATASKAR: What I mean to point out is that it is not entirely a legal thing, though I am standing here as the Minister for Law. Again, I appeal to you and to the Members of this House, let us look to all these clauses 13 and 14 and the Statement of Objects and Reasons, and come to a conclusion.

MR. DEPUTY CHAIRMAN: I am only anxious that the hon. Minister's wishes should be carried out by this,

and there should not be any scope for any other interpretation.

SHRI H. V. PATASKAR: I think, it is further clear from what is mentioned in clause 14, and also by what is mentioned in the Statement of Objects and Reasons. It says: “The Institute will have the power to grant medical degrees, diplomas and other academic distinctions which would be recognised medical degrees for the purpose of the Indian Medical Council Act, 1933.”

DR. P. SUBBARAYAN (Madras): May I point out to the hon. Minister that what is stated in the Statement of Objects and Reasons will not be the language for consideration and decision by any court of law and, therefore, what is intended must be specifically incorporated in the body of the Bill?

SHRI H. V. PATASKAR: I believe, I am not quite new to this. But at the same time, what I was going to point out to you, Sir, and the Members of this House is that looking to the Statement of Objects and Reasons, as well as the provisions here, and what has already been stated by the hon. Minister concerned, her intention is that, so far as this Bill is concerned, it should be confined to an Institute which will be in Delhi, only for what may be called modern medical science.

(Interruptions)

SHRI M. GOVINDA REDDY: The intention should be clearly put in the Bill.

DR. SHRIMATI SEETA PARMANAND: It should be done in plain words, not “modern medicine”.

DR. RAGHUBIR SINH: (Madhya Bharat): When you speak of ‘modern medical sciences’, can it not be made to include Homeopathy also. Homeopathy is a distinct medical system. It was only discovered and propagated in the latter half of the eighteenth century.

SHRI H. V. PATASKAR: The fundamental distinction as to whether

[Shri H. V. Pataskar.]
Homeopathy is also part of modern medicine is a different matter, but, I think, looking to the general trend of the Bill, and what the hon. Health Minister has stated, I think, it won't be proper to raise an issue of modern medicine versus Ayurveda and Unani. That is not the point at all.

SHRI M. GOVINDA REDDY: We are going to enact a law, it is a question of legal action. Tomorrow, anybody may go to a court of law and say that this Institute is discriminating. What is medical education? Medical education in Ayurveda and Unani? Suppose anybody tomorrow goes to a court of law. If we pass this Bill as it is, what will be the position?

SHRI H. V. PATASKAR: The real point, as you pointed out, is whether it would not be open to some other Health Minister later on, after the Bill is passed, to have included some other branches of medicine. It may be. But I think, for the purpose of passing this Bill, when the hon. Health Minister has made her intention clear, I do not understand how it can be discriminating. Anybody can go to a court of law.....

SHRI M. GOVINDA REDDY: Let it be amended to make it clear that this Bill applies only to Allopathy. (Interruption.) We would like the Bill to be clear on it.

SHRI H. V. PATASKAR: The Health Minister's present intentions have been made clear. There is something in the fact that, if it is not amended, it will enable either this or some future Health Minister to include something, then why should Members object to it and thrust their point of view. What her object is, she has made it clear, and that also we can gather from all the provisions made in this Bill. Therefore, I think, even in regard to Ayurveda, her present intentions are clear. And if this is capable of—as you have rightly pointed out that it may be that a subsequent Health Minister may change—this we need not, at any rate, trouble

those who are in favour of these other systems of medicine. Therefore, no amendment should be moved. I have already said that.

SHRI M. GOVINDA REDDY: We are anxious that there should be no room for ambiguity.

श्री राम सहाय : मैं सिर्फ इतना ला मिनिस्टर से कहना चाहता हूँ कि.....

MR. DEPUTY CHAIRMAN: No speech.

श्री राम सहाय : मैं सिर्फ इतना मालूम करना चाहता हूँ कि जिस प्रकार लीगल इंटरप्रिटेशन आपने किया है, क्या यही एक ला मिनिस्टर की हैमियत से आपको करना उचित प्रतीत होता है। यह विल्कुल क्लियर है कि सेक्शन १३ विल्कुल इनडिपेंडेंट है और सेक्शन १४(ए) पूरे ऐक्ट को गवर्न नहीं करता। वह सिर्फ माडर्न मेडिसिन के संबंध में सेक्शन १४ के सबसेक्शंस (बी) से (एम) तक अलहदा हैं, और (एम) में सेक्शन १३ के मुताबिक रूल बनाने की इजाजत है। जब सेक्शन ३ के मुताबिक रूल बनेगा, तब क्या पोजीशन होगी ? क्या वह माडर्न मेडिसिन तक सीमित रह सकेगी ? जो लीगल इंटरप्रिटेशन हो वह लीगल ही होना चाहिये, यही मेरा कहना है।

SHRI H. V. PATASKAR: If it is capable of a different interpretation subsequently, by some other Health Minister, or if the present Health Minister changes her mind, if she wants to include them, then where is the necessity of any amendment? Let the Bill be passed.

SHRI H. P. SAKSENA: Sir, I rise to support the amendment and I give it my wholehearted support.

(Interruptions)

MR. DEPUTY CHAIRMAN: Mr. Saksena is on his legs. No long speeches.

SHRI H. P. SAKSENA: Sir, I appeal to the sense of justice, equity

and good conscience of the hon. Members of this House to see if this Bill has got anything of national importance in it. A Bill which excludes a very great majority of the people of the country from its purview is said to be a Bill of all-India, national importance. The words are "All-India Institute of Medical Sciences Bill, 1956." We on our part can never compromise with truth. Here the truth is being concealed. Here the truth is being murdered, it is being killed. There is no question of giving words one meaning and putting the words in another form. If you want to have an All-India Institute of Allopathy, which you now call modern science—I do not know who has given this blessed name of modern science—simply say, science of medicine known as Allopathy. But I would like to see the face of the gentleman or lady who has given this term 'modern medicine' to the science of medicine known as Allopathy. You call it by that name, we shall have no quarrel. But if you say the All-India Institute of Medical Sciences Bill, 1956, in a country like India, where the majority of the people are—I again refute the allegation that they are not being treated under the Ayurvedic and Unani systems—being treated by these systems of medicine, where is the necessity of calling this Bill an Institute of Medical Sciences Bill? If it relates only to Allopathy, call it by that name. We shall have no quarrel. But if you retain the title of the Bill as it is—"All-India Institute of Medical Sciences Bill", then our position is quite clear. We want to remove the ambiguity. We want to make the Bill applicable to all the sections of the citizens of India, whether they have faith in Homeopathy, in Allopathy, in Ayurveda or in Unani. These are the four prevalent systems of medicine in our country and, therefore, in fairness, justice and in good conscience, I appeal also to the Health Minister to change the title of the Bill or accept the amendment. Of course, acceptance of the amendment would change the pattern of the Bill.

MR. DEPUTY CHAIRMAN: We shall resume the debate after lunch. The House stands adjourned till 2.30 P.M.

The House then adjourned for lunch at one of the clock.

The House reassembled after lunch at 2.30 P.M., MR. DEPUTY CHAIRMAN in the Chair.

MR. DEPUTY CHAIRMAN: Mr. Jaspal Roy Kapoor. Two minutes.

SHRI JASPAT ROY KAPOOR: Sir, the whole House must feel extremely grateful to the Chair for having come to its rescue and I wish the hon. Minister in charge of the Bill should have taken a serious note of the remarks from the Chair and should have been guided by those remarks. This Bill certainly needs to be amended, either by this amendment proposed by Dr. Barlingay being accepted, or by clause 13 being amended. Even if Rajkumariji's intentions are to be clearly incorporated in this measure, it has got to be amended. Otherwise, in view of the fact that Rajkumariji has said that her intention is to confine the scope of this measure only to what she calls 'modern sciences', it is necessary to accept the amendment suggested by Dr. Barlingay, because what the House, as is now obvious by this time, wants is that Ayurvedic and Unani institutions must also be brought within the purview of this Bill, which institutions, according to our view which, it appears, is shared by the Chair, do come within the purview of this measure. But then.....

MR. DEPUTY CHAIRMAN: That was the doubt I expressed.

SHRI JASPAT ROY KAPOOR: Doubt, Sir, and a very valid doubt and that was, of course, a humble, courteous way of putting the thing before the hon. Minister. To us, it appears to be an absolute certainty that the scope of this Bill is wide enough. According, of course to the

[Shri Jaspal Roy Kapoor.]
phraseology, whatever may have been the original intentions—even may be the present intentions—of the hon. Minister in charge of the Bill, that is entirely a different affair. The hon. Mr. Pataskar said, "Well, if we are clear in our minds that the scope of this measure is wide enough to include Ayurveda and Unani, where is the necessity for pressing this amendment?" The necessity arises, firstly and primarily, because of this fact that the hon. Mover of the Bill says that it does not come within the scope. If she is prepared to accept our interpretation and view-point that Ayurveda and Unani do come within the scope of this Bill, of course, there would not seem to be then, a very great necessity for accepting this amendment. But then, she does not; she is not expressing the view.....

MR. DEPUTY CHAIRMAN: It is the wording of the Act that will be interpreted, not what the Mover said or did not say.

SHRI JASPAT ROY KAPOOR: Exactly. Therefore, it is all the more necessary, even to make the obvious interpretations of this Bill very clear. I would then submit that this amendment should be accepted more particularly in view of the fact that Rajkumariji yesterday read out a very important Cabinet decision on this subject, the credit for which she claims to herself, and we are happy that it was so. She said of the Cabinet decision to this effect:—

"facilities for research on scientific lines into the Ayurvedic and Unani systems of medicine should be promoted on as broad a basis as possible, on the lines recommended by the Chopra Committee's Report and the results of such research when they are of proved value....."

The following words are of considerable importance:—

".....will not only enrich the Ayurvedic and Unani systems, but will also be incorporated in modern

medicine, so that eventually, there will emerge only one system of medicine."

Now, I respectfully beg to submit that in order to carry out the purpose of this very good decision of the Cabinet, it is necessary that in this very big national institution, we must carry on experiment and research both in Ayurveda and Unani systems of medicine. There must be co-ordination between these various systems. Now, how can you have co-ordination and co-relation, unless all these systems are experimented upon and research is carried on in one institution?

Then again, Rajkumariji went on to say that Ayurvedic experiment.....

MR. DEPUTY CHAIRMAN: That is enough, Mr. Kapoor.

SHRI JASPAT ROY KAPOOR:should be carried on by doctors who are very well versed in modern medicine. She said that she would like to have here, in Ayurvedic Colleges,.....

MR. DEPUTY CHAIRMAN: It is all on record.

SHRI JASPAT ROY KAPOOR: Yes.

MR. DEPUTY CHAIRMAN: Why repeat all those things?

SHRI JASPAT ROY KAPOOR: I am not reading them out. I am only basing my submission on the very fact which she mentioned.

MR. DEPUTY CHAIRMAN: That will do.

SHRI JASPAT ROY KAPOOR: She said that she would like M.B.,B.S. doctors to carry on research in Ayurveda. Now, where is the place where these M.B.,B.S. doctors would carry on research, if this institute is not to be made available to M.B.,B.S. doctors? Surely, these doctors cannot carry on research in the Gurukul Ayurvedic College, or even in the Jamnagar.....

MR. DEPUTY CHAIRMAN: Jamnagar is already there.

SHRI JASPAT ROY KAPOOR: That is exactly my difficulty, Sir, that in Jamnagar, you are carrying on experiment only in Ayurveda with the help of vaidyas. What Rajkumariji said was that she would like Allopathic-trained doctors to carry on experiment.....

MR. DEPUTY CHAIRMAN: I do not think so.

SHRI JASPAT ROY KAPOOR: There is no scope for M.B.,B.S. doctors to carry on.....

MR. DEPUTY CHAIRMAN: There are fully qualified men there, in Jamnagar, to do research work.

SHRI JASPAT ROY KAPOOR: But fully qualified in what? Fully qualified in Ayurveda? My point on the Cabinet decision is to this effect.

RAJKUMARI AMRIT KAUR: May I intervene? There are pathologists; there are pharmacologists there. They are fully qualified M.B.B.S. men to help on these sides. There are M.B.B.S. men to help in the curative side and to do research. In fact there, all the research that is being done is done by modern medical men, aided by vaidyas and professors in Ayurveda.

SHRI JASPAT ROY KAPOOR: There Rajkumariji seems to think, according to her information, that it is a very big institution. Yesterday, she even went to the length of saying that there were students there. I would not like to contradict it. But facts are facts. I have made enquiries from some members in her Ministry only this morning. I have been told that there are no students there.

MR. DEPUTY CHAIRMAN: The hon. Member read certificates from the Prime Minister and by foreign scientists who have visited the Institute.

SHRI JASPAT ROY KAPOOR: But that would not make something a fact which is not a fact. There are no students. I repeat that there are no students.

MR. DEPUTY CHAIRMAN: All right.

SHRI JASPAT ROY KAPOOR: Hardly any research work is going on. Even if it is the intention of the hon. Minister in charge of the Bill to carry on research there, my point is that, in view of the Cabinet decision to co-ordinate, correlate and carry on this research through the aid and assistance and experience of highly trained persons in modern science, it is necessary that research on Ayurveda and Unani should be carried on in this Institute on a large scale. It is necessary in order to implement the Cabinet decision itself. That was my point, Sir.

Then, the other point is, as Rajkumariji said yesterday, that a lot of money has been allotted for the promotion of Ayurveda which they have not spent. An amount of Rs. 1 crore is being allotted under the Second Five Year Plan, and she herself said that she did not know whether this would be spent. My submission is that she should incorporate Ayurvedic study and research in this Institute and have that Rs. 1 crore also for this institution and make it really and truly a great institution. We are helping you to make it a very great institution. I would submit, therefore, that this amendment should be accepted.

RAJKUMARI AMRIT KAUR: Sir, I would like again to repeat what I said yesterday and perhaps add to it, as all the arguments that had been put forward yesterday are again being put forward today. Judging by that, I am afraid that perhaps they have not quite understood what I have been trying to get across to them. First of all, I want to make it absolutely clear that I have never said that Ayurveda or Unani or Homeo-

[Rajkumari Amrit Kaur.]
pathy are not scientific medicines. I have never said so. Time and again I have said that Ayurveda was a great science, but it has unfortunately remained static. It needs to be revived. It needs all that is good in it to be taken out of it and put into the broad stream of modern medicine in order to enrich it, in order also to revive it. To that end, no one is more keen than I am. I think that research in Ayurveda, in Unani and also in Homeopathy should be carried on. I said that, in this Institute, it is only an undergraduate college that is first going to be started.

I made it quite clear that it was my intention, and always has been, to promote studies of the highest order in modern medicine. Further, even though this Bill was introduced only in September last year, actually the Budget for it has been for four years before both the Houses. The intention was that those of our students of modern medicine, especially our practising physicians and surgeons, who are teaching in our medical institutions—we have today 42 colleges for whom I am finding it difficult to provide teaching personnel—should have the chance of doing research and get training for post-graduate studies in our own country, in our own environment, that they should be able to go to the villages and carry out research there, that they would understand better, than they do by going abroad, what the needs of our country are, that they should be able to do research in those special diseases that this country has. That was the intention. I think this fills a very great need, and I put this suggestion before the Prime Minister, before the Cabinet and they accepted it. But I could not do it straightway, because I did not have the money. When the Colombo Plan gave us money, this Institute was sought to be brought into being. Now, as I have said, this is for the purpose of teaching modern medicine primarily and therefore, I cannot mix the teaching of Ayurveda or Unani or Homeopathy in this Institute. I beg of the Members not to

try to amend this Bill and narrow down its scope.

SHRI JASPAT ROY KAPOOR:
Narrow down?

RAJKUMARI AMRIT KAUR: I put it to you that, if there is any ambiguity, it only helps Members who want later on to have fundamental research in Ayurveda here. I would like to go further than drugs research. I say you can have not only drugs research, but fundamental research in Ayurveda, Unani and Homeopathy in this Institute but that must come later on, as it develops. There is nothing to ban it. I have already said that one of the things that I am going to do—let the College begin—is to have a Chair for the History of Medicine, which will include the history of Ayurveda, so that our students may understand what Ayurveda stood for, what it was, what it gave in the past, what it might give in the future, or indeed should give. The same with Unani. As I have said, there will be no objection to this whatsoever later on, when the Institute has developed. After all, a teaching institute cannot develop overnight. It takes at least five years to send our undergraduates out, it will take 7 years to send our post-graduate students out. I also said that as the post-graduate studies in Jamnagar develop, there will be no objection whatsoever to have fundamental research, and even a professor for Ayurveda to teach our students the therapeutics of Ayurveda and Unani in this Institution as well.

I have given an assurance to the House that I shall do all that lies in my power to give to Ayurveda and Unani all the help that they need for strengthening for renovation, for rejuvenation, whatever you may like to call it, and for research. Having said that much, I do hope that the Members will withdraw their amendments and help me to help Ayurveda. I have never said that these are systems beyond the pale of medical science, but I think that this Bill, as far as its intention is concerned, is limited by the very words that have been used, "in order to give degrees and

diplomas under the Medical Council Act." If we give our people degrees and diplomas, who knows that later on we may not prescribe for these degrees and diplomas a certain amount of knowledge of Ayurveda also. It all depends on how these sciences develop. Let them develop properly and then, we will see what we can do. Let Jamnagar develop. I am saying to you that you cannot have research anywhere unless you have the students to do that research. That research will have to be done by those trained in modern medicine. I want it. I want our medical men to go in for research in Ayurveda, and to make themselves familiar with the therapeutics of Ayurveda and Unani, so that later on we may make this Institute a really wonderful Institute. In the first instance, let us see to it that our teachers for our medical colleges are produced here, in our own country, in our own background, that they study what there is to be studied in the dynamic achievements of modern medicine and to add to it all the knowledge that we get from our own systems. So, with these few words here, I would plead with the Members here. After all, I am no less Indian than they are: I am as proud of our country as they are. I have been a humble servant of the masses of this country for a number of years, but I do want this great dream, not only mine but the dream of the Cabinet, of the entire medical world, including those who are students of Ayurveda and Unani, come true in the first instance. I do beg of the Members of the House to withdraw their amendments and let me go ahead with this Institute.

MR. DEPUTY CHAIRMAN: Dr. Seeta Parmanand. No speech. Do you withdraw it, or shall I put it to the vote?

DR. SHRIMATI SEETA PARMANAND: I would like it to be put to the vote. Let it be thrown out.

MR. DEPUTY CHAIRMAN: You do not withdraw it.

DR. SHRIMATI SEETA PARMANAND: I would have withdrawn it, if I had been allowed to say a few words.

MR. DEPUTY CHAIRMAN: At the time of withdrawal, no speech is made. That is the rule.

DR. W. S. BURLINGAY: Sir, I have moved this amendment.

MR. DEPUTY CHAIRMAN: It is in both names.

DR. SHRIMATI SEETA PARMANAND: It is my amendment. He has only signed it. He knows that it is my amendment only. There is no use going back. He has himself said that it is my amendment.

MR. DEPUTY CHAIRMAN: Let there be no quarrel between you two.

DR. W. S. BURLINGAY: Since I have moved the amendment, I have got a right to say a few words about it.

MR. DEPUTY CHAIRMAN: But no speech. You can only say whether you withdraw it or not.

DR. W. S. BURLINGAY: I assure you that I will not inflict any speech on you and waste the time of the House.

MR. DEPUTY CHAIRMAN: But no speech is allowed. Let us not break the rule.

DR. W. S. BURLINGAY: I won't make a speech. I only want to make clear what my position is.

So far as I am concerned I am willing to withdraw this in view of the very good assurance that has been given by Rajkumariji on the floor of this House.

MR. DEPUTY CHAIRMAN: Dr. Parmanand, you are not willing to withdraw?

DR. SHRIMATI SEETA PARMANAND: I would like to make some remarks.

MR. DEPUTY CHAIRMAN: You have already made them.

DR. SHRIMATI SEETA PARMANAND: Then I will withdraw this, but I will say what I have to say in reply to her at a later stage.

MR. DEPUTY CHAIRMAN: There cannot be any reply.

DR. SHRIMATI SEETA PARMANAND: There is another amendment and I will be allowed to move that later.

MR. DEPUTY CHAIRMAN: That is a different matter. I am concerned with clause 2 here.

*Amendment No. 4 was, by leave, withdrawn.

MR. DEPUTY CHAIRMAN: The question is:

"That clause 2 stand part of the Bill."

The motion was adopted.

Clause 2 was added to the Bill.

Clause 3 was added to the Bill.

Clause 4—*Composition of the Institute*

DR. W. S. BARLINGAY: Sir, I move:

5. "That at page 2, after line 23, the following proviso be inserted, namely:—

'Provided that if in any of the categories mentioned in clauses (a) to (g) above, there is no member who is an Ayurveda Vaidya, Yunani Hakim or Homeopath doctor, the Central Government shall nominate one member each to represent these three systems of medicine.'

*For text of amendment, *vide col. 1683 supra.*

DR. SHRIMATI SEETA PARMANAND: This is my amendment. It is in my name first. So I move it.

SHRI BISWANATH DAS: In view of the assurances given, I don't propose to move my amendment.

SHRI NAWAB SINGH CHAUHAN (Uttar Pradesh): Sir, after this assurance, I don't propose to move my amendment.

MR. DEPUTY CHAIRMAN: The clause and the amendment are before the House.

DR. SHRIMATI SEETA PARMANAND: Mr. Deputy Chairman, this amendment, though it has the words 'Ayurveda Vaidya, Yunani Hakim, or Homeopath doctor' and may look somewhat similar to the other amendment, still it has greater significance in it than would appear on the surface, otherwise it would not be necessary to press it, in view of the assurance given. This amendment says clearly that if from the people who are already on this Board of management in that Institute, there are no representatives of the Ayurvedic, Yunani and Homeopathic systems, there should be, in addition, three others who should represent these systems. I don't think there should be any difficulty for the Health Minister to accept this amendment. If by that she is afraid of the Bill being delayed by a couple of months—I don't know how Heavens are going to fall if this Bill is passed after three months, but apparently that is the attitude—in that case, I would like her to give an assurance here that she will see to it that three of these people are representatives of Yunani, Ayurvedic and Homeopathic systems of medicine. If she later on intends to give encouragement to make it possible for the students not only to study these systems of medicine—and she has promised, I think, to institute a Chair for Ayurveda in this very Institute—it is necessary that from now on, representatives of these systems of medicines should be there to see how this beginning is to be made.

What I wanted to say—and which refers to the previous amendment, and which is equally applicable to this also—is, it is no use saying that all encouragement would be given to Ayurvedic system of medicine in Jamnagar. I don't know where she is going to provide for Yunani and there has not been any reply to that. It is no use saying that Jamnagar alone should be the place where this should be done. I don't understand why there need be such water-tight compartments. If we have to bring about integration of the courses in the three systems, the word of which Dr. Barlingay is very fond, there should be integration of the different systems, translated as *samanvaya*, there is no reason why the Health Minister should have any objection to a beginning being made, as far as practicable, in this very Institute. Certainly, the country will spend money on other institutions and that is hardly an argument, or hardly it will give any satisfaction. No Government today can hold back money for these popular systems, and we need not, for that reason, ask for an assurance from the Health Minister. That is inherent in the country's requirement. What is more important is an assurance that, if this amendment is to be withdrawn, she will agree, and she will see to it, that three systems of medicine are represented in this Institute straight-away.

DR. W. S. BARLINGAY: Sir, I just want to add one word. I can assure the hon. Minister that although I have moved this amendment, I am not going to press it, but I want this much assurance that at this stage, or at any later stage, if it is possible to do so, she should see her way to appoint an Ayurvedic Vaidya or Homeopath, as the case may be, in this Institution and that for the very simple reason that so far as she is concerned, she has announced her policy. She has made a policy statement and it will help her policy, if my amendment is accepted, or even if it

is not accepted, an assurance is given that at any rate, in spirit if not in words, effect is given to it.

RAJKUMARI AMRIT KAUR: Sir, as I have said before, there is plenty of latitude in this Bill. This Governing Body has been constituted purely in order to evaluate the present position of undergraduate and post-graduate study in modern medicine, but you will see that in clause 4(e) there are five persons to be nominated by the Government of India of whom one shall be a non-medical scientist, representing the Indian Science Congress. The moment we begin research in Ayurveda, or research in Yunani, or research in Homeopathy, it will always be open to the Government, in addition perhaps to those already there, to coopt somebody to have the necessary help. I will give the assurance that we will always listen to advice. I have got today three Vaidas advising me. There is nothing to prevent either the Director of the Institute at any time calling in a Vaid to advise on anything in regard to Ayurveda or Yunani, and the same applies to any other science, but primarily, this is for education in the modern system of medicine.

DR. SHRIMATI SEETA PARMANAND: That is not a reply. I press my amendment.

MR. DEPUTY CHAIRMAN: The question is:

5. "That at page 2, after line 28, the following proviso be inserted, namely:—

'Provided that if in any of the categories mentioned in clauses (a) to (g) above, there is no member who is an Ayurvedic Vaidya, Yunani Hakim or Homeopath doctor, the Central Government shall nominate one member each to represent these three systems of medicine.'

The motion was negatived.

MR. DEPUTY CHAIRMAN: The question is:

"That clause 4 stand part of the Bill."

The motion was adopted.

Clause 4 was added to the Bill.

Clauses 5 to 11 were added to the Bill.

3 P.M.

Clause 12—Location of the Institute

DR. SHRIMATI SEETA PARMANAND: Sir, I move:

6. "That at page 4, line 39, for the word 'New Delhi' the word 'Bombay' be substituted."

MR. DEPUTY CHAIRMAN: The clause and the amendment are open for discussion.

DR. SHRIMATI SEETA PARMANAND: Sir, while commending my amendment to the House, I would like to point out that New Delhi is hardly the place for starting an institute on which so much money is going to be spent, because, even all this money would not yield all the results that would be yielded if the Institute were located either at Bombay or at Calcutta, in some big city like either of these two, and the reasons why I say so are as follows.

Sir, for medical research, hospitals are required, and also, if this Institute is going to give equal opportunities to graduates from the medical colleges from all the States, it would be better to have that Institute in a place where there are several medical colleges, and which is also a cosmopolitan city. The hospitals here in Delhi are very few, and as has been pointed out, the number and types of diseases that would be there for examination and study would also be few. On the other hand, there are already very well developed colleges in Bombay, or even in Calcutta, and for that matter, so many colleges are not there in any other place. For that

reason also, this Institute should not be in New Delhi.

It seems that the only reason why this Institute is being located in New Delhi is that Delhi being the capital of the country, perhaps, it will have more limelight and it would be a kind of a show-place. But that, I submit, could hardly be the reason for the expenditure of such vast sums of money. Why expenditure on such a vast scale should be incurred on everything new here, and why the expenditure that has already been incurred on hospitals, should not be taken advantage of, in a place like Bombay or Calcutta? For that reason, though I know that the amendment may not be accepted, I wanted to give expression to this view.

I would also like to add, that it seems hardly correct that such an important decision as the starting of a pioneer institute of this kind should have been taken without any reference to either Houses of Parliament, and when expenditure had already been incurred to a great extent this Bill in its present form should have been brought here. If it had to be brought in, then, it should not have been mentioned that the place would be Delhi. And if that clause had to be there, that it should be in Delhi, then it was necessary that the opinions of hon. Members should have been obtained. If the opinion of the House did not matter much, then this clause need not be there.

RAJKUMARI AMRIT KAUR: Sir, I can only submit that this Institute has been talked about for ages and this scheme has been before practically all the Members of this House and the other House. It was not without very great consideration that the Cabinet agreed, or rather decided, I should say, to have it in Delhi. There is plenty of clinical material available in Delhi. Only day before yesterday, there was a professor, an F.R.C.S. from London, who came over to see our hospitals. He went round the

Irwin Hospital, where we have about 1,200 beds. Then, there is the Safdarjang hospital which, including the new hospital which will come up, will have another 1,200 beds. Then there is the Lady Hardinge Women's Hospital, a paediatric hospital and there are any number of hospitals here and enough clinical material. The undergraduate college is going to be a very small college. As a matter of fact, even for students from all over India, Delhi is a far more central place than either Bombay or Calcutta, which are already terribly overcrowded. I want this Institute to have the latitude to grow into something away from the stereotyped medical colleges. Therefore, Sir, in view of the fact that some amount of money has already been spent in Delhi, to accept an amendment, now at this stage, to move it to Bombay will be quite impossible.

MR. DEPUTY CHAIRMAN: Do you want me to put your amendment to vote?

DR. SHRIMATI SEETA PARNAND: No, Sir. I request permission of the House to withdraw it.

*Amendment No. 6 was, by leave, withdrawn.

MR. DEPUTY CHAIRMAN: The question is:

"That clause 12 stand part of the Bill."

The motion was adopted.

Clause 12 was added to the Bill.

Clause 13—Objects of the Institute

SHRI JASPAT ROY KAPOOR: Sir, I move:

9. "That at page 5, line 2, the words 'under-graduate' and 'and' be deleted."

MR. DEPUTY CHAIRMAN: The clause and the amendment are open for discussion.

SHRI JASPAT ROY KAPOOR: Sir, I have only one or two observations to make in support of my amendment and no speech.

*For text of amendment, *vide col. 1721 supra.*

Sir, the only object of this amendment, as also the one to clause 14, is that in this Institute, we should have only post-graduate studies and research, and not any training for undergraduates. Our anxiety is to give this Institute a really effective status of national importance. When we propose to have in this Institute the awarding of degrees and diplomas of the same status as the L.R.C.P. and F.R.C.S, as we see in some of the foreign countries, it is only meet and desirable that we should keep the standards of teaching and research in this Institute at a very very high level. By moving this amendment, and by giving this suggestion, we are only trying to give this Institute a yet greater dignity than would perhaps come to it, if the original Bill remained in its present form. This is to help the hon. Minister in charge of the Bill and I hope that this amendment will be accepted.

RAJKUMARI AMRIT KAUR: Sir, in my speech yesterday, I explained the position fully and I had hoped that my arguments had gone home—but apparently, they have not—as to why the undergraduate college was absolutely necessary for the basic idea of developing post-graduate studies. If the hon. the mover of the amendment had had a medical education at all, he would have known, or he should know, that post-graduate studies are now no longer to be kept apart in water-tight compartments, that you have got to keep undergraduate study linked up with post-graduate studies. Further, the post-graduate students are being taught how to teach and for that, they have got to have a practising school. Further again, if I want to reorientate the existing undergraduate medical education, which is one of the main purposes of this Bill, I must have an undergraduate college.

MR. DEPUTY CHAIRMAN: Do you press your amendment?

SHRI JASPAT ROY KAPOOR: No, Sir. I request permission of the House to withdraw it.

*Amendment No. 9 was, by leave, withdrawn.

MR. DEPUTY CHAIRMAN: The question is:

"That clause 13 stand part of the Bill."

The motion was adopted.

Clause 13 was added to the Bill.

Clause 14—The Institute

MR. DEPUTY CHAIRMAN: Shri Biswanath Das, Kazi Karimuddin and Shri Nawab Singh Chauhan who had given notice of amendments are not present.

DR. SHRIMATI SEETA PARMANAND: I would like to move my amendment to clause 14.

MR. DEPUTY CHAIRMAN: But that is for deletion of the word "undergraduate" and, Mr. Kapoor's amendment to clause 13, which was similar, has been thrown out.

DR. SHRIMATI SEETA PARMANAND: No, Sir. It was not put to vote. The hon. Member had withdrawn his amendment. Because he has withdrawn it, it does not mean that I too should withdraw mine.

MR. DEPUTY CHAIRMAN: You need not withdraw it because I rule it as barred by the decision taken on the previous amendment.

DR. SHRIMATI SEETA PARMANAND: But how can that be?

MR. DEPUTY CHAIRMAN: Because the House has accepted the principle that the undergraduate courses are necessary.

DR. SHRIMATI SEETA PARMANAND: May I point out and ask you on a point of order, Sir, how my amendment is barred, when that amendment of the hon. Member was not put to vote. The mover did not press it. That is what happened.

MR. DEPUTY CHAIRMAN: What I am saying is: this amendment you

*For tent of amendment, vide col. 1723 *supra*.

propose is corollary to the one moved to clause 13, and since the House has thrown out the amendment to clause 13, this amendment is also barred.

DR. SHRIMATI SEETA PARMANAND: May I point out, Sir, that that amendment was never put to the vote of the House? The mover had only withdrawn it.

MR. DEPUTY CHAIRMAN: Yes, at the instance of the hon. Minister.

DR. SHRIMATI SEETA PARMANAND: Only that particular amendment.

MR. DEPUTY CHAIRMAN: And so this amendment is also barred. And the amendment proposed by Mr. Kapoor to this clause is also barred. Therefore, there is no amendment to clause 14.

The question is:

"That clause 14 stand part of the Bill."

The motion was adopted.

Clause 14 was added to the Bill.

Clauses 15 to 19 were added to the Bill.

Clause 20—Pension and Provident Funds

SHRI JASPAT ROY KAPOOR: Sir, I beg to move:

14. "That at page 7, lines 38-39, the words 'officers, teachers and other' be deleted."

MR. DEPUTY CHAIRMAN: The clause and the amendment are open for discussion.

SHRI JASPAT ROY KAPOOR: I have only one or two words to say. My object in moving this amendment is to bring our legislation in line with the socialistic pattern of society which we propose to have, and which we have in fact decided to have. We are reducing classes everywhere, and we

are removing the class distinction. Even in the railways, we are reducing the classes. Must you then have different class designations of Government employees? You should not, I submit, and we must make a definite beginning in this direction. The clause as it stands reads:

"The Institute shall constitute, for the benefit of its officers, teachers and other employees in such manner and subject to such conditions as may be prescribed by regulations, such pension and provident funds as it may deem fit".

The object of this clause is to provide for pension and provident fund for the Institute employees. Will not the general term "employee" cover all sorts of employees, be they big officers, humble teachers, or still humbler subordinate servants? This is a matter of fundamental principle. Let us not only pay lip homage and lip sympathy to the socialistic pattern of society. Let us take active steps in that direction. The clause in its present form certainly strikes at the very root of the socialistic pattern of society. We should not have class designations of employees; all the servants of the Government must be called employees just as in the Indian Penal Code, even a humble police constable is a police officer. So, let us call all as officers, or call everybody as employee. I emphatically move this amendment of mine, Sir.

SHRI H. V. PATASKAR: There is nothing of this sort in the socialistic pattern of society, because even that pattern envisages the appointment of administrative officers for an institution like this. We have already mentioned teachers in an earlier clause and I do not know how the socialistic pattern of society is going to be affected by officers and teachers being specifically mentioned. We know that there must be administrative and other officers. It is much better to leave the clause as it is; it has got nothing to do with the socialistic pattern, and I

think, the analogy that because classes are being removed from the railways, therefore, we should have an institution where there will be no officers, no teachers and no different classes of people, is something which passes imagination. So, I think this amendment is unnecessary.

RAJKUMARI AMRIT KAUR: I have nothing to add to what my colleague has said.

MR. DEPUTY CHAIRMAN: The question is:

14. "That at page 7, lines 38-39, the words 'officers, teachers and other' be deleted."

The motion was negatived.

MR. DEPUTY CHAIRMAN: The question is:

"That clause 20 stand part of the Bill."

The motion was adopted.

Clause 20 was added to the Bill.

Clauses 21 to 27 were added to the Bill.

Clause 28—Power to make rules

SHRI JASPAT ROY KAPOOR: I would like to move my amendment No. 16, but if you would accord permission, Sir, I would like to adopt Dr. Subbarayan's phraseology, as that is in better form, and is in accordance with the phraseology which we have adopted in many other Bills.

MR. DEPUTY CHAIRMAN: Is that acceptable to the hon. Minister?

RAJKUMARI AMRIT KAUR: No, Sir. May I say that an amendment of this nature came up in the other House also, but I did not accept it? If you turn to page 9, you will find that "All rules made under this section shall, as soon as may be after they are made, be laid before both Houses of Parliament". Most likely, that will always be even before the fourteen days. I do not wish to put any further limit in this regard.

MR. DEPUTY CHAIRMAN: Power has to be given to Parliament to change them.

RAJKUMARI AMRIT KAUR: I explained in the House yesterday also. Power is given to the Central Government to make rules, and power is also given to the Institute to make rules, and I think, the House should trust the Central Government to trust those who are in charge of the Institute to frame such rules and regulations as will promote the autonomy of this body and as will give it that elasticity that we need. After all, there are scientists on the Governing Body and are they not likely to make rules? They do know what their job is, and I am not willing to delegate that power to the Parliament in this technical institution.

MR. DEPUTY CHAIRMAN: Dr. Subbarayan's amendment is not before the House.

SHRI JASPAT ROY KAPOOR: I can move an amendment to my amendment. After all, it is not an original amendment; it is an amendment to my amendment.

MR. DEPUTY CHAIRMAN: All right, but it is not acceptable to the hon. Minister.

SHRI JASPAT ROY KAPOOR: Sir, I beg to move:

16. "That at page 9, line 28, for the words 'laid before both Houses of Parliament' the words 'laid for not less than fourteen days before both Houses of Parliament and shall be subject to such modifications as Parliament may make during the session in which they are so laid' be inserted."

MR. DEPUTY CHAIRMAN: The clause and the amendment are open for discussion.

SHRI JASPAT ROY KAPOOR: The hon. Minister in charge of the Bill has not understood the implication of

the suggestion in the slightest measure. She said just now that she was not prepared to delegate any authority to Parliament. That is an astounding proposition; the Minister saying that she does not want to delegate authority to Parliament. Parliament does not derive any authority from any Minister nor, for the matter of that, from anybody. Parliament's authority is inherent in itself; it is a sovereign body. The question is whether Parliament should delegate its authority to the Minister, or the Ministry, or to the Institute, which we do not propose to do in an unrestricted manner. The hon. Minister wants this House to give her a blank cheque, without any restriction whatsoever, and wants that we should delegate all our rule making authority to the Government.

A bogey of the autonomy being interfered with has been raised here. Where is the autonomy being conferred on this Institute? Not at all; on the one hand, this Government wants our authority to be delegated to it, while on the other hand, it does not want to give to the Institute rule making authority at all. Only regulations can be framed by the Institute and they too only with the prior consent or approval of the Central Government. In these circumstances, where is the autonomy at all? There is not the slightest measure of it, not even a shadow of it. The main question is, whether we should allow this Bill to be passed in this skeleton form, giving a blank cheque to the Central Government to do whatsoever it likes, without subjecting those rules to be modified, or amended, even in the slightest measure by this House. The mere fact that these rules would be placed before the two Houses of Parliament will not help very much. The Parliament will not be seized of them automatically. We may, of course, by Resolution or even by a Private Bill, do anything we like, but the question is, should we not have the facility of making our suggestions with regard to amendment of these rules soon after they are framed and

placed before this House? Sir, yesterday in a very unhappy mood, which smacked almost of a little arrogance, if I may be permitted to use that phrase, she said that Parliament should not think that it has the sole monopoly of wisdom. We have never claimed that. I hope that that sole monopoly of wisdom will not be claimed even for the Institution, not even for the Health Ministry, and surely not so after the publication of the Water Pollution Report. Nobody claims, Sir, the sole monopoly of wisdom, but certainly, our views should be taken into consideration and we should have the final say in any important matter, particularly in the matter of the appointment of the Director and all that.

This Bill, as you will find, does not at all say in what way even the financial memorandum has been drawn up. I beg of you, Sir, as the custodian of the rights and privileges of this House, you could say that such financial memoranda, when they are presented before us, should be based on certain definite data. We have not been told what will be the pay of the Director, what will be the allowances given to any one, all these being left to the rule-making of Government. We have not been given any indication with regard to these matters. If some indication had been given to us, perhaps I might not have insisted on this present amendment. We are absolutely in the dark about all these things. I would like to know how the Government has come to the conclusion that the recurring expenses will be Rs. 42.68 lakhs. In the body of the Bill we have not been told what the salaries and allowances will be, and even in the matter of rules, we are told that we shall not have any say in the matter subject, of course, naturally, to the overall power that we have with regard to everything that is being done in this country. I do submit, Sir, that this amendment of mine, which has been further supported by the views, as expressed openly in the House by Dr. Subba-

rayan, whose words, I hope, will carry considerable weight with the Minister in-charge of the Bill, because she had had the privilege of having his support at the last moment.

DR. RAGHUBIR SINH: Mr. Deputy Chairman, the point raised by Shri Jaspat Roy Kapoor is very right, for we have seen so many cases in this House when the rules that were made by the Ministries were not placed on the Table of the House, sometimes for more than a year. Such cases have occurred. That is No. 1. Secondly, as was pointed out by me and Dr. Gilder previously, the power delegated in this particular case goes to a much further extent than is desirable and here, I can only refer to our hon. Minister for Legal Affairs, who must be remembering all his fights with the British Government in the Bombay Legislature some decades ago on similar provisions. Sir, the conditions may have changed, but I believe, it is very necessary that Parliament should have a voice and should have something to say in this respect and therefore, Sir, the proposal made by Shri Jaspat Roy Kapoor, as amended by Dr. P. Subbarayan, is one which needs our earnest attention, and I would earnestly plead with the hon. the Health Minister that she would be democratic enough to follow the traditions of the British parliamentarians and accept what we ask for only as our legal and real right.

Thank you, Sir.

SHRI P. N. SAPRU: Mr. Deputy Chairman, I confess that in this matter I am at one with Mr. Jaspat Roy Kapoor and Dr. Raghbir Sinh.

In my opening remarks I pointed out that one of the features of this Bill was that vast rule-making powers have been given and that we had not been supplied with material which would enable us to judge for ourselves what the constitution of this All-India Medical Institute will be. The Bhole Committee went into the question of the constitution of the All-India Medical Institute closely,

[Shri P. N. Sapru.]
and it came to the conclusion—quite rightly, I think—that it should not be run as a departmental institution without adequate autonomous powers. It was also the view of some Members that it should keep contact with the academic bodies and the universities. I don't have a copy of the Report just now, it has been taken away, but it was the view of the Committee that the institution should be of an autonomous character. Of course it does not mean that there will be no Central control whatever, but it was not intended that it should function as a department of the Central Government.

Now, let us just try to see for ourselves what these rule-making powers are going to be. They vest the Institute, with the approval of the Governing Body—the Legislature coming nowhere in the picture—with the power of constituting the Governing Body and standing committees and *ad hoc* committees, laying down their terms of office, manner of filling vacancies, etc. They assign to the Institute, the power of making rules, regulating the functions to be exercised by the President of the Institute as the Chairman of the Governing Body. The President was intended, by the Bhole Committee, to be an independent person like the Chief Justice of India, or the Speaker of the Lok Sabha in the constitution as visualized by them. Now that is not going to be the case; he is going to be some departmental officer. Then, they will determine the allowances to be paid to the Chairman. They will determine the procedure to be followed by the Governing Body and its *ad hoc* committees. The tenure of office, salary and other conditions of service of the Director will be regulated by these rules. The powers and duties of the Chairman of the Governing Body will also be regulated by these rules.

Now, 'degrees' is a very important matter, because the degrees and

diplomas that you give should be degrees and diplomas which carry weight in the world of science, and which carry weight with the universities outside, and it is to the rule-making power that the function has been assigned of laying down the conditions under which diplomas and degrees will be given. Now obviously, there is far too much delegation of authority in this matter to the executive Government. Delegation of authority under modern conditions is inevitable, in the interests of the State some delegation is inevitable, but there are limits to this delegation, and surely, it should have struck the legal advisers of the Health Ministry, it should have struck the Health Ministry itself, that they were going far too far in asking us to supply them with a blank cheque.

Now, Mr. Deputy Chairman, there is no way of getting over this difficulty, but possibly, our views can be met by an assurance of the Health Minister that the rules framed by her will be placed on the Table of this House, or that she will take care to supply us.....

MR. DEPUTY CHAIRMAN: That clause is there and they will be placed before this House. Clause 28 is there which says, "All rules made under this section shall, as soon as may be after they are made, be laid before both Houses of Parliament." The amendment seeks to add at the end of this clause the following: "for fourteen days, during which period, the Parliament may modify the same in such manner as it may like."

SHRI P. N. SAPRU: And she can give an assurance that, if there is a general desire that they should be discussed, an opportunity will be given.

MR. DEPUTY CHAIRMAN: Clause 28(3) says that all rules made under this section shall, as soon as may be after they are made, be laid before both Houses of Parliament.

DR. M. D. D. GILDER (Bombay): On a point of information, Sir, I should like to know the meaning of this clause.

SHRI P. N. SAPRU: It is true that they shall be laid before both Houses of Parliament, but an assurance should be given that before they are brought into force, they will be allowed to be discussed by Parliament.

MR. DEPUTY CHAIRMAN: No such assurance will be of any avail, unless it is incorporated in the Act.

SHRI JASPAT ROY KAPOOR: And hence my amendment.

SHRI P. N. SAPRU: That is true. No assurance can be of avail.

DR. SHRIMATI SEETA PARMANAND: But is it not within the power of the House.....

MR. DEPUTY CHAIRMAN: Mr. Sapru is still on his legs.

DR. SHRIMATI SEETA PARMANAND: I am asking a question. Is it not within the power of the House after the rules are laid before the House to bring forward and pass a Resolution as has been done.....

MR. DEPUTY CHAIRMAN: I am afraid not.

SHRI P. N. SAPRU: The rules may be laid before both Houses of Parliament, but we may get no opportunity of discussing them. Where is the guarantee that we will have an opportunity to discuss them? If some way could be discovered of giving this guarantee, it might be possible not to insist upon a formal amendment. Otherwise, I think Dr. Subbarayan's amendment is a right one and I think, it should be supported by the House.

MR. DEPUTY CHAIRMAN: I think the position is, a Resolution may be moved suggesting modifications and the Government may or may not accept them.

DR. M. D. D. GILDER: Sir, I want to know this. The rules after they are made will be placed on the Table. But will they come into force before they are placed on the Table? They do not come into force till they are placed on the Table; I think, that is the parliamentary procedure.

DR. W. S. BARLINGAY: That is exactly the amendment of Mr. Kapoor.

SHRI P. N. SAPRU: The position is that the rules come into force even before they are laid on the Table.

MR. DEPUTY CHAIRMAN: These are all things which are to be provided by the Act.

SHRI B. K. P. SINHA (Bihar): Sir, I feel.....

MR. DEPUTY CHAIRMAN: Please be very brief.

SHRI B. K. P. SINHA: Yes, Sir. I feel that in theory there is much to be said for the point of view of Mr. Kapoor which has been so ably supported by my predecessor, Mr. Sapru. But I feel that in practice, the provisions which they seek to introduce would not make any difference. Such provisions have been introduced in many legislations in this country as well as in the United Kingdom. I remember to have read a book entitled 'Law and Order'. I forget the name of the author, but he is a very famous author, who is an authority on such matters.

SHRI P. N. SAPRU: Allen is the name.

SHRI B. K. P. SINHA: Yes; Law and Order by Allen. His opinion is that if you want to consign a thing to oblivion, make a provision that it shall be placed on the Table of the House, because in that case, nobody takes the trouble to look into that. So in practice, it does not make much of a difference. I could very well understand if they had sought to introduce an amendment to the effect that unless a period of fourteen days

[Shri B. K. P. Sinha.]
elapses after the rules are laid on the Table, they shall not come into force.

DR. RAGHUBIR SINH: That is what is sought to be done by Dr. Subbarayan's amendment.

SHRI B. K. P. SINHA: No; the rules would come into force as soon as they are promulgated. After the rules are placed on the Table of the House, we can discuss and introduce amendments, but the rules would be effective from the date of promulgation. I feel, however, that Government should be prompt in placing the rules on the Table of the House. The language used is 'as soon as may be after they are made'. The term 'as soon as may be' is a very elastic term; it may mean one month; it may mean six months; it may mean one year. I remember that during the war, some rules which had to be placed on the Table of the House of Commons were not placed for nearabout seven years. When this mistake was discovered, it was realised that this expression 'as soon as may be' may mean one month or six months or one year even, but in no case would it mean seven years. It was realised, therefore that there had been a contempt of the House and an Act of Indemnity had to be passed indemnifying the Minister responsible for laying them on the Table. I, therefore, feel that it would be better to prescribe some period within which, after promulgation, the rules must be placed before Parliament. In any case, perhaps it cannot be done now. I would therefore request the hon. Minister to see that Government is prompt in laying the rules before the House.

SHRI H. V. PATASKAR: Sir, as is well known, this question of delegated legislation is certainly an important one. So far as the sovereignty of Parliament is concerned, there is no question of abridging that in any way. That power can be delegated, subject to any condition. Now, there is some history behind this. I know a little

about it because I was the Chairman—before I was Minister—of the Delegated Legislation Committee and at that time, I had occasion to study this question. Even in England, it is true that all this came to the forefront when during the war it was found necessary to have all kinds of rules which, in spite of the provision in the Acts that they were to be laid on the Table of the House, somehow or other—not deliberately, because that was war time and lots of ordinances and other things were issued from time to time and they had to be revised and changed quite often—were not placed on the Table. Subsequently, they appointed a Committee and they have passed an Act, but we have not got such an Act here. There are three different methods by which this power of delegating legislation can be exercised. For instance, there may be cases in which the rules shall come into force only after they are laid on the Table. There may be cases—in England too there are—involving financial and other matters in which the power of Parliament is there to change them, and in such cases, there is a provision that the rules shall come into force only if they are laid on the Table of the House for a certain definite period, at the end of which automatically they come into force. And the third category is like the present one, that they shall be placed on the Table of the House.

There is nothing wrong. It all depends on the condition that you impose when delegating the power of legislation. It is for you to decide whether you should have any restriction of the first, second or the third kind. Here, as I said, I was the Chairman of that Committee, and I have submitted a report to the other House on this question. The point is, what is the proper thing to be done in each case. There is absolutely no question of Parliament having no powers to deal with it. We need not deal with this issue from that point of view. It is true that the amendment that has been proposed now has become more or less a standard form and it

is put in many of the Acts, but in substance, that and the present position: do not make much difference. I could have understood, as was pointed out just now, if the intention was that in a matter like this the rules should not come into force unless they are kept on the Table for a certain period. That is a different matter, but that is not what the amendment seeks to do. The amendment says that the rules shall be 'laid for not less than fourteen days before both Houses of Parliament and shall be subject to such modifications as Parliament may make.....'. This is more or less the form which is generally used in all Acts. This difficulty, that the rules come into force when they are promulgated, is there not only with our Parliament, but everywhere the same difficulty is there. What it means here is, that the rules shall be laid on the Table of the House, but they may come into force even before that. That is what the amendment says. Let us look at the matter from the point of view of whether there should be such a provision or not.

Now, we are trying to establish an All-India Institute. There will be so many experts, etc. there, if you read the composition of the Institute. One thing to be noted in clause 28 is this. The rules are more or less to be prescribed not merely by Government machinery, but in the very nature of the Institute which we are setting up, it is to be after consulting them, that the rules will be framed. Therefore, clause 28(1) is very important for considering as to whether the delegation of power proposed is proper or not proper. Therefore, the wording is: "The Central Government, after consultation with the Institute.". We have not the clear picture before us at the moment. The Institute is going to function for the first time. It goes on to say: ".....make rules to carry out the purposes of this Act". So, primarily this Institute will more or less be guided by those who are in charge of this Institute. We have included also three Members of Parliament as

members of the Institute. There is also a proviso:

"Provided that consultation with the Institute shall not be necessary on the first occasion of the making of rules under this section, but the Central Government shall take into consideration any suggestion which the Institute may make in relation to the amendment of such rules after they are made."

Therefore, it is significant. So far as the first rules are concerned, naturally those members are not there. They will become members. But we have laid down a condition that the Central Government shall take into consideration, etc. This is a special provision made in respect of this Bill, because the original idea is, that all these rules must not be dictated by somebody in the office of the Ministry here in the Secretariat, but more or less, at the instance of, and in consultation with, and for the purpose of properly carrying out the work of the Institute. Therefore, there is already an imposition that the rules can only be framed by Government after proper consultation with those who are to run the Institute. Therefore, it becomes more or less hypothetical.

But even in respect of this power of delegation, it must come before Parliament, whatever Government does. Therefore, sub-clause (3) of clause 28 says:

"All rules made under this section shall, as soon as may be after they are made, be laid before both Houses of Parliament."

I would only suggest that probably nothing much would have happened, but in this particular case, we need not insist on it for the simple reason that, as I have said, and as was pointed out by Dr. Seeta Parmanand, even if the present wording, "all rules made under this section shall, as soon as may be after they are made, be

[Shri H. V. Pataskar.]
laid before both Houses of Parliament" is not there, it would be open to Parliament at any time, if they so choose, to change them. As was pointed out by my other friend, whether you put it in this form or not, it would be open to Parliament.....

SHRI JASPAT ROY KAPOOR: It would be open to Parliament even if this sub-clause (3) was not there. Parliament has always the power even without this sub-clause (3).

SHRI H. V. PATASKAR: That is true. But unless they are laid on the Table of the House, how is Parliament to know.

(Interruptions.)

MR. DEPUTY CHAIRMAN: No interruptions please.

SHRI H. V. PATASKAR: So, in a matter of technical importance, no important principle is being violated. But in respect of this particular Institute, we say, we have laid down a first restriction, that it shall be done only after consultation with the Institute concerned. Then, we can see that Members of Parliament, of both Houses, are represented there. There is not much of a difference. If the rules are made, they can come into force even before they are laid on the Table of the House. The only additional words are that Parliament may make such modifications as it may like. That right is already there, but in a different form. The wording is "modify the same in such manner as it may like", as proposed in the amendment. But I think, the hon. Minister will be consistent with the democratic principles. She will naturally be guided—if at all such an occasion arises which will be very remote—by the wishes of the Parliament. After all, in a matter like this, where it is the technical people who give advice, there is not the remotest chance of Parliament changing the rule, but even if it comes to that, that there is a recommendation, I am sure, such a recommendation will be duly

taken into account by any Minister of a responsible Government.

DR. RADHA KUMUD MOOKERJI: Sir, I strongly support the Government's point of view on academic and educational grounds. I think, we should not grudge the autonomy that is granted to centralised educational institutions. Practically, this Institute will be run like a Centralised University, like Aligarh, Benares, Visva-bharati and also I can point out the case of the Bangalore Institute of Science, where that institution has been justly granted a complete measure of autonomy in regard to matters of research and other academic matters. I, therefore, think, that we are already used to this system by which the Central Government must grant a proper measure of autonomy in order that the institutions concerned may work with a considerable degree of harmony and freedom from interference from outside. I, therefore, think, it is extremely necessary that this kind of autonomy should be granted to these All-India institutions which stand mainly for research and advancement of knowledge. Already, as I have said, you have the National Physical Laboratory here, you have got the National Chemical Laboratory in Poona, you have got many other Centralised institutions which are not at all troubled by any kind of unreasonable interference from outside.

I should, therefore, think, just as the Universities have been rightly granted by law their measure of autonomy, similarly this institution, which is really planned as a University of research, is certainly entitled to have the principle of autonomy which has been so liberally granted to all the Universities of the country, especially to the Centralised Universities. I do not know whether my esteemed friend, Mr. P. N. Saprú, who is also very much connected with the administration of Universities, will sound a different note there. There he will stand up most wholeheartedly

for the autonomy of the Universities.....

SHRI P. N. SAPRU: On a point of personal explanation, my point with regard to the clause, as it is, is that it leaves far too much to be filled up by the rule making powers. I don't happen to have the rules before me, and I do not know what is the exact measure of internal autonomy that the Institute will enjoy. I am not opposed to autonomy being given to Centralised institutions.

DR. RADHA KUMUD MOOKERJI: The point that I am urging is very simple, because we are already used to this system, under which we have granted a very large measure of autonomy to all these institutions that are working for the advancement of learning in the country. Therefore, I do not see why we should grudge the same kind of academic autonomy.....

SHRI JASPAT ROY KAPOOR: Have you got a shadow of autonomy in this Bill?

DR. RADHA KUMUD MOOKERJI: You want that the Governing Body must lay before Parliament all their regulations.....

SHRI JASPAT ROY KAPOOR: No, no. Only that rules made by Government be laid before us.

DR. RADHA KUMUD MOOKERJI: As regards the details of the work, not even finance, I do not think any University is submitting its budget to the Central Government. Even the Aligarh and Benares Universities which are Centrally governed, are not called upon to submit their budgets to the Central Government. When you are launching this institution, which contains so much of promise in the sphere of advancement of medical learning, why should you grudge this? Why should you not leave the Institute to develop its own traditions and precedents so that it may work in perfect independence, because sometimes, Parliamentary

control is not that kind of control which may advance educational interests. It may amount more to interference than really independence. Therefore, I think, that on academic grounds, it is far better to leave to this institution as much measure of independence as it is necessary for its own work. Their own work justifies this grant of autonomy.

RAJKUMARI AMRIT KAUR: Sir I think, the last speaker has voiced my opinion too very ably, and my colleague, the Minister here, has also put the matter very clearly before this House. I do beg of this House to trust this Governing Body of scientific personnel. They are not going to be hasty in making rules and regulations that will in any way cramp this Institution. They will be working wholeheartedly for its growth, and I wish to assure the House that I will see that they put the rules and regulations as quickly as ever they can, before this House. Moreover.....

MR. DEPUTY CHAIRMAN: It is the Central Government that makes the rules.

RAJKUMARI AMRIT KAUR: Yes, the Central Government, but the Central Government will, of course, be all the time making the rules according as the Governing Body—the technical personnel—advises them to make rules, and the same will be placed here as quickly as possible. And if the House wishes to make recommendations, I shall always consider their suggestions with the consideration that they merit.

One hon. Member said that I had talked about delegating powers to Parliament. Of course, I did not mean that. If that word slipped out of my mouth, I take it back. No Minister can delegate powers to Parliament. Parliament is the supreme body. What I meant was, that in this particular case, I wanted the Government to take powers of making rules. Besides there will be representation for this hon. House on the Governing

[Rajkumari Amrit Kaur.]
Body. There will also be two representatives of the Lok Sabha on that Body, so that Parliament's views will not go wholly unrepresented. Therefore, I would plead with the mover of this amendment to withdraw it.

SHRI JASPAT ROY KAPOOR: Did I understand the hon. Minister to say that the suggestions that are made by the Institute will be placed before us and we shall have our.....

MR. DEPUTY CHAIRMAN: The rules framed by the Government will be placed before Parliament.

SHRI JASPAT ROY KAPOOR: That is obvious. I thought she.....

MR. DEPUTY CHAIRMAN: Any suggestion that Parliament may make will be duly considered by the Government.

SHRI JASPAT ROY KAPOOR: Of course, they will be. But I thought that the suggestions made by the Institute.....

MR. DEPUTY CHAIRMAN: What about your amendment now?

SHRI JASPAT ROY KAPOOR: Well, my amendment is there?

MR. DEPUTY CHAIRMAN: Do you press it to vote?

SHRI JASPAT ROY KAPOOR: If she does not accept it, I may please be allowed to withdraw it.

*Amendment No. 16 was, by leave, withdrawn.

MR. DEPUTY CHAIRMAN: The question is:

"That clause 28 stand part of the Bill."

The motion was adopted.

Clause 28 was added to the Bill.

Clause 29 was added to the Bill.

*For text of amendment, *vide* col. 1729 *supra*.

MR. DEPUTY CHAIRMAN: Mr. Kapoor, your amendments are belated and further, they are also out of order. The question is:

"That clause 1, the Title and the Enacting Formula stand part of the Bill."

The motion was adopted.

Clause 1, the Title and the Enacting Formula were added to the Bill.

RAJKUMARI AMRIT KAUR: Sir, I beg to move:

"That the Bill be passed."

MR. DEPUTY CHAIRMAN: Motion moved:

"That the Bill be passed."

Only one speech on Ayurveda and one on modern sciences.

DR. SHRIMATI SEETA PARMANAND: Sir, those who have moved amendments and have not been allowed to speak should be allowed to say something in summing up.

MR. DEPUTY CHAIRMAN: It is time. You may choose between yourselves one speech.

DR. SHRIMATI SEETA PARMANAND: As I am the only woman Member to speak.....

SHRI JASPAT ROY KAPOOR: One to a male Member and one to a female Member. Equitable distribution.

DR. SHRIMATI SEETA PARMANAND: Mr. Deputy Chairman, the Bill to which 3½ days have been devoted is about to be passed, and let us hope that all the criticisms that have been offered here will be borne in mind by the Minister and the promises given by her will be carried out. It was indeed fortunate that this House had so much time to devote to this important subject, on which the country feels so strongly. But it was equally unfortunate that, in spite of the clear way in which Members put their views before the House, she should have thought that the House did not understand her. I thought, in humility, that one could have said that perhaps she

was not able to make herself clear to the House. I would have appreciated that better.

However, I would like just to deal with one or two points and refer to the promises made by the hon. Minister with regard to giving the first chance to Ayurveda in this college by teaching history of medicine, as she said, she would do in that college. I do not want to dilate on this point. But I feel that mere teaching of history of medicine is not giving Ayurveda its real place in this college in the sense in which this House wants it, and in which Ayurveda really would benefit. After all, if teaching of history or the knowing of the history of Ayurveda is going to be enough, most of us could be called doctors because we are quite conversant ourselves with the history of Ayurveda. What is required is—I think, even at this stage, the hon. Minister will excuse me for again referring to it—that Ayurveda should be given a greater chance to bring up all its old store of knowledge for being put through clinical experiments, tests, etc., and get rid of its inferiority complex. The reason why we were anxious from the beginning, that Ayurveda—when I say Ayurveda, I am referring to the other two systems—should get a chance, right from the beginning, if possible—if not as soon as may be—of being given the same treatment as Allopathy was that this inferiority complex in the minds of vaidyas should be removed. There was also another reason that, because of continued neglect the vaidas had been feeling despondent. Even after the attainment of independence, they had not got any impetus to show their knowledge and come forward. The class of really learned vaidyas would die down and there would not be people who would be able, as people who already knew the science, to deliver the goods. Secondly, by putting the Ayurveda and other branches along with Allopathy, the superiority complex of these people would have gone.

Sir, I want to refer to one more point about the undergraduate college being located in Delhi, in spite of all the arguments advanced about congestion in other places and so on. The hon. Minister even now said that she would like to make it the finest undergraduate college in the country. That is a very good ambition. Nobody would have anything to say against it. But it is hoped that it would not happen that, while giving admission to postgraduate students, those students coming from the finest college, would bar admission to other students from other colleges who would not be considered on a par with them. So, it is necessary, that in the rules that would be made, there should be some State-wise quota reserved, so that students from all over the country can get enough facilities.

Lastly, I would like here to refer to a matter that fell from the lips of the hon. Minister when she was speaking during the first reading. She made a reference to the remarks with regard to some officers in the Secretariat that fell from the lips of some Members of this House. I wish she had quoted what the remarks were. Her statement was made in an irritating tone and was equally irritating to hear. Sir, after all, it is the right of this House, if at all they feel that something should be done by the Ministry, to criticise the Ministry. It does not mean that no remark is to be made. I do not know who made that remark. Some other Members also felt that. We had a discussion about that. But this House has every right to criticise anybody if they consider that a thing has not been done in the way it should be done, and it need not be argued that the officers are not here to defend. They cannot be here to defend, when the Minister is here. The Minister is their representative. She called herself the 'chief servant of her Ministry'. She is there to reply. Let no blame be put in that manner on Members, and they need not be reprimanded in the manner that was done. Everybody felt a little annoyed about it.

[Dr. Shreemati Seeta Parmanand.]

Lastly, Sir, we wish the Institute all good luck, and we would like to see it the best in the world, because the hon. Minister said—I think it was in her speech—that students from the East would also be perhaps attracted. We like others also to benefit. But we hope that if the impetus that we expect to be given to Ayurveda and Unani systems of medicine is not possible to come within the scope of this Bill, she would come forward with an amending Bill if necessary, in a short time.

4 P.M.

SHRI H. P. SAKSENA: Sir, I have seen during the last four days the heart-rending spectacle of democracy being converted into totalitarianism. The entire Bill which we are going to pass very soon was pre-planned pre-determined, and all the clauses were pre-decided. There was no room, no scope for any amendment, or addition or subtraction from the Bill. No amendments of any name or nature were accepted.

Sir, I am wedded to the indigenous systems of medicine. I look upon Ayurveda and Unani as the proud heritage of our country, but what I have been seeing during the last four days is the cruel banishment of these systems of medicine from our land. I have taken it in that light, but I may be wrong. I cannot be a party to step-motherly treatment being given to the indigenous systems of medicine in our own country, which are akin to our traditions, our usage and our custom. We are wedded to these systems of medicine. I still hold that the system of medicine, which I persist in calling 'Allopathy', was imposed upon us by our British rulers. Otherwise, it would have had no place in this country, and it would never have grown to be such a powerful opponent of the indigenous systems of medicine, as it has been during the last two centuries. Sir, it was time now, in our independent state of things, to undo the wrong that was done to our country, by

reviving the indigenous systems of medicine, but I am sorry to find that no steps are taken to start even that process of revival of the indigenous systems of medicine, and I see no bright future for their revival. It is a very painful sight for me. I only hope and pray that better times will come when things will change and take a different form and the indigenous systems of medicine, which have been banished from their own home, in favour of a system of medicine which is entirely alien to our way of life, will be restored to their old and pristine glory. To say that sufficient and due care is being taken, and will be taken in future to revive research in the science of Ayurveda, is to beg the question. Even today, there is no research needed in the realm of Ayurveda. It has withstood the test of research over thousands and thousands of years, and even today, it can beat the other systems of medicine hollow, provided it is given encouragement at the hands of the State, but it does not get that encouragement. Sir, I cannot give my support to this measure. The reason is obvious. I only hope and pray that a time will come when these things, which are unpleasant to the majority of the people of this country, will change, and things will be done in a manner which befits the conditions of life of our poor people here.

SHRI JASPAT ROY KAPOOR: Would you not like something said in favour of the hon. Minister? I would finish in two minutes.

DR. W. S. BURLINGAY: I am not going to take more than three minutes.

Mr. Deputy Chairman, now that we are about to pass this Bill, it is necessary to make a few observations. One of the observations which I want to make, and make emphatically on the floor of this House, is that I at any rate am thoroughly dissatisfied with the policy, not only of this Government, but also of the State Governments in respect of both Ayurveda and Homeopathy. I will not repeat why I am so dissatisfied. I tell you that, if

this present policy continues for another ten years, Ayurveda and Homeopathy will have vanished entirely from this country. Of course, I do not want to dilate on this point further. Now that the hon. Minister has assured us—and I believe her—that she is a friend of Ayurveda and Homeopathy, I hope that this policy will be suitably revised. That is one point. The second observation which I want to make is this: today, our health is in the hands of the Allopaths. I am very sorry to say that the Allopaths of today have not got an open and receptive mind with regard to the other systems of medicine, but unfortunately, the future of Ayurveda and Homeopathy is today in their hands.

Today, ask an Allopath, "Do you know Homeopathy"? He says, 'No'. "Have you studied Ayurveda"? He says, "No". He is not ashamed of himself for his ignorance. On the other hand, he is proud in his heart of hearts. He thinks that these are inferior systems. This is really a disgraceful feeling. Therefore, the point which I wish to urge—and very humbly and respectfully urge—before the hon. Minister is, that the future of Ayurveda and Homeopathy should never be entrusted to people who have no faith in these systems. We must immediately have in the Centre, and in the States, people in charge of these systems, who are themselves versed in them. For instance, in the case of Homeopathy, it should be in charge of a Homeopath. There should be a Deputy Director of Health Services who is a Homeopath, and so also for Ayurveda, to be in charge of these systems. I think, this suggestion should be carried out as soon as possible.

Then the last thing I will say, and then I will have finished. I said in my original speech that today, why are the Homeopaths and Vaidyas suffering? What is the disease from which they are suffering? That is the main point to which I wish to draw the attention of the House. The disease is,

that they do not have the same status, the same emoluments, the same opportunities for their well-being and development. That is the main thing. Today, ask an ordinary Vaidya what he earns in the villages. While an Allopath will immediately become an Assistant Surgeon getting about Rs. 350 a month, an Ayurvedic Vaidya will get about Rs. 40 a month. When this is the state of things, does the hon. Minister imagine that the intellect in this country will ever flow into these channels? I ask her, who will take to Ayurveda and Homeopathy after she has destroyed it?

MR. DEPUTY CHAIRMAN: It is all beside the point.

DR. W. S. BURLINGAY: These are the main points that I wanted to make in the last stage of the Bill.

SHRI JASPAT ROY KAPOOR: Sir, at the closing part of the debate, which has served a useful purpose of bringing home to the Government, and particularly to the hon. Minister in charge of the Bill, how keenly we feel about the Indian system of medicine, I have been able to persuade myself to strike an appreciative note about this measure read along with the assurances given by the hon. Minister in charge of the Bill. I would like to offer her my sincere congratulations for the great change that has taken place in her views, ever since her election campaign and now. She started her election campaign by refusing to her voters a promise that she would support Ayurveda and Unani systems. We are happy to find that, during the course of her Minister-ship, she has to her credit the Cabinet decision which she read out, and today, she has gone to the length of assuring us that she will be making all-out efforts to give help to Ayurveda and Unani systems of medicine.

This Bill originally intended to cover only Allopathic system of medicine, but so worded, unintentionally or

[Shri Jaspat Roy Kapoor.]
intentionally, I don't know, as to cover Ayurveda and Unani systems and all other systems of medicine, and ultimately interpreted even by the hon. Minister herself to include these systems of medicine, because, only under that interpretation could she persuade herself to offer us a promise that she will have a Chair of Ayurveda also in this institution, and also she would allow research in Ayurvedic system in this Institute, is a happy end to this measure. I hope and trust that, under clause 14, the hon. Minister would be able to do a good deal for the Indian systems of medicine. For, clause 14 as you yourself were pleased to remark Mr. Deputy Chairman, is not an exhaustive clause, but it is only illustrative in some measure as to what should be done to implement the aims and objects of this Bill. The amendment relating to the inclusion in the Institute of representatives of Indian medicines has not been accepted by her, but then, I would appeal to hon. Members of Parliament, that since they will now have the opportunity of electing three Members out of them, they will see to it that these Members of Parliament are such as properly represent these three systems of medicine, unless of course, the other members who are nominated by the Government are competent to do the same.

Sir, we wish this institution good luck and prosperity, and we hope and trust, that before long, it will be one of the finest institutions in this country, and it will turn out graduates and postgraduates with efficiency, which is equal to that which experienced doctors acquire, by going over to England and other countries. We hope and trust, that in due course, we shall be proud of this institution, not only because it will be the greatest institution for the training of Allopathic students, but also for Ayurveda and Unani. The hon. Minister need not bring a new measure for Homeopathic, Unani or Ayurvedic systems, but since the scope of this is wide enough, she should make fullest use of this measure, and give the greatest possi-

ble support to the Unani and Ayurvedic systems under the cover of this Bill itself.

RAJKUMARI AMRIT KAUR: Sir, I don't want to detain the House any more. We have talked practically for four days on what I consider is an extremely simple measure, the intention of which measure has been known to the Members of this House for ages. But as I say, the opportunity was taken to make it into a regular battle for Ayurveda. I have said that I am doing what I can for Ayurveda. I will continue to do what I can for it, and I hope that research in Ayurveda and Unani, and even in Homeopathy, will yield results, and people will be able to derive benefit from them, and that it will flow into the broad stream of modern medicine, but in this teaching and training institution, as I have said, the intention was that it shall be there for modern medicine, because after all, there are 42 medical colleges in this country. The demands that come to me from the States are not for Ayurvedic colleges. They are always for colleges for Modern Medicine. India cannot remain behind in any science, and particularly not in this vital science. We have got to push ahead in this science. Whatever Ayurveda has got to give, whatever Unani has got to give, we shall try to get all that we can from them, and I want this Institute to be a unique institute, and to be able to give to our people—the young men and women doctors—the opportunities for study for post-graduate education that they have not upto now been able to have in their own country. Not only that. It will, I hope, draw students from the whole of the South East Asia zone, and even from abroad. I want this to be something wonderful, of which India can be proud, and I want India to be proud of it, but I don't want this Institute to be cramped in any way. Sir, I am grateful to the House for having supported the measure.

MR. DEPUTY CHAIRMAN: The question is:

"That the Bill be passed."

The motion was adopted.