

month of January, 1977—not many years ago—and to the various States only on 24th February, 1977.

SHRI SAWAISINGH SISODIA: Sir, there is much talk regarding the welfare of children and as we very well know, children are the important citizens of tomorrow. Even then, the recommendations of the Working Group are pending with the Ministry. I would like to know from the Minister what are the important recommendations in this respect, what the opinion of the Ministry is, why this long delay is taking place and why proper action is not being taken.

SHRIMATI RENUKA DEVI BARAKATAKI: Sir, I repeat—it is not many, many years ago; it was only in the earlier part of 1977 that these recommendations were sent to the various Ministries and to various State Governments; it was only a few months ago. The various Departments of the Ministries and the State Governments are processing them and they are sending information one after another about the action taken on those recommendations.

About the second part of the question, the main recommendations of the Working Group are—

(1) Better enforcement of existing provisions of law in regard to child workers.

(2) An in-depth study of all legislations relating to children should be taken up and changes proposed wherever necessary.

(3) The suggestion to have a National Children's Code, which would lay down minimum standard regulations also giving scope to the administrative machinery to suit local conditions, may be examined.

(4) In view of the fast changing technology, it is essential to constantly review the list of occupations hazardous to children and enforce

ban on employment of children in such hazardous occupations.

(5) The minimum age for employment in shops and commercial establishments may be 14 years. While it is not possible for India at the present stage of development to ratify the ILO Convention No. 138, it should be taken as a norm to be progressively achieved.

(6) Concerted efforts should be taken to retain children in the school system by educating and motivating parents to keep the children in schools.

(7) Services for children in need of care and protection may be expanded.

These are the main recommendations along with some other recommendations.

SHRIMATI LEELA DAMODARA MENON: The hon'ble Minister has already recognised the need for a national policy on children. As we have not yet a proper Children's Act in the country, would the hon'ble Minister see to it that this House has the privilege of discussing the Children Act which will be of vital importance to the country?

SHRIMATI RENUKA DEVI BARAKATAKI: I am thankful to the hon. Member. The review of the Children's Act is under consideration.

Restrictions on the use of HHQ as anti-diarrhoea medicine

*182. **SHRI GOVINDRAO RAMCHANDRA MHAISEKAR:** Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government have received any advice from the Indian Council of Medical Research to restrict the use of Hydroxy Halogenated Quinolines (HHQ) as an anti-diarrhoea medicine; and

(b) if so, what action Government have taken in this regard?

स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री (श्री जगदम्बी प्रसाद यादव):

(क) जी हाँ। भारतीय आयुर्विज्ञान अनुसंधान परिषद् ने यह सलाह दी थी कि यद्यपि भारत में किसी भी पेरिफेरल तंत्रिकाशोथ अथवा सब-एक्यूट-बाइलो-आप्टिक न्यूरोपैथी (एस०एम०ओ०एन०) के किसी मामले की अभी तक न तो कोई रिपोर्ट मिली है और न ही कोई मामला रिकार्ड हुआ है, फिर भी लोगों के व्यापक हित में इन दवाइयों को केवल नुस्खे पर उपलब्ध कराने के लिए तत्काल कार्यवाही की जानी चाहिए। परिषद् ने यह भी सलाह दी थी कि चिकित्सा व्यवसाय में लगे लोगों को पेरिफेरल तंत्रिकाशोथ अथवा सब-एक्यूट-माइलो-आप्टिक न्यूरोपैथी के प्रकोप के बारे में सावधान कर देना चाहिए और उन्हें हेलोजेनेटेड हाइड्राक्सी क्विनोलीन्स के डेरिवेटिव्स का कभी कभी और सिर्फ उन मामलों में जहाँ पर यह निश्चित रूप से दी जानी बताई गई हो, नुस्खे लिखने के लिए कहा जाये।

(ख) भारतीय आयुर्विज्ञान अनुसंधान परिषद् से मिली सलाह के अनुसार 30-6-77 को राज्य औषधि नियंत्रण प्राधिकारियों को यह सलाह दे दी गई है कि वे अपने-अपने राज्यों में खाये जाने वाले हाइड्राक्सी क्विनोलीन्स के हेलोजेनेटेड डेरिवेटिव्स के निमाताओं को अपनी दवाइयों के डिब्बों के लेबलों पर निम्नलिखित चेतावनी छापने के निर्देश दे दें:—

“केवल रजिस्टर्ड चिकित्सक के नुस्खे पर खुदरा बेचे जाने के लिए।”

भारतीय चिकित्सा संघ से भी यह अनुरोध किया गया है कि वह हेलोजेनेटेड हाइड्राक्सी क्विनोलीन्स के देने से पेरिफेरल तंत्रिकाशोथ अथवा एस०एम०ओ०एन० की बीमारी के

होने की संभावना के बारे में अपने सदस्यों को सावधान कर दें और इन दवाइयों को कभी-कभार और केवल उन्हीं मामलों में जिनमें उन्हें बिल्कुल आवश्यक बतलाया गया हो, नुस्खा लिखने के लिए उन पर जोर डालें।

†[THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI JAGDAMBI PRASAD YADAV): (a) Yes, Sir. The Indian Council of Medical Research had advised that although in India there has been no report or record of any case of peripheral neuritis or sub-acute myelopic neuropathy (SMON) so far, immediate steps should be taken in the larger interest of the public to make these drugs available only on prescription. The Council also advised that the medical profession should be alerted to the incidence of peripheral neuritis or SMON and to prescribe the halogenated hydroxy-quinolines derivatives sparingly and only in cases where they are absolutely indicated.

(b) The State Drug Control authorities have been advised on 30-6-77 that the manufacturer marketing halogenated derivatives of hydroxyquinolines for oral use in their respective States might be directed to insert a warning statement on the labels and cartons of their products reading as under:—

“To be sold by retail on the prescription of a registered medical practitioner only.”

The Indian Medical Association has also been requested to alert its members about the possibility of incidence of peripheral neuritis or SMON on administration of halogenated hydroxyquinolines and impress upon them the need to prescribe these drugs sparingly and only in cases where they are absolutely indicated.]

† [] English translation.

SHRI GOVINDRAO RAMCHANDRA MHAISEKAR: Sir, in view of the fact that the drug-induced diseases are on the increase and they take a long time in order to show carcinogenous action resulting in malignancy, may I know whether the Government have made any arrangements to strengthen pharmaco-genetic research in our country so that we become self-sufficient in this matter and have not to rely on foreign countries for such a recourse in future?

श्री जगदम्बी प्रसाद यादव : श्रीमन्, अभी तक जो प्रतिवेदन हमें इस बारे में प्राप्त हुआ है उसमें ऐसी कोई सूचना नहीं मिली है और न ही ऐसी कोई रिपोर्ट हमारे पास है कि इस दवा से कोई बीमार हुआ हो, मरा हो या किसी की आंखें खराब हुई हों। इसलिये हम जो जांच-पड़ताल करा रहे हैं उससे जब तक यह साबित न हो जाए कि इस दवा से सचमुच आंखें खराब होती हैं या कोई मरता है, तब तक हम पूरे प्रतिबंध की बात नहीं करेंगे।

माननीय सदस्य ने जो यह बात कही कि विदेशी रिमर्च पर इस बारे में हमें निर्भर नहीं रहना चाहिए, इसकी हम जांच करेंगे और यह देखा जाएगा कि विदेशी यंत्रों पर निर्भर नहीं रहना चाहिए। इस ड्रग के संबंध में हमारा भारतीय रिसेर्च इंस्टिट्यूट 9-10 स्थानों पर जांच कर रहा है।

SHRI GOVINDRAO RAMCHANDRA MHAISEKAR: Sir, my point was not about the reliance of the Government on the use of these particular drugs. I was very emphatic in my question whether the Government is thinking of, or has decided, about strengthening pharmaco-genetic researches in this country in view of the fact that all over the world and even in our own country the use of certain drugs has opened an entirely new field which is called "drug-induced diseases", and researches are

going on. The delayed action of these drugs made it impossible for us to get results very quickly and we have to carry on research for years together. Therefore, it is very important that we should strengthen such research in our country so that we can get results. As the hon. Minister's reply itself states clearly, we have not been able to find out certain cases which have been fatal and which have been serious from his point of view or from the medical point of view. I quite agree with that but this happens because we have not been observing such cases for years together. The use of such drugs requires continuous observation of their use in the case of diseases which require it. Therefore, my question was very specific, whether such research has been strengthened or whether the Government is thinking of strengthening such research in our country.

श्री जगदम्बी प्रसाद यादव : माननीय सदस्य के विचारों की मैं तारीफ करता हूँ और यह चाहूंगा कि यह विभाग इस मामले में इन सारी बातों की जांच करके इन सारी शिकायतों के बारे में गौर करे।

SHRI VEERENDRA PATIL: Sir, I would like to know from the hon. Minister whether the reports appearing in our country's press and the foreign press about the harmful effects of the excessive use of Mexaform—which is very commonly used for diarrhoea and dysentery—have come to the notice of the Government. If it has come to the notice of the Government, what steps are they taking—because in some countries Mexaform has been totally banned; they are not allowed to use Mexaform under any circumstances. Therefore, I would like to know whether it has come to their notice, if so, what steps they have taken already and, if they have not taken any steps already, what steps they propose to take.

श्री जगदम्बी प्रसाद यादव : श्रीमन्, मैक्सफार्म या अन्य जो दवाइयां डायरिया के लिए इस्तेमाल की जाती हैं वे जापान में और एकाध अन्य देश में बन्द की गई हैं। लेकिन सरकार की नजर में यह बात आई है कि यह दवा उन देशों में बन्द तो की गई है, परन्तु इसके बारे में जांच अंतिम नहीं हुई है। जर्मनी जैसे देश में यह दवा चेतावनी के साथ प्रयुक्त की जा रही है। इंग्लैण्ड में इस दवा का बिना रुकावट के व्यवहार किया जा रहा है। इसीलिए हमारे डाक्टरों ने इसको जांच करके देखा है और कहीं भी यह बात उनके ध्यान में नहीं आई है कि इस दवा से भारतवर्ष में कोई नुकसान हुआ हो। लेकिन फिर भी चेतावनी स्वरूप हमने सब जगह प्रचारित कर दिया है और राज्य सरकारों से भी कह दिया है कि इस दवाई के लेवल पर यह लिख दिया जाये कि रजिस्टर्ड डाक्टर की सलाह पर ही इस दवाई को प्रयोग में लाया जाये और जब इसकी विल्कुल आवश्यकता हो तब ही इसका प्रयोग किया जाये। जैसा मैंने कहा, इस दवा के संबंध में 10-12 स्थानों पर जांच चल रही है।

Major changes in the pattern of secondary education

*183. **SHRI DEVENDRA NATH DWIVEDI:**†

SHRI VITHAL GADGIL:

Will the Minister of EDUCATION, SOCIAL WELFARE AND CULTURE be pleased to state:

(a) whether it is a fact that Government have decided to bring about major changes in the pattern of secondary education in the country; and

(b) if so, what are the details in this regard?

†The question was actually asked on the floor of the House by Shri Devendra Nath Dwivedi.

THE MINISTER OF EDUCATION, SOCIAL WELFARE AND CULTURE (DR. PRATAP CHANDRA CHUNDER): (a) and (b) A Committee had been set up under the Chairmanship of Shri Ishwarbhai Patel, Vice-Chancellor, Gujarat University to review the existing syllabi, courses and text-books for the secondary stage of school education. The report of the Committee was received on 21st November, 1977 in the afternoon. It is being studied.

SHRI DEVENDRA NATH DWIVEDI: Mr. Deputy Chairman, Sir, there is no sphere of national life which requires greater attention of the Government than education. But, unfortunately like economic policy and planning this Government's approach to education is characterised and informed by a total lack of sense of direction, uncertainty and confusion. Particularly in regard to the whole scheme of 10+2+3, the confusion not only continues but has also become worse confounded by the recent criticism of this scheme by the Prime Minister himself, although the Prime Minister added that, while criticising the 10+2+3 scheme, he himself did not understand what it was all about; he has come forward with his own 8+4+3 system. Now, I want to know from the hon. Minister: (a) whether Government's new education policy of 10+2+3, which is characterised by general education up to the level of 10 and a little bit of specialisation at the level of 2, still continues or there has been dilution of the scheme and Government is having second thoughts about the general pattern of 10 plus 2 plus 3; and (b) what is the Minister's reaction to the Prime Minister Morarji Desai's scheme of 8 plus 4 plus 3.

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DR. PRATAP CHANDRA CHUNDER: Sir, the hon. Member's charge that the present Government is rather