

He has asked what is the way of converting them into a majority so that they will ultimately be able to implement it. I have explained that once there is a difference of opinion which is expressed in a very bitter form, then, possibly the purpose of the Council will be defeated. I have no doubt about it. That is why on more important decisions the Council should have full and deliberate discussion. There will have to be full discussion with the maximum consensus. When you are passing an Act or a rule, you can only say that the majority will prevail. But it does not mean that on important decisions also there will be no attempt for unanimity. The Council in its wisdom will always consider important matters and arrive at decisions after full discussion and deliberation so that it can have as near unanimity as possible. This is my experience, I may tell you, during the last three years in the Zonal Councils. Though there is also a provision for voting in the case of Zonal Councils, most of the decisions are taken by understanding and agreement. When we find that there is no understanding or agreement, if there is any difficulty, we leave it to the States to discuss the matter again so that the Zonal Council (Jan meet again and then decide. When we are passing an Act or a rule, naturally the rule has to be on the basis of the majority.

Then, as far as Mr. Rajnarain is concerned, it is very easy and very safe for Members always to say that while they support it, it is likely to fail. It is the wisest possible thing to say. When we are trying to find solutions to very difficult and complex problems, it is in the very nature of the solution that it may fail. But our efforts will have to be to see that even the failure is ultimately converted into a success. How can I say that this solution will fail or succeed? For example, Meghalaya was the solution to a difficult situation there. I think it should be our effort to find the best possible solution. It is quite possible that it may fail, but it should be our effort, our continuous effort, to see that it does not fail and that it succeeds ultimately. He was asking how are you going to do it? The problem is there. In order to solve the problem, he also agrees that such a forum, such an organisation, such a Council, is necessary. So let us give

our goodwill. Let us give our co-operation ...

श्री राजनारायण : उसका डांचा तो हम दूसरा चाहते हैं ।

SHRI Y. B. CHAVAN : I do not say that this is the only *dhancha*. That is not the final word or the last word on it. The *dhancha* will ultimately evolve itself. I have said, let this new Council start functioning and on the basis of its experience, if they find any modifications necessary, then, we will certainly come before the House making suggestions on those modifications.

The honourable Member has very politely asked me to withdraw this Bill. When this honourable House in its wisdom has passed this Bill, it would be an insult to this House even to suggest that this Bill should be withdrawn.

MR. DEPUTY CHAIRMAN : The question is :

"That the Bill be passed." *The motion was adopted.*

THE INDIAN MEDICINE AND HOMOEOPATHY CENTRAL COUNCIL BILL, 1968

SHRI DAHYABHAI V. PATEL (Gujarat) : I think this can be taken up on another day.

SHRI N. G. GORAY (Maharashtra) : It is not urgent.

MR. DEPUTY CHAIRMAN : It was decided in the Business Advisory Committee that these two Bills should be disposed of and then only we should pass on to the next item on the agenda.

THE MINISTER OF HEALTH AND FAMILY PLANNING AND WORKS, HOUSING AND URBAN DEVELOPMENT (SHRI K. K. SHAH) : Whatever preparations we have for Ayurved and other Indian systems of medicine ...

श्री राजनारायण : जरे, अभी हम लोगों को खूब दवा मिल रही है आयुर्वेद की, कोई मुश्किल नहीं है ।

SHRI DAHYABHAI V. PATEL : It is a very controversial Bill. It cannot be passed in fifteen minutes. It will need a long time.

SHRI K. K. SHAH : We are sitting up to 6 O'clock.

SHRI DAHYABHAI V. PATEL : Why do you want to rush it like this ? it is a controversial Bill. I appeal to you that there is no time now for this Bill.

SHRI N. G. GORAY : Please take it up in the next session.

SHRI K. K. SHAH : At least once we take it up now, it can be passed afterwards.

SHRI DAHYABHAI V. PATEL : Do we understand from the Leader of the House that after moving the Bill it will be postponed to the next Session?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY PLANNING AND WORKS, HOUSING AND URBAN DEVELOPMENT (SHRI B. S. MURTHY) : It should be passed today.

SHRI DAHYABHAI V. PATEL : We are not going to sit till 8 o'clock.

(*Interruption*);

SHRI K. K. SHAH : I would like to draw the attention of the House to the fact that I have been getting pressing demands from all sections of the House that this Bill should be passed and I find that there is complete unanimity on this Bill except perhaps...

SHRI DAHYABHAI V. PATEL : That is the crucial point.

श्री राजनारायण (उत्तर प्रदेश) : यहाँ एक ऐसा विषयक है श्री के० के० शाह जिसमें शायद ही कोई ऐसा संसद सदस्य हो, जिसके पास कम से कम पाँच हजार तार न आये हों। एक दिन में हमारे पास 74 तार आ रहे हैं। इसलिए हम किस तरह से इसके साथ जस्टिस कर सकते हैं।

SHRI M. M. DHARIA (Maharashtra) : Mr. Deputy Chairman, I will

suggest to this House that the non. Ministers should be allowed to move the Bill for consideration. At the same time during the inter-Session period let the hon. Minister have consultations ...

THE LEADER OF THE HOUSE (SHRI K. K. SHAH) : I will then call all the leaders of the parties and I will convince them and then we will pass this Bill.

MR. DEPUTY CHAIRMAN : I think we can allow the hon. Minister to move the Bill and no further consideration or discussion will take place. In any case it will be passed in the next Session.

SHRI OM MEHTA : We will provide for it in an earlier part of the next Session. (*Interruptions*)

SHRI M. V. BHADRAM (Andhra Pradesh) : It means only the first reading of the Bill.

SHRI K. K. SHAH : The discussion on the first reading will not be over. Therefore we will have enough time to discuss among

श्री भान सिंह वर्मा (उत्तर प्रदेश) : इसको मूव करने से क्या लाभ होने वाला है, यह बात मेरी समझ में नहीं आ रही है जबकि यह अगले सेशन में जाने वाला है। अगर इसको मूव करना है तो इसको पास भी किया जाना चाहिये और अगर यह अगले सेशन में ले जाना है, तो फिर मूव करने से क्या फायदा होगा। इसलिए मैं यह जानना चाहता हूँ कि आप इस बिल को पास करना चाहते हैं या अगले सेशन के लिए पोस्टपोन करना चाहते हैं।

ourselves.

SHRI DAHYABHAI V. PATEL : If the Minister is going to move the Bill and further consideration is going to be postponed to the next Session, we have absolutely no objection. The Leader of the House or the hon. Minister must give us this assurance that the Bill will be moved today and further consideration of it will be postponed.

SHRI K. K. SHAH : It may be partly discussed but no vote will be taken on the first reading. What more do you want?

श्री राजनारायण : चेयर की जब रुलिंग हो गई है, तो फिर चेयर अपनी रुलिंग को क्यों बदल रहा है।

SHRI R. S. DOOGAR (West Bengal) : Is it possible to postpone the Bill under the rules until the next Session?

MR. DEPUTY CHAIRMAN : It would not be difficult for the Government to arrange the business of the House in such a manner that we can take it up durhg... (Interruptions)

SHRI L<)KANATH MISRA (Orissa) : Sir, if the entire House wants that the discussion on the use of money power in the Rajya Sabha elections should get precedence and Mr. K. K. Shah, the Leader of the House, wants precedence for his Bill, then there can be only one solution. Let Mr. Murthy say 'I move the Bill'. Let the Bill be put for consideration in the next Session. Let us then start with the discussion on the use of money power straightway. You cannot have it both ways. But if you want to take up this Bill, then you must try to pass it.

SHRI KRISHAN KANT (Haryana) : It is quarter to five now. At least we must have three hours for this discussion. We cannot sit till 8 o'clock and discuss it. So asking us to discuss this important matter at this stage is not doing justice to the whole subject, because the subject is very important.

MR. DEPUTY CHAIRMAN : Then do you want this discussion to be held during the next Session—the discussion on the use of money power?

SHRI KRISHAN KANT : Yes, Sir. Tomorrow is fixed for discussion on the Defence Ministry; Friday is fixed for discussion on the Ministry of Foreign Trade. So if we discuss this for only one hour, we will not be able to do justice to it.

श्री राजनारायण : श्रीमान्, मैं यह कहना चाहता हूँ कि आज 7 बजे तक बैठा जाय। राज्य सभा के इलेक्शन में धन का दुरुपयोग हो और उसकी चर्चा न हो, तीन महीने बाद चर्चा

हो, तो इसका क्या अर्थ रह जायेगा। आज डेढ़ घंटा बहस कर लें और कल डेढ़ घंटा बहस कर लें।

श्री कृष्ण कांत : आज नहीं हो सकता है, क्यों की समय बहुत कम है।

श्री राजनारायण : कल 5 बजे तक डिफेन्स के बारे में बहस कर सकते हैं और उसके बाद इसके बारे में चर्चा हो सकती है।

श्री कृष्ण कांत : डिफेन्स के बारे में बहस लम्बी होगी और वह छः बजे तक जायेगी, उसके बाद समय कहाँ मिलेगा।

श्री राजनारायण : आप कौसी बात करते हैं।

श्री कृष्ण कांत : आपको इस मामले के बारे में जस्टिस करना चाहिये।

श्री राजनारायण : इसलिए मैं कहना चाहता हूँ कि जस्टिस डिलेड इज जस्टिस डिनाइड, अगर राज्य सभा में खर्च होने वाले धन के बारे में चर्चा करनी है तो जल्द से जल्द की जानी चाहिये; क्योंकि देरी तो पहले ही हो चुकी है और अब देरी करना व्यर्थ है।

SHRI AKBAR ALI KHAN (Aridhra Pradesh) : I think we do not have the Question Hour on the 22nd and 23rd and we can find some more time on those days.

SHRI OM MEHTA (Jammu and Kashmir) : Either we finish it today or it will not be possible to take it up on any other day; we can sit till 7 o'clock or 7.30 but we cannot take it up on any other day.

MR. DEPUTY CHAIRMAN : We have a very tight time schedule. I do not think

श्री राजनारायण : पहले ही देर हो चुकी है और अगले सेशन में ले जाने से और भी देरी होगी।

it will be possible for the House to find any time on 20th or 22nd or 23rd during this Session. If you want to start any business today,

[Mr. Deputy Chairman.]

you can discuss it only up to 6 o'clock. It will not be possible to find any time during the remaining days of the Session. So let us decide whether we want to discuss this Bill as suggested by the Leader of the House.

श्री राजनारायण : हमको आज इस पर बहस करनी चाहिये ।

श्री एम० एम० धारिया : एक बात श्री राजनारायण ने इस संबंध में अच्छी कही है और उन्होंने ठीक ही कहा है । श्री कृष्णकान्त को उनके मुझाव को मान लेना चाहिये ।
If we feel, we can continue for a little longer time.

MR. DEPUTY CHAIRMAN : We can give some time to the hon. Minister to move the Bill.

SHRI B. S. MURTHY : I shall move it to-day and we shall take it up in the next session.

MR. DEPUTY CHAIRMAN : In that case you will have to move for adjournment of the debate till the next session.

Shri B. S. MURTHY : I will move the Bill and leave it to the House...

MR. DEPUTY CHAIRMAN : Even then; it is not fully considered and passed and so you have to postpone consideration of the Bill and for that you will have to move a motion.

SHRI LOKANATH MISRA : He does not have to make a speech.

MR. DEPUTY CHAIRMAN : Even then you will have to make another motion that the consideration be postponed.

SHRI DAHYABHAI V. PATEL : We will move if he has any hesitation.

श्री चंद्रशेखर (उत्तर प्रदेश) : उपाध्यक्ष महोदय, मैं ऐसा समझता हूँ कि यह जो दूसरा विषय है रुपया या पैसा इस्तेमाल करने का उस को क्यों लेना चाहिए । मैं नहीं समझता कि माननीय कृष्णकान्त जी इसको इतना महत्व

पूर्ण विषय क्यों समझते हैं । आज सारा समाज और सारी राजनीति रुपये के बल पर चल रही है । अगर रुपया इलेक्शन में चल गया तो कौन सा पहाड़ गिर गया । पहले भी यह सवाल उठाया गया था । तो मेरी समझ में नहीं आता है कि इसमें है क्या । सारा देश जानता है और हम सब लोग जानते हैं कि यह राजनीति, यह हुकूमत, यह सारा व्यापार और ये सारे धंधे पैसे वालों के हाथ में हैं और हमारे सारे प्रयासों के बाद भी हम इसको रोक नहीं पाते हैं । तो इसमें बहस की क्या बात है । कृष्ण कान्त जी की अगर इच्छा हो, तो दो, चार मिनट में अपनी बात कह लें और राजनारायण जी का भाषण हो जाय, उसके बाद इसको खत्म कीजिए । इस में कोई महत्वपूर्ण बात नहीं है ।

श्री राजनारायण : मूव कीजिए, मूव कीजिए ।

SHRI B. S. MURTHY : Sir, I beg to move :

"That the Bill to provide for the constitution of a Central Council of Indian Medicine and Homoeopathy and the maintenance of a Central Register of Indian Medicine and Homoeopathy and for matters connected therewith, as reported by the Joint Committee of the Houses, be taken into consideration."

It was on the 25th of February, 1969 that I moved in this august House that the Bill to provide for the constitution of a Central Council of Indian Medicine and Homoeopathy and for matters connected therewith be taken into consideration. The Members who spoke on that day welcomed the Bill and made useful suggestions for the proper and planned development of the various systems of Indian Medicine and Homoeopathy. On a motion moved by Shri M. P. Bhargava, the Bill was referred to a Joint Committee of both the Houses of Parliament for a detailed study of the several provisions contained in the Bill and also the Schedule of qualifications included therein.

The Report of the Joint Committee is now before the House. Honourable

Members will observe that the Committee held 18 sittings, gave careful and detailed consideration to 132 memoranda, notes etc. received by it. It also heard evidence tendered by 30 witnesses. Two Study Groups were also set up by the Committee, one to visit important Ayurvedic institutions in Kerala and the other to make an on-the-spot study of the Gujarat Ayurved University, Jamnagar.

The Joint Committee, after a detailed study, recommended that for the proper growth and development of the three systems of Indian Medicine, namely, Ayurveda, Siddha and Unani and Homoeopathy system of medicine, there should be two separate and independent Central Councils—one for all the three systems of Indian Medicine and the other for Homoeopathy—and favoured two separate enactments one for the constitution of a Central Council for the three systems of Indian Medicine and the other for the constitution of a Central Council for Homoeopathy. The Committee have therefore amended the Bill suitably to make provision for a composite Central Council for the three systems of Indian Medicine, namely, Ayurveda, Siddha and Unani, and have recommended that the Government may introduce in Parliament a separate Bill for Homoeopathy on the same lines as the Indian Medicine Central Council Bill.

The Report of the Joint Committee together with the record of oral evidence tendered before the Committee and the Indian Medicine Central Council Bill, as reported by the Joint Committee, have been circulated to hon. Members. The important changes made by the Joint Committee relate to :—

- (1) representation to be given on the Central Council to each of the three systems of Indian Medicine on the basis of the numerical strength of practitioners registered on the State Registers;
- (2) representation to be given to the Faculty or Department of a University having provision for each of the three systems of Indian Medicine;
- (3) reduction in the percentage of members to be nominated by the Central Government from 50 to 30 and

(4) the rights and privileges of the practitioners of Indian Medicine who are registered on the Central Register or on the State Registers of Indian Medicine.

A question that came up for consideration in great detail at the sittings of the Joint Committee relates to the "Integrated" practitioners of Ayurveda, Siddha and Unani. It was urged by the National Integrated Medical Association—a body which seeks to represent the "integrated" medical practitioners—that there should be provision in the Bill for :

- (i) continuation of the integrated scheme of education in Ayurveda, Siddha and Unani;
- (ii) a separate Committee for Integrated Medicine;
- (iii) a separate schedule of qualifications in integrated medicine; and
- (iv) a separate Central Register or a separate part in the Central Register for integrated practitioners.

Prior to independence, the erstwhile Princely States and some Provincial Governments established a number of Ayurvedic and Unani Schools and Colleges for the promotion of education in these systems and the extension of medical relief based on them. The teaching of Ayurveda or Unani sought to include the elements of modern or allopathic medicine with a view to :—

- (1) the evolution of a kind of tropical medical practice comprising elements derived from indigenous as well as western sources, and adapted to the country's needs; and
- (2) filling up the gaps left in the systems of Indian medicine, specially in the fields of surgery and obstetrics, due to historical vicissitudes.

In 1946, the Government of India appointed a Committee on Indigenous Systems of Medicine (popularly known as the Chopra Committee) to advise on the steps that should be taken to improve facilities for research and training in Indian systems of medicine. This Committee recommended that both the Western and Indigenous Systems of Medicine should be harmonised and synthesised for purposes of teaching and medical relief. The Committee also

[Shri B. S. Murthy.]

recommended that the curricula of this newly devised system should be prepared in such a way that whatever is weak in one system could be supplemented with the strong points of the other. To achieve this the Committee put forward a three-stage namely :

The First Stage.—The teaching of subjects of Indian and Western Medicine, side by side, in colleges of modern medicine and Indian medicine. At this stage the process was to be one of supplementing and not of real integration. The idea behind this scheme was that the study of the subjects should be synthetic and comparative rather than a detached study of pure allopathic principles and practices.

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The Second Stage.—The teaching of subjects at this stage was to be by the same teacher, instead of by two or more teachers, who will give a unified view of the Indian and Western Medicine.

The Final Stage.—The teaching should make use of the results flowing from the work in the Research Institutions where eminent experts of Western and Indian Systems would work side by side.

Sir, the first stage envisaged concurrent teaching of the subject of modern medicine and Indian medicine by different sets of teachers. During the trial of this scheme in the schools and colleges of Indian Medicine in the last twenty years it was noticed that the students of Indian Medicine, were generally those who had failed to qualify for admission in a modern medical college and as such they tended to lean more and more on the subjects of modern medicine to the utter neglect of subject of Indian medicine with the result that they off and on started clamouring for the exclusion of the subjects of Indian Medicine in the curricula.

SHRI M. M. DHARIA : The speech may be laid on the Table of the House.

SHRI B. S. MURTHY : I am trying to explain. Sir, the crux of the whole problem is integration and I am giving the picture of how that scheme worked.

After passing out from these colleges, they resorted to the practice of modern medicine and used little or no drugs of Ayurveda, Siddha or Unani in their practice. This has caused discontentment with the so-called integrated system of medicine which has tended to produce an inferior category of allopathic doctors rather than proficient Vaidyas, Siddhas and Hakims. The stage, has therefore, now come when teaching in Indian Medicine should be developed on the basis of the principles governing these systems.

The people holding qualifications granted by State Boards or Faculties of Ayurveda, Siddha or Unani, or Universities which prescribe training based on the concurrent teaching of subjects of Indian Medicine and Modern Medicine have, during the past ten years, agitated for their being registered on the Indian Medical Register maintained by the Medical Council of India under the Medical Council of India Act, 1956. This Act provides for the recognition and registration of persons who possess only such qualifications as are included in the Schedules; to that Act. The Medical Council of India does not recognise the qualifications in concurrent courses of Ayurveda, Siddha or Unani as registerable qualifications on the Indian Medical Register. The students of the colleges of Indian Medicine had, therefore, resorted to agitation for the conversion of their institutions into colleges of modern medicine and this change was effect#d in two important centres in India. The Government College of Integrated Medicine, Madras, was converted into a Medical College by the then Government of Madras. The Banaras Hindu University closed down the Ayurvedic College and converted it into a College of Medical Sciences, with the M.B.B.S. curriculum. Arrangements have been made by the Medical Council of India with different States Governments to provide for condensed courses in modern medicine leading to the award of a Licentiate Diploma in Modern Medicine to the graduates of Indian Medicine who have undergone the concurrent course of training so as to make them eligible for registration on the Indian Medical Register. The Medical Council of India have, however, stipulated that such arrangements can be provided only in those States where the integrated course of training in Indian

Medicine has been stopped. Some of the States like Gujarat and Kerala have stopped the Integrated course and arranged for the condensed course.

A point that was posed in the Joint Committee related to the existing rights and privileges of the Integrated Medical Practitioners. Integrated practitioners are primarily those who have gone through the concurrent course of training in a teaching institution meant for the training of practitioners of Ayurveda, Siddha or Unani and not of Allopathy. In all the States these practitioners are registered on the State Register of Ayurveda, Siddha or Unani, as the case may be, and not in the State Register meant for registration of practitioners of allopathic medicine maintained under the Indian Medical Council Act, 1956. It is only in the State of Tamil Nadu that a separate Register for the registration of practitioners of Integrated medicine exists. In Mysore and Maharashtra, Integrated practitioners are registered in separate parts. The Joint Committee felt that since the practitioners who have gone through the concurrent course of training are primarily practitioners of Indian Medicine, they should be registered in the Central Register of Indian Medicine as practitioners of Ayurveda, Siddha or Unani as the case may be. The question whether the existing rights and privileges of the integrated practitioners are protected on their being registered on the Central Register of Indian Medicine as Ayurvedic, Siddha or Unani practitioners was considered. The most important right of these practitioners is the right to practise modern drugs and medicaments under the Drugs and Cosmetics Act, 1940 as amended periodically. The right of any practitioner who does not possess a qualification specified in the Schedules to the Indian Medical Council Act, 1956, or eligible for registration in a Medical Register of a State meant for registration of persons practising the Modern Scientific System of medicine, is governed by Rule 2(ee) (ii) of the Drugs Rule, 1940, under which State Governments are competent to declare by a general or special order any person registered on a State Register other than the Indian Medical Register as a person practising the Modern Scientific System of Medicine. The practitioners of Indian Medicine, whether integrated or otherwise, who are registered on a State Medical Register meant for regis-

tration of practitioners other than those practising the Modern Scientific System of medicine, have been declared as "registered practitioners" for the purpose of the Drugs Rules by almost all the State Governments. Clause 17(3) of the Indian Medicine Central Council Bill as Reported by the Joint Committee seeks to ensure the rights and privileges of all practitioners, including Integrated practitioners, under the respective State Acts.

The Joint Committee while giving protection to the existing qualifications and the rights and privileges available under the existing State laws has not considered it appropriate to create a separate Committee for Integrated medicine. It has left the question of the design of training in Indian medicine to the Central Council to be set up.

The Central Register of Indian Medicine to be maintained under clause 23 of the Bill is to contain the names of only those practitioners who possess any of the medical qualifications included in the Second, Third and Fourth Schedules annexed to the Bill. Registration of persons who do not possess any of the medical qualifications included in these Schedules has been stopped in almost all the States.

The State Registers of Indian Medicine will henceforth contain only the names of those who possess an institutional qualification. The Joint Committee felt that, while all practitioners who are registered, irrespective of whether qualified or otherwise, with the State Boards, can be made eligible for election to the Central Council, it will not be proper for the unqualified persons to be registered on the Central Register. This is for the reason that during the course of the next decade or two, there will be no unqualified person practising the three systems of Indian medicine and the Central Register should not include the names of those persons who do not possess a recognised qualification.

Another important issue that came up for consideration is the question of the right to practise Indian Medicine by non-institutionally qualified persons in States or Union Territories where no legislation at present exists for the registration of practitioners and the maintenance of a State Register of Indian Medicine. The Joint Committee

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has sought to protect the rights of these individuals to practise, provided they have been practising for not less than 5 years on the date the Act comes into force. The Joint Committee have also made suitable provision for the commencement of the Act in different States on different dates.

Last paragraph. Before I conclude I would like to offer my sincere thanks to Shri M. P. Bhargava, Chairman and other Members of the Joint Committee who have by their collective wisdom given a proper shape to this important legislative measure.

With these words I move that the Indian Medicine Central Council Bill as recommended by the Joint Committee may now be taken into consideration.

The question was proposed.

MR. DEPUTY CHAIRMAN : Shall we proceed with the discussion or what ?

SHRI DAHYABHAI V. PATEL : Sir, I would like to move this motion :

"That further consideration of the Bill be postponed to the next session."

SHRI SUNDAR SINGH BHAN-DARI (Rajasthan) : If that was the agreement, then it may be done.

MR. DEPUTY CHAIRMAN : There is a motion before the House moved by Shri Dahyabhai Patel on the consideration of the motion moved by Shri B. S. Murthi, to the effect that the debate on this Bill be postponed or adjourned to the next session. I am putting the question. The question is :

"That further consideration of the Bill be postponed to the next session."

The motion was adapted.

MR. DEPUTY CHAIRMAN : Now before we pass on to the next item on the Agenda I may tell you one thing about this. The debate has been postponed under rule 117 for which the consent of the Chairman is required, and in view of the sentiments expressed by the hon. Members of this House

SHRI MULKA GOVINDA REDDY (Mysore) : You are the Chairman now.

MR. DEPUTY CHAIRMAN : Under exceptional circumstances this permission has been given and, therefore, it should not be treated as a precedent in future.

RE SHORT DURATION DISCUSSION ON SERIOUS ALLEGATIONS OF USE OF MONEY POWER IN THE RECENT BIENNIAL ELECTIONS TO RAJYA SABHA

SHRI TRILOKI SINGH (Uttar Pradesh) : Sir, with your permission, I would like to make a submission. Before you take up the next item on the Agenda, if I mistake not, the day it came up it was agreed that at least one full day should be allotted for this work. It is now 5.15 and I doubt very much if the hon. Members are in a mood to sit for another three or four hours. Therefore, I would most humbly submit that some other day be allotted for this work, whether in this session or in the next session.

MR. DEPUTY CHAIRMAN : Just a minute please. This question was raised in the House earlier and hon. Members expressed their views that they would like to discuss this matter during this session only, and they said that it would take about two hours Shri Chandra Shekhar also said that it had been raised in the House on a number of occasions and that about two hours would be enough.

SHRI CHANDRA SHEKHAR (Uttar Pradesh) : I have changed my mind.

MR. DEPUTY CHAIRMAN : Apart from that the matter was considered by the Business Advisory Committee also and it was decided that after disposing of these two Bills this matter should be taken up for discussion, and that whatever time remains after passing the two Bills the remaining time should be allotted for discussion of this subject. Now we have passed only one Bill and to accommodate the maximum number of Members we have postponed consideration of the second Bill. We have still got two hours' time and it will be quite enough. In that case I would like to request hon. Members that they should restrict their observations to the