

SHRI FARIDUL HAQ ANSARI: The hon. Minister stated just now that smallpox is very much prevalent in Uttar Pradesh. May I know in which districts of Uttar Pradesh it is mostly prevalent?

DR. SUSHILA NAYAR: At the present time, Six, smallpox cases are reported in about 15 Or 20 districts in U.P. I will supply the list of those districts if the hon. Member so desires.

SHRI A. B. VAJPAYEE: In view of the fact that there is a strong public opinion against compulsory vaccination, may I know if any record is kept of the cases in which death has occurred after vaccination?

DR. SUSHILA NAYAR: Well, Sir, there are rare cases in which smallpox vaccination is known to cause complications, but they are reported to be very rare, one in hundred and fifty thousand or something like that. Record of all such cases, wherever it is possible, is kept. But it is not, as the hon. Member knows that all deaths from all causes are recorded and reported in this country, and therefore, I would not be able to vouch that all deaths resulting from smallpox vaccination are necessarily recorded.

MR. CHAIRMAN: Mr. Morarji Desai, are you for or against vaccination?

SHRI BHUPESH GUPTA: Like prohibition, you mean.

In view of the statement which the hon. Minister made just now that some of the States have not implemented the scheme, may I know whether the Government have instituted an enquiry to find out why this scheme could not have been implemented?

DR. SUSHILA NAYAR: As I have already said, the reasons are that they had not provided for the money in last year's Budget. They had to get it passed by the Legislatures. And after the Budget is passed, the recruitment of the personnel, etc., is necessary.

SHRI BHUPESH GUPTA: That is poor consolation to the victims of smallpox. But may I know why the Government have not taken up the matter with the State Governments when the necessary allocations are not being made for the implementation of this scheme?

DR. SUSHILA NAYAR: Sir, the Directors of some of the States have been invited on the 24th to come and discuss ways and means of expediting this matter.

COMMITTEE ON HIGH COST OF MEDICAL EDUCATION

*2. SHRI M. P. BHARGAVA: Will the Minister of HEALTH be pleased to state:

(a) what are the main recommendations of the expert committee which was appointed to go into the question of high cost of medical education in India;

(b) whether any State Governments have sent their comments thereon;

(c) whether the report of the Committee would be considered at the conference of State Minister of Health; and

(d) what steps Government propose to take to bring down the cost of medical education in the country?

THE MINISTER OF HEALTH (DR. SUSHILA NAYAR) : (a) A statement containing a summary of the main recommendations of the expert committee appointed under the Chairmanship of Col. B. N. Hajra is placed on the Table of the Sabha.

(b) No, Sir.

(c) No decision has been taken so far.

(d) As medical education is a State subject, the recommendations made by the expert committee will be duly considered by the State Governments and economies effected wherever found feasible. A panel for medical colleges and hospitals attached to them has been set up in the Planning Commission under the auspices of the

Committee on Plan Projects and it is exploring the possibilities of reduction of costs of medical colleges and hospitals.

STATEMENT

Summary of recommendations of Committee on High Cost of Medical Education

The Committee's recommendations are based on a medical college with 100 annual admissions. While making recommendations the Committee has kept in view that efficiency should not be sacrificed at any stage of medical training of the students. In addition to the items of Buildings and Equipment the Committee has tried to suggest ways and means of effecting economy from other points of view of a Medical College with 100 annual admissions.

1. *Buildings*.—Where sufficient land is available considerable reduction in the cost of medical education can be effected by the construction of buildings with prefabricated roofing and use of steel tubular structure. Where medical colleges must be built as permanent structures, the Committee felt that it would be possible to economise by omitting "dead space" as far as possible so that the maximum utilization could be made of laboratories, class rooms, etc. through sharing these by several departments.

The Committee's estimates are based on the assumption that the cost of usual structure would be Rs. 15/- per sq. ft. and that of prefabricated structure, Rs. 8/- per sq. ft.

2. *Equipment*.—Special and expensive apparatus should not be duplicated but should be centralized. Considerable economy could be exercised in this matter through the pooling of expensive apparatus required by many departments in one place, provided full co-operation and collaboration exists between the different departments. This will minimise unnecessary duplication and multiplication of the same set of apparatus. It is mainly a question of organisation of an adequate time schedule.

3. *Reorganization of the Departments*.—Suggestions for reorganization and the possible ways of combining the use of facilities by several departments have been made.

4. *Library*.—Until Indian textbooks are available, booksellers could be persuaded to import loose leaf³ and bind locally. A book bank is considered very useful and will meet the requirements of a number of staff and students. The establishment of a lending library on the lines of the well known pre-war Lending Library in London, where students could obtain books for periods ranging from 15 days to 1 month on payment of a small amount per year, should be considered especially in cities where several medical colleges exist. A common Library to serve several medical colleges established in a single city, is also recommended. Each College, however, will still require its own units.

The Library should be kept open between the hours of 7 a.m. and 9 p.m. so that at any time when the students are not engaged, they can come to the library.

5. *Students*.—So far as admission of students is concerned there is no question that the best students must be admitted. Considerable wastage of man-power is caused through failures in examinations. The economic implications of such failures are considerable, and any steps that would minimize such failures would lead to reduction in the cost of medical education.

6. *Hostels for students*.—Hostels are essential and may be of prefabricated materials. It may not be possible to allot individual rooms. Dormitories with common bath rooms should be adequate.

7. *Out-patient Departments*.—As these provide rich teaching material and have not been adequately exploited for teaching purposes, these should be strengthened with adequate staff, and by reorganization of existing

physical facilities. Their adequate utilization could avoid a concomitant increase in hospital (ward) facilities with increasing number of students and effect considerable economy.

8. *Staff*.—More use could be made of adequately qualified honorary staff for teaching purposes so that individual attention can be given to the increasing number of students.

The services of non-medical scientists; *e.g.*, Biochemists, Biophysicists, Statisticians, etc, should be utilised for teaching non-clinical subjects.

Wherever there is deficiency in the strength of the junior staff and where under-graduate and post-graduate teaching is combined, maximum utilisation of post graduate students could be made as junior teachers.

9. *Maintenance of Equipment*.—It is unfortunate that very often costly equipment remains unused for a long time and a many instruments are rendered unserviceable for lack of adequate maintenance. A small work shop for teaching hospitals is, therefore, very necessary and persons employed there should have had training in instrument technology.

SHRI M. P. BHARGAVA: May I know if the hon. Minister is aware that the average monthly expenditure incurred by a student for his medical education is too high a figure to be borne by people whose incomes are quite moderate?

DR. SUSHILA NAYAR: Sir, it is true that medical education is expensive. I only wish to draw the attention of the hon. Member to the fact that what the medical student spends is not even one-tenth of the total cost per medical student that is borne by the nation.

SHRI P. N. SAPRU: How many scholarships are being given to medical students for their study in medical colleges. To what extent are poor students being helped in our medical colleges to get medical education?

DR. SUSHILA NAYAR: There are a number of such scholarships, but the medical colleges are being run mostly by the State Governments and I am afraid I do not have the figures of the total number of scholarships available everywhere. If the hon. Member so desires, I will collect the information and give it to him.

SHRI M. P. BHARGAVA: Are there any schemes under consideration to give financial aid to such students whose parents or guardians have incomes below Rs. 300 per month?

DR. SUSHILA NAYAR: There are no such schemes, specifically, but able students are given certain merit scholarships. Then there are certain other scholarships also and the students are expected to work for the Government for a number of years after completing their studies. Many of the students whose parents have low incomes take advantage of one or the other schemes.

SHRI NEMECHAND KASLIWAL: Sir, in the statement just now placed before the House it has been stated: "Very often costly equipment remains unused for a long time and many instruments are rendered unserviceable for lack of adequate maintenance."

And the Committee have also suggested an institute for giving training in instrument technology. May I know what steps the Government propose to take to establish such an institute where training in instrument technology can be given?

DR. SUSHILA NAYAR: I have stated earlier that these recommendations are being considered by the Government and I have no doubt that due attention will be given to this recommendation also provided facilities can be included in the Plan provision.

SHRI BHUPESH GUPTA: One of the problems of medical education being that it is not at all open to the students coming from the poorer sections of the community, may I know

whether the Government have any scheme to make this education available to the poorer sections of the community?

DR. SUSHILA NAYAR: Sir, I am not aware of any complaint that the poorer sections are not being admitted into the medical colleges. A vast majority of medical students come from poorer homes.

SHRI N. SRI RAMA REDDY: What is the cost of medical education generally in the country and may I know whether it differs from State to State, or whether it has been uniform throughout the country?

DR. SUSHILA NAYAR: Sir, slight variations there might be, but by and large the cost of medical education is high everywhere.

DR. A. SUBBA RAO: Sir, in view of the fact that the cost of a degree education is high and in view of our deficiency in the number of doctors as compared to what we require, will the Government consider the opening of shorter courses like the L.M.P.

DR. SUSHILA NAYAR: No, Sir.

RESEARCH SCHOLARS IN THE VALLABHAI PATEL CHEST INSTITUTE

*3. SHRI M. P. BHARGAVA: Will the Minister of HEALTH be pleased to state:

(a) the number of research scholars who were working in the Vallabh-bhai Patel Chest Institute, Delhi during the year 1961;

(b) the number of papers prepared by them; and

(c) the number of research seminars arranged by the Institute during the same year?

THE MINISTER OF HEALTH (DR. SUSHILA NAYAR): (a) 28.

(b) 21.

ICj 87.

SHRI M. P. BHARGAVA: May I know, Sir, whether all these research scholars are paid any scholarships and, if so, what the amount of those scholarships is?

DR. SUSHILA NAYAR: Sir the scholars have been sponsored by different agencies. They are all getting pay. Some are sponsored by the Ministry of Health, some by the C.S.I.R. some by the Ministry of Scientific Research and Cultural Affairs, some by the Indian Council of Medical Research, the United States Public Health Service, the International Atomic Energy Commission, Hoffman La Roche. All these institutions are paying them scholarships. I am afraid I do not know the exact amount.

SHRI M. P. BHARGAVA: May I know the method of selecting these research students for admission to the Institute?

DR. SUSHILA NAYAR: Sir, all these different organisations that I have mentioned have Selection Committees and some of the Members are common so as to keep in view the uniformity of standards for selection purposes.

SHRI M. P. BHARGAVA: May I know whether all these research students are working for the sake of research or some of them are working for obtaining degrees also?

DR. SUSHILA NAYAR: Sir, they are permitted to produce papers and these, which can be used to get degrees also.

SHRI NEMI CHAND KASLIWAL: May I know whether there are any foreign scholars working in this Institute?

DR. SUSHILA NAYAR: I am afraid, Sir, I do not know that. If there are any, they are not in any number.

SHRI A. B. VAJPAYEE: Is it a fact that research workers, including seniors, are not allowed to publish papers without the prior permission of the Director of the Institute?