

[Shri Satya Narayan Sinha]

Barrage Project on a motion to be moved by Dr. Atindra Nath Bose at 3 p.m. on 23rd September.

(b) Planning Commission's Memorandum on the Appraisal and Prospects of the Second Five Year Plan on a motion to be moved by the Minister for Planning on 24th September.

(c) Statement on the damage caused to the Kadam Dam in Andhra Pradesh laid on the Table of the Rajya Sabha on 12th September on a motion to be moved by Shri V. Prasad Rao on 25th September at 4 p.m.

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.

THE INDIAN MEDICAL COUNCIL (AMENDMENT) BILL, 1958—
continued

DR. A. SUBBA RAO: Mr. Deputy Chairman, Sir, I was dealing with the question of lack of personnel in medical colleges which have already been opened and which are yet to be opened. When there is lack of teaching personnel, of course, there will be some limitation on opening new colleges which are required for the country in the near future.

Now, the standard of education is one of the aspects but the main aspect is to make available medical aid to the maximum number of people possible. Our country is an agricultural country consisting of lakhs of villages and as it is the medical aid made available to the rural folk today is very meagre indeed. The requirements are there but we do not find the required

medical personnel to cater to the needs of the rural folk. So, the main objective should be to train as many medical personnel as possible so that the medical needs of the rural folk may be attended to. With the colleges that we have today, is it possible to attain our goal in the near future? In my opinion it is not possible. It will take a long long time for us to be in a position to meet the requirements of the rural folk. Even with the increased number of graduates coming out of the colleges—in recent years there have been a number of graduates coming out of the colleges—we still do not find them going to the villages or rural areas. I think it is not only want of personnel but also the question of atmosphere in the rural areas which is a deterrent to these graduates going and settling down in the rural areas. Many State Governments find it even difficult to fill up vacancies, that have occurred as a result of certain licentiates either retiring or passing away, in the rural dispensaries and local fund hospitals. They find it difficult because the graduates do not come forward. You have already abolished the L.M.Ps and other licentiates and so there is a gap in all these rural and local fund dispensaries and hospitals. So, I am of the opinion that this abolition of licentiates is definitely detrimental to the interests of the country. They should have been allowed to continue but then the argument might be that they would not like to have different classes in the medical profession and that medical education must be standardised and so this abolition is justified. But then the medical needs of people are much more urgent and I think it is high time that the Government reconsiders its position.

(Time bell rings.)

Again, in the last Act some justice has been meted out to the licentiates by incorporating them in one register and I was told by Dr. Dube that they have already been incorporated in the register. I beg to be corrected but whatever it is, they have been brought under one category and they have

been given sufficient representation in the Medical Council and thereby, even though their qualification was considered to be less than the Degree-holders, they have been given a sort of equal status and that would practically help in making these differences in the medical profession disappear.

DR. R. B. GOUR (Andhra Pradesh): Dr. Dube will never give you equal status.

DR. A. SUBBA RAO: That is the proper procedure to have been adopted but my submission is that there is another class of people, another class of doctors, who have been kept completely outside the purview of this Bill. They have not been given the registration. I speak of that class of doctors who have been given medical education in the so-called integrated system of medicine. As you know, different States have started colleges long time back where instruction in both the modern and the ancient systems of medicine—or the Ayurvedic system as it is called—is given. Of course, when such institutions are started, you cannot expect the standard of education to be quite as high but now after so many years they have improved a lot. They have got good teaching staff and all the necessary clinical appliances and the coaching that is given now in this integrated system of medicine is quite commensurate with the requirements and the standard is quite high. And certainly the standard of graduates and licentiates coming out of such institutions is much better than the standard of the licentiates of olden times and to put it modestly, they are only a shade less than the present-day graduates. Perhaps I am being very modest but definitely they have got all the coaching that is necessary and they have been posted for clinical work in well-equipped modern hospitals. (*Time bell rings.*) Just five minutes, Sir. I am closing and after all, I talk very rarely.

MR. DEPUTY CHAIRMAN: There are a few more speakers.

DR. A. SUBBA RAO: Sir, I want to put in this plea very strongly because there is a contention that after all it is only a hotch-potch system with both the systems thrown together. But I cannot understand how in science, especially in medical science, you can just bottle it up in different compartments and say this is ancient system of medicine and this has nothing to do with the modern system and so on.

DR. W. S. BARLINGAY (Bombay): How can the Indian Medical Council whose powers are defined by the Act consider the case of these people?

DR. A. SUBBA RAO: I want only to bring them in one register. Why can't you enable them to come in? After all, they have been given coaching in modern system also. If you can bring the licentiates here, why not bring these people also who have got the same sort of education in the modern system of medicine? Why not give them representation in the Medical Council? Why can't you ask the State Governments to register their names in the same register?

DR. W. S. BARLINGAY: That will mean a change in the constitution of the Indian Medical Council. That must be remembered.

DR. A. SUBBA RAO: Sir, my plea is, you include them at least in the first part of the Third Schedule. Lastly, I would like to bring to the notice of the Health Minister the situation in the Kasturba Medical College at Mangalore. He definitely knows how it was started, the standard of education, the standard of examinations and other things. If I am not wrong, perhaps, it may have been affiliated to the Karnataka University. If my information is correct, among the degrees awarded by the Karnataka University, the Kasturba college does not find a place in the First Schedule of this Act. So, they must be given recognition; they must be included in the register and the M.B.B.S. degree awarded by the

[Dr A. Subba Rao.]

Kasturba Medical College must be included in the First Schedule of this Act.

MR. DEPUTY CHAIRMAN: Dr. Dube.

DR. R. P. DUBE: I think Dr. R. B. Gour wanted to speak.

MR. DEPUTY CHAIRMAN: I want to know whether you want to speak.

DR. R. P. DUBE: I want to speak after him.

MR. DEPUTY CHAIRMAN: All right. Please be brief.

DR. R. B. GOUR: Mr. Deputy Chairman, I will certainly give Dr. Dube the privilege to reply to what I say and lighten the burden of Mr. Karmarkar.

MR. DEPUTY CHAIRMAN: So, you seem to have come to some agreement.

DR. R. B. GOUR: That sort of agreement we always have. In fact, I begged of Dr. Dube to support the cause that I—my friend has also sponsored it—am sponsoring. But unfortunately Dr. Dube belongs to that class of medical men who are M.B.B.S. or have been M.B.B.S. doctors and they do not think of persons below that. As has already been brought to the notice of the Government, Indian Medical Council and Parliament long ago, there is a big gap between the requirements of medical personnel in the country and the availability of medical personnel. You have abolished the L.M.S. course. You have discouraged L.M.S. What is the result? The result is that you are not getting as many M.B.B.S. doctors as you want. What did you do? You said that the L.M.S. doctors did not have the necessary grounding, the necessary medical equipment, and medical knowledge and information. Now, what are you doing? The other day we had some discussion with Mr. Karmarkar also. Every State wants more and more medical colleges. The result is that neither the Indian

Medical Council, nor the State Governments, nor the medical colleges are in a position to maintain the standard of education. The standard of teaching, the hospital standards they are not able to maintain. Now, you abolish the L.M.S., saying that you want M.B.B.S. standard for the medical personnel in the country. And what has been the result in the bargain? The standard of M.B.B.S. itself is going down in so many colleges. You just put both your hands on your heart and say whether the Indian Medical Council is in a position to stick to its standards. That is a very important question. Why do you reduce the standards in the medical colleges? Why do you reduce the standard of M.B.B.S.? Why don't you allow the L.M.S. and see that the rural dispensaries are catered to? Do not ask the L.M.S. doctors to get into the M.B.B.S. cadre and the civil surgeon's cadre. Confine them to a certain status in the services. After all, the L.M.S. is certainly not a course which is absolutely useless. We know that you recognize the present L.M.S. doctors for the purpose of practice, and you recognize the present L.M.S. for the purpose of the all-India Register, for the purpose of getting representation on the Indian Medical Council. But you do not want in future the L.M.S. course. Why? Therefore, this question must be gone into a little more thoroughly. You want to prune the Plan. You want to bring down the targets. Here is a suggestion that you need not bring down the targets in regard to the medical personnel. Now, try to see that this L.M.S. course is started. Some of the friends from Bengal might say that they do not want that in Bengal. It is over-saturated with M.B.B.S. doctors. Let us not have the L.M.S. course in Bengal, but let us have it in other parts of the country. My point is that you could confine this L.M.S. course and the cadre to a certain status in the medical services. You don't ask that they be taken as civil surgeons. Now, the result is that private L.M.S. courses are being started. Mr. Karmarkar knows that in Hyderabad they have started

training candidates. There is no recognition to it. Therefore, this attitude towards L.M.S. will have to be modified, in the background of the appraisal, reappraisal and reappraisal of reappraisal of the Second Five Year Plan itself.

Then, Sir, I think the State Governments are playing with the medical education. What is it, you say Ayurveda, then integrated scheme, then you have got the degree of A.B.M.S. of the Banaras Hindu University. You teach Ayurveda. Along with that you teach modern medicine, this allopathy. You are giving that degree. Now, the Indian Medical Council will have to change its attitude towards these degrees, or abolish them. Don't try to deceive people, cheat people in this manner, that you have an integrated system of medicine. But you cannot practise that integrated system of Medicine. A compounder who has worked under Dr. Dube can start a dispensary in the village, but then an A.B.M.S. man cannot give injections, because that is not recognised. He cannot be registered; he cannot be a registered practitioner. That attitude will have to change. You cannot play with medical degrees, medical courses like this. Then, the Indian Medical Council's job is only to see how far and to what extent the allopathy side is taught or not. You go and examine whether the course is provided, whether the curriculum is provided, whether the teaching staff is qualified, whether the hospital equipment is there, and then you say whether that section and teaching is proper or not. Then, you recognise that section. In foreign countries, they can practise homeopathy, allopathy, any 'pathy' they like. Your job is to see whether the medical course to which you are wedded is properly taught to them or not. But why take a hostile attitude towards this integrated course? After all you want this integrated course. You have accepted the idea of integration for the simple reason that you want to give Ayurveda the benefit of advanced scientific

knowledge. That is accepted by Government, State Governments and even a vast section of medical opinion. Then, why you hesitate to recognize this integrated course, I cannot understand.

Lastly, I would hesitate to give further lease of life to the present Indian Medical Council, because a very callous attitude towards medical education and personnel and medical problems is being taken by the Indian Medical Council. The teaching standards, the standards of salaries for the teachers, standards for admission are different. If one medical college has some rules, another has certain other rules. In one medical college even for interview there are marks. In certain other medical colleges even districts are given quotas. Teaching standards are falling. What are you doing? Why can't you change the rules, why can't you change the constitution of the council to enable it to look into all this? You are the custodians of the standards of medical education in the country. You are the custodians of medical teaching in the country. Why don't you rise to the occasion? I think it is high time that Parliament takes cognizance of the fact that we have handed over custody of medical education, custody of medical science, into the hands of the Indian Medical Council. If the Indian Medical Council is not discharging its duties properly, then we have to take account of it. They have to give an account of it. I do not propose to speak at length, but these are the points which I want to emphasise and re-emphasise.

DR. R. P. DUBE: Mr. Deputy Chairman, I should like to correct the impression of the speaker previous to Dr. Gour—though he has corrected it himself after we had a talk in the lobby—when he said that this Bill was for the purpose of enabling licentiates to get registered.....

DR. R. B. GOUR: I did not say that.

DR. R. P. DUBE: I am not talking about you. I just said the speaker

[Dr. R. P. Dube.]

before Dr. Gour. I will reply to Dr. Gour later on. Now, they were registered before and they are still being registered. What has really happened is this. Before integration of States some of the States had a Medical Register and some did not have a Medical Register. Now, those States have all become Part A States. That is the real reason for the delay. The Government should have issued stricter orders or circulars and asked them to hurry up with matters. There is no excuse that they should wait for two years. I am glad that the Minister wants to give them only six months more. I also realise the difficulty of the Government of India that they must have the co-operation of the States. After all the medical subject is a State subject. The advice that the Centre gives is only advisory. It is not mandatory. So, their co-operation is very necessary.

Sir, the second point is that I must congratulate the Government that they have now given seven nominated seats which are meant for licentiates. Licentiates had no place in the Medical Council before. The present Council has no representation of licentiates. Now seven nominations have been given by the Government, which I say is a good thing. I congratulate the Government for that, for giving them this representation, so that they should not suffer from an inferiority complex.

Now, Sir, Dr. Gour is talking about starting licentiate courses or L.M.S. courses. My friend is an M.B.,B.S. He does not know what sort of inferiority complex licentiates suffer from. They say: "Why are we inferior to you? We are as good as you are. We have also done the medical course for four years." This is what they say. Today they think that there should be one register and not two. They say, why should the graduates have one register and the licentiates have another? They say that there should be one register for both. Now

you are re-opening a subject which Government with great difficulty wanted to solve by integrating the two into one and have only one kind of education, one qualification. Now you want to start creating trouble. My friend belongs to a party which always creates trouble. I do not want to blame him at all for suggesting this.

DR. R. B. GOUR: Don't you have graduates and intermediates in Science, B.Sc. and I.Sc.? Similarly you can have graduates and licentiates in Medicine.

DR. R. P. DUBE: One is an intermediate and the other is a graduate . . .

DR. R. B. GOUR: One is a licentiate and the other is a graduate.

DR. R. P. DUBE: Therefore, I am saying to my hon. friend that he does not suffer from that inferiority complex, though he has not practised at all. If I were you, I would not have suggested that. You just put yourself in the position of the licentiates and then you will realise their difficulty and their trouble.

As regards the rural areas, you all know that pleaders and LL.Bs. were not there ten years before. They were not there in the taluk towns ten years before. Now, if you go to a taluk town, you will see twenty or thirty of them. Formerly, they used to be only in district towns. Now, because their number has increased, they naturally must migrate and go somewhere where they can eke out their existence. Here also the same thing will happen. Medical colleges are being opened in order to supply more medical graduates, and as they increase they are bound to go to rural areas. Only ten years back there were no medical graduate in a taluk town. Now you find five or even ten medical practitioners. A small place close to my home town in M.P. with a population of about 20,000 has seven private medical practitioners and graduates. Sir, I personally think that this is a step in the right direction in order that people should not

have that inferiority complex and cringe for this or that, that the licentiate course has been abolished.

DR. W. S. BARLINGAY: You cannot cover the entire country.

DR. R. P. DUBE: Your homoeopaths are given registration, your vaidas are being registered, they can practise now. Homoeopaths and vaidas, all of them, do not want to go to the villages. What can we do? Don't be hard only on these poor medical men.

DR. A. SUBBA RAO: All licentiates and others are in the villages. The majority of them are in the villages. Today they are the people who are succouring to the needs of the poor.

DR. R. P. DUBE: I am glad that they are doing some service. It is a good reply to Dr. Barlingay. I am a medical man and I know that. Dr. Gour was saying and my friend just now said that they were not being recognised. They have got a register. They are being recognised. They can give certificates. They have been giving certificates. Just the other day there was a question in the House and the reply was that 700 or 800 people in Lucknow were given certificates that they were unfit to work on the same day. Some of my friends have got a right to give certificates and they can also give them. Homoeopaths also give certificates because they are also registered now. When Dr. Barlingay was a Minister, he opened an institute for homoeopaths. It is still there. Everyday he fights for the Homoeopathic Council. Government is doing everything possible . . .

SHRI P. S. RAJAGOPAL NAIDU (Madras): That is the trouble when a lawyer becomes a doctor.

DR. R. P. DUBE: He is not a medical man, he is a Doctor of Law. The reason why he took an interest in the medical profession was because he was the Health Minister of my previous province. That is how he has got that interest.

Sir, I personally think that this is a very nice Bill and I congratulate the Government for it, even though I feel they should have hurried up a little in bringing it forward. I congratulate the Government for the promise that in six months' time they will see that the registers are ready and a new Medical Council is elected. I also congratulate them for promising to nominate seven licentiates on the Council.

Thank you, Sir.

MR. DEPUTY CHAIRMAN: Mr. Himatsingka. Two or three minutes.

SHRI P. D. HIMATSINGKA (West Bengal): Sir, I want to speak just by way of reply to Dr. Gour. I will not take long but I cannot finish in two or three minutes.

Sir, I am glad that Mr. Karmarkar has taken cognizance of a nature cure centre at Urli Kanchan which is doing very useful work. As you know, Sir, at the present moment it is very difficult for ordinary people to go in for very costly medicines, costly injections and costly imported food. A number of institutions have been started all over the country with naturopathy as the basis of their treatment. There, Sir, no medicine is required. What is required is only a certain amount of experience, especially doctors who have gone through this particular examination. You will find that in these institutions all kinds of diseases are being treated barring one or two. They do not treat cases of cancer, but colitis, constipation, dyspepsia, eczema, diabetes, all diseases of the stomach and all skin diseases are being cured, and very effectively. As a matter of fact cases which could not be cured by L.M.S. or M.B.,B.S. people, had gone there and got the best result. I am talking to you from my personal experience because I have been going to that place and seeing the result.

There is an institution 'at 3 P.M. Jasidih which has got 60 indoor patients where all kinds

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of chronic diseases are being treated and with admirable results. Cases of asthma patients suffering for the last 30 years have been completely cured. Diabetic cases which had failed to get improvement from the best medical advice have completely been cured by just dieting and observing certain rules of health. As a matter of fact, some of the institutions have written to Shri Karmarkar to send certain patients who have not got any benefit from the other hospitals and treatment to that institution and also to send experts to see whether they can be benefited there or not. They do not want any help from the Government. They do not want any monetary help from the Government for those patients. They simply want that those patients should be sent there and that some doctor or some expert on behalf of the Government should be placed there to see what the results are.

SHRI P. N. SAPRU (Uttar Pradesh): What is the name of the institution?

SHRI P. D. HIMATSINGKA: This is the Nature Centre at Jasidih. There is another at Urli Kanchan. There are many such institutions in Lucknow, Allahabad and other places. But I am talking at present from my experience of the institution at Jasidih which is in the District of Santal Parganas in Bhagalpur Division. Wonderful results are being obtained there simply by dieting and other elements of nature—water, air and some kind of baths. They have written even to the Directorate of Health in other States and also to the Centre, to send somebody there and to see whether that kind of treatment is not beneficial for a country like India where very few people can afford to spend too much. As a matter of fact, they do not charge . . .

MR. DEPUTY CHAIRMAN: What has it got to do with this Bill?

SHRI P. D. HIMATSINGKA: I am drawing the attention of the Health Minister . . .

MR. DEPUTY CHAIRMAN: You should take some other occasion for it.

SHRI P. D. HIMATSINGKA: We do not get an opportunity.

MR. DEPUTY CHAIRMAN: This is a simple Bill to amend the Indian Medical Council Act.

SHRI D. P. KARMARKAR: Mr. Deputy Chairman, Sir, I am deeply grateful to all the Members who have participated in this debate. On the matter of the principle of the Bill, there is absolutely no opposition.

My friend, Dr. Subba Rao, had many words of complaint about the delay. I have to explain to him why the delay was there. In fact, had everything gone on according to schedule, the register should have been there much earlier and then, if the register had been there, the time lag between the preparation of the register and the actual election would not have been much and we could just have well afforded to make a start with the non-elected members and clothe that imperfect body with that, because the time lag between the creation of that incomplete body and that body was not too much. That was the original idea. As I tried to explain a little earlier in my introductory remarks, normally these matters have to be worked out by the States and when the States ask for time, we have to give some time at least for considering the matter. As I explained, we did wait and we came to a stage when waiting any longer would have been inadvisable from any point of view—from the point of view of the effect that had to be given to the original Act itself.

I would not take the time of the House by telling it in what stage the various States are. I should not be surprised if the same pace is kept, if in a solitary State or two, the registers might not have been completed even six months later. Suppose we had waited any longer, it would be wrong according to the Act itself. Therefore, I gave the reasons both for waiting

and now for not waiting. Excepting that point, there has been absolutely nothing so far as the actual Bill is concerned and I am grateful to the Members for having supported the Bill. Naturally, when there is a Bill, there should be a discussion on it and the 1½ hours have to be completely utilised.

Hon. Member has given me the luxury and the education of making some arbitrary remarks which strictly according to the Bill might be irrelevant, but like my friend sitting over there.....

SHRI P. D. HIMATSINGKA: Deliberately.

SHRI D. P. KARMARKAR: Mr. Himatsingka did not err very much. He only trod on the same foot-steps of the earlier people. Perhaps, whenever they err strictly from the.... (Interruptions). There are four points.

DR. R. B. GOUR: Is criticising the activities of the Indian Medical Council outside the scope of discussion? I would like to have your ruling.

SHRI D. P. KARMARKAR: I did not particularly mention Dr. Gour. I said he has not raised the point. Well, I cannot go into this. I might have said it, but in any case, the objection that was raised is really irrelevant. There is no doubt about it. Let my friend...

DR. R. B. GOUR: The hon. Minister is going off a little at a tangent.

SHRI D. P. KARMARKAR: He is. All that he has spoken is irrelevant. People who go at a tangent always think that others are wrong. Let him think like that and he will have the satisfaction of thinking like that. Perhaps, he wants to avoid people.

DR. R. B. GOUR: You are doing it.

SHRI D. P. KARMARKAR: One of the points was made was...

MR. DEPUTY CHAIRMAN: The remarks were about the working of the Indian Medical Council.

SHRI D. P. KARMARKAR: I am coming to that point and Dr. Gour need not have been so self-convicting in that matter. He could have waited and waited to see that I partially appreciated his remarks.

The first point that was sought to be made by Dr. Rao was that he pointed out the anomaly between what you call the need for medical personnel and the inevitable occurrence of these new medical colleges not being fully equipped. I think we are going through a stage which is partially unsatisfactory and partially satisfactory. We have to increase the number of doctors. At the same time, if we want to increase the number of doctors, we have to multiply the colleges. In 1947 I speak subject to correction—there were seventeen colleges. There were 47 still a few months ago. Recently, during the last month or so, we have seen two colleges coming up. Even when we cannot aid them in any way during the Second Five Year Plan period, some of the States have gone ahead with colleges. That shows the need for more colleges. What we are trying to do is not to suppress the starting of colleges. If they come to us, we try to see that the deficiency is made up as far as possible. There are so many schemes and fellowships under the auspices of the I.C.M.R. We have got our own schemes for training the post-graduates in the various upgraded institutions and like that. It may take a few years. There may be difficulties. But we hope to surmount those difficulties. In any case, it is no use saying when the institutions are coming up. At least, we need not despair of training sufficient personnel. Of course, I am very happy to note that in spite of his transmigration, my friend, Dr. Subba Rao, takes a keen interest in the Kasturbhai Medical College. That is a college that has come up by private efforts. I must say that we look upon the efforts of that college with

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appreciation. They have not waited for the Government's aid. Maybe, what they wanted from the Government, they have made the parents of the students to subsidise. But I do not find anything essentially wrong in that and I must congratulate the founders, the promoters, of that college because they have fulfilled a certain need. In fact, recently they came to us and we told them that they would be given whatever it was possible under the circumstances and we are having that matter under our consideration.

I must express my gratitude to my friend, Dr. Dube, for having met many of the arguments from the other side. I should like to touch upon one point. Whenever we discuss about the various medical systems, always inevitably arises, shall I say, a moral fight or a difference on principle between the various systems of medicine. Today, it arose in another form, namely, why not the graduates of the integrated colleges also be recognised? I think ultimately it may be. It may take some time. I am reminded of a saying that it is not that man is born for a medical system, but medical science is born for the man and whether it is Ayurvedic or modern medicine or homoeopathy or naturopathy, all these systems have to be blended and have to be used for the good of the man, for the relief of the suffering patients. Therefore, I do believe that a day might come when there might be a harmony between all these systems. We have evolved so many things. You know of God Harihar. When the followers of Hari and the followers of Har fought between them, a genius arose and he said, "Let me create a new God who is half Hari and half Har." He integrated both the Gods. For us, who have been capable of integrating Gods, I do not think it is impossible to integrate the different systems of medicine. My friends, even the Communists, always run to safety whenever there is illness and they also believe in taking the best of everything.

Mr. Himatsingka referred to nature. Many a time, it looks as if in this con-

dict between different systems there can be one truth and it is that ultimately all that any system does is to assist another great doctor who is always at work and that is Nature. Whether it is modern medicine or Ayurveda or naturopathy or anything, we want to aid that great doctor in its efforts to make everyone hale. If we look at it from that point of view, whichever medicine, system, approach or diagnosis it may be, it will be the process of nature that we have to understand. That, in essence, is the Government's point of view. We don't look upon any particular system in any sense of avoidance. For instance, my friend Mr. Himatsingka mentioned about naturopathy. In that sense everyone of us is a naturopath. I for myself, if I might humbly put forward a lay-man's example before the House, whenever there is fever in the house, on the first day always I don't call the doctor unless I feel that it is an acute case when something must happen within 24 hours. Sometimes a child develops fever for a day and if I invite the doctor for a fever, then that doctor does some damage by giving medicines. It is no use bringing these conflicts into this. We have to gather the best from every system and not look upon these systems as watertight, one exclusive of the other. As no man is omniscient, no science is omniscient—neither the modern system nor the Ayurvedic nor Homoeopathic. We have to pick up the best from every system. If we, all of us together—the people and the Government—are able to evolve a system from wherever we might be able to get the best, from every system, we might set an example to other countries and other people also. I have done. I am very grateful once again for the reception that this Bill has been given and for the discussion it has provided.

MR. DEPUTY CHAIRMAN: The question is:

"That the Bill to amend the Indian Medical Council Act, 1956, as passed by the Lok Sabha, be taken into consideration."

The motion was adopted.

MR. DEPUTY CHAIRMAN: We shall take up clause by clause consideration.

Clause 2 was added to the Bill.

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

SHRI D. P. KARMARKAR: Sir, I move:

"That the Bill be passed."

MR. DEPUTY CHAIRMAN: The question is:

"That the Bill be passed."

The motion was adopted.

THE DELHI RENT CONTROL BILL, 1958

THE MINISTER OF STATE IN THE
MINISTRY OF HOME AFFAIRS (SHRI
B. N. DATAR): Sir, I beg to move:

"That this House concurs in the recommendation of the Lok Sabha that the Rajya Sabha do join in the Joint Committee of the Houses on the Bill to provide for the control of rents and evictions, and for the lease of vacant premises to Government, in certain areas in the Union territory of Delhi, and resolves that the following members of the Rajya Sabha be nominated to serve on the said Joint Committee:

Shri Gopikrishna Vijaivargiya
Shrimati Ammu Swaminadhan
Shri Deokinandan Narayan
Dr. W. S. Barlingay
Shri Awadeshwar Prasad Sinha
Babu Gopinath Singh
Shri Onkar Nath
Shri A. Dharam Das
Shri R. S. Doogar
Dr. Raj Bahadur Gour
Shri Faridul Haq Ansari
Shri Anand Chand
Shri Mulka Govinda Reddy
Mirza Ahmed Ali
Shri Govind Ballabh Pant."

This Bill has been brought forward for the purpose of improving the posi-

tion so far as the question of housing in Delhi is concerned. The task has to be approached both in the interests of the landlords and also the interests of the tenants and, in particular, the interests of the tenants. In this respect may I very briefly bring under review the position in respect of rent control from 1939 onwards down to the present date? When the war started in 1939, there was naturally an attempt made from numerous quarters, especially of the landlords; to have a short increase in rents. In order to prevent any such increase, especially a speculative increase, what the Government then did was to have an order on this question known as the Rent Control Order of 1939. It applied to the area of New Delhi and what it did was to stabilise the rent as it existed during 1939 so that it should not be increased, so that the tenants who were in possession of various houses should not have the inconvenience of paying fantastic rents. That is the reason why the rent, as prevailing on (or during the year) 1st January, 1939 was stabilised. Then in 1944 an Ordinance was passed known as the Delhi Rent Control Ordinance. What it did was, it applied the same principle of stabilisation plus some increase with a view to meeting the changing situation in 1944. The whole urban area in the then Delhi Province including, naturally, New Delhi, came under the orbit of this Ordinance. Thereafter we had an Act known as the Delhi and Ajmer-Merwara Rent Control Act which was passed in 1947 and here what was done was to take into account, to a certain extent, the conditions then obtaining and then to fix a rent on some fair criterion. In the terms of the present Bill you will find that there is a schedule—schedule No. 2—where there have been given 3 categories of rent. One is known as the original rent, the rent that was fixed as in 1939. Thereafter some increase had to be effected and that was done and that was called the basic rent. Now it is called the basic rent. Regarding this basic rent, I would not go into details because the Bill is