

The House reassembled after lunch at half past two of the clock, MR. DEPUTY CHAIRMAN in the Chair.

ALLOCATION OF TIME FOR GOVERNMENT LEGISLATIVE AND OTHER BUSINESS

MR. DEPUTY CHAIRMAN: I have to inform Members that the Business Advisory Committee at its meeting held today, has allocated time as follows for Government legislative and other business during the current session of the Rajya Sabha:—

	Hrs.	Mins.
1. The Indian Medical Council Bill, 1956 (Consideration and passing).	3	30
2. The Hindu Minority and Guardianship Bill, 1955 (Amendments made by Lok Sabha).	1	0
3. The Securities Contracts (Regulation) Bill, 1956 (Consideration and passing)	3	30
4. The Reserve Bank of India (Amendment) Bill, 1956 (Consideration and passing).	4	0
5. The Industrial Disputes (Amendment and Miscellaneous Provisions) Bill, 1956 (Consideration and passing).	7	0
6. The States Reorganisation Bill, 1956:—		
General discussion—25 hrs.	40	0
Clause by clause consideration 15 hrs.		
7. Discussion on the Rules relating to the Initial Constitution of the Indian Foreign Service Branch 'B.'	2	
8. Further discussion on the Resolution regarding the Second Five Year Plan.	15	0

We have already spent one hour over this Bill. At 4 o'clock we shall take up clause by clause consideration. So hon. Members will please confine their speeches to about ten minutes each. Mr. Sinha will finish in five minutes.

SHRI KAILASH BIHARI LAL: Sir, we have 3½ hours for this Bill of which one Member has taken one hour. There are other speakers who would like to speak and.....

MR. DEPUTY CHAIRMAN: That is why I am requesting hon. Members to be very brief in their remarks.

SHRI KAILASH BIHARI LAL: I would also like to speak.

MR. DEPUTY CHAIRMAN: Yes.

SHRI P. N. SAPRU: I would also like to speak.

MR. DEPUTY CHAIRMAN: Yes; I have got your name here.

THE INDIAN MEDICAL COUNCIL BILL, 1956—continued

SHRI RAJENDRA PRATAP SINHA: Sir, I was explaining that the judicial functions are also vested in the Government according to the provisions of clause 24(2). Now, I have looked into the corresponding provisions in the U.K. Act and I find that judicial matters are completely dealt with by a Committee known as the Disciplinary Committee composed of Members of the Council and appointed by the U.K. Medical Council. They are assisted by an assessor who is appointed by the Lord Chancellor who gives directions as to how he will conduct himself and what functions he will discharge in that Committee. Now, the idea there in U.K. is this that the profession itself must decide about the lapses among the medical men. It is a body of medical men who must provide the expert knowledge to judge the failings of the men of the profession. That is the idea behind the provisions in that Act. Therefore I have also suggested that we should make a similar provision in our own Act. I have suggested that we must have a Committee known as Panel and Ethical Committee consisting of seven members three of whom shall be nominated by the Government and two from among those nominated members must be men of judicial temper possessing legal knowledge. They may be members of the High Court or retired members of the High Court. It is to this body that all judicial matters must be referred and I have also provided for appeal against the decisions given by the Panel and Ethical Committee to the High Court as is the case in U.K. In U.K. the decisions of the Disciplinary Committee can be appealed against and the Judicial Committee of the Privy Council looks into that matter.

Then, I may also inform you, Sir, that I submitted my amendments on the 30th July evening. I do not know when the hon Minister got them and two of my amendments I submitted on the 31st morning. So I was perfectly in time so far as my amendments are concerned.

Now, I would again invite your attention to the proviso to clause 3 about which I have had discussions with the hon Minister. I am only anxious to point out here that I am in perfect agreement with what she wants but I only want to point out that what she desires could not be brought about by the proviso as it is worded. She wants the elections to continue but the provision as it is worded will not give effect to her desires. Now, I will read out the proviso and you can yourself understand how....

MR DEPUTY CHAIRMAN: You have already referred to it, Mr. Sinha, and spoken at length also.

SHRI RAJENDRA PRATAP SINHA: I will take only one minute.

MR. DEPUTY CHAIRMAN: You have already spoken on this point and there is no use repeating yourself.

SHRI RAJENDRA PRATAP SINHA: I will just finish, Sir. It says: "Provided that pending the preparation of the Indian Medical Register in accordance with the provisions of this Act..." Sir, it may take even ten years for this Register to be completed. Where elections are held today, what will happen is nominations will be made. At least that is what would flow out of the proviso as it is drafted.

MR DEPUTY CHAIRMAN: She has said that it will not be interfered with and still you are advancing the same argument.

SHRI RAJENDRA PRATAP SINHA: She has got to find that out and my submission therefore is this. Because she herself is in doubt in this matter, therefore ..

MR DEPUTY CHAIRMAN: I do not think she is in doubt. She has made the position quite clear.

SHRI RAJENDRA PRATAP SINHA: She has made her intentions quite clear.

MR. DEPUTY CHAIRMAN: Probably the hon. Member has not understood her correctly.

SHRI RAJENDRA PRATAP SINHA: And it is for you to judge, Sir, whether those intentions could be given effect to from the proviso as drafted. That is why I have suggested that this should be referred to a Select Committee. If you do not want to give long time, you can give a few days so that the drafting part of the Bill could be properly scrutinised and the whole spirit of this measure, how it is conceived etc. can be gone into in a little more detail. That will also give enough time to the hon. Minister to discuss and consult with her advisers and decide whether to accept the amendments or not to accept them.

SHRI P. N. SAPRU: Sir, I should like to speak very briefly on this Bill. Sir, you have given us ten minutes and in ten minutes one can hardly do justice to a Bill of this nature. My hon friend, Mr Sinha, had the advantage of talking for an hour on this Bill. I will say quite frankly that I am not in the main dissatisfied with the Bill. I think on the whole it is a reasonable measure deserving the support of the House. This of course does not mean that I agree with everything that is to be found in the Bill or that improvements are not possible in the Bill. But they are not of such a nature as to necessitate a reference to a Select Committee.

Now, Mr Deputy Chairman the first thing that I should like to say is that I am glad that the Bill is endeavouring to give a fair deal to the licentiate class. It is a deserving class.

I am sorry that it was abolished. I am one of those who were not in favour of the abolition of Medical School. In the Bhole Committee, Sir Frederick James, Mr N. M. Joshi and I were responsible for a separate minute on this matter. But if the licentiates are to exercise the right which is given to them it is unreasonable to expect them to canvass 72,000 votes all over the country. They must be divided into territorial constituencies. No power has been taken in the Bill for division into territorial constituencies. You will see in clause 3(1) (d), it says:

"seven members to be elected from amongst themselves by persons enrolled on any of the State

[Shri P N Sapru]

Medical Registers who possess the medical qualifications included in Part I of the Third Schedule,”

Obviously no man can approach an electorate of 72,000 people

RAJKUMARI AMRIT KAUR May I say that there are not 72,000 licentiates—72,000 doctors out of whom I think over 30,000 are graduates

SHRI P N SAPRU Even 40,000 is a very large number, if you just consider the vastness of this country. Therefore, I think they should be divided into some territorial constituencies, on a State basis. I am also not clear in my mind as to the meaning of the proviso there. I think that the proviso needs to be clarified by making it clear that it is only in States which have no State Medical Register that the power of nomination shall be exercised by the Central Government. I am not opposed to the Central Government nominating the members. We in the Rajya Sabha should be for the autonomy of the States. But I rather think that in the interests of higher professional education in this country, it is necessary that the Centre should exercise a measure of control over professional education. There is one aspect of the matter which, however, arises. I am not going into the larger question of reciprocity and all that, to which reference was made. I am not opposed to our partial reliance on foreign practitioners today, because they help professional standards and academic standards to be raised in some of our institutions. What I feel about the measure is this. It is rather difficult for me to speak about this matter, but it vitally affects a principle which was laid down by a case to which I was a party. The principal judgment was mine and it was approved by the Supreme Court. I shall just give the facts of the case. There was a man by the name of Dr Kesarbani in Uttar Pradesh. He had his education in Gurukul Kangri. He had a very bright career at Gurukul Kangri. He took his degree in medicine from Gurukul Kangri. Thereafter he practised for a number of years in various parts of the country. In 1938 he went to Rome armed with some letters from Professor Binoy Kumar Sarkar and certain other men who were in touch with Italian Universities. He made no secret of the fact that Gurukul Kangri was not a recognised institution in the

sense that it was a University incorporated by any Act of the Indian Legislature. And on the basis of the recommendations he had with him he was admitted by the University of Rome. They had a six years course. He was able to get through his examinations creditably in a year and six months. Indeed his record was so brilliant that he got 88 per cent of the marks. All that is part of the record of the case in the High Court. Thereafter he went to the University of Munich and there he obtained the degree of Doctor of Medicine and became a lecturer on medicines in the Munich University. After the war when it became possible to come to India without being interned, he returned to this country and he applied for the post of superintendent of the Bhowali sanatorium. The Public Service Commission selected him for that post. The State Medical Council entered his name in the State medical register and he was appointed as superintendent of the Bhowali sanatorium. But something happened and thereafter for reasons quite unknown to the court the State Medical Council called upon him to explain why his name should not be removed from the register as he had obtained a degree, which could be given only after a six years' course, within eighteen months on false representations to the University of Rome. He protested that he had made no false statements. He was allowed no further opportunity to adduce evidence or to explain his conduct. The State Medical Council wrote—I thought it was a despicable thing for the State Medical Council to do—to the University of Rome stating that he had obtained this degree on false representations. The University of Rome took this degree away from him, with the result that he would have been thrown out of Government service. He had a right of appeal to some court in Rome, the visitors' court in Rome or something like that. I do not exactly remember the name of the court. He appealed and he came in writ application to the Allahabad High Court.

DR W S BURLINGAY Rector of the University of Rome

SHRI P N SAPRU Yes, Well, I had to deal with it along with Mr Justice Chaturvedi. We had before us the affidavit of Dr Ram Nath Chopra—whose eminence in the world of medicine no one in this House would deny—that the Gurukul Kangri course was a reasonably good course so far as scientific

medicine was concerned. He was satisfied that it was a scientific education of a particular type. And we had the evidence that he had been given no opportunity to explain his conduct. Therefore, we came to the conclusion that the State Medical Council was not actuated by *bona fide* motives and we laid down the principle that where a domestic tribunal acts in a *mala fide* manner, courts shall interfere to protect the rights of men affected by their order. We directed his reinstatement. Now, the State Medical Council was not satisfied with our decision. Naturally every litigant thinks that a decision which has gone against him is wrong. It went to the Supreme Court and the Supreme Court upheld our judgment. The judgment of the Allahabad High Court was upheld by the Supreme Court. The Court was a strong one with the Chief Justice, Mr. Justice Mahajan, Mr. Justice Bhagwati and Mr. Justice Ghulam Hasan. Now, in the Bill as it is, Rome and Munich—the two Universities from which he obtained his degrees—have been omitted. But even if Rome was there, he would not be eligible for entry in the medical register because there are two qualifications that one must fulfil before he is entered in the medical register. He must be a person on the list of the State Medical register. He fulfils the first qualification. The second qualification is that he must possess a degree in view of the decision of the Court. It cannot be said that he possesses a Rome degree now, because that degree was taken away by the University of Rome on misleading representations by the State Medical Council. The result is that the man can be thrown out. Therefore, unless 'Munich' is also added.... (Time bell rings.) Well, Sir, it is impossible, because one gentleman has taken one hour, and there are certain important points, which I want to make in connection with this Bill. I am sure that Rajkumari Sahiba herself will appreciate what I want to say. If the discussion is to be gagged, then it will be difficult to make a valuable contribution to the debate. Anyway, I will finish in a few minutes.

Now, Sir, an individual does not really matter where the larger interests are concerned. Nevertheless the State exists in order to protect the individual's rights, and those rights have got to be protected if they are backed by duly constituted courts having a constitutional basis.

Then, Sir, the second thing that I would like to say is that I am dissatisfied with clause 24 of the Bill. It is a long clause, and therefore I would not like to read it out, but briefly speaking it authorises a professional man who has been dealt with by the State Medical Council and the State Government to appeal to the Central Government. Well, there is article 126 of the Constitution, and you may say "You will not be permitted to go to a court of law. You can go to a court of law provided you come within the purview of article 126 or article 32 of the Constitution." But the point is that the powers of these Superior Courts are, in writ matters, of a limited character, of a revisional character. So far as appeal is concerned, that will lie to the Central Government. It may be that there is something to be said for the view that the appeal should lie to the Central Government. But what I should like Rajkumari Sahiba to do is to give us a categorical assurance, when the rules are framed under the provision as it exists, that no action would be taken by the Central Government until it has obtained the opinion of either the Attorney-General or the Solicitor-General. In case the Attorney-General is busy, the Solicitor-General should be quite competent to give his opinion. I think, in England and you will find that in what were known as the Presidency High Courts too, the Attorney-General and the Advocate-General are vested with certain powers of a judicial or quasi-judicial nature. I know for example that he can certify whether a particular case is a fit case for appeal or not. Even the Advocate-General in a State High Court can certify whether a particular case comes or does not come within the meaning of section 92 of the Code of Civil Procedure. Therefore, we will not be introducing any new principle in our jurisprudence, if the Attorney-General or the Solicitor-General is to be the real and effective authority in the decision of appeals to the Central Government under this Act. A professional man has the right to protect his honour. Our Constitution gives a right to every individual to practise any trade or profession. And it is of the highest importance, therefore, that care should be taken, when we are dealing with the rights of professional men.....

DR. W. S. BURLINGAY: Will your suggestion, which is a very good suggestion, entail an amendment of clause 24 of this Bill?

SHRI P. N. SAPRU: I have not looked at it from the point of view, but my first reaction is that it need not be amended. The whole thing can be done by exercising the rule-making power under clause 24.

DR. W. S. BARLINGAY: It can also be done by mere executive instructions.

SHRI P. N. SAPRU: But the rules have got statutory force. And if the rule-making power cannot be exercised in that way, then I would insist that clause 24 should be changed.

Then, Sir, there are other directions in which, I think, the Bill could have been more liberal, because the greater the autonomy that you give, the better it would be. But I must say this that I am rather worried about the lowering of academic standards. I do not know much about this line, but I know something about law, and I know that our teachers, our professors, our councils and our universities are all worried about the gradual lowering of the standards in our universities. It is, therefore, in the interests of our nascent democracy that the control of professional education should remain vested in the hands of a competent professional body. Also I may say one thing that I do not agree with one of the suggestions which my friend has made that there should be disciplinary committees on which High Court Judges along with other members of the profession should sit. I think it will be an evil day for this country when High Court Judges are made to sit on these domestic tribunals, which are subject to the jurisdiction or the control of the Central Government, or which are subject to the writ jurisdiction of the courts, of which they are members. It is wrong from the point of view of fundamental jurisprudence to place High Court Judges in that position.

Now, Mr. Deputy Chairman, I fear that I have taken more time than I should really have done, and you have been very, very good to me. But this was a matter which was dear to my heart, and this is my only apology for intervening in this debate. Thank you very much.

3 P.M.

DR. R. B. GOUR: Sir, this Bill is definitely a progressive measure in many ways, but nevertheless I think the hon. Minister should seriously consider certain improvements in it which could be

made even at this stage. I think a Select Committee might have offered a proper forum where a proper and closer scrutiny of the whole Bill could be made, because the hon. Minister herself has found it necessary to make certain verbal amendments, because of bad draftsmanship. Probably this Bill was drafted by medical men and not by lawyers. That is why so many drafting mistakes are there, but she told me that on the advice of medical men lawyers have drafted this Bill. Still it does not satisfy me, because the Bill is so defective. The proviso itself to clause 3 is a meaningless proviso "Provided that pending the preparation of the Indian Medical Register...." etc. What she really means is that where there is a State Medical Register, elections could take place. This Bill requires close scrutiny, and certain important amendments have to be made along with certain verbal amendments. This Bill has come before us because the Government and the Indian Medical Council have had certain experiences of the working of the original Act of 1933. Those experiences have necessitated certain amendments to the original Act. Unfortunately that experience also goes to show that in certain other respects also the original Act has to be amended. I am not going into details, because I do not think that there is any possibility of having those amendments incorporated in the Bill now, but nevertheless more comprehensive amendments could have been brought before us. There are certain anomalies which have to be remedied.

You say that as soon as a medical practitioner is registered in the State Register, automatically his name will be brought over to the Indian Medical Register and you also say that the Registrar of the Council will have to satisfy himself that the person concerned possesses the recognised medical qualifications, and in the financial memorandum you say that a fee will be levied for the registration of persons in the All India Medical Register. But how? There is no direct registration at all except, for example, in the case of a man who in addition to his M.B.B.S., takes, say, his diploma in tropical medicine in Calcutta, and his D.T.M. has to be added in the Register along with his original degree. For this he could apply for the Indian Medical Register. But he could first go to the State Medical Register as well for the extension of his qualifications.

MR. DEPUTY CHAIRMAN: Fee will be charged only for the State Medical Register. Read 21(1):

"The Council shall cause to be maintained in the prescribed manner a register of medical practitioners to be known as the Indian Medical Register, which shall contain the names of all persons who are for the time being enrolled on any State Medical Register and who possess any of the recognised medical qualifications."

DR. R. B. GOUR : That is to say, all those registered in the State Medical Register will be automatically registered in the Indian Medical Register without any extra fee being charged. And they are not demanding any share from the fee collected by the States.

MR. DEPUTY CHAIRMAN: Read 23(1) also.

DR. R. B. GOUR: But that will have to be removed. The Registrar of the Council, on receipt of information that a person has been registered in the State Medical Register, should automatically register him in the All India Medical Register. The whole point is that there is no direct registration in the Indian Register, but in the financial memorandum, para. 4, it is said:

"The Bill provides for the levy of fees by the Medical Council of India for the registration of persons in the All India Medical Register."

But where is the provision for it in the Bill?

MR. DEPUTY CHAIRMAN: The fee will be collected at the time of registration in the State Register.

DR. R. B. GOUR: You say that you are going to have this money, but where and how is the money to come from? The Bill does not say anything.

Again, the financial memorandum says that the Central Government will be required to meet the cost of travelling and daily allowances of members. Forgive me for using harsh words, because I am used to using harsh words, as the Government also is used to it. The first paragraph of the financial memorandum says that "Some of the Part B State Governments have agreed to meet the travelling and daily allowances of their representatives on the Council." In fact,

the State Governments have no representatives of their own on the Council. You nominate the State Government representatives also. Your statement means that some State Governments who can pay will pay, and that for the others, you will pay. Why should you do it? You ask the State Governments to nominate them and ask them to pay the T.A. and D.A. of their nominees. Why should you pay? Let them pay. This is not proper, and does not look nice. The implication is that certain States will not pay and for them the Central Government will pay. That is the whole point. This is quite anomalous, and it cannot be understood at all. This looks like a "Moghlai Darbar". It seems there is something wrong with the draftsman-ship of the Bill and the various memoranda attached to the Bill.

Then, I can quite understand that representation must be given to the licentiates, and that is the demand of the licentiates too, but any feeling of separatism between the graduates and the licentiates either because of the superiority complex of the graduates or because of the inferiority complex of the licentiates is bad for the medical profession. While I appreciate the need for giving representation to the licentiates, I cannot understand your giving separate electorates for them under clause 3(1) (d). What I suggest is that you might give representation to all who are registered in the State Medical Register, and you can say that of them one shall be graduate and one licentiate. Let there be joint electorate with reservation of seats. Then, the process of election also would be easy and the problem of the licentiates v. the graduates will also not arise. In fact, there is a case for the representation of the licentiates to be increased, but then you will have to see that they do not overwhelm the graduates. Personally I think that all those nominated by the State Governments and the Universities will be graduates. At least a majority of them will be graduates. Hence the graduates shall have a majority on the Council.

Lastly, I cannot swallow the idea that without reciprocal arrangements we should recognise the degrees of other countries, whether it is M.D. (Munich) or M.D. (Berlin) or M.D. (Vienna). Unless they recognise our degrees, we should not recognise theirs. After all, why should Indians be encouraged to go

[Dr. R. B. Gour.]

abroad, to such countries, to get their degrees, when they do not recognise our degrees? I can understand that before freedom some of our countrymen went abroad and got those degrees. We can give them some concession. But give this up to a certain date and later on you should not give it. The hon. Minister said that even today there are Indian citizens studying medicine in those places and so there should be some provision for them. My point is that the whole practice of recognising those degrees is bad, unless they recognise our Indian degrees also. There were days when our Graduates' degrees were not recognised by Britain. For instance when a Graduate of the *Osmania University* went for post-graduate studies, they never accepted him. They had to go in for L.R.C.P., M.R.C.S. and then go for F.R.C.S. We could ask these gentlemen who take these degrees and come to India to work as house surgeons for six months under a Civil Surgeon. Only then will they be allowed to practise. Some such thing should be there, so that the dignity of the country and of our degree is maintained. This question of reciprocity should be respected and supported. Indians also must not be encouraged to go to those countries and get degrees where our degrees are not recognised because it is natural that our people are not going to practise in Berlin or Rome. Therefore there should be no difficulty in prevailing upon those Governments to recognise our degrees also.

I should also mention that by recognising those degrees under this proposed Bill, you are not only recognising their right to practise but you are also recognising their right to be elected to the Medical Council. You are also recognising their right to get into medical services. For example when you include these M.Ds. from Rome or Berlin or Austria into your Schedule III, Part II, then they are eligible for medical services. They will appear before the Public Service Commission to get nominated to a post. I don't think we should allow this in respect of degrees of such countries where such reciprocity does not exist.....

SHRI GOPIKRISHNA VIJAIVAR-GIYA (Madhya Bharat): The hon. Member is speaking very swiftly.

DR. R. B. GOUR: I am sorry but there is no time. I therefore think that these matters are very important and

serious which the hon. Minister should consider.

Lastly this superiority, where any foreign degree is supposed to be superior to our M.B.B.S. must go. A gentleman goes to Britain and gets an L.R.C.P. and M.R.C.P. and considers it to be a post-graduate degree superior to our M.B.B.S. It is not.

In consultation with the Medical Council the Government must prepare a list of equivalent degrees showing to what degrees in our own country can such degrees be equated. Lastly, Sir, what is the idea of saying that only post-1954 degrees of Bombay University will be accepted. I mean the degree of F.C.P.S. Dr. Variava is here and he is a pre-1954 F.C.P.S. Are you not going to recognize him? These are important things and after a closer scrutiny I think certain amendments can be and should be made and I don't think the hon. Minister would be unkind to these suggestions.

DR. D. H. VARIAVA: Mr. Deputy Chairman, I think that this Bill is of a non-controversial type and I support it. I oppose the amendment proposed by my hon. friend Mr. Sinha to submit it to a Select Committee because I personally think that with the few amendments that have been suggested by the hon. Minister herself and by some Members, I think it will be quite enough to make the Bill quite comprehensive and it will serve the purpose for which it is introduced. The hon. Minister has told us that she has consulted the members of the Indian Medical Council, the Indian Medical Association and some experts in the medical line and after this consultation this Bill has been drafted. So I personally think that there is not much sense in submitting it to the Joint Select Committee. As to the charge that the Council is not autonomous, I say that some of the powers that the Government have reserved for themselves are there but at the same time it has always been mentioned that whatever Government is going to do will be in consultation with the Council and after their advice and I personally don't think that in a controversial thing, the opinion of an expert body like the Council will not be taken into consideration by the Government. So the charge that the body is not autonomous and that the Government has taken up too much power in their own hands is not right.

DR. SHRIMATI SEETA PARMANAND (Madhya Pradesh): That is why it should go to a Select Committee to make suggestions.

DR. D. H. VARIAVA: It is not such a controversial Bill and there are not so many important matters that we again want to discuss it. I am a doctor and I do not want that the Council should be under the thumb of the Government but at the same time we can see that the Government are not going to put it under their thumb. They themselves say that they will consult the Council and at the same time when we see that they have consulted the expert body, it means they don't want to over-rule them just for the pleasure of it.

The controversy about the selection of the sub-committee for post-graduate education has also been settled in consultation with the Council. First the Council said that it was their right to govern the standard of medical education in India and at the same time the Government had set up a Committee for post-graduate education which is known as Post-graduate Committee. But now a compromise has been made and this committee will be from Members of the Council only, where the Government is going to nominate six and the Council three. It is said that if there is any dispute between this Committee and the Council, then the matter will go to Government for decision. But when the members are from this Council itself I don't think that there shall be so much controversy that the Government will have to decide about it because these men of expert knowledge will not squabble over these things when they are from their own fraternity. So even this argument does not hold good.

Now I do recommend amendment to clause 14 which has been suggested and I do say that when Indian nationals get degrees from outside, they should not be penalised. Indian nationals, if they have degrees from any University which in the opinion of the Council, is of quite a genuine nature and is giving education which is quite up to the standard as of any other Universities recognised, then these Indians should be recognised and should be taken on the list. But at the same time I will suggest to the hon. Minister that there have been cases where people bring degrees from outside which are false documents and then without proper security these people are taken as medical practitioners—that

should be guarded against. At the same time where Universities are mentioned from which they have got these degrees, both the Council and the Health Department should see that these are genuine universities and not bogus concerns which give degrees for a few pounds or rupees.

About reciprocity which my friend Dr. Gour raised, I do agree that if a foreigner comes to India with a degree and if that country does not recognise our degree, then he should not be allowed to practise here. But suppose an Indian national has a degree from a foreign country which does not recognise our degree, then it is not right to penalise our own people for getting degrees there. For I will say that in India it is very difficult for people to get admission into Indian Universities where they can take medical education and there are instances where people have donated lakhs of rupees for medical institutions and where these donors are given certain rights to nominate 3 or 6 students every year. I must say that the practice followed is that when people go to these donors who can nominate students who want to go to medical college, they can do it without regard to what percentage of marks they have got. At present the practice is that a student who gets 60 per cent. of marks in Inter-Science can be admitted into the medical college on his merit. But these donors can get a man admitted who gets just pass marks in, say, the Inter-Science Examination. The practice of these donors is to ask for Rs. 20,000 or Rs. 25,000 for one admission. I can assure the House that such prices are being paid. So many students find it better to go to foreign countries to get medical education, because there they find they do not have to spend so much. Of course, this is an extreme case that I mentioned, but Rs. 5,000 and Rs. 10,000 are taken by such donors. So I would say that the Medical Council and the Health Ministry must go into this matter. If a donor after paying a few lakhs of rupees to the institute makes every year about Rs. 20,000 to Rs. 30,000 then that would be a very good business. It is a racket which should be stopped. These are actual facts, not fiction and this is a very serious matter.

Now I come to the question of separate elections for the licentiates and the graduates, which was referred to by my hon. friend Dr. Gour. I may say, this

[Dr. D. H. Variava.] controversy has been there for a long time. It started like this. The licentiate degree or diploma was started by the Government in order to have as many medical men as possible for employment in government service and their course was only of about four years' duration, while the graduates had to do a course of about five or six years. The amount of work that they had to do was also much more. Now as we know, the number of graduates is about 30,000 or 40,000 whereas the number of licentiates is....

DR. R. B. GOUR: There are 30,000 graduates and 40,000 licentiates.

DR. D. H. VARIAVA: But if there is joint electorate then it is possible the graduates might be swamped. So this provision is a good one. After all, the licentiates also get their representation.

DR. R. B. GOUR: But with Joint electorate there will be reservation of seats.

DR. D. H. VARIAVA: But reservation of seats is not necessary. This will serve the same purpose.

Next I will refer to clause 14 where it is stated:

"The Central Government may, by notification in the Official Gazette, direct that medical qualifications granted by medical institutions in any State or country outside India in respect of which a scheme of reciprocity for the recognition of medical qualifications is not in force, shall be recognised medical qualifications for the purpose of this Act or shall be so only when granted after a specified date."

I would put it as "medical qualifications granted by the medical institutes in any State which is approved by the Indian Medical Council". I suggest this addition, because I think it would be good to make the Indian Medical Council responsible and they should know that the university or the institute which is recognised is of the proper standard and that they are not of any other type. So if these words "approved by the Indian Medical Council" are added, that would serve this purpose.

DR. R. P. DUBE: Which clause is the hon. Member referring to?

DR. D. H. VARIAVA: I am referring to clause 14 and want these words to be added in line 34.

RAJKUMARI AMRIT KAUR: If the hon. Member would read sub-clause (2) of clause 14, he will find it stated there:

"In respect of any such medical qualification, the Central Government, after consultation with the Council may".

So we would never do anything without consultation.

DR. D. H. VARIAVA: I thought Government might notify without consultation. This will be all right. I do not argue it any further.

DR. R. B. GOUR: But according to the official amendment the words "after consultation with the Council" are to be deleted and after getting the reasons for the rejection by the Council, they will decide. That is the amendment

DR. D. H. VARIAVA: I would also say that in clause 24, as was pointed out by my learned friend Dr. Sapru, there must be some provision giving a chance to the man who has been removed from the Register to get some legal protection. As was suggested by him, the Solicitor General or the Advocate General might be consulted and then the thing might be done, because it is very difficult for a medical man to go to the High Court and so on. The instance pointed out by the hon. Member is a case in point. I hope the hon. Minister will take this also into consideration.

SHRI RAJENDRA PRATAP SINHA: Here or in the rules?

DR. D. H. VARIAVA: In the rules.

With these few observations, Sir, I support the Bill.

DR. R. P. DUBE: Mr. Deputy Chairman, I think all the points have been very clearly brought out by previous speakers and they have been thoroughly discussed and so I have very little to say. And from the little talk I had with the hon. Minister I learn she is willing to change the controversial points.

I personally think that this Bill is a great improvement and that justice is now being done after so many years to

my friends and colleagues the licentiates who were not recognised and who had no place on the Council up till now. This is a great improvement that has been effected.

Of course, as was suggested by one hon. Member, the number "seven" of licentiates is a small one and we should like to have a little more. Perhaps one seat per State would be too large. If the Government could see their way to have ten instead of seven, it would be very nice. The proportion as it stands at present is not very much. We have about 32,000 graduates and about the same number of licentiates. Under the amendment the hon. Minister has agreed to accept, one member from each State is to be nominated by the Central Government in consultation with the State Government. So the State Government can nominate a graduate or a licentiate and.....

AN. HON. MEMBER: No chance.

DR. R. P. DUBE: Why say "No chance"? I say I have seen licentiates being put on councils. We have examination councils and we have licentiates on them. Do not think every State Government is so partial or one-sided. There are people doing justice.

DR. W. S. BARLINGAY: But the number of licentiates is more than the number of graduates.

DR. R. P. DUBE: I will just take out the figures.

RAJKUMARI AMRIT KAUR: There are a few more.

DR. R. P. DUBE: Yes, only a very small number.

AN. HON. MEMBER: There will be no more licentiates.

DR. R. P. DUBE: Yes. In 1953 there were 27,000 graduates and 38,000 licentiates. Now 5,000 more are added to the number of graduates, and only 300 to the number of licentiates on the register.

DR. W. S. BARLINGAY: In our State there is no such thing as an L.M.P. course.

DR. R. P. DUBE: That is what I am saying. Because that is removed, the

licentiates are not there and so naturally you will find that the graduates will be more and more.

That means that one will remain static and the other will go on increasing. The provision that has been made is quite an adequate one. You are not going to change the Bill again soon; it was changed in 1933 and it has taken 23 years to bring in an amending Bill. I personally think that this Bill has been very nicely and wisely drafted. The Health Minister has kindly consented to change the controversial clauses and also to clarify them. That being so, I personally see no point in taking too much time on this Bill.

I would have liked all the nine Members on the Post-Graduate Committee to be elected but there are reasons against it and I have been informed of them. I now think that what the Government has done has been done in consultation with the Council. That being so, we have nothing to say.

The other point is about clause 24 about which the hon. Mr. Sapru also spoke. I think there should be the right of appeal. I was talking to the officials of the Ministry and was told that they have a right. I do not know whether you could interpret something which is inside the heart of the people who have made this Bill.

SHRI P. N. SAPRU: You are depriving a man of the right of his profession.

DR. R. P. DUBE: I was told by the Ministry people that it is possible to appeal. They said that they were not stopping the fundamental rights. That is the idea but I cannot read between the lines. I do not know. I am purely a medical man and not a legal man and so I cannot say but if they say that it can be done, I take it that it can be done.

DR. R. B. GOUR: The hon. Mr. Sapru never said that the right of appeal is being denied. It can never be done but the question is that when you are expelling a man from the Register you must take proper legal opinion. That was his advice.

DR. R. P. DUBE: I support the Bill. Since the hon. Minister is willing to accede to what people have said in regard to the controversial clauses, I have nothing to say.

श्री रामेश्वर अग्निभोज (मध्य प्रदेश) : उप सभापति महोदय, मुझे इस बिल के सम्बन्ध में कुछ अधिक कहना नहीं है। हमारे देश में एक ऐसी यूनिवर्सिटी है जिसको लोग २० या २५ साल से आल इंडिया यूनिवर्सिटी समझते चले आये हैं, नेशनल यूनिवर्सिटी समझते चले आये हैं। उसका नाम है बनारस यूनिवर्सिटी और उसमें एक आयुर्वेदिक कालेज भी है। इस कालेज में भारतीय औषधि और सर्जरी दोनों के ही कोर्स पढ़ाये जाते हैं। वहाँ पर छ साल का कोर्स है। यूनिवर्सिटी के कम्पाउण्ड में, उसके ही क्षेत्र में, उसकी शिक्षा दी जाती है। परन्तु मुझे अफसोस केवल इस बात का है कि उस यूनिवर्सिटी और उस कालेज में दी जाने वाली आयुर्वेदाचार्य की डिग्री का इस बिल में कहीं पर भी जिक्र नहीं है।

डा० डब्ल्यू० एस० बालिंगे : मैं आपको याद दिलाना चाहता हूँ कि वहाँ पर जो सब्जेक्ट्स पढ़ाये जाते हैं उनमें एलोपैथी भी पढ़ाई जाती है।

श्री रामेश्वर अग्निभोज : मैं यही कह रहा था कि वहाँ पर आयुर्वेद और सर्जरी की शिक्षा दी जाती है और उसके साथ साथ एलोपैथिक के जो सिद्धान्त हैं, उनकी भी शिक्षा वहाँ पर दी जाती है। आज कल के लाइसेंसियेट को जिस तरह की मौडर्न मेडिकल साइंस की शिक्षा दी जाती है उससे भी कहीं अधिक वहाँ पर एलोपैथी पढ़ाई जाती है। परन्तु उस यूनिवर्सिटी को और वहाँ की डिग्री को आपने इस बिल में किसी तरह से भी रिकग्नाइज नहीं किया है, मजूर नहीं किया है।

MR. DEPUTY CHAIRMAN: But this Bill refers only to modern medicine.

SHRI B. B. SHARMA (Uttar Pradesh): No science is modern. Every science is old.

MR. DEPUTY CHAIRMAN: Please read the definition.

SHRI R. U. AGNIBHOJ: The name of this Bill is the "Indian Medical Council Bill, 1956". It is not the "Indian Modern Medical Council Bill". My basic objection is to the definition of the word 'medicine' as 'modern medicine'. It is totally wrong, out of place and beyond the jurisdiction of the word and the

definition, Medicine is not only modern medicine; medicine is medicine whether it is old or new. Science is not static; it cannot be said to be an old science or a new science. Science is the basic fundamental principle enunciated there and if research is done in Ayurveda in a college you cannot say that it is not a science and that is out of date. Not to recognise the Ayurvedacharya of the Banaras Hindu University is nothing but to insult the system of Ayurveda and Indian medicine. In the definition, it has been said, ".....but does not include veterinary medicine....." An Ayurvedacharya is neither a medical doctor nor a veterinary doctor but then who is he? Is he a barber?

MR. DEPUTY CHAIRMAN: It does not mean that. I think you should be fair to the hon. Minister.

SHRI R. U. AGNIBHOJ: I would request the hon. Minister.....

MR. DEPUTY CHAIRMAN: It does not mean that. There are different systems but this Bill refers only to modern medicine.

SHRI R. U. AGNIBHOJ: I would request the hon. Minister to include all *human medicines in this Bill*. If the foreign degrees can be recognised, if the foreign diplomas can be recognised—we do not know what sort of education they get there—I do not see why we should not include our own system. You would excuse me but according to this, our revered Prime Minister becomes a medical man because some Universities have given him medical degrees while a person who spends six years in the Banaras Hindu University is not entitled to be registered as a medical man.

SHRI P. N. SAPRU: He is not entitled to be registered.

SHRI R. U. AGNIBHOJ: Will the hon. Minister deny this? The Prime Minister can be included in the list of registered graduates according to this Bill. That is my direct question.

DR. R. B. GOUR: But he cannot satisfy the Registrar.

RAJKUMARI AMRIT KAUR: Honorary degrees do not come in the same category as those of the practising profession.

SHRI B B SHARMA The whole question is that you have not said that in the Bill

SIRI M GOVINDA REDDY (Mysore) You know, Sir, that there is an Ayurvedic College in Mysore

SHRI R U AGNIBHOJ There are so many colleges. When you want to register all the medical men in the country, my request to you is that you should give equal right to the ayurvedic men also. If you do not do that this Bill will mean the hounding out of those Ayurvedacharyas from the field. They are the people who are serving the country in the villages, in the interior. The tendency of the Government is to recognise only allopathy and not the Indian medical science. This is a disservice to our nation, a disservice to our medical system and is a disservice to the poor men. What is the harm if we register all those medically qualified people—very well qualified people—along with the men of modern medical science? You have reciprocal arrangements with foreign countries, even if there is no reciprocal arrangement you allow medical men of other countries to come here but do not allow the same status to these poor people who are serving the country at a cheaper rate, simpler way and with cheaper medicines. Therefore, my request to the Minister is this that the Banaras Hindu University graduates and those of other Universities, such as of Mysore, or other colleges should not be ignored.

SHRI B B SHARMA What about Gurukul University?

MR DEPUTY CHAIRMAN Please do not go on interrupting.

SHRI R U AGNIBHOJ Therefore the only request of mine is this, Sir, that they must also be included in the list, and I have given notice of an amendment to this effect accordingly.

Thank you Sir

DR SHRIMATI SEETA PARMANAND Mr Deputy Chairman, this is a Bill which is a step in the right direction, particularly in the new set-up of the country, and is a Bill which, by bringing all the States under one law will be a unifying force. Sir, the Ministry has done this certainly out of good motives, out of a desire to raise the

dignity of the profession and to introduce efficiency. All the same there are certain lacunae in the Bill, and a little clarification is required as to the way in which this Bill has come in the form in which it has come to be put before the House.

Sir, it is necessary that the opinion of the various medical organisations in the country in which the medical profession is adequately represented should be obtained about the clauses of this Bill, and it is not clear whether this has been done and whether all the medical institutions, whether they call themselves associations or organisations, have sent in their opinion about their requirements to be incorporated in this Bill. It is for that reason, Sir, that it would have been necessary, after the Bill had been given notice of, to have put it either in the Gazette or before a conference like the one called by Dr Ambedkar in South India to get the views of the people on the *Marumakkattayam* law before codifying Hindu Law. After the Bill was introduced the Health Minister could have called such a conference and put before it all the clauses in the Bill and invited suggestions on these and on anything else that they might have in mind which they would have liked to be put in here because, after all, Sir, in this House there cannot be representative doctors who have taken an active part in putting forward the requirements of the profession. And even if, out of a desire to have justice done to the profession, the other Members were to raise their voice, it cannot be done as effectively as it should be. It is for that reason Sir, that even now it would be better if the hon the Minister accepts the suggestion for sending this Bill to a Select Committee so that, in the time that would be available, the Select Committee would, by writing to the association be able to get their views. It might be argued by the hon the Health Minister, as she did formerly in the case of another Bill, that when the Bill has been before the House after notice of introduction notice been given for such a long time, it was open for the Members to make their suggestions rather than ask to a Select Committee being appointed now. Sir it is relevant to point out in this connection that when Members are so busy with many other things of a different nature and are in their constituencies, it is not possible for all of them

[Dr. Shrimati Seeta Parmanand.]
concertedly to think over the measure until the time it comes before the House.

Sir, after saying that, I would refer to a few features of the Bill and point out one or two defects and ask one or two questions so that, as I hope, the hon. the Minister will see the force of the demand to have the Bill referred to a Select Committee. I am sorry I was not present when the hon. the Minister spoke this morning, as I had to attend another meeting, but I have heard a few remarks of hers that she said that she was going to accept an amendment with regard to one degree, I suppose from Vienna or somewhere and that about the other from Rome she was not sure because sufficient data or something was not available. I would like to know, Sir, on whose recommendation the degrees that are already recognised—foreign degrees I am referring to—have been accepted, whether the opinion of all the medical associations has been invited. Secondly, Sir, I would like incidentally to point out a position, which was not quite clarified from one point of view, when the hon. Member from Bihar, Mr. Sinha, was speaking, namely, the way in which foreign doctors are able to practise today in our country. On account of the paucity of information about the nature of their particular degree not only during the war, but even subsequently, I know of several German doctors, Jews particularly, practising in this country whose qualifications in one or two cases, after having been investigated, were found to be bogus. So, Sir, from that point of view it is very good that there should be an all-India body to which the doctors who wish to practise in India, coming from abroad, might refer for necessary permission and which would have in one place authentic information about the details of their degrees. I would not go further into the question of reciprocity and how this has been done or should be done, but referring to this and also while referring to the powers sought to be taken by this Medical Council, I would like to question whether it is not an encroachment on the authority exercised by the medical faculties of the various Universities who decide about the scope of studies in their colleges, especially when those faculties have competent people from the colleges and the profession. So if this Council, though it may have

people from all these bodies on it, is going to arrogate to itself the function of deciding the scope of studies, I personally feel it would be encroaching on the sphere at present allocated to these medical faculties, and as such I would like to question whether this is being done after full consultation with them, and with their consent. Similarly, Sir, this question of allocation of six seats to the Central Government to nominate their representatives on the Council is also not a salutary principle because the principle in education is going to be day by day that the question of education should be entirely in the hands of the people and there should be as little control from Government as possible whatever may be the motives, even though the motive may be for raising the standard of education and exercising supervisory control. Nothing should be done that will take away from the people the power for deciding the nature of medical education because it unnecessarily creates a lack of confidence in them and gives power to a body which at any time may misuse it. Sir, I would refer to clause 27 of the Bill, which rather gives a privilege to the registered graduate, a new privilege, namely, the facility to recover his fees and arrears in due course of law in respect of any expenses, charges in respect of medicaments, etc. Of course, the facility to recover charges in respect of medicaments is rightly there, as at present the law does not allow any suit to be filed in respect of fees. Sir, when so much care is taken to guard the interests of the medical profession, one should have expected that some provision should have been laid down prescribing the fees because, at present, from nothing to sky is the limit of fees, and we know that some of the doctors in places like Calcutta are charging anything they like which is multiple of 16. I do not know whether that system still exists. It begins with Rs. 16, it is Rs. 16, Rs. 32, Rs. 64, Rs. 128 and so on. So long as this Council has not shown that concern to guard the interests of the ailing public it should not have taken this matter in its hands. (*Time bell rings.*) I myself have to go, Sir; I have only just one or two points.

With regard to the financial memorandum, I would like to say that the whole matter has been put in a very unnecessarily drawn-out and confused manner. There was no reason to write such

a long financial memorandum which, at the end of paragraph two merely says that with seven members the expenditure will be about Rs. 7,000 every five years and so on. Beyond that, as was rightly pointed out, what the other assets of the Council are, there is no way of finding out.

Finally, I would like to mention a complaint made by dental surgeons who have been practising dental surgery for eight or ten years as part of their specialisation during a regular M.B.B.S course, just as eye specialists practice ophthalmology as part of their training. After all this, they are not recognised as a class by the Health Ministry even after repeated representations. I would like to point out that if this Bill is passed without circulation or without being referred to a Select Committee which should make it its duty to find out the views of the people—and there is no justification for such a hurry—then such complaints as were made by the dental surgeons through their Associations are bound to be there.

Then finally something has been said about the unnecessary distinction made between modern medical science and other indigenous systems in definition (f), treating the Indian systems like outcasts. We have had enough of this discussion in the last Session but I have to refer to it incidentally because in spite of all that discussion we have had, the Health Minister has not chosen and her Ministry has not advised her that it was not necessary to have these water-tight compartments between these two systems of medicine. At least for the sake of a Medical Council they could have been brought in one and the same Bill so as not to develop a superiority or an inferiority complex between them. She has not done that, but I hope she will show some concern for the development and raising the standard and dignity of Ayurved and other systems by bringing a separate Bill and that could be called the Indian Indigenous Medical Council Bill. But, if this Bill were to go to a Select Committee, I think this lacuna could also be removed and I think that the unnecessary gulf developing between the two systems of medicine could be bridged.

MR. DEPUTY CHAIRMAN: Yes, Mr. K. B. Lall.

DR. SHRIMATI SEETA PARMANAND: With these words, Sir, I would again request the hon. the Health Minister to accept the motion for reference to Select Committee because nothing.

MR. DEPUTY CHAIRMAN: Mr. Lall has already stood up.

DR. SHRIMATI SEETA PARMANAND: Just a minute, Sir.

MR. DEPUTY CHAIRMAN: You have already exceeded your time by five minutes.

DR. SHRIMATI SEETA PARMANAND: We could sit longer. Anyway, let me complete my sentence. As I said nothing would be lost if some time were to be taken for all this because if the Bill could have waited all this while, another two months will not make much difference.

SHRI H. P. SAKSENA (Uttar Pradesh): The bridge that you spoke of will topple down very soon.

SHRI KAILASH BIHARI LALL: Sir, I had no mind to speak on this Bill and as a matter of fact I confess that I did not even go through the Bill at home, not because I did not attach any importance to this but because I have taken for granted that it is a non-controversial Bill, that it is very much wanted and aspired for and that it is for the welfare of the nation and so it did not require much attention. I had at least thought that it will not be wanting in any such thing as to attract my attention later but while I was going through the Bill here in the House I found that it was just in consonance with the old tradition that was being followed. I do not blame the Health Ministry or the Health Minister. It is the legacy of the past that still persists in the management of our country's affairs. So I do not blame her very much. You have all heard the speech of my friend Mr. Agnibhoj and I am also going to speak in the same strain. I have not much to add because the gist of what is to be said has already been spoken. I am very much in favour of this Bill going to a Select Committee. As it is, it should have gone to a Select Committee and I am sure that if it is left to the wishes of the Members of the House, they would like it to go to the Select Committee because although it is not controversial, it is controversial in the sense

[Shri Kailash Bihari Lall.]
that there is something lacking in the very aspect of it. The name of the Bill is Indian Medical Council Bill, but there is very little of Indian in it. It is all non-Indian.

SHRI R. U. AGNIBHOJ: It is Foreign Medical Council Bill.

SHRI KAILASH BIHARI LALL: It seems that we are all agents of non-Indian things. Wherever these may be, whether in our own country or elsewhere, it is all non-Indian. A number of these M. B. B. S. Graduates are produced; I do not say that they are our enemies. They are our nationals; they are our brothers and the intention of this Bill is very good, that is, that their status should be raised both inside the country and outside and in the eyes of the world. That is the common intention of all of us but this does not and should not take away the fundamental principle of ours that we should help our own Indian system of medicine. Unfortunately, it is conspicuous by its absence in this Bill. Hon. Members have heard one story from Mr. Sapru about the Gurukul Medical Graduate. You have heard about the Banaras University. I have to say about Patna. The Bihar Government also is running an Ayurvedic College and so there is in Delhi also. Sir, you cannot suppress the urge of the times. There must be Ayurvedic colleges in the country turning out Graduates and why shirk the responsibility of raising their status? What have they done? I heard some of my friends saying that this Bill does not contemplate them; it is for modern medicine. I wonder what the word 'modern' means. Time was when our own people had to visit some big officers of the British times, they used to dress themselves up and stand up before the looking glass just to see whether they were dressed properly in the European pattern like Sahebs. There was once a gentleman in my village—he was passing on the way when a young boy who was my class-mate turned up with his moustache up. He could not tolerate that. He said, "my young boy, do not keep your moustache that way. No Sahab will like you and you will not get into any service." And the poor boy was made physically to drop down his moustache. I know that sort of mentality still persists in us. Time was when this dress which is adorning this Parliament House today, this cap and

this dress were considered not modern, but rustic and old-fashioned. I know because I give vent to such ideas; epithets may be hurried upon me that I am backward; narrow-minded and conservative. But take it from me; in all humility I say that this is the urge of the times. You are seeing us here, men and women all dressed in Indian 4. P.M. dresses. Even we have got pride. We are proud of our Health Minister who goes to foreign countries in this dress in the Indian dress, and she is very much respected and admired there for her meritorious work. So, nobody would call her very backward because she is in *Sari*. Time was when people were regarded as not modern, but very backward in the Indian dress. So, we should throw out all such ideas from our minds. that everything that is our own is a backward thing. I cannot understand how the Ayurvedic system of medicine can be a sign of the non-modern or backward or anything that is not to be taken into account. I am sorry my blood boils when I hear such things from my friends in this House that this Bill does not contemplate all these things. Why should it take into account Ayurveda and Unani? This Bill is for modern medicine. "Medicine" as defined in this Bill means modern scientific medicine in all its branches and includes surgery and obstetrics but does not include veterinary medicine and surgery. I thought over it and I find that there is nothing in it which excludes the Ayurvedic medical science. And as my friend, Shri Agnibhoj, has also said, Ayurvedic medicine has been excluded though it is no less scientific than any other systems. It does not include veterinary medicine and surgery. So, I find there is nothing in the Ayurvedic science that it deserves exclusion. And our Health Minister also has assured the House times without number that she is helping Ayurveda, she is helping Unani system and that these always receive her attention. Then, what is there that has led her to exclude Ayurvedic and Unani systems of medicine? (*Time bell rings.*) These are not included in the Schedule. Just as my friend, Mr. Agnibhoj, pointed out, the Schedule excludes the Banaras University, the Gurukul University, and excludes so many Ayurvedic and Tibbia colleges in the country. I think perhaps we should get rid of this mentality that they are not modern, that they do not treat the ailments of the people in the

proper way I could go on narrating how allopathy has flourished all these years when there was the question of competition between this system and the Ayurvedic system. They have been giving all facilities to the allopathic system. The allopathic system is working because you are helping it. It is not the fault of any one. It is the fault of the generation which we still represent (*Time bell rings.*) You cannot treat things that way for long. If at all you want to raise the status of the medical practitioner in the country, you cannot leave aside, you cannot ignore so many medical practitioners who are qualifying from the Ayurvedic and Tibbia colleges. And to ignore them is only to insult the whole nation and you are making the Government look small in the eyes of the world. The world will be thinking, what kind of people we are. We have no respect for our own system. We have no respect for that about which the world has already spoken very highly. We are modernising ourselves. It is said we are doing this only to raise the status and make it more and more modern. I think perhaps we should get rid of this mentality and we should at least represent what we are. After all law is only a mirror in which you can see the face of the society. The jurists of the country can find from the law what kind of people you are. They will say it is all made up, it is all bogus which you are putting up before the country.

MR DEPUTY CHAIRMAN It is time

SHRI KAILASH BIHARI LALL If you care for the world, try to mend your ways. Be Indian actually, make the people really Indian and take into consideration the claim of those people who are really Indians and who really represent the Indian side of life. When you ignore them like that I really feel so much that my blood boils. I think that you will feel that way. You may use any epithets about me—what kind of man is he? He is really a backward man. He is speaking about Ayurveda and Tibbia. I do not want to make comparisons here because it will take more time. I only want to appeal to you in short that you are not doing your duty, if you run away with this sort of thing in hot haste with break neck speed. The better thing is that it should go to a Select Committee. That would be the well-advised step that you may adopt,

and amend it in such a way. Of course there is no controversy about raising the status of the medical practitioners in the country. That is required (*Time bell rings.*) Even in the old days we made so many attempts but the Britishers did not like that. They wanted to keep the distinction going on and keep the status of the people lower and lower down. But now even in independent India it looks as if our own men will continue to be treated like orphans. Does it redound to the credit of our country that our own men should work like orphans? And so I will make an earnest appeal to take this aspect of the question into consideration and refer the Bill to the Select Committee which may rectify the position and make really Indian, the Indian Medical Council. This does not mean that you are lowering the standard. You may raise one point that has always been raised, that it is lowering your standard. You have got ample powers.

MR DEPUTY CHAIRMAN That will do, Mr. Kailash Bihari Lall.

SHRI KAILASH BIHARI LALL Have supervision over the medical institutions and keep your supervision all right. Keep the Ayurvedic and Tibbia colleges up to the standard by proper supervision, but you have to recognise them, that is my prayer.

DR W. S. BARLINGAY Mr. Deputy Chairman, I do not want to cover the same ground as has been covered by other hon. ble Members and I want to be extremely brief because the time at my disposal is very little and I do not want to take other people's time. The first point that I wish to make is that this Bill is really a great improvement upon the Act of 1933. There is no doubt at all about that. And the one good thing that this Bill has done is that it has for the first time recognised the L.M.P.s and other diploma holders, recognised them as medical men with recognised medical qualifications. Now, this is a very good thing to do. But then I must at the same time point out that even this Bill as it is, does them less than justice. I will take the figures that have been given to us by the hon. Health Minister herself. She told us that the total number of medical graduates in this country is in the neighbourhood of 30,000, and so far as the licentiates are concerned their number is in the neighbourhood of 40,000. Now, what do we

[Dr. W. S. Barlingay.]

find in this Bill so far as their representation goes? I refer now to clause 3 of the Bill (a) and (b), of course, have reference to medical graduates, but in 3(1) (d), representation has been given to the medical licentiates. It reads as follows

“(d) seven members to be elected from amongst themselves by persons enrolled on any of the State Medical Registers who possess the medical qualifications included in Part I of the Third Schedule,”

Now I do not know why their representation should be confined only to seven. There is nothing sacrosanct about the number seven. Why not more? And as I have pointed out, the number of licentiates today, even after we have stopped that course, is more than the number of graduates. In that case, I think, it should be obvious that the representation is too meagre.

Then, Sir, there is another point, and that is this. There is no justification for making any distinction whatever between a licentiate and a graduate for the purposes of this Bill. After all, you are maintaining only one register. If you are maintaining only one register, then what is the necessity of making any distinction between a licentiate and a graduate? Of course, for other purposes there is a distinction. Nobody wants to deny that. But for the purposes of this Bill, why make a distinction? Why add the Third Schedule? In the original Act of 1933, there were only two Schedules. Why did you not simply amend that original Schedule instead of adding the Third Schedule? That is my point.

Then, Sir, I want to make certain points with regard to the procedure that is being followed, so far as the discussion on this Bill in this House is concerned. This Bill, it is truly said, is to be substituted for the old Act. It is not merely an amending Bill. It is a substituting Bill. Now what I say is this. When you substitute one Bill for the other, then what the Department ought to do is to give us a proper note as to the various changes that have been introduced by this Bill. But nothing of that sort has been done here. The Statement of Objects and Reasons mentions that the object of this Bill is to amend the Indian Medical Council Act, 1933. Then it gives five points where this Bill amends the original Act.

But then it says that “A few other minor amendments have also come to light in the course of the working of this Act, and as a matter of convenience it is now proposed to re-enact the existing Act with the above amendments.” I think, Sir, if that was the idea, then it was absolutely essential to circulate a note to the Members, so that they would have known exactly what changes were proposed to be made in the original measure.

Then, Sir, I want to make only one or two points more, and then I will have finished. One is about the title of this Bill itself. The title given to it is “The Indian Medical Council Bill, 1956”. Now, Sir, it is a rule of ordinary logic and ordinary language that when you want to describe a thing, you must describe it by its distinguishing characteristics. If you want to describe a man, you cannot describe him by merely saying that he is an animal with two legs, or something like that. That would not be a correct description of the word ‘man’. But here, what is the title? It is “The Indian Medical Council Bill, 1956”. Now suppose you have an Ayurvedic body, that Ayurvedic body will be an Indian body, it will be a medical body, and it will also be a Council. Now the point that has been made by some of our friends here, for example, by Mr. Lall and Dr. Seeta Parmanand, is quite right. We are afraid that behind this you are hiding a mentality which is not a right mentality. By calling this “The Indian Medical Council Bill”, you really want to say that the only system of medicine that is entitled to be called ‘medical’ at all or ‘Indian’ is the allopathic system of medicine. Now for God’s sake, do not have that mentality. Then what is worse is this. Let us find out how the word ‘medicine’ is defined. I object to this definition both from the point of view of legal drafting, from the point of view of the elementary principles of legal interpretation, and also from the point of view of the mentality behind this sort of a definition. Now according to the definition given in this Bill ‘medicine’ means modern scientific medicine in all its branches and includes surgery and obstetrics, but does not include veterinary medicine and surgery. Now suppose you take the Ayurvedic system of medicine or you take the homoeopathic system of medicine. Is it not modern? Is it not scientific? The other day, the hon. Health Minister, in so many words, admitted, and very

rightly admitted, that she was not one of those who thought that the Ayurvedic system of medicine was not a scientific system of medicine. But what do we find here? Here, we talk, as if the allopathic system is the only scientific system. Now this definition seems to me to be most objectionable. Now suppose you define a man as a European, what does that mean? I am sorry to say that this is a very bad way of drafting. I am reminded in this connection, Sir, of Spengler who wanted to write the history of world, and he rounded off that whole work of his by writing the history of Europe. Now you cannot define 'world' as 'Europe'. It is a very, very wrong thing to do. But what is most objectionable is that it betrays and it hides behind itself a certain mentality of those old bureaucrats. This is a very pernicious thing to do. Therefore, with all humility and with all respect, I suggest that the definition of the word 'medicine' ought to be changed, and this Bill ought to have a different title. I am perfectly conscious of the fact that after all, this is only a case of symbols. But symbols sometimes do hide behind them a mentality which is a very objectionable mentality, and I do feel, Sir, that that sort of mentality in the India of today is absolutely out of place. Thank you.

SHRI KISHEN CHAND (Hyderabad): Mr. Deputy Chairman, I think this is a very important Bill, and it should be very carefully considered. Some hon. Members have just now tried to point out that with the definition of modern scientific medicine, the Government is trying to exclude Ayurveda and other systems. I may point out that science has been progressing and if today somebody came forward and said that mathematics as invented by India was really first-class and that we should therefore consider modern mathematics to be useless, it will be quite incorrect. Similarly, the science of physics, the science of chemistry, in fact, all sciences have progressed. It is quite possible that the Ayurvedic and Unani systems have got some basic elements of truth in them, but all of them have been incorporated in modern medicine. Whatever is good in them we must certainly encourage.

DR. W. S. BARLINGAY: But that is not the opinion of doctors.

SHRI KISHEN CHAND: I am trying to express my opinion. I am trying to

submit to hon. Members that science is not a static thing. It is a growing thing, and over centuries the human mind has been able to make advances in science. Simply to say that what was invented 2000 years ago is good today and that science has not progressed.....

DR. W. S. BARLINGAY: But whoever said it?

SHRI KISHEN CHAND: This is modern scientific medicine, and we have a Medical Council for it, and if tomorrow hon. Members desire to have an Ayurvedic Medical Council or Tibbi Medical Council, we can have them, but to put people who are only qualified in Ayurveda or Unani in this Council is not proper.

DR. W. S. BARLINGAY: But what you want to say is that the other systems are unscientific. That is the whole question.

SHRI KISHEN CHAND: If it is only a question of name, you can have an Indian Ayurvedic Medical Council, an Indian Tibbi Medical Council and so on. You can have any number of Councils.

SHRI B. B. SHARMA: Is homoeopathy a modern science or not?

SHRI KISHEN CHAND: If you think that Ayurveda is a modern medicine, you can bring forward a Bill called the Indian Ayurvedic Medical Council Bill, and in the definition you can say that Ayurveda is the most scientific modern medicine. What I am saying is that in this Medical Council you should have only such people who know something about this medicine. (*Interruptions.*) Suppose there is an electrical engineer and a civil engineer. Both are called engineers no doubt, but because of that you do not say that a civil engineer is quite competent to express an opinion on electrical engineering problems.

DR. W. S. BARLINGAY: You can say modern scientific Allopathic Medical Council.

SHRI KISHEN CHAND: If the hon. Member thinks that this title is not big enough, he may call it Allopathic Medical Council for Medicine, Surgery, Dentistry, Ophthalmology, etc. You can add to it as much as you like. Anyway, I am trying to explain that we want this Council established for what purpose? For regulating the standards of

[Shri Kishen Chand.]

teaching and education. Secondly, we want this Medical Council to prescribe a code of ethics for medical practitioners. What I want particularly is that this Council should regulate the fees to be charged by the practitioners from the patients. I think that in this Bill the only point stressed is about the qualifications and standards of examinations, and that too for post-graduate education. I submit that under-graduate education which qualifies a man for the M B B S degree should also have uniform standards all over the country, and unless you have uniform standards for the degree course, you cannot really prescribe uniform standards for the post-graduate course. According to this Bill, the Medical Council will send one or two or three persons at the time of the examination. Surely, examinations are based on the curriculum, and until and unless the curriculum is carefully examined by this Medical Council, they cannot really be effective in conducting the examinations, and therefore I have sent in an amendment that this Medical Council should regulate the curriculum of the graduate training. Secondly, I have sent in an amendment about people who have got qualifications from foreign countries, and are practising in our country. They are Indians, and now after a lapse of twenty or thirty years, you come forward and say that those people, if they belong to certain universities which are not included in Part II of Schedule III, will now be excluded. It is not fair. I submit that, when they have been practising here for a large number of years and they have done their work to the satisfaction of the State Medical Councils and no report of unprofessional conduct has been received against them, there is no justification for debarring such people now by this clause. I particularly draw your attention to clause 21. Here, there is ticklish English language.

"The Council shall cause to be maintained in the prescribed manner a register of medical practitioners to be known as the Indian Medical Register, which shall contain the names of all persons. . . ."

Now, there is the word 'who' there

"who are for the time being enrolled on any State Medical Register and who possess any of the recognised medical qualifications."

Does this repetition of the word 'who' mean that a man can have one or the other qualification or does it mean, in spite of the repetition of the word 'who', he must have both qualifications? It is likely that this clause may be interpreted by the courts in a way which is not intended. I have referred this to certain lawyers and they think that by putting the word 'and' you are complicating matters and that, if this word and is replaced by the word 'or' the whole thing will become simple and those persons who are already on the State Medical Registers will be quite safe, and by this simple change, there will be no need to add to the list in Part II of Schedule III. In this world there are hundreds of universities and you have got the names of only about 13 universities. It is quite possible that other M D degrees from other universities may have been acquired by Indians and they may be practising in our country. This will add to the difficulties of the Government. Every day there will be applications that some people's names should be included, and therefore I have made this suggestion.

Then, an hon Member has already pointed out that, when you have permitted medical practitioners to sue their clients for their fees, you must also prescribe the fees. Just as the Bar Council has prescribed a scale of fees, similarly here also there should be a scale of fees. Ours is a poor country and the patients are poor. You know that in Bombay and Calcutta a racket is going on. There are groups of specialists. You go to a specialist. He will charge you Rs 64 and then ask you to go to a second specialist, who will also charge you Rs 64, and so on and a man may have to pay Rs 200 or 300 this way. There is no safeguard against such things. Therefore, the hon Minister should also have the fees fixed. We are fixing ceilings on income. We are fixing a ceiling on the salaries of Government servants. Why should we not put a ceiling on the income of these medical practitioners also? The hon Minister may come round and say that there should be a panel system, but until that system comes the patients may be fleeced by these practitioners, especially if it is a case of surgery, and therefore reasonable rates of fees should be fixed.

Then, there is the question of reciprocity. Much has been made of reciprocity. I admit that if other countries

do not recognise our degrees, we should not recognise their degrees as far as foreigners are concerned. But as has been pointed out, our Universities have not got sufficient accommodation for taking all the students, and in such a situation, when the students go abroad to get medical degrees and if they come back to our country, to deprive them of recognition only on the ground that there is no reciprocity with the other country is most unfair to our own countrymen. The other countries don't want our graduates and if our graduates go to those countries, the local graduates suffer. That is why they don't want them. But in our country we are not taking the foreigners. We are only taking our own countrymen and in their case I think the whole question of reciprocity should not arise at all.

(135)

(Time bell rings.)

Thank you very much. I generally support this Bill but I think at the amendment stage, I will explain the amendments.

(136)

RAJKUMARI AMRIT KAUR: Mr. Deputy Chairman, I have listened, naturally with consideration, to the suggestions that have been thrown out to me by various Members of this House and I am grateful for many of them and some of them I am actually accepting. I will say afterwards what I am accepting. Perhaps I should first reply to certain suggestions that have been made which are impossible of acceptance by me. For example, the last speaker has said that this Council should go in for limiting the fees of doctors. Now I would have the hon. House remember that this Bill is to regulate medical education—under-graduate and post-graduate—and therefore I cannot possibly bring into this measure any limitation of fees. These are administrative matters which the States will have to undertake, should they wish to undertake them themselves. But I may tell the hon. Member that whenever I have raised the question of even the teaching profession in the medical colleges being paid adequate salaries and not allowed private practice, I have not received the support of one single State Health Minister for reasons of finance. Further it is impossible for me either to limit the fees or for this Council to go beyond the scope of what it is supposed to do and frame ethical rules. There are ethical rules already framed for medical

practitioners and it is only for the breaking of those rules that the name of anybody who comes on the register is struck off the rolls. Such ethical rules cannot be, may I say, brought in by legislation. We cannot turn people good overnight by legislation. We have to build up traditions and I say that the task of building up those traditions lies in the hands of the medical profession and I have no doubt that they will do so. Another suggestion that has been made is ..

SHRI GOPIKRISHNA VIJAIVAR-GIYA: What about professional misconduct?

RAJKUMARI AMRIT KAUR: Professional misconduct is there and if the Medical Council considers it necessary and if any case is brought to their notice, the Council knocks that doctor off their register. That power is already there. In the matter of regulating the curricula of medical education, that is the job of the University and I am sorry that the Vice-Chancellor of the Lucknow University, who is a Member of this hon. House is not here. I am quite sure that he would be frightfully annoyed if I gave the Medical Council the liberty to change the curricula. But the Council have the right of inspection and they have every right to suggest any changes that they would like to be brought in.

Now, as usual, I have heard the plea for Ayurved and I have been accused again, as usual, of having some queer mentality that does not like things Indian. I am not concerned now to argue this point because the arguments are wholly irrelevant to this Bill because this Indian Medical Council was brought in for a specific purpose and it has been made perfectly clear that the specific purpose for which it was created in the first instance still exists. It is only that it has become outmoded in certain respects and therefore it has to be amended and by amendment naturally, the old Act is repealed. The Bill as I have said is to regulate medical education, under-graduate and post-graduate, in our modern medical colleges. The Council do not inspect the Ayurvedic Colleges which again are run by States. They don't do it. My point here again is that there are, I believe, State Ayurvedic Medical Councils which are supposed to recognise Ayurvedic degrees. Now the question of creating an all India Ayurvedic

[Rajkumari Amrit Kaur.]
Council can only be taken up after it is accepted by every State to have a uniform standard of education. There can be no all India register when the standards of Ayurvedic or Unani education, including Homoeopathy too, differ from State to State.

SHRI R. U. AGNIBHOJ: So also the Licentiates, the L.M.P. and L.C.P.S. They do not.....

RAJKUMARI AMRIT KAUR: Pardon me. As far as modern medical education is concerned, the standards are absolutely the same. It is only a difference of some saying Licentiates, and some saying L.M.P. etc.

SHRI B. B. SHARMA: Why not reciprocate with other countries if the Degrees are the same and the qualities are the same? Why not limit our Council to Indian educated University graduates and Licentiates?

RAJKUMARI AMRIT KAUR: The Indian Medical Council's business is to get into touch with foreign countries as far as recognition of degrees is concerned. Licentiates' degrees are not recognised abroad by anybody for going there and getting post-graduate studies. I cannot regulate what foreign countries do but since the licentiates have served in India and are continuing to serve in India and do exist and there was this cry from them that they should be given a place in the Medical Council, with the utmost difficulty I have been able to persuade the All India Medical Council to give the Licentiates a representation of seven Members. Please remember that this Bill deals only with undergraduate (that is M.B.B.S.) and post-graduate education and therefore there was a solid opposition that the licentiates will not be able to say very much about such things but I pressed them and they have agreed. And please remember again, as was said by another Member, that the Licentiates are a dwindling number. Many of them are being given chances of doing a short-term course and coming on to the register of M.B.B.S. so that we have done for them as much as we can and I believe they are on the whole quite satisfied.

I have already spoken about Ayurveda. As I said, the Vaidyas can always appeal to the Medical Council and if they accept and after the Dave Report,

if a uniform policy comes in, we shall consider the formation of an All India Ayurvedic Council.

SHRI H. P. SAKSENA: At any rate the Vice-Chancellor of the Lucknow University is not an hon. Member of this House. That is a fact.

RAJKUMARI AMRIT KAUR: I am sorry if I made a mistake. His brother is. Anyhow, someone asked me why the Medical Organisations have not been consulted. I have already said that I have consulted every State Government, that is all the Health Ministers of all Governments. I consulted Medical men individually and collectively, I consulted the Indian Medical Association and above all, I have consulted the Medical Council that exists today. In regard to the clause as far as the composition of the Post-graduate Committee is concerned, I may say to you that this was a compromise arrived at between me and the Medical Council and at that Medical Council meeting the President of the Medical Council was there and more than the President of the Council, Dr. B. C. Roy was there and it was according to their suggestions and in agreement with all these persons that the provision relating to the personnel of this Committee was so framed. They are experts and they are not going to quarrel amongst themselves.

One hon. Member said that this was an autocratic Bill, that the Government wanted to take all power to itself and so on. And a letter was read out which the President of the Medical Council had written with regard to the Government giving recognition to Darbhanga, Poona and Baroda degrees. May I say for the information of the hon. Member who made this accusation on behalf of the President of the Medical Council that Government consulted the Indian Medical Council with regard to this. There was tremendous agitation in the States. I was approached by the State Governments. I was approached by the students. They threatened hunger strikes. I got no reply from the Council for two years and I considered that a tremendous injustice was being done. I have been congratulated for doing what I did. For example a Darbhanga medical graduate could practise in Patna and Buxar, but not in Banaras or Moghalsarai. Can you imagine anything more fantastic or absurd? And this anomaly had to be removed by the Government of India. A student who passed in the

first division in the final year at Darbhanga was not recognised, but the student who failed in the first year but had passed in subsequent years was recognised. There was no justice in what had been done, and I am certain that if there is any sense of fair-play and absence of provincialism or narrow-mindedness anywhere in the country today, I venture to humbly submit that it is in the Central Government where we have got a leader like our Prime Minister.

Someone said that nothing was done by the Government of the United Kingdom without reference to the British Medical Council. But I may say that there was bitter and sustained opposition to the National Health Service in England from members of the profession and by the British Medical Council and still the Government got it through in the teeth of such opposition.

As regards Part II of the Third Schedule and foreign degrees, reciprocity in this country is a matter for decision by the Indian Medical Council. Government have in no case recognised any foreign degree without the concurrence of the Indian Medical Council.

As for each university having a medical faculty with elected members of the faculty, that was a suggestion by the Medical Council itself. It has been considered that no restrictions should be imposed on the medical faculties of universities in the matter of election by restricting this to persons who have had at least four years' teaching experience. I venture to submit that we should leave the qualities of the teachers and the quality of those whom the Medical Council recognises, to that body of experts, and we lay people should not interfere where it is not necessary.

Next as to the pays of the employees of the Medical Council, they are the same as those of the Central Government. To give the liberty to the Medical Council to say tomorrow, for instance, that the Chairman will get Rs. 6,000 and someone else will get so many thousands and so on, I do not think it would be right, when Government is incurring the entire cost, surely the Government has the right to insist that so much money is to be spent on salaries, on travelling allowance etc., etc.

With regard to the Financial Memorandum, may I submit, Sir, that this was put up when the Bill was introduced and

at that time Part B States were there. By the time the Bill becomes an Act and comes into force, these Part B States will have disappeared, and so no further notice need be taken of this part. As far as the Financial Memorandum is concerned in any Bill, it is always put by the Finance Ministry.

I am very grateful and I sympathise with the case that my hon. friend Dr. Sapru put up with regard to some gentleman—I do not know what his name is—who was disqualified because he went abroad and got foreign degrees and the High Court quashed the judgment of the Medical Council. In order to see that such injustices do not arise, for the present I can say that if anybody is ever scratched off the Register, the Medical Council of the State discusses it with the State Government and as a rule the State Government does not interfere with the decision of the State Medical Council. But if at any time the State Government feels that the State Medical Council has not been just, then we have given them the right to appeal to the Centre, and I again maintain that the Central Government will be impartial and will never allow anybody to suffer injustice. Nevertheless, if Dr. Sapru is keen that I should give an assurance that we shall have rules that the Central Government in case of any such appeal, shall consult either the Attorney General or the Solicitor General, I am perfectly willing to give that assurance. For that reason, I will have to submit to you, Sir, an amendment that the Central Government may by notification in the Official Gazette make rules to carry out the purposes of this Act. For the matter of that there may be other rules too which we may, as we get experience, like to make and for that reason too, I should like to have this added. Naturally, all rules made under this section will be placed before both Houses of Parliament as soon as possible after they are made.

As regards the Schedule about foreign degrees, there was a point raised that Indians who have got foreign degrees should have to pass examinations here and so on. I submit I consider that to be very very unfair to our citizens. After all, if any of our young boys or girls go abroad, they do so because, as some Members have said, they cannot get entrance into our medical colleges. So they go abroad. I am not so much concerned about the under-graduate course as about the post-graduate studies. But these post-graduate studies

[Rajkumari Amrit Kaur]

may be in countries with which we have no reciprocity. That is to say, if we cannot practise in their country, naturally we do not allow those foreigners to practise in our country. But I do not want and I do not like to have that ban against our own Indians. They may be excellent and extremely good doctors. They might have gone with Government scholarships or they might have gone on their own. I feel that when they come back we should use them. We are so short of post-graduate qualified young men in our teaching and research institutions and so on that we should not want to put a ban on them.

Then, there was the question of private practice of medicine for personal gain. These words have been omitted and some one took strong objection. Where foreigners are concerned, those who work in mission hospitals, they do not take any personal gain, they give it to the institution. They limit themselves to the work of the institute. In the case of any foreign professor, he is only employed temporarily for teaching or research. And State Governments that might care to bring all such in, can make their own rules. No private practice can be allowed and it is not allowed.

But, supposing we have an Indian who has got his post-graduate degree abroad where we have not got reciprocal arrangements and we employ him in a college here for part-time teaching, would it not be wrong to ban him from practising for personal gain? I do not think we should cut the throats of our own people. I do not want our standard to be lowered and may I say that when I went abroad this time, again and again the Government of India was congratulated on not having yielded to temptation because of lack of medical services in this country to lower the standards of medical education. May I say too that India is really ahead of all the countries in South East Asia as far as medical education is concerned and we are becoming almost the centre for all these countries to come and learn. We should be proud of that position. We should not think in narrow terms of medical science as belonging to the West or belonging to the East or belonging to the North or belonging to the South. Every country in the East has accepted modern medicine. China has accepted it, Indonesia, Burma, Thailand, Ceylon, Pakis-

tan and Afghanistan have done likewise. Should we be the only people always having a dig at modern medicine? I certainly will not be a party to allowing modern medicine to grow under frustration here, but that does not mean that I will not give every opportunity as I am giving to other systems. In Jamnagar every opportunity is being given to Ayurveda to develop and develop along scientific lines and everything of value that it has to give must flow into the broad stream of modern medicine. The Vaidas are with me and the post-graduate studies that have been just started in Jamnagar hold out tremendous hope for development on proper lines.

SHRI P N SAPRU. What about recognition of the Munich Degree?

RAJKUMARI AMRIT KAUR: I am bringing an amendment also to that effect. Unfortunately, the Medical Council whom I consulted on the phone just now were not very keen on this but since opinion in this House is very much in favour of adding the M.D. of Munich to the Schedule that already exists, I will accept it and do my best to tell the Medical Council that it is the unanimous opinion of the House that Munich should be included. As far as Rome and others are concerned, I naturally have to abide by the decision of the Medical Council and as time goes on and other degrees are added or taken away these things will lie in the hands of the future.

Thank you, Sir.

MR. DEPUTY CHAIRMAN. I will put the amendment first.

SHRI RAJENDRA PRATAP SINHA: I beg for leave to withdraw my amendment.

The *amendment was, by leave, withdrawn.

MR. DEPUTY CHAIRMAN. The question is:

"That the Bill to provide for the reconstitution of the Medical Council of India, and the maintenance of a Medical Register for India and for matters connected therewith be taken into consideration."

The motion was adopted.

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

*For text of amendments, *vide* col.289 *supra*.

Clause 2 was added to the Bill.

Clause 3—Constitution and Composition of the Council.

DR R. P. DUBE Sir, I beg to move.

26 "That at page 2, line 23, after the words 'Central Government' the words 'in consultation with the State Government concerned' be inserted "

SHRI RAJENDRA PRATAP SINHA I have a little change to make in regard to amendment No 10 that I have given notice of I have discussed it with the hon Minister and have re-drafted it in consultation with her I am not moving numbers 7, 8 and 9

RAJKUMARI AMRIT KAUR : I am accepting the amendment moved by Dr. Dube and the amended version of Mr Rajendra Pratap Sinha's amendment

MR DEPUTY CHAIRMAN Yes, go on, Mr. Sinha.

SHRI RAJENDRA PRATAP SINHA Sir, I beg to move.

10 "In page 2, for lines 38-42 and in page 3, for lines 1-4, substitute—

'Provided that clause (c) shall have effect in any State where a Medical Register is not maintained, as if for the words "in which a State Medical Register is maintained, to be elected from amongst themselves, by persons enrolled on such Register", the words "to be nominated by the State Government from amongst persons" had been substituted, and pending the preparation of the Indian Medical Register in accordance with the provisions of this Act, clause (d) shall have effect as if for the words "to be elected from amongst themselves by persons", the words "to be nominated by the Central Government from amongst persons" had been substituted' "

MR DEPUTY CHAIRMAN The question is

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The motion was adopted.

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'Provided that clause (c) shall have effect in any State where a Medical Register is not maintained, as if for the words "in which a State Medical Register is maintained, to be elected from amongst themselves by persons enrolled on such Register", the words "to be nominated by the State Government from amongst persons" had been substituted, and pending the preparation of the Indian Medical Register in accordance with the provisions of this Act, clause (d) shall have effect as if for the words "to be elected from amongst themselves by persons", the words "to be nominated by the Central Government from amongst persons" had been substituted' "

The motion was adopted.

MR DEPUTY CHAIRMAN The question is

"That clause 3, as amended, stand part of the Bill."

The motion was adopted.

Clause 3, as amended, was added to the Bill

Clauses 4 to 8 were added to the Bill.

Clause 9—Officers, Committees and Servants of the Council

SHRI KISHEN CHAND Sir, I beg to move

15 "That at page 4, after line 32, the following be inserted, namely —

'(6) make model rules of conduct, fix consultation fees for all medical practitioners all over the country and request the State Medical Councils to incorporate them in their rules of conduct, etc applicable to medical practitioners in their State' "

MR DEPUTY CHAIRMAN The clause and the amendment are open for discussion

SHRI KISHEN CHAND The hon Minister in her reply stated that the Government or the Council cannot regulate their conduct by fixing rules but may I point out, Sir, that the fundamental object of this Medical Council is

[Shri Kishen Chand.]

really to safeguard the interests of the Medical profession and it is very essential that this Medical Council really prescribes certain ethical principles. The laws of a country are enacted really to safeguard against people who are perverting society; it is not for safeguarding people who are good.

5 P.M. Similarly, in the medical profession a large number of doctors are very good, very honest, but their responsibilities are very great also. They have got to deal with the question of life and death of the patient, and if they become greedy they do unprofessional things. Who is going to take action? The hon. Minister said that the State Medical Councils may have different ethical principles for different States. India is one country and if this Medical Council performs the function of bringing about uniformity all over the country by having uniform rules, it will be very useful. She said something about fixing the fees. Well, I think the Bar Council has fixed the fees. There is the High Court and if any lawyer or advocate does anything unprofessional, immediately the High Court takes action against him.

DR. W. S. BURLINGAY: It is the Bar Council.

SHRI KISHEN CHAND: The Bar Council first takes action and over and above the Bar Council the High Court also takes action. Similarly in the matter of fees the Bar Council has fixed the rates of fees and they see to it....

SHRI P. N. SAPRU: I beg your pardon. What the Bar Council does or the Bar Associations do is to fix the minimum scales of fee, that you may not charge less than Rs. 50. But there is no limit, no maximum limit.

RAJKUMARI AMRIT KAUR: In any case may I submit to the hon. Member that this is beyond the scope of this Bill. The Bill is to regulate medical education, not the charging of fees.

SHRI KISHEN CHAND: This is the only Bill for regulating the professional conduct of the medical profession and it is no good simply saying that what I suggest is beyond the scope of the Bill. If this was beyond the scope of the Bill, the scope of the Bill should have been extended to cover that thing also.

Then, Sir, the judicial Member has incorrectly stated that the Bar Council has fixed only the minimum and not the maximum. I beg to submit, Sir, that the rate of 7½ per cent. up to Rs. 1,000 and then 5 per cent. up to Rs. 5,000 and so on is a fixed thing and it is the maximum, not the minimum. Similarly, if the Medical Council also fixed a maximum rate it will be very good. What is the fun of our saying in our country that we want to have a ceiling on income when we do not really put a ceiling on our professional people?

MR. DEPUTY CHAIRMAN: That will do, Mr. Kishen Chand.

SHRI KISHEN CHAND: Therefore I submit, Sir, that this is very essential and I press for its acceptance.

MR. DEPUTY CHAIRMAN: Do you accept the amendment?

RAJKUMARI AMRIT KAUR: No, Sir; it is impracticable and impossible and I say it would be infringing on the rights of human liberty.

MR. DEPUTY CHAIRMAN: The question is:

15. "That at page 4, after line 32, the following be inserted, namely:—

'(6) make model rules of conduct, fix consultation fees for all medical practitioners all over the country and request the State Medical Councils to incorporate them in their rules of conduct, etc., applicable to medical practitioners in their State'."

The motion was negatived.

MR. DEPUTY CHAIRMAN: The question is:

"That clause 9 stand part of the Bill."

The motion was adopted.

Clause 9 was added to the Bill.

Clauses 10 and 11 were added to the Bill.

MR. DEPUTY CHAIRMAN: The House stands adjourned till 11 A.M. to-morrow.

The House then adjourned at four minutes past five of the clock till eleven of the clock on Thursday, the 2nd August 1956.