

THE DENTISTS (AMENDMENT) BILL,
1954

THE MINISTER FOR HEALTH (RAJ-KUMARI AMRIT KAUR): Mr. Chairman, I beg to move:

"That the Bill further to amend the Dentists Act, 1948, be taken into consideration."

In putting this motion before this hon. House, Sir, I would just like to say a few words in explanation as to why these amendments are necessary. The Dentists Act of 1948 came into force with effect from 29th March of that year involving the then Provinces of India included in Part A and the areas included in Parts C and D of the First Schedule of the Constitution. Since then it was extended also to the newly created Part C States, i.e., Himachal Pradesh, Vindhya Pradesh, Bhopal, etc., but Part B States were not included. Under the present Bill it is proposed naturally to include them also.

Now, experience of the working of this Act has shown that some of its provisions are not in conformity with the original intention of Government and moreover a strict application of the Act has often resulted in hardship to certain persons. Therefore during the last six years and more a number of suggestions have been received by my Ministry from the Governments of Part A States, the Director-General of Health Services and the Dental Council of India for amendment of various provisions of the Act. Therefore it is that I have brought forward this amending Bill. It is an absolutely non-controversial measure as is shown by the lack of amendments. Apart from two or three I have not received any. Sir, I move.

MR. CHAIRMAN: Motion moved:

"That the Bill further to amend the Dentists Act 1949, be taken into consideration."

श्री प्र० च० भंज देव (उड़ीसा) : माननीय सभापति महोदय, इस विधेयक पर दृष्टि डालते हुये हिन्दी भाषा की कई कहावते आप ही आप याद आ जाती हैं। यथा—दांतों तरे उंगली दबाना, दांत तालू पर जमना, दांत मसममाना, इत्यादि, इत्यादि।

कुछ दिन पहले, श्रीमान् जी, मैं एक मित्र के यहां गया था। मित्रवर मेरी अभ्यर्थना के लिए पान लाये। पान मुंह में डाल कर जब गप्पें उड़ाने लगे तो मालूम हुआ कि पान के अंदर सुपारी नहीं बल्कि कंकड़ सुपारी का रूप धारण करके भर्ती किये गये हैं। अन्यमनस्क हो कर कड़ की आवाज से एक सुपारी चबाई तो खड़ से एक दांत चकनाचूर हो गया, अब जो दांत का हिस्सा निकल गया सो तो निकल गया पर जो हिस्सा मसूढ़े में लग रहा उससे ज़िदगी दूभर हो गई। हाय हाय करके दांतों तरे उंगली दबा कर मैं वहां से भागा। मित्रों ने सलाह दी कि डेंटिस्ट महोदय को बुलावो। डेंटिस्ट महोदय को बुलाया। डेंटिस्ट महोदय ज़रूमी दांत के ऊपर, नीचे, आसपास, चारों तरफ ताक-झांक करके मुंह लटका के बोलने लगे—“यह माजरा तो बहुत गम्भीर माजरा है।” मैं डर गया। घबड़ा के पूछने लगा “आखिर हुआ क्या है, आप बतलाइए ठीक तरह से।” तो डेंटिस्ट महोदय कहने लगे दांत की हालत तो बहुत नाजुक है, इस में किसी अस्त्र-शस्त्र का प्रयोग नहीं चलेगा। आप जानते हैं या नहीं मैं नहीं कह सकता, यह दांत तो बुद्धि-दांत है। यदि कोई मामूली दांत होता तो दूसरी बात थी, वह आसानी से मैं निकाल सकता था, बुद्धि-दांत का माजरा है।” पर मेरी अक्ल ही गुम हो गई कि डेंटिस्ट साहब नें यह क्या फरमाया? क्योंकि अखिरकार

जब बुद्धि चरागाहा को चली जाती है तो बुद्धि-दांत गिराने की बात क्या रही ? तो मैंने कहा, "डेंटिस्ट महोदय, मैं आप ही की शरण हूँ। अब बुद्धि-दांत के बजाय काम चलेगा कैसा ?" डेंटिस्ट महोदय ने कहा— 'एक उपाय है। एक पतली सी रस्सी लाइये। तो हां यह ठीक है, अब इस रस्सी का एक छोर दांत में बांध दीजिए, यूं। दूसरा छोर किवाड़ पर लगा दीजिए, यूं। वस इसी को इंडियन रोप ट्रिक मेथड कहते हैं। अब इस किवाड़ पर खूब जमा कर लात मारिये, यू।' अब रस्सी—दांत ही उखड़ गया। मारे तबलीफ के मेरी बुद्धि ठिकाने पर आ गई तीन गेज तक, महोदय पानी तक नहीं पी सका।

अब जब कि यह विधेयक ऐसे डेंटिस्टों पर नियंत्रण करने वाला है और ऐसे रोप ट्रिक मेथड्स को उठाने वाला है तो उसके लिए मैं इस विधेयक का पूर्ण समर्थन करता हूँ और मंत्री महोदया को हार्दिक बधाई भी देता हूँ। महोदया जी, इस विधेयक को देखते हुए मुझे एक छोटी सी कमी नज़र आई जिसको मैं मंत्री महोदया के विचार के लिए यहाँ पेश कर रहा हूँ। आजकल चारों तरफ विज्ञान सुन्दरी के सामने कल-लक्ष्मी की पराजय नज़र आती है।

अब मैं जब इसको देखता हूँ तो विशेषकर इस विधेयक को देखते हुए मैं कहता हूँ कि जब मंत्री महोदया ने सर्वांग सुन्दर विधेयक हमारे सामने पेश किया है तब यदि इसमें वैज्ञानिक तत्वों के मुकाबिले में कला तत्वों का भी प्रवेश कर दिया जाता तो सुवर्ण में सुगन्ध आ जाती।

इस विषय में मुझे कहना है कि, महोदय जी, बहुत से किस्म के मुखमंडलों में बहुत किस्म की दंत-रोग-विज्ञान

हैं। हमारे कवि सम्राट कालीदास ने कई प्रकार के दांतों को देख कर ही यह रचना की—“कुन्देन दन्तमधरे नव पल्लवेन।” ऐसे बहुतेरे श्रीमुख हैं जिनको देखने में प्रतीत होता है कि उनमें दांतों का जन्म कुन्द कलियों से हुआ है। फिर ऐसे दांत भी हैं जिनमें देखने से ऐसा प्रतीत होता है कि उनका जन्म मूबल में हुआ है, मूलियों से हुआ है या पहाड़ों से हुआ है। तो मेरा यह कहना है कि जैसा मुखमंडल हो उसी मुखमंडल के अनुरूप उस मुखमंडल को दांतों से शोभित करने के निमित्त डेंटिस्ट महोदयों को विशेषकर कानून के रूप में डाइ-रेक्शन दिया जाय, आदेश दिया जाय ताकि समाज की सर्वांग सुन्दरता बढ़े और साथ-साथ जो आज दन्त कथाओं का प्रचार बढ़ रहा है उसमें यथोचित संयम हो और सच्चाई का प्रभाव और सच्चाई का मूल्य हमारे इस देश में शोभा पाये।

इन्हीं वचनों के साथ मैं आपको धन्यवाद देता हूँ और इस विधेयक का पूर्ण रूप से स्वागत करता हूँ।

SHRI RAJENDRA PRATAP SINHA (Bihar): Mr. Chairman, my esteemed friend, Shri Prafulla Chandra, it appears, has very bitter experience of the dentists practising in the princely States, now Part B States and hence I welcome that the operation of this Act will now be extended to Part B States as well. I think, Sir, that the ladies and gentlemen residing in Part B States are as much particular about their teeth as any one of us residing in any other part of the country. Now they will have the benefit of the protecting hands of the Government—which in this case is very fair and gentle—to save them from the quacks under whose afflictions my friend suffered at one time.

Sir, with the coming into operation of the Dentists Act, many of the den-

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tists who were debarred from practising in Part A States took up their practice in Part B States and we cannot possibly do away with all the quacks unless the operation of the Act is extended throughout India. Therefore, Sir, I welcome this amendment to the Dentists Act.

Now, Sir, the other object that is sought to be achieved by this amendment is to permit the migrants—the dentists who have migrated from Pakistan—to be enrolled on the dentists' register of India. This is a very useful and welcome amendment, because I shall presently show to you that we are in great dearth of good dentists, and if we enroll those dentists, who were carrying on their practice in Pakistan, in India now, we shall increase the number of practising dentists in this country.

Sir, this a right occasion also to assess the working of this Act ever since it came into operation, as was pointed out by the hon. Minister, in March 1948. It is just over six years that this Act has been in operation. The assessment would also help us to take a proper view of the amendments that are before us.

Sir, this Bill was brought into operation in pursuance of the recommendations of the Bhor Committee which reported in 1946, after a very thorough survey of the profession of dentistry and dental education in this country. The Bhor Committee found that the profession was totally unregulated, and there existed no legal provisions to regulate it. Secondly, Sir, the Bhor Committee reported that the needs of the people were not adequately looked after, so far as their dental needs were concerned. The poor people went absolutely unattended, so far as their dental health was concerned. Even the State hospital, Sir, did not employ dentists in adequate numbers. The Bhor Committee, Sir, had no proper statistics but they estimated that we had one dentist for every four lakh population. Sir, thereafter the dentists register was compiled in 1952, and we

find that there are 3,351 dentists on the dental register, which means, Sir, that we have one dentist for every one lakh and ten thousand of our population. Sir in Western countries even one dentist for every three thousand population is not considered sufficient, and they desire that this ratio be improved considerably. Now, Sir, if this is the position in the Western countries, you can imagine how ineffective our ratio works in India today. Sir, I find that the Bhor Committee recommended that we should work on a basis of one dentist to five thousand population, because the incidence of dental caries in India is relatively lower than of European countries. Sir, working on this basis, we require 75,000 dentists for looking after the dental needs of our country. Now, these 75,000 dentists will of course be composed of Dental Surgeons, Dental Hygienists and Dental Mechanics. As compared to our requirements of 75,000 dentists we have today, as I have already pointed out 3,351 dentists. Now, Sir, the Committee recommended that we should make arrangements for training at least 2,500 students every year in the different dental colleges, and if we continue to do so for 30 or 35 years, then we shall be able to meet the needs of the country. Therefore, Sir, the Bhor Committee suggested that we should establish at least 25 dental colleges all over the country, each capable of admitting and training 100 students every year.

Now, Sir, in 1946, the Bhor Committee found that there were not adequate facilities for training Dental Surgeons in the country, and there were only six institutions at that time which imparted education in dental science. One of them is now in Pakistan, at Lahore. Even today, Sir, after more than six years of the operation of the Act, we find that we have only six institutions, training dentists in our country. I am not very sure, Sir, about the capacity and about the number of students that they can train but I presume, from whatever information I have, that their number is negligible, not more than, say, 200 to

300 students. Sir, we find that no appreciable expansion has taken place in the six years' time in the matter of providing dental education in this country.

Now, Sir, what is the position of these six institutions? Only one of them, Sir, the Dental College of Lucknow is recognised by the Central Dental Council to grant degrees in dental science, the B.D.S. degrees, and the other three, Sir, the Bombay C.M. College, the Amritsar Dental College, and the Madras Dental College, are not yet recognised to grant degrees, but they are only training students in B.D.S. course. Of course, there are two other institutions, one at Bombay and the other at Calcutta, which had existed even before the year 1946, which are granting diplomas in dentistry.

Now, Sir, the question arises as to why such a state of affairs continues, and why there has not been, in spite of the best wishes and the best intentions of the Government, any appreciable expansion in the matter of providing facilities for dental education in this country. Sir, we have got to look to the working of the Central Dental Council which was put up under the ægis of the Dentists Act of 1948. Now, this Dental Council is inspired by very noble ideals, no doubt of raising the quality of dental education in this country, and the curriculum prescribed for teaching therein, to very high standards. They want to raise these standards to international level.

Now, Sir, the point that is to be appreciated is this. The standards in other countries like U.S.A., the U.K., or in the European countries, were not achieved overnight, but they were achieved after years of experiments and experience. Now, the Dental Council, Sir, has set up these high standards and wants this country to achieve them just overnight. They have fixed very high standards with regard to the equipment and appliances that are to be provided in a dental college before it could be recognised. Then, Sir, they have prescribed very high standards for the em-

ployment of teachers, professors, deans and demonstrators in these colleges, and they have said that only persons who were possessing the B.D.S. degree should be employed in dental colleges. Sir, this has meant a great injustice to a large number of licentiates, many of whom are quite capable of undertaking teaching work. Even in England the qualifications set for the appointment of teachers and professors do not specifically say that a person must hold a University degree. The only qualification that is prescribed there is the qualification of registration. I do not know what would have been lost if we had also prescribed the same qualification as in England, the qualification of registration for the appointment of teachers and professors. I may here point out to you that there are only 446 dentists registered in Part A of the Register who hold recognised qualifications. Now, you cannot expect that these 446 dentists can run the entire dental service of the country and will staff all the dental colleges that we want to put up. That is not possible. The Central Council has granted recognition only to the Lucknow Dental College and that is only a conditional recognition. It says: "You must appoint a professor acceptable to the Council within two years, and if you fail to appoint, the recognition will be withdrawn." Sir, the Lucknow Dental College has not yet been able to find one professor with these qualifications to be appointed there. Sir, what is the position? In our country, only one student, after the operation of this Act, has been granted the B.D.S. degree. That was in the year 1953 at Lucknow out of a batch of two students who had appeared there. We have not got enough B.D.Ss. who could be employed in these dental colleges.

Now, what is the result of prescribing these high qualifications? We have seen, Sir, that all sorts of ill-equipped institutions are springing up. There is lack of finance. The State Governments cannot provide adequate finance for maintaining these institutions on the standards set

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by the Dental Council. And they cannot provide for the employment of foreign nationals with the recognised qualifications on payment of high salaries in these dental colleges. So, these institutions cannot be recognised. Now, a very pertinent question arises. How many students—how many of our young men are being trained in these colleges at Bombay, Madras and Amritsar for B.D.S., which degree they will not be entitled to get, because the colleges are not recognised? What is going to happen to them after they have completed their course of training? Will they be permitted to practise? If so, under what provisions of the law? What is going to happen to these young men who are wasting their time and money in receiving this training? Will the hon. Minister give an assurance to these young men that they will be allowed to practise after they have completed their training? If she can, then what is the point in withholding recognition from these institutions? I do not see that the Government expects that in the very near future these institutions will be granted recognition. Otherwise they would not have brought in amendments to sections 3(c) and 21(c). The very fact that these amendments are before this House proves that the Government consider that these institutions are not going to be recognised in the near future. What are the facts? In the Central Dental Council four seats were provided for the heads of those dental colleges recognised to grant dental degrees. Now they have explained that only one institution is recognised. Therefore, the head of only one of the institutions was able to come to the Dental Council and the other three seats were filled up. This is explained in the Statement of Objects and Reasons. Now, they have brought forward an amendment to section 3(c) in order to enable the Principals or the Vice-Principals of these institutions, which are merely giving training to dental students, to come to the Dental Council. I cannot see the point in having institutions which are not recognised by the Council.

Sir, I would like to quote to you an interesting paragraph from the presidential speech of one of the very eminent dentists of this country, Dr M. K. Patel. Of course, he holds all the qualifications which the Council wants dentists to hold. While delivering his presidential address at the annual convention of the Dental Association, he said

It is my belief that in the matter of tackling the problems of dental education there has been too much of impractical and abstract thinking and planning, and not sufficient study of the probable results when the theories evolved are subjected to the alembic of actual experience. The allurements of visualising a chain of dental colleges with unattainable goals (proposed and planned only in official reports and speeches) may, and often do make us feel happy but like bubbles they burst in the face of stark realities. In the matter of the dental education in our country it is not desirable to go faster than the conditions in our country warrant."

Sir, I would like to make it clear and plain that I am not against high standards. I am not against University education. They are quite good and we must aim at them. My only submission is that we cannot achieve them all at once. We must evolve these high standards gradually and go ahead as we feel our way up. A very good suggestion was made by another eminent dentist, Dr Merchant, the President-elect of the Association, and I do hope that the hon. Minister will give due consideration to this suggestion which alone I think will bring the results which we all desire. The suggestion has been put forward—I think it is a very good suggestion—that we should have two types of dental colleges in this country—A Grade Dental Colleges and B Grade Dental Colleges; that the A Grade Dental Colleges should be entirely financed from the resources of the Centre. I am told that the Centre is willing to meet 50 per cent of the cost of equipping the dental colleges of the States provided 50 per cent was forth-

coming from the States. Now that 50 per cent of the State money is not forthcoming, so the Central resources cannot be utilized. Now if we have only 2 or 3 dental institutions wholly financed by the Central resources, then the money that is lying idle with the Centre can be utilized for promoting dental education in this country and let us equip these A Grade colleges with first-class equipment and appliances on the international standards and let these be the seats for post-graduate dental studies. They can also serve as a nucleus for dental research. These institutions will be the training colleges for the future professors and teachers and they will be turning out the dental teachers to man the B Grade institutions.

Now the B Grade institutions should be put up in every State and let there be a four years' course and let matriculates be entitled to admission into them. These B Grade institutions will be meant for giving basic dental training. The standards here will be more or less the same as were there a few years back in this country. Let them give diplomas instead of degrees. Now as our resources permit, these B Grade institutions could be upgraded into A Grade institutions gradually.

Then I find that although the Council has fixed the standards or the curriculum for the training of the dental hygienists, no institution has yet been put up in this country for training dental hygienists. The dental hygienists could not be trained in two years and matriculates could be trained as dental hygienists. Under the Five Year Plan money is being sanctioned to be spent by the Central Government for mitigating the incidence of unemployment among the educated classes. Now if these institutions could be opened for training these people it will go a long way to solve the problem of unemployment among the educated classes.

When the dentists were registered after the operation of this Act, they were registered in 3 parts—Part A

containing those dentists who had recognized detailed qualifications and their number in 1952 was reported as 446. Part B of the register had two sections—Part B permanent, those dentists who had put in 5 years of practice before the commencement of the Act were placed under Part B permanent register and their number is 2444.

In Part B temporary section, those dentists were registered who had put in only 2 years of practice before the commencement of this Act and their number is 361. It was provided in the Act that those placed under Part B temporary could be placed on the permanent section of the register provided they underwent a training for 6 months and passed the examination No. 2 prescribed by the Dental Council. These dentists were required to pass within 5 years the examination No. 2. Now, we have an amendment that this time-limit be raised to 10 years. So far I understand only 16 or 17 dentists placed in Part B temporary have passed this examination No. 2. Now in order that they may go into permanent section they had to undergo a training and they had to pass the examination. The Government was to provide the training facilities for these dentists. Only 2 institutions were provided and both of them were in Bombay. The number of seats provided there was 37—seven in one institution and 30 in the other. Now the dentists found it very difficult to go to this distant place of Bombay from all over the country. These dentists were spread all over the country—from Assam in the East to the Nilgiris in the South and Punjab in the North and they all found it very difficult to go to Bombay to receive this training for 6 months and after all these dentists registered under Part B temporary had put in only 2 years of practice and their earnings were not such that they could afford to leave their principal means of livelihood and give up their practice to go to a city like Bombay which is a very expensive place. So these institutions and examinations were very unpopular and the dentists could not take the examination. I have therefore submitted an

[Shri Rajendra Pratap Sinha.] amendment for the consideration of this House that let us now waive the provision of examination for these dentists because they have already put in 5 years of practice after registration and 2 years of practice before registration. They have put in 7 years of practice in all. Now their brothers in the permanent B register were registered at the time when the Act was enforced while they had put in only 5 years of practice. Now these gentlemen have put in 7 years' practice. So they should not be required to undergo another training or examination and they should be straightaway made permanent. So if we accept the present provision of the Bill it will amount to this that people will have practised for 12 years and they will still remain in the temporary cadre and will not be promoted to the permanent cadre till they pass the examination. This will be very unfair and the justice of the situation demands that my amendment which I have tabled should be accepted by the hon. Minister which will be greatly appreciated by the poor dentists placed under temporary B Register.

SHRI H. P. SAKSENA (Uttar Pradesh): Mr. Chairman, I am not very much concerned with the provisions of the amendment. But I rise only to make a few general observations. The mischief, if I may call it, was done, in the year 1948 and this present Bill is only an amending Bill. I am puzzled and perplexed at the trend our national activities are taking. Instead of taking care of the health of the citizens of this land of ours, we are in search of dentists who should take care of our teeth. There was a time when people at the age of 80 years used to chew sugarcane, eat gram and make use of their teeth as expeditiously and as efficiently as possible. Instead of taking care of the general health of the people, we are making piece-meal innovations for their ear, eye, tooth and all that. And this is very much unpalatable to me. But I am thankful and I congratulate the hon. Minister for

Health for her international outlook in providing in the present amendment for foreigners to get themselves registered here and to practise dentistry. I do not know how far the proviso added here, the rider that it should not be done for their personal gain, will work well in actual practice. But the international outlook, all the same, is to be praised.

Now, if I may very respectfully put it, this dentist business is only a patchwork which will add nothing to the general health of the citizens of India. I am sure I will be confronted with the remark that the prospect of average age of an Indian has risen only recently and that is all due to the national Government that we have had for the last seven years. They say that the prospect of average age has risen from 23 to 30 years. I do not know how far it is correct, and how much dependence to place on official statistics. But if the average age has risen from 23 to 30 years in the prospect of the average age of an Indian during this period, then certainly it is a happy sign. But I am sure it is not because of the *dalda* that we get in place of pure *ghee*, it is not because of the dentists who come forward to take care of our teeth, but it is because of our emancipation from slavery which in itself was a deadening element in our national life.

I have read in several books that teeth in the countries of Europe are a very costly commodity. I have read that poor young girls used to get all their teeth extracted by paying a little fee and selling them to a rich duchess at the rate of £10 per tooth.....

PROF. G. RANGA (Andhra): Why?

SHRI H. P. SAKSENA: In order that the duchess may use them in her set and the poor woman used to be.....

SHRI GULSHER AHMED (Vindhya Pradesh): Could the hon. Member give us the reference to that book?

SHRI H. P. SAKSENA: Well, it is very difficult for me to give the reference of every book that I have read in

my life, for I am sure their number is legion.

MR. CHAIRMAN: Please go on.

SHRI H. P. SAKSENA: Sir, I look upon this dentistry business as nothing else than a luxury and therefore, I would advise the administrators of our country, in the form of hon. Ministers, to learn the practice of beginning things at the right end. Unfortunately, Sir, there is a tendency of beginning things at the wrong end now. Instead of taking care, as I have repeatedly said, of the general health of the people, we are taking care of the teeth of the people. When the hair begins to grow grey very early, they invent the hair-dye, instead of taking care of the general health so that the hair may not turn grey too soon. Sir, this is a very disappointing sign and measures should be taken to put a stop to it. After all, we have not yet left off the practice of aping the West. India is a tropical country and the majority of its people are vegetarians. We are not carnivorous animals like the people of the West. There they chew raw flesh or half-boiled flesh and meat and all that and therefore they need to take care of their teeth. But here our teeth are strong and strongly made by ... (Interruptions.)

SHRIMATI PARVATHI KRISHNAN (Madras): By nature?

MR. CHAIRMAN: Order, order.

SHRI H. P. SAKSENA: Sir, I am very much amused at these interruptions.

SHRI GULSHER AHMED: How many teeth have you now?

MR. CHAIRMAN: Order, order.

SHRI H. P. SAKSENA: In order to demonstrate that I do not believe in false teeth, I have not put in a denture and I feel all the better for it. I can do all the work, including that of talking, without a single tooth. After all, it is a false thing and I would advise my young friends on all sides of the

House to desist from and to forsake falsehood and take to the virtuous path.

As I said at the beginning, I am not very much concerned with the provisions of the Bill, because it only extends the scope of the old Act of 1948 to Part B States. But for once in my life, I must say, I find that the perennial exception about the State of Jammu and Kashmir has been removed from this Bill and I find the Act will be applicable to the State of Jammu and Kashmir also. Thank you.

SHRI B. GUPTA (West Bengal): Sir, I have only one or two points to make.

MR. CHAIRMAN: One or two?

SHRI B. GUPTA: Yes, Sir, only one or two. The hon. Minister spoke briefly on the subject and has pointed out the inadequacy of the facilities for dental treatment in our country, even judged by the existing standards of medical amenities available to the people.

[MR. DEPUTY CHAIRMAN in the Chair.]

As you know, Sir, dental treatment is mostly confined to the urban areas and that too in the localities where the middle classes live. If you go to the industrial areas where the workers live, you do not find any arrangement for dental treatment.

If a tooth falls out you must have false tooth, you cannot help it. And before we lose the teeth it is better to have them treated. And for this proper arrangements should be made even in these industrial areas.

As far as rural areas are concerned, you will find practically no centre exists in the country. There are certain hospitals in the small towns but they are also inaccessible to the villagers especially to the peasants. Then there are a few private practitioners there but they are so very few and far between and whatever amenities there may be, they are not available to the rural population. Therefore, we feel, that

[Shri B Gupta]

steps should be taken to extend these facilities to the rural areas and also to the industrial areas where the workers live. Such facilities, we feel, should be free of charge. This matter should be given some kind of precedence in the matter of dealing with the medical question.

Unfortunately it has not been so and it has been pointed out that we have got very few dentists and some of them have not been even able to run their private practice. The Government should come into the picture with a view to sending dentists to the rural areas and the industrial areas. Government should train a number of them and the dentists should also be subsidised so that they could pay for the equipment. I have come across cases where, after passing out of the institutions and colleges, the people are not in a position to start any practice because of the paucity of funds. They could not buy the equipment necessary. Some are bought but they are bad and they are not at all effective. In fact, they do sometimes more harm than good. With that object in view, the dentists should be trained up and they should be given subsidy so that they can start private practice in those areas. Some kind of a panel system should be, I think considered so that the people could get free treatment and, so far as this thing is concerned, Government should assume responsibility because the vast bulk of the people go without such treatment and it is necessary, I think, to consider also the proposals for starting mobile units for dental treatment. I find that in a number of European countries this method has been resorted to. They do not have, very often, fixed centres in very many places, they have fixed centres at some selected places and they have mobile units going round the country, treating people free of charge. I think such equipment is available and the Government should see whether that could

be brought here to enable us to introduce a system of mobile treatment.

These are all the points that I wanted to make and I think that they need a little attention especially after the speech of my hon. friend here. He is unnecessarily susceptible about it but I think he has got rid of all his teeth and, therefore, he has no trouble at all—and one must know how one feels when he has got an aching tooth. If he had one such aching tooth, a paining tooth, he would have realised the necessity of having a dentist near at hand. I suppose he is fortunate that way, but there are too many people who have got aching teeth and these teeth require nursing and treatment so that they can be cured. Unfortunately, if we go to the hospitals we would find that at least some dentists have developed a knack for taking out the tooth straightaway. That is very bad. In the 1930s when we were in jail—it was a detention camp—I found a dentist coming there who was paid Rs 5 for taking out a tooth. According to him, every tooth was bad and something which must be immediately taken out. One day, I went there along with a friend of mine. He started looking at the teeth of that friend of mine and then he started pulling out a very healthy one. I asked him, "What are you doing?". The tooth was not coming out because it was a good one but the dentists said that it was a bad one. That sort of thing also takes place in some parts of the country. As far as I am concerned, I kept miles away from such dentists because I knew that they would take away whatever teeth I have.

In England they try to nurse the teeth and unless absolutely necessary or essential, they do not take away the teeth. Care is taken and full attention is given by the dentists so that the teeth may be preserved. They fill up the cavity or disinfect the place and do that sort of thing. That is not done very often by some dentists here and this is a matter

which calls for attention. Treatment is of very great importance.

11 A.M.

As far as schools and institutions are concerned, we should have large numbers of them in the country because it is really very necessary. The trouble is that we do not give attention to it. I am not blaming the hon. Minister because we have inherited certain things from the past. Take for instance, the State of West Bengal. One of the ablest dentists, Dr. R. Ahmad, has left off practice and has been appointed a Minister for Co-operatives or something. I do not know what co-operatives have got to do with dentistry. A man who could be the principal of a college or institution is made a Minister for Co-operatives. That sort of a thing, doing the wrong thing, must be given up and such people should be utilised, people with training and efficiency should be utilised for running such institutions so that we need not send our people abroad unless it becomes absolutely essential. You have got some people, D.D.S. from U.S.A. and from Britain. The British market was dull in this field but now it is looking up a little bit. We have got a sufficient number of people who can undertake training in this country if we properly run the institutions and equip them with modern equipment. This is another matter to which I would like to draw the attention of the hon. Minister.

SHRI KISHEN CHAND (Hyderabad): Mr. Deputy Chairman, I wholeheartedly welcome this Bill because I think that quack doctors and quack dentists are very prevalent in our country. I fear, Sir, that, as pointed out by the hon. Member who preceded me, anybody and everybody just sets up practice, opens a shop and simply goes on charging three or five rupees for taking out a good, bad or indifferent tooth. You know, that defective teeth are one of the principal causes of weakness of general health and good teeth are very essential. For the pre-

servation and maintenance of good teeth, a good dental service is equally essential. An hon. Member has pointed out that we are vegetarians and that we do not require a dental service. In my humble opinion it is a very wrong notion. I think that the neglect of teeth has been the principal cause of general weakness and generally defective health and if we want a bigger longevity, it is very essential to have a good dental service.

While welcoming this Bill, I have sent in one amendment because, in my opinion, there is a hardship on a particular class of people who are practising dentistry at present. By sending in this amendment, I do not, for one moment, try to encourage quack dentists and I would very much welcome that more stringent rules and qualifications are prescribed for persons who are going to qualify as dentists and practise as dentists. But I find in this Bill—in the original Act—that any person who was practising dentistry before this Act came in, was either taken on the permanent list or on the temporary list according as he had practised dentistry for a period of five years or two years. Those who had two years were made temporary dentists and those who had had five years were made permanent dentists and those who were taken as temporary dentists were expected to pass an examination in a period of five years. The hon. Member on my side who preceded me has pointed out that facilities for training are very inadequate and, therefore, I have sent in a simple amendment to the effect that any person who has put in two years before registration and five years after registration—that is, those persons registered before the Act came into force—in view of the fact that they have put in a practice of seven years, may be made permanent but for future entrants I would request the hon. Health Minister to be very careful and very stringent. Only highly qualified dentists should be allowed to practise dentistry because it is a very important science

[Shri Kishen Chand.]
and an important branch of medical science. Therefore supporting my amendment, I welcome this Bill.

श्री कन्हैयालाल डी० वेंच (मध्य भारत) : उपाध्यक्ष महोदय, इस बिल का मैं समर्थन करता हूँ और इस बात के लिये मैं मंत्राणी महोदय को बधाई देता हूँ कि उन्होंने देश के इस महत्वपूर्ण सवाल पर ध्यान दिया। जैसा कि विवरण इस में दिया गया है उससे यह चीज साफ हो जाती है कि हमारे देश में दांत की चिकित्सा करने के लिए लायक आदमियों की कमी है और ऐसी संस्थायें हमारे देश में नहीं हैं जिन में इस प्रकार की ट्रेनिंग की व्यवस्था की जाय। इस कारण इस ऐक्ट के पास होने के बाद जो कई कार्य इस सम्बन्ध में होने चाहिये थे, वे नहीं हो सके। प्रान्तों में भी आज इस बात की पूरी कमी है जिस से इस कानून के द्वारा इस समस्या को हल करने की जो चेष्टा की गई थी वह पूरी तरह नहीं हो पाई।

मैं इस मौके पर मंत्राणी जी का ध्यान इस बात की ओर खींचना चाहता हूँ कि जहां वे इस बात की चेष्टा कर रही हैं कि योग्य व्यक्तियों को दांतों के इलाज के लिये मुकर्रर किया जाय वहां वे इस बात की भी उचित व्यवस्था करें कि दांतों के रोग, जैसे पाइरिया आदि, जो बहुत तेजी से फैलते जा रहे हैं उनको रोका जाय। इस सम्बन्ध में मेरा एक सुझाव है। इस देश के करोड़ों गरीब लोग देहातों में रहते हैं। वे प्रायः अशिक्षित हैं और उनके बच्चे छोटे छोटे स्कूलों में पढ़ने जाते हैं। स्वतन्त्रता प्राप्ति के बाद से एजुकेशन को कम्पलसरी एजुकेशन बनाने का हमारा ध्येय है और

हम चाहते हैं कि हमारे देश का प्रत्येक नागरिक एजुकेशन पाये। इस लिये प्रत्येक अध्यापक के लिए, चाहे वह मास्टर हो या मिस्ट्रेस हो, इस बात की ट्रेनिंग की व्यवस्था की जाय कि दांतों की बीमारी के सिलसिले में जो प्रारम्भिक सिद्धान्त हैं उनका उनको अध्ययन कराया जाय। इस प्रकार ऐसी व्यवस्था की जाय कि जब छोटे बच्चे स्कूलों में पढ़ने जाते हैं उसी समय उनके दांतों की ओर ध्यान दिया जाय और दांतों के जो रोग बच्चों में छोटे पन से पैदा हो जाते हैं, उनकी रोक की जाय। मैं समझता हूँ कि अब जब आप रूस गयी थीं तो वहां आपने इस किस्म की व्यवस्थाएं देखी होंगी। आप स्वास्थ्य के सम्बन्ध में जानकारी प्राप्त करने के लिये रुम गयी थीं। तो जो अच्छाइयां इस विषय में वहां हैं और जो यहां अमल में लाई जा सकती हैं, मैं समझता हूँ कि आप उनको इस देश में अमल में लाने की चेष्टा करेंगी।

जैसा कि अभी मेरे माननीय मित्र भूपेश जी ने कहा, बहुत से ऐसे डेंटिस्ट हैं जो बिल्कुल आवश्यक दांतों को निकाल देते हैं। इस बारे में मेरा बड़ा कटु अनुभव है। २० वर्ष पहले की बात है जब मैं जेल में था और मेरी स्त्री की १७ वर्ष की अवस्था थी उसके दांतों में कुछ तकलीफ हुई। क्रिश्चियन मिशनरी और सरकारी अस्पताल में महीने भर इलाज कराने के बाद उसकी तीन दाढ़ें और दांत उखाड़ दिये गये। इस से उसको दो महीने काफी तकलीफ रही और उसका जीवन प्रायः बरबाद सा ही हो गया। प्राइवेट डेंटिस्ट्स की बात छोड़ दीजिये, सरकारी अस्पतालों में भी जो

दांतों का इलाज होता है वह प्रायः यही होता है कि दांत उखाड़ दिये जाते हैं। कभी कभी तो ऐसे दांत उखाड़ दिये जाते हैं जिस से लोगों की आंखें चली जाती हैं और उनका जीवन बरबाद हो जाता है। दांतों का उखाड़ देना ही कोई उपचार नहीं है। मैं आयुर्वेद का काफी अध्ययन कर चुका हूं। उसमें कई ऐसे सिद्धांत गरीब लोगों के लिये पाये जाते हैं कि अगर उनका प्रारम्भिक अवस्था से प्रयोग कराया जाय तो अघेले पैसे की चीजें लगेंगी और मैं समझता हूं कि जो दांतों के रोग होते हैं उनकी काफी तरह से रोक हो जायगी। आज प्रत्येक नौजवान लड़के या लड़की को आप देखेंगे कि उसके दांतों में अक्सर पीड़ा हो जाती है और डेंटिस्ट्स के पास दांतों के उखाड़ने के अतिरिक्त और कोई क्रिया शेष नहीं रहती है। ऐसी दशा में यदि हमें एक स्वस्थ राष्ट्र की आवश्यकता है, जो कि मैं समझता हूं कि स्वतन्त्रता प्राप्ति के बाद और भी है, तो दांतों को स्वस्थ रखने के सम्बन्ध में हमारा पहला प्रयत्न होना चाहिये। अगर दांत अच्छे नहीं हैं तो फिर पेट भी अच्छा नहीं रहेगा और हाजमा भी ठीक नहीं रहेगा और न सारे शरीर का विकास ही हो सकेगा। दांत के ऊपर सब कुछ निर्भर होता है। मैं आशा करता हूं कि कम से कम स्कूलों के लिये कोई व्यवस्था अवश्य की जायेगी। स्कूलों में करोड़ों बच्चे शिक्षण के लिये जाते हैं और छोटे छोटे प्राइमरी स्कूलों में जहां कि देहात का सा वातावरण होता है, उनमें अच्छे मुंह भी नहीं धोते और उनके दांतों से बदबू आती रहती है। उनकी देखभाल करने वाला कोई नहीं है। गरीबी के कारण उनके पास इतने साधन भी नहीं हैं कि वे किसी

डाक्टर के पास या डेंटिस्ट के पास जायं या अच्छे किस्म का दूध पेस्ट वगैरह काम में ला सकें। तो जो स्कूल के शिक्षक हैं उनको थोड़ी सी ट्रेनिंग दांतों के बारे में अवश्य ही दी जानी चाहिये। मैं यह नहीं कहता कि उनको डेंटिस्ट के नाते ट्रेनिंग दी जाय, लेकिन कुछ ऐसी व्यवस्था की जानी चाहिये कि सारे देश के स्कूलों के प्राइमरी एजुकेशन के शिक्षकों के लिये १० या १५ दिन की ट्रेनिंग किसी डेंटल कालेज में दी जाय। अगर ऐसा हो जाय तो मैं समझता हूं कि बड़ी सुविधा होगी। इन शब्दों के साथ मैं इस बिल का हृदय से समर्थन करता हूं।

RAJKUMARI AMRIT KAUR: Mr. Deputy Chairman, I have listened with great interest to all that has been said in regard to this amending Bill. Much has been said that does not pertain to the Bill at all, but I am glad that it has been said for this reason that I feel that the Members are interested in the care of teeth. Many suggestions have been thrown out to me. I may tell the Members that I am not unaware of anything that has been said, and I may say that for the last several years I have been trying to emphasise the need for an expansion of dental services in all the States. I have suggested to them to have mobile vans. I have suggested to them to have compulsory examination of the teeth of children, especially for the school-going ages. I have tried to do a very great deal in the matter of health education, about the hygiene of the mouth, because a great deal of dental trouble could be avoided if our mothers knew how to train their children and tell them how to look after their mouths, but the ignorance in this country is very great. Now the Dental Act itself was brought on the statute book of India in order to avoid quackery because a great deal of quackery exists and, as an hon.

[Rajkumari Amrit Kaur.]

Member has said, uptill now only extraction of teeth is supposed to be the cure or remedy for tooth ache or for any trouble connected with the teeth. Dentistry must be of the same high standard as every limb of modern medicine should be. Dentistry is highly important limb of the medical profession and therefore the standards for it have got to be just as high as those prescribed for doctors. If I abolish the licentiate course and ask for all medical practitioners to be graduates of medicine, surely I must also have a similar standard for dentists. I may say too that I will not cease to go on emphasising all the suggestions which are valuable and which the Members have thrown out to me, and I would like to say that, while acknowledging with regret the very great lack of dental aid and relief for the masses, a certain amount of progress has been made in the last six years. When I took office practically nothing was existing. Now we have six dental colleges in our country. Four of these are recognised and two, I think, will very shortly be recognised. I have no doubt that they will come up to standard and all the students that are being given training there will be able to practise and practise well as they should. Moreover, one of the first things that is going to come up in the All India Medical Institute, which is to be the institute for post-graduate studies for the medical profession in our country so that not only a few should go abroad but many more should get their post-graduate training in our own country, in our own background, one of the first things that is going to come up in the All India Medical Institute is a dental college. So I feel that we have taken a step forward. I brought this amending Bill forward in order to remove, as I said, some of the existing hardships. Some of the Members have spoken of these hardships and when we come to the stage of amendments I am accepting the amend-

ment which seeks to lessen the hardship on those who might be subjected to hardship by the amending Bill in its present form. Thank you, Sir.

MR. DEPUTY CHAIRMAN: The question is:

"That the Bill further to amend the Dentists Act, 1948, be taken into consideration."

The motion was adopted.

MR. DEPUTY CHAIRMAN: We shall now take up clause by clause consideration of the Bill. There are no amendments to clauses 2 to 8.

Clauses 2 to 8 were added to the Bill

MR. DEPUTY CHAIRMAN: Clause 9—there are two amendments.

SHRI KISHEN CHAND: Sir, I do not move my amendment (No. 2).

SHRI RAJENDRA PRATAP SINHA: Sir, I do not move my amendment (No. 3), but I move my amendment (No. 7). Sir, I move:

"That at page 3, for lines 37 and 38, the following be substituted, namely:

(a) for the words 'within a period of five years after that date he passes an examination which satisfies the requirements of the Council' the words 'for a period of five years from the date of his temporary registration he has been engaged in practice as a dentist' shall be substituted."

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

SHRI RAJENDRA PRATAP SINHA: Sir, if my amendment (No. 7) is being accepted, then I have nothing to say.

RAJKUMARI AMRIT KAUR: I accept the amendment.

MR. DEPUTY CHAIRMAN: Yes, it is being accepted. So I will put the amendment first.

The question is:

"That at page 3, for lines 37 and 38, the following be substituted, namely:

(a) for the words 'within a period of five years after the date he passes an examination which satisfies the requirements of the Council' the words 'for a period of five years from the date of his temporary registration he has been engaged in practice as a dentist' shall be substituted."

The motion was adopted.

MR. DEPUTY CHAIRMAN: The amendment is accepted. The question is:

"That clause 9, as amended, stand part of the Bill."

The motion was adopted.

Clause 9, as amended, was added to the Bill.

MR. DEPUTY CHAIRMAN: Now we go to clause 10.

SHRI KISHEN CHAND: Sir, I am not moving my amendment (No. 4).

SHRI RAJENDRA PRATAP SINHA: Sir, I do not move my amendment (No. 5) but I want to move my other amendment (No. 6). Sir, I move:

"That at page 4, for lines 13 to 15, the following be substituted namely:

'(b) in the second proviso, the words 'within a period of five years' shall be deleted.'"

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

SHRI RAJENDRA PRATAP SINHA: Sir, this amendment which I have tabled concerns section 34 of the Act. Now, under that section there is a proviso which says that

"provided further that a person registered in Part B of the register shall be entitled to be registered in Part A thereof, if within a period of five years he passes an examination recognised for the purpose by the Council." Sir, it has been provided that dentists registered in Part B can be promoted to Part A of the Register provided they took the examinations Nos. 1 and 2 and it is further provided that they must take this examination within five years of their registration. Sir, I appreciate the point that we must have a time limit within which the dentists should take the examinations to go in Part A if they so desired. But if they do not take the examinations they will continue to be on the permanent Part B and they will be entitled to practise, but under the Act they will not be entitled to hold any post in any institution which is wholly or partly financed by the State. Sir, I have no quarrel with this provision. I am also for improving the standard of the dentists and for improving their qualifications. If they take the recognised examinations and are promoted to Part A, nothing like that. What my amendment says is, let there be no time limit fixed for them to take the examinations. Of course there is a good deal of weight in the argument that the States must know how many dentists want to take the examinations to enable the States to make the necessary arrangements and that it will facilitate the administration of the Act, so to say, if a time limit is fixed. I appreciate the weight of this argument but, Sir, I would like to submit that proper arrangements must be made in all the States so that the dentists in Part B Register may take the examinations in their own States. It is not proper that we have only one or two institutions in big cities like Bombay, Calcutta or Madras. Today we have got only one town that is Bombay and we are making all the dentists from all over India to travel to that place, stay there for six months and give up their practice during that period. That is a great hardship on them. The hon. Minister has been good enough to accept one of my amend-

[Shri Rajendra Pratap Sinha.]
ments. If arrangements are going to be made in all the State capitals, then I would not press this amendment of mine. I hope the hon. Minister will be able to persuade the State Governments to arrange for training facilities in all the medical colleges, so that these dentists may take their examinations in their own States and they may not have to travel long distances and stay in a new place, disturbing their own practice. This is the only submission I want to make.

RAJKUMARI AMRIT KAUR: Sir, I am afraid I am unable to accept this amendment. You will notice that under the present Act a person registered in Part B is eligible for transfer to Part A on passing an examination prescribed by the Dental Council within a period of five years. Now, the amending Bill has raised this period from five years to ten years because of lack of facilities for conducting examinations. If I were to accept the amendment proffered by the hon. Member which seeks to extend the period for passing the examination indefinitely, it will be a great hardship for the State Governments because they will have to continue to provide the necessary training facilities and hold examinations so long as there are persons registered in Part B, whereas my idea is to get as many as possible registered in Part B to go on to Part A by giving them the incentive of this examination. This limit of five years, now intended to be raised to ten, has been laid down to avoid the necessity of making more or less permanent arrangements by the States and I have no doubt that during this period we shall be able to give them greater facilities for the examinations. Therefore, I do hope that the hon. Member will withdraw his amendment.

SHRI RAJENDRA PRATAP SINHA:
Sir, I would like to withdraw my amendment (No. 6).

The amendment* was, by leave, withdrawn.

*For text of amendment *vide* col. 921 *supra*.

MR. DEPUTY CHAIRMAN: The question is:

"That clause 10 stand part of the Bill."

The motion was adopted.

Clause 10 was added to the Bill.

Clauses 11 to 17 were added to the Bill.

Clause 1 was added to the Bill.

MR. DEPUTY CHAIRMAN: Now, the Enacting Formula. There is an official amendment.

RAJKUMARI AMRIT KAUR: Sir, I move:

"That at page 1, line 1, for the words 'our Republic' the words 'the Republic of India' be substituted."

MR. DEPUTY CHAIRMAN: The question is:

"That at page 1, line 1, for the words 'our Republic' the words 'the Republic of India' be substituted."

The motion was adopted.

MR. DEPUTY CHAIRMAN: The amendment is accepted. The question is:

"That the Enacting Formula, as amended, stand part of the Bill."

The motion was adopted.

The Enacting Formula, as amended, was added to the Bill.

The Title was added to the Bill.

RAJKUMARI AMRIT KAUR: Sir, I beg to move:

"That the Bill, as amended, be passed."

MR. DEPUTY CHAIRMAN: The question is:

"That the Bill, as amended, be passed."

The motion was adopted.