

COUNCIL OF STATES

Friday, 11th September 1953

The Council met at a quarter past eight of the clock, MR CHAIRMAN in the Chair

RESIGNATION OF SHRI N SANJIVA REDDY

MR CHAIRMAN I have to inform hon Members that Shri Neelam Sanjiva Reddy has resigned his seat in the Council of States with effect from 15th September 1953

LEAVE OF ABSENCE TO SHRI PRITHVIRAJ KAPOOR

MR CHAIRMAN I have to inform hon Members that the following letter has been received from Shri Prithviraj Kapoor

"Most respectfully I beg to state that I have been on tour with my theatre and shall have to keep on like that till the middle of October. Hence I very much regret my inability to attend the current session of the Council of States. I therefore, humbly request that my absence may very kindly be excused. Please convey my apologies to the House."

Is it the pleasure of the Council that permission be granted to Shri Prithviraj Kapoor to remain absent from all meetings of the Council during its current session?

(No hon Member dissented)

MR CHAIRMAN Permission to remain absent is granted

PAPER LAID ON THE TABLE

SUPPLEMENTARY DEMANDS FOR GRANTS FOR EXPENDITURE OF THE CENTRAL GOVERNMENT (EXCLUDING RAILWAYS) FOR 1953-54

THE DEPUTY MINISTER FOR FINANCE (SHRI M C SHAH) Sir, I beg

to lay on the Table a statement showing the Supplementary Demands for Grants for expenditure of the Central Government (excluding Railways) for the year 1953-54 [Placed in the Library See No IV O I (72e)]

RESOLUTION RE STERILISATION OF ADULTS SUFFERING FROM IN- CURABLE DISEASES OR INSANITY—continued

MR CHAIRMAN We now resume discussion on the Resolution moved by Shrimati Lilavati Munshi on the 28th of August 1953. Last time when we broke up, Shri Hegde was speaking. He will now continue his speech. We have had about 25 speeches on this Resolution and I hope hon Members will be brief.

SHRI K S HEGDE (Madras) Mr Chairman, on the last occasion I extended my support to the objectives behind this Resolution. It was attempted to assail these objectives on two points, first, on the basis that the Resolution is opposed to the Hindu Dharma Shastras and second, on the theory of the Communist Plenty as enunciated by my hon friend Shri Sundarayya. I submitted to the House that while I am entirely at one with the majority opinion in India that we should accept the value of the Dharma Shastras as the accumulated wisdom of the past, I was unable to accept it as infallible and not capable of being changed by the conditions and climate of the times. I was also submitting that whatever the dicta might have been, certain changes in them might have been necessitated by what may be called the erosion of time. It would be almost ruinous to the development of society if we put ourselves in a strait-jacket. As such, I was pleading with my hon friends who had tried to take refuge under the Dharma Shastras that we were putting the Dharma Shastras to a use for which they were not intended. I have also tried to meet the argument of Mr Sundarayya, namely, the doctrine of plenty in a communist world. Well, Mr Sundarayya and his party are the

[Shri K. S. Hegde.]

great protagonists of the scientific view of life. With the greatest respect for science, we have to admit that if there is one thing that science has shown, it is that there is an optimum yield which the land is capable of yielding.

Sir, I would not develop these points further but would only say that I have very great admiration for the objectives that lie behind this Resolution. But when we come to its implementation, I foresee a good deal of difficulty and danger. As was made clear during the course of the debate on the last occasion, what exactly are incurable diseases is a matter of controversy. What is an incurable disease today might, by the progress of science, become curable tomorrow. And in addition to that, as my learned colleague Shrimati Mona Hensman who made a valuable contribution to the debate has truly said, instead of trying to find out these diseases, by this method these diseases would go underground because of the fear in the minds of the people of being sterilised. Her speech was pregnant with many rich ideas. Apart from that, I am one of those who believe that a government must govern the least. We must have only such laws as are absolutely necessary. The growth of an individual mainly depends on what we may call his individualism rather than on his being made just a brick or a piece of mortar in the edifice of the State. Of course, it is undoubtedly true that the complexities of life have made it increasingly necessary for the State to encroach upon our individual rights to a larger and larger extent. But my feeling is that the State must encroach upon the individual's liberty as little as it possibly can. From my own experience I know what happened during those days when rationing and other compulsory regulations were being enforced by the State. Many people were unnecessarily harassed and I fear there is large scope for such things to happen if this measure is enforced and people are compulsorily sterilised. There is this definite danger to guard against and we should resist all temptation that we

may have to enact a legislation of the type that we are discussing now. I would suggest something much better than that. I would suggest that the Government should provide facilities in every one of their hospitals for persons who are willing or anxious to have themselves sterilised. Give them the necessary facilities in your hospitals. Make known widely by propaganda the benefits that accrue from these remedial measures. I do know there is increasing realisation at least among educated circles to have a limited family. There is also increasing realisation that a man who is physically incapable of producing the best child should not have a child. That realisation must be widely made known and the people must be persuaded to feel the benefits thereof. In addition to that, facilities must be made available, in fact.....

(Time bell rings.)

In conclusion, Sir, I would appeal that in the Community Project areas and also in the development blocks, the initiative must be taken by the Government to give information and facilities to the public who are desirous of availing themselves of these benefits to the maximum possible extent.

MR. CHAIRMAN: Shrimati Chandravati Lakhnapal.

DR. P. C. MITRA (Bihar): Or the sterilised person can do the propaganda.

PROF. G. RANGA (Madras): That will do, he has already called a Shrimati.

SHRIMATI CHANDRAVATI LAKH-ANPAL (Uttar Pradesh):

श्रीमती चन्द्रावती लखनपाल (उत्तर प्रदेश): अध्यक्ष महोदय, श्रीमती मुंशी ने अपने प्रस्ताव के द्वारा यह मांग की है कि अपने देश के अन्दर जितने भी असाध्य छूत वाले रोगों से पीड़ित व्यक्ति हैं उनके ऊपर कानून के द्वारा उनके सन्तानोत्पत्ति पर एक रुकावट लगा दी जाये। मैं श्रीमती मुंशी के इस प्रस्ताव

का समर्थन करती हूँ। श्रीमन्, यह सभी मानते हैं कि अपने देश के अन्दर एक स्वस्थ, शक्तिशाली समाज का विकास राष्ट्र को एक महत्वपूर्ण आवश्यकता है। बिना शक्तिशाली और स्वस्थ समाज के राष्ट्र की उन्नति असम्भव है, और, श्रीमन्, यदि आज अपने देश के अन्दर ऐसे असाध्य और भयंकर रोगों से पीड़ित करोड़ों व्यक्ति सन्तानोत्पत्ति के अधिकार को लेते हैं, यदि हम उनको आज्ञा करते हैं कि वे स्वच्छन्दता से जनसंख्या में अनावश्यक वृद्धि करते जाय तो यह निश्चित है कि इस ओर से और इस आबादी के विस्तार में समाज के स्वास्थ्य को और समाज को शक्तिशाली होने में एक भारी खतरा है। श्रीमन्, यह बात बिल्कुल स्पष्ट है और सूर्य के प्रकाश के समान बिल्कुल साफ और जाहिर है कि जो व्यक्ति असाध्य रोगों से पीड़ित हैं वे कभी भी एक स्वस्थ और शक्तिशाली सन्तान की उत्पत्ति नहीं कर सकते हैं और कभी भी उनकी सन्तान स्वस्थ और शक्तिशाली नहीं हो सकती है। यदि यह मान भी लिया जाय कि बच्चे अपने माता पिता से, अपनी माता के गर्भ में बीपारी को और छूत को नहीं लाते, लेकिन फिर भी यह तो मानना ही पड़ेगा, पिछली दफ्ता भी यह माना गया, कि जितने भी रोग होने हैं यदि वे जन्म से न लगे तो सम्पर्क से, कान्टैक्ट (contact) से तो लग ही जाते ह, और इस बात से कौन इन्कार कर सकता है कि बच्चे के पहिले के जो छ. सात साल होने हैं वे माता पिता की गोद में कटते हैं। इसलिये कौन ऐसा कह सकता है कि बच्चों को उनके माता पिताओं की व्याधियां नहीं लगेंगी? यह सत्य नहीं कि असाध्य रोग से पीड़ित माता पिताओं के बच्चे स्वस्थ रह सकते हैं और यह स्पष्ट है कि जो माता पिता स्वयं रोगी हैं, जो स्वयं अपनी देखभाल नहीं कर सकते वे अपने

बच्चों की देखभाल कैसे कर सकेंगे और उचित देखभाल के अभाव में, उचित लालन पोषण के अभाव में, उचित शिक्षा दीक्षा के अभाव में उन बच्चों का भविष्य क्या होगा? श्रीमन्, यह कहने की आवश्यकता नहीं कि वे अनाथ और आवारा होकर समाज के ऊपर एक भार और बोझ बनेंगे। आज हमारे देश के समाज के अन्दर जो भी आचारहीनता, चरित्रहीनता है वह उन्हीं व्यक्तियों के अन्दर जमादा दिखाई दे रही है जिनका अच्छी तरह से लालन पालन नहीं होता, जिनके ऊपर माता पिता का अंकुश और ताड़ना नहीं होती। इसलिये, संक्षेप में, मैं यह कहूंगी कि आज देश में जो अनगिनत व्याधियों से पीड़ित हैं उनकी बहुत बड़ी संख्या है। यदि उनकी संख्या थोड़ी होती तो उनकी उपेक्षा की जा सकती थी। लेकिन मैं आपको कहती हूँ कि यदि एक ही रोग को ले लिया जाय, जैसे कि टी० बी० (T.B.) है, तो उससे पीड़ित व्यक्तियों की संख्या लाखों में है। श्रीमन्, आज देश के अन्दर प्रति मिनट एक व्यक्ति टी० बी० के रोग का शिकार बन कर मरता है, और प्रतिक्षेप ऐसे रोगियों की संख्या बढ़ रही है। इससे आप आसानी से अन्दाजा लगा सकते हैं कि टी० बी० से व्याधित होने वाले व्यक्तियों की ही संख्या कितनी अधिक है? यह तो टी० बी० के मरीजों की अवस्था है, उसके साथ मैं जब इपिलेप्सी (epilepsy), कुष्ठ और पागमन के रोगों के मरीजों की संख्या ले, तो एक भयंकर स्थिति हमारे सामने आ जाती है जब कि हम देखते हैं कि इन असाध्य और अमंथ्य रोगियों की संख्या कितनी अधिक, करोड़ों तक आ जाती है। श्रीमन्, मैं पूछती हूँ कि क्या पागल व्यक्ति से यह आशा की जा सकती है कि वह अपने बच्चों की देखरेख करेगा, उनको एक उत्तम और ऊँचे चरित्रवाला नागरिक बना सकेगा?

[Shrimati Chandravati Lakhnupal.] श्रीमन्, इसमें जरा भी सन्देह नहीं कि यदि इन भयंकर व्याधियों से पीड़ित व्यक्तियों के ऊपर कोई रुकावट न लगाई गयी तो इस ओर पूरे समाज के शक्तिशाली होने को एक भयंकर खतरा है। श्रीमन्, उस दिन इस बात पर बहुत वादविवाद हुआ और बहुत मी वार्ने, बहुत से आल्टरनेटिव (alternative) सुझाव इसके पक्ष में रखे गये। कुछ लोगों ने कहा कि स्टेरिलाइजेशन (sterilisation) इसका उपाय नहीं बल्कि लोगों के जीवन के आर्थिक स्तर को ऊंचा उठाना चाहिये और उनके आर्थिक और जीवन के स्तर को बढ़ाना चाहिये। श्रीमन्, मैं कहना चाहती हूँ कि इसके अलावा और भी बहुत से सुझाव दिये गये थे, लेकिन जितने भी सुझाव हैं वे उससे भी अधिक ज्यादा इम्प्राक्टिकेबल (impracticable), उसमें भी ज्यादा अक्रियात्मक और टढ़े हैं। इन सब में तो अच्छा सीधा वही सुझाव है जो माननीय श्रीमती मुंशी ने अपने प्रस्ताव द्वारा रखा है।

श्रीमन्, जीवन के स्तर को ऊंचा उठाना बड़ी अच्छी बात है और बड़ा अच्छा सुझाव है, लेकिन मैं आपसे कहती हूँ कि हमारे देश के अन्दर जहाँ लाखों व्यक्तियों को आज एक बेर खाना भी मुयस्सर नहीं होता, जहाँ इतनी महंगाई है कि गेहूँ का भाव एक रुपये का दो सेर है और जहाँ पर ऐसे करोड़ों व्यक्ति हैं जो आज भूखों मर रहे हैं। क्या यह बहुत आमान है? क्या उनके आर्थिक स्तर को ऊंचा उठाना हमी खेल है? हाँ एक बात जरूर है कि यदि इस प्रस्ताव को क्रियात्मक रूप दिया गया तो इसका असर देश की जनसंख्या पर पड़ेगा। यदि उन लोगों पर सन्तान उत्पन्न करने में रुकावट लगाई जाती है और ऐसे व्यक्तियों

को स्टेरिलाइजेशन द्वारा बाधित किया जाता है तो इसमें कोई सन्देह नहीं कि देश की जनसंख्या में काफी कमी होगी और ऐसा होने से देश का अपना जीवन स्तर अपने आप ही ऊंचा हो जायगा। इस प्रस्ताव के सम्बन्ध में जितने भी आक्षेप किये गये हैं, यदि मैं उनका उत्तर देने लूँ तो मेरा सारा समय उसी में चला जायगा। इसलिये मैं एक बात कहकर अपना स्थान लेना चाहती हूँ। सब से बड़ा आक्षेप जो किया है वह यह कि यदि इस तरह की कोई रुकावट लगाई जाती है, सन्तानोत्पत्ति के बारे में, तो व्यक्तिगत स्वतन्त्रता का अपहरण होता है, इंडिविजुअल लिबर्टी (individual liberty) पर एक आक्षेप आता है। श्रीमन्, मैं यह कहना चाहती हूँ कि व्यक्तिगत स्वतन्त्रता बहुत अच्छी चीज है, और हमारे डिमाक्रेटिक कान्स्टीट्यूशन (Democratic Constitution) ने उस को अक्षुण्ण रखने का, उसको बनाये रखने का आश्वासन भी दिया है। किन्तु मैं पूछना चाहती हूँ कि इंडिविजुअल लिबर्टी और व्यक्ति की स्वतन्त्रता यदि समाज की उन्नति में बाधा उत्पन्न करे, तो क्या यह राष्ट्रीय सरकार का कर्तव्य नहीं हो जाता कि वह राष्ट्रीय हित के लिये, राष्ट्रीय उन्नति के लिये और राष्ट्रीय कल्याण की खातिर व्यक्ति की स्वतन्त्रता पर, व्यक्ति की इच्छा पर रुकावट लगा दे? मैं कहना चाहती हूँ कि अपने राष्ट्र की उन्नति, अपने राष्ट्र का उज्ज्वल भविष्य आज देश के स्वास्थ्य पर, समाज के स्वास्थ्य पर, समाज के शक्तिशाली होने पर, समाज के आरोग्य पर निर्भर करता है। इनके अभाव में राज्य की सुरक्षा खतरे में पड़ जाती है। इसलिये राष्ट्रीय सरकार का यह कर्तव्य और उत्तरदायित्व हो जाता है कि वह उस खोन को जहाँ से ऐसे कीटाणु उड़ रहे हैं,

जो समाज के स्वास्थ्य को खतरे में डालने हैं उस स्रोत को अविश्लेष्य रोकें। श्रीमन् इनकिये राष्ट्र की उन्नति, हित और कल्याण के लिये यह आवश्यक है कि आज हमारे देश के अन्दर इतने अनगिनत और भयंकर रोगों से ग्रसित जो असाध्य रोगी हैं उनके ऊपर यह रुकावट लगाई जाय कि वे समाज के अन्दर ऐसे बच्चों को न पैदा कर सकें जिनकी उत्पत्ति से, जिनके जन्म से समाज को एक खतरा पैदा होता है। इन शब्दों के साथ मैं अपनी माननीय अहिन, श्रीमती पंशी, द्वारा उपस्थित किये गये प्रस्ताव का हृदय से समर्थन करती हूँ :

[For English translation, see Appendix V, Annexure No. 72.]

SHRI J. M. KUMARAPPA (Nominat-ed): Mr. Chairman, while I greatly appreciate the pains that the mover has taken and her good intentions in moving this Resolution, I am sorry to say that I find it difficult to give support to it. The two special items mentioned in the Resolution are incurable diseases and insanity and the mover wants the Government to take steps to sterilise such cases. We are not quite sure, as it has been pointed out, which diseases are incurable. The diseases which are declared as incurable today are declared as curable tomorrow with the advance of scientific knowledge. Similarly, on the question of insanity, we do not know whether insanity is a hereditary disease. We know that people who are normal tend to break down mentally under the stress of circumstances in daily life. Mental defectiveness is also seen at birth. These types of mental weakness due to biological inheritance which have been discovered by science is of four kinds: the first one is the child which is born as an *imbecile who continues to live and behave as an infant even when he becomes an adult and is absolutely helpless to help himself, then you have the idiots, then the feeble minded and then the morons.*

MR. CHAIRMAN: And then?

SHRI J. M. KUMARAPPA: Morons. These are the cases of mental defectiveness and the latter two suffer from deficient intelligence. They can do simple routine work and can get on in a simple environment. They have the intelligence of a child of six or ten but in all other respects they appear as normal adults. It is also recognised that in the case of insanity, Freud was perhaps the psychiatrist who spent a long time in the treatment of insane cases. Further we find that normal parents sometimes give birth to an abnormal child, that is, a child which is either an idiot or an imbecile. Now in such a case the defective heredity has to be traced back to his ancestors three, four or more generations, and then perhaps you may find the person from whom the child has inherited the defect. So it seems exceedingly difficult to trace back cases of hereditary mental defectiveness.

In the case of mental disorder we notice that it often comes about in adult life owing to brain injury, severe strain, stress of circumstances, etc. Freud was one of the leading specialists in the treatment of mental diseases. He came to the conclusion after some years of experience in treating cases of insanity that it is difficult to cure chronic cases of insanity in adult life. As insanity at the earlier stage often manifests itself in childhood as behaviour disorders, such children should be taken on hand and treated in the child guidance clinic. In this manner it was possible, he maintained, to lessen cases of insanity.

So, there are many causes which bring about insanity and it is not easy to decide how the disease is transmitted from one person to another. In these circumstances, Sir, I believe, this Resolution is not workable. We know that it is exceedingly good in its aims and purposes, but from the point of view of practicability, it falls short. The objectives of this Resolution can be realised to a large extent by increasing facilities like isolation hospitals, asylums and such other institu-

[Shri J M Kumarappa]

tions for controlling the spread of the disease and keeping the cases within restricted areas, it does not seem proper to take so drastic a measure. Furthermore, for instance, in the case of leprosy, supposing you do castrate a person suffering from leprosy, that does not mean that the man will not pass on the contagion to persons who come in close contact with him. He can still move about freely, infect other people and spread the disease.

This measure I am afraid is impracticable, and as the Health Minister pointed out in her eloquent speech the other day it is not only impracticable but also unscientific. What is declared as incurable one day is declared as curable the next day with the advancement of scientific knowledge. So I am sorry to say that I am not able to give my support to the Resolution.

DR S K BHUYAN (Assam) Mr Chairman, Sir, we have great admiration for the hon mover of this Resolution Mrs Munshi for her services rendered to the country in the field of cultural and social uplift, but I regret very much to say that I cannot give my support to the Resolution before the House which she moved the other day, because this Resolution is negative in its aspects defeatist in its character and revolting in its conception. Two hon lady Members in this House, Mrs Alva and Mrs Mona Hensman as well as the hon Health Minister of the Union have very graphically and forcefully pointed out their disagreement with this Resolution, and I am in full accord with their views. The hon mover has cited instances from America and Europe. In this connection Sir I remember a very interesting story about Sir Ashutosh Mukherjee. Sir Ashutosh the Bengal Tiger was pressed by an Englishman to adopt a particular academic measure on the analogy of the practice in vogue in England. Sir Ashutosh Mukherjee roared out in reply "I am not a politician myself but I have heard politicians say that 'India is India and

England is England'" Instead of suggesting that incurables should be brought to the operation table and subjected to sterilisation we would have been thankful if the hon. mover had suggested other attempts to be made to remove incurable diseases from the category of human sufferings on the analogy of the humanitarian and scientific organizations which have been established in western countries. Such a step would have been in fitness with the ideals of a welfare State which India is aspiring to be. On the whole I personally wish that this Resolution had not been moved here at all, because a large variety of ideas and thoughts have been evoked which it is customary for India not to talk about at all, especially in a mixed gathering like ours. The Resolution is also unworkable and impracticable because it will be difficult to detect all incurable persons and also because it would be difficult to find out the myriads of surgeons who will have to be diverted from their normal duties for the purpose of effecting sterilisation. At the same time the word 'incurable' is very elastic because a disease which is regarded incurable today may prove to be a curable disease tomorrow. A man who is suffering from an incurable disease today may after some time be completely immune from it as a result of scientific treatment. The whole object of the Resolution would be achieved, in my opinion, if prospective diseased parents are properly educated in the consequences of their unrestrained impulses by proper literature on the subject and by house-to-house talks. That would prevent the multiplication of undesirable offspring in a non-violent and peaceful manner by persuading the parents to refrain from begetting undesirable children. At the same time I feel that instead of subjecting the so-called incurable person to the process of sterilisation which will add to his suffering, it may also be possible to sterilise his partner of sound health who will not be subjected to the same degree of mental and physical shock which will be inevitable in the case of the diseased partner, because if a man, who is

suffering from an incurable disease, is brought to the operation table he will be confirmed in his sorry fate and he will have no hope of life. The other partner free from such incurable disease, if sterilised, will not be subjected to any mental shock because she is strong and healthy. I wish substitute methods had been suggested as an alternative to sterilisation so as to attain the object in view. I would request the hon. mover to find out other ways and means to prevent the growth of diseased offspring by establishing scientific institutions in the country. In America, there is a very large number of lunatic asylums or homes for the treatment of the mentally defective and such institutions must be established all over the country in India so that incurable diseases or insanity might be absolutely eradicated from this land. With these words I say again that I cannot support the Resolution moved by the hon. mover though I believe that the ultimate objective of this Resolution is sound.

SHRI D. NARAYAN (Bombay):

श्री डी० नारायण (बम्बई) : माननीय सभापति जी, श्रीमती लीलावती बहन ने जो प्रस्ताव रखा है उसके उद्देश्य के साथ सहानुभूति रखते हुये भी मैं उस प्रस्ताव का विरोध करने खड़ा हुआ हूँ। दयाभाव में यह प्रस्ताव बह लाई है परन्तु ऐसा नहीं है कि हर वक्त दयाभाव लाभदायक ही होता है क्योंकि जहाँ सख्ती की जानी है जहाँ कम्पलशन (compulsion) किया जाता है वहाँ दयाभाव रहता नहीं और मेरा जो खास विरोध है वह इसलिये है कि यहाँ एक सख्ती का भाव लाया जा रहा है, कम्पलशन का भाव लाया जा रहा है। प्रगतिशील समाज की यह एक निशानी हुआ करती है कि उसमें सख्ती कम होती जाती है और जिस समाज में सख्ती बढ़ती है उसके लिये समझ लेना चाहिये कि वह समाज प्रगति नहीं कर रहा है। इस लिहाज में आप देखिये

कि जब से आजादी आई है हम हर एक चीज सख्ती में कराना चाहते हैं। जो कोई काम हम अच्छा मानते हैं वह सरकार की मार्फत कराना चाहते हैं। न तो हमें लोन्जार्गुनि का ख्याल है और न लोकशिक्षण की परवाह है। मैं समझता हूँ कि यह हमारे समाज के लिये बहुत हानिकारक बात है।

आशा अमर होनी है। कोई बीमारी ऐसी नहीं है कि जिसके बारे में कोई कह सके कि उसकी बीमारी अच्छी ही नहीं होगी। हाँ, मैं जानता हूँ कि एक बीमारी है जिसमें मनुष्य नहीं बचता है और वह बीमारी है, मृत्यु। मित्राय मृत्यु के और सब बीमारियाँ ऐसी हैं जो कि अच्छी हो सकती हैं। आन्वरी क्षण तक आया रहती है और कोई यह नहीं सोचता कि मैं इस बीमारी से अच्छा नहीं होऊँगा। इसलिये यह कह देना कि कोई बीमारी अमाध्य है यह ईश्वर के ऊपर अविश्वास तो है ही परन्तु हमारे डॉक्टरों के ऊपर भी अविश्वास है। हा, हिन्दुस्तान में असाध्य तो नहीं परन्तु एक कष्टसाध्य बीमारी बहुत बढ़ी हुई है और वह है गरीबी। गरीबी की बीमारी, दरिद्रता की बीमारी जरूर कष्टसाध्य है और जिसके कि कारण इस देश में वे बीमारियाँ बढ़ रही हैं जो कि इनक्योरेबिल डिजीजेज (incurable diseases) बतलाई गई हैं। यदि टी० बी० (T.B.) और लेप्रामी (leprosy) को गरीबी की निगाह से देखा जाय तो जरूर ये उनके लिये कष्टसाध्य हो गई हैं। टी० बी० तो अमीरों की बीमारी है। पैसा है तो बच जाता है और डाकटरी व्यवस्था हो जाती है परन्तु यदि गरीब है तो बेचारे वर्षों तक बीमार पड़े रहते हैं। तो जो बात देखनी है और सोचनी है वह गरीबी की निगाह में सोचनी है। आज जो बीमारियाँ हैं वे चहें

[Shri D. Narayan.]

टी० बी० हा, चाहे लेप्रासी हो या दमा हो, सब बीमारियां गरीबी की वजह से बढ़ रही हैं। हमें तो यह सोचना है कि कैसे यह गरीबी इस देश से कम हो सकती है। आप इनक्योरेबिल डिजीजेज की बात कहते हैं। आज तो बहुत सी क्योरेबिल (curable) डिजीजेज भी हैं। बहुत सी छोटी मोटी बीमारियां हैं जिनसे कि गरीब बच नहीं सकता। अन्न का अभाव है जिसके कि कारण जो हमारी प्रजा पैदा होती है वह बिल्कुल कम ताकत—अशक्त—पैदा होती है, अर्थात् बीमारियों में बढ़ कर, सब से बढ़ कर जो बीमारी है वह यह गरीबी है कि जिसके कारण बच्चों को दूध नहीं दे सकते, खाना नहीं दे सकते। हम आज हर एक बात में सक्ती करना चाहते हैं, कहते हैं कि शिक्षा भी सक्ती में देनी चाहिये, कम्पलसरी प्राइमरी एजुकेशन (compulsory primary education) हो। अरे भाई, कम्पलसरी प्राइमरी एजुकेशन जरूरी चीज है लेकिन उन गरीबों से पूछिये कि वह अपने बच्चों को शिक्षा क्यों नहीं देना चाहते? वह इसलिये नहीं दे सकते क्योंकि वे सोचते हैं कि अगर वह छुटपन से कमाई कर के नहीं लायेंगे तो खायेंगे क्या? तो जो हिन्दुस्तान में सत्राल है वह गरीबी का है न कि इनक्योरेबिल डिजीजेज का।

निर्बंध से बीमारी बढ़ती है। आपने देखा कि हमने कंट्रोल किया, बहुत से निर्बंध लगाये लेकिन जब निर्बंध आता है तो मनुष्य उसमें से छूटने का इलाज करता है। आप यदि इन बीमारियों के बारे में कुछ निर्बंध लगायेंगे तो उन्हें छिपाने की तरकीबें मनुष्य निकाल लेगा। आज ही लेप्रासी जैसी बीमारियों को कोई बतलाता नहीं है क्योंकि उसका समाप्त में तिरस्कार होता है। यदि वह बतला

दे तो बहुत कुछ लेप्रासी की बीमारी कम हो सकती है परन्तु तिरस्कार की वजह से वह डरता है। इसी तरह से यदि आप कोई निर्बंध लगा देंगे तो वे छिपायेंगे और छिपाने से बीमारी कम नहीं होगी।

आखरी बात जो मैं कहना चाहता हूँ वह यह है कि श्रीमती मुंशी ने यह कहा था कि डाइवोर्स बिल (Divorce Bill) आ रहा है। मैं तो यह कहता हूँ कि जब डाइवोर्स बिल आ रहा है तो इस प्रस्ताव की आवश्यकता ही क्या रहती है। छुटपन में यदि दोनों में से किसी को बीमारी है तो शादी ही न की जाय। समाज में ऐसे बच्चों की शादी नहीं करनी चाहिये जिनको कि इन्क्योरेबिल बीमारी है। यदि शादी के बाद किसी को बीमारी हो जाती है तो फिर डाइवोर्स है ही, स्त्री भी डाइवोर्स ले सकती है और पुरुष भी डाइवोर्स ले सकता है। तो इस प्रस्ताव की क्या जरूरत रहती है यह मेरी समझ में नहीं आता। मैं श्रीमती मुंशी से कहूंगा कि यह आपका जो सक्ती का प्रस्ताव है उसको वह वापस ले लें। सक्ती के प्रस्तावों से कभी सुधार होगा नहीं, सुधार तो होता है लोकशिक्षण और लोकजागृति से।

[For English translation, see Appendix V, Annexure No. 73.]

SHRI H. D. RAJAH (Madras): Sir, this Resolution which has been debated very effectively in this House has its supporters as well as its opponents. My sympathies are with the first part of the Resolution of Mrs. Lilavati Munshi. I have gone through her speech very carefully but I find that it has a contradiction which cannot be compared to any other contradiction. The first part of the Resolution is very clear. This nation must be made healthy and strong, but for that purpose what is her solution? The operative part is that Government should take early steps to enforce sterilisation of such parents as are suffering from

incurable diseases or insanity. In order to produce a healthy and strong nation Government must take steps for sterilisation of people suffering from incurable diseases. For once in my life I have agreed with this Government—the hon. Minister Rajkumari Amrit Kaur

MR CHAIRMAN Only for once

SHRI H D RAJAH She has very cleverly and clearly put the proposition in this House the other day. She said that these new-fangled ideas of these urban people cannot have effect in a country which is predominantly rural and when she says that America and Britain are taking recourse to such practices India cannot have them on account of the fact that this country is not having even one doctor for every 70,000 persons whereas in England or America there is a doctor for every 300 persons. Sir, in Australia and New Zealand even pre-natal attention is given free to the women of those countries. The social responsibility of those Governments is very great. The woman has only to go to any doctor and consult him. Her whole pregnancy period is looked after by the State and the State pays money to that doctor for the attention he gives to the lady concerned. Are we in such a position? Have you got enough resources or capacity or even talent? Have you got enough doctors to attend to the needs of the people as a whole? There is no such facility available in this country, nor are the resources of the Government of India capable of meeting such a liability.

Then there is a point which requires serious notice. What is an incurable disease? This has not been defined by any doctor so far. Things are changing day by day. Science is advancing. Fifty years before if a diabetic patient were to get a carbuncle or gangrene, he wrote out a will and prepared himself for the visit of Yama to take him to heaven or hell. Now, I know the instance of a diabetic patient who has lived for more than 20 to 25 years with the aid of that marvellous medicine called Insulin

Every day it is being administered and even the diabetic patients are very effective and they are living a normal life. But it is an incurable disease in terms of Mrs. Munshi's Resolution. It has not been cured so far, though steps are being taken in America and other advanced countries to find out whether diabetes can be permanently cured.

I have got a very good friend of mine in Madras, a prominent figure, who is engaged in industrial activities as well as connected with colleges of technology, suffering from leprosy. Sir, he has been treated by a famous doctor—Dr. Cochrane—and that doctor has said that leprosy is not infectious. The face of that gentleman has changed during the last ten years. Since he has been under the treatment of Dr. Cochrane, in fact, I have been seeing visible improvements in the life of that gentleman. Are you to sterilise him? Is this the way in which you can bring about an effective cure for this over-populated country? It is not possible. Then we should find out what should be the remedy? The country is no doubt over-populated, but the argument about over-population is not accepted by the Communist Party members. They say the country is not over-populated, it is the social structure that is responsible for this trouble. So the social structure must be changed. Now, the social structure may be changed by democratic means or by a revolution. Till that period the trouble is there. Therefore we have to find out some other effective methods to combat this trouble. I say in all humility, Sir, that the Government must instruct all the hospitals and clinics and other institutions under their control that voluntary sterilisation must be given to those who are prepared to accept that. I know very many instances in Madras where the middle class population—middle class families, finding no means to eke out their livelihood and finding it difficult to make both ends meet, are taking recourse to vasectomy. Many of my friends, who have four or five children, have taken to vasectomy. But, Sir, vasectomy itself is not very effective. Doctors have not pronounced any final

[Shri H D Rajah]

judgment on that and I will tell you in this connection an interesting incident that took place in Madras. A very big doctor who is no longer alive was approached by a gentleman who was having a child every year. The doctor wanted to oblige him. Then the doctor took him and, of course, with his consent performed vasectomy. But next year the same gentleman came to that doctor. The doctor asked him—'why are you here?' He said 'I am having the same trouble'. The doctor asked 'What is the trouble?' The gentleman said 'My wife delivered a child'. Then the doctor told him 'My dear man, I am sorry, I operated upon the wrong person'. Well, Sir, that being the case, I am not able to definitely tell where this trouble will end, how far this kind of an unnatural method will help. If we adopt this Resolution there will be this difficulty. Adults may mean men or women. We have to compulsorily adopt this course with regard to both men and women, otherwise, as I said, there is no guarantee that the child birth will completely be prevented.

Then, Sir, the practical suggestion which I would make is this. In this country of ours Mahatma Gandhi was preaching practical affairs. He knew the conditions of our people. Therefore Sir, he disregarded the comparatively civilised groups and went to the people as a member of the people. Sir, if you really want to have a check on the growth of population, my suggestion is that we must go back to Adam and Eve i.e. we must encourage nudism. Sir, in Germany, before Hitler came to power there were a number of nudist clubs and they were having a deterrent effect on the growth of population. Hitler, being an Aryan, wanted to have a two-pronged drive. He declared war on the nudist clubs—by one method he wanted to see that population was increased and by the other method he wanted to kill his political opponents, namely, the Jews. He adopted compulsory sterilisation. He wanted the Aryan race to increase and he also wanted to see that his political opponents were des-

troyed. Sir, this weapon which Mrs Munshi wants to be adopted in this country will be utilised against the political opponents of this Fascist Government. Therefore I am totally against this course which at no time should be given in the hands of this Fascist Government.

Lastly, Sir, with regard to this matter if any step is to be taken for bringing about sterilisation, I would suggest seriously for the consideration of Government that any family which is having more than three or four children should be compulsorily vasectomised. Then it becomes universal and there is no question of anybody being singled out or ill-treated. If this step is taken, there will be a compulsory check on the population of this country.

SRIMATI SHARDA BHARGAVA
(Rajasthan)

श्रीमती शारदा भार्गव (राजस्थान) :
माननीय अध्यक्ष महोदय, मैं श्रीमती लीलावती मुशी के प्रस्ताव के सिद्धान्त और उद्देश्य के विषय में तो यही कहूंगी कि यह बहुत ही सुन्दर है और प्रस्ताव की जो भावना है उससे मेरी पूरी सहानुभूति है। परन्तु इस प्रस्ताव में कुछ बाने ऐसी लगती हैं जो कि क्रियात्मक नहीं हैं और जो इस प्रस्ताव की क्षमता को कम कर देती हैं, इसलिये मुझे इस प्रस्ताव के विरोध करने की आवश्यकता जान पड़ती है।

पहिला तो मेरा ऐसा मानना है कि आधुनिक मेडिकल साइन्स (medical science) विशेषज्ञों ने यह विश्वास दिलाने का प्रयत्न किया है कि कोई भी बीमारी ऐसी नहीं है जो असाध्य है और ठीक नहीं हो सकती है। यदि कुछ बीमारियाँ अभी ऐसी हैं भी जो असाध्य मानो जा सकती हैं तो उनके लिये भी प्रयत्न किया जा रहा है कि वे बीमारियाँ असाध्य न रहें। यह प्रयत्न बड़ा सुन्दर है और इसके सफल होने की पूर्ण आशा है।

किसी भी राष्ट्र का पहला कर्तव्य होना चाहिये कि देश में बीमारियां कोई असाध्य रूप न ले। तो फिर हम यह कैसे सोच ले कि आजकल की आधुनिक दुनिया में जो बीमारियां असाध्य हैं, वे साध्य नहीं हो सकती हैं।

दूसरी चीज में यह कहना चाहती हूँ कि मेरी बहन ने जो प्रस्ताव रखा है वह शहर के दृष्टिकोण और महत्व से रखा है। जब मैं गावों में जाती हूँ तो मुझे गाव वालों से अक्सर यह शिकायत सुनने को मिलती है कि गावों में स्कूल और नर्सिंग (nurses) की कोई व्यवस्था नहीं है। आज हमारी अपनी सरकार ही गई है मगर हम इतना भी नहीं कर पाये हैं कि गाव गाव में स्कूल खोल दें और गाव की औरतों को बच्चा पैदा होते समय नर्सिंग की सुविधा प्रदान करें। जब हमारी राष्ट्रीय सरकार के पास धन की इतनी कमी है कि हम अपने गाव की जनता को इस तरह की प्रथम आवश्यक सुविधाया को प्रदान नहीं कर सकते हैं तो किस तरह से एक नये खर्च से हम इस चीज को पूरा कर सकेंगे। अगर हमने इस प्रस्ताव को मान भी लिया और शहरों में स्टेरिलाइज (sterilise) करना शुरू भी कर दिया तो इतने से ही हमारा कर्तव्य पूरा नहीं हो जाता है। हम जो कुछ शहर के लिये करते हैं वह हमें गाव, गाव में जा कर करना होगा। यह कोई सरल कार्य नहीं है, इसको कार्यान्वित करने में बहुत धन-राशि की आवश्यकता होगी। हमारा देश गावों में बसा है और शहरों की आबादी तो केवल १० प्रतिशत है। जब सरकार हमारे देश के गावों की जनता के लिये स्कूलों और नर्सिंग का प्रबन्ध नहीं कर सकती है तो इस तरह के कार्य करने से तो उसकी कठिनाइयाँ और भी बढ़ जायेंगी। अतः मैं नहीं मानती कि यह काम हमारे देश में सफल हो

सकेगा— अतः इस प्रकार का काम प्रारम्भ करना ही अनुचित है।

इसके अतिरिक्त मेरा यह भी मानना है कि अगर हम इस प्रस्ताव को काम में लायेंगे तो इसका प्रभाव उल्टा पड़ेगा और उसका जो उद्देश्य और सिद्धान्त है वह खत्म हो जायेगा। इसका कारण यह है— और मेरा ऐसा मानना है—कि जैसा मेरी बहन मुन्शी ने भी कहा कि बहुत सी स्त्रियाँ स्टेरिलाइज कराना चाहती हैं मगर उनके पुरुष नहीं कराते। मैं आपसे यह कहना चाहती हूँ कि हमारे पढ़े लिखे और बुद्धिमान लोग स्टेरिलाइज करवाने के लिये तैयार नहीं होते हैं, वे हिचकते हैं और स्टेरिलाइज करवाने के लिये डाक्टर के पास जाने में घबराने हैं इसी लिये नहीं करवाते। तो आप क्या यह मसझते हैं कि बीमार आदमी या उनके कुटुम्ब वाले या उनके रिश्तेदार स्टेरिलाइज करवाने लगेंगे ? नतीजा क्या होगा, स्टेरिलाइज करवाने के भय से बीमारी छिपी रहेगी, किसी को यह भी पता नहीं होगा कि अमुक को बीमारी है, और बीमारी जो प्रारम्भ में ठीक हो सकती है डर के मारे उसका इलाज नहीं करवाया जायेगा। फल यह होगा कि वह बीमारी असाध्य हो जायेगी तब किमी पास पड़ोस या सम्बन्धी को मालूम होगा—इस प्रकार वह आदमी तो बे मौन मरेगा ही उसके पास रहने वाले भी (यदि वह बीमारी छूत की है) उस बीमारी के भागी बनेंगे। फलतः घर में बीमारी बढ़ती ही चली जायेगी। जो लोग यह चाहते हैं कि स्टेरिलाइजेशन करने से बीमारी घटेगी अर्थात् भविष्य में उनके बच्चे बीमार न होंगे वह भविष्य की बात तो भविष्य में सोचें—जाने होगी या न होगी—पर वर्तमान में एक बीमार व्यक्ति बीमारी छिपा कर अपने को अमाध्य

[Shrimati Sharda Bhargava.]

रोगी और अपने घर वालों को भी रोगी बनाने में सब से अधिक सहायक होगा। इसलिये मेरा यह कहना है कि इस प्रस्ताव की जो भावना है, उद्देश्य है, वह इसमें कही गई प्रणाली को प्रयोग में लाने से खत्म हो जायेगी और उसका असर उलटा होगा। इसलिये मैं इस प्रकार बीमारों को कानून बना कर शक्तिपूर्वक स्टेरिलाइज करने के सुझाव के विरुद्ध हूँ।

पागलपन के बारे में बार बार जो यह कहा गया है कि वह एक असाध्य बीमारी है, ऐसे रोगियों को स्टेरिलाइज कर देना चाहिये, मैं यह बात स्वीकार नहीं करती। इसके लिये मैं अपने पड़ोस का एक उदाहरण आपके सामने बतलाना चाहती हूँ। देखा गया है कि कभी कभी बहुत सी औरतें बच्चे न होने की वजह से पागल हो जाती हैं। मेरे पड़ोस में एक औरत रहती है १०-१२ वर्ष तक उसको कोई बच्चा नहीं हो सका। उसके पास पड़ोस वालों के इस बीच में कई बच्चे हुये तो वह यह देख कर पागल हो गई। वह इतनी पागल हो गई कि उसके सामने जो भी बच्चा आता था उसको वह मारने दौड़ती थी तथा गाली देती थी। उसके घर वाले घबराये कि क्या किया जाना चाहिये और उसका इलाज करने के लिये प्रयत्न करने लगे पर डाक्टरों ने अन्त में यही कहा कि इसका इलाज नहीं हो सकता। इसके बाद लगभग दो वर्ष के अन्दर उसके एक लड़का हो गया और वह इतनी सेन्सेबुल (sensible) हो गई है कभी कोई सोच भी नहीं सकता था। अगर उस औरत को स्टेरिलाइज कर दिया जाता तो न वह औरत ही ठीक हो सकती और न उसके घर वाले ही सुखी रह सकते थे और वह परेशान हो कर मर जाती। रही उसके बच्चे की सोच वह भी बड़ा सुन्दर और समझदार है। मेरा मानना

यह है कि यह भी कोई आवश्यक नहीं है कि पागल व्यक्ति का बच्चा पागल हो और फिर पागलपन असाध्य रोग भी नहीं है तो फिर ऐसे आदमी को क्यों स्टेरिलाइज किया जाय ? मैं फिर कहती हूँ कि यदि उस औरत के बच्चा न होता तो उसकी बीमारी दूर नहीं होती। यानी अगर उसके पागलपन के कारण जो कि डाक्टरों ने कह दिया था कि ठीक नहीं होगा उसे स्टेरिलाइज कर दिया गया होता तो वह तो पूरे जीवन पागल रह कर कष्ट पाती ही इसके अतिरिक्त उसके पूरे कुटुम्ब का भी जीवन बर्बाद हो जाता।

अभी मेरी बहिन चन्द्रावती ने कहा कि हमारे यहां गेहूं का भाव बहुत महंगा है इसलिये हमें बच्चे कम पैदा करने चाहिये। इससे मैं भी पूरी सहमत हूँ कि हमारे देश में खाने की कमी है और बच्चे कम पैदा होने चाहिये पर मेरा मानना यह है कि हम यह बात क्यों नहीं सोचते कि जो शहर के पढ़े लिखे लोग हैं, जिनके चार पांच बच्चे हो जाते हैं, वह अपने आप को स्टेरिलाइजेशन करायें। हम शहर के पढ़े लिखे लोग जो अपने को "जनता का लीडर" कहते हैं क्यों नहीं गांव वालों और बड़े लोगों को इस ओर रास्ता दिखलाते हैं ? अगर वे पहिले गांव वालों को क्रियात्मक रास्ता दिखलायें तो बहुत ही अच्छा हो। यदि इन नेताओं ने इस प्रकार की कार्यवाही की तो गांव वाले भी इसका अनुसरण करने लगेंगे जो एक बहुत ही उपयोगी कदम होगा। मगर हम लोग शहरवालों को स्टेरिलाइज कराने की बात नहीं सोचते हैं बल्कि उन मरे हुये लोगों को मारने की सोचते हैं जो कि पहिले से ही मरे हुये हैं। अब हम उनको स्टेरिलाइज करके खत्म करना चाहते हैं। मैं इस शक्ति पूर्वक बीमारों को स्टेरिलाइज

करवाने के विरुद्ध हूँ इसलिये ही मुझे ये बातें कहनी पड़ रही हैं ।

अभी एक बात यह भी कही गई है कि बहुत सी बीमारियाँ ऐसी होती हैं जो कि अच्छी नहीं हो सकती हैं उनमें से एक "दमा" को बीमारी भी है । मेरा अनुभव तो यह है कि दमा ही ऐसी बीमारी है जो कि मुश्किल से अच्छी होती है ।

DR. P. C. MITRA:

डा० पी० सी० मित्रा : कभी अच्छी नहीं होती ।

SHRIMATI SHARDA BHARGAVA:

श्रीमती शारदा भागवत : मैं यहां पर फिर कहूंगी कि मेरी मां ४० वर्ष से दमा की बीमारी में ग्रस्त है । हम लोग सात भाई बहिन हैं । मगर हम में से कोई भी इस बीमारी से ग्रस्त नहीं हुआ है । हम लोगों में सभी ने अपनी पूरी तरह से पढ़ाई लिखाई की और कोई भी ग्रेजुएट (graduate) से कम नहीं है और सभी बहुत अच्छे अच्छे स्थानों पर स्थित हैं परन्तु कभी भी दमे का हम लोगों को अनुभव नहीं हुआ । अगर यह मान लिया जाय कि दमे के मरीज द्वारा जो बच्चे पैदा होंगे उनको भी यह रोग होगा तो मैं यह खुद अपने अनुभव से बतलाना चाहती हूँ कि यह बान गलत है । दमे की बीमारी के बारे में कहा जाता है कि असाध्य है आजकल बहुत सारे विज्ञापन इस तरह के सामने आते हैं जिसके द्वारा यह कहा जाता है कि दमे की बीमारी को ठीक कर देंगे । मगर मेरा ऐसा मानना है कि दमे की बीमारी ठीक नहीं हो सकती है जब कि वह बहुत ऊँचे स्टेज (stage) में चली जाती है । इसलिये अगर हम इस तरह के बीमारों को स्टेरिलाइज करने की बान सोचें तो यह बहुत ही अनुचित और गलत होगा ।

मैं फिर एक बार यह कहना चाहती हूँ कि मैं इस सिद्धान्त की ही विरोधी हूँ कि स्टेरिलाइजेशन जैसे विषय में और वह भी कमजोर बीमारों के लिये कानून द्वारा शक्ति का उपयोग किया जावे । इससे तो अच्छा यह है कि हम सब लोग मिल कर, जो इस प्रस्ताव के पक्ष में हैं और जिन भाई-बहिनों ने यहां इसका समर्थन किया है, एक एसोसियेशन (association) बनायें जिसमें ऐसा कार्यक्रम हो कि जिसके द्वारा लोग इस बात की आवश्यकता को समझें कि हमारे देश में बच्चे कम पैदा हों और पैदावार बढ़े, आदि । जैसा कि मैं बता चुकी हूँ यह बात सही है कि अस्वस्थ लोगों के भी बच्चे बहुत स्वस्थ होने हैं । फिर जब तक यह सिद्ध न हो जाये कि अस्वस्थ माता पिता से स्वस्थ बच्चे पैदा नहीं हो सकते तब तक मेरा यह मानना है बीमारों के लिये कि स्टेरिलाइजेशन का प्रश्न उठाना बिल्कुल अनुचित है, और इसका उलटा प्रभाव पड़ेगा । अतः मैं बहिन श्रीमती मुंशी जी से भी कहना चाहती हूँ कि वे अपने इस प्रस्ताव को वापस ले लें तो अधिक अच्छा होगा अपेक्षा इसके कि इस पर मतदान हो । इसके अतिरिक्त पब्लिक में बदनामी का जहां तक प्रश्न है, मैं इसकी ज़रूरत भी परवाह नहीं करती कि नाम होगा या बदनामी, जिस काम को हम अच्छा समझते हैं उसमें बदनामी भी हो तो कोई बात नहीं पर यहां इस प्रस्ताव का जो प्रभाव होगा वह बहुत खराब होगा, इसलिये मैं प्रार्थना करती हूँ कि वे इस प्रस्ताव को वापस ले लें ।

[For English translation. see Appendix V., Annexure No. 74.]

SHRI V. K. DHAGE (Hyderabad)
Sir, I think there has been sufficient discussion on this subject. I therefore move that the question be not put.

SHRI B C GHOSE (West Bengal) Sir, it appears that the hon Members are suffering from the incurable habit of continuously speaking on this subject. Now the proposal is to sterilise this discussion itself.

MR CHAIRMAN So you want the question to be put?

THE LEADER OF THE COUNCIL (SHRI C C BISWAS) Sir, the matter has been discussed sufficiently, and having regard to the opinions which have been expressed in the House, I suggest to the hon mover that she might withdraw her Resolution.

MR CHAIRMAN It has been moved "that the question be now put."

(After taking the sense of the House)

The closure motion is accepted. I will now ask Mrs Munshi to make a reply. Mrs Munshi—on the operative part, not on the preliminaries.

SHRIMATI LILAVATI MUNSHI (Bombay) Sir, there are so many points raised in this debate and I hope you will be a little lenient so that I can take as many points as

MR CHAIRMAN Only those which are relevant. So many irrelevant points have also been raised.

SHRIMATI LILAVATI MUNSHI I shall drop these irrelevant points.

Sir, first of all, I should like to express my gratitude to the Members for keeping the debate on a high level. Except occasional lapsing into irrelevancy by one or two Members the debate was quite free from vulgarity and that is a matter for satisfaction. I also thank the Members who supported my Resolution because their support was spontaneous in spite of the known views of the hon Minister. I never expected that my Resolution was going to be accepted straightway. My purpose was more to raise a debate on a question like this so that people at large and Members may begin to think about the problem and how to tackle this problem of persons suffering from incurable diseases and

insanity, and especially, what to do with the children born to them and how to tackle that problem. My Resolution was more from the point of view of children than from the point of view of the people who are actually suffering, because anyway, they are going to die sooner or later.

AN HON MEMBER Do not say that.

SHRIMATI LILAVATI MUNSHI Yes, Sir. Every one of us has to die sooner or later. There is nothing derogatory about it. Well, Sir, I am glad that even those persons who opposed the Resolution on some ground or the other have appreciated the principle underlying it, as also the motive for bringing forward such a Resolution. Even today Sir I have found that there are many people who have said that the motive underlying the Resolution is good, the principle is good, but the Resolution is impracticable. Sir even that much is enough for me, because my purpose is served.

Now, I shall deal with some of the points raised in the debate. First, I shall take those common points which were raised by the Members. One objection to the Resolution was that it was not properly worded. I can only say, Sir, that I am not a lawyer and English is not my language. But if Members could have suggested some amendments to the Resolution, keeping the principle intact, it would have been very much appreciated. Last time also this Resolution was on the agenda, it was circulated, and those people who were interested in that could have said "All right, the principle is good, but we are amending the wording in this way." If the principle is accepted, then I have no quarrel with the words.

Then, Sir, there were some frivolous remarks made that baldness can be an incurable disease and genius, which is akin to madness, may also come under the purview of such a Resolution. I have got very little time at my disposal and I therefore do not want to go very extensively into them. Such remarks bordering on flippancy were made as a weapon

against this Resolution and not as a serious argument. Then some people opposed it on grounds of religion and many irrelevant remarks were made like the purity of the race suffering through the Sharada Act having been passed, quotations were given from the Dharma Shashtra, the Gita and so on and so forth. The absurdity was self-evident but respecting the old age of the Members who made those remarks I shall pass them by.

Some opposed it on Party lines. On the floor of the House the Opposition has to play a part and so this Resolution also they had to oppose. On a Resolution like this they brought forward their pet slogans like increasing the production of food, the poverty, the wrong policies of the Government etc. They talked irrelevantly because no talking points were given to them on a subject like this and so they had to fall back on the slogans. In some countries they may like to increase their population because they have got a vast area but here our problem is different, and I can only hope that they will view this problem of ours in the light of our own circumstances and not as it is done in some other countries. I am one with them in saying that more medical facilities especially for children should be provided. Certainly it should be done but my only regret is that with all her high ideals our hon. Minister of Health will not be able to provide sufficient medical facilities at least in her or in our life-time and like an ostrich we cannot put our heads into the sand and ignore realities. It will be only deceiving ourselves and not solving the problem.

Then there were questions raised as to what were incurable diseases and at what point they became incurable. That was the most relevant question. There was an apprehension that it might be made applicable to all and sundry or that it might be made applicable only to men and not to women. That is not the case at all. If I had been allowed to finish my remarks, I would have said that the question of what diseases should

be considered as incurable could be decided only by competent medical authorities. We are all laymen. We can only show our cleverness in raising a debate on some points. So far as this question is concerned, it should be left to a committee of experts to decide.

What amazed me the most was that some Members said that this Resolution would deny people suffering from incurable diseases and madness the pleasure of having children. They talked about the parents of such children, but what happens to the children of such parents? Did anybody say anything about it? As a matter of fact my whole emphasis was on children. The Resolution was moved more on account of saving children from such parents and saving the nation from the exhausting cycle of having diseased people. It was suggested that those children should be segregated after their birth. If such parents are going to be denied the pleasure of keeping their children with them after their birth and are merely to have to bear the burden of having them in the womb for nine months then what is really the point in allowing them to have children? If the children of such people are going to be segregated, may I know how many children's homes are provided by the State? Not one. If you are going to segregate those children, are you in a position to provide them any asylum? Do you realise that most of them turn out to be criminals and become parasites on society? How many Members of this House including the hon. Minister will undertake to adopt one or two of such children and support them? Do you realise that many of them become either diseased or criminals or instruments in the hands of beggars?

Please remember that when people are sterilised, they do not lose their power to enjoy married life. That should really satisfy all people. We are only preventing them from having children and not from enjoying their normal married life. In this House, unfortunately, medical opinion got

[Shrimati Lilavati Munshi.]
mixed up with party politics. It is only natural. On my part, I can say that I had consulted many doctors outside the House and they all considered my Resolution to be very useful and humanitarian.

The most amazing part of the whole thing was the hon. Minister's speech itself and the vehemence with which she spoke and expressed her views on the Resolution. Without advancing any arguments, she merely expressed pious hopes that more medical facilities, if provided, could help. I agree, but we all know fully well that circumstanced as we are, we can not provide sufficient medical facilities in our life-time. She described my Resolution as unscientific, impracticable and unethical. The hon. Minister has as much claim to science as I have. The laws of many countries that I have quoted will show that there is public opinion behind such a step. Otherwise, the Judges of the Supreme Court of the U.S.A. would not have given the judgement quoted in my opening speech.

So far as practicability is concerned I think my Resolution is much more practicable and less costly than her hoping to open some day sufficient asylums, hospitals and children's homes. She asked me wherefrom I had my figures. I would have expected that she being in a better position should have corrected them if they were wrong. May I ask whether the Government of India has any authentic figures as to how many lepers, how many T. B. patients and how many insane people there are in this country? So far as T. B. is concerned, even if the T. B. beds are quadrupled, as we are told has been done, we won't be able to tackle this problem and quoting her own words it will be merely a drop in the ocean. How many people can afford the cost of treatment? And even if T. B. patients get cured in the clinics, many of them get desperate—I have known of such cases—because they cannot go to their normal work and cannot keep their body and soul together.

Then she said that my Resolution was unethical. Unethical indeed! We send our soldiers to the battlefields and allow them to be killed or maimed—that is ethical. But to try to save the future generation and the nation as a whole from contracting these diseases is unethical. She does not mind being part of a Government which maintains an army to use it wherever necessary, but she would not like to be part of a Government if it passes a law by which the nation can be saved. Well, Sir, she is my elder and an hon. Minister, and so whatever she says must be true, but there is no positive ethical standard in such matters. These matters are to be judged by the present generation in the light of their experience.

There is always some prejudice against any new thought in the beginning. When vaccination was introduced, people protested against it. When the practice of *Sati* was stopped people agitated against it. When zamindari was abolished, people protested against it. That is very recent history. People oppose the Hindu Code Bill being passed into law. We did not and do not listen to these protests, but enact our laws in the best interests of the largest number of people. But when it comes to saying children and the nation from disease and insanity, we cannot do it because people are going to protest against it.

When God said, "Procreate and multiply", there were only 8 healthy people in this world, but today there are 2,600 million human beings in the world and 360 million in India alone and in a few years' time many more will be added to this number. On our part, whenever we go to a temple or a church, we generously give a leper or other diseased persons who are sitting on the way side a pice or two and we hope that we shall be going to heaven in our next birth. Well, Sir, I do not think there is any place for such as me in that heaven. Sir, I will not take more than two or three minutes. Whether you wish it or not, the world is going towards family planning and our great men are supporting it. I

came across one magazine, the famous 'Economist', and commenting on family planning in India the 'Economist' of August 22nd, says about the conference that was held at Bombay:

"The solution is still remote; but at least the myth of the insuperable barrier, the irrational and universal fertility-cult, can be regarded as officially discredited in India. One could easily make a list of countries in which any international conference on family planning would be banned outright; India welcomed it. One could make a longer list of countries where such a conference, even if tolerated, would certainly have to get on without the outspoken moral support of the Prime Ministers, Vice-Presidents, and Commanders-in-Chief."

—which they got here—

"It is true that the official Indian policy of birth control makes a cautious compromise with religious susceptibilities; but few countries go so far as to have a positive official policy at all. And among the forty papers reproduced in the report, ranging from the most general discussion of population problems to the most technical accounts of current medical research, there can be found surveys of opinion and cultural attitudes which provide solid, though necessarily limited, evidence that the minds of the ordinary people of India, as well as their statesmen's, are accessible to the common sense of family planning."

I know I am running against time. In winding up I will say that a nation is built, not by its number, but by the quality of healthy and vigorous people who represent it and who are able to build it up. At the moment we are overburdened with unhealthy people. Let us prevent a further rot and prevent innumerable unborn children being born who, if born, would start life with a great handicap.

MR. CHAIRMAN: Are you withdrawing the Resolution?

SHRIMATI LILAVATI MUNSHI: In view of the hon. Minister's asking me to withdraw the Resolution, I think my purpose is served by having this debate here. I beg leave to withdraw the motion.

The Resolution was, by leave, withdrawn.

RESOLUTION *RE* STEPS TO DEAL WITH UNEMPLOYMENT, FAMINE AND FOOD SCARCITY

MR. CHAIRMAN: Next is Mr. K. C. George's Resolution.

(Member absent.)

His Resolution drops.

Next is that of Mr. Imbichibava.

SHRI P. SUNDARAYYA (Madras): Sir, he has authorised me to move it.

MR. CHAIRMAN: You may move it.

SHRI P. SUNDARAYYA: Sir, I move the following Resolution:

"That this Council is of opinion that Government should take immediate steps to relieve the situation in the country arising out of unemployment, famine and food scarcity."

MR. CHAIRMAN: 30 minutes for Mr. Sundarayya and 15 minutes for every subsequent speaker.

SHRI B. C. GHOSE (West Bengal): On a point of order, Sir. Who is the Minister who will be responsible for this Resolution?

MR. CHAIRMAN: We have a number of Ministers here—Health, Law and Food—they are all there. Food scarcity—Dr. Deshmukh; Unemployment—everyone is there.