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I. QUESTIONS AND ANSWERS.

STARRED QUESTIONS

Mr. SPEAKER: The Hon. Revenue Minister will be represented by the Hon. Minister for Planning and Industries.

Bridge over the Pennar at Chennur.

222

466. Q: Sri P. BASI REDDI:— Will the Hon. the Deputy Chief Minister be pleased to state:

(a) the estimated cost of the bridge proposed to be constructed over the Pennar at Chennur (Cuddapah District);

(b) when the work will be commenced?

The Hon. Sri. N. SANJEEVA REDDI:—

(a) The estimated cost of the bridge work is Rs. 20,10,000/-.

(b) The work has been commenced.

Sri P. BASI REDDI:— को द्राम के विधान समिति के अध्यक्ष के प्रस्ताव में नए पुल का निर्माण का अंश विधान सभा में कब होंगे?

The Hon. Sri N. SANJEEVA REDDI:— को किस निदेशक के निर्माण पुल का अंश विधान सभा में कब होंगे?

Sri P. VENKATASUBBAYYA:— इंजीनियर अध्यक्ष और अधिकारी समिति के अध्यक्ष के प्रस्ताव में नए पुल का निर्माण का अंश विधान सभा में कब होंगे?

The Hon. Sri N. SANJEEVA REDDI:— को एक्सेक्यूटिव इंजीनियर अध्यक्ष के प्रस्ताव में नए पुल का निर्माण का अंश विधान सभा में कब होंगे?

Sri P. BASI REDDI:— को द्राम के अध्यक्ष के प्रस्ताव में नए पुल का निर्माण का अंश विधान सभा में कब होंगे?

The Hon. Sri N. SANJEEVA REDDI:— को एक्सेक्यूटिव इंजीनियर अध्यक्ष के प्रस्ताव में नए पुल का निर्माण का अंश विधान सभा में कब होंगे?
Sri P. RANGA REDDI:— May I ask whether the Government have fixed any time-limit for completing this bridge work? And in view of its great importance, are the Government considering the question of appointing a Superintending Engineer for expediting the work?

The Hon. Sri N. SANJEEVA REDDI:— The approach roads are of great importance. The Superintending Engineer is staying at Cuddapah. Therefore there is no purpose in appointing a separate Superintending Engineer for small work like this.

Sri SHAIK MAHAMMAD RAHAMATHULLAH:— The approach road is of great importance. Bridge work should be expedited. The Superintending Engineer is staying at Cuddapah. Therefore there is no purpose in appointing a separate Superintending Engineer for small work like this.

Sri P. BASI REDDI:— The approach road is of great importance. Bridge work should be expedited. The Superintending Engineer is staying at Cuddapah. Therefore there is no purpose in appointing a separate Superintending Engineer for small work like this.

The Hon. Sri N. SANJEEVA REDDI:— Superintending Engineer is staying at Cuddapah. Therefore there is no purpose in appointing a separate Superintending Engineer for small work like this.

Sri SHAIK MAHAMMAD RAHAMATHULLAH:— Railway bridge is of great importance. The bridge should be constructed in one go. The Chief Engineer should be instructed to grant the necessary permission.

The Hon. Sri N. SANJEEVA REDDI:— Railway bridge should be constructed in one go. The Chief Engineer should be instructed to grant the necessary permission. Broad gauge; new engines should be provided.
QUESTIONS AND ANSWERS

223.

23rd July 1966

(a) It is expected that the Settlement staff may be able to complete the work in Chittoor District by about 1961.

(b) The answer is in the negative.

Sri R. B. RAMAKRISHNA RAJU:— i€k settlement introduction & estate settlement introduction Government notification [whrera u is e€ekd limbam&er, a estate settlement introduction, Argentina, went eratew. introduction estate settlement? I is e€ekd estate settlement introduction?

The Hon. Sri K. VENKATA RAO:— 60000 5^5555 5000 kuna settelement nera

'Rajasthan' & estate settlement settelement nera

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The Hon. Sri K. VENKATA RAO:— the Hon. Sri K. VENKATA RAO:— 60000 5^5555 5000 kuna settelement nera

'Estates of Chittoor District.'

574-Q: Sri P. GOPALU REDDI:— Will the Hon. the Minister for Revenue be pleased to state:

(a) how long it will take for the Settlement Department to finish their work in taking over estates of Chittoor district; and

(b) whether the Survey Parties working in the estates in Chittoor district have been instructed to include all the wells claimed by ryots classified as porambokes hitherto, in the patta holdings of ryots?

The Hon. Sri K. VENKATA RAO:—

(a) It is expected that the Settlement staff may be able to complete the work in Chittoor District by about 1961.

(b) The answer is in the negative.

Sri P. GOPALU REDDI:— the settlement introduction, estate settlement introduction, Land Mortgage Bank introduction [there rules rules rules rules?

The Hon. Sri K. VENKATA RAO:— the Co-operative Minister sree sree sree.

Sri R. B. RAMAKRISHNA RAJU:— the dismissal settlement introduction, Government notification [whrera u is e€ekd limbam&er, estate settlement introduction, Argentina, gone estatew. estate settlement? I is e€ekd estate settlement?
Sri G. YELAMANDA REDDI:— estates 3\textsuperscript{rd} settlement as per the settlement record, the ayacut of not less than three acres be classified as irrigation sources and their ayacut registered as wet with appropriate wet assessment, the usual bailing remission being allowed.

2. (a) that, in the case of other wells in Porambokes including those having an ayacut of less than three acres the lands around them be treated as dry and appropriate water cess charged for their irrigation from the wells.

(b) If in individual cases, the ryots are able to say that the wells are private wells, constructed prior to 20th August 1884 no water cess be charged for the irrigation of dry lands from them and that the sites of ruined wells be transferred to assessed dry and assigned by the Revenue Department.

The Hon. Sri K. VENKATA RAO:— Estate settlement as per the settlement record, the ayacut of not less than three acres be classified as irrigation sources and their ayacut registered as wet with appropriate wet assessment, the usual bailing remission being allowed.

Sri R. B. RAMAKRISHNA RAJU:— G. O. 1455, Revenue, dated 15-5-1952 as per the settlement record, the ayacut of not less than three acres be classified as irrigation sources and their ayacut registered as wet with appropriate wet assessment, the usual bailing remission being allowed.

The Hon Sri K. VENKATA RAO:— Estate settlement as per the settlement record, the ayacut of not less than three acres be classified as irrigation sources and their ayacut registered as wet with appropriate wet assessment, the usual bailing remission being allowed.

Sri R. B. RAMAKRISHNA RAJU:— Water cess charged as per the settlement record.
The Hon. Sri K. VENKATA RAO:— Water belongs to the Government, both
the sky or the underground.

Mr. SPEAKER : Water belongs to the Government, both
the sky or the underground.

Sri R. B. RAMAKRISHNA RAJU:— Water repair sufficient?

The Hon. Sri K. VENKATA RAO:— Water repair sufficient.

Sri P. GOPALU REDDI:— Charity, water comes to the
poor landowners. The 50% of the sale of the
landowner is given as per the policy. Now, the
Government wishes to implement the same
policy B. S. O. 50% provision possible? What
is the department name?

The Hon. Sri K. VENKATA RAO:— B. S. O. 50% provision
possible. Estate 50% is possible. Now, the
Government wishes to implement the same
policy B. S. O. 50% provision possible. Estate
50% is possible. Now, the Government wishes to
implement the same policy B. S. O. 50% provision
possible. Estate 50% is possible.

Sri G. YELLAMANDA REDDI:— Charity, water comes to the
poor landowners. The 50% of the sale of the
landowner is given as per the policy. Now, the
Government wishes to implement the same
policy B. S. O. 50% provision possible? What
is the department name?

The Hon. Sri K. VENKATA RAO:— B. S. O. 50% provision
possible. Estate 50% is possible. Now, the
Government wishes to implement the same
policy B. S. O. 50% provision possible. Estate
50% is possible. Now, the Government wishes to
implement the same policy B. S. O. 50% provision
possible. Estate 50% is possible.

Sri V. VISWESWARA RAO:— Charity, water comes to the
poor landowners. The 50% of the sale of the
landowner is given as per the policy. Now, the
Government wishes to implement the same
policy B. S. O. 50% provision possible? What
is the department name?

The Hon. Sri K. VENKATA RAO:— Charity, water comes to the
poor landowners. The 50% of the sale of the
landowner is given as per the policy. Now, the
Government wishes to implement the same
policy B. S. O. 50% provision possible? What
is the department name?

Sri P. SUNDARAYYA:— The customary rights and the survey settlement of 1961 are matters of record. The Hon. Sri K. VENKATA RAO:— The customary rights and the survey settlement of 1961 are matters of record.

Sri P. SUNDARAYYA:— The customary rights and the survey settlement of 1961 are matters of record.

The Hon. Sri K. VENKATA RAO:— The customary rights and the survey settlement of 1961 are matters of record.

Sri P. SUNDARAYYA:— The customary rights and the survey settlement of 1961 are matters of record.

The Hon. Sri K. VENKATA RAO:— The customary rights and the survey settlement of 1961 are matters of record.

Sri P. SUNDARAYYA:— The customary rights and the survey settlement of 1961 are matters of record.

The Hon. Sri K. VENKATA RAO:— The customary rights and the survey settlement of 1961 are matters of record.

Sri P. GOPALU REDDI:— The customary rights and the survey settlement of 1961 are matters of record.
23rd July 1955

The Hon. Sri K. VENKATA RAO :— Will the Hon. the Minister for Co-operation and Commercial Taxes be pleased to state:

[a] whether it is a fact that the functions of organisation, supervision and inspection of weavers' societies, stores and scheduled castes societies is done by departmental officers and not by the District Co-operative Bank;

[b] whether it is a fact that supervision charges are also collected by the Co-operative Department from the types of societies in clause [a] and

[c] If so, the scale of fees levied?

The Hon. Sri D. SANJIVAYYA:

[a] The functions of organisation, supervision and inspection of weavers co-operative societies, co-operative stores and scheduled castes co-operative societies are done only by the Departmental officers. The District Co-operative Central Banks do not maintain any

Inspection of Weavers' Societies.

224. *696—Q: Sri P. GOPALAKRISHNA REDDI :— Will the Hon. the Minister for Co-operation and Commercial Taxes be pleased to state:

[a] whether it is a fact that the functions of organisation, supervision and inspection of weavers' societies, stores and scheduled castes societies is done by departmental officers and not by the District Co-operative Bank;

[b] whether it is a fact that supervision charges are also collected by the Co-operative Department from the types of societies in clause [a] and

[c] If so, the scale of fees levied?

The Hon. Sri D. SANJIVAYYA:
Questions and Answers

[23rd July 1955]

Special staff for supervision of weavers' societies but any work connected with the recovery of loans advanced by these banks is attended to by their staff. Primary co-operative stores also are supervised by the staff of the financing bank mainly for internal checking of accounts and to ensure safety of funds lent by them.

[b] and [c]: Supervision charges are collected from weavers societies which work at a profit at 2% of the net profits earned in an year subject to a maximum of Rs. 500/- in each case. In respect of co-operative stores, supervision fees are levied only for stores which earn a net profit of Rs. 1,000/- or more per annum. The rate of fee is 5% of the net profits earned in an year subject to a maximum of Rs. 3,000/-. No supervision charges are collected from scheduled caste societies.

Sri P. Ranga Reddi:—Clause (b) of supervision fees from weavers societies are subject to a maximum of Rs. 500/-. In respect of co-operative stores, supervision fees are levied only for stores which earn a net profit of Rs. 1,000/- or more per annum. The rate of fee is 5% of the net profits earned in an year subject to a maximum of Rs. 3,000/-. No supervision charges are collected from scheduled caste societies.

The Hon. Sri D. Sanjivayya:—In 1952-53 and 1953-54, 656 weavers' co-operative societies had a loss of Rs. 628. In 1954-55, 28 co-operative societies had a loss of Rs. 295-12-1. In 1954-55, 28 co-operative societies had a loss of Rs. 6720.

Sri Pragada Kotaliah:—Cash credits are subject to supervision bye-law but supervision fees are collected from co-operative societies only if the society has a profit. The Hon. Sri D. Sanjivayya:—Supervision is of interest to the weavers.
23rd July 1955]

Sri S. NARAYANAPPA:— Will the Government of Central Banks supervision in the past and in the future? The Hon. Sri D. SANJIVAYYA:—

Sri G. YELLAMANDA REDDI:— If the Government of Central Banks supervision fees to be paid by the Banks? The Hon. Sri D. SANJIVAYYA:—

The Hon. Sri G. LATCHANNA:— Labour Unions registered in the State.

* 86—Q: Sri S. VEMAYYA:— Will the Hon. the Minister for Electricity and Social Welfare be pleased to state:

(a) the number of Labour Unions or Unions registered for the workers or employees in the State now; (b) the number of Unions cancelled for the year ending 1954; and (c) the number of Agricultural Unions, if any, in the State now?

The Hon. Sri G. LATCHANNA:—

(a) The number of Trade Unions registered as on 31-5-55 is 186.

(b) 33

(c) 6
226.

*385—Q: Sri S. VEMAYYA:—Will the Hon. the Minister for Planning and Industries be pleased to state:

[a] whether there are any proposals with the Government for improvement of slums in the State; and
[b] if so, what they are?

The Hon. Sri K. VENKATA RAO:—

[a] Yes.

[b] The question of legislation on the lines of the Madras Slum Improvement (Acquisition of land) Act, 1954 for the acquisition of lands for improving slums in some of the bigger Municipalities in the State is under consideration.

Sri G. NAGESWARA RAO:— అయితే ఇది స్నేహాన్ని అందచేసేది అశ్వాసం? అయినా ఎందుకంటా అయితే ఈలేది?
23rd July 1955

The Hon. Sri K. VENKATA RAO:—

Sri PRAGADAKOTAIAH:— The Director of Town Planning, it seems there is a question of 2 cases to be taken up. If so, can we start?

The Hon. Sri K. VENKATA RAO:—

Sri S. NARAYANAPPA:—

The Hon. Sri K. VENKATA RAO:—

Sri A. KALESWARA RAO:—

The Hon. Sri K. VENKATA RAO:—

Sri N. C. SESHADRI:—

The Hon. Sri K. VENKATA RAO:—
252 QUESTIONS AND ANSWERS

[23rd July 1955]

అప్పుడు మానవుని రాజ్యంలో విశేషాలు ఉండే వస్తువులకు తెలియజేస్తారు. ఆమరచిన సంమానాలకు అంతర్జాతీయ రాజ్యంలో విశేషాలు ఉండేవారు. అందుకే కొన్ని వస్తువులు నిర్ణయం తీస్తారు.

Sri S. BRAHMA JAYA:— తరువాత మరాలను ఎంచుకునే గంటా ప్రాతం వాతావరణం కూడా ఉండేది. అందుకే మన శక్తి విశేషాలు ఉండాలి. అందుకే మన సంస్థలు వాతావరణం ప్రాతం అంతర్జాతీయ రాజ్యంలో విశేషాలు ఉండాలి. అందుకే మన సంస్థలు వాతావరణం ప్రాతం అంతర్జాతీయ రాజ్యంలో విశేషాలు ఉండాలి.

The Hon. Sri K. VENKATA RAO:— తరువాత మరాలను ఎంచుకునే గంటా ప్రాతం వాతావరణం కూడా ఉండేది. అందుకే మన శక్తి విశేషాలు ఉండాలి. అందుకే మన సంస్థలు వాతావరణం ప్రాతం అంతర్జాతీయ రాజ్యంలో విశేషాలు ఉండాలి. అందుకే మన సంస్థలు వాతావరణం ప్రాతం అంతర్జాతీయ రాజ్యంలో విశేషాలు ఉండాలి.

Sri A. C. SUBBA REDDI:— ఆహారం స్ట్రేం లెను కూడా ఉండాలి. అందుకే మన శక్తి విశేషాలు ఉండాలి. అందుకే మన సంస్థలు వాతావరణం ప్రాతం అంతర్జాతీయ రాజ్యంలో విశేషాలు ఉండాలి.

The Hon. Sri K. VENKATA RAO:— ఆహారం స్ట్రేం లెను కూడా ఉండాలి. అందుకే మన శక్తి విశేషాలు ఉండాలి. అందుకే మన సంస్థలు వాతావరణం ప్రాతం అంతర్జాతీయ రాజ్యంలో విశేషాలు ఉండాలి.

Sri P. VENKATASUBBAYYA:— అప్పుడు మన శక్తి విశేషాలు ఉండాలి. మెంమార్యు అప్పుడు మన శక్తి విశేషాలు ఉండాలి. అందుకే మన సంస్థలు వాతావరణం ప్రాతం అంతర్జాతీయ రాజ్యంలో విశేషాలు ఉండాలి.

The Hon. Sri K. VENKATA RAO:— అప్పుడు మన శక్తి విశేషాలు ఉండాలి. అందుకే మన సంస్థలు వాతావరణం ప్రాతం అంతర్జాతీయ రాజ్యంలో విశేషాలు ఉండాలి.

Sri B. APPA RAO:— అప్పుడు మన శక్తి విశేషాలు ఉండాలి.

The Hon. Sri K. VENKATA RAO:— అప్పుడు మన శక్తి విశేషాలు ఉండాలి.

Sri Venkataiah’s Scheme for Ex-tappers.

227.

*502—Q.:—Sri S. VEMAYYA:—Will the Hon. the Minister for Local administration and Prohibition be pleased to state.
whether there are proposals with the Government to implement the scheme of Sri N. Venkataiah regarding ex-tappers in the State?

The Hon. Sri A. B. NAGESWARA RAO:—
Yes Sir, the scheme of Sri N. Venkataiah is under examination in consultation with the Director of Industries and Commerce.

Sri PILLALAMARRI VENKATESWARULU:—
whether there are proposals with the Government to implement the scheme of Sri N. Venkataiah regarding ex-tappers in the State?

The Hon. Sri A. B. NAGESWARA RAO:—
Yes Sir, the scheme of Sri N. Venkataiah is under examination in consultation with the Director of Industries and Commerce.

Sri B. SANKARAIH:—
whether there are proposals with the Government to implement the scheme of Sri N. Venkataiah regarding ex-tappers in the State?

The Hon. Sri A. B. NAGESWARA RAO:—
Yes Sir, the scheme of Sri N. Venkataiah is under examination in consultation with the Director of Industries and Commerce.

Sri E. NAGAYYA:—
whether there are proposals with the Government to implement the scheme of Sri N. Venkataiah regarding ex-tappers in the State?

Mr. SPEAKER:—
whether there are proposals with the Government to implement the scheme of Sri N. Venkataiah regarding ex-tappers in the State?

The Hon. Sri A. B. NAGESWARA RAO:—
Yes Sir, the scheme of Sri N. Venkataiah is under examination in consultation with the Director of Industries and Commerce.
Sri P. RANGA REDDI: — The Hon. Sri A. B. NAGESWARA RAO, Director of Industries, correspondence?

The Hon. Sri A. B. NAGESWARA RAO: — Yes.

Sri P. KODANDARAMAYYA: — Government of Indian Palm Gur Department, Adviser.


Mr. SPEAKER: — I am again reminding the Members that we have a number of questions. The Government say that the matter is under consideration and if there are any valuable suggestions from Members, they may be given to the Government by means of letters.

Construction of office buildings & officers' quarters in Tekkali.

561—Q: Sri P. GUNNAYYA: — Will the Hon. the Deputy Chief Minister be pleased to state:

(a) whether the Land Acquisition has been made for construction of office buildings and officers' quarters in Tekkali; and

(b) if not, when this work will be taken up?

The Hon. Sri N. SANJEEVA REDDI:...

(a) Yes.

(b) Does not arise.
23rd July 1955

Sri P. GUNNAYYA:— The Hon. Sri N. SANJEEVA REDDI:—

Sri P. GUNNAYYA:— Will the Hon. Sri N. SANJEEVA REDDI:—

The Hon. Sri K. VENKATA RAO:— (a) No. (b) This does not arise.

Sri P. RANGA REDDI:— The Hon. Sri K. VENKATA RAO:—

Sri PILLALAMARRI VENKATESWARLU:— The Hon. Sri K. VENKATA RAO:—

Salaries of Village Officers.

*700—Q: Sri P. GOPALAKRISHNA REDDI:— Will the Hon. the Minister for Revenue be pleased to state:

(a) whether the Government are contemplating to increase the salaries of Village Officers who are getting less than Rs. 18/- per month; and

(b) if so, when it will be implemented?

The Hon. Sri K. VENKATA RAO:—

(a) No.

(b) This does not arise.
Sri P. BASI REDDI:— Is there any proposal before the Government to do away with hereditary nature of the posts of village officers?

The Hon. Sri K. VENKATA RAO:— That is a separate question and it was dealt with also in the budget by the Hon. Minister for Land Revenue.

Sri SHAIK MOVLA SAHEB:— Who are the judges?

The Hon. Sri K. VENKATA RAO:— They are the judges.

Sri GAJENDARA REDDI:— I am not sure whether the salaries of the village officers are paid to the Collector's office or the D. A. T. A.

The Hon. Sri K. VENKATA RAO:— The salaries are paid to the Collector's office.

Sri C. SUBBARAYUDU:— On the 18th of August, have salaries been paid?

The Hon. Sri K. VENKATA RAO:— Yes, the salaries have been paid.

Sri G. JAGANNADHA RAJU:— Are the salaries of village officers equal to those of D. A. T. A.?

The Hon. Sri K. VENKATA RAO:— No, the salaries are not equal.

Sri M. NAGI REDDI:— As village officers, are the salaries higher than those of Collector office or the D. A. T. A.?

The Hon. Sri K. VENKATA RAO:— No, the salaries are not higher.

Sri N. VENKAIAH:— Are the Estate officers paid at a smaller rate than village officers?
QUESTIONs AND ANSWERS

23rd July 1956]

The Hon. Sri K. VENKATA RAO:—సర్, మార్చిలోనే అప్పుడు అంటే
చాలా అరణంగా, తెలియజేస్తానీ.

_Provision of Houses to members of Weavers Co-operative Societies._

230.

*796—Q. Sri S. RANGANATHA MUDALIAR:—Will the Hon. The Minister for Co-operation and Commercial Taxes be pleased to state the number of weaver co-operative societies in the State which are benefited out of the Cess Fund Scheme in providing houses to its members?

The Hon. Sri D. SANJIVAYYA:—

So far only one weavers co-operative society viz. the Yemmiganur Weavers Co-operative production and sale society, Limited, in Kurnool District has received subsidy from the Cess Fund for its housing colony.

Sri S. RANGANATHA MUDALIAR:—Is there any prospect of extending the benefit to other co-operative societies in the State?

The Hon. Sri D. SANJIVAYYA:—Yes, Sir.

Sri P. ANTHONY REDDI:—Cess fund administration గుడారు అధ్యక్షుడు ఎంతో రాబడితే?

The Hon. Sri D. SANJIVAYYA:—Officers గుడారు అధ్యక్షుడు ఎంతో రాబడితే.

_Power and non-power factories in the State._

231.

*193—Q. Sri S. VEMAYYA:—Will the Hon. the Minister for Electricity and Social Welfare be pleased to state:

(a) the number of power factories; and
(b) the non-power factories in the State?

The Hon. Sri G. LATCHANNA:—

(a) 1,596.
(b) 1,136.

Sri PILLALAMARRI VENKATESWARLU:—పంపాలు, పంపాలు మండిగా మంచింది అనేమండి ప్రతి నిషిడిం లాంటి!

The Hon. Sri G. LATCHANNA:—మాత్రము, లాంటి ప్రతి నిషిడిం.
Representation from the President, Panchayat Board, Sulurpet, re: protected water supply scheme.

232.

*746—Q. Sri P. GOPALAKRISHNA REDDY:—Will the Hon. the Minister for Planning and Industries be pleased to state:

(a) whether the Government have received any representation recently from the President, Panchayat Board, Sulurpet (Nellore District) to implement the protected water supply scheme; and

(b) if so, the action taken thereon?

The Hon. Sri K. VENKATA RAO:—

(a) The answer is in the affirmative.

(b) The question of sanctioning the investigation of a scheme of protected water-supply to the Panchayat is awaiting a report from the Inspector-General of Local Administration as to the Panchayat's financial ability to meet the cost of the scheme and that of its annual maintenance.

Special Armed Forces in the State.

233.

*632—Q. Sri P. GOPALAKRISHNA REDDY:—Will the Hon. the Deputy Chief Minister be pleased to state:

(a) the total strength of Special Armed Forces in Andhra State now;

(b) the number of Commandants, Assistant Commandants, Subedars and Jamadars,

(c) how many of these are Andhra in each rank; and

(d) whether there were any discharged Special Armed Police men prior to October 1953 who were Andhras?

The Hon. Sri N. SANJEEVA REDDI:—

(a) The Government consider that it is against public interest to furnish this information.

(b) and (c):

The particulars are furnished below:—

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>STRENGTH</th>
<th>NUMBER OF ANDHRAS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commandants</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Assistant Commandants</td>
<td>9</td>
<td>7</td>
</tr>
<tr>
<td>Subedars including</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subedars-Major</td>
<td>27</td>
<td>11</td>
</tr>
<tr>
<td>Jamadars</td>
<td>76</td>
<td>54</td>
</tr>
</tbody>
</table>
23rd July 1955]

(d) The answer is in the affirmative but all willing and available men are since reabsorbed.

Sri P. SUNDARAYYA:— अस्वाभाविक, अस्वाभाविक विषय कल्पनात, बांधकाम क्षमता है? 

Mr. SPEAKER:— I am afraid you cannot ask the reasons.

The Hon. Sri N. SANJEEVA REDDI:— अब इस क्षेत्र में अन्य सभी विषयों को रखें जिन्हें है रोजगार?

Sri PILLALAMARRI VENKATESWARLU:— Strength of the Police अभिव्यक्ति है। ऐसे special armed police दोस्ती प्रदान कीन्तु। उद्देश्य है। ऐसे special purposes के लिए। ऐसे military personnel दोस्ती प्रदान कीन्तु। उद्देश्य है।

Mr. SPEAKER:— We accept the statement of the Government when they say that it is against the interests of the public.

Sri P. SUNDARAYYA:—अस्वाभाविक, अस्वाभाविक विषय कल्पनात, बांधकाम क्षमता है। अब इस क्षेत्र में अन्य सभी विषयों को रखें जिन्हें है रोजगार?

Mr. SPEAKER:— The Government hold themselves responsible for such a statement. With such a sense of responsibility they deal with it.

Sri PILLALAMARRI VENKATESWARLU:—यद्यपि अस्वाभाविक विषय कल्पनात, बांधकाम क्षमता है। अब इस क्षेत्र में अन्य सभी विषयों को रखें जिन्हें है रोजगार?

The Hon. Sri N. SANJEEVA REDDI:—

If it is so clear in the budget, he would not have asked the question and waste the time. It is not so in the budget and that is why he is asking the question. I have given the other information regarding Commandants, Assistant Commandants, Subedars including Sudebars-Major and Jamadars. Therefore, I think hon. Member must be satisfied with that.

Mr. SPEAKER: It should be taken that, when the Government say that disclosure of a certain thing is against public interest we have to accept it. I don't think the Chair has got
the power to scrutinize the reasons or ask for reasons, or much less to run any of the risks.

The Hon. Sri N. SANJEEVA REDDI:— The rule clearly says, "A member to whom a question or supplementary question is put may decline to answer it on the ground that to answer it would be against public interest and a member to whom a supplementary question is put may decline to answer it without notice."

Sri PILLALAMARRI VENKATESWARLU:— It is a question of interpretation of rules. "A member to whom a question or supplementary question is put may decline to answer it on the ground that to answer it would be against public interest and a member to whom a supplementary question is put may decline to answer it without notice."

Mr. SPEAKER: The rules do not provide for any discussion between myself and the Minister. The Government are not bound to disclose even to the Chair because there is the Official Secrets Act.

Sri P. SUNDARAYYA:— Parliamentary rules do not provide for any discussion between myself and the Minister. The Government are not bound to disclose even to the Chair because there is the Official Secrets Act.

Mr. SPEAKER:— Armed police also is a security measure and it is in the interests of the whole State.

Sri P. SUNDARAYYA:— Parliamentary rules do not provide for any discussion between myself and the Minister. The Government are not bound to disclose even to the Chair because there is the Official Secrets Act.

Mr. SPEAKER:— Then we shall consider and take up this question when we consider the amendment of Assembly Rules.

* 823-Q. Sri V. VISWESWARA RAO:— Will the Hon the Minister for Revenue be pleased to state;

(a) the total number of inam villages in the State;

(b) the number of inams that have so far been taken over by the Government under the Madras Estates (Abolition and Conversion into Ryotwari) Act, 1948;

(c) the number of cases of disputed inams pending in the Law Courts;
(d) the number of inam villages excluded from the operation of the said Act; and
(e) whether the Government propose to introduce the Inams Abolition Bill?

The Hon. Sri K. VENKATA RAO :—
(a) The total number of inam villages in the State is 2970.
(b) 1111 inam estates have been taken-over upto 30-6-1955.
(c) In 58 cases disputes regarding the tenure of the inams are pending as shown below:

<table>
<thead>
<tr>
<th>Venue</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>In Civil Courts</td>
<td>5</td>
</tr>
<tr>
<td>Before Settlement Officers</td>
<td>4</td>
</tr>
<tr>
<td>Before Tribunals in appeals</td>
<td>49</td>
</tr>
<tr>
<td>Total</td>
<td>58</td>
</tr>
</tbody>
</table>
(d) 1076.
(e) Yes.

Sri V. VISVEWARA RAO :— స్వర్గ వివాహ పాటినంత, ఆమూలం లేదు చారూ లేదు. దాని పై నేపికినదిపోయి పరస్పరంలో వైపు బాగుడ సంప్రదాయం ఉండి. స్వేచ్ఛ వివాహ పాటినంత ఉండాలి చారు భావించాలి?

The Hon. Sri K. VENKATA RAO:— (చెప్పాలి అత్యధికంగా సంస్కరణలు ఉత్పాడించాలి).

Sri PILLALAMARRI VENKATESWARLU :— స్వర్గ వివాహ పాటినంత, సంస్కరణలు చాపించాలి కేంద్ర సంస్కరణలు?

The Hon. Sri K. VENKATA RAO :— చాపించాలి లేదా సంస్కరణలు?

Sri PILLALAMARRI VENKATESWARLU :— ప్రత్యేకంగా, సమాధానాన్ని?

The Hon. Sri K. VENKATA RAO:— ప్రత్యేకంగా సమాధానం లేదా 

Sri R. B. RAMAKRISHNA RAJU:— ప్రత్యేకంగా సమాధానం లేదా 

The Hon. Sri K. VENKATA RAO:— సమాధానం నుండి స్వర్గ వివాహ పాట సంస్కరణలు చేసాలి.
23rd July 1955

Sri G. YELLAMANANDA REDDI :— Comprehensive Bill with retrospective effect and for whole inam villages.

The Hon. Sri K. VENKATA RAO :—

Sri T. PAPA RAO :— 10, 15 etc. extent of lands to be increased. Pending if the Government propose to introduce the Inam Abolition Bill?

The Hon. Sri K. VENKATA RAO :— part inam villages.

Sri P. NARASIMHA APPA RAO :— Is there a provision in the Inam Abolition Bill to abolish introduction of Inam Abolition Bill by the Government?

The Hon. Sri K. VENKATA RAO :— 1076 Act 1938 to abolish Inam estates. Estates abolish estates.

Sri K. V. S. PADMANABHA RAJU :— Part inam villages.

The Hon. Sri K. VENKATA RAO :—

Sri B. SANKARAIH :—

The Hon. Sri K. VENKATA RAO :—

Sri K. BRAHMANAND REDDI :— (d) exclude inam villages 1000 etc. The Government propose to introduce the Inam Abolition Bill?
23rd July 1955]

Sri VAIVALALA GOPALAKRISHNAYYA:— Will the Hon. the Minister for Electricity and Social welfare be pleased to state:
(a) whether there is any proposal to build electric substation at Nuzvid; and
(b) if so, at what stage the proposal stands?

The Hon. Sri G. LATCHANNA:— (a) and (b): A proposal for erection of a substation at Nuzvid town is in the ‘Vissannapeta Firka Electrification scheme’ which is under formulation in the Government Electricity Department.

Extension of the National Extension Scheme for Podatoorpet to Ramakrishnarajupet.

*795 - Q: Sri S. RANGANATHA MUDALIAR:— Will the Hon. Minister for Planning and Industries be pleased to state:
(a) whether there is any proposal to extend the National Extension Scheme from Podatoorpet to Ramakrishnarajupet via., Athimanderpet; and
(b) if so, when?

The Hon. Sri K. VENKATA RAO :—
(a) No such proposal is under the consideration of the Government.
(b) Does not arise.

Sri R. RANGANATHA MUDALIAR:— Is there any chance of such proposal being considered by the Government at an early date?

The Hon. Sri K. VENKATA RAO :— There is no chance.
Rescue Homes under the Immoral Traffic Act, 1930.

237. *674 - Q: Sri P. GOPALAKRISHNA REDDY: Will the Hon. the Deputy Chief Minister be pleased to state:

[a] whether the Government have any proposal to open Rescue Homes in the State as provided in the Madras Suppression of Immoral Traffic Act, 1930; and

[b] if so, when?

The Hon. Sri N. SANJEEVA REDDI:— [a] and [b]:—
A proposal to open a Rescue Home cum Vigilance Home at Eluru, in West Godavari District was considered and deferred till next year. The question of including schemes for opening Rescue Homes in the Second Five Year Plan is under the consideration of the Government.

Sri P. RANGA REDDI:—Is it because that immoral traffic is on a vast scale in West Godavari that Eluru is chosen? May I also ask how many such Rescue Homes are proposed to be opened during the Second Five-Year Plan, and if the Hon. Minister does not mind to disclose by not treating it confidential, which are the actions that come under this immoral traffic?

The Hon. Sri N. SANJEEVA REDDI:—The first part of the question whether Eluru in West Godavari district is notorious for immoral traffic, need not be answered. The Rescue Home is for whole State including Giddalur. Regarding rest of the question, there is nothing for me to answer.

Extent of land taken over under the Madras Estates (Abolition and Conversion into Ryotwari) Act, 1948.

238. *950—Q. Sri M. RAJESWARA RAO:—Will the Hon. the Minister for Revenue be pleased to state:

(a) the total extent of land taken over and the compensation paid therefor by the Government under the Madras Estates (Abolition and Conversion into Ryotwari) Act, 1948 up to 31-3-1955; and

(b) the total extent of such land for which pattas were granted in each district and in each of the taluks of Krishna District.
23rd July 1955]

The Hon. Sri K. VENKATA RAO :—

[a] [i] the total extent of land taken over under the Estates Abolition Act is 17,991 sq. miles [approximate.]

[ii] The total amount of advance compensation deposited with the Tribunals upto 31—3—1955 is Rs. 3,19,40,984/-.

[b] No Ryotwari pattas have so far been granted in any district as settlement operations have not so far reached the stage at which pattas can be granted.

Sri PILLALAMARRI VENKATESWARLU :— Your farm land for landholders 35 acres of 3 acres? 40 acres? 3 acres?

The Hon. Sri K. VENKATA RAO :— The act is.

Sri M. RAJESWARA RAO :— May I know, Sir, whether there are any definite schemes with the Government for the use of these taken over lands pending completion of survey and settlement?

The Hon. Sri K. VENKATA RAO :— Mr. Rajeswara Rao who is a well-known advocate would have understood that the land taken is under the occupation of many people, it is cultivated land and there is no question of making use of it again.

Sri M. RAJESWARA RAO :— Is the Hon. Minister aware that because there is no definite scheme with the Government for the use of that land, people are encroaching upon it?

The Hon. Sri K. VENKATA RAO :— Evidently that is about banjar lands. Out of this 17,991 sq. miles, much of the land has been occupied. If the question refers to banjar lands, the same rules that apply to the ryotwari land will also apply to them.

Spending of Amount under Cess Fund Scheme

239.

*799 - Q:—Sri S. RANGANATHA MUDALIAR :— Will the Hon. the Minister for Planning and Industries be pleased to state:
[a] Whether the Government propose to spend the entire amount of allotment under Cess Fund Scheme through the Co-operative Department only; and

[b] Whether the Government propose to appoint some of the well experienced non-official men as Marketing Officers.

The Hon. Sri K. VENKATA RAO:—

[a] The bulk of the amount is proposed to be spent through the Co-operative Department.

[b] No, Sir,

Sri S. RANGANATHA MUDALIAR:— Inasmuch as the officers of the Co-operative Department depend upon the guidance and advice of non-officials, would the Government consider the expediency of appointing non-officials as Marketing Officers?

The Hon. Sri K. VENKATA RAO:— It is very difficult to control even the officers appointed by the Government. Non-officials will be uncontrollable.

Sri S. NARAYANAPPA:— The Co-operative Training Institute is a. The officers of the Institute are dependent upon the advice of non-officials. Would the Government consider the expediency of appointing non-officials as Marketing Officers?

The Hon. Sri K. VENKATA RAO:— Co-operative Training Institute is controlled by the Government. Non-officials will be uncontrollable.

Sri B. SANKARAIAH:— Co-operative Society and the Cess Fund Scheme are inter related. Would the Government consider the expediency of appointing non-officials as Marketing Officers?

The Hon. Sri K. VENKATA RAO:— The Cess Fund Scheme is controlled by the Government. Non-officials will be uncontrollable.

Sri PRAGADA KOTAIAH:— Registrar, under the Cess Fund Scheme is controlled by the Deputy Registrars. Non-officials are appointed by the Registrar. Would the Government consider the expediency of appointing non-officials?

The Hon. Sri K. VENKATA RAO:— Registrar is appointed by the Government. Non-officials are appointed by the Government. Non-officials will be uncontrollable.
Sri C. SUBBARAYUDU:— Finishing machine cess fund

The Hon. Sri K. VENKATA RAO:— Hand-loom Co-operative Society cess fund

Sri P. RAMACHARLU:— Co-operative Training Institute cess fund

The Hon. Sri K. VENKATA RAO:— Proposals for extension of Electricity supply to Prodatoorpeta village including agricultural lands, and to other villages in the Ramakrishnarajupeta area have been programmed for investigation during the second quarter of 1955-56 and will be considered for sanction if found remunerative.

Extension of Electricity to Prodatoorpet.

*782 - Q: Sri S. RANGANATHA MUDALIAR:— Will the Hon. the Minister for Electricity and Social Welfare be pleased to state:

[a] whether there is any proposal for extension of Electricity to Prodatoorpet in Tiruttani Taluk, for the use of agriculturists ?

[b] if so, when the work will be taken up ?

The Hon. Sri G. LATCHANNA:— [a] and [b] Proposals for extension of Electricity supply to Prodatoorpeta village including agricultural lands, and to other villages in the Ramakrishnarajupeta area have been programmed for investigation during the second quarter of 1955-56 and will be considered for sanction if found remunerative.

Drinking Water Supply to Jaggayyapat Panchayat.

*1038 - Q: Sri A. KALESWARA RAO:— Will the Hon. the Minister for Planning and Industries be pleased to state:

[a] whether the Government are aware that there is no drinking water supply to Jaggayyapat Panchayat, Krishna District ;
[b] whether the Panchayat Board of that place represented to Government several times stating that the Panchayat Board is willing to pay some proportion of the cost of the scheme if it is taken up; and

c if so, the action taken thereon?

The Hon. Sri K. VENKATA RAO:— [a] The Government are aware that the Jaggayyapeta Panchayat has no protected water-supply scheme.

[b] The question is answered in the affirmative.

[c] the protected water-supply scheme for the Jaggayyapeta panchayat is estimated to cost Rs. 5.08 lakhs to instal and annually Rs. 12,840/- to maintain. The question of sanctioning the scheme is under consideration.

Sri A. KALESWARA RAO:— I also say the same. I have noticed that in the panchayat it is not for the first time brought before the Government that if the Panchayat Board is willing to pay a proportion of the cost of the scheme if it is taken up. The question is answered in the affirmative.

The Hon. Sri K. VENKATA RAO:— The protected water-supply scheme for Jaggayyapeta panchayat is estimated to cost Rs. 5.08 lakhs to instal and annually Rs. 12,840/- to maintain. The question of sanctioning the scheme is under consideration.

Sri PILLALAMARRI VENKATESWARLU:— If I may ask, pending the sanction of the scheme, will you take up the scheme of the panchayat?

The Hon. Sri K. VENKATA RAO:—Pending the sanction of the scheme, the panchayat may take up the scheme of the panchayat.

Sri PILLALAMARRI VENKATESWARLU:— Under the circumstances, what are the recurring expenditure of the scheme?

The Hon. Sri K. VENKATA RAO:— Under the circumstances, the recurring expenditure of the scheme is very much.

Sri PILLALAMARRI VENKATESWARLU:— Jaggayyapeta panchayat is willing to pay 2 lakhs of the cost. Will you consider it for Jaggayyapeta panchayat?
23rd July 1956

The Hon. Sri K. VENKATA RAO :-

Sri P. RAMACHARLU:— కరుగులు చేసిని రోటిపాడు.

The Hon. Sri K. VENKATA RAO:— అదేసందే సాధనాలు

Sri A. O. SUBBA REDDI:— వాతావరణ సమాధానం సంబంధిత ప్రాంతాలు పాఠశాలలు ప్రధాన మంత్రి కోసం.

The Hon. Sri K. VENKATA RAO:— అనేకం ప్రాంతాలు

Sri C. SUBBARAYUDU:— వాతావరణ సమాధానం ప్రణాళితం ప్రత్యేకంగా ప్రాంతాలు ప్రధాన మంత్రి కోసం.

The Hon. Sri K. VENKATA RAO:— అనేకం ప్రాంతాలు

Sri PILLALAMARRI VENKATESWARLU:— అదేసందే ప్రాంతాలు ప్రధాన మంత్రి కోసం.

The Hon. Sri K. VENKATA RAO:— అనేకం ప్రాంతాలు

Sri P. SUNDARAYYA:— అదేసందే ప్రాంతాలు ప్రధాన మంత్రి కోసం.

The Hon. Sri K. VENKATA RAO:— అనేకం ప్రాంతాలు ప్రధాన మంత్రి కోసం.

Sri P. SUNDARAYYA:— అదేసందే ప్రాంతాలు ప్రధాన మంత్రి కోసం.

The Hon. Sri K. VENKATA RAO:— అనేకం ప్రాంతాలు ప్రధాన మంత్రి కోసం.

Sri PILLALAMARRI VENKATESWARLU:— అదేసందే ప్రాంతాలు ప్రధాన మంత్రి కోసం.
The Hon. Sri K. VENKATA RAO:— sir, we refer to the report of the 1937-38 period. We refer to the report.

Mr. SPEAKER:— The question is not the presence of communists in any place.

Sri A. KALESWARA RAO:— The report refers to the presence of communists in any place.

The Hon. Sri K. VENKATA RAO:— We refer to the report.

Sri A. KALESWARA RAO:— The report refers to the presence of communists in any place.

The Hon. Sri K. VENKATA RAO:— We refer to the report.

Sri N.C. SESHADRI:— The report refers to the presence of communists in any place.

The Hon. Sri K. VENKATA RAO:— We refer to the report.

II. ADJOURNMENT MOTIONS

(1) Re: Assignment of Romperu lands

Mr. SPEAKER:— The hon. Member Sri Pragada Kotaiah has given notice of an adjournment motion regarding some trouble in respect of Romperu lands. The matter was fully discussed in the House on the Revenue Demand. And it is a matter in the ordinary course of the administration. There is no urgency about it. I rule it out of order.
23rd July 1955] (Mr. Speaker)

(2) Disturbance of public meeting at Kakinada

Mr. SPEAKER :— The Hon. Member Sri K. V. S. Padmanabha Raju has given notice of an adjournment motion that some disturbance in a public meeting had taken place at Kakinada on 19-7-55. The House was in sitting on 20th, 21st and 22nd of this month. It is not a matter of urgent public importance. Therefore I rule it out of order.

(3) Re : Alleged arrests by Police in the course of investigation

Mr. SPEAKER :— There is one more adjournment motion given notice of by Sri G. Yellamanda Reddi alleging that on 18-7-55 some arrests were made by police in the course of investigation of a case. I hold that matter of investigation and arrests in the course of investigation of cases by the police should never form the subject matter of an adjournment motion in this House. If we take every arrest that is made by policemen in the course of investigation of crime as a fit subject of adjournment motion, this House will have no other business excepting such discussions. It is not an urgent matter. I therefore rule it out of order.

Sri P. SUNDARAYYA :— اے筒 congestion adjournment motion of investigation on 20th October 1953. Therefore, I move for adjournment motion. 

Investigation ہے to investigate.

Mr. SPEAKER :— If there are any excesses committed by the police, there are other courses for the aggrieved parties to take and also for the Hon. Members, but not spend the precious time of this House on such small matters. That is my ruling in the matter.

Sri P. SUNDARAYYA :— اے筒 ... ... ...

Mr. SPEAKER :— Take it to the Hon. Minister.

Sri PRAGADA KOTAIAH :— اے筒! اے筒 in adjournment.

Mr. SPEAKER :— It was ruled out of order. No discussion is permitted.
Sri PRAGADA KOTAIAH:— We have got still discussion on Demand IX- Heads of States, Ministers, Headquarters staff, etc., and the Hon. Member may raise this and elicit an answer if the Minister is so pleased to answer it.

[Note:— An *asterisk at the commencement of a speech indicates revision by the Member.]

III. BUDGET FOR THE YEAR 1955-56
Voting of Demands for Grants (Continued)

(1) Demand XVI - Medical

The Hon. Sri K. VENKATA RAO:— Mr. Speaker, Sir, on the recommendation of the Governor, I move—

“that the Government be granted a sum not exceeding Rs. 95,03,900 under Demand XVI - Medical.”
Mr. SPEAKER: The motion before the House is:

'That Government be granted a sum not exceeding Rs. 95,03,900 under Demand XVI-Medical.'
194. [460] Sri P. SUNDARAYYA:—Sir, I beg to move:
To reduce the allotment of Rs. 95,03,900/- for Medical by ... Rs. 100

198. [60] Sri M. NAGI REDDI:—Sir, I beg to move:
To reduce the allotment of Rs. 95,03,900/- for Medical by ... Rs. 100

199 [142] Sri V. VISWESWARA RAO:—Sir, I beg to move:
To reduce the allotment of Rs. 95,03,900/- for Medical by ... Rs. 100

200 [190] Sri N. VENKAIAH:—Sir, I beg to move:
To reduce the allotment of Rs. 95,03,900/- for Medical by ... Rs. 100
[To discuss regarding Medical Colleges].

203 [236] Sri G. NAGESWARA RAO:—Sir, I beg to move:
To reduce the allotment of Rs. 95,03,900/- for Medical by ... Rs. 100
[To make provision to appoint examiners for post graduate course from other Universities in place of the present examiners].

204 [252] Sri PILLALAMARRI VENKATESWARLU:
Sir, I beg to move: To reduce the allotment of Rs. 95,03,900/- for Medical by ... Rs. 100

205 [275] Sri VAVILALA GOPALAKRISHNAYYA:—
Sir, I beg to move: To reduce the allotment of Rs. 95,03,900/- for Medical by ... Rs. 100
DEMAND XVI — MEDICAL

23rd July 1955

Mr. SPEAKER:— Now the main Demand and the cut motions are before the House for discussion.

Sri P. SUNDARAYYA:— It is true that the number of hospitals and dispensaries has increased. In 1954, 194 and 106 were opened in the State. In 1955, 150 and 200 were opened. Hospitals and dispensary buildings were increased. In 1954, 150,000 rupees were spent. In 1955, 200,000 rupees were spent. Hospitals which should have been 7 have been increased. Agency hospitals, Municipal hospitals, District Board hospitals, etc. (hospitals which were not built) should have been opened. Municipal hospitals, District Board hospitals, etc., should have been increased. 50,000 rupees should have been spent. The total expenditure on hospitals should have been increased.

[At this stage Mr. Deputy Speaker occupied the Chair]
DEMAND XVI — MEDICAL

(Sri P. Sundarayya) [23rd July 1955]

...
DEMAND XVI — MEDICAL

23rd July 1955] (Sri P. Sundarayya)

After the expiry of ten years, the Agreement expired on 30th June 1955. Therefore, the term of the Agreement, 20 years, would have expired.

The M.D. S.P. Sundarayya, 20-12-2055, 3rd July 1955, submitted a report on the demand for increased wages.

The Government would like to increase the wages of nurses, orderlies, and compounders. The nurses' wages would be increased by 30%, and the orderlies' wages by 20%. The compounders' wages would be increased by 18%. All other wages would remain the same.

In conclusion, the Government is committed to providing better services to the public.

(Signed) M.D. S.P. Sundarayya
378 DEMAND XVI — MEDICAL

(Sri P. Sundarayya) [23rd July 1955

"gg"]

The Hon. Sri B. GOPALA REDDI :— १०३, अपने अधिकारी को प्रतिज्ञा करते?

Sri P. SUNDARAYYA :— नहीं, अवधारणाकार अधिकारी को प्रतिज्ञा करते नहीं, ना द्वितीय अधिकारी को प्रतिज्ञा करते नहीं।
DEMAND XVI — MEDICAL

23rd July 1955

(Sri P. Sundarayya)

...
DEMAND XVI — MEDICAL

(Sri P. Sundarayya) [23rd July 1955]

The Hon. Sri K. VENKATA RAO:— మాత్రం లేదా “ంప”! ఎందుకు ప్రస్తావించడానికి?
Sri P. SUNDARAYYA:— "We are pleased to inform you about the medical services provided by the Department of Public Health during the year 1951-52. The number of patients treated was 2,500 and the total expenditure was Rs. 5,000. The following figures are of particular interest: smallpox cases—2,700, total expenditure—23,700, and 3,500 cases of smallpox were treated. Also, 2,500 cases of typhoid were treated, with a total expenditure of Rs. 23,000. The Director of Public Health has reported that 60 cases of smallpox were treated, with a total expenditure of Rs. 10,000.

The Hon. Sri K. VENKATA RAO:— We are pleased to inform you that the Health scheme has been registered both for registered and unregistered patients. The total expenditure on the Health scheme for the year 1951-52 was Rs. 39,806.

Sri P. SUNDARAYYA:— We would like to inform you that the Health scheme has been registered for both registered and unregistered patients. The total expenditure on the Health scheme for the year 1951-52 was Rs. 39,806.
Mr. DEPUTY SPEAKER:—Sir, I must bring to your notice the fact that the demands for the various medical institutions and the medical services have been increased. During the last year, 10 Government hospitals, 16 sub-centres and 1 medical college have been opened.

Dh. P. RANGA REDDI:—Sir, I want to suggest that the demands for medical institutions and services should be increased. The number of hospitals and sub-centres should be increased. The erection of new buildings is necessary. The building of new hospitals is necessary. The building of new hospitals is necessary.

The demand for medical services should be increased. The demand for medical services should be increased. The demand for medical services should be increased.

The demand for medical services should be increased. The demand for medical services should be increased. The demand for medical services should be increased.
DEMAND XVI — MEDICAL

23rd July 1955] (Sri P. Ranga Reddi)

Sri A. KALESWARA RAO:

Sri P. Ranga Reddi

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On your behalf, the demand is submitted. The Committee had recommended that rural dispensaries should be established in rural areas. A rural dispensary was also recommended to be established in the Taluk headquarters. The Committee had also recommended that rural dispensaries should be established in the Taluk headquarters. However, the Rural Dispensary Act did not provide for the establishment of rural dispensaries in the Taluk headquarters. A rural dispensary should be established in the Taluk headquarters in order to provide medical facilities to the rural patients. The demand was also made to establish a mobile unit in the Taluk headquarters. The demand was also made to the government to supply the所需物品. The demand was also made to the government to supply the所需物品.
The Hon. Sri K. VENKATA RAO:—The Public Health
demand of the Institute have been long overdue. A 5 short notice question was
personal to the Health Department. The Hon. Minister had to
ask a question 60 days ago and the answer only came after
250 days. This is a disgrace. The question is stated only for
the purpose of 1926-1927. Science requires a School of
Indigenous Medicine to be established. A sur-
gery has been established and 150 beds has been
made available. It is necessary to have a School of
Indigenous Medicine to supplement modern medicine, western medicine, etc.

Sri A. KALESWARA RAO:—The question of the 5 Medical
Institute has been long overdue. The Hon. Minister had to
ask a question 60 days ago and the answer only came after
250 days. This is a disgrace. The question is stated only for
the purpose of 1926-1927. Science requires a School of
Indigenous Medicine to be established. A sur-
gery has been established and 150 beds has been
made available. It is necessary to have a School of
Indigenous Medicine to supplement modern medicine, western medicine, etc.

Director of Indigenous Medicine stated that the
institute is not working to its full capacity. It is necessary to have a School of
Indigenous Medicine to supplement modern medicine, western medicine, etc.
23rd July 1955] (Sri A. Kaleswara Rao)

The Hon. Sri K. VENKATA RAO :-

Sri A. KALESWARA RAO :—

*Sri G. NAGESWARA RAO :—*
Sri G. Nageswara Rao

[23rd July 1955]

Mobile dispensaries and Headquarters Hospitals

A lady doctor was needed; more female doctors were needed, who could provide midwifery services. The Headquarters Hospitals and Local Board Hospitals were inadequate. The Local Board Hospitals needed expansion, and the Headquarters Hospitals needed more beds. The number of beds needed was around 15 per hospital. Moreover, there was a lack of medical personnel.

Sri R. Nathamuni Reddi:—

The General Hospital, Medical College Hospital, and the Medical Colleges were insufficient. The Medical College was overcrowded. Vice-chancellors were needed to expand the Medical Colleges. There was a need for more hospitals, particularly for maternity care. Existing hospitals were insufficient, and more were needed.
DEMAND XVI — MEDICAL

23rd July 1955] (Sri R. Nathamuni Reddi)

அனுமானையும், மன்னர் Dispensaries என்று நூற்றுக்கும் முறையாக தெரிந்து. இருந்து
போக்குகளை அலுவலகப் போன்ற வண்ணமாக உயர்ந்து விளக்கமாக தவறாக
கருப்புக்கு. அதன் போது உயர்ந்து வெளிவந்து. Mobile dispensaries
பொறுப்பில் நிற்கும் வகையானது நூற்றுக்கும் முறையாக வண்ணமாக
வெளியுடன் venereal diseases என்று இருந்து விளக்கமாக தவறாக
முக்கியமானது. இல்லாமல் கொண்டு எண்ணியும் mobile dispensaries மற்றும்
இழுத்து விளக்கமாக தவறாக.

தலுகைக் Talak Headquarters முதிர்ப்புள்ளது. இது எனது
அனுமானையும் பொறுப்பில் சுற்றுக்கும் முறையாக தவறாக

*Sri P. RAMACHARLU:— அங்கு எனத்துக்கும் வரவேறு காணக்கூறு
விளக்கத் தமிழில் தெரிந்து. முந்தயம் தமிழ்கூறு
ஜாலையும் விளக்கமாக தவறாக. எனக்கு எனத்து எனைது
முக்கியமானது. எனக்கு எனைது எனைது

மருத்துவத் திறன் என செழுந்து விளக்கமாக. என்றாலே எனைது எனைது
சிறிய என் செழுந்து விளக்கமாக. என்றாலே என் செழுந்து
சிறிய என் செழுந்து விளக்கமாக. என்றாலே என் செழுந்து
சிறிய என் செழுந்து விளக்கமாக. என்றாலே என் செழுந்து

மற்றது என்னை எழுதுந்து என்னை எழுதுந்து என்னை எழுதுந்து

*Sri VAVILALA GOPALAKRISHNAYYA :— அங்கு என் செழுந்து
மருத்துவத் திறன் என்னை எழுதுந்து Local Fund Hospital மற்றும்
Provincialise என்னை எழுதுந்து வகையாக எழுதுந்து. என் எழுதுந்து
செழுந்து எழுதுந்து எழுதுந்து எழுதுந்து. என் எழுதுந்து
district என்னை எழுதுந்து எழுதுந்து எழுதுந்து எழுதுந்து. என்
செழுந்து எழுதுந்து எழுதுந்து எழுதுந்து. என் எழுதுந்து

DEMAND XVI — MEDICAL

(Sri Vavilala Gopalakrishnayya) [23rd July 1955

Srimathi Ch. AMMANA RAJA:— The Hon'ble Medical Demand, Public Health Demand were appraised. It was a two

- time session. It had been maintained that those who were the best of the lot should be selected. The Committee

had given a selection list. The Hon'ble Member expressed a selection list. The Hon'ble Member expressed an

intolerance of the lot. The Hon'ble Member expressed an intolerance of the lot.
DEMAND XVI — MEDICAL

23rd July 1955] (Srimathi Ch. Ammanna Raja)

Hospitals Government servants

\[\text{Hospital advisory visits to hospitals}

\text{Nurses}
(Srimathi Ch. Ammannna Raja) [23rd July 1955]


DEMAND XVI — MEDICAL

23rd July 1955] (Sri B. Adinarayana)

Homeopathy small-pox 8 small-pox fail

Homeopathy valid after small-pox,

Homeopathy valid after small-pox.

Homeopathy valid after small-pox.

Homeopathy valid after small-pox.
(Sri B. Adinarayana)  [23rd July 1955]


(The hon. Member resumed his seat, as his time was over.)

Sri M. RANGAYYA:—அவ்வாறு சார்ந்தவர், நான் அதே முறையான இல்லாததை வைத்ததோ, அவ்வாறு சார்ந்தவர் என்று விளக்கம் செய்ய. அரசு என்று மற்றைய என் மூலம், யாரோ ஒருமுறைச் சொல்லும் என்று வைத்ததோ, அவ்வாறு சார்ந்தவர் என்று விளக்கம் செய்ய. யாரோ ஒருமுறைச் சொல்லும் என்று வைத்ததோ, அவ்வாறு சார்ந்தவர் என்று விளக்கம் செய்ய. யாரோ ஒருமுறைச் சொல்லும் என்று வைத்ததோ, அவ்வாறு சார்ந்தவர் என்று விளக்கம் செய்ய.

Relief என்றால் சாய்கள் என்றும். உங்கள் இல்லையோ பொருள் என்றும் இல்லையோ, யாரோ ஒருமுறைச் சொல்லும் என்று வைத்ததோ, அவ்வாறு சார்ந்தவர் என்று விளக்கம் செய்ய. யாரோ ஒருமுறைச் சொல்லும் என்று வைத்ததோ, அவ்வாறு சார்ந்தவர் என்று விளக்கம் செய்ய. யாரோ ஒரு முறைச் சொல்லும் என்று வைத்ததோ, அவ்வாறு சார்ந்தவர் என்று விளக்கம் செய்ய. யாரோ ஒரு முறைச் சொல்லும் என்று வைத்ததோ, அவ்வாறு சார்ந்தவர் என்று விளக்கம் செய்ய. யாரோ ஒரு முறைச் சொல்லும் என்று வைத்ததோ, அவ்வாறு சார்ந்தவர் என்று விளக்கம் செய்ய.

ேராகச் செங்குத்திய வழியே வந்து வரும் முறையாக, Medical Colleges இவ்வாண்டில் தொடங்கி வேறையை வைத்துக்காட்டிக் கூறவுண்டேன். Medical Colleges இவ்வாண்டில் தொடங்கி வேறையை வைத்துக்காட்டிக் கூறவுண்டேன். Medical Colleges இவ்வாண்டில் தொடங்கி வேறையை வைத்துக்காட்டிக் கூறவுண்டேன். Medical Colleges இவ்வாண்டில் தொடங்கி வேறையை வைத்துக்காட்டிக் கூறவுண்டேன். Medical Colleges இவ்வாண்டில் தொடங்கி வேறையை வைத்துக்காட்டிக் கூறவுண்டேன். Medical Colleges இவ்வாண்டில் தொடங்கி வேறையை வைத்துக்காட்டிக் கூறவுண்டேன். Medical Colleges இவ்வாண்டில் தொடங்கி வேறையை வைத்துக்காட்டிக் கூறவுண்டேன்.
DEMAND XVI — MEDICAL

23rd July 1955] (Sri M. Rangayya)

Medical College open hospitals research facilities

rural dispensaries hospitals
rural dispensaries

Medical practitioner medical relief
private individuals institutions Government headquarters hospitals

Midwives training

training

training

training
I have no prejudice either against Homoeopathy or Ayurveda. Allopathic medicine is our medicine. English medicine is our medicine. Western medicine is our medicine. This is modern medicine. Modern medicine as well as other systems of medicine, Ayurveda has become static. Ayurveda has become dynamic. Knowledge has no boundaries. Knowledge has no limitations. Science has no limitations. Let us call this as modern medicine, western medicine, allopathic medicine as well as other systems of medicine. Homoeopathy is the cheapest medicine. Homoeopathy is also Herbs-only. Homoeopathy is also the modern medicine. Homoeopathy is a claim. Homoeopathy is extravagant claim. Homoeopathy is the system of medicine. A medical practitioner can practice any system of medicine, whether it be Ayurvedic, Homoeopathic, Allopathic or Unani. He must have a fundamental knowledge of medicine and a fundamental knowledge of diseases. Village Vaidyas have shortened course of medical knowledge. He can practice any system of medicine, whether it be Ayurvedic, Homoeopathic, Allopathic or Unani. One or two years training, I support the Demand.
DEPUTY SPEAKER:— Sir, I am going to speak about a small subject but one of urgent importance, relating to the expenditure on medical establishments. I bring to the notice of the Government the case of certain medical officers who have been kept on as officiating surgeons for many years from 1950 onwards. As officiating service does not count for pension, it is but bare justice that the Government should be pleased to confirm these Assistant Surgeons with effect from the date on which they are declared to have completed their probation satisfactorily. I beg to submit that most of these officers were deputed to army service during the Second World War and when they were in army service they were promoted as Civil Assistant Surgeons. When the war terminated, they were sent back to civil duty. From that time up till to-day they have been kept on only as officiating Surgeons. Most of them are declared to have completed their probation satisfactorily and their services also, have been regularised as per Public Services Commission Notification No. 16 published in the Fort St. George Gazette, Part I, on 7—2—1950. Still they are officiating Surgeons. Most of them have performed during their life arduous duties in various stations; they worked in jails; they worked in agency tracts and they worked in the army. Such men who have dedicated their lives to the service of the State ought not to be deserted in their retiring age. It is up to the Government to intervene and forthwith pass orders confirming them with effect from the date of completion of their probation so that they may earn increased pension, as some of them are due to retire, and it is legitimately due to them. Thank you, Sir.

Sri S. RANGANATHA MUDALIAR:—Mr. Deputy Speaker Sir, I am going to speak about a small subject but one of urgent importance, relating to the expenditure on medical establishments. I bring to the notice of the Government the case of certain medical officers who have been kept on as officiating surgeons for many years from 1950 onwards. As officiating service does not count for pension, it is but bare justice that the Government should be pleased to confirm these Assistant Surgeons with effect from the date on which they are declared to have completed their probation satisfactorily. I beg to submit that most of these officers were deputed to army service during the Second World War and when they were in army service they were promoted as Civil Assistant Surgeons. When the war terminated, they were sent back to civil duty. From that time up till to-day they have been kept on only as officiating Surgeons. Most of them are declared to have completed their probation satisfactorily and their services also, have been regularised as per Public Services Commission Notification No. 16 published in the Fort St. George Gazette, Part I, on 7—2—1950. Still they are officiating Surgeons. Most of them have performed during their life arduous duties in various stations; they worked in jails; they worked in agency tracts and they worked in the army. Such men who have dedicated their lives to the service of the State ought not to be deserted in their retiring age. It is up to the Government to intervene and forthwith pass orders confirming them with effect from the date of completion of their probation so that they may earn increased pension, as some of them are due to retire, and it is legitimately due to them. Thank you, Sir.
DEMAND XVI — MEDICAL

(Sri T. Jiyyar Das) [23rd July 1955]

"ELEMENTS OF THE MEDICAL DEMANDS"

...
DEMAND XVI — MEDICAL

23rd July 1965

(Sri T. Jiyyar Das)

The demand for Medical Colleges has been approved in the last Assembly. In the end of the last Assembly, the Government had been in a position to announce the approval of two Medical Colleges. However, the demand has not been approved due to various reasons. Hence, in the end of this Assembly, the demand for Medical Colleges has been approved. Furthermore, the demand has also been approved for the establishment of new Medical Colleges. As a result, the demand for Medical Colleges has been approved in the end of this Assembly. Moreover, the demand has also been approved for the establishment of new Medical Colleges. Consequently, the demand for Medical Colleges has been approved in the end of this Assembly.
Sri S. NARAYANAPPA:—Sir, I have a matter that I would like to bring to your attention. I have been working in the field of medicine for many years, and I have noticed a disturbing trend. There seems to be a lack of support for traditional medicine systems, which I believe are essential for the health of our communities. I would like to bring this matter to your attention and see if we can take steps to address it.

I understand that there are many challenges in this area, and I would be happy to work with you to find solutions. I believe that by working together, we can make a positive difference.

Thank you for your time and consideration. I look forward to your response.

(Signed)

Sri S. NARAYANAPPA

Honorary Director of Indigenous Medicine

Headquarters

[23rd July 1955]
DEMAND XVI — MEDICAL

23rd July 1955] (Sri S. Narayanappa)

Sri P. GUNNAYYA:—  Whereas, in the medical demand

for rural dispensary at L. F. Dispensary

and maternity at Child Welfare Centres;

*45.*

*45.* Sri P. GUNNAYYA:—  Whereas, in the medical demand

for rural dispensary at L. F. Dispensary

and maternity at Child Welfare Centres;
Sri SHAIK MOWLA SAHEB: — అంటే కావాలి! ఆధ్యాత్మక మతం నిక్షిప్తం చేసిన ఆరోగ్య పత్రిక నిర్వహణకు భావించ అరుదు ఆసక్తి కొరకు నీకు సమయానికీ ఆధార పిందింది. మాత్రమే ధర్మములు మతములను ఉపయోగించాలని చెపుతుంది. శాత్తాన్నిపు హోస్పిటల్లు మరియుపర్యాయ సేవలకు ముఖ్యమైన పద్ధతిలో ఉన్నాయి. మెడికల్ డిపాల్ట్ సిస్టేస్ లో సంస్థలు ఉంటాయి.

చారిలో ప్రపంచానికి రైత సర్వేసింగ్ సేవలను కొనసాగించడానికి ఏం సహాయించడానికి ఆనాటి సామర్థ్యం. ఆనాటి దృశ్యం రేఫ్యాల్ సేవలను యొక్క సదా వేతిపసంపదులు మరియు విద్యాసంపదులు ముఖ్యమైని. మేల్స్ చరిత్రలో సామాజిక సేవలను యొక్క అనుసంధానాలు మరియు ఆధ్యాత్మిక సంచలనాలు కొనసాగించాలని ఆనాటి సామర్థ్యం.

*Sri S. K. V. KRISHNAVATARAM:— అంటే కావాలి! ప్రకారం తెలుగు లో సూత్రానికి చూషించడానికి అంటే కావాలి. అంటే నిర్వహణకు పరిసరం ఉండాటానికి ఆనాటి సామర్థ్యం. అంటే ఇంటే భావించడానికి ఆనాటి సామర్థ్యం. ఆనాటిలో ఉండటానికి మనం అనుభవించాలని ఆనాటి సామర్థ్యం. ఆనాటి దృశ్యం మరియు ఆనాటి ఉపయోగించడానికి మనం అనుభవించాలని ఆనాటి సామర్థ్యం. ఆనాటి దృశ్యం మరియు ఆనాటి ఉపయోగించడానికి మనం అనుభవించాలని ఆనాటి సామర్థ్యం.
DEMAND XVI — MEDICAL

23rd July 1955] (Sri S. K. V. Krishnavataram)

Madras & Vizagapatam — hospitals — special departments — eye, ear, throat, nose.

Qualified doctors — District Headquarters Hospital — special departments.

District Headquarters Hospital — surgery, medicine — honorary — applications.

Honorary — hospitals — special departments.

Honorary — Government College of Indigenous Medicine.

Homoepathy — same status, same scales of pay and employment in Government service.

Sri C.M. SESHADRI: —

Sri C.M. SESHADRI: —
DEMAND XVI — MEDICAL

(Sri C. M. Seahadri) [23rd July 1955]

The Hon. Sri K. VENKATA RAO —

(At this stage, Mr. Deputy Speaker occupied the chair)

At this stage, Mr. Deputy Speaker occupied the chair.

The Hon. Sri K. VENKATA RAO :—
23rd July 1955] (Sri K. Venkata Rao)

DEMAND XVI — MEDICAL


To the local board వ్యవస్థ నీటి పై ప్రధాన అంతర్గత నీటి నిర్ధారించబడింది. ఆ తరువాత ప్రతి వ్యక్తి బావి నీటి పై ప్రధాన అంతర్గత నీటి నిర్ధారించబడింది. ఆ తరువాత ప్రతి వ్యక్తి బావి నీటి పై ప్రధాన అంతర్గత నీటి నిర్ధారించబడింది.
DLMAND XVI — MEDICAL
(Sri K. Venkata Rao) [23rd July 1955

The Medical Department has been providing training to medical practitioners. The Department has introduced a shorter course for those who wish to enter the profession. The All India Medical Council has been instrumental in this. The Deputy Chief Minister has announced the opening of new hospitals and medical college in the state. The Medical Department is working towards the establishment of new hospitals and medical college in different parts of the state. The All India Medical Council has been working towards the establishment of new hospitals and medical college in the state.
M. B. B. S. Course [30]

23rd July 1955]
(Sri K. Venkata Rao)

M. B. B. S. Course and L. M. P. courses are interlinked. All L. M. P. pass holders are eligible for the M. B. B. S. course. However, the All India Medical Council recommends that the allopast system of shorter course will be more advantageous. The Council recommends L. M. P. pass holders for the M. B. B. S. course. Blood Bank, Chemical Examiner, Blood Bank, and Blood Bank, Medical Dispensaries. The Council recommends that the allopast system of shorter course will be more advantageous. The Council recommends that the allopast system of shorter course will be more advantageous. The Council recommends that the allopast system of shorter course will be more advantageous.
DEMAND XVI — MEDICAL

(Sri K. Venkata Rao) [23rd July 1955]

Mobile Vans & Mobile van units were sanctioned. 2 Vans for service in hospitals. 2 Vans sanctioned for Mobile van units.


At this stage Mr. Speaker resumed the Chair

Maternity and Child Welfare welcome address. Welcome address to Lady Extension Service is by the Hon'ble Member. Maternity & Child Welfare welcomes Lady Extension Service.

Sri P. SUNDARAYYA:—
The Hon. Sri K. VENKATA RAO:—

Insulin injection is sometimes given, and sometimes injection of glucose. It is difficult to decide which course to follow. The Insulin injection is given first, and if the patient shows no improvement, the injection of glucose is given. Sometimes the symptoms get better with the injection of glucose, but there is no improvement with the injection of Insulin.

The Hon. Sri B. ADINARAYANA:—

Allopathy has its place, and Homoeopathy has its place. The patient is given a special appointment to see the doctor. The doctor prescribes medicine according to the patient's symptoms. Sometimes the symptoms get better with the medicine prescribed, but there is no improvement with the injection of Insulin.

Homoeopathy is a system of medicine that uses substances to treat diseases. It is based on the principle of similia similibus curantur, which means that like cures like. This system has been used for hundreds of years and is still used today in many parts of the world.
The Hon. Sri K. VENKATA RAO :-

Demand XVI — Medical

[23rd July 1955]

The Hon. Sri K. VENKATA RAO :-

major operations being conducted for the protection of the general health of the public. The Hon. Lady Member of the House.

Homoepathy has been introduced in the medical system of the country. The Honorary doctors of the hospital are to be appointed.

National Health Scheme elements are public health, education, and employment. The Lady Member, Dr. Modi, threatened with an operation. Dr. Modi requested the Speaker to move it.
Sri P. RANGA REDDI:—Sir, on a point of information. School of Indian Medicine 3rd training facility is not sufficient. Institute of Modern Medicine 3rd appoint in delay. Why there facility has not been arranged for the students? The Hon. Sri K. VENKATA RAO:—Sir, the School of Indian Medicine G. C. I. M. appoint in delay. Why that facility is not arranged? The Hon. Sri K. VENKATA RAO:—That is a complaint from several members. Mr. SPEAKER:—That is a complaint from several members.

Sri P. GUNNAYYA:—The doctors are not satisfied care is not sufficient. Will the Hon. Minister be pleased to utter a word of hope for the officiating services.

Sri S. RANGANATHA MUDALIAR:—Will the Hon. Minister be pleased to utter a word of hope for the officiating services.
DEMAND XVI — MEDICAL

[23rd July 1955]

The Hon. Sri K. VENKATA RAO:—The officers I refer to were already in the civil services. While they were in the civil service they were sent to the war service. After the war was over they were reverted to their original posts. They are only a few in number. It is only such few cases I commend to the consideration of the Government.

Sri S. RANGANATHA MUDALIAR:—The officers I refer to were already in the civil services. While they were in the civil service they were sent to the war service. After the war was over they were reverted to their original posts. They are only a few in number. It is only such few cases I commend to the consideration of the Government.

The Hon. Sri K. VENKATA RAO:—The question is:

That Government be granted a sum not exceeding Rs. 95,03,900 under Demand XVI - Medical.

The motion was carried and the grant made.
DEMAND XVII — PUBLIC HEALTH

23rd July 1955]

DEMAND NO. XVII-PUBLIC HEALTH

The Hon. Sri K. VENKATA RAO :— Mr. Speaker, Sir,

I beg to move

that Government be granted a sum not exceeding Rs. 87,90,000 as recommended by the Governor under Demand XVII - Public Health.

Mr. SPEAKER:—The motion before the House is:

That Government be granted a sum not exceeding Rs. 87,90,000 under Demand XVII - Public Health.

212. (461) Sri P. SUNDARAYYA :— Sir I beg to move:

To reduce the allotment of Rs. 87,90,000/- for Public Health by Rs. 100

Mr. SPEAKER:—The motion before the House is:
213. (462) Sri P. SUNDARAYYA:— Sir, I beg to move:
To reduce the allotment of Rs. 87,90,000/- for Public Health by Rs. 100

214. (64) Sri R. B. RAMAKRISHNA RAJU:— Sir, I beg to move:
To reduce the allotment of Rs. 87,90,000/- for Public Health by Rs. 100
(To urge for an adequate water-supply scheme for Puttur in Chittoor District and to discuss general policy of Government in Public Health).

216. (42) Sri P. NARASIMHAPPA RAO:— Sir, I beg to move:
To reduce the allotment of Rs. 87,90,000/- for Public Health by Rs. 100
(To discuss the necessity for Parvathipur Palakonda and Rajam water works)

217. (61) Sri M. NAGI REDDY:— Sir, I beg to move:
To reduce the allotment of Rs. 87,90,000/- for Public Health by Rs. 100

218. (102) Sri M. NAGI REDDY:— Sir, I beg to move:
To reduce the allotment of Rs. 87,90,000/- for Public Health by Rs. 100

222. (237) Sri G. NAGESWARA RAO:— Sir, I beg to move:
To reduce the allotment of Rs. 87,90,000/- for Public Health by Rs. 100
DMAND XVII — PUBLIC HEALTH

23rd July 1955]

226) (276) Sri VAVILALA GOPALAKRISHNAYYA:—
225) Sir, I beg to move:
To reduce the allotment of Rs. 87,90,000/- for Public Health by ...
Rs. 100

1. Medical Demand —

Mr. SPEAKER:— Now the main demand and the cut motions are before the House for discussion.

Sri R. B. RAMAKRISHNA RAJU:— Medical Demand —

Medical relief to the extent of Rs. 100.

Second Five Year Plan —

First Rural Water Supply Scheme —

Preventive medicine —

Public Health et cetera —

Services as well as rural water supply —

In this Scheme half the expenditure...
will be borne as an outright subsidy from the Central funds, the other half being met by the State Governments and by contribution in villages and Local Bodies. The contribution will be borne as an outright subsidy from the Central funds, the other half being met by the State Governments and by contribution in villages and Local Bodies. The contribution will be borne as an outright subsidy from the Central funds, the other half being met by the State Governments and by contribution in villages and Local Bodies.
DEMAND XVII — PUBLIC HEALTH

23rd July 1955] (Sri B. B. Ramakrishna Raju)

Sri S. BRAHMAYYA:— At this stage Mr. Deputy Speaker occupied the chair.

Sri S. BRAHMAYYA:— At this stage Mr. Deputy Speaker occupied the chair.
Sri S. Brahmayya

23rd July 1955

Regarding the demand for construction of a drainage scheme in Eluru, the First Five Year Plan gives it the highest priority. The scheme was approved on 23rd February 1956, and technical sanction was given on 26th April 1958. The Chief Engineer, D. B. S. Sagar, has been appointed to supervise the scheme. The estimated cost of the scheme is Rs. 52,80,000, and the annual maintenance cost is estimated to be Rs. 60,000. The project is expected to be completed by 1959. The scheme will provide water supply to the surrounding areas.

The scheme is expected to benefit a large number of people, and it is hoped that it will improve the living conditions in the area. The project is expected to create employment opportunities for local residents, and it will also boost the local economy. The success of the scheme will depend on the effective implementation of the plans and the timely completion of the project. The government is committed to ensuring that the scheme is completed within the stipulated time frame and that it meets the expectations of the people.
Tap rates in some Municipalities are very low having been fixed many years ago. To be able to utilise the Central loan fully, the Municipal Councils must raise adequate resources for meeting the loan instalments due after setting apart sufficient funds for expenditure on the maintenance of these schemes. So a request from a Municipality to include its water supply or drainage scheme in the plan without an effort on its part to finance the loan will not do. The Municipality concerned must make a determined effort to find the money."
DEMAND XVII — PUBLIC HEALTH

(Sri S. Brahmayya) [23rd July 1955]

ప్రతిభిదది సర్వస్వామి సాధ్యమతితో సుమారు సంచాలన వేంచేది ఎందుకు ఉంటే, తనమైన సాహిత్యాదిలో ఉన్న పరిస్థితికి ప్రతిభిదది సాధిస్తారు. అలాగే అది ఉబహు సాహిత్యాదిలో ఉన్న పరిస్థితికి ప్రతిభిదది సాధిస్తారు. ఉత్తమంగా నాటికి ఇప్పటి పరిస్థితికి ప్రతిభిదది సాధిస్తారు. అయితే ఇది పరిస్థితికి ప్రతిభిదది సాధిస్తారు.

ప్రతిభిదది పరిస్థితికి ప్రతిభిదది సాధిస్తారు.

Sri P. RAJAGOPALA NAIDU:— అందువల్ల! అందువల్ల ఉద్యమం చేసినారు కార్యాలు ప్రస్తుతం ప్రతి పరిస్థితితో ప్రత్యేకంగా ఉన్నతంగా మాత్రమే నిర్భరం చేసేది ఎందుకు ఉంటే, తనమైన సాహిత్యాదిలో ఉన్న పరిస్థితికి ప్రతిభిదది సాధిస్తారు. అయితే ఇది పరిస్థితికి ప్రతిభిదది సాధిస్తారు.

ప్రతిభిదది పరిస్థితికి ప్రతిభిదది సాధిస్తారు.
DEMAND XVII — PUBLIC HEALTH

23rd July 1955] (Sri P. Rajagopala Naidu)

Sri M. NAGI REDDY:— Sir, Public Health has been a

It is clear that the rural water supply schemes of the

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(Sri M. Nagi Reddy) [23rd July 1955

Public Health

Central Government aid

Rural water supply

contagious diseases

segregation sheds
DEMAND XVII — PUBLIC HEALTH

23rd July 1956] (Sri M. Nagi Reddy)

Municipalities have been instructed to engage scavengers at the rate of 10 to 15 per 1,000 population. Scavengers are required to be provided with 15 to 20 rupees allowance per month. Additional allowance of 10 to 20 rupees per month is also required for dress allowance. Health Inspectors also require provincial transfers to handle contagious diseases province-wide. It is estimated that each village will have on an average three sanitary wells and almost every house will be provided with a latrine so that each unit of 100 villages will be provided with 300 drilled or masonry wells with protection against contamination.
Pipe system: 50 exp.

Recurring expenses: 50 exp.

Meeting expenses: 50 exp.

Public Septic Tank: 50 exp.

Water supply scheme: 50 exp.

Power boring: 50 exp.

Area: 50 exp.

Limit: 50 exp.

Combined public latrines: 50 exp.

57 latrines: 50 exp.

Step wells: 50 exp.
23rd July 1955] (Sri M. Nagi Reddy)

"The particulars referred to in Circular letter No.,... dated..............and the subsequent circular letters, must be gathered and submitted immediately. Detailed investigation must be completed by 20-7-55."

Sri P. Sreeramulu:— In accordance with demand No. 23 of the Planning Committee, Public Health Department, the Health Department must prepare a report on the present status of the malaria problem in the area. The Public Health Department must prepare a report on the present status of the malaria problem in the area. The report should cover the following points:

1. The number of malaria cases reported in the area.
2. The number of cases reported in the previous years.
3. The number of cases reported in the present year.
4. The number of cases reported in the last five years.
5. The number of cases reported in the last ten years.
6. The number of cases reported in the last fifteen years.
7. The number of cases reported in the last twenty years.
8. The number of cases reported in the last twenty-five years.
9. The number of cases reported in the last thirty years.
10. The number of cases reported in the last thirty-five years.
11. The number of cases reported in the last forty years.
12. The number of cases reported in the last forty-five years.
13. The number of cases reported in the last fifty years.
14. The number of cases reported in the last fifty-five years.
15. The number of cases reported in the last sixty years.
16. The number of cases reported in the last sixty-five years.
17. The number of cases reported in the last seventy years.
18. The number of cases reported in the last seventy-five years.
19. The number of cases reported in the last eighty years.
20. The number of cases reported in the last eighty-five years.
21. The number of cases reported in the last ninety years.
22. The number of cases reported in the last ninety-five years.
23. The number of cases reported in the last one hundred years.

The report should be submitted to the Health Department within two weeks of the receipt of this letter.

Sri P. Sreeramulu:— In accordance with demand No. 23 of the Planning Committee, Public Health Department, the Health Department must prepare a report on the present status of the malaria problem in the area. The Public Health Department must prepare a report on the present status of the malaria problem in the area. The report should cover the following points:

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6. The number of cases reported in the last fifteen years.
7. The number of cases reported in the last twenty years.
8. The number of cases reported in the last twenty-five years.
9. The number of cases reported in the last thirty years.
10. The number of cases reported in the last thirty-five years.
11. The number of cases reported in the last forty years.
12. The number of cases reported in the last forty-five years.
13. The number of cases reported in the last fifty years.
14. The number of cases reported in the last fifty-five years.
15. The number of cases reported in the last sixty years.
16. The number of cases reported in the last sixty-five years.
17. The number of cases reported in the last seventy years.
18. The number of cases reported in the last seventy-five years.
19. The number of cases reported in the last eighty years.
20. The number of cases reported in the last eighty-five years.
21. The number of cases reported in the last ninety years.
22. The number of cases reported in the last ninety-five years.
23. The number of cases reported in the last one hundred years.
DEMAND XVII — PUBLIC HEALTH

(Sri P. Sreramulu) [23rd July 1958]

The Committee observed that the composite State had a primary health centre scheme and the Government sanctioned it. The primary health centres were public health centres in the composite State and primary health centres were also public health centres. The Medical Department had primary health centres and the Medical Department had national water supply schemes. The Planning Commission was concerned with the health portfolio held by the Medical Health Department and the Planning Commission was concerned with the health portfolio held by the Medical Health Department.
3rd July 1953]

Sri P. NARASIMHA APPA RAO:—  ಅರುತ್ತು, ಸಂಭವಿಸುವ ಅವಸ್ಥೆಗೆ ಅದರ ಅಭಿವೃದ್ಧಿಯು ಅನುಸರಿಸಿದರೆ 30 ವರ್ಷಗಳಿಗೆ ಆನುಸರಿಸಬೇಕು. ರಾಜ್ಯ ಪರ್ವತ ಕಲೆಗೆ ಅವಶ್ಯಕತೆಯಾದ ಕ್ರಮಗಳು ಸಹಾಯ ಮಾಡಲು ರಾಜ್ಯದ ಪ್ಲಾನ್ ಇಂಡಿಯಾ ಅಂಡ ಹೆalth ಮಂಜೂರಿ ಮಂಡಲದ ಸೇವಾ ಮಾಡಲು ಸಹ ಸಹಾಯಕಾರದ ಸಹಾಯಗಾರಾಧನೆಯನ್ನು ಸಾರಾಂಶಕರ್ತೆ ಪಡೆಯಬೇಕು. ಈಯೋದ್ಯಮದ ಸೇವಾ ಮಾಡಬೇಕು. 24 ವರ್ಷಗಳಿಗೆ ಎಲ್ಲಾ ದಿನಗಳಿಗೆ ಸೇವಾ ಮಾಡಬೇಕು. ಕುಟುಂಬದ ವೈಶಿಷ್ಟ್ಯದಲ್ಲಿ ಮೊದಲಿನ ಮೂಲಕ ಸೇವಾ ಮಾಡಲು ಆರೋಗ್ಯ ಮಂಜೂರಿ ಸಮರ್ಪಿಸಲಾಗುತ್ತದೆ. ಈ ಅಭಿವೃದ್ಧಿಯನ್ನು ಮೂಲಕ ಇನ್ನೂ ಒಂದು ಎಲ್ಲಾ ದಿನಗಳಿಗೆ ಸೇವಾ ಮಾಡಬೇಕು.

ಎಲ್ಲಾ ದಿನಗಳಿಗೆ ಪ್ಲುಡಾರ್ ಸೇವಾ ಮಾಡಬೇಕು. ಎಲ್ಲಾ ದಿನಗಳಿಗೆ ಸೇವಾ ಮಾಡಬೇಕು.

Sri M. SATYANARAYANA RAJU:— ಆರುತು ಅಭಿವೃದ್ಧಿಯನ್ನು ಸೇವಾ ಮಾಡಲು ಸಹಾಯವಾಗಿರುವುದು. ಎಲ್ಲಾ ದಿನಗಳಿಗೆ ಸೇವಾ ಮಾಡಲಾಗುತ್ತದೆ. ಈ ಸೇವೆಯನ್ನು ಎಲ್ಲಾ ದಿನಗಳಿಗೆ ಸೇವಾ ಮಾಡಲಗೂ ಆರೋಗ್ಯ ಮಂಜೂರಿಯಲ್ಲಿ ಮೂಲಕ ಇನ್ನೂ ಒಂದು ಎಲ್ಲಾ ದಿನಗಳಿಗೆ ಸೇವಾ ಮಾಡಬೇಕು.
DEMAND XVII — PUBLIC HEALTH

(Sri M. Satyanarayana Raju) [23rd July 1955]

The demand for the public health service should be made stronger and more effective. The staff needs to be regularised and made vigilant. It is necessary to have a well-structured department of Sanitary Inspectors to ensure proper implementation of the public health service.

The government should provide subsidy to local bodies and local development schemes. Local bodies should be encouraged to develop and implement drainage schemes. The Executive Officer should be responsible for drainage schemes.

The ferromanganese plant and the ore transhipment port should be developed. The traffic should be increased. Drainage schemes should be implemented to prevent waterlogging. Hotels should be developed to cater to the needs of tourists.
23rd July 1955

*Sri T. VEERARAGHAVULU:—* The demand for a State level scheme of protected water supply in the State, including the region of the Guinea-worm endemic area, to meet the demands of the existing and proposed water supply schemes, has been made. The estimated cost of such a scheme is Rs. 33 lakhs. The scheme would cover the region where the disease is prevalent and would provide safe drinking water to the affected population.

*Sri RAJ ARAM:—* The demand for Public Health demand for the protection of water supply schemes that are already in operation and those that are proposed to be undertaken in the future. The estimated cost of such protection is Rs. 33 lakhs. The scheme would cover the region where the disease is prevalent and would provide safe drinking water to the affected population.
Sri RAJARAM

[23rd July 1955]

... public health headquarters... hospitals... headquarters... hospitals... headquarters... headquarters... headquarters...

Sri VAVILALA GOPALAKRISHNAYYA:

... environmental hygiene... Hospitals, health centres... hospitals... hospitals... hospitals... hospitals... hospitals...

Health Department... Health Inspectors... Health Inspectors... slums... slums... Health Inspector... Health Inspector...

... nutrition... milk powder... nutrition...
23rd July 1955] (Sri Vavilala Gopalakrishnayya)

The Hon. Sri A. B. NAGESWARA RAO :— 2. இது நீதித் தவறு
மற்றும் குறிப்பிட்டு போக விளக்கம் செய்து.

Sri VAVILALA GOPALAKRISHNAYYA:— ஒ 5 அடிக்கு
உறுதியாக இந்து பார்வையும் இந்தியம்

The Hon. Sri A. B. NAGESWARA RAO :— 5 அடிக்கு குறை
சத்து குறிப்பிட்டு போக விளக்கம் செய்து.

Sri VAVILALA GOPALAKRISHNAYYA :— ஐந்து காலம்
தனி. ஆனை அவைங்கள் அல்லது தனித்து வசுந்த சமையல் குறிக்கிறது. மாபுரையும் முதலாக
சாதனைகளுக்காக செய்யப்படுகின்றது. என அவைங்கள் நீதிகள் உடையே வரை வருகிற குறைகளை,
தலை மற்றும் துளை போன்றவை ஒட்டுவது கேள்வியாகும். [முன்னால் துளையும் தவறாக
 அல்லது துளையும் தவறாக இருந்து வருகிறது, என்பது விளக்கக்குரையுள்ளது. இந்தக் குறளுக்கு
நீதியான வேளையை, அதேலும் வேளையை பேண்டும். மேலும் குறளுக்கு

அங்கு வந்து வந்து என்று குறிப்பிட்டு போக விளக்கம் செய்து.

சூழ்நிலையாக வந்து வந்து என்று குறிப்பிட்டு போக விளக்கம் செய்து.

சூழ்நிலையாக வந்து வந்து என்று குறிப்பிட்டு போக விளக்கம் செய்து.
(Sri Vavilala Gopalakrishnayya) [23rd July 1955]

The Hon. Sri A. B. NAGESWARAO:— Financial circumstances permit. (Interruption.)

Sri VAVILALA GOPALAKRISHNAYYA:— Finances permit. (Interruption.) Panchayat Board permits finances accordingly.

(At this stage Mr. Speaker resumed the chair)

Maternity Centres are of primary importance. Dates of births are required for evidence of qualification and evidence of date of birth. The date of birth is required for evidence of qualification. Admissions are required for evidence of date of birth. Maternity Centres are required for evidence of date of birth. Date of births are required for evidence of qualification.
DEMAND XVII — PUBLIC HEALTH

23rd July 1955] (Sri Vavilala Gopalakrishnayya)

headquarters. జీమీ కార్యాలయం సేవలు హెల్త్ సెంటర్ ప్రాంగణం

Sri A. YERUKU NAIDU:— అనుభవం కల వర్ధమానం ప్రతి ప్రత్యేకించి కేకురికి తాంత్రిక సహాయం పొందడానికి దానం ప్రతి సంస్థలు చేస్తాం. సాధనాత్మకంగా చేసి, స్థానిక వ్యవస్థల ఉపయోగానికి ఉపయోగిత మేలాండి. స్థానిక రాష్ట్రాల రాజధానులు హెల్త్ సొసైటీ మార్క్ఫర్ వుండతాం. స్థానిక రాష్ట్రాల రాజధానులు హెల్త్ సొసైటీ మార్క్ఫర్ వుండతాం. స్థానిక రాష్ట్రాల రాజధానులు హెల్త్ సొసైటీ మార్క్ఫర్ వుండతాం. స్థానిక రాష్ట్రాల రాజధానులు హెల్త్ సొసైటీ మార్క్ఫర్ వుండతాం.

Local Boards కార్యక్రమం క్రింద రాదితీడి లాండు తృతీయ సమాచార ప్రతి విస్తారం బట్టి ఉండే ఉపయోగపడి, యాదాద్రి ప్రధానం ఉపయోగిత సంస్థలు హెల్త్ సొసైటీ మార్క్ఫర్ వుండతాం. యాదాద్రి ప్రధానం ఉపయోగిత సంస్థలు హెల్త్ సొసైటీ మార్క్ఫర్ వుండతాం. యాదాద్రి ప్రధానం ఉపయోగిత సంస్థలు హెల్త్ సొసైటీ మార్క్ఫర్ వుండతాం. యాదాద్రి ప్రధానం ఉపయోగిత సంస్థలు హెల్త్ సొసైటీ మార్క్ఫర్ వుండతాం.

Sri A. BHAGAVANTHA RAO:— అనుభవం కల వర్ధమానం ప్రతి ప్రతి సంస్థలు చేస్తాం. సాధనాత్మక సంస్థ ఉపయోగపడి, ప్రతి ప్రతి సంస్థలు చేస్తాం. సాధనాత్మక సంస్థ ఉపయోగపడి, ప్రతి ప్రతి సంస్థలు చేస్తాం. సాధనాత్మక సంస్థ ఉపయోగపడి, ప్రతి ప్రతి సంస్థలు చేస్తాం. సాధనాత్మక సంస్థ ఉపయోగపడి, ప్రతి ప్రతి సంస్థలు చేస్తాం. సాధనాత్మక సంస్థ ఉపయోగపడి, ప్రతి ప్రతి సంస్థలు చేస్తాం. సాధనాత్మక సంస్థ ఉపయోగపడి, ప్రతి ప్రతి సంస్థలు చేస్తాం. సాధనాత్మక సంస్థ ఉపయోగపడి, ప్రతి ప్రతి సంస్థలు చేస్తాం. సాధనాత్మక సంస్థ ఉపయోగపడి, ప్రతి ప్రతి సంస్థలు చేస్తాం. సాధనాత్మక సంస్థ ఉపయోగపడి, ప్రతి ప్రతి సంస్థలు చేస్తాం. సాధనాత్మక సంస్థ ఉపయోగపడి, ప్రతి ప్రతి సంస్థలు చేస్తాం.
The Hon. Sri K. VENKATA RAO:—... "Prevention is better than cure" as in medicine such as curative aspect of morning discussion in preventive aspect of. The aspect of 0% of 0% of 0% of 0% of 0% of 0% of 0%. The aspect of 0% of 0% of 0% of 0% of 0% of 0% of 0%. The aspect of National water supply schemes, Sanitation schemes etc. in the rural areas by technical knowledge and practical knowledge. Cities etc.
DEMAND XVII — PUBLIC HEALTH

23rd July 1958] (Sri A. Bhagavantha Rao)

கொட்டாடு, உயர்ந்த பகுதிகளும் போன்ற பெரும் தோற்றங்கள் கூட்டப்பட்டுள்ளது. உயர்ந்த பகுதிகளில் எந்த வேலையையும் போற்றமும் செய்ய முடியாது. இதனால் மக்கள் வயிற்றுக்கும் நோய் பெருகின்றது. பெரும்பான்மையான பகுதிகளில் செயற்கையாக வெள்ளியைக் கொள்ள முடியாது. இதனால், காண்பதையில் பெரும் தோற்றங்களில் மக்கள் வயிற்றுக்கும் நோய் பெருகின்றது. பெரும்பான்மையான பகுதிகளில் செயற்கையாக வெள்ளியைக் கொள்ள முடியாது. பெரும்பான்மையான பகுதிகளில் செயற்கையாக வெள்ளியைக் கொள்ள முடியாது.

* Sri B. P. SESHA REDDI — இந்த நோய் வழியாக வெள்ளியை கொள்ள முடியாது. இதனால் மக்களுக்கு வயிற்றுக்கும் நோய் பெருகின்றது. பெரும்பான்மையான பகுதிகளில் செயற்கையாக வெள்ளியைக் கொள்ள முடியாது. பெரும்பான்மையான பகுதிகளில் செயற்கையாக வெள்ளியைக் கொள்ள முடியாது. பெரும்பான்மையான பகுதிகளில் செயற்கையாக வெள்ளியைக் கொள்ள முடியாது.

23rd July 1958] (Sri A. Bhagavantha Rao)
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(Sri B. P. Sesha Reddi) [23rd July 1955

Sri P. BAPAYYA: — ஏன் குறிப்பிட்டது? இவ்வாறு வருமானாக இந்துலங்கம் என்பது, அன்றி மறையும் சம்பந்தமானது எனினும் கொண்டு வந்துள்ளனர். அவை வேதியியல் என கேள்பதாக செய்துள்ளனர். சொன்னும் மூலம் இவ்வாறு தெரியும் காலானது என சொன்னை கொண்டுள்ளது. யாரும் வேதியியல் என்று கூறியுள்ளார், அது என்றும் கூறியுள்ளார். இது சொன்னை கொண்டுள்ளது. 12 மாதங்களை முற்பட்டது என்று கூறியுள்ளார். அந்த காலானது என்றும் கூறியுள்ளார். அரசுக்கு சொன்று என்று கூறியுள்ளார். பின்னர் அவர் சொல்லப் பட்டு மறையும்.

Sri P. BAPAYYA: — ஏன் குறிப்பிட்டது? இவ்வாறு வருமானாக இந்துலங்கம் என்பது, அன்றி மறையும் சம்பந்தமானது எனினும் கொண்டு வந்துள்ளனர். அவை வேதியியல் என கேள்பதாக செய்துள்ளனர். சொன்னும் மூலம் இவ்வாறு தெரியும் காலானம் என சொன்னை கொண்டுள்ளது. யாரும் வேதியியல் என்று கூறியுள்ளார், அது என்றும் கூறியுள்ளார். இது சொன்னை கொண்டுள்ளது. 12 மாதங்களை முற்பட்டது என்று கூறியுள்ளார். அந்த காலானம் என்றும் கூறியுள்ளார். அரசுக்கு சொல்லப் பட்டு மறையும்.
DEMAND XVII — PUBLIC HEALTH

23rd July 1985] (Sri P. Bapayya)

*Sri S. K. V. KRISHNAVATARAM:— அழைத்துள்ளது, என்று குறிப்பிட்டு பேசுவதுள்ளது. Composite State என்றும் Central Government தோடும் மூன்று நீர்நிலை கொள்ளைகளை மைய்க்கப்பட்டுள்ளது. கொள்ளைகள் மையப்படுத்தினாலும் நீர்நிலை கொள்ளைகளுக்கான திறன்கள் மற்றும் செயல்படுத்தல் பண்ணையை விளக்கத் தொட்டியாலும் நீர்நிலை கொள்ளைகள் மையப்படுத்தினாலும் செயல்படுத்தல் பண்ணையை விளக்கத் தொட்டியாலும் நீர்நிலை கொள்ளைகளுக்கான திறன்கள் மற்றும் செயல்படுத்தல் பண்ணையை விளக்கத் தொட்டியாலும் நீர்நிலை கொள்ளைகள் மையப்படுத்தினாலும் செயல்படுத்தல் பண்ணையை விளக்கத் தொட்டியாலும் நீர்நிலை கொள்ளைகளுக்கான திறன்கள் மற்றும் செயல்படுத்தல் பண்ணையை விளக்கத் தொட்டியாலும் நீர்நிலை கொள்ளைகள் மையப்படுத்தினாலும் செயல்படுத்தல் பண்ணையை விளக்கத் தொட்டியாலும் நீர்நிலை கொள்ளைகளுக்கான திறன்கள் மற்றும் செயல்படுத்தல் பண்ணையை விளக்கத் தொட்டியாலும் நீர்நிலை கொள்ளைகள் மையப்படுத்தினாலும் செயல்படுத்தல் பண்ணையை விளக்கத்தொட்டியாலும் நீர்நிலை கொள்ளைகளுக்கான திறன்கள் மற்றும் செயல்படுத்தல் பண்ணையை விளக்கத் தொட்டியாலும் நீர்நிலை கொள்ளைகள் மையப்படுத்தினாலும் செயல்படுத்தல் பண்ணையை விளக்கத் தொட்டியாலும் நீர்நிலை கொள்ளைகளுக்கான திறன்கள் மற்றும் செயல்படுத்தல் பண்ணையை விளக்கத் தொட்டியாலும் நீர்நிலை கொள்ளைகள் மையப்படுத்தினாலும் செயல்படுத்தல் பண்ணையை விளக்கத் தொட்டியாலும் நீர்நிலை கொள்ளைகளுக்கான திறன்கள் மற்றும் செயல்படுத்தல் பண்ணையை விளக்கத் தொட்டியாலும் நீர்நிலை கொள்ளைகள் மையப்படுத்தினாலும் செயல்படுத்தல் பண்ணையை விளக்கத் தொட்டியாலும் நீர்நிலை கொள்ளைகளுக்கான திறன்கள் மற்றும் செயல்படுத்தல் பண்ணையை விளக்கத் தொட்டியாலும் நீர்நிலை கொள்ளைகள் மையப்படுத்தினாலும் செயல்படுத்தல் பண்ணையை விளக்கத் தொட்டியாலும் நீர்நிலை கொள்ளைகளுக்கான திறன்கள் மற்றும் செயல்படுத்தல் பண்ணையை விளக்கத் தொட்டியாலும் நீர்நிலை கொள்ளைகள் மையப்படுத்தினாலும் செயல்படுத்தல் பண்ணையை விளக்கத் தொட்டியாலும் நீர்நிலை கொள்ளைகளுக்கான திறன்கள் மற்றும் செயல்படுத்தல் பண்ணையை விளக்கத் தொட்டியாலும் நீர்நிலை கொள்ளைகள் மையப்படுத்தினாலும் செயல்படுத்தல் பண்ணையை விளக்கத் தொட்டியாலும் நீர்நிலை கொள்ளைகளுக்கான திறன்கள் மற்றும் செயல்படுத்தல் பண்ணையை விளாத்தும் தொட்டியாலும் நீர்நிலை கொள்ளைகளும் மையப்படுத்தினாலும் செயல்படுத்தல் பண்ணையை விளாத்தும் தொட்டியாலும் நீர்நிலை கொள்ளைகளும் மையப்படுத்தினாலும் செயல்படுத்தல் பண்ணையை விளாத்தும் தொட்டியாலும் நீர்நிலை கொள்ளைகளும் மையப்படுத்தினாலும் செயல்படுத்தல் பண்ணையை விளாத்தும் தொட்டியாலும் நீர்நிலை கொள்ளைகளும் மையப்படுத்தினாலும் செயல்படுத்தல் பண்ணையை விளாத்தும் தொட்டியாலும் நீர்நிலை கொள்ளைகளும் மையப்படுத்தினாலும் செயல்படுத்தல் பண்ணையை விளாத்தும் தொட்டியாலும் நீர்நிலை கொள்ளைகளும் மையப்படுத்தினாலும் செயல்படுத்தல் பண்ணையை விளாத்தும்

The Hon. Sri K. VENKATA RAO:—என்று பேசுகிறீர்கள். Public Health என்று குறிப்பிட்டுள்ளது. Public Health என்று
DEMAND XVII — PUBLIC HEALTH

(Sri K. Venkata Rao) [23rd July 1955]

...
DEMAND XVII — PUBLIC HEALTH

23rd July 1955] (Sri K. Venkata Rao)

"Considering the previous estimates, further an estimate of Rs. 50,000/- for drainage scheme at 45% for the year 1953-54 has been approved. In the earlier years, drainage schemes were drawn up for Rs. 15,000/- and Rs. 20,000/- respectively. The Hon. Sri K. VENKATA RAO:— Speaking of the Hon. Sri S. BRAHMAYYA:— "

The Hon. Sri K. VENKATA RAO:— Speaking of the Hon. Sri S. BRAHMAYYA:— "

Drainage scheme estimated at Rs. 50,000/- has been approved. In the earlier years, drainage schemes were drawn up for Rs. 15,000/- and Rs. 20,000/- respectively. The Hon. Sri K. VENKATA RAO:— Speaking of the Hon. Sri S. BRAHMAYYA:— "

At this stage Mr. Speaker resumed the Chair.

(At this stage Mr. Speaker resumed the Chair.)
DEMAND XVII — PUBLIC HEALTH

(Sri K. Venkata Rao) [23rd July 1955

... Municipal Councillor... drainage scheme... drainage tax... High Court... (Applause) 30... contribution... public meeting...
Urban, rural sanitation schemes are crucial. National water extension and sanitation scheme is essential. National rural water supply scheme is necessary. Sanitation involves launching the national latrine campaign. Detailed report may be submitted. Septic tank latrine is important. National water supply scheme and extension scheme orders pass. Septic tank latrine, 2300 soak fit, sewage soak fit, slab - septic tank latrine is essential. Siphon is essential. Septic tank idea is essential. 2300 soak fit sewage. Septic tank sanitation Engineer is essential. Septic tank is essential. Septic tank idea is essential. Septic tank is essential.
340 DEMAND XVII - PUBLIC HEALTH

(Sri K. Venkata Rao) [23rd July 1986]

On the recommendation of 52 officers of Public Health Department as well as 20 engineers, the government has decided to increase the budget for this department. The engineers have been promoted and transferred to higher positions. The health inspectors have also been promoted and transferred.

In the development of health centers, the government has allocated funds for the National Extension Scheme. The urban areas have also been included in this scheme. The Local Government has been given a 10% contribution towards the development of health centers.

Drainage works and national water supply schemes have been included in the budget. The government has also decided to increase the budget for tape worm and other helminthiasis treatment.

Local development works have been included under the National Extension Scheme. The government has also decided to increase the budget for tape worm and other helminthiasis treatment.
DEMAND XVII—PUBIEIC HEALTH

23rd July 1955] (Sri K. Venkata Rao)

The question is: Water supply to improve health and sanitation. The existing water supply to the area is inadequate. The demand is to improve the existing water supply to the area. The 31st August plan for water supply scheme of the State is not adequate. The existing water supply is not sufficient. The housing problem is also acute. Environmental hygiene is also needed. Fresh water supply should be improved. The protected water supply scheme is needed in rural extension scheme.

Sri RAJA SAGI SURYANARAYANA RAJU:—On a point of information, Sir, we are asking for medical court...
The Hon. Sri K. VENKATA RAO:—The Public Health agency area of the W. H. O. should be increased. The budget should have separate provision for the Public Health agency. Sri K. VENKATA RAO:—We are not pressing any of the cut motions.

Mr. SPEAKER:—The question is:

"That Government be granted a sum not exceeding Rs. 87,90,000 under Demand XVII - Public Health."

The motion was carried amidst applause and the grant was made.

Mr. SPEAKER:—I now adjourn the House to meet again at 11 a.m. on Monday, 25th July, 1955.

The House then adjourned.
EXPLANATORY NOTE.

General:—

The main purpose of the Head of service underlying this Demand is the provision of Medical relief to the people and an important feature of this Demand is Medical Education which is the means of achieving the objective. The Demand includes the following items of expenditure:—

(i) Mofussil Hospitals and Dispensaries.
(ii) Hospitals and dispensaries of Indigenous Medicine.
(iii) Grants to local bodies for medical purposes.
(iv) Grants to private medical institutions.
(v) Subsidies to medical practitioners and midwives for the maintenance of rural dispensaries.
[vi] Mental Hospitals.
[vii] Chemical Examiner.
[ix] Provincialisation of Local Authorities medical institutions.
[x] Medical Colleges and Schools.
[xi] Training of pupil compounders.
[xii] Training of Midwives.
[xiii] Primary Centres.

2. Medical Education:—

Without the trained personnel required for manning our medical institutions, whether they be hospitals, or dispensaries or colleges, or other teaching institutions, it would be impossible to provide medical relief of the requisite standard to the people. Like all other service departments which have been feeling the pinch of financial stringency due to the budgetary deficit, the Medical Department also has had to restrict its activities considerably. The will is there and given the resources, the activities of the Department could be expanded considerably over their present level. But we have been forced to cut the cloth according to the cloth.
3. Guntur Medical College:

In the field of Medical Education orders were issued some time before separation of Andhra for upgrading the Guntur Medical College so as to provide for clinical teaching at the Guntur Medical College itself. Honourable Members are no doubt aware that when the Guntur Medical College was started provision existed only for teaching the non-clinical subjects. And so, at the end of their pre-clinical period of two years, the pupils had to be transferred to Visakhapatnam for their clinical instructions for the next three years. The purpose of the upgrading was to make it a full-fledged college. It was at one time proposed that clinical instructions should start with effect from the 1st July 1953. But due to the difficulties in land acquisition and the delay in putting up buildings and provision of equipment, work could not be started sufficiently early and so it had to be postponed to 1st July 1954. The clinical instructions in the College were commended from 1st July 1954. But a few months ago the Inspection Commission of the Andhra University visited the College and advised that there were not adequate accommodation or facilities and that the students should be transferred forthwith to the Andhra Medical College at Visakhapatnam. The advice was accepted and these pupils were transferred to Visakhapatnam for continuing their clinical courses of study. The Commission also made various other recommendations for upgrading of equipment, teaching staff, and for the provision of adequate accommodation. The advice has been accepted with such minor modifications as were mutually agreed upon between the University and the Government and the clinical teaching is being recommenced at Guntur in the College in the current academic year. Another Commission will be visiting this College in the course of this year and it is our earnest hope that there will be no further set backs. The development of this College is a Plan Scheme. The estimated expenditure for the Medical College amounts to Rs. 48.09 lakhs and for the Hospital Rs. 30.15 lakhs, the provision in the Budget for 1955-56 being Rs. 8.76 lakhs for the College plus Rs. 10 lakhs for the Hospital.

4. The original intention was to commence the working of the full-fledged College with an initial admission rate of 50 students per annum and the cost was estimated on that basis.
The question was recently reviewed if the admissions could not be raised to 100 per annum. But it was found that land is very expensive in Guntur and cost of land acquisition alone to provide for additional buildings for raising admissions from 50 to 100 would be in the neighbourhood of Rs. 30 lakhs according to a valuation made early in 1954. Therefore, it has been decided, for the time being, to restrict the ultimate bed strength of the Guntur General Hospital to about 500 and on the basis of the revised requirements of bed strength per candidate laid down by the Indian Medical Council recently, it might be permissible ultimately to increase the admissions to about 65 per year. At the moment admissions are being limited to 55, pending the report of the Inspecting Commission of the University.

5. Andhra Medical College:—

In the case of the Andhra Medical College at Visakhapatnam, in the year 1947 a comprehensive scheme of improvements estimated to cost about Rs. 92 lakhs was approved. The scheme of improvement was divided into three priority lists and the works included in the 1st priority have been completed and other works in the II priority list are nearing completion. The total amount that has already been spent on the improvements to the College and the attached teaching hospital the King George Hospital is about Rs. 62 lakhs up to the end of 31st March 1955. The programme was drawn up many years ago. In the meanwhile the ideas on the content and scope of Medical education have changed considerably. Before taking up the works on the III priority list of improvements, Government have decided to undertake a review of the works already completed, their inter-relationship and to consider what further improvements are required to make this institution up to date. As a matter of fact when the original scheme of improvements was sanctioned it was to ensure that the standards of teaching in the institution here should be second to none in the Composite State. In view of the revised standards laid down by the Medical Council regarding the criteria and the number of beds per student admitted, we have been able to increase admission in this College from 85 to 100 with effect from this year. The question of raising it to 110 is under correspondence with the University.
6. We have also undertaken a review of the supply position of Medical personnel recently and it may become necessary to open a third Medical College as soon as practicable. Where it should be located and what its size should be are under active consideration.

NEW SCHEMES

7. A number of new schemes were sanctioned in the budget that was presented to Parliament early in the year. The total ultimate cost of the schemes thus sanctioned was Rs. 83,300/- recurring and Rs. 21,200/- non-recurring. The cost in 1955-56 is estimated at Rs. 89,600/-. Provision was made for the increase in the bed strength in the King George Hospital Visakhapatnam from 796 to 876, an increase of 80 beds. Provision was also made for a hospital with 22 beds in Kovvur in the West Godavari District and purchase of equipment and provision of staff for the Government Hospital at Badvel. The totals under these are given on page 177 of the Budget Memorandum.

8. A small additional provision of Rs. 7,000/- has been made for payment of subsidies to Rural Medical Practitioners' the total provision being Rs. 1,26,000/-.

9. Subsequently, after the Ministry assumed office, the schemes which were deferred during the President's administration for further consideration later were reviewed by us and Government have sanctioned additional schemes the expenditure on which ultimately would be Rs. 1,04,900/- recurring and Rs. 23,000/- non-recurring, the cost for the current year being Rs. 85,300/-. 

10. Summing up the effect of the new schemes we have provided for including schemes voted by the Parliament will result in an additional 231 beds for Medical Relief, out of which 205 are in the two teaching Hospitals at Visakhapatnam and Guntur.

11. The details of these new schemes are given on pages 117 and 133 of the Budget Memorandum.

RURAL MEDICAL RELIEF

12. Hon'ble Members are no doubt much concerned at the present state of medical relief in the rural areas. The
problem was reviewed some years ago by the Health Survey and Development Committee, more popularly known as the Bhore Committee. That Committee went into the problem in great detail and the main recommendation in the matter of medical relief was the provision of a network of institutions in all the rural areas which they called the Primary Health Centre. At this centre, both the preventive and the curative aspects will be dealt with. On the Public Health side there would be attached to the Primary Centre the requisite Public Health staff. That is, not only would medical relief be available within easy reach of the villages when the scheme was fully implemented but also the necessary preventive measures would be carried out with the Primary Health Centre as the Headquarters of such work.

13. The staff on the medical side of a Public Health Centre consists of one Compounder, one Maternity Assistant, one male nursing orderly, one cook cum watchman, one dhoty, total cost per annum being Rs. 3465/-. The staff on the Public Health side consists of one Health Inspector, one Maternity Assistant or Midwife, one Ayah and one peon. Total cost Rs. 3,384/-. The cost on Medical Officer who does both Public Health and Medical work is about Rs. 3914. Total cost is Rs. 10,764 excluding cost of medicines etc., for which about Rs. 1,500/- per annum would be needed.

14. A Primary Health Centre is expected to serve a population of about 66,000. Above the Primary Health Centre the Bhore Committee recommended the establishment of secondary health centre, which for all purposes could be equated to a Taluk Headquarters Hospital where there would be provided adequate surgical, medical and obstetric facilities for meeting the needs of the people which could not be ordinarily handled at the level of the primary health centre. Then, there would be the District Headquarters Hospitals equipped with specialities. In the Composite State this question of the standards to be attained by the District Headquarters Hospital was gone into by a Committee and their recommendations were the standards should be generally upgraded. But in between the teaching hospital and the ordinary District Headquarters Hospital there should be established Regional Centres where Pathological and other analysis and diagnostic work, which
could not be duplicated at every District Headquarters Hospital could be centralised with a view to economy in expenditure. These regional centres will serve as a reference centre to a group of districts, thereby, reducing the extremely heavy load on Pathology Departments and laboratories of teaching hospitals and colleges.

15. We are really not suffering due to lack of knowledge of what should be done but we are really suffering from the paucity of resources to carry out effectively the plan which the experts tell us would provide higher standards of medical relief.

16. Medical relief is a wing of the social services as classified by the Planning Commission. The expenditure on these services has largely to come out of the revenue budget whereas expenditure on large irrigation schemes or electricity schemes or other remunerative schemes can be financed out of the capital budget and by loans. A continuing budgetary deficit, therefore, puts a very severe curb on the expansion of medical relief activities. Hon’ble Members will no doubt point out in the course of the debate the various deficiencies or short comings in the provision of medical relief particularly in the rural areas. For a long time, the policy has been that the bulk of the work relating to rural medical relief should be left to the district boards and local bodies who would establish the dispensaries in taluk headquarters and other important stations within easy reach of the villages round about the area. This was supplemented by the scheme of Rural Medical Relief under which the Government pay a subsidy of Rs. 910/- per annum for a Doctor if he is a medical graduate; (in the agency areas Rs. 1080/-); Licentiates and G. C. I. Ms. get Rs. 780/- in the plains and Rs. 900/- in the Agency. Maternity Assistant Class I in a rural dispensary is paid Rs. 480/- per annum in the plains and Rs. 600/- per annum in the Agency. The District Board provides a sum of Rs. 1,000/- for medicines and other recurring expenditure. The original idea was that the subsidy by the Government would be a sort of retainer and the Doctor was under an obligation to treat free poor patients but he could charge fees in the case of those who could afford to pay. It was thought that the subsidy would provide for the minimum needs until the Doctor established himself in the area and thereafter he would become more or less a permanent resident
attending to medical needs of number of villagers round about. The scheme was functioning well for some years but with the abolition of the L. M. P. Course, it has become progressively difficult to man the rural dispensaries. The idea of Primary Health Centre has taken firm root at least so far as the schemes sponsored by the Community projects, Community Development Areas and National Extension Service Blocks are concerned. In course of time, if we have sufficient resources to establish a net work of Primary Health Centres, a Primary Health Centre being expected to serve a population of about 66,000 on an average, we should solve this problem.

Taluk Headquarters Hospitals

17. Cut of 102 Hospitals at Taluk Headquarters centres 66 have been taken over by the Government and 36 have yet to be provincialised. The taking over of these hospitals impose a heavy commitment both non-recurring (e.g. items for improving the buildings, accommodation and provision of adequate equipment) and on the recurring side on the provision of adequate numbers and quality of staff and giving them Government scales of pay which are higher than the Local Board scales of pay. The intention of Government is ultimately to take over all the Taluk Headquarters hospitals. But the pace of implementation of this programme has been very severely restricted by the financial stringency. It is proposed to plan for the taking over of all the remaining institutions in the course of the Second Five Year Plan. Proposals to take over at least some of them are under the active consideration of the Government now.

Grants to local bodies for medical purposes

18. Half-grants to local bodies for construction of medical buildings and improvements to the existing dispensaries used to be given in the composite State. This year, it is proposed to grant loans to two Municipalities viz., Kurnool and Chirala as shown below:

- Kurnool Rs. 10,000 to effect improvements to the Municipal Ayurvedic dispensary.
- Chirala Rs. 26,000 Construction of Municipal Ayurvedic Dispensary.
Grants to private medical Institutions

19. The policy of Government is to encourage private donors and philanthropic public who come forward with donations for rendering medical aid where Government Hospitals do not exist. Donations for buildings should be accompanied by double the amount of such donations for meeting recurring expenditure, on the maintenance of such hospitals. Maintenance grants are also given to private Medical Institutions on half net cost basis, subject to a specified maximum in respect of each institution. Grants to the extent of 50% are given for construction of buildings for private hospitals. Grants are also given to private hospitals in the Agency areas doing meritorious work and these schemes are eligible for financial assistance from the Government of India.

Tuberculosis and Leprosy Institutions

20. Tuberculosis is one of the major problems in this State. There are at present one Government Tuberculosis Hospital at Nellore and two private hospitals—one at Rajahmundry and the other at Madanapalle in the State. The Government are making every effort to improve the Government Welfare Fund Tuberculosis Hospital at Nellore to the extent the finances permit. There is an offer from Sri R. Lakshminarasimha Reddy to construct a ward of 20 beds in the hospital at Nellore and the question of accepting the offer is under consideration. As the existing facilities for treatment of Tuberculosis are inadequate in the State, this Government obtained facilities in the Government Wellesley Tuberculosis Sanatorium, Bellary (100 beds) and the Government Tuberculosis Sanatorium, Tambaram (50 beds) for patients going from this State. The Government have also introduced the mass BCG Vaccination campaign (with 1 Central Administration Unit and 6 Field Teams) in the State to prevent the spread of Tuberculosis in the young population. The policy of Government is to encourage private institutions by way of giving building and maintenance grants.

Leprosy is another major problem for this State. There are at present 8 Leprosy Homes maintained by private bodies and Government are giving capitation grants to 7 leprosy institutions at the rate of Rs. 9/- per month for each adult in-patient and at Rs. 4-4-0 per month for each child under 18.
years of age. Facilities are also provided in all District Headquarters Hospitals for treatment of leprosy out-patients. With the assistance offered by the Government of India, this Government sanctioned the establishment of two Leprosy Subsidiary centres in the State under the Leprosy Control Scheme drawn up by the Government of India. The two centres have been opened—one at Tirupathi and the other at Ramachandrapuram in East Godavari District. The question of opening additional centres etc., is under consideration in connection with the schemes for inclusion in the State's Second Five Year Plan.

Training of pupil Compounders

21. The training of additional compounders is one of the schemes included in the First Five Year Plan. Hitherto, the number of training centres for compounders was 9. In order to meet the future requirements of compounders during the Second Plan Period, the number of training centres has been increased to 11 and the number of stipendiaries to be trained in each of these 11 centres has been increased from 7 to 9.

Training of Midwives

22. At present, facilities exist for training of midwives in 10 Government medical institutions. In 3 of these institutions the training of midwives has been replaced by the training of Auxiliary Nurse-Midwives. The normal output of midwives under the existing facilities for every 1\(\frac{1}{2}\) years session is 142. As this is inadequate to meet the staff requirements of midwives during the Second Five Year Plan Period, it is proposed to train an additional number of 632 midwives in four batches of 158 each. The proposal is under active consideration.

Chemical Examiner

23. The Chemical Examiner's Department is one of the common institutions specified in the Andhra State Act for both Andhra and Madras States. This institution has been left out in the residuary Madras State due to partition. The Madras Government have agreed to provide facilities for this State on certain conditions. The proposal to establish a similar institution in this State during the current year is under consideration of the Government.
Indigenous systems of medicine

24. In the Composite State there is only one institution in Madras City providing instruction in indigenous systems of medicine. After the separation of Andhra, 33 seats in that Institution have been reserved for students coming from Andhra on no profit and no loss basis in the Madras State i.e., the Andhra Government will have to bear a proportionate cost for running the institution and hospital at Madras.

Under the arrangement we have made with Madras we have also to pay a proportionate cost of the running of the Department under the Honorary Director. Provision has been made in the Budget for a payment of Rs. 2,33,500/- for Grants-in-aid to institutions imparting instruction in Indigenous Systems of Medicine and to Local Bodies for running these dispensaries. The Expert Committees on Ayurvedic system, the Homeopathic system and the Unani system of medicines have sent in their reports. These reports are under consideration and it will take some time to Government to arrive at a decision in view of the large financial commitments involved in implementing all their recommendations. But as things would not brook further delay the Government are considering the question of having a separate Board for Indigenous Medicine for Andhra on the basis of executive instructions pending finalisation of the issues raised in the Expert Committee's Report. Regarding Homeopathy the question of sponsoring the application of the private College at Gudivada for Central assistance to upgrade the standards of teaching are under consideration. These and other connected issues are of some complexity and Government are giving their best consideration to the matter.

25. Andhra is participating in the following Centrally sponsored schemes for which Central assistance is available.

(1) Special Diet Kitchen in Teaching Hospitals

The Government of India offered financial assistance for the establishment of Special Diet Kitchens in teaching Hospitals in the country. The entire nonrecurring expenditure of Rs. 6,000/-would be borne by the Central Government. Recurring cost on the staff subject to a maximum of Rs. 8,000/- per annum for a period of two years will be borne by the Central Government i.e., in the years 1954-55 and 1955-56. The aim is to provide for special diets to patients suffering
from nutritional disorders or cases where symptoms of disease have been aggravated due to wrong type of food or nutrition. Recent research work on the subject has indicated that the period of treatment and convalescence could be considerably shortened by paying careful attention to the diet. The project is in the nature of pilot project and if it succeeds, and on the lessons we learn from this, we may be able to extend it further. At the moment only one Special Diet Kitchen is being established in Visakhapatnam to provide 40 special diets only. The diet kitchen has not yet started functioning.

(2) The Department of Social and Preventive Medicine: has been established in the Andhra Medical College to upgrade the teaching of Hygiene and the effect of Social and environmental factors both on the occurrence of the disease and the course it runs and the effect it leaves on the community at large and other such concomitant factors. The approximate cost of the whole scheme during the period of the First Plan is Rs. 78,100/- recurring and Rs. 68,000/- non-recurring. The Central Government’s share amounts to 50% of both the recurring and non-recurring costs. After the first plan period, i.e., with effect from 1st April 1957 the entire cost will have to be met by the State Government.

(3) Training of Auxiliary Nurse-Midwives:

There is acute shortage of Health Visitors and midwives and nurses required for work in the Community Project areas, Community Development Blocks and National Extension Service Blocks. The Government of India offered assistance for setting up a scheme of training of auxiliary nurse-midwives who would combine the triple functions. About ninety places have been provided for training at three centres. The pattern of Central assistance is as follows:—

| Non-recurring: | 100% |
| Recurring: | |
| First six months from the date of commencement of the training | 100% |
| Remaining period upto 31-3-1957: | |
| upto 31-3-56 | 66\(\frac{2}{3}\)% |
| from 1-4-56 to 30-9-56 | 50% |
| from 1-10-56 to 31-3-57 | 33\(\frac{1}{3}\)% |

The State Government have to meet the entire recurring expenditure after 31-3-57.
On the above basis, the Central and State Governments’ shares will be as specified below:

<table>
<thead>
<tr>
<th>Central Share</th>
<th>State Share</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Rs.</strong></td>
<td><strong>Rs.</strong></td>
</tr>
<tr>
<td>Recurring</td>
<td>Non-recurring</td>
</tr>
<tr>
<td>1,10,748</td>
<td>21,000</td>
</tr>
</tbody>
</table>

(4) **Leprosy Control Scheme**:

This is another Central assistance scheme and has been mentioned in paragraph 20 above. The treatment portion of the Leprosy Control scheme comes under Medical Wing of the Department and the preventive aspect under the Public Health wing. The Central Government offered assistance in the setting up of two subsidiary centres to this State. One Centre has been set up at Tirupati and the other at Ramachandrapuram as already mentioned. The Central assistance is in the nature of tapering off grants, the assistance during the first six months being 100% the next 12 months 66-2/3rds per cent and for the last 6 months 50%. It is estimated that the Central share during the plan period would be about Rs. 93,000 recurring and Rs. 16,000/- non-recurring, whereas the State Government’s share will be Rs. 38,000/- recurring but from 1956-57 the entire expenditure on the scheme estimated at Rs. 66,000/- will have to be borne by the State Government.

(5) **Health Centres in National Extension Service Blocks**:

The Central Government offered assistance for the establishment of Health Centres in National Extension Service Blocks and here again the grants are what might be called tapering off grants. There will be 100% assistance from the Centre on the first six months and 66-2/3% during the remaining plan period. The Government of India have not committed themselves regarding the assistance to be given during the Second Five Year Plan period. Sanction for the establishment of four Health Centres in the following places has been issued:

- Kotaumatla — Visakhapatnam District.
- Tiruvur — Krishna District.
- Podalakur — Nellore District.
- Madakasira — Anantapur District.
26. Development Schemes under the First Five Year Plan:

The development of the Visakhapatnam Medical College and the Guntur Medical College and attached institutions have already been mentioned. These schemes are development schemes included in the First Five Year Plan. The total provision under 38. f. Medical under the Development Expenditure under this Demand is Rs. 11.34 lakhs. This includes expenditure on improvements of Mofussil Hospitals under the Plan, the cost of the Provincialisation of Local Authorities Medical institutions, training of Midwives, expenditure on Primary Centres, expenditure on Medical Colleges etc. To get a full picture of the Development under the Medical plans we should add to this amount the provision made for buildings under Capital Account 81. C Medical, about Rs. 30 lakhs under Demand XXXVIII making in all a total provision of Rs. 41 lakhs for development on the Medical side of our social service activities.

KALA VENKATA RAO,

Minister (Planning and Industries)

[Vide page 311 supra]

Budget Debate - July 1955 - Demand XVII

Public Health - Rs. 87,90,000/-

GENERAL

In this demand are included expenditure on the following items:

[1] Control of plague epidemics.
[13] Sanitary Engineering (or Public Health Engineering) Department expenditure on staff only.
2. The Assembly has just voted Demand XVI which represents the curative, i.e., Medical and Hospital services rendered by the Government to the people. Under this Demand we deal mainly, if not wholly, with the Public Health measures to control the incidence of diseases and epidemics, and other such incidents which affect the Community as a whole. The curative aspect of medicine deals primarily with the individual. The Public Health on preventive aspect deals with the community as a whole of which the individual is a part. The emphasis under "Medical" is to cure a particular individual of the disease he is suffering from. The aim under Public Health is to prevent the occurrence, and if it has occurred, to prevent the spread, of disease. In the case of communicable and infectious diseases, the aim is to isolate the affected individual from the members of the community and also take other adequate precautions to prevent the spread of disease. In effect, it means that a Public Health Officer's main duty is to say "don't", i.e., "do not do this, or that, or something else", i.e., prohibiting the doing of things which have an adverse effect on the health of the community. "Prevention is better than cure" is a well known proverb. But the God who gives is more popular than the God who takes away; and the Medical services with their direct impact on individuals of the community have a much greater appeal than the Public Health services, the benefits of which are seen only over a period of several years. Often no immediate demonstrable effect is possible except possibly in a case like the Malaria Control Programme where the fever rate in the season after the Malaria Control Scheme is started, shows a steep fall, or with the advent of sewage scheme the town becomes remarkably clean and healthy as compared with the state of affairs in the years before.

Other connected activities: Joint Water Board at Visakhapatnam and the New Gosthani Schemes.

3. Under this Demand only a portion of the preventive and Public Health services are dealt with. Under Demand XXXV (Capital Schemes) there is a separate provision for the execution of the new Gosthani scheme for provision of additional quantities of water to the consuming Departments at Visakhapatnam. Our intention is to have a Joint Water Board and to run that scheme on a "no-profit-no-loss-basis"
the money spent on the scheme being booked as a loan to the Joint Water Board. This is being mentioned to give a complete picture of the Public Health activities though it is not strictly relevant to this particular Demand.

Grants and Loans for Water Supply and Drainage Schemes not falling under Demand XVI:

4. Similarly, grants for Water Supply and Drainage Schemes are provided for under Demand XXXI Civil Works, the budget head being 50 h. grants-in-aid wherein a provision has been made for about Rs. 9.15 lakhs for grants for Water Supply and Drainage Schemes.

5. Loans to Municipalities for their Urban Water Supply and Drainage Schemes are provided for under Demand XLII. Here, this Government wish to place on record their gratitude to the Central Government in allotting to Andhra a total sum of Rs. one crore for this purpose out of which Rs. 25 lakhs have been disbursed in 1954-55 and a provision for Rs. 75 lakhs has been made under the head in the present Budget. This Government are providing on their own account a further sum of Rs. 3.919 lakhs making in all a total Rs. 78.919 lakhs. This again is mentioned so as to give a complete picture, although there are separate demands for these items.

6. The Central Government have taken the line that in the case of Urban Water Supply and Drainage Schemes the Central Government will not make any grant-in-aid and the schemes should be self-financing, i.e., worked on a no-profit-no-loss basis. We are exploring the possibility of a greater share of the cost, if not the entire cost, being met by the beneficiaries, i.e., the Municipal Councils and the consumers by a suitably graded water and drainage tax and a system of water charges, either on a metered system of supply, or by a system of tap rates. Tap rates in some Municipalities are very low having been fixed many years ago. To be able to utilise the Central loan fully, the Municipal Councils must raise adequate resources for meeting the loan instalments due, after setting apart sufficient funds for expenditure on the maintenance of the schemes. So, a request by a Municipality to include its Water Supply or Drainage Scheme in the plan without an effort on its part to finance the loan will not do. The Municipality concerned must make a determined effort to find the money.
Important Developments.

7. There have been a number of important developments within the last eighteen months. Chief among them are a number of schemes started with Central assistance. They are:

(1) The implementation of the National Water Supply and Sanitation Plan.
(2) The implementation of the National Malaria Control Programme benefitting both the agency and the plains areas.
(3) National Filaria Control Programme.
(4) The inauguration of the anti-Yaws Campaign—Benefitting the agency areas.
(5) The opening of Family Planning clinics.
(6) Establishment of Department of Preventive and Social Medicines.
(7) Leprosy Control.
(8) B. C. G. Vaccination Programme.
(9) Primary Health Centres in N. E. S. Blocks.


8. Andhra is participating in the Centrally sponsored scheme of National Water Supply and Sanitation Programmes for rural areas.

9. The Rural Water Supply Scheme for providing potable water in rural areas entirely at Government expense was launched by the first Congress Ministry in the Composite State very soon after it took Office. The scheme has been in operation up to the end of the year 1954–55.

10. This scheme aimed at the provision of wells in rural areas to provide for a dependable and reasonably safe supply. But the continued prevalence of water-borne diseases and of epidemics like cholera showed that the main objective of the scheme which is to eliminate water-borne diseases has not borne fruit. In the meanwhile and independently the Central Government and the Planning Commission consulted with the experts in the matter and came to the conclusion that for a scheme of this nature to make an impact on the health front, particularly in the matter of reduction of the incidence of water-borne...
diseases, it must be worked in conjunction with a sanitation plan, aimed at improving the environmental sanitation in the rural areas. Therefore, a scheme of National Water Supply and Sanitation was drawn up by the Central Government. It was in two parts, one part relating to the urban areas has already been referred to in paragraphs 4 to 6 above and the other the part applicable to rural areas.

11. In the case of rural areas the National Rural Water Supply and Sanitation programme contemplates the provision of Water Supply with the minimum standards of protection from contamination proceeding side by side with the improvement of the Rural Sanitation, thereby reducing the risk of contamination by insanitary environment and also reducing the risk of the spread of the diseases; i.e., the problem is meant to attack the problem at the source, the sources of dirt and insanitary environment which spread disease to man (a) directly and (b) by contaminating the water he drinks. The Rural Water Supply Scheme of the State Government suffered from an organisational defect that wells were sunk in isolated areas or villages, sometimes far removed from each other, and much time was spent by the executive staff moving from place to place making inroads into the time available for being spent at the work spot on matters connected with the design and the execution of the schemes themselves. This defect is being eliminated under the National Scheme by taking compact areas of 100 villages where a requisite staff will be located and who will attend to the problem of a systematic and orderly manner and provide villages in that unit with the requisite sources of water and also attend to sanitation and other measures required to make the scheme a success.

12. Under this scheme half the expenditure will be borne as an outright subsidy from the Central funds, the other half being met by the State Governments and by contributions from villagers and local bodies etc. This portion of the grant provided by the Central Government has to be spent strictly in rural areas and cannot be diverted to provide these amenities in areas which are definitely urban in character. Only villages with not more than 5,000 population will be considered for inclusion in this scheme. On the issue of local contribution the Government have come to the conclusion that there must be an element of contribution in all these schemes.
13. The following four units have been selected for the first stage of intensive operations:

(1) Visakhapatnam taluk in Visakhapatnam District including Simachalam Health unit.
(2) The Palnad in the Guntur District.
(3) Kadiri in Anantapur District.
(4) Pattikonda in the Kurnool District.

Expansion to other Districts on a planned basis to cover the entire State is under consideration in connection with the II Five Year Plan.

14. It is estimated that each village will have on an average, three sanitary wells and almost every house will be provided with a latrine so that each unit of 100 villages will be provided with 300 drilled or masonry wells with protection against contamination.

15. The overall administrative control and direction of this scheme has been vested with the Director of Public Health assisted by the Executive Engineer (Public Health) attached to him, and in technical matters beyond the competence of the Executive Engineer, the Director will be free to seek the assistance of the Chief Engineer. The Government of India have provided a grant of Rs. 30 lakhs to be spent during the remaining period of the First Five year Plan. Provision was made for a sum of Rs. 10 lakhs in the revised estimate for 1954–55 but as the approval of the Government of India was received in last quarter of the financial year no headway could be made. The selection and posting of the staff took some time. The preliminary survey however was taken on hand before the end of the financial year 1954-55. The Government of India under the scheme made provision for the supply of transport, drilling equipment, etc., to be made available to the State Governments with the assistance of the Technical Co-operation administration, but the transport and other materials have not yet arrived thus further handicapping the progress of the work. The Government of India are willing to provide another Rs. 10 lakhs during the year 1955-56 so that the total expenditure in each of these units could be Rs. 20 lakhs, or Rs. 80 lakhs in all half, i.e., Rs. 40 lakhs coming from the Government of India.
16. One word about local contributions. The entire scheme of planning, particularly in the Second Plan, and the Community Projects, Community Development and National Extension Service areas in the First Plan is based on local contributions. It is the aim of Governments, both Centre and the States, to bring the entire State into the N. E. S. programme before the end of the Second Five year Plan. Local Contributions thus play a very important part in development activities. It would be difficult to exempt this scheme wholly from local contributions. So, the Government have come to the conclusion that in this scheme also there should be an element of contribution, which however need not be rigid. Progress of work is therefore dependent to a certain extent, if not to a very large extent, on the willingness of the people to be benefited by this programme making the necessary contributions, particularly in the form of readily available materials which could be used in the execution of the schemes, and by voluntary labour.

17. As regards the incomplete schemes under the Rural Water Supply Programme sufficient funds will be provided to complete all the incomplete works under that programme.

18. Hereafter water supply in rural areas will be provided from the provision in the National Rural Water Supply and Sanitation Plan. Provision also exists for construction of new wells, or repair of existing wells, on a contributory basis under local development works; separate allotments are made under the Community Project areas and Community Development Blocks. These Schemes will take time to reach all the areas in the State. The problem as to what should be done in the interregnum to meet the needs of other areas which will come under these programmes in later years is under consideration.

19. Under the National Malaria Control Programme the Composite Madras State was allotted four units, operations under which cover a population of (one million or) ten lakhs. At the time of separation, Andhra was allotted two units i.e., 50%. The scheme was drawn up by the Central Government in collaboration with the Technical Co-operation Administration. It is financed jointly by the Government of India (from out of the Indo-American Fund) and the participating State Govern-
ments. The programme consists of two parts, the first part being the immediate 'operational period, extending over 3½ years, and the second part being the maintenance programme for subsequent years. During the operational period, the Central Government gives financial assistance to the participating State Governments by way of free supply of D. D. T. (the most expensive item), anti-malarial drugs, transport and essential equipment, to implement the programme. The State Government have to provide for the operational costs including the cost of personnel. At the end of the 3½ years operational period, the State Government undertakes to continue the programme at such level as may be found necessary to maintain and improve on the results obtained during the initial period of 3½ years of operational work. The other conditions imposed under this scheme are that the savings accruing to the State Government on their 1952-53 level of expenditure on anti-malarial schemes already in force, as a result of the assistance given by the Central Government should be utilised for expansion of the anti-malarial measures only. These savings will accrue because the D. D. T. and anti-malarial drugs used will be forthcoming as a free gift from the Indo-American Fund. Such savings accruing to the State Government will be utilised for new schemes and extension of existing schemes to cover in all a total population of about 20 lakhs. As a matter of fact, what we have been aiming at is, to maintain expenditure at a level not less than the 1952-53 level, or better still at what it was at the time of separation, and see that this programme is expanded with the assistance forthcoming from the Central Government. There will be no difficulty about the maintenance of the schemes implemented after the operational period, because unlike other schemes, the care and maintenance expenditure is very much less than the operational expenditure. The conditions were accepted before the separation of Andhra. But the schemes were sanctioned only some months after the separation. Practically all the highly Malarious areas in the State have been covered under this programme and all the existing schemes which were being financed as granted-in-aid works, by the local bodies (Government grant being 25%) have been included in the programme. According to the Government of India's estimate, each unit will receive assistance from the Indo-American fund to the extent of Rs. 7,83,100/- (recurring
and non-recurring) during the operational period of $3\frac{1}{2}$ years, while the expenditure of the State Government on each unit will be about Rs. 4,92,000/- during same period. The expenditure so far incurred and proposed to be incurred upto 1955-56 is Rs. 38.99 lakhs.

**National Filaria Control Programme**

20. The Government of India have sponsored a National Filaria Control scheme with the object of setting up a demonstration project for the control of the infection in each State for a period of two years i.e., 1954-55 and 1955-56. Under the schemes, Technical Co-operation Administration assistance in the shape of Diethylcarbonazine tablets, transport, sprayers, microscope and insecticides will be made available free of cost to the States; larvicides and stirrup pumps will also be supplied free of cost by the Government of India. This Government agreed to participate in the programme and sanctioned the establishment of a control unit and two survey units with headquarters at Mandapeta in East Godavari District. According to Government of India’s estimate, each control unit will receive assistance to the extent of Rs. 7,95,900/- during the period of two years while the expenditure of the State will be Rs. 2,14,800. Each survey unit will receive Central assistance to the extent of Rs. 9,500/- while the expenditure of the State Government will be Rs. 50,900. The scheme has been sanctioned in November 1954. The continuance of assistance after 31-3-56 will be considered by the Government of India in the light of the experience and results achieved during the operational period.

**Anti-Yaws Campaign**

21. Yaws is an epidemic disease prevalent in the agency areas disfiguring the people suffering from it. Fortunately, it was found that the disease could be easily controlled by penicillin injections. Accordingly a scheme of Yaws Control has been Sanctioned by the Government in July 1954 with the approval of the Central Government. Under this scheme four mobile teams each consisting of 1 Health Inspector and 2 Health Assistants under the supervision of two medical Officers for the four teams were set up to attend to the survey and treatment of Yaws in the Nugur and Bhadrachalam Agency areas of the East Godavari District to begin with. After completing the work
in these two areas, the four teams have now moved to Polavaram Agency area in the West Godavari District. It is proposed to cover the entire agency areas where the disease is prevalent and to render necessary relief. Under Article 275(1) of the Constitution the scheme is eligible for a grant-in-aid equal to 50% of the expenditure.

Opening of five Family Planning Clinics in the State

22. According to the provisions in the scheme drawn up by the Government of India, the entire non-recurring expenditure such as technical equipment and furniture etc. will be met by the Ministry of Health, Government of India themselves. The pattern of assistance regarding recurring expenditure is as shown below:

<table>
<thead>
<tr>
<th></th>
<th>Centre</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td>First six months</td>
<td>100%</td>
<td>Nil</td>
</tr>
<tr>
<td>Next twelve months</td>
<td>66.66%</td>
<td>33.33%</td>
</tr>
<tr>
<td>Next twelve months</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Next six months</td>
<td>33.33%</td>
<td>66.66%</td>
</tr>
</tbody>
</table>

The assistance mentioned above will be given for a period of three years.

Department of Social and Preventive Medicine.

23. The establishment of the Department of Social and Preventive Medicine has already been mentioned in the note circulated at the time of the discussion of the Medical Demand, Demand XVI. A portion of the expenditure on this scheme is booked under Public Health, (i.e) this Demand. The Simhaschalam Rural Health Centre is being developed on the same lines as the Ponnamalle Health Centre and the whole of this programme is entitled to Central Assistance as already indicated. The scheme provides for both instruction in the College on the recognised system of teaching of Social and Preventive Medicine and also practical demonstration and field experience for the pupils in the rural centre. The total cost of the scheme for the plan period has been estimated at Rs. 68,000/- non-recurring and Rs. 78,100/- recurring. The Central Government's share both non-recurring and recurring expenditure is roughly 50% of the totals. The entire recurring expenditure will have to be met by the State after the plan period, i.e., 31-3-1956.
Leprosy Control.

24. The control of Leprosy is attended to both by the Medical and Public Health Departments, the Medical Department concentrating on institution for treatmant and Public Health Department on outdoor survey and preventive measures. This is a Central Assistance scheme and has already been mentioned in connection with the Medical Demand.

B. C. G. Vaccination.

25. With the assistance offered by the UNICEF this Government introduced the mass B. C. G. Vaccination campaign in this State. The Government have sanctioned the opening of one Central Administration unit and six field teams in the State. The UNICEF will supply equipment worth about Rs. 3\frac{1}{2} lakhs and also the necessary training to the personnel for the implementation of the scheme. The State Government's liability is Rs. 2,68,403 (Recurring) and Rs. 8,300/- (non-recurring.) The entire equipment for the implementation of the scheme has been received and the scheme is in full swing. The aim is to afford a measure of protection to susceptible age-groups so that the incidence (new cases) can be reduced.

Primary Health Centres in National Extension Service Blocks

26. Primary Health Centres in National Extension Service blocks have already been mentioned in the Medical Demand. But for completing the picture it is mentioned here as a part of the expenditure on Public Health staff in Primary Health Centres which is debited to this Demand.

Control of Epidemics

27. The expenditure on the control of plague is met by the State. The expenditure on the control of other epidemics, like the cholera and Small-pox are met by the Local bodies. The discovery of the D. D. T. has made the plague control simple. The insufflation of rat-burrows is generally effective in reducing the flea population below the level necessary for transmitting the plague infection from rat to man. In the case of other epidemics the State provides Mobile Public Health teams consisting of transport and the necessary control staff who go round to places wherever there is need for effective control measures. This has become a part of the routine work. But
with the successful implementation of the rural Sanitation and Water Supply plan this should become decreasingly important in the years to come. But it will take some time.

**Nutrition Research**

28. There is a small unit functioning in the East Godavari Community project area. This was a part of the comprehensive unit in the Composite State where detailed appraisal of controlled feeding experiments in hostels and the survey of the nutritional status of the population in the area are also made. The scheme is still in the nature of the pilot project and the matter will be reviewed before drawing up the schemes for inclusion in the Second Five Year Plan.

**Maternity and Child Welfare**

29. The normal programme of Maternity and Child Welfare is entrusted to Local Bodies. They open and maintain Maternity and Child Welfare Centres and where such centres are opened with the approval of the Government they are entitled to $\frac{1}{4}$ grant towards maintenance of the centres. In special cases where local bodies are not able to meet their share of the cost, $\frac{1}{3}$ grants are made. Every year the proposals received from Local Bodies for opening of additional Maternity and Child Welfare centres are considered and certain number included in the Budget.

30. In 1954 the Central Government proposed that in view of the inadequate and undeveloped state of Health Services in rural areas, they were prepared to assist in the opening of Maternity and Child Health centres (as they called them) and offered assistance on the following pattern for recurring expenditure:

<table>
<thead>
<tr>
<th>Centre</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td>For six months</td>
<td>100%</td>
</tr>
<tr>
<td>For the next 12 months</td>
<td>66-2/3%</td>
</tr>
<tr>
<td>For the next 6 months</td>
<td>50%</td>
</tr>
</tbody>
</table>

The Government of India have also stipulated that the responsibility for maintaining centres at the end of the period will vest in the State Governments. These centres will have to be opened in conjunction with the existing dispensaries, 8 centres have been opened under this programme as indicated below:
<table>
<thead>
<tr>
<th>No.</th>
<th>Name of Village</th>
<th>Taluk</th>
<th>District</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Kaluvaya</td>
<td>Atmakur</td>
<td>Nellore</td>
</tr>
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<td>2.</td>
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The incidence expenditure as between the Central Government and the State Government is given below:

**Expenditure on one centre.**

**NON-RECURRING.**

(a) Technical equipments etc.. Rs. 2000/-

(to be met by the Government of India only.)

(b) Furniture for main centres. Rs. 500/-

Furniture for 3 subcentres Rs. 300 each Rs. 900/-

**Recurring :**

(a) Rent for the main centre at Rs. 15 for 12 months. Rs. 180/-

(b) House rent in lieu of free official quarters for Health Visitor at Rs. 15/- per month. Rs. 180/-

(c) House rent in lieu of free official quarters for 4 Maternity Assistants at Rs. 10/- per month each. Rs. 430/-

Total Rs. 2,240 or Rs. 2,300 roundly

To be met entirely by the State Government.
(d) **Establishment:**

Pay of Health Visitor at Rs. 60/- per month in the scale of Rs. 60-2-100 for 12 months. Rs. 720/-

Dearness allowance at Rs. 22/- per month for 12 months. Rs. 264/-

Uniform allowance at Rs. 50/- per annum. Rs. 50/-

Pay of Maternity Assistants at Rs. 35/- per month for 4 Maternity Assistants for 12 months. Rs. 1,680/-

Dearness allowance at Rs. 19/- per month for 4 Maternity Assistants Rs. 912/-

Uniform allowance of Rs. 50/- each per annum for 4 Maternity Assistants. Rs. 200/-

Pay of five Ayahs at Rs. 30/- each per month for 12 months. Rs. 1,800/-

Uniform allowance of Rs. 50/- each per annum. Rs. 250/-

(e) Refills for kits and cost of drugs etc. 4,400

(f) Travelling Allowance for Health Visitor at Rs. 25/- per month for 12 months Rs. 300/-

Travelling Allowance for Maternity Assistants at Rs. 15/- per month for 12 months Rs. 720/-

Travelling Allowance for Medical Officer at Rs. 50/- per month for 12 months Rs. 600/-

(g) Contingencies. 1,200

Total ... 13,096

or 18,000 roundly.
The expenditure on the items (d) to (g) above will be shared between the State Government and the Government of India.

**Training of Health Visitors and Sanitary Inspectors**

31. A new training school for training of Health Visitors has been opened in Visakhapatnam to meet the needs of the Andhra State. It was mentioned in connection with the Medical Demand that as it takes some time for the training of Health Visitors, a scheme of Auxiliary Nurse Midwives training was sanctioned to meet the immediate needs of the State.

32. The programme of training of Sanitary Inspectors has been expanded. A course of training of Sanitary Inspectors at Guntur Medical College has recently been sanctioned.

**Health Propaganda and Publicity**

33. The Health Propaganda and Publicity section of the Department has been working at the level at which it was at the time of separation, inspite of handicaps. The question of having a reorganised Health Education and Publicity section will be considered in connection with the science for inclusion in the II Five Year Plan.

**Sanitary Engineering and Town Planning**

34. The cost of the Sanitary Engineer and the Executive Engineer Public Health and the staff of the Department are booked under the Public Health Budget. Similarly the cost of Director of Town Planning and his staff are booked under the Public Health Budget. The local board and municipal staff are paid for by them. We have recently sanctioned the post of Sanitary Engineer to meet the increasing tempo of execution of Water Supply and Drainage Schemes. The bulk of the cost is met by centage charges. There has been no significant development in Town Planning this year.

**Conclusion**

35. One heartening feature of this Demand to-day is that at the time of separation, the Public Health Demand was about 40% of the Medical Demand. Put to-day in Andhra the Medical Demand stands at a little over Rs. 93 lakhs, the Public Health
Demand has now reached Rs. 87.9 lakhs. Of course, the bulk of the expenditure is on Rural Water Supply. But if we add the expenditure on loans to Municipalities for Water Supply and Drainage Schemes as well as grants-in-aid, it will be found that much greater emphasis is being laid by this Government on the preventive and public health aspects.

KALA VENKATA RAO,

Minister (Planning and Industries)
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