

## English composition as a professional skill

I returned home from giving our students my annual homily on professional skills to find the editorial<sup>1</sup> on the same topic. The lament is common and undoubtedly many person-years are spent by faculty correcting basic English language and composition, time for which they undoubtedly have other preferred uses.

There are various professional skills that postgraduate students require. It has been our experience at IBAB that picking up the basics of giving a good talk is acquired relatively easily. A couple of faculty provide their respective orientations, but no formal drill, in this. The students are exposed to high quality speakers throughout their coursework and also have a few opportunities to present. When the time comes for them to make their project presentations at the end, almost without fail they do an excellent job.

Written skills are another matter. Of the three components, basic English language, composition and copy-editing, the latter is the easiest to pick up, and the one we actually take the trouble to orient them to. So far we have not had a formal process, either of detailed instruction or in evaluation, but are planning to incorporate this into their project evaluations from the current batch

onwards. We have not tackled the first two components, and may not be able to in our 18-month programme.

I also believe that fluency in typing is an increasingly important professional skill. This is something taken care of at the high school level in the US, but not widely attended to in our country. Until such time as the computer-human interface changes, and it is possible to spray words on the screen by thought alone, we are stuck with the inefficient qwerty keyboard. Given the increasing pressures on productivity and the tendency to have one's own PC and do one's own copy, the person pecking at the keyboard is going to be increasingly disadvantaged.

I am told that the life science PhD students at University of California, Davis are required to pass an examination in English composition. To my knowledge there is no such compulsory course in any of our doctoral programmes. Given the scale of the problem, should there not be one?

Some of the important professional skills are listed above: which skills are necessary could be debated and decided upon. That then leads to the issue of how to impart these skills. At least in our national research labs, most PhD students receive a fellow-

ship. These students could be required to spend, say, Rs 200 per month until they had passed the requisite tests of proficiency, with their institution facilitating instruction by PC-based programs and/or competent trainers. All postgraduate students unfortunately are not on fellowship. The IBAB solution is a good beginning, in which we impart the easy-to-acquire skills with only a small effort on the part of the institution. The students will then hopefully be instructed in other aspects as they go along.

I know of one Indian professor in the US, who, when he over-runs the word limit, deletes all the the's. Here's hoping we can create a situation in which the articles are dropped only deliberately!

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1. Balaram, P., *Curr. Sci.*, 2005, **88**, 205–206.

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## Herbal toxicity

Indian medical system 'Ayurveda' has a long and rich history of herbal medicine. Ayurvedic herbal medicines (AHMs) are currently used by large sections of the population and are becoming popular in developed countries. AHMs are not regulated as medicines and can be purchased from outlets ranging from health-food stores to Internet sites, and thus a crucial evaluation of their safety is relevant and important. Recently dangerous levels of lead, mercury and arsenic were reported in many ayurvedic herbal medical products<sup>1</sup>.

Toxic herbal metals and undeclared drugs in AHM represent a potentially serious problem that puts consumers at risk. Means

of minimizing this risk must be found and implemented. Approximately half the individuals using herbal medicines do not tell their physician. This non-communication further increases the risk to the consumer because doctors might fail to diagnose adverse effects caused by treatments of which they are not aware.

How can the risk to patients be minimized? The consumer should be informed that 'natural' does not necessarily mean 'free from risk' and that adverse effects as a result of AHMs are an undeniable reality. Patients and physicians should be encouraged to talk about the use of AHMs and other complementary/alternative treatments

and the possibility of interactions of herbal medicines with prescribed drugs. Regulators should consider measures to control this sector of healthcare more effectively.

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1. Saper, R. B., Kales, S. N., Paquin, J., Eisenberg, D. M., Davis, R. B. and Phillips, R. S., *J. Am. Med. Assoc.*, 2004, **292**, 2868–2872.

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