

courses in the colleges after their +2, and secondly, they will get enough time to think over and decide their career. This will be beneficial to the whole society as well as the students themselves. Moreover, there will be many good students for basic sciences, which is the fuel for developments in science and technology, and we will also get skilled and committed medical professionals in future. How-

ever, this is not an easy task. We have to overcome the vested interest of many who have investments in medical education.

But, the policy priorities should be in tune with the need of the society and the benefit of the people at large. Hence, we have to do away with the current pattern of medical admission and introduce a new procedure, i.e. make graduation the minimum qualification for medical ad-

mission, which will be beneficial to the student community and to the society in future.

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Beneficial effects of shifting cultivation (*jhum*)

Shifting cultivation is an age-old practice believed to have evolved several thousand years ago. It is still being practised in the Northeastern Hill Region (Assam, Arunachal Pradesh, Manipur, Meghalaya, Mizoram, Nagaland and Tripura) and other parts of the country (Orissa, Andhra Pradesh, Madhya Pradesh, etc.). In this system, crops are generally grown on a piece of land or an area by the cultivators (*jhumias*) only once. After crop harvest, the land is left fallow and the *jhumias* move to a new land. Thus, they move from one place to another and return to the former area after about 10 to 15 years or more. In the process a cycle is formed referred to as 'shifting cultivation'. Though this system of cultivation was considered good enough when it emerged, today increase in human population along with decrease in land: man ratio at an alarming rate have forced the *jhumias* to reduce the *jhum* (shifting) cycle leading to destruction of forest wealth, loss of soil cover, siltation of

reservoirs/rivers resulting in floods in the plains, etc. Thus this system of cultivation is now considered to be unscientific.

Why was this system considered good enough when it emerged? It is because shifting cultivation has its own merits in the sense that fallowing of land helps in conservation of soil moisture, enrichment of soil texture and soil structure, addition of potassium to the soil during the process of burning, increase in soil pH, increase in soil microbial biomass, restriction in outgrowth of particular pest(s) and pathogen(s) for particular crop(s), least disturbance of top soil, development of a good crop canopy due to mixed cropping, no capital investment except labour and seeds which usually come from the household and above all, the outcome of organically economic produce – free from hazards of synthetic fertilizers/pesticides, herbicides. All operations, except cutting and burning of jungles are performed by women. Now suppose, there had been no increase in human

population, no decrease of land area, adequate time period of *jhum* cycle, etc., then this system of cultivation would have been widely accepted by us as a good scientific system. Then, it would have been possible to categorize this system of cultivation under 'all agricultural systems that promote the environmentally, socially and economically sound production of food and fibres', i.e. 'organic agriculture' or the system of natural farming proposed by Masanobu Fukuoka, i.e. 'one straw revolution'¹?

1. Kesavan, P. C. and Swaminathan, M. S., *Curr. Sci.*, 2006, **91**, 145–146.

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Looking East: familial support as a crucial predictor of treatment management in psychiatric illnesses?

Recently, an interesting study compared psychiatric practice among a group of 34 psychiatrists in Baltimore, Maryland, USA and an equal number from New Delhi, India¹. Some of the major conclusions of this study were:

1. Delhi psychiatrists saw almost double the mean number of patients daily, but spent less than half the mean time on new evaluations when compared to the US psychiatrists.

2. Delhi psychiatrists were less likely to recommend psychotherapy along with the medications, though both groups had similar approaches to major disorders.

3. Delhi psychiatrists were more likely to utilize 'innovative/unique' intervention like secret administration of the drug in case of treatment refusal.

As the authors discuss in their article¹, such a difference among the two groups of practising psychiatrists can partly be

attributed to the socio-economic and cultural differences of the patients, and the extent of involvement of the family and the community in treatment management. A remarkable point in this direction was that the mean percentage of patients informed of diagnosis (60 in Delhi vs 88.9 in the US) was lower in Delhi, but the mean percentage of families informed of diagnosis (81.8 in Delhi vs 66.3 in the US) was higher.