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ST. JOSEPH'S COLLEGE (AUTONOMOUS), BANGALORE-27
BSc, BA, BSW, BCom GENERAL ENGLISH- II SEMESTER
SEMESTER EXAMINATION: APRIL 2018
GE 214 – GENERAL ENGLISH

Time: 2 ½ hours

Max marks: 70

This paper contains 10 printed pages.

INSTRUCTIONS:

1. This booklet contains **THREE** themes.
2. You may answer **any ONE** theme.
3. Please indicate **your stream (and theme)** clearly on the front page of your answer booklet.
4. Answer all sections under the theme you have chosen. Do not choose sections at random from different themes.
5. You will lose marks for exceeding word limits.
6. You are allowed to use a dictionary, during the examination.

Theme One

I. Read this piece by Saritha Rai titled *India's New 'English Only' Generation*:

Sudhir Nagaraj and his wife, Bidisha, live in the mini-India that is Bangalore. She, a Bengali speaker from a family hailing from India's east, heads marketing for a social networking start-up. He, fluent in the native Kannada tongue of Bangalore, runs a subsidiary of a multinational telecommunications company. Between them, they speak and understand half a dozen Indian languages.

Quite ironic then that their daughter, Ahana, six-and-a-half, growing up in a country with a profusion of tongues, speaks only one language: impeccable English. And English is the common tongue that binds the Nagarajs as a family.

In Bangalore and elsewhere in Big City India, factors like great mobility, a demanding school system and mixed marriages are churning up a startling consequence: a generation of urban children is growing up largely monolingual — speaking, thinking and dreaming only in English.

“How do we define Ahana's mother tongue?” asks Mr. Nagaraj. He speaks Kannada with his mother; his wife speaks Bengali with hers. Both grandmothers live nearby and attempt to converse with Ahana in their respective tongues. But she responds only in English. It is an issue that at once cheers and distresses an entire band of middle-class Indians.

On the one hand, English has opened the doors to great job mobility in the past decade and much economic success. In a country of so many varied languages, English is the only linguistic commonality. Yet as the language increasingly becomes the de facto mother tongue in urban families, many are dismayed at the trend, contending that its rampant use will strip them of their sense of Indian-ness.

“English is unifying us with the rest of the world but alienating us from our familial and cultural roots,” says Mr. Nagaraj, who still turns to Kannada metaphors when he needs to drive home a point.

Like Mr. and Mrs. Nagaraj, a fifth of India’s population — some 250 million — is multilingual. Many Indians of their generation are polyglots. They string sentences in English, but insert words from multiple Indian languages.

But even as scientific evidence mounts that being bilingual or multilingual makes a person smarter and could shield against the onset of dementia, many fear that future Indian generations may turn monolingual. Already, English is the first language many urban children learn.

Preeti Kumar, a communications professional and her husband, Nipun, who works in the apparel industry, are native Hindi speakers from India’s north. However, their two daughters, Eva, who is 8, and Inika, who is nearly 2, speak only English at home and outside. “They’ve learned Hindi by watching cartoons on TV,” says their mother.

Even the children of the Kumars’ friends, couples who have a common language that they grew up with, have adopted English as their primary language at home, she says.

The situation is exacerbated in diverse Bangalore, where residential buildings represent a microcosm of India. “Somewhere in this cosmopolitan-ness, kids growing up with only English are missing something,” rues Ms. Kumar.

“As both an educator and a parent I find myself asking, ‘Where is the Indian-ness in India?’ Is losing our languages the first sign of our dying culture? Or, is it the cause?” asks Kavita Sabharwal, who runs a chain of upmarket preschools in the city called Neev.

At her schools, Ms. Sabharwal counsels parents to raise children to speak a native tongue alongside English. In her home, she has knuckled down and initiated compulsory “Hindi time” in the evenings for her children, Dhruv, 10, and Noor, 7.

Her husband, Manish, initially predicted the death of all dinner-table conversation. Ms. Sabharwal happily reports to the contrary. A year on, both her children speak Hindi with confidence.

In the lower socioeconomic strata, where learning English is aspirational, the language is trickling down quickly. Neighbourhood private schools have unstated admission requirements: at 3 and 4, the child is required to be toilet-trained and speak English.

Parents who stretch their family budgets to get their children into “English medium” schools see that the language has obvious economic benefits in an increasingly globalized world. Higher up the economic ladder, though, it is a matter of convenience.

Rimjhim Chakraborty is 9. Her mother, Pinky, a realtor, speaks Sindhi, a language from the northwest. Rimjhim's father, Apurba, who heads sourcing for a sporting goods multinational, is fluent in both Punjabi and Bengali. Rimjhim, despite learning Hindi at school, refuses to answer when spoken to in anything other than English. So that is the language that rules the Chakraborty household.

That is unfortunate, says her mother, who wants to make an effort to teach Rimjhim an Indian language. But "between her math homework, sports, a little bit of PlayStation and television, where is the time?" Ms. Chakraborty asks.

She ends up scolding Rimjhim in Sindhi. "Not the best introduction to a language," she admits. Then she makes a dire prediction: "At the rate we are going, all Indian languages will die."

I.A. Answer ANY TWO of the following in about 200 words each: (2x15=30)

1. The author in this piece says that children these days are growing up speaking, thinking, and dreaming in English. Do you agree? If yes, then do you find this trend positive or negative? Explain using instances from your personal experience.
2. "English is unifying us with the rest of the world but alienating us from our familial and cultural roots." Explain what you understand from this statement. Do you find any truth in the above statement?
3. If you had the chance to learn any language today would you prefer learning a foreign language or an Indian one? Explain your choice.

II. Read this poem titled *Goodbye Party for Miss Pushpa T.S.* by Nissim Ezekiel before attempting the questions that follow:

Friends,
our dear sister
is departing for foreign
in two three days,
and
we are meeting today
to wish her bon voyage.

You are all knowing, friends,
What sweetness is in Miss Pushpa.
I don't mean only external sweetness
but internal sweetness.
Miss Pushpa is smiling and smiling
even for no reason but simply because
she is feeling.

Miss Pushpa is coming
from very high family.
Her father was renowned advocate
in Bular or Surat,
I am not remembering now which place.

Surat? Ah, yes,
once only I stayed in Surat
with family members
of my uncle's very old friend-
his wife was cooking nicely...
that was long time ago.

Coming back to Miss Pushpa
she is most popular lady
with men also and ladies also.

Whenever I asked her to do anything,
she was saying, 'Just now only
I will do it.' That is showing
good spirit. I am always
appreciating the good spirit.

Pushpa Miss is never saying no.
Whatever I or anybody is asking
she is always saying yes,
and today she is going
to improve her prospect
and we are wishing her bon voyage.
Now I ask other speakers to speak
and afterwards Miss Pushpa
will do summing up.

II. A. Answer the following in about 150 words each: (2x10= 20)

1. The language used in the above poem is often referred to as Indian English. Is this different from the English that you speak or hear? Use lines from the poem to explain your answer.
2. Have you ever been judged for the way you speak a particular language (Pronunciation, accent)? If yes, why do think that happens?

III. Answer the following in about 250 words each: (1x20= 20)

1. What is your relationship with your mother tongue and English? Do you think our culture is dying because more and more people speak English and not their mother tongues? Explain using examples from your personal experience.

Theme 2

I. Read this piece by Stephen Leacock titled *How to be a Doctor*:

Any lover of humanity who looks back on the achievements of medical science must feel his heart glow and his right ventricle expand with the pericardiac stimulus of a permissible pride.

Just think of it. A hundred years ago there were no bacilli, no ptomaine poisoning, no diphtheria, and no appendicitis. Rabies was but little known, and only imperfectly developed. All of these we owe to medical science. Even such things as psoriasis and parotitis and trypanosomiasis, which are now household names, were known only to the few, and were quite beyond the reach of the great mass of the people.

Or consider the advance of the science on its practical side. A hundred years ago it used to be supposed that fever could be cured by the letting of blood; now we know positively that it cannot. Even seventy years ago it was thought that fever was curable by the administration of sedative drugs; now we know that it isn't. For the matter of that, as recently as thirty years ago, doctors thought that they could heal a fever by means of low diet and the application of ice; now they are absolutely certain that they cannot. This instance shows the steady progress made in the treatment of fever. But there has been the same cheering advance all along the line. Take rheumatism. A few generations ago people with rheumatism used to have to carry round potatoes in their pockets as a means of cure. Now the doctors allow them to carry absolutely anything they like. They may go round with their pockets full of water-melons if they wish to. It makes no difference. Or take the treatment of epilepsy. It used to be supposed that the first thing to do in sudden attacks of this kind was to unfasten the patient's collar and let him breathe; at present, on the contrary, many doctors consider it better to button up the patient's collar and let him choke.

The point I want to develop is that the modern doctor's business is an extremely simple one, which could be acquired in about two weeks. This is the way it is done.

The patient enters the consulting-room. "Doctor," he says, "I have a bad pain." "Where is it?" "Here." "Stand up," says the doctor, "and put your arms up above your head." Then the doctor goes behind the patient and strikes him a powerful blow in the back. "Do you feel that," he says. "I do," says the patient. Then the doctor turns suddenly and lets him have a left hook under the heart. "Can you feel that," he says viciously, as the patient falls over on the sofa in a heap. "Get up," says the doctor, and counts ten. The patient rises. The doctor looks him over very carefully without speaking, and then suddenly fetches him a blow in the stomach that doubles him up speechless. The doctor walks over to the window and reads the morning paper for a while. Presently he turns and begins to mutter more to himself than the patient. "Hum!" he says, "there's a slight anaesthesia of the tympanum." "Is that so?" says the patient, in an agony of fear. "What can I do about it, doctor?" "Well," says the doctor, "I want you to keep very quiet; you'll have to go to bed and stay there and keep quiet." In reality, of course, the doctor hasn't the least idea what is wrong with the man; but he DOES know that if he will go to bed and keep quiet, awfully quiet, he'll either get quietly well again or else die a quiet death. Meantime, if the doctor calls every morning and thumps and beats him, he can keep the patient submissive and perhaps force him to confess what is wrong with him.

"What about diet, doctor?" says the patient, completely cowed.

The answer to this question varies very much. It depends on how the doctor is feeling and whether it is long since he had a meal himself. If it is late in the morning and the doctor is ravenously hungry, he says: "Oh, eat plenty, don't be afraid of it; eat meat, vegetables, starch, glue, cement, anything you like." But if the doctor has just had lunch and if his breathing is short-circuited with huckleberry-pie, he says very firmly: "No, I don't want you to

eat anything at all: absolutely not a bite; it won't hurt you, a little self-denial in the matter of eating is the best thing in the world."

"And what about drinking?" Again the doctor's answer varies. He may say: "Oh, yes, you might drink a glass of lager now and then, or, if you prefer it, a gin and soda or a whisky and Apollinaris, and I think before going to bed I'd take a hot Scotch with a couple of lumps of white sugar and bit of lemon-peel in it and a good grating of nutmeg on the top." The doctor says this with real feeling, and his eye glistens with the pure love of his profession. But if, on the other hand, the doctor has spent the night before at a little gathering of medical friends, he is very apt to forbid the patient to touch alcohol in any shape, and to dismiss the subject with great severity.

These days, whatever is wrong with the patient, the doctor insists on snipping off parts and pieces and extracts of him and sending them mysteriously away to be analysed. He cuts off a lock of the patient's hair, marks it, "Mr. Smith's Hair, October, 1910." Then he clips off the lower part of the ear, and wraps it in paper, and labels it, "Part of Mr. Smith's Ear, October, 1910." Then he looks the patient up and down, with the scissors in his hand, and if he sees any likely part of him he clips it off and wraps it up. Now this, oddly enough, is the very thing that fills the patient up with that sense of personal importance which is worth paying for. "Yes," says the bandaged patient, later in the day to a group of friends much impressed, "the doctor thinks there may be a slight anaesthesia of the prognosis, but he's sent my ear to New York and my appendix to Baltimore and a lock of my hair to the editors of all the medical journals, and meantime I am to keep very quiet and not exert myself beyond drinking a hot Scotch with lemon and nutmeg every half-hour."

And yet, isn't it funny?

You and I and the rest of us--even if we know all this--as soon as we have a pain within us, rush for a doctor as fast as a hack can take us. Yes, personally, I even prefer an ambulance with a bell on it. It's more soothing.

I.A. Answer the following questions in about 150 words each: (3x10=30)

1. Do you find the above piece humorous and funny? Explain your stance using instances from the piece.
2. Assuming that the above piece is a description of one particular doctor and you are a patient visiting this doctor, how would you react to the various treatments mentioned in the piece?
3. "You and I and the rest of us--even if we know all this--as soon as we have a pain within us, rush for a doctor as fast as a hack can take us. Yes, personally, I even prefer an ambulance with a bell on it. It's more soothing." Discuss this statement using instances from your experience.

II. Examine the cartoon:



"I have no idea what's wrong with you. I just collect information. My computer makes the decisions."

II.A. Answer the following in about 150 words each: (2x10=20)

1. If you were the patient in the above picture, how would you react to what the doctor said? What would you tell him next? Give reasons for your answers.
2. Narrate an interesting/ strange/ funny experience you've had at a doctor's clinic.

III. P K Sethi in his piece *Doctor in the 21st century says*, "I believe that informed self-care should be the main goal of any health programme or activity. Ordinary people, provided with clear, simple information, can prevent and treat most common health problems in their own homes – earlier, more cheaply and often better than doctors. Basic health care should not be delivered, but encouraged. Instead of treating family members as a nuisance, we should invite them to participate in something which deeply concerns them. This calls for the medical profession trying to understand our social structure, the ways of thinking of our people, social and economic injustices our people are subjected to, their language and idiom. An insight into these converts a clever physician into a wise one."

What insights do you gain on modern day medicine from the above lines? Do you find commonalities between the above lines, Leacock's piece, and the cartoon? Provide suitable explanations to your answer. **Answer in about 250 words (20 Marks)**

Theme 3

I. Read this piece by Claudia McNeilly titled *Table for one: If you can get past the stigma, dining alone can be a joy-*

“Are we ready to order?” my waiter asks. He gestures to the empty seat beside me with a smile.

“Um ... No, sorry,” I stutter. It could not be clearer that there is no one sitting next to me, so I’m not sure why he insists on “we” as a pronoun. “I’m not.”

It’s not the first time that I have been referred to in the plural while dining alone. But every time it happens I feel increasingly struck by a sense of loss, as if my solo status has plagued the restaurant with a contagious loneliness disease. I can almost feel the waiter itching to suggest I order takeout instead, sparing the restaurant of the indignity of my pathetic, companionless existence and freeing up precious table space at the same time.

Today an unprecedented amount of adults are choosing to stay single, but those who dare to ask for a “table for one, please” are often still made to feel like lesser customers. The rising trend of family style sharing plates has meant that a growing number of eateries feel either overly gluttonous or incomplete when experienced alone. Many restaurants reserve their best wines as by the bottle purchases, leaving singles with the house red. Others offer dinner specials exclusively for parties of two or more. And others still don’t accept online reservations for parties of one, forcing prospective single diners to call in and make a slightly humiliating special request.

In light of all this, dining alone can seem downright illogical. Never mind having no one to share your meal with, what’s the point in eating a meal alone if a restaurant doesn’t even seem to want you there? Despite solo diners often being made to feel undeserving, an increasing number of people are choosing to dine alone. An OpenTable study found that, between 2013 and 2015, reservations for one increased by 62 per cent. And for good reason: dining alone remains a near perfect way to experience a restaurant without the distractions and expectations that come from eating with other people.

It’s easy to miss the details of a dish or menu when you’re busy trying to engage the person sitting across from you. But solo diners, free to devote their undivided attention to their food and environment, experience a heightened sense of awareness. Often-overlooked minutiae like plating, presentation and interior design become hyper-saturated. While this minutiae may seem like a lacklustre trade off for the company of others, it provides an increasingly rare opportunity to pause and focus on something other than those around you.

And while the absence of others may limit your drink choice, it gives you complete freedom in ordering food. No one is there to say, “You’re no fun!” when you order a salad while everyone else is requesting cheeseburgers, or to declare that you “shouldn’t be eating that” when you do choose to indulge. Eating alone affords the diner the ability to order as much or as little as they would like without unsolicited judgment.

Despite these benefits, it's hard not to feel antsy while sitting alone, your only company a waiter who periodically returns to refill the water glass you quickly drained in search of something to do with your hands. In these moments it can feel like the entire restaurant has turned to watch you, inventing stories about who stood you up and what type of insufferable person ends up at a restaurant unaccompanied.

Of course, no one is doing this, but thanks to decades of cultural stigma, the publication of books with titles like *Never Eat Alone: And Other Secrets to Success* and the many quotes denigrating the practice — “Sadder than the beggar is the man who eats alone in public.” — Jean Baudrillard — there remains a barrier between gastronomic pleasure and dining alone.

As the most capable of diners tend to flinch at the prospect of a table for one, it's clear that restaurants have been designed for the pursuit of pleasure with parties of two or more. Yet if a restaurant serves food that is good enough to overshadow this insurmountable stigma, then it must be really good. Instead of treating singles like an embarrassing plague, tables for one should be seen as a universal sign that a restaurant is actually worth eating at. You can guarantee that no one has forced a single diner to show up unaccompanied, making solo diners perhaps the biggest compliment that a restaurant can get.

A deluge of new apps like Grouper and Grubwithus all seek to provide strangers with platonic dining companions. But instead of having dinner with an equally lonely stranger out of some misguided attempt at connection, the real solution lies in accepting that solo diners are an asset instead of a curse. Maybe then those who choose to dine alone can finally stop feeling the prickling sting of embarrassment that comes from being referred to as “we” and finally be ready to order.

I. A. Answer the following questions in about 150 words each: (3x10=30)

1. “I can almost feel the waiter itching to suggest I order takeout instead, sparing the restaurant of the indignity of my pathetic, companionless existence and freeing up precious table space at the same time.” Do you think the writer is imagining this experience or is the waiter actually behaving oddly? Explain your choice with suitable arguments.
2. According to the writer, one of the advantages of eating out alone is that you don't have to deal with the expectations that come from eating with other people. Do you agree? Give reasons for your answer.
3. Have you ever eaten out alone? If yes, describe the experience. If not, what's preventing you from doing it?

II. Read the following tips sourced from different websites to help you survive eating out alone:

- Do your restaurant research before you go
- Time your dining well
- Study the menu beforehand
- Visualise your alternative dining options

- Dress comfortable
- Eat within your comfort zone
- Make a reservation
- Stand your ground on seating
- Take props- books, phone, kindle
- Go as an alter-ego
- Take something to “save your seat”
- Practice with a friend
- Remind yourself that people are self-absorbed
- Enjoy some people-watching
- Know your exit strategy

II.A. Answer the following in about 150 words each: (2x10=20)

1. Which of these tips do you think will help you in your experience of eating out alone and which of these seem pointless? Choose at least two that are helpful and two others that are useless. Explain your choices.
2. Do you think it is important to do things all on your own? What advantages or disadvantages do you see in doing so? Give appropriate reasons to support your answer.

III. Pablo Picasso once said, “Without great solitude no serious work is possible”. Look up the word solitude in your dictionary. How is this word different from loneliness? What is important to you, the time you spend with yourself or the time you spend socializing with other people? Why? Have you been judged for making these choices? **Answer in about 250 words (20 Marks)**