

tablets of Vitamin C (100 mgm, 4 a day), 21 tablets of dumocalcin (3 a day) and 21 tablets of Vitamin B6 (3 a day). Sometimes I give also 21 tablets of Brewers Yeast (3 a day) and 21 tablets of lecithinol (3 a day). If the patient has high blood-pressure I reduce the Vitamin E Tablets to 3 a day and I give one or two Rauwiloid tablets daily.

Some of the successful cases have been almost miraculous. One of the most interesting is the following, a year ago.

A Tamil man aged 65 years had a right stroke at 5.30 am. His two sons carried him to my clinic at 2.00 pm. I gave him my injections and medicines and told him to return in 5 days. He came back

alone, though walking unsteadily. I repeated the treatment, and told him to come back in 5 days time. He has never come back, but I hear that he is carrying on as usual in his little vegetable shop selling bananas and coconuts and so on. This case proves the efficacy of immediate treatment.

*Yours faithfully,*

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## BOOK REVIEWS

### HEALTH EFFECTS OF COMBINED EXPOSURES IN THE WORK ENVIRONMENT

Geneva, World Health Organization (Technical Report Series, No. 662), 1981. 75 pages. Sw.fr 4.

There is increasing concern among occupational health professionals that combinations of the various physical, chemical, biological and psychosocial factors at work may produce different effects from those resulting from single exposures. Up to date, there is little known about such combined exposures, which may produce independent, synergistic or antagonistic effects. This WHO Expert Committee report is an excellent review of relevant experimental and epidemiological evidence available thus far. The Committee also examines the personal factors which may modify such combined effects, for example genetic abnormalities, nutrition, smoking, alcohol, drugs, and existing diseases. The practical implications of combined exposures in occupational health practice, standards setting and research are also discussed. The report concludes with the Committee's recommendations for training, educational and research programmes, and stresses the need for national and international collaboration, especially when industrial innovations are being planned. Researchers, practitioners and teachers of occupational health would find this informative report a valuable text for reference.

LIM HENG HUAT

### EDUCATION AND TRAINING IN OCCUPATIONAL HEALTH, SAFETY AND ERGONOMICS

Geneva, World Health Organization (Technical Report Series, No. 663), 1981. 48 pages. Sw. fr. 3.

In many countries, there is a great shortage of trained personnel in the field of occupational health, safety and ergonomics. There is thus a need for education and training of all personnel who are involved in maintaining the health, safety and economic productivity of workers. This eighth report of the Joint ILO/WHO Committee on Occupational Health focuses attention on the need for training and education at all levels: from stimulating awareness among policymakers, managers and workers, to the specialized training of occupational health professionals. The report also spells out the training and educational policies, objectives and methodology recommended by the Committee. An area of special concern is the development of primary health care workers geared to providing basic health services for under-served working populations, such as those in the agricultural and small-scale industries. This report should provide valuable guidance for all those involved in the training and education of occupational health and safety personnel.

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