Editorial

From Cabbages to Kings
The Council and Executive Committee thoroughly approved the Editor’s suggestion that the President be given the courtesy of the October editorial to write a valedictory address. I write this in the sunshine of an August morning in Geneva, a city not unknown to us in Occupational Medicine and in which one distinguished Past-President spent some happy years.

A valedictory should resemble a good meal, it should please, have something of substance in it and leave behind a pleasant memory.

For a starter let me say what a pleasant duty, as well as an honour, it has been to be your President for 1980–81. In its steady expansion, doubling in membership in a decade, the Society appears to have lost none of its inherent friendliness, none of its spirit which brought together the twelve who launched the old AIMO in 1935. I wonder what they would think if they could see us now. Of course, we have been fortunate, on the back of that magnificent presidential jewel is a list of past-presidents which is a veritable roll-call of Occupational Medicine in the United Kingdom. Every single one has left his mark in one or other of our industries or universities. Happily many are still active and one of the delights of the current president is to see his predecessors loyally supporting him at national and regional meetings.

It would be idle to pretend that our affairs have never been ruffled by healthy dissent in the 46 years of our existence. Here I come to the substance of our meal. Dissent is healthy and inevitable in a growing specialty. We have argued at length over the structure of the Society and there will always be those in the provinces who look askance at the apparent preponderance of the London-based in the affairs of the Society. I know, I was one of the most vociferous of critics in my time. But time and money are important. Time to spend in the office dealing with a steadily increasing volume of correspondence and money for the increasingly expensive journeys into London.

And then the cries about 'The Establishment'. Believe me, those to whom this unflattering term is applied would welcome the advent of young men and women to the major offices and committees of the Society. We are constantly looking for signs of interest and industry, conscious of the dwindling years before we must quit the stage.

One thing continues to worry me and is germane to my theme. It is the reluctance
of many members to play an active part in our affairs. One must recognize the difficulties of attending group meetings but there can be little excuse for not participating in the annual ballot for officers and members of Council and yet, if my memory serves me correctly, we have yet to achieve a 25 per cent poll.

Are we, as a Society of 1600 doctors, content to see or hear little of or from three-quarters of our membership? I have not overlooked our overseas members, whom we greatly value; it does not affect my argument. It is only at group level that we can tackle this problem, if indeed you can agree with me that it is a problem.

One of the enduring pleasures of a Presidential year is the warm and overwhelming hospitality received from the groups. In this relaxed and friendly atmosphere it is possible to meet members and to learn at first-hand of their careers, their problems and how they see the Society. But the numbers are small compared to our total membership.

Enough, I will not labour the point to weariness but as a Yorkshire colliery manager used to say: 'Think on, lad'.

I come to the dessert which must set off the meal to perfection. And here I ask you to remember that the whole is greater than the part. We are all doctors; let us never divorce ourselves from the rest of our profession or from the concepts and ideals which have guided British medicine since the time of Harvey. I have always believed, and preached, that one cannot be a good occupational physician without being a good clinician. The very nature of our daily task leads us to seek the help and advice of cardiologists, rheumatologists, dermatologists and many others. It is encouraging that many of our colleagues now recognize that we have matters of interest to tell them about the patient.

We practise medicine to keep people healthy or to restore them to health whether in the hospital, the community or the work place. Our patients’ interests demand our unstinting cooperation. One splendid example of this which springs readily to mind because we have recently submitted comment on behalf of the Society is rehabilitation. Here is an area where failure to collaborate, to exchange information, can only nullify attempts to return the patient to his natural working environment.

Finally, may I comment on one of the greatest problems which bedevils our specialty, the relative lack of teaching of occupational medicine at undergraduate level. Your Executive Committee, recognizing this, has asked the Education Panel to take a fresh look at the problem as it is 11 years since we published *Occupational Health and the Undergraduate Student*.

Apart from the fact that many British doctors graduate with no appreciation of the effect of work on health and health on work, the fact that so many of us are employed outside the NHS is an added complication. However, in the last year or two I have been encouraged by an increasing number of final year students or provisionally registered doctors who have discovered that Occupational Medicine may be a
worthwhile career and have sought help and advice. No doubt many senior
colleagues can echo my experience.

In the absence of systematic undergraduate instruction we have to be our own
propagandists. Much can be done by taking the initiative and offering factory visits,
speaking at student medical societies and hospital journal clubs but, above all, by
constantly demonstrating the welcome and friendliness which is the hallmark of this
Society.

It would be discourteous, in a Presidential year, not to say how fruitful, useful and
pleasant it has been to work with the officers and Board of the Faculty of
Occupational Medicine, the Occupational Medicine Section of the Royal Society of
Medicine, the Occupational Health Committee of the British Medical Association
and the Specialist Advisory Committee on Occupational Medicine. All contribute to
the growth and advancing influence of our specialty.

It will be a pleasure to hand over to such a distinguished successor and personal
friend who edited this Journal for many years.

Ave atque vale
R. MCCL. ARCHIBALD