Why I became an occupational physician ...

I had been called up in the later stages of the Second World War having qualified at Glasgow, where my father had qualified before me, and came home from the Middle East in April 1947. Doctors were flooding out of the three services and looking apprehensively at this new creature, the National Health Service (NHS), which Nye Bevan had taken through parliament. My ship home was an old Castle Line tub, the ‘Dunnotar Castle’, and on it I decided that (i) I liked clinical medicine, (ii) I believed in prevention and (iii) the Army had given me a taste for administration. I decided that I could find all three in the comparatively new and largely unrecognized specialty of industrial medicine.

I went back to my alma mater and was more than fortunate to find a 1-year course in industrial medicine in the Department of Social Medicine headed by Prof. Tom Ferguson. The course was run by the charismatic Andrew Meiklejohn and in June 1948 I was awarded the DIH by the Faculty of Physicians and Surgeons of Glasgow.

I immediately obtained a post with the alkali division of ICI, then the bell-weather of post-war UK industry. We were the wealthiest division, making invaluable US dollars shipping alkali to the eastern seaboard of the States cheaper than they could rail-freight it from the west. I was recruited at the princely salary of £1000 per annum when the British Medical Association recommended figure was £850. I was the junior of three doctors (all Scots) in the division based at Northwich in Cheshire. There were also three dentists (with one of whom I am still in touch) and we were all ICI employees. But advancement in ICI in those days was slow. Movement between divisions was rare and ‘dead men’s shoes’ was the common means of promotion, so after 4.5 years I decided it was time to move on.

After a false start I moved to the National Coal Board in Yorkshire, the roughest, toughest and largest of the eight divisions of the industry. That was in 1953 and there I stayed, moving first to County Durham and then to headquarters in London until retiring at almost 65 in 1985. I worked for the NHS locally until the age of 70 years and then did consultant work until I was 80 years. Now in New Zealand I can look back on a happy career which I much enjoyed and which fully satisfied my desire for clinical medicine, prevention and administration.

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