The SOM journal in the 1950s

The decision to begin a journal for the Association of Industrial Medical Officers, the then title of the Society of Occupational Medicine was taken in the late 1940s. Prior to this the Association had produced a quarterly bulletin and the British Journal of Industrial Medicine had been in existence since 1945. The latter was already becoming the forum for significant scientific contributions and the purposes of the new journal—‘Transactions of the Association of Industrial Medical Officers’—were clearly set out in 1951:

Finally this publication will in no way compete with the British Journal of Industrial Medicine: it is hoped that it will be complementary to the Journal and provide a means of disseminating knowledge of the practical side of industrial medicine, and at the same time record the growing activities of the Association [1].

The 1950s were a time that differed in many ways from the present. Memories of the losses, privations and eventual victory at immense national cost in the Second World War were to the fore. Food rationing continued into the early part of the period but Britain was leading the post war recovery, only later to be overtaken by other countries that had modernised in the aftermath of even greater physical and political disruption. It was a time of both conformity and optimism with the Festival of Britain in 1951, the coronation of Queen Elizabeth in 1953—bringing in widespread ownership of televisions—and the political slogan ‘you have never had it so good’. Wars continued—Korea, the humiliations of the Suez fiasco and the conflicts of decolonialisation [2]. The heartland of industrial medicine had new landscapes with most of the 1940s nationalisations of rail, steel, coal and utilities well in place and served by occupational health departments. New sectors were growing—atomic energy both for weapons and as an energy source, new chemicals and plastics. Industries such as aviation and electronics were developing new products following their massive wartime growth. But much was different from now—the economy ran on coal with steam trains, coal-gas production and smogs from domestic and industrial use. All these changes were to form the subjects of the ‘Transactions’. Gender roles were markedly different and female work could be seen as distinctive from that of the male breadwinner [3].

The evolution of the Association and its journal and the place of both in relation to wider developments in occupational health have been described previously [4–6]. Each issue of the journal, and there were between two and four a year, included editorial comment, original articles, Association news, letters and book reviews—for instance for the first edition of Donald Hunter’s ‘The Diseases of Occupations’ [7]. This mix provided much to inform, stimulate and entertain the readers. The editors played a key part in shaping the journal, not only by their own writing but also by the articles and themes that they included. During the 1950s there were four editors: Keating and Wyers from 1951, Andrew Meiklejohn from 1956, and Frank Tyrer from 1959. Meiklejohn had a national and international reputation both as an expert on dust disease, especially in the potteries and as a medical historian, while I can remember Tyrer telling me tales of former years in the few months after I joined HSE in 1983 just before he retired.

The differences between the 1950s and the present are well illustrated by two articles one by Dr Fisher or the
South Eastern Gas Board on coal gas production and its risks [8] and another on the railways by Dr Hughes of British Railways that could state:

Among small boys the locomotive driver is invested with glamour [9].

Surely a reflection on both a changed labour hierarchy and on the interests of small boys!

There are many themes that have continuity and some where little or nothing has changed. Food hygiene is always with us as are the occupational consequences of diabetes, heart disease and epilepsy [10–12]. Articles on musculoskeletal disease, sickness absence and mental health have changed vocabularies but they have content that could have been written this year [13].

The rapid technical changes during the 1950s are the basis for many articles such as the linked articles on the atomic energy industry [14–17]. Chemistry was advancing and with it both the role-call of hazardous elements (beryllium, cadmium, chromium, fluorine, selenium, uranium and vanadium as well as the more traditional ones all get a mention) and with occupational carcinogens receiving increased attention [18–20]. Casualty management was one developing area, now rather neglected in occupational medicine, where both research and practice went hand in hand—from ‘Studies of artificial respiration’ to ‘Labels for gassing casualties’ [21,22].

All these topics are addressed in the style of reviews of current problems and practice. As such they are informed by the work of those with experience of the subject rather than in terms of conclusions drawn from evidence derived from research, an exception being the one on artificial respiration by Thomas Bedford, a founder of occupational hygiene in Britain. Thus the aim of the journal can be seen as helping practitioners and reinforcing the concept of a defined body of knowledge held by those working in industrial health.

Many of the articles relate to the position of occupational and industrial health in relation to other medical specialities and to groups such as industry and government. Relationships with workers and trade unions receive rather less attention. A particularly clear example of these interactions concerns pulmonary tuberculosis as an employment issue [23–26]. Here the Association and its members were challenging public health and Ministry of Health rules that prohibited the transmission of the results of mass radiography results to them:

In effect the works doctor is not to be allowed to participate in preventive medicine because he is employed by the industrialist [27,28].

This was a long running topic of concern as members aspired to high ethical standards, even if ethics was not debated as a topic until 1959, but were at times viewed with suspicion by others [29]. The role of the doctor in industry that the Association espoused was one derived from the newer welfare-orientated firms of the 1930s from which much of the original membership was drawn. This emphasised common interests of employers and workers rather than the more divisive, but probably more realistic, model of employer/worker conflict that was the norm in more traditional industries and in shrinking sectors such as textiles. Here the medical officers from the nationalised industries who were themselves usually welfare oriented, in line with the then current ethos of social medicine and nationalisation, found they were working in a setting where conflict had long been the norm. They sometimes provided a reality check for the more enthusiastic members from the new and growing sectors.

The Transactions also included discussion of issues that were directly linked to the status of industrial medicine as a speciality. Even before the journal started the cry went up:

We have our own Diploma and are entitled to be regarded as specialists [30].

Similar sentiments were repeated both in relation to equality of status with hospital doctors and public health specialists. Members were keen to take down barriers between themselves and general practitioners. Paradoxically at the same time they were attempting to define the boundaries of occupational medical practice in ways that were at times exclusive.

In defining these barriers one of the concerns was about the organisation of occupational medical services. This led to continuing and, to an extent, still unresolved difference of views on the rival merits of state provision for occupational medical services and of private provision, whether voluntary or in accord with some form of national guidelines [31]. These conflicts were in part a result of a widespread pro-state attitude among many of the members linked to the early success of the NHS in providing improved services that were accessible to more people. At the same time those members in well organised company services were reluctant to contemplate their submergence in universal provisions. However neither the NHS nor the Ministry of Labour were eager to accept responsibility for occupational health provision and make changes of the sort that some members sought.

Not surprisingly, given this lack of support for the growth of occupational medicine, there was considerable contemplation of its future, both by members and by invited outsiders. The first but by no means the last of the genre of ‘Whither occupational medicine’ lectures and articles were featured during this time [32–34].

The international dimension of occupational health received some coverage—ICOH congresses were reported in some detail but other than this there was relatively little attention given to developments either in practice or in professional growth in other countries, except to comment on the lack of formal provision for occupational medical services in Britain.

In its first ten years the journal gave expression to the aspirations and concerns of members while at the same time reporting on developments in occupational health in a clear and accessible way that enabled readers to
develop their own practice. In line with the conformity of the times it was not given to radical views. It neither debated the inherent conflicts that arose with employees and trade unions when the doctor was seen as a tool of the employer, nor did it explore issues in areas of employment such as agriculture, healthcare or the public service where its members were not well represented. Have things changed? Much remains surprisingly the same and even if the fledgling journal of the fifties recalls a more innocent and technologically naïve era, its practical relevance has a resonance that holds true today.

References to the Transactions of the Association of Industrial Medical Officers (the forerunner of Occupational Medicine) are available to subscribers online at http://occmed.oxfordjournals.org/archive/.

Tim Carter
Maritime and Coastguard Agency, Southampton, UK
e-mail: tim.carter@virgin.net

References

2. Many websites provide timelines and commentaries on the 1950s in Britain e.g. www.bbc.co.uk/news/hi/magazine/decades/1950s/default.stm