The journal in the 1980s

What is the setting for considering occupational health (OH) in the 1980s? This was the decade of the eradication of small pox and the emergence of AIDS. Genetic engineering enabled insulin to be manufactured, while other inventions of the decade were the CD and the Apple Mac. On the world stage, IRA hunger strikes, Chernobyl and the Falklands War were notable events but this was the decade of the collapse of communism in Eastern Europe.

The four previously published reviews of the 1950s to the 1970s, seen through the pages of the Society’s journal, make interesting reading for a number of reasons. The decade-by-decade change is an obvious one, but there is also the personal perspective, which each reviewer brings to the process. Seaton [1] and Carter [2] emphasize the post-war reparation of the state, the predominance of heavy industry as an employer of occupational physicians (OPs) and the tentative steps taken by the profession to be seen as a medical speciality in its own right.


The 1980s—as seen in the journal—cannot boast such momentous times. Yet, the term ‘consolidation’ would hardly be appropriate for some of the achievements of the decade. Certainly, the journal’s pages reflect important changes in occupational medicine and the way it was practised and perceived. Many OPs at the start of the 1980s saw the journal as the place to find useful information about OH ‘practice’, whereas the British Journal of Industrial Medicine was where one turned for front line research papers. While it was true that case reports, articles on target organs and reviews of the hazards of certain industries continued to occupy an important place in the pages of the Journal of Society of Occupational Medicine, the reviews became distinctly more comprehensive and well researched. Original scientific articles began to appear and the journal published a number of named lectures such the Lucas, Thackrah and the Jameson-Parkinson in toto.
The editorials contain some interesting comments that resonate today. One from 1980 warns of the gloom and doom facing the country as it slides into recession [5]. The writer warns his readers ‘to fasten the storm windows’ and he urges pragmatism in the advice the OP gives to his or her employer or they would face curtailment of the service they provide!

Another editorial [6] concentrates on the decade’s major ‘Report’ (there seemed to be one every decade). This one was from the House of Lords Select Committee on Science and Technology—the so-called Gregson Report. Like many before it, much was hoped of its recommendations but little of note resulted in the long term. The editorial is particularly scathing about the content and quite a few of the conclusions, but those of us around at the time did have high hopes—particularly in terms of what might come from well founded academic centres. The editorial suggests that research in OH ‘should be vested’ in the Medical Research Council (MRC). However, earlier drafts of the Gregson Report commented trenchantly on the MRC’s lack of interest in such research. This section was deleted from the final report because one of their learned Lordships threatened to disown the report in its entirety if this criticism was not expunged from the record!

Research papers in the journal, by contrast, increased in number and quality during the 1980s. Some (still) important subjects were aired in the journal. Cherry [7] published one of her studies on the acute behavioural effects of organic solvents. McMillan’s [8] monumental studies of naval dockyard workers were reported in several papers. Bonnell [9] wrote about the health effects of electromagnetic fields, and Craw [10] reported on the elimination of pneumoconiosis in Cumbrian haematite miners. Research was promulgated as an important activity for OPs—not just for academics—in Vey’s excellent paper [11] on his work with the Michelin tyre company population in Stoke and Fanning’s studies [12] of ill-health retirement as an indicator of morbidity in the British Steel employees. Bonnell, Vey’s and Fanning demonstrated that high-quality epidemiological research can be done by OPs responsible for the health of large working groups.

Did the journal publish a ‘first’? Yes it did. Benson [13] published the first report of glutaraldehyde-induced asthma. Indeed, OH in the National Health Service (NHS) became an emerging feature of the journal’s articles from the 1980s onwards. In 1985, Gatley described the development of district OH departments in the NHS. He stated that ‘the appointment of regional consultants has been awaited for years by district OP’s and others … and the expectations are high’. Two years later, Kazen reported on OH services in 151 district OH departments and found that there were 19 consultants (1FFOM and 7MFOM) and 260 part-timers of whom 209 had no specialist qualification at all. Things surely have improved since then. If so, why does the Faculty of Occupational Medicine (FOM) in its January 2010 Strategic Review of the Future Directions for OH care in the United Kingdom [14] state ‘consideration should be given to piloting the appointment of NHS regional OP’s … who would co-ordinate services relating to health and work in their area’. If one was feeling depressed, one could opine that nothing changes . . .

Reviews were a valuable part of the journal in the 1980s often featuring emerging OH issues. Apart from Bonnell’s paper on electromagnetic fields, others appeared on repetitive strain injury in the automotive industry, the health hazards of pharmaceutical manufacture, a valuable report on training in OH [15] as well as a paper by Gomertz on biological monitoring, reports of circadian rhythmias and shift work by Minors and Waterhouse, a study of cancer risks in the health industry and a review of soluble oil dermatitis.

Reviewers of earlier decades mentioned the emergence of the Armed Forces as a source of OH reports. The 1980s saw a considerable expansion in this activity. Each branch of the Armed Forces provided valuable professional development opportunities for their trainees and trained OPs, backed by skilled trainers and enthusiastic senior staff. As well as the previously noted studies of naval dockyard workers, there were papers on occupational mortality, sickness absence in the RAF and noise-induced hearing loss in soldiers returning from the Falklands conflict. One of the satisfying aspects of the surge of OH-related military medicine is that this research output has been maintained and many well trained OPs have gone on to head the medical directorates in each service while others have achieved distinction in civilian OH.

Another feature of the journal in the 1980s was the increasing emphasis on the effects of health on work. Previous reviewers in this series have commented on the decline of heavy industry and the rise of the service-based sector. The control or elimination of work-related illness allowed more attention to be focused on keeping the workforce healthy at work by managing illness of non-occupational origin. In this decade of issues, the journal reflected that trend with articles on the effects on work of a large number of disorders, including multiple sclerosis, back pain, alcohol-related illness, psoriasis, diabetes mellitus, epilepsy, schizophrenia, intestinal stomata and AIDS/HIV.

Stress at work began to feature during this time too. Cooper et al. [16] surveyed members of the Society on their assessment of stress-related illness in industry. As early as 1982, the journal carried a paper by Field et al. [17] on the occupational psychology of back pain. It emphasized the importance of psychological factors in the rehabilitation of the back-injured worker. The trend to move from 8 to 12 hour shifts is also highlighted in a study...
of workplace morbidity (especially stress) by Lees and Laundry [18].

New ‘industries’ were also appearing as evidenced by a paper from Smedley et al. [19] on the medical monitoring of the genetic engineering research in Cambridge. Other trends of the 1980s were noted in the growing number of articles in the journal showing how ‘microcomputers’ could change the way we operate as OPs and could revolutionize data gathering and data analysis.

Giving a named lecture is an opportunity for a distinguished speaker to review an aspect—or many aspects—of OH, from their long experience of the subject, or in the case of the 1982 Lucas Lecturer, for an eminent barrister to tell the profession to do something about ethics. Ethics is certainly an important part of modern OH practice and one might suggest that the impetus for the FOM to create guidelines through its Ethics Committee came directly from the wise words of Paul Seighart.

Schilling [20] gave the first Jameson-Parkinson lecture in 1983. This was of sufficient note to prompt an editorial [21] that went on to highlight the health prevention strategy prepared by the Australian College of Occupational Medicine. Schilling starts with noting that official statistics of occupational injury and disease are underestimates of the true toll inflicted by work on the worker. After presenting a masterly review of the ways in which occupational ill-health can be identified, he goes on to discuss control. Where this lecture goes further, however, is that Schilling then proposes that the workplace health centre is a suitable site for broader health prevention initiatives. Such activities are commonplace now, but Schilling—as so often in his life—was a trailblazer.

The 1988 Thackrah Lecture was given by Warshaw [22]. He continues the theme of health prevention in the workplace setting, but from an American perspective. He looks ahead to the issues beyond 2000 and notes that new chemicals will continue to present OH risks in their development and manufacture and he saw the need for more ergonomic solutions to combat musculoskeletal disabilities. Stress at work features prominently in this lecture as does reproductive health. Warshaw also emphasizes the need for those tasked to care for the employed to consider the psychosocial pressures on the workforce including the burden of caring for dependents and the dangers posed by ‘chemical dependency’. He ends by worrying about the ability of the OH profession to survive into the 21st century.

Duncan [23] wrote a similarly thoughtful paper in the journal, a year before Warshaw’s Thackrah Lecture. He looks back as well as forward. He suggests that in the past, OPs knew what they were there for—driven as many were—by a socio-political (even philanthropic) desire to help the sick or injured worker. By the 1980s, Duncan feels, in his usual trenchant style, that if our motive for working in OH is to control or eliminate occupational disease, then ‘we have in large measure worked ourselves out of a job’. We, as OPs, will need to retrain for the ‘social consensus’ approach to health care. He considers that we must avoid over-specialization and make sure that managerial and communication skills are firmly fixed in our OH curricula. Duncan also proposes that the various disciplines in OH, physicians, nurses, hygienists etc., should work closer together. He would have approved of the recent moves to broaden the membership of the Society!

The 1980s saw the profession ‘grow up’. The practitioners at that time began to recognize the need to broaden their expertise and to see themselves as part of a team of health professionals able to meet the increasingly complex problems of workplace health. The days of gross injury and barn door occupational diseases were passing. There was a need to see the employee as a person with occupational and non-occupational influences on his or her health. Also, in this decade, there was a realization that as the big employers of OPs left the field, we, the practitioners, would need to sell our expertise to the more diverse world of commerce and service sector companies, and, worryingly, the set of skills that were suitable for the 1960s and 1970s would not be fit for purpose by the turn of the century.

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References