Leading Article

Occupational medicine and the clinician

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Occupational medicine has been formally recognized as a specialty since 1978 but until recently it has been practised largely outside the National Health Service so that its content and scope may be unfamiliar to many doctors. The Faculty of Occupational Medicine which has just celebrated its tenth anniversary has, as one of the features of the examination for Associateship, a requirement to pass in a practical clinical test; possession of the diploma of Membership of the Royal College of Physicians (MRCP), however, allows exemption from it. This is a reflection of the origins of occupational medicine in clinical medicine. As the medical historian Henry Sigrist wrote ‘occupational diseases are different from other diseases not biologically but socially’. The founding fathers of the specialty, Ramazzini (1633–1714), Charles Turner Thackrah (1795–1833) and Donald Hunter (1898–1978), to name a few, were all general clinicians. In fact the general practitioner and the medical or surgical specialist are still much more likely to be the first to see occupational disease than a specialist in occupational health. One function of the latter is, of course, that of promoting prevention; indeed occupational diseases as seen in the first half of this century are now uncommon. The activities of occupational physicians together with those of other members of the occupational health team such as occupational hygienists have contributed substantially to improved standards in the workplace, and to the decline in occupational diseases. Another approach which has been used increasingly over the last three decades is the application of epidemiological techniques in the study of illness (particularly cancers) in working groups, especially in diseases which may occur frequently in the population at large, but may also be caused by specific occupational exposures. However, it remains important to be able to deal adequately with the occupational diseases which still occur and to consider in differential diagnosis the possibility of a work-related disease; there is also always the possibility of a new and unrecorded condition turning up in consulting room or clinic as has happened a number of times within the profes-

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very high level of medical skill and involvement is demanded the doctor enjoys considerable prestige and is well rewarded. Foreign travel is often part of the job.

In present conditions much time is spent on the effects of health on work and the question of fitness for particular jobs. Indeed this aspect of occupational medicine is now sufficiently important to have merited a book on it with a unique approach: 'Fitness for Work' (Oxford University Press, 1988), issued as a joint report of the Faculty of Occupational Medicine and the Royal College of Physicians of London contains chapters on a wide range of medical and surgical conditions, each written jointly by an occupational physician and the appropriate specialist.

In forthcoming issues of the Journal it is planned to present a series of papers by occupational physicians, covering a variety of topics in occupational medicine. The writers will deal not only with some of the fascinating problems which affect people at work but also give views on the professional aspects of occupational medicine and the way in which it may develop in future.
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