Occupational health at the London School of Hygiene & Tropical Medicine

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Abstract
The London School of Hygiene and Tropical Medicine, founded in 1929 to study all aspects of public health, set up an occupational health unit in 1956 funded by the Rockefeller Foundation. With financial aid from the Trades Union Congress it expanded into an institute with an information and advisory service. Employers and trade unions sought advice on health problems which led to research projects and enriched teaching. Postgraduate courses in occupational medicine and hygiene attracted many students from all over the world. If the threat to close the institute takes place it will deprive the western world of a major centre for teaching and research in occupational health.

The London School of Hygiene and Tropical Medicine was founded in 1929 after a recommendation by the University of London to centralise the study of all aspects of public health, including industrial medicine and toxicology. In the early 1930s the first step towards occupational health was to create a department of applied physiology, which concentrated on such issues as lifting heavy loads and exposure to high temperatures. The second world war led to a rapid development in occupational health and to its inclusion in the course syllabus in public health. In 1948 it was one of four elective subjects within the course.

The new unit
In 1956, with a grant from the Rockefeller Foundation, an occupational health unit was created within the department of public health. Four years later the unit became a department in its own right and in 1962 combined with applied physiology. This development was inspired by Sir Austin Bradford Hill, dean of the school, who had made a major contribution to occupational health as a researcher and as a member of the Medical Research Council's Industrial Health Research Board. Bradford Hill saw the need for a strong department of occupational health in a school of public health. The unit began with a staff of three, reader, lecturer, and secretary. The first step was to reorganise the teaching. Occupational health became the most popular of the four elective subjects available to DPH students. This encouraged the school to offer in 1959 a three month course for those who already had the DPH and for practising occupational physicians.

The new department grew rapidly with a dramatic expansion in teaching. In 1961, with the help of a substantial grant from the Nuffield Foundation, the school set up the first academic course in occupational hygiene in Britain.

Creation of an institute
In 1968 the formation of the TUC Centenary Institute was made possible by a gift of £125 000 from the Trades Union Congress, together with an annual grant of £20 000 towards running costs. A condition was that the school should set up an information and advisory service on occupational health. The institute was wholly responsible to the school with a standing advisory committee that had representatives from the TUC and the board of management to guide the policy and work of the information and advisory service. The school tried without success to get a subvention from employers to match that of the TUC and was criticised for accepting a unilateral subvention from the unions. Some employers and their medical advisers were reluctant to support the institute and use its services. On balance trade union support had a positive effect. It encouraged work people, through their unions and Robert Murray, the TUC medical adviser, to seek advice about suspected health risks. Many of the problems that came to the advisory service were the subject of research and used to enrich the teaching. With extra space and funds for more staff, the institute expanded and in 1969–70 started MSc courses in occupational medicine and hygiene. In the mid-1970s it had an academic and service staff of more than 30 and support staff of NHS consultants, occupational physicians, and hygienists.

First 25 years (1956–81)
The department devoted a high proportion of its
resources to meet the growing need for postgraduate teaching which was especially demanding with overseas students. They came from all over the world, mostly from the Eastern Mediterranean and South East Asia, but also from Africa, Australasia, the Americas, and Europe. Up to 1976, 454 students, half from the United Kingdom and half from overseas, obtained masters degrees (177) or diplomas (277) in occupational medicine or hygiene. The information and advisory service, under the direction of Peter Taylor, brought in many new problems such as mortality of sea and river pilots, shift work, sickness absence, hazards of enzyme washing powders, and disablement among the unemployed. These were in addition to the research already under way in respiratory physiology, asbestos related diseases, respiratory disease of textile workers, coronary heart diseases in viscose rayon workers, occupational cancers, skin diseases, and hazards of deep sea fishing.

In 1976 Corbett McDonald took over as director from Richard Schilling. Further growth and consolidation followed, during which research and teaching activities probably reached their peak. The information and advisory service had a full time coordinator and information officer and was financially profitable. The MSc and diploma courses were reorganised on a unit basis to facilitate the participation of part time students, to strengthen occupational epidemiology, and to allow closer integration of hygiene and medicine programmes. The number of students registering for postgraduate degrees and diplomas increased from 41 in 1976 to 73 in 1981.

Despite the scarcity of external funds, the institute's research continued to grow. Substantial grants from North America made it possible to undertake major cohort studies of asbestos factory workers and surveys of malignant mesothelial tumours. Studies were made of respiratory disease in gypsum miners and mortality and morbidity in cadmium workers with international implications. The institute pioneered research into the behavioural toxicology of solvents and lead. Ergonomic studies were continued on buoyant clothing for fishermen and on improving the ventilation of protective clothing. A major advance was made in methods for treating heat stroke that found immediate application and saved many lives in Saudi Arabia. The institute maintained a high level of scientific publications, and members of its staff acted frequently as consultants to the World Health Organisation and International Labour Office.

Next eight years (1981–9)

McDonald retired in September 1981 to establish the School of Occupational Health in McGill University. At about this time, because of financial problems, the university asked Professor Le Quesne, Dean of the University Faculty of Medicine, to review the role and activities of the school. His conclusion that the closure of the institute should be considered with the possibility of medical statistics and epidemiology taking over the appropriate aspects of occupational health. The school did not accept this view on the grounds that no other department played anything like such a major part in postgraduate education; and that it would be inappropriate for a medical faculty as large as London not to have a major stake in occupational health. An unfortunate consequence of this uncertainty was that the chair of occupational health remained vacant for three years. It was eventually filled in April 1984 by Charles Rossiter. Despite the restrictions on the intake of United Kingdom students and an enormous increase in fees for those from overseas, the institute continued to make a major contribution to the school's teaching. During this period 233 students obtained masters degrees and 124 the diploma in industrial health. At least as many students in occupational health got masters degrees as in any other departments of the school. Once doubts about the institute's future had been resolved, its research activities also began to build up again by extending existing studies and initiating new projects on the long term effects of exposure to methyl isocyanate in Bhopal, asbestos related disease, and developing environmental sampling techniques.

Current crisis

In January 1988 the board of management set up a working party under the chairmanship of Sir John Reid to review the school's activities. Among other recommendations it proposed closing the department of occupational health, an inexplicable U-turn in school policy that took no account of the institute's teaching. After strong and immediate protests from all over the world, the school decided to retain occupational health at a level that would maintain its MSc and DIH courses but with no definite provision for research, a prerequisite for academic postgraduate education. Further doubt has been cast on the survival of even these activities by the recent report of the University Grants Committee's review team on academic occupational health which recommends withdrawal of all UGC (now the University Funding Council) funding for occupational health at the London School.

As a result, our country, among the most highly industrialised in the world, may be left with only two centrally funded multidisciplinary university departments of occupational health—in Birmingham and Edinburgh—and only one in occupational hygiene in the University of Newcastle upon Tyne. This is far fewer than the United States and appreciably fewer than almost all other European countries where occupational health is expanding not contracting.
We will be on a par, with many developing countries. That a country to which so many have looked for leadership in the protection of working people should neglect its scientific and teaching capacity is hard to accept. What is lost will take many years to recoup. The survival of the department of occupational health in London may well depend on the continuing demand for its courses and the quality of its teaching. In the present academic year (1989–90), without advertising, it has attracted 34 students to its MSc and diploma courses. Occupational health deserves all the support it can get and a rekindled determination to raise funds from every possible source in order to continue postgraduate teaching, research, and consultative services at the level which the world has come to expect from the London School of Hygiene and Tropical Medicine.


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