

## **Dr N S Galbraith CBE MB DPH FRCP FFPHM**

Dr Spence Galbraith was one of the giants of his generation in public health. He transformed the approach to communicable disease prevention and control in England and Wales, laying the foundations for the current approach to public health security. As founding Director of the Communicable Disease Surveillance Centre with his modernising approach he placed emphasis on assembling robust information, drawn from surveillance, research and outbreak investigations, to inform the development and implementation of national policy and best practice. He was an inspirational leader and educator, recruiting several young staff who later, in his footsteps, were to shape national, European and International developments in the field of communicable disease control. The surveillance systems he instituted are today regarded as among the best in the world. A gentle, kind and modest family man his personal interests included the study of medical history and gardening.

After qualifying from Guys Hospital in 1950 he held posts in clinical medicine. His first public health appointment was as Deputy Assistant Director of Army Health at GHQ, Middle East Land Forces in Egypt in 1953. During this post his interest in the control of infectious diseases developed. He spent 5 years as an epidemiologist in the Epidemiological Research Laboratory at Colindale. In 1963, he took up the post of Deputy Medical Officer of Health in Newham (East London) becoming Medical Officer of Health eight years later and Area Medical Officer in 1974. He served with great distinction in these medical officer posts and was made a Freeman of the City of London in 1976. From this early experience as a public health doctor working at a local level, he was certain that the quality of investigation and control of infections in health districts in the 1970s was generally inadequate. Accordingly, he organised with great effect a series of training initiatives for medical officers of environmental health and later for the new consultants in communicable disease control.

Spence Galbraith was a superb communicator and taught at the London School of Hygiene and Tropical Medicine. Despite the demands placed on him by his Area Medical Officer post, he managed to both organise and do much of the teaching on an 'Infectious diseases and threats to public health' MSc module. Students and staff soon realized that his hard work and meticulous planning made his sessions outstanding and hence students often awarded him the highest evaluations..

Throughout his early years in public health Spence Galbraith published papers of the highest quality and gave detailed and careful thought to the way public

health services were delivered in this country. As early as 1968 he wrote a particularly influential paper in the *Lancet* entitled *Epidemiology and the Green Paper – a National Epidemiological Service*, in which he argued the case for a centrally financed and coordinated national epidemiological service. He had pointed out in an earlier paper that a feature of the first 20 years of the NHS had been a lack of epidemiology – a discipline vital for evaluating standards of health and preventing and controlling disease. During the next 10 years Galbraith repeatedly stated the necessity for a nationally coordinated epidemiological service and another of his papers published in the *British Medical Journal (BMJ)* in 1976 played a major part in finally convincing the politicians. Under the heading *What I would say to the Royal Commission*, he pointed out that “there was a need not only to talk about health and the prevention of disease, but to do something about it: - educate for health and organise epidemiologists, sociologists, and statisticians more effectively in a nationally coordinated service”.

Within months, and following a couple of major public health incidents that were mis-managed by others, it was announced by the government that such a service was to be established. In January 1977, Galbraith was appointed the first Director of the service, which would comprise the Communicable Disease Surveillance Centre (CDSC) at Colindale and a number of regional epidemiologists. On Galbraith’s advice, CDSC was administered by the Public Health Laboratory Service to foster collaboration between microbiologists and epidemiologists. It has since become an integral part of the Centre for Infections within the Health Protection Agency.

Initially, Dr Galbraith carried the responsibility at the national level for prevention and control of infectious diseases in England and Wales with just a handful of loyal staff. There was a pressing need to develop surveillance systems, provide advice and reports to central government and to policy makers working at regional and local level. Disease outbreaks had to be identified & managed in a timely way, research projects put in place - and training programmes instituted. Life was hectic for his small team, but Galbraith took on the lion’s share of the work. The example he set was magnificent. He was dedicated, hard working & meticulous – a brilliant leader in fact, motivating staff and with a clear vision of what had to be delivered. He wrote regular surveillance reports, and continued to publish original papers in the scientific press. He persisted with the courses at the London School of Hygiene and organised others at CDSC, including an annual workshop for public health doctors working at the District level. He put in place a higher specialist training programme for doctors working in CDSC. He insisted that all his junior staff submitted their draft papers and reports to him to ensure that the written output from CDSC was of a consistently high standard. As his own writing was

exceptional, his colleagues were happy to comply. He seemed to take the utmost care with every document & there were invariably suggestions and corrections. Like all good managers, he placed much emphasis on training and supporting his staff. This was well recognised by medical and non medical CDSC staff and a group of the original staff continued an annual 'Founders Day' visit to Spence and his wife until his death.

In the first few years as director Dr Galbraith travelled widely in the UK to promote the work of CDSC, fostering good relationships with local and regional public health doctors. He was keen to ensure the on-going development of public health services with the other great modernisers of his generation. With this in mind, he also sought to work closely with microbiologists and clinicians. Despite his severe rheumatoid arthritis, his energy seemed limitless and his colleagues wondered at his stoicism, perseverance and stamina. Spence himself was always keen to follow and celebrate developments in branches of medicine other than his own and was particularly grateful for the orthopaedic expertise and skills which allowed him to have two hip replacements (at what was then thought to be a young age) enabling him to continue his work and active life.

Under his leadership CDSC and its reputation grew. Repeated challenges were successfully faced, including smallpox, HIV/AIDS, a series of epidemics of food-borne disease, viral haemorrhagic fevers and many others. Chief Medical Officers valued his advice, which was always based on a rigorous assessment of the evidence from surveillance, field investigation & research. He served on many high level committees and through this means influenced the development of UK national policy. His expertise was valued internationally and he worked with EU and the World Health Organisation committees and travelled to Spain and Italy to provide expert advice in the development of units similar to CDSC. He played a key role in the establishment of the British Paediatric Surveillance Unit, a collaboration between CDSC and the British & Irish Paediatric Associations, undertaking active surveillance of rare paediatric disorders. Having become operational in 1986 this unit provides a mechanism by which "new" diseases can be detected and investigated promptly. It is a model that has been replicated in other specialities and countries.

Spence Galbraith also made significant contributions to the field of immunisation. As in other areas of communicable disease control, he understood and championed the importance of high quality surveillance to drive rational decision making. In 1962, when live attenuated oral polio vaccine was first introduced into the UK immunisation schedule, he developed a national surveillance scheme to provide an assessment of the risk of vaccine-associated

paralytic polio. This enabled a continuous assessment of the balance of risks versus benefits of the vaccine. In order to determine the need for booster doses, he undertook serological surveillance studies of antibodies to polio, diphtheria and tetanus. He also undertook a number of field trials of polio, diphtheria, tetanus and BCG vaccines. These studies, as well as being of scientific merit in their own right, answered practical questions relevant to the daily practice of public health, for example, he was able to show that BCG, diphtheria/tetanus and oral polio vaccines could be safely and effectively administered to teenage children at a single visit.

At CDSC he created a specialist immunisation division, dedicated to the surveillance of vaccine safety, efficacy and coverage at the national level. He was a very active member of the Joint Committee on Vaccines and Immunisation, the body that advises the UK government on vaccine policy. Through his support for the British Paediatric Surveillance Unit, the surveillance of a number of vaccine-preventable diseases, such as congenital rubella syndrome, was greatly enhanced.

After nearly 12 years as CDSC Director, Galbraith retired in 1988. He devoted more time to his love of medical history and continued to research and write, particularly on the early life and times of John Snow, the first epidemiologist whom he revered. On his retirement he presented staff at CDSC with commemorative dishes picturing, the Broad Street Pump, a symbol of John Snow's epidemiological work localising the source of the cholera outbreak in 1849 to the contaminated water from the Broad Street pump. True to form he had worked carefully to ensure the pump had been researched, designed and hand crafted to his specification. This pump remains a symbol of the birth of epidemiology and the continued function and importance of surveillance and field investigation.

Galbraith had received prizes & awards throughout his career recognising his unique skills and expertise, but in the latter part he received a number of honours, most notably the CBE for his contributions to public health. He was particularly proud to have been awarded the prestigious Harben Gold Medal and lectureship by the Royal Institute of Public Health for 'eminent services rendered to the public health'. The series of Harben lectures, have been given by leading figures in medicine, including Sir Ronald Ross, who paved the way for malaria control and treatment and Sir Alexander Fleming, who discovered the penicillium mould that led to production of the antibiotic penicillin.

Galbraith received the Jenner medal, (founded in 1896 by the Epidemiological Society to commemorate the centenary of Edward Jenner's discovery of the

smallpox vaccine) from the Royal Society of Medicine. The award is made to individuals who have undertaken distinguished work in epidemiological research. He also received the Stewart Prize from the British Medical Association and the Alwyn Smith medal that is awarded annually by the Faculty of Public Health to the member or fellow, judged to have made the most outstanding contribution to the health of the public by either research or practice in public health medicine.

This talented and modest man leaves behind a remarkable legacy– a country immeasurably better placed to respond to infectious diseases and other threats to public health. Throughout the UK and international health agencies there are public health doctors, nurses, scientists and administrators who have benefited from their training at CDSC. In their various ways they continue to take forward Spence Galbraith's work in public health. He died suddenly and unexpectedly at home from a myocardial infarction having coped with four decades of disability from rheumatoid arthritis. He is survived by his wife, Zina-Mary, three daughters (one a doctor) and five grandchildren.

Born 17.3.1927 Tonbridge. Died 7.8.2008 Cambridge. Qualified Guys Hospital 1950. Director of Communicable Disease Surveillance Centre.