

Obituaries

DR GORDON CURRIE, OBE, MB, CHB, FRCGP, DTM & H 1922–1983

Gordon Currie was born to a missionary family serving in Malawi (Nyasaland). His father retired to Glasgow in 1932 where Gordon attended school and studied medicine at Glasgow University, qualifying in 1944.

In 1946 he was accepted for service with the Church of Scotland Missionary Society and offered the opportunity of working with leprosy patients at Itu in Eastern Nigeria. This he declined and was posted instead to the Livingstonia Mission in the North of Malaŵi to train para-medical staff. It was there that he first came into contact with the problems of leprosy treatment as his duties included the supervision of a small leprosy settlement at Bandawe on the shore of Lake Malaŵi.

At about this time the use of DDS in the treatment of leprosy was being re-examined. Gordon Currie was quick to see the possibilities of this oral therapy and, on being approached by the Director of Medical Services, joined the government service and was appointed to take charge of a new Government Leprosarium which was under construction in the Central Region. This institution was later to be named 'Kochirira'—'place of healing'.

In preparation for his duties there he spent a month in Zimbabwe (Southern Rhodesia) and 5 months in Kenya, studying leprosy treatment methods in those areas. In 1955 he was granted a WHO fellowship to work with Dr T F Davey in Nigeria, where the out-patient treatment of leprosy was already well established.

On returning to Malaŵi, he set about establishing treatment for leprosy patients at the numerous Government and Mission rural dispensaries throughout the country, visiting every medical unit at least once a year to lecture, demonstrate and encourage.

He was awarded the Malaŵi Independence Medal in 1964 and appointed Leprosy Specialist by the Ministry of Health. In this capacity—and using his wide knowledge of the country, enhanced by an aerial survey of likely areas—he was closely involved with the setting up by LEPRO of the Pilot Leprosy Control Project in 1965 and in selecting suitable para-medical staff for the mobile diagnosis and treatment units which subsequently proved to be highly successful in reducing the incidence of the disease.

In 1966 he was awarded the OBE in recognition of the services he had rendered to the health of the country.

While he was always primarily occupied with the practical day-to-day treatment of leprosy patients, he still was keenly interested in, and contributed to, the clinical trials of new drugs or application methods.

His published papers included: 'Clinical trial of CIBA 16095E', in collaboration with Dr T F Davey (1956); 'Short and long acting sulphones by intramuscular injection', (1959); 'A clinical trial of etisul in lepromatous leprosy', (1963); 'A clinical trial of sulforthomidine in lepromatous leprosy', (1966).

It was a great loss to the leprosy control programme in Malaŵi when family affairs made it necessary for him to retire from the service and return to Scotland in 1966.

In 1967 he joined a general practice in Glasgow and very quickly directed his tremendous store

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of energy into this different branch of medicine, quickly becoming a leading GP in the city. He was elected to numerous medical committees and yet still found the time to study for, and pass, the examination of the Royal College of General Practitioners, and was elected Fellow in 1981.

He became hospital practitioner at a Geriatric Unit in the city and planned the 'Medical and social screening of patients aged 70 to 72 by the health team of an urban general practice' (*Br Med J* 1974). He contributed chapters on 'The Care of the Elderly', 'The Care of Terminal Illness' and 'Geriatric Care' for the textbook of *General Practice Medicine*.

A kindly, understanding and courteous man, he could be fierce when dealing with indifference and ingrained prejudice.

For 2 years before his death, Dr Currie knew that his time was limited, but did not allow this to affect his work, and only close members of his family were aware of his condition.

Dr Currie was not a man who sought publicity or public acclaim but, in addition to the members of his family, an indication of the high esteem in which he was held was shown by the large number of people, from all facets of his life, who attended the funeral.

The Rev. Angus Turner, in his tribute at the funeral on 15 September 1983, said '... he was first to last an explorer, always pushing out the frontiers of his experience professionally and within his faith ... he was impatient with moribund orthodoxy wherever he met it ...'.

Dr Currie leaves a widow and son in Glasgow, and a married daughter in the United States.

DOUGLAS COFFIN