



William Reisiswyl Trotter

*Smoke-filled waiting rooms, starched white medical coats, and housecalls—
recollections of the old family GP*

Amidst today's heated debate and concerns over the medical system, the recent death of my father rekindled my fond memories of the GP system of old. My Dad, Dr William (Bill) Trotter, who passed away at the fine age of 91, epitomised the now rare sole-practice family GP.



I have always been immensely proud of my tall, handsome, doctor father—resplendent in starched white coat, always accessorised with a shining stethoscope, and, to my mother's consternation, a firmly clenched Peterson pipe—all set off by a scattering of burn holes which rather marred the professional image!

Dad was constantly puffing and gurgling away on his pipe, the occasional splutter sending a flurry of sparks flying. Family and patients alike were well practised at extinguishing various smouldering items of clothing—or furnishing—after such a paroxysm.

Bill had a dramatic way of commanding attention as he spoke. He would hold a lit match to his pipe, the flame growing ever closer to his fingers, all the while the tension of the onlooker mounting, until at the very last moment with a light shake of the hand the flame would die out.

Dad set up practice in Newmarket in the late 1940s which at the time was a working class area of Auckland. Rundown railway houses and a high street of shops, pubs, and light industry provided his main clientele.

Dad didn't bother with an appointment system—except in token on one “maternity” afternoon. Appointments just weren't feasible, given his fondness for becoming deeply entrenched in conversation with his patients. If they were interested in boating or fishing then so much the worse!

My mother, a nurse who Dad had fallen for—apparently in a broom cupboard at Greenlane Hospital—worked with Dad, and in the school holidays I would take over to give her a break and earn some pocket money. Consulting hours were loosely 12noon–4pm and then 7pm onwards each weeknight except Wednesday—Dad's one night off. He routinely celebrated this freedom with a roast dinner followed by a vanilla fudge-making episode—and preceded by a welcome gin.

The evening surgery was always a source of amusement. Under his regime, Dad's patients would gather in the street outside his surgery on Broadway awaiting his inevitable late arrival (caused by the nightly habit of misplacing his essential matches or tobacco). Then, as soon as the door was unlocked, the most able would race up the three flights of stairs to get first in line for their consultation. Presumably this sorted

out the level of severity of illness—to the detriment of the weak, but no doubt aiding diagnosis!

My job was to locate the handwritten patient cards in the black metal filing cabinets (not easy given Dad's writing) and place them in order of arrival. Many had multitudinous staples holding them tenuously together and occasionally I would accidentally knock this unstable pile over—a dreaded event, as the waiting group then had cause to argue and jockey to re-establish their position in the queue.

After organising his surgery desk, treasured ash tray, and ensuring his pipe was well alight, the magnificent, almost mystical, white-clad figure of Doctor Trotter would appear in the doorway in a cloud of smoke calling “who's first?” He would always place a kindly arm around his patient's shoulder (probably not permitted today!) and without fail utter the same words “And what brings you to see me today?”

Knowing that they may have to wait several hours for their turn, Dad's patients brought books, cards, knitting, crosswords, and other hobbies with them to while away the time. Smoking was the norm in those days and as the night wore on the waiting room atmosphere became progressively thicker with smoke while 1YC hummed incessantly on the old mantle radio. Actually it could be quite an enjoyable social gathering some nights! My least favourite task was emptying and cleaning the ashtrays every half-hour or so—a job which happily put me off ever desiring to smoke.

In those days the medical subsidy seemed sufficient to cover the basic costs of the practice and Dad more often than not gave me his "No charge" look when his less financially fortunate patients eventually escaped his conversational trap!

Accounts were also in fashion and some patients built up a huge debt never likely, or expected, to be paid. Once in my youth, and enthusiasm for a new school-ball dress, I sent out an account with a note saying “Please pay immediately—this is not a charity.” A very irate recipient rang Dad and he had to do quite a lot of talking to get us out of that trouble. I don't recall the bill being paid though! I do recall that the cost of a consultation with Dad was equivalent to buying a new good brand lipstick—and I have noticed that my “cosmetic index” remained true for many years!

The '60s marked the emerging drug problem in New Zealand. Once we arrived to find that an enterprising thief had hidden in the toilets and overnight sawn through the walls to gain access to the surgery—stealing a quantity of drugs.

Another time, Dad's medical bag was stolen from his car boot. We received an anonymous phone call instructing us not to call the police and to collect the bag from the phone box outside the Auckland Domain at 10.30am. With great trepidation we went—and indeed it was there—minus the drugs. In fact I still have that bag—I haven't the heart to throw it and the old medical instruments away after surviving such an adventure.

Another alarming incident occurred late one Friday night as Dad and I were leaving evening surgery with the week's takings. On reaching the carpark, a man leapt out in front of us with a rifle. Not one to let his hard-earned money be so easily taken, Dad pushed me to the floor and with the gears in neutral gunned the accelerator, causing the assailant to leap aside, and enabling our escape. I don't think we ever told the

police about those events—or realised in those more innocent days how serious they potentially were!

Dad's path to becoming a doctor intrigued and inspired me. Born the son of a Presbyterian minister in Greymouth, at the age of 3, Dad travelled to Dunedin over the Southern Alps in a horse-drawn carriage, where the family set up a ministry at St Leonard's.

The youngest of four (with three sisters) Dad reported his early life as frugal but enterprising. He fashioned his own (not particularly speedy!) skis from two lengths of wood and assembled a makeshift bike from parts unearthed at the local tip. He absolutely detested his school years and any form of academia. His youthful highlight was building himself a sailing boat in the coal shed. He subsequently raced her very successfully on Otago Harbour, which imbued him with a life-long love of the sea. He left school at the earliest opportunity to work in a number of unfulfilling positions including office clerking, shovelling a never-ending pile of phosphate at the Ravensbourne Fertiliser works, and as a builder's labourer.

At age 21 he finally decided he had more to give to life and vice versa, so returned to study—taking 2 years to gain a pass mark in the required Latin. He distinguished himself by gaining 3% in the exam the first time round, breaking all previous records of failure. However he persevered and eventually gained entry to Otago Medical School.

Money was short and Dad covered expenses by driving a taxi at night after lectures. Given that Dunedin was not exactly a thriving metropolis he was able to get a lot of study done and excelled at several subjects!

At Medical School, Dad befriended fellow student, the now Sir Tom Davis (destined to be PM of the Cook Islands, a three-star general, and work for NASA). He and Dad had many adventures.

Daily surgery in Newmarket had many memorable moments. One such event involved a very ample woman who climbed onto Dad's examination plinth, which unfortunately did not accommodate her girth and propelled her onto the two-bar radiant heater below. I can still clearly envisage the dual pattern emblazoned on a sensitive part of her anatomy. I could not look Dad in the eye—and am still wary of plinths!

Another time, Dad was making a housecall when he tripped on a floor mat while approaching the patient and landed up in bed with the woman in question. Actually Dad was rather handsome and desirable in those days so he evidently did not receive a complaint! In fact I think she made a miraculous recovery.

Of course the 50s and 60s were the long-lost days of house calls which Dad carried out every morning after delivering my sister and I to school. This daily journey provided one of the only times we had him to ourselves as children—since his work involved most evenings and weekends. Eventually Dad joined a roster of doctors for weekend work—but there was no such thing as weekends or even Christmas Day off in the early days.

Accompanying Dad on his weekend house calls armed with books and toys was a favourite activity. I was quite happy to wait in the car, and many of his patients rewarded my dedication! If they couldn't afford to pay with money there was always

fresh-laid eggs, crisp vegetables, fragrant flowers, delicious home baking, or handknitted toys instead. No-one went without care because of money. Christmas saw our house festooned with literally hundreds of cards from Dad's adoring patients.

In return, Dad knew each family intimately—he had brought many of their children into the world and been with them through their triumphs and failures—and some their eventual demise. He was a great psychologist and philosopher—always very aware that there were generally underlying reasons behind every complaint. He had a deep understanding of human nature and what made people tick.

His wisdom and plain common sense has again become fashionable and “politically correct” after many years. Never one to bow to fads, Dad persisted in eating eggs and butter daily, and always preferred to let nature take its course. He resisted putting antiseptics on wounds believing they would retard the natural healing. He would often say, “Well—your ailment will last 2 weeks with medication and a fortnight without”.

When he retired, Dad was a bit lost without medicine, despite his many interests. He accepted a position as Medical Officer at the Mangere Immigration Centre and spent several very fulfilling years helping a new group—the Vietnamese refugees—into life in New Zealand.

Last year in July, we farewelled Dad. We put his Peterson pipe in one hand and a bottle of gin in the other. We all miss him dearly.

We are grateful to Barbara Harris (nee Trotter)—Deputy Director, Trade & Investment, British Consulate-General, Auckland—for writing this obituary.