

doctor in the sticks

D. A. BATHGATE



Chapter Ten

When we left Ashburton Hospital, in 1929, after more than two years of happy and rewarding work, I called at the B.M.A. office in Wellington where a list of private medical practices was kept on record as being "up for disposal."

Among those offering was one in Hastings. Then the accepted method for a doctor coming into a district new to him was to buy a practice of a doctor who was leaving the district or retiring. A purchasing price would be fixed, plus usually the residence and consulting rooms and any medical apparatus no longer required by the out-going practitioner.

I was very taken with Hastings and the surrounding district, together with the high quality of the services rendered to the people by the local doctors.

There was only a tiny public "Cottage Hospital" in Hastings at that time, but to offset this there was a large Private Hospital which had an outstanding reputation and was well equipped with all hospital necessities.

In return for my purchase of this practice, I was taken round by the out-going doctor and introduced to all his patients. I also shared his surgery for some days and attended to the patients who came to this surgery, which

was situated in an old large two-storeyed house. My wife and our three young children came up and stayed with a family of my old Dunedin friends while we were house-hunting in Hastings.

I received an appointment as Assistant Surgeon on the staff of the District Base Hospital at Napier.

The great proportion of maternity cases was attended to in private maternity hospitals – some of which gave excellent service but all of which have long since been closed down since a new and modern maternity wing was incorporated in the Hastings Hospital, which was erected as a “Memorial Hospital” to the fallen soldiers. Ever since it has been known simply as the Memorial Hospital. It was enlarged after the Hawkes Bay earthquake, despite some opposition from the Base Hospital Board in Napier.

My attendance as a member of the Surgical Staff of the Napier Hospital entailed a return trip of thirty miles – sometimes at night – as well as attendance at my own Hastings practice as well.

A few of the maternity cases had their babies in their own homes – a practice I was not in favour of, as we were finding it hard to get good maternity nurses to attend such cases, with their long hours of duty attending mother and baby and sometimes even the husband as well.

Finally, I was persuaded, against my better judgement – by an elderly midwife – or rather “gamp” – to attend her daughter who lived in the country and to allow her to nurse her daughter in her own private home in Hastings.

In due course, I was called in the middle of the night to deliver the baby. As it turned out the patient had a retained placenta (or afterbirth) and began losing more blood than was safe. So I turned to the girl’s mother – the so-called maternity nurse – and asked her to ring

another doctor at once to come and give an anaesthetic to the patient while I removed the retained placenta.

She rushed out of the room while I controlled the bleeding. After a long interval during which I heard no sounds of telephone conversation, I pushed open the bedroom door and was greeted by the sight of my midwife lying flat out in the passage in a dead faint. I myself had to telephone for help which soon arrived in the person of a fellow doctor. He administered an anaesthetic while I scrubbed up again and then successfully removed the placenta.

My colleague and I had then to carry out the necessary nursing. After making a cup of tea, we attended to the midwife and stayed for another half-hour until all seemed well. That was my last domestic confinement.

We had been sixteen months in Hastings when we experienced the Hawkes Bay earthquake on the 3rd day of February 1931 at approximately 10.45 a.m.

The first reaction of many people was that it was the end of the world – so violent and terrible were the joltings, swaying and crashing as everyone was thrown off their feet.

The day had started as a perfect summer's morning with a blue sky, a light breeze but intense heat. Then the blow struck and the ground began to sway and buildings – especially brick ones – were smashed to rubble; verandahs crashed onto the footpaths and the roads which cracked and split open.

The built-up areas of Napier and Hastings suffered the worst effects, and the streets were blocked with broken buildings and shattered windows. Over it all hung a thick haze of dust and debris. Shake followed shake in quick succession. People seated in their cars in the main street were crushed to death by the weight of the collapsing buildings. The library – a two-storeyed

brick building – collapsed into a heap of bricks as did also the largest cinema theatre (what the death toll would have been in an evening session here, is frightening to contemplate). In the Hawkes Bay earthquake 256 people were killed and many more injured. Our own home was built with a double brick ground floor and plaster and an upper storey of Externit – an asbestos construction which served to make the upper storey light. Ours was one of only four houses that didn't lose a chimney or have a crack in the brick walls, and this even when some of our pictures downstairs were turned right round to face the wall. All our crockery, vases and ornaments were smashed and even my desk was a mangled mess of documents and splintered wood.

The water supply for Hastings is collected from artesian bores and pumped up into a reservoir on the Havelock Hills so that the pressure is constant. But the large pipes which supplied all domestic and factory needs passed beneath the Havelock Bridge. These pipes were split by the 'quake and the city of Hastings was left with no water in the mains for fire-fighting or domestic use. There were, however, a number of artesian bores on private property and gardens which had a low head of water. After the 'quake many of these erupted at least ten feet above ground and supplied domestic needs. But the mains and the drainage system were wrecked so that there was no running water in the houses and, of course, no drainage system.

The telephone and electric light poles were bent out of position so that put an end to the electric lighting and the telephone services for some time. Many bridges were also wrecked and the railway lines put out of commission. Fortunately, the 'quake occurred during the morning recess in the schools, but even then an outside brick chimney fell and killed a little school girl.

But the worst feature of the disaster was the loss of life and the injuries. Many people were trapped inside wrecked buildings. Rescue work was most difficult as the main streets were all cluttered up with fallen debris which made it impossible to get any machinery onto the roads to shift fallen girders, verandahs and other heavy wreckage. Many a gallant rescue attempt was rendered impossible by the conditions. In one large store a number of girls working there fled down the inside stairway but found their exit blocked by falling mattresses and soft goods. A fire started and in spite of the shrieks for help and attempts at rescue, the girls were burnt alive among the roaring crashes of the swaying building.

Sometimes, the people trapped inside finally got away safely; on other occasions as at the General Post Office, the people escaping were crushed by the falling masonry and balustrades in the entrance. There was one rather impressive four-storeyed brick hotel in the main street of Hastings; this collapsed in an avalanche of falling bricks which swept right across the street, killing the proprietor among others.

To give some indication of the whipping movement in the 'quake – one of our next door neighbour's chimneys was snapped off and thrown twenty feet into an empty section. Later on I was shown where a chimney had been thrown off the front of a house and penetrated the floor of the verandah without breaking through the verandah roof.

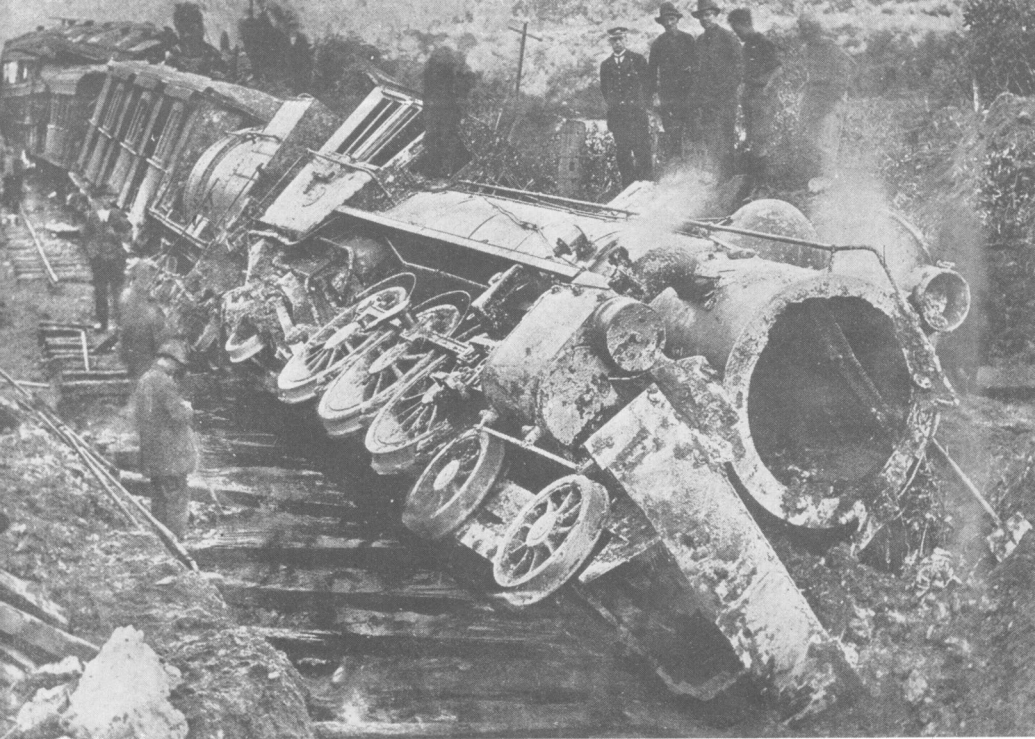
There were three outbreaks of fire in Hastings, while in Napier a greater proportion of the business area on the flat was swept and ravaged by flames. Some people were trapped inside and burnt alive; one young lady was caught in a hair dryer.

The wife of one of the Cathedral dignitaries in Napier, where a service was being held, was pinned down by

the wreckage and the building was soon engulfed in flames. Despite every endeavour the unfortunate woman could not be rescued from the fire. But a doctor friend of mine was on hand to administer a maximum dose of morphia intravenously which rendered her completely unconscious just before the rescue party, which included her almost demented husband, barely escaped from the burning building themselves.

The whole front of the Bluff Hill in Napier crashed down onto the road which ran along the foot of the Hill and it was rumoured that several vehicles were under the spoil. It would take too long to tell of the individual experiences of the people of Hastings, Napier and surrounding districts where in the back country a heavier earthquake occurred ten days after the original major shock. This toppled down hillsides and dammed the Te Hoe River – a large tributary of the lower Mohaka River – causing a lake to form and gradually flooding the homestead and buildings of the 20,000 acre Ngatapa Station. The buildings were removed across the lake as it slowly rose and were re-erected high up on the hill slopes across the lake where the homestead and buildings were safe from flooding. This quite large lake remained for seven years and became a favourite fishing spot for the hardy Hawkes Bay anglers until it finally broke in three stages and left the Te Hoe and Hautapu Rivers to resume their courses down into the lower Mohaka River.

Two of my friends' brothers, one of whom was a bachelor, leased their 20,000 acre Waitere Station alongside the Mohaka. They would ride over a twenty-two mile road and track over the Mangaharuru Range. The day of their big shake, they had stopped on a hard piece of road at the foot of a steep rise for a smoko. Then the shock came which threw them off their feet and



The Ongarue rail disaster – 6 July 1923

The centre of Hastings after the earthquake, at the corner of Heretaunga and King Streets





All that remained of the four-storey brick Grand Hotel

A famous photograph of the 1931 earthquake damage on the main road into Napier



they then saw the steep part of the road, which they were about to ascend, break off and slide several hundred feet down into the gorge. They didn't get out to Waitere that day, nor for some time after. They had had a narrow escape from certain death and it took them eight hours to cover a journey of normally one hour back to the main Napier-Wairoa Highway near Lake Tutira.

In Hastings, by two o'clock on the day of the earthquake, an earthquake "committee" had been set up by the citizens under the control of an ex-army colonel and everything was tightened up with traffic control, food relief and help to all who needed it, and a force of volunteer police who controlled the entrance to the stricken area and prevented the looting of premises.

The private hospital with all its staff and equipment was transferred to the tea kiosk at the Hastings racecourse where the staff plus volunteer helpers did a wonderful job of work. Doctors, chemists and dentists, pooled their resources and made the kiosk of the racecourse a temporary hospital, along with an operating theatre, outpatients' departments and wards – all of which were set up after the initial shake. Instruments, sutures and dressings were provided by the doctors themselves, and the private hospital, and things were soon moving on a non-stop basis.

The spinal injury cases and the seriously disabled people were evacuated to Wellington. Quite a number of minor cases were, of course, evacuated by private motor vehicles. Here, as in other departments, the average citizen was more than ready to give help, but the serious spinal injuries and disabled cases were evacuated in their beds by being conveyed from the railway station by special train and placed in covered-in railway trucks. It was decided that one doctor must go along with this relief

train, while each truck was looked after by two nurses. This was necessary as the journey was lengthy and every case was completely bedridden and helpless. I was deputed to take charge of this train of sick people.

There was no passageway between the trucks, and communication, as far as I was concerned, was made by standing on the footplate of one truck and swinging on to the next truck by grasping its rail. By this means, I was able to do a round of the whole train and check up on the patients. The trained nurses in each truck were, needless to say, of tremendous help. It was a long and slow journey and we got into Wellington station well after dark where the trainload of sick and injured people was taken over very efficiently by the Wellington Hospital staff and helpers.

As I stepped off the train at the end of the journey, I was accosted by one of the ex-King Country doctors for whom I had done a locum. He took me to his own home. I had stipulated that a car be provided to take me back to Hastings at 4.30 a.m. as I had left my wife and three small children in a tent on the Hastings racecourse. I did not seem to have been very long in bed when the car arrived for me. I had been provided with a pass as had also the young driver, to give us permission to get back into the earthquake zone. I was delighted to find on getting back to Hastings, that my wife and family had been rescued by a nurse in Waipukurau (a married woman whom we had known) and also by the superintendent and his wife at the Pukeora Sanatorium. This left me free to occupy a bed on the verandah of the tea kiosk until things were straightened out.

Everyone who went through the earthquake has his own personal story to tell. I had just finished doing a gall bladder operation at a private hospital, and had left my two colleagues who had been assisting me, to

have morning tea, as I had a call to make on a lady with a mild heart complaint. I found her, as ordered, in bed, with her sister looking after her. Before attending to her, I excused myself while I rang my house to let my wife know where I was. I told my wife where she could find me, but she could not speak for long as she had the three young children in the bath upstairs to try to cool them down, as the day was particularly hot.

I walked through from the telephone back into my patient's room. She was in one of those old-fashioned double beds with the brass ends on them, and as I leaned over the end of her bed to ask about her health the 'quake occurred. There was an almighty heave under my feet and a crash in the room as the chimney came through the ceiling, filling the room with dust. The patient's bed to which I hung was moved across the room depositing the spring mattress, the blankets and the patient in a heap on the floor, together with her sister, flower vases and various ornaments. No one was hurt but the house continued to sway.

I thought of my wife, with the three naked children, in the upstairs bathroom at home. I told my patient and her sister of the situation, and they urged me to go and help my wife as they were perfectly all right in the single-storeyed wooden house, although my patient was lying on the mattress which had fallen on to the floor. Their selflessness helped me to make up my mind as to where my duty lay. My patient's husband was the manager of a big firm which was not on the main street and I knew he would be coming to his home to see how things were, so I turned to open the bedroom door to get out only to find it was jammed shut. Actually my patient's husband had finally to use a spade to open it. There was only one thing left for me to do and that was to get out of the window.

A brick butcher's shop almost opposite my patient's house had been reduced to a heap of bricks halfway across the road. The main street was hidden under a pall of dust. To get home I had to go round the side streets. Every house I passed had the chimneys down and all brick buildings were merely heaps of ruin.

It was a great relief to me in going along the street to my own home to see our two chimneys still standing. When I reached home I found that my wife had taken the naked children in her arms and staggered down the stairs safely out on to the lawn.

Our back lawn was soon dotted with injury cases, mostly from one of the local freezing works. One gratifying thing that happened was that strangers driving through the district and seeing the brass plate on my gate would stop outside and come in to ask if there was anything they could do, either to help personally or to provide transport for any of the injured people.

Only one of our cases went astray. This was a lad with a fractured leg which I set, but who had no relatives in Hawkes Bay. His people lived in Auckland but all the direct roads to Auckland were closed and his nearest friends were in Wanganui. The driver of his car, who was a stranger, went out of his way and took him right through to Wanganui along with another lad who had a fractured arm, and whose home was in Palmerston North. The boy who was taken to Wanganui had not notified his parents in Auckland and anxious calls were made over the air to discover his whereabouts. However, the calls were picked up next day by the Wanganui Hospital who reported his safe arrival in their institution.

My wife had done some splendid work before I had got home by going alone into the surgery which I had at my house (which was still rocking) to get dressings, bandages and splints. Our family spent the first night

out under the trees and shrubs in our garden. Fortunately, our next door neighbour had an artesian well which had become particularly active during the shake so we were not short of water.

My wife's sister had been theatre sister in a private hospital in Napier and it was not until the next day that we found that she was still alive and carrying on her duties at the emergency hospital at the Napier race-course.

About three weeks after the shake I took my wife and family up to Auckland via New Plymouth as the Taupo road was still closed, and then I returned to Hastings.

I had no intention initially of staying for long in Hawkes Bay but had intended to join a small group of my surgical colleagues in Auckland. However with the family arriving, and the earthquake, followed by the depression, I had enough to cope with so I stayed on the surgical staff of the Hastings Memorial Hospital.

After considerable trouble we managed to get a general hospital in Hastings, but only through the enthusiasm of certain groups of people who held meetings in the streets and in halls and their constant pressure did the Hawkes Bay Hospital Board agree to enlarge the small hospital that was here before the shake.

Things have changed considerably in the medical world in Hastings, as for quite a while we had no house surgeons and had to carry out all house surgeons' duties as well as our own.

Strange to say, when I came to Hastings, I purchased the practice which had been advertised, but there were really too many doctors in Hastings for the size of the town. What a change there has been since then! The sick members of any community should have the inestimable gift of skilled medical attention when they need it, whether they live in a fashionable locality or in

the poorer parts of the town, and particularly when they live out in the country.

Doctors, of course, should be suitably rewarded for the services given to the less favoured areas of our country. I feel this must come with the increased supply of our own trained doctors. We should not look to other countries to supply doctors when their need is already greater than ours.

This problem of a sound supply of medical men is a growing one and is potentially serious. One thing that has always concerned me, is that bright pupils in our secondary schools are sometimes precluded from entering the medical profession because their parents cannot afford the expenses necessary to support them through the long years of medical training as well as the supply of books and instruments, to say nothing of the cost of overseas post-graduate study. I feel that a change must come and it is possible that the medical profession will finally be included in the Public Service, although I sympathise with the desire for individual freedom in medical education and practice. But a doctor's first and most important duty is dedication to the sick.

Among the experiences one meets with in a general medical practice are many that are rewarding, others that are tragic.

The poet W. B. Yeats wrote his own epitaph which is inscribed on his tomb in an Irish cemetery. These are the words, which denote a cynical outlook in his vision:

“Cast a cold eye on Life, on Death,
Horseman, pass by.”

This could never be applied by any medical man who was dedicated to his profession; although at times we do have surprises, pleasant and otherwise.

On one occasion in Hastings, I received an urgent telephone call from a farmer friend. In a voice charged

with shock and emotion he said, "Could you come out here at once, doctor? My wife has just dropped dead. We were having a hand at cards in front of the fire when she suddenly fell backwards onto the floor. She is lying there now and hasn't spoken or moved. I think she has gone."

"All right, Peter," I said, "I'll be right along. Just put a soft pillow under her head and cover her with a rug. I'm on my way now."

On the way out, at full speed, I thought not only of the bereaved husband, but of his large family of small children. I raced the car up his drive and pulled up on the shingle in front of the door of his beautiful home, and seizing my bag jumped out of the car.

Before I could ring the bell, the door was opened by the "deceased" wife who, with an apologetic smile on her face, and her husband's arm round her waist, said demurely, "We're so sorry for bringing you out. I think I must have fainted." And that was the whole story. The four card players were sitting in front of a blazing open fire. My patient felt a little giddy, but before she could say anything, she fell backwards off the stool on which she was sitting. She wasn't conscious of falling, but succeeded in giving those present a big fright. To see a person in what has been known as a "dead faint" conveys the vivid impression of sudden death with the blanched face, no movement of any kind at all, no reflexes in the pupil or anywhere else. It certainly simulates sudden death and I did not blame the husband for his call for help. I stayed and had the usual cup of tea produced under these conditions and left the household - wife, husband and children - all rather amused and elated.

On another occasion I went for a spell by myself up to the Macdonald Station house at Kuripapango on the Napier-Taihape road, at the foot of the notorious "Gentle

Annie" hill. Here Mrs Macdonald and her daughter lived with hired help and hearts of gold. Many a cup of tea, myself and family had here on the way into the High Hills further on.

Unknown to me, the Heretaunga Tramping Club had left Hastings to go up the Taihape road. A small party of trampers was already camped in the Kiwi Hut 4,000 feet up in the Kiwi Saddle. Some others had come up to the Swamp Hut down near the Macdonald homestead. They were accompanied by two members of the Amateur Radio Corps who were to carry out experiments with their two small portable sets on sending and receiving radio contacts in high hill country.

I had just sat down with Mrs Macdonald and her daughter – a most able person – when a knock came at the back door. I recognised the voice of one of our H.T.C. ladies who in a rather distressed voice asked if she could use the phone. A message had come from the high Kiwi Hut asking for a doctor and a rescue carrying party as one of the ladies had had a bad turn at the Hut. "Well," said Mrs Macdonald, "the nearest phone is twelve miles down the road from here, but we have your doctor staying with us for the week-end. We'd better ask him."

I changed into my tramping clothes, boots and parka and went back to the Swamp Hut to set up a party to go right away with the two radio men up to Kiwi Hut. It was 6 p.m. by then – just on dark – and the wind was rising, bringing sheets of rain with it. The members of the tramping club had made the trip up to the Kiwi before but always in daylight. In fact the tramping club had built the hut and knew the way up. It meant a trek through high *manuka*, then a steep climb up to 4,594 feet, following by a steep rocky slide down to the hut at 4,000 feet.

The two radio men took their portable transmitters and we set out on the long wet plug up the ridge. We had electric torches to help us over the difficult parts but our worst enemy was the wind which almost blew us off the leading spur and became worse as we climbed. However, we kept together and finally reached the top.

In going down into the Saddle, we picked up the light of the candle lit in the hut window, and replied with our torches.

When we finally reached the hut in the tearing gale the door was opened for us by the lady – no longer young – who had had a heart attack. There was a bit of joking, but we were glad of the blazing fire and the cup of hot tea, sandwiches, etc.

The most urgent matter was then to send out radio signals to call off the rescue party and bearers who were to leave Hastings about daybreak. The radio team got to work with their transmissions, but could not get a response from Hastings or Napier.

I was very impressed with their portable sets, especially as the operator in the bunk above me, said with dry wit, “Would you like to know the weather report from Fiji? I’ve got them on the air now. But I’ll keep on plugging for Hawkes Bay.”

Finally he contacted another “Ham” in New Plymouth who picked up Hastings and called off the rescue party as the patient – an indomitable tramper – felt quite well. After breakfast in the Kiwi Hut, we made a leisurely trip down to the road again, very thankful for the help of our radio friends.

This was indeed a happy ending on that occasion.

Death which, of course, comes to us all, can be very peaceful and tranquil. One of my patients in Hastings developed mild angina attacks, which rendered him unfit for carrying out angling activities to which he was

devoted. He just pottered about at home under the watchful eye of his devoted wife – they were a wonderful pair, and their house was one which gave pleasure in visiting, and perhaps talking fishing. He and his wife, who were alone in their home as their family were working away from Hastings, were both very keen on TV. The man of the house had a flair for making things go in handy positions, and so he rigged up their TV on the lower end of the bed with the controls at the top end. As it was winter time they would retire early to their double bed and would watch the TV until they were ready for sleep. Then off it would go.

I called as I did twice a week at 8.30 a.m. His wife opened the door, and said with a smile, “John has had a wonderful night after midnight. He’s still asleep and I have tried not to disturb him!”

“Well,” I said, “I’ll just look in and see him.” He was lying on his side and was dead.

In this case one’s pity was for the wife. The patient had literally just slept away and died in peace. I had to administer what comfort I could and was fortunate enough to contact his family and wait until the first son arrived to be with his mother.

One last case before I close these memoirs, although there were many others such as any practising doctor could tell.

This time I was staying for the week-end at Waikaremoana hostel. A mixed party of young people had left for a day’s trip to Lake Ruapani, led by a man I knew, a keen tramper, and a great lover of the outdoors with its bush and birds. He was just over forty years of age.

I was sitting on the verandah of the hostel with some friends and the manager after lunch, when we noticed one of the youths of the party approaching. He came up to the manager and said, “Could you ring Wairoa? Our

leader has taken a bad turn and we'd like to get a doctor right away." (Wairoa was forty-eight miles from the lake.)

"That wouldn't be easy," the manager replied, "but as a matter of fact, we have a doctor staying here. I'm sure he would help." I had heard the conversation and said, "Of course, I'll come. You'll have to show the way."

We reached the track in the bush where the leader had collapsed. The lad walking behind him at the time thought he had tripped over the root of a tree. He had fallen on his face and his party waited for him to get up but he never moved, and when they called out to him there was no response. They decided he must have had a heart attack and two of the party went down the steep bush track to make for the hostel, from where they could call a doctor.

On examination I found the leader dead. Death must have been instantaneous because he never spoke or moved after he fell. I rang the police in Wairoa and said that I thought the deceased had died from a coronary thrombosis and that I did not think that there was any need for a post-mortem.

His party made a stretcher and carried their dead leader down to the road and motored back to the camp. He was a good man. None of the party lived in Wairoa, but arrangements were made to take him back to his own home. He was not married. He had died without suffering, in the bush he loved so deeply, with the song of the bush-birds as his requiem, and I am sure that, if he had had a choice of his way of dying, he would have chosen this one, as many of us would, too.

If I could sum up my life in general medical practice in a few words, I would say that one of its greatest rewards is that the G.P. becomes the confidant and friend

of so many of the patients he has treated, as well as of their families. The G.P. has a vital role to play in any society, since he provides a specially intimate and personal service to his patients, as opposed to the impersonality of officials and institutions. Long may he remain with us.

Although Dr Bathgate's memory of his work as a general practitioner spans some fifty years, this book covers mainly the years "in the sticks" before he bought a practice in Hastings in 1930. During these earlier years he worked on the West Coast (including Otira during the building of the tunnel, with his nearest medical colleague some 68 miles away), among the farming communities of the North Island, then back to the South Island to Motueka and Ashburton, before finally putting down his roots in Hawkes Bay – just in time to add the earthquake to his list of firsthand experiences.

Kindly, understanding and dedicated to the service of the sick, the young doctor nevertheless was a match for even the most difficult "character" among his patients, and was no more at a loss treating a case of D.T.s (politely termed "influenza" on the West Coast) than a broken leg, operating on a kitchen table or removing an aching tooth.

From the disastrous 'flu epidemic of 1918 to the tragic Hawkes Bay earthquake, from the workmen of Otira to the farmers of the King Country and the Hauraki Plains, his story is full of human interest and real life drama. Though the pace of life may have been slower, it was not an easy life for the men, and their wives and families, in the back country of New Zealand in the 1920s. Dr Bathgate recalls with affection the kindness, courage and warm friendliness of the people to whom he ministered – characteristics which are surely a reflection of his own as he shared their hardships, joys and sorrows.

Wrapper design by Garth Tapper

About the author

Dr D. A. Bathgate was born in Dunedin in 1895. Of Scottish parentage, he was the second youngest in a family of ten children. After attending Otago Boys' High School, young David Bathgate graduated in medicine at the Otago Medical School in 1918, and for fifty years practised as a G.P. and general surgeon in various parts of New Zealand.

Dr Bathgate has lived in Hastings since 1930, where the younger two of his three sons were born. Well known not only to his patients in that area, he made many more friends by taking an active part in local affairs, particularly the St John Ambulance Association and Hastings Rotary Club. For ten years he was President of the Heretaunga Tramping Club, and was founder and President of the Hastings-Havelock North section of the Royal Forest & Bird Protection Society. Dr Bathgate was awarded the Loder Cup for 1964. This cup, donated by Lord Wakehurst, is "offered to lovers of nature in New Zealand to encourage the protection and cultivation of the incomparable flora of New Zealand."

But his main and most engaging interest has always been his work as a doctor. Throughout his career he has practised as a general surgeon, and still places greatest emphasis on the position in the community of the general practitioner.

