I have always enjoyed doing house calls and in some cases consider it part of the general practice care of patients. I get to see the context that the patient lives in as well as often meet significant others whom I would not normally meet. It also gets me out of the rooms for a change of scenery.

House calls often use up valuable time and it is estimated that one could do three or four consultations in the rooms for one house call, if you take into consideration the travelling time and general entrance and exit problems, including parking.

In the medieval ages when I started practice, I would usually do one house call at lunch time and a couple on my way home in the evening but now with the increased availability of transport, usually from family members and other agencies, we all do fewer domiciliary visits.

House calls are not without their dangers. I was called out one dark rainy night by a distraught woman who said she was having a severe panic attack. When I got to the double-storey house in the street, I could see through the upstairs window of the house that she was having a damn good fight with her husband. It was about midnight and I rang and rang the bell by the garden gate but they were making such a din that they did not hear the bell. I then gave up, stepped backwards in the dark and promptly fell down a drain.

I have twice been bitten by dogs on house calls, both times on the ankles by small black dogs, and I have had a couple of near misses with larger dogs, so I always carry my doctor’s bag in front of my testicles until I get inside the house.

The most difficult house calls are always at night. This is partly because there are very few names left for the smaller streets in Pietermaritzburg and several of them have had name changes. So even though I know the town well I have first to plan my journey on the map (I am not part of the GPS generation). Once in the street there are usually only a few houses that have visible numbers so I slowly search with a torch till I find the correct number in case I find myself in the wrong house. I have done this once. It was at a house at a crossroads that I knew well. The gate was open and so was the kitchen door. I went in and called out “It’s the Doctor, where are you?”, which was answered by a female voice from one of the bedrooms. I marched in to find a young woman sitting at a dressing table in a skimpy negligée only to find I was in the wrong house. It is part of the measure of respect that people have for doctors that she was not alarmed and informed me that it was probably the lady in the opposite house whom I needed to see. A similar incident happened to my partner who was called out at night to a row of terraced houses attached to the Anglican church. It was dark; he entered the house, went into one of the rooms and woke up an old woman. He made her sit up and started to listen to the back of her chest with his stethoscope. It was then, while he was making her breathe deeply in and out, that the son came in to tell him it was his mother, not his grandmother, who was the patient.

Some calls can be quite dramatic. As a young GP, I was called out on a Sunday afternoon in the summer to a “domestic problem”. On arrival at the house the husband and wife of the house explained that they had invited their new neighbours over for a drink at lunch time but after a couple of drinks the new neighbour’s wife had taken off all her clothes (she had apparently done this before and it is a rare form of Alcohol Disinhibition Syndrome). In the kitchen was the naked inebriated neighbour’s wife.

There followed a series of subtle negotiations after which her rather embarrassed husband and I decided to wrap her in a blanket and try and walk her back over the road to their new house. We got out of the front door with the patient wrapped between us but then she started to fall over and all three of us fell into the front flowerbed. I remember thinking, as I lay amongst the petunias with a naked woman beside me, that my intensive medical school training may not have completely equipped me to work in general practice – and why, oh why, had this never happened to me when I was dating as a medical student.

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