

Taking the Gravel

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All day long, I carried the crumpled envelope in my back pocket. Now, in the still of the deserted office, swept by 6 o'clock shadows, I withdrew my mother's letter and split it open. A newspaper clipping, caught on the ratted edge of notebook paper, tumbled out. I picked it up and carefully unfolded it, working the creases like a Rubik's cube, until my eyes came to rest on the bold lettering: JM HINDS MD DEAD AT 74

The news pierced me in a strange, unexpected way; froze me in my chair and funneled me back through time. After my father's death in 1966, Dr Hinds became our family physician. Gradually, he became much more: the personification of the Ideal Physician. When I was a student in the College of Medicine, JM counted me among his colleagues. His signature topped the distinguished list on my first medical license, and his career broke ground for my own decision, years later, to swap the academic ladder for the level playing field of general practice. Now, in a stroke, he was gone.

Dr Hinds practiced in the shire town, 12 miles over. He seemed cut from the cloth of Watergate prosecutor Sam Erwin, "just a country doctor" who was also salutatorian of his medical class, chair of the state board of medical examiners, perennial delegate to the AMA. JM played musical chairs on the municipal committees, kept his busy practice at an even boil, chased after five children, and dodged a divorce decree from his neglected wife. It would take a movement disorder, Parkinson's disease, to finally hobble him into retirement.

It is true that the procedures of *his* day—breach deliveries and tonsillectomies and exchange transfusions—were out of vogue or beyond the pale of the new family physician. He was too busy to bother with educational objectives, decision trees, or the prevention protocols that tethered me in training. In skill and temperament, he resembled more a general surgeon than his heirs apparent in family practice. And though he might demur, I consider him my teacher. He executed, with poise and precision, the simple work of the general practitioner, whom Sir William Osler extolled as "the hope of the profession" and the "flower of our calling." Something of that life has become my own.

Although much of my memory of JM has faded, one

image from a rural preceptorship in 1982 burns brightly. JM would balance on the exam stool, cradle his jowls in a leathery hand, then lean into a patient and sop up her sadness like bread in gravy. Listening, with steely eyes cast, he seemed to gaze beyond, perhaps to puzzle after unspoken desires or a pattern formed by her recent visits. Or to drift to unrelated concerns gathering on his conscience like thunderheads over a parched prairie.

I'll not forget the sound of his laughter, a boisterous, unrestrained, bellowing laugh that he shared with friends. He could laugh with his patients and laugh at himself, and through it, divide their differences while preserving a precious ground for honesty and frankness and savage self-scrutiny. He hung harmonies on a whole genre of sappy, sentimental tunes like "I've Been Working on the Railroad" or "Tell Me Why" and orchestrated shenanigans at the annual Society Barbecue in a preposterous chef's bonnet and apron. He loved his patients, though not all dearly; loved his job in an unfettered way that has become obsolete in the age of addiction theory; loved the spotlight, the lead role, the well-rehearsed line that so often began on the telephone at midnight, "Mmm . . . Doctor's residence."

There was something familiar, even intimate, about JM. I first saw it in the mannerisms that resembled my father's; I would later see it in the old stories, corny photographs, and favorite melodies of the Sagadahoc County Medical Society, where each played a principal role. In those days, before CME and the promise of "information highways," county physicians met monthly in a member's home for the noble purpose of "upholding standards of excellence in the science of medicine." After the formal program, they would revel in the fellowship born of common struggle. There were highballs, and often too many, that led to the inevitable cursing of the city specialists and admonitions to "take the gravel." Here, on these county roads, they found safety in the journey home, along byways unbroken by the beams of a passing motorist. Perhaps they found comfort in the same solitude that cradled their practice. And forgiveness, too, in the still, open, starlit reaches.

Nestled at my desk in the valley of charts, I brood on the comforts of this chosen life. Diplomas sweep along the east wall like a constellation, singing the *laudates* of daily devotion. On the opposite wall are mounted snapshots of

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my wife and daughter, grinning from our sabbatical year. Japanese prints bow from the corners. They belonged to an AIDS victim, whose mother came to me 3 years ago with her muted sorrow. They express, in ways we never could, the simple need for companionship when facing the abyss.

I have reached the stride of my career. Because of my efficiencies (or "competence," as they say), I rarely dip into the intimacies that once blessed my eyes and lips like holy water. Days peel off, patients whir through the schedule, tens of encounters are "generated" before I am forced to abandon the groove of the clinical routine.

Now the clinic has abandoned *me*. The day's din has dampened and the unconscious stirs: our faithful furnace clicks and groans, the telephone tinkles with calls en route to the answering service, and traffic drones on its merry way home. A spirit shudders in the stygian darkness.

As a doctor, I have not lacked for the want of work or its rewards. I have been blessed with financial security, the trust of my patients, and a growing facility in the affairs of medicine. I can assure you that vocation's flame, with its warm and illuminating sense of purpose, still burns in my heart. My ears prick to the clarion call of duty; I have neither slowed to the chase nor doubted the charge.

Yet I have reached that dubious age. Our young profession builds on shallow foundations in a time of seismic change. The old pillars are falling; our leaders have left. And so I feel not so much abandoned as vulnerable, like a hermit crab caught outside his shell. I have outgrown my old ambitions, satisfied the parental expectations, repaid the student loans, and earned the elusive right to self-respect. Now I must stake a future of my own.

In school, we are valued for what we know; in practice, for what we can do. But who we are is another matter, something drawn in the lines of duty and given flesh in the relationships we forge over time. I am coming, thankfully, to that moment in my career, yet I still glance backward at the stages under construction: those first, frenzied years after graduation, "proving myself" to patients and colleagues alike. Then, in my thirties, a process of healing began when I saw, painfully, how far the scope of my authority had outstripped my poor powers to exercise it wisely. Moments of moral weakness, of temptation and snap judgments, laziness, and plain indifference. Though I have not completed these tasks, enough staging is up to provide me with a growing sense of purpose and place, and yet allow the grace of God to blow freely through it.

The question, the real question, is whether I can step with the march of medicine. It is a quest increasingly unlonged for and un-lived in the modern era. I share cafeteria meals with colleagues who have turned their careers into marriages of convenience, a means to an end for paying off home mortgage loans and college trusts. I feel my tired eyes wander to newer, more seductive passions: writing, perhaps,

or an assistant professorship. I hear the hoofbeats of history, those that led my father to his ambush by heart attack at age 49.

From cafeteria conversations, I can name colleagues who see their future through the filmy lens of a fiberoptic scope, or from the catbird seat of managed care. Others who feel pinned at the Alamo of medicine, outnumbered by the stampeding horde of malingerers and litigators and drug seekers, the hopeless masses with their hopeless wounds. Yet, even for the dispirited, I believe that idealism has not died. So the words of Osler challenge us all: "Ideals mean much, but that they are realizable means more." How can I realize my dream of practicing medicine over the long haul?

I am 41 now and have crossed the Rubicon of my career. I have declared myself to my community (*I am staying*) and swallowed the bait of patient care. It is the bait that lured William Carlos Williams, the physician-poet, into a lifelong pursuit of words, words that could capture his exhilaration in caring for patients day-to-day:

It's the humdrum, day-in, day-out, everyday work that is the real satisfaction of the practice of medicine; the million and a half patients a man has seen on his daily visits over a forty-year period of weekdays and Sundays that make up his life. I have never had a money practice; it would have been impossible for me. But the actual calling on people, at all times and under all conditions, the coming to grips with the intimate conditions of their lives, when they were being born, when they were dying, watching them die, watching them get well when they were ill, has always absorbed me.¹

The pain of JM's passing is made all the more acute by the vacant desk beside me. My partner of 9 years has left for sabbatical. He debated his decision to leave while I stewed in mine to stay. Could I find happiness, reside here without regret, settle for the portion of good mixed with the bad, the crumbs of joy mixed with the gravel? Or would I flick them away, indignantly protesting that I deserve better, like some foolish "finalist" in a Publisher's Clearinghouse Sweepstakes.

They are gone now, my father and friends, and I am left alone to find happiness. Left to my own devices. Left with the hand-me-downs of vanished era, with the example of a country doctor. JM taught me how to listen, how to quiet the voice of authority and so honor those who suffer in silence. His good humor blessed my own life with laughter, with great mouthfuls of sacrilege and frustration, tears and thanksgiving that I can now offer up to a Greater Glory. He believed that when you love your practice as a steward loves, you can expect to have love returned.

I know now what he surely knew then: that true happiness, for which a man would gladly risk all, is won through the long habit of taking the gravel.

References

1. Williams WC. In: Williams WC, Coles R, eds. *The doctor stories*. New York, NY: New Directions, 1984:119.