

## The calling

I was finishing chores with my son on our Connecticut farm when the call came that a 12-year-old boy I knew, Rob, had lacerated his hand. He and a dozen friends were hiking 10 or more miles a day, setting up camp each night wherever they could find a spot (and permission). A few adults had also gone along. Could I come out and see him, asked the voice. Absolutely.

I called the boy's dad and obtained verbal consent for treatment. At the office I gathered up what I would need for the procedure and then headed out in the pick-up to the southern Berkshires, just 20 miles away.

It was already evening when I pulled up in front of a large log bungalow that exuded the atmosphere of an old hunting lodge. One of the boys was waiting in the driveway and he led us to the far end of the back lawn, where tents were being pitched.

Rob had a good-size cut on the palm, sustained while trying to pick a large stalk of bulrush—not the first time I had seen this type of grass cut a child's hand. There was a log for us to sit on, and an overturned box would serve as an operating table. I opened my black bag, as curious boys gathered around, some grubby, some dripping wet in their swim trunks. Rob and I faced each other. The hand was neurovascularly intact and had no tendon trauma. I cleansed the wound, laid out the sterile field, introduced local anesthesia, and proceeded to suture. Mosquitoes sang in our ears and flew close to my eyes; the boys picked leaves of skunk cabbage to wave them away. I placed the dressing, and gave instructions to keep it clean and dry, with follow-up in a few days.

Only then did I look up. Standing behind the children were 8 adults in casual, neat shirts and shorts. Clearly not camp

chaperones. They were smiling, entranced. As we exchanged introductions, the children scattered again. The property owners and hosts of this spontaneous invasion were anesthesiologists from Boston; they were delighted to offer their yard (and beach and bathroom) and thrilled to be part of the children's adventure. Their guests were also physicians from Boston, specialists and researchers from the ivory towers of medicine, all out of touch with primary care and far removed in time and space from the rural New England GP.

But how excited they were! The setting, the old black bag, the actual suturing, the rapport with the children, memories of their childhood GP—it all had meaning for them, and more than just nostalgia. Each one in turn told me, with not a small bit of envy, that he or she felt isolated from “real” medicine, distanced from “doctoring as it should be” by choice of field, financial pressures, bureaucracy. And here, not many miles from Stockbridge, where Norman Rockwell had forever recorded the family doctor's art, they had seen it come to life.

We wandered to the back porch and continued to talk. Over salmon and chablis, we discussed divergent career paths and the stifling effects of corporate healthcare. They bemoaned the apparent relationship between a large salary and a large amount of paperwork, and observed that though I had neither, I seemed to be enjoying medicine (and life) more. Finally they admonished me to realize the privilege of my calling, and to value it. I jumped into the truck and started home. The sun cast its long, low rays over the lake, as pink clouds reflected in the water. Yes, I thought, it is a privilege. And yes, I will value and treasure it.

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