Confronted with the swirling tentacles of a cephalopod, for a few moments I am Jacques Cousteau, Gauloise askew in salt-chapped lips, exploring mysteries of “Le Deep.”

Growing up we fashioned clay menorahs, rather than stick to the traditional branched design I created an underwater sea cave with strategically placed candelabra. Eight candles and one shamash; four paired arms of the mollusk.

The octopus puckers and recedes. Its beak clenches my gloved, distal phalange.

I snap back into focus. Tentacles resume their true form. Dilated veins emerging from a central orifice, a captivating display of external hemorrhoids. Fluorescence pulses from overhead tubes.

I am not Jacques, and this is no daring expedition. I am Dr. Jonathan Robbins, general internist, a title which filled my beloved Grandmother with great naches, or joy, in her final years of Mahjong. “Did I mention my grandson the doctah?”

What pity you must feel. Childhood dreams of open-ocean naturalism, replaced with the electronic medical record. RVUs. HCC codes. F.T.E.

In a recent article Atul Gawande extolled the “heroism of the incremental,” the painstaking process of longitudinal and piecemeal primary care. Gawande, a surgeon and not an incrementalist by training, would portray us as altruists, contemporary followers of Sisyphus who practice in a topsy-turvy reimbursement structure where technology bests common sense.

But pity not.

For the generalist incrementalism does produce vivid bursts of joy, fragile seedlings of hope which must be cultivated for emotional sustenance. Beyond these subtle gifts, generalism deeply rewards those who harbor a near-fetishistic interest in the human condition. Cousteau had his dolphins and their echolalia; I have patients.

In the last five days of practice: I muscle heroin, relapse on methamphetamine, prepare for a divorce, navigate the shoals of early marriage, gain 20 pounds and lose sleep as a new father, mourn the amputation of an arm to osteosarcoma, struggle with alcoholism, consort with high class escorts, lose libido with age, name my colostomy “Gertrude,” diurese, and live with chronic pain, oh, so much pain.

This is high Greek drama in twenty-minute appointment slots, check-in at the front desk.

These are not performances, however. They are true and ephemeral. The generalist receives these stories like the priest receives confession. Some stories slip by and can be barely recalled. Others sink in and change the listener, adding depth and perspective to personality and worldview. Our scope of practice grows; telomeres shorten and collagen weakens, and with the accumulation of stories we become master clinicians.

And perhaps, we gain the wisdom of the deep.