I miss medical school. This statement may provoke charges of mental instability or at least the diagnosis of a bizarre case of distorted nostalgia. After all, who could possibly yearn for the overwhelming formaldehyde odor of anatomy lab, the contorted chemical pathways of biochemistry, the mind-numbing slide review of histology lab, and the gluteus-fatiguing, cephalgia-inducing concatenation of lectures? And the stress. Could I possibly want to repeat the memory overload, the constant pressure to perform, or the recurrent feelings of insecurity? Some would describe medical school’s four years as monastic, complete with isolation, self-denial and perhaps even self-flagellation.

Despite the obvious downsides, it was an unprecedented time of learning. Entering medical school, I had a bottomless curiosity about the human body. So the anatomy lab, no matter how odiferous, was a geography lesson with twists and turns and nooks and crannies to explore. Biochemistry was a tutorial in code-breaking, unlocking the reactions that made a human function and finally discovering why I learned all that organic chemistry in college. Lectures could be dull, but the occasional teacher who could capsulize a topic in 50 minutes was worth the wait.

Never before or since have I learned so much in such a short period of time. It was exhausting, exasperating and exhilarating.

The first two years were solid basic science. I used to say the closest I got to clinical medicine during those years was the medical section of Time magazine. Our anatomy text occasionally included token clinical references such as the effect of recurrent laryngeal lesions on laryngeal function. To a medical student starved for some mention of the practice of medicine toward which he was headed, this little clinical *amuse-bouche* solidified the anatomical details better than hours of study could. Recent innovations at the University of Minnesota and elsewhere acknowledge the need for clinical correlations to basic science and serve first-year medical students a larger meal of clinical exposure.

From the arid basic science years, devoid of patient contact, we vaulted into the third and fourth years of clinical rotations. Books became a backup reference rather than a full-time occupation as patients became our textbooks. We were judged not only on our answers on tests but also on our performance on the wards. Interns, residents and attendings were our judges, and sometimes the rule of those judges could be harsh.

During my training, the practice of “pimping” was alive and well. Those on the lower rungs of the ward hierarchy could be subjected to intense, sometimes cruel grilling about their knowledge—or lack of it—leaving the grilled quaking and demeaned. It was and is no way to educate, and new programs to school teachers in how to educate should help speed the demise of this unfortunate vestige of the past.

Obviously, I can’t go back to medical school and I do fear that my geriatric brain would balk at the deluge of information and my well-honed social self would hesitate to once again don a monk’s garb. But it might be fun.

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