Organise a reunion of your undergraduate classmates

Colin Kenny

How and where do you begin to trace up to 150 medical graduates, firm friends and daily companions for six years, but now scattered world wide? How to inform, inspire, and then encourage them to travel miles—all for an evening, a day, or a weekend's immersion in nostalgia for the time before mortgages, children, and on call began? The initial answer is simple—start early and form a committee, ideally 18 months before the desired date of the reunion.

Most reunions are based around decades. The 10 year reunion is the most enthusiastically supported, and interest diminishes during subsequent years.

Should you put yourself in charge of procedures, then the first step is to appoint 6-10 people to the committee. Inevitably no one will have experience in this area, so go rather for people who are enthusiastic and who live within driving distance for the frequent meetings that will be required. Much of the organising and attendant paperwork for the reunion will require secretarial, photocopying, and word processing resources, so if these are not directly available to you, choose your committee members to include someone who has these facilities. General practitioner members are most likely to help by raising funds for the event from pharmaceutical companies, whereas a hospital consultant is more likely to have access to the secretarial skills.

The long run up

Once the committee has convened, the first meeting will have to tackle the inevitable questions of who, what, when, and where, preferably in that order.

The "who" calls for some detective work. We found the best way to get an initial list of the graduates in our year was to approach our university's examinations board for the names of all those who sat finals with us. Doing this identified those who were definitely in our year and avoided the embarrassment of missing those who failed to graduate. This then gave us an initial database. Fortunately, our profession requires us to keep ourselves on various lists such as the principals list in general practice and particularly the *Medical Register and Medical Directory*. Consulting these will immediately throw up 90% of the year's full names and addresses, the "lost lambs" being those working abroad, those not practising, or who have reregistered under a married name. So put these names on a separate list and send it out along with the letter to everyone. In most cases someone will know where they are, even if it is the opposite side of the world.

The questions of when, what, and where are best taken as a single question, as ultimately they will be interrelated. There are a number of factors to consider, but a good place to start may be the duration of the event. Would there be enough interest for a full weekend, or is it better to concentrate on a single evening's get together? Initially keep your options open—if you are sure of the reunion dinner taking place then build other events around this, depending on the response to the mailings.

When choosing the venue, gather information from those who have organised previous reunions in the area. They will provide useful advice about which hotels were courteous and helpful and which proved to be expensive mistakes. You may also get guidance on suitable dates such as whether to choose or avoid bank holidays and school holidays. Ultimately let the committee make this important decision on the hotel and date.

Once the data and venue are decided make a booking for flexible numbers and construct your first letter. As well as details of the arrangements we found it useful to include in the first mailing a request for a career resumé, a passport style photograph, and a deposit of 10% of the anticipated cost. We also requested further information on our "lost" list. We discovered that our year was fairly representative of the medical profession's response to correspondence: some replied immediately; some replied eventually, even if it was with the Christmas cards; and some probably never even read our letter but discarded it along with their junk mail.

Several important things need doing during this early stage. Meticulous record keeping is important. A separate bank account should be opened and all deposits entered and recorded. All personal profiles should be stored, ideally in a computer, to facilitate eventual publication in a "year book." This publication is worth investing some time and effort into, as it will be brought away from the reunion and mulled over later. The resumés will be as diverse as their authors. The act of consigning 10 years of one's career to a single page proved impossible for many and much editing was required before producing a book that was both informative and entertaining.

In the long run up to the reunion the drug firms should be assiduously courted. If a full weekend event is envisaged then these companies will certainly provide the icing on the cake. Those who express an interest through their local representative should all be followed up in writing and invited to take part in trade exhibits around a "postgraduate medical meeting." Adopting this framework also permits those graduates from abroad to claim travel and accommodation expenses.

The meeting

So with a good deal of cajoling, much telephoning, and some surprise at those who are coming and those who are not (with some coming from the west coast of America and others not coming from the west side of the city), sooner than you imagine the reunion will be upon you.

The staff in the hotel we chose were very professional in their approach, so we allowed them to handle many of the administrative details, including allocation of rooms and distribution of the year book. This left the committee free to concentrate on collecting the money and ensuring accurate bookkeeping.

If there is enough interest in the reunion to fill a complete weekend it is a good idea to break the ice with an opening event, such as an afternoon of golf, followed by a reception and then some light team games—for example, a table quiz. The hidden agenda here is to get everyone relaxed and talking, as inevitably you will remember faces but not names. This is especially important for the spouses, who may never

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have met this bunch of extraverts who keep drifting off, arms round shoulders, murmuring "Do you remember that ward round with old what's his name?"

The first full day should include the postgraduate meeting. This should read well on the programme but be short and stimulating. Ideally the presentations should be by year members on their own specialties or interests. A number of group activities might follow on from this, such as a treasure hunt, clay pigeon shooting, and of course a year photograph. These all precede the reunion dinner, which is after all the raison d'être.

The reunion dinner will include the inevitable toasts but once these are out of the way, the organising committee should be able to relax and enjoy a good meal, good company, and a good band. If the band can be persuaded to play contemporary music from your student days to get everyone on to their feet and in the mood then the event should go with a swing.

Just when you have got yourself, and everyone else, into the right time frame, when old friendships have been renewed and gossip exchanged, the reunion dinner will be drawing to a close. On the morning after, for those still lingering on, ensure there is some lively music to offset the inevitable sad farewells.

Successfully organising a reunion of classmates takes time and energy. It should be approached with care and attention to detail, with important tasks delegated to members of an enthusiastic committee. Leafing through a copy of the year book will provide another 10 years of nostalgia and make the effort all seem worth while.

Letter from Chicago

Joe Doe's new year

George Dunea

On New Year's Day, Mr Doe wards off atherosclerosis with a can of light beer and receives mixed signals from his television crystal ball. The economy has slid into a recession; corporate profits are down; Christmas sales were depressed this year; the foreigners are buying up the country; more hospitals are being sold or forced to close down. The good news is that there should be plenty of jobs available in the '90s, a labour shortage rather than unemployment. This is because the end of the postwar 1945-65 baby boom will result in fewer young people entering the labour market. Accordingly, corporations may have to become more competitive and make working conditions more attractive, even giving employees more of a stake and say in the business. They may have to entice Mary Doe to come to work, which will require better childcare arrangements. More immigrants may have to be allowed to come in. The present trend of people retiring early may have to be reversed, and Joe Doe may find himself working longer than he anticipated.

But will he also live longer? Here opinions vary. Already the mean life expectancy—72 years for men and 79 years for women—has been extended by some 25 years since 1900. Recently a scientist captured the headlines by announcing we could live to 160 years, thus making octogenarians merely middle aged. We would, however, have to take in fewer calories and live like devout Mormons: abstaining from alcohol, tobacco, and coffee; getting more sleep; and taking more exercise. But others set the mean achievable limit at 85 years, arguing that eliminating cancer and heart disease would still not arrest the natural degeneration of the body. None the less, more octogenarians are now working than ever, though an increased tendency to fatigue often requires some modification of their lifestyle.

But the young also get tired, some excessively so. And in recent months there has been much interest in the syndrome often dubbed "yuppie flu," typically affecting professional women in their 30s who suffer from total overwhelming exhaustion. Some are so weak that they cannot work, and a few can hardly move. Yet sceptics have questioned the existence of an actual disease, suggesting this merely represents an end of a continuum (as with hypertension) of various degrees of fatigue. Some believe that the disease is psychological and that about half of the sufferers are depressed. Against this, however, is the occasional flu-like prodrome, muscle aches, and low grade fever. It may also be that this disease (if indeed it be one) is not new, similar outbreaks apparently having occurred in the past 60 years in California, Britain, Iceland, and Australia. Viruses are the prime suspects, especially Epstein-Barr and retroviruses such as HTLV-II, and a derangement of the CD8 type of T cells has been postulated. To clarify this matter the Centers for Disease Control are launching an investigation, planning to study the immunologic markers distinguishing sufferers from this disputed disease from controls.

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Another dispute, drawn out over most of 1990, ended with Joe Doe having to pay higher taxes next year, as Congress and the administration finally worked out a five year deficit reduction package. They raised income taxes (top marginal brackets to 31%), eliminated deductions, and taxed tobacco, alcohol, air travel, and luxury items. Although the president was criticised for flip-flopping and at last giving in on taxes, it was noted that he did not leave the negotiating table empty handed. Hidden in the pages of the voluminous document were provisions taking the president closer to a line item veto than Mr Reagan had ever been. For the next three years the agreement imposes three separate ceilings—for defence, foreign aid, and domestic programmes. If Congress were to exceed these ceilings it would trigger off automatic spending cuts within that category, meaning that new programmes will have to pay for themselves by increased revenues or by cuts elsewhere. Gone for a while, at least, will be the debate of guns versus butter or the romance of a peace dividend; and the White House will have the ultimate power to arbitrate in which category an anticipated expenditure would fall.

For medicine the new budget could mean trouble. It projects cuts in Medicare of $32 billion to doctors and hospitals over the next five years. Premiums and deductibles will rise; payments for certain procedures will be frozen; and for 36 procedures deemed to be "overvalued" reimbursement will be cut in 1991. These procedures include various cardiac interventions as well as appendicectomy, cholecystectomy, hernia repair, hysterectomy, cataract removal, colonoscopy,

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