

any general practitioner is dealing with daily. We are on the look out for tuberculosis; men may need sick notes; they often have chest infections, dirty wounds, gastrointestinal disorders, epilepsy, angina, or skin diseases. Many request a hypnotic to help them to sleep on the floor or a bench (there are no beds in the crypt); they may ask for reassurance that various aches and pains are musculo-skeletal and nothing more serious; they sometimes warrant referral to a specialist; they sometimes accept treatment for schizophrenia. We listen to tales—real, fanciful or hallucinatory; we help men withdrawing from alcohol.

I go back because many of the men are genuinely likeable. I go back because the warden, a clergyman with psychiatric nursing experience and a degree in psychology, works his heart out for the men and he wants doctors to help while he patiently strives to do everything possible through his network of allies in the social services, Christian agencies, voluntary workers, probation and prison services. I go back because, selfishly, there is emotional

satisfaction—even prestige—in being a helper to people so unfortunate. I go back because occasionally I have been able to offer profound comfort to an ill or suffering individual.

I go back because without a hint of false humility I can say that there is not much difference between them and me. We are human, but I have the privileges. I possess a good education, a fulfilling job, a happy family, a faith that inspires me. All these have been given to me. If they had not, then perhaps I, too, would be of no fixed abode—a misfit in a world that I could not understand where officials and charities offer crumbs of comfort, where drink takes some of the hardness from the floors of derelict buildings, and the company of fellow vagrants offers some kind of comradeship and sense of community.

Most long stay psychiatric units have closed their doors. Now it is proposed that reception centres run by the Department of Health and Social Security are to close theirs. We will need a few more do gooders.

Residential holiday for schoolchildren

N J SHAW

The excitement and fulfilment of being in charge of a residential holiday for children are not easy to convey in writing. I arrive with the advance party a day before, usually at a residential school that is not being used in the summer holidays. Twenty four hours is not a long time to meet the owner; clean the whole place; sort out bedrooms and beds; brief the domestic staff; discuss menus, eating times, special diets, and birthday cakes with the caterer; and prepare for the planned activities of the week ahead.

Arrival

Early afternoon on the day of arrival of the main party an expectant lull falls over the holiday centre and then all of a sudden they arrive—60 travel weary 9 to 13 year olds accompanied by eight young adults (the monitors). Suitcases and rucksacks are everywhere, shouts of "Where's the sweet shop?" "Me and my friend want to sleep in the same room," "I bet the food's rotten," and "Can I sleep in a bunk bed?" prevail, interspersed with encouraging remarks of "Wait here for the moment until you're told what to do," and "We'll be unpacking soon and then it'll be teatime." Chaos attempts to reign but by luck or by judgment the children are dispersed in groups with their respective monitors and find the dormitory that will be their home for the next week. Then the walls begin to echo with the sound of suitcases emptying and clothes lists being checked by monitors. An evening of games follows a noisy teatime and when the last child is tucked up in bed asleep, worn out with all the excitement, the adults converge for a staff meeting. Questions concerning left over sandwiches, empty suitcases, and safe keeping of children's pocket money are dealt with. A skeleton programme is outlined for the week and we discuss the handful of children who are showing the early signs of homesickness. They may be quiet and withdrawn, feel sick, or have a tummy pain and

headache. After half an hour's informal chat we too retire for the night.

The following week is filled with games, drama, handicrafts, swimming, story telling, singing, a concert, and walks to places of interest, and each evening we have our staff meeting to reflect on the preceding day and to relax. Time flies by and it is not long before I am waving goodbye to 68 adults and children who disappear over the horizon looking like one big happy family, which I have had the privilege to be part of.

Colony Children's Holidays is a non-profit making charity, which aims to provide educational holidays for children between 8 and 15 years from all social backgrounds and all parts of the country. It has no religious or political affiliation. The presiding council consists of members from most education authorities whose social work departments recommend children for the holidays. Some are aided by the Colony Holidays sponsorship fund. The organisation has affiliated organisations in Liverpool, Leeds, and Northern Ireland, where Children's Community Holidays take over 1000 children a year on holidays throughout the province. The workers attend a week long residential training course to become a monitor and two further training courses to be in overall charge of a holiday.

Fostering a feeling of community

Children from different backgrounds have different needs and expectations and the holidays are aimed at integrating these in a residential setting. Much emphasis is laid on the community aspect of living under the same roof and a group structure is generally employed. We hope this encourages working together in an atmosphere of mutual tolerance and understanding and provides an enjoyable and rewarding experience. The adults also gain from this experience. They are called by their first names and learn to treat each child with respect as an individual. In return they are respected as friends, helpers, and in their position in loco parentis. I am sure that this all sounds idealistic but it generally works—you only have to be part of a long walk in the countryside or a peaceful story telling or singing session by the fire, or experience the atmosphere of a concert produced by the children, to understand what I mean.

One of the most exciting aspects for me is the participation of children with special needs on these holidays. Children with hearing

problems, chronic joint problems, mild cerebral palsy, autism, chronic asthma, and diabetes have all enjoyed, benefited, and contributed a great deal. It is important that these children should integrate in a holiday setting as it is often difficult to do so at school, although more and more children with disabilities are attending ordinary schools. There is a house mother on each holiday, who is usually a trained nurse, and the local general practitioners are helpful if problems occur.

I find it refreshing and stimulating looking after children in a non-medical setting with people who are usually not connected with

medicine, and I have made many new friends along the way.

Eighty per cent of French children experience a "colonie de vacances" (the French equivalent) at some time in their lives and I would like to see an equal proportion of British children take part in residential holidays, which provide an educational environment and enable them to mix with others of different social, physical, and mental ability.

Further information about these holidays may be obtained from Colony Children's Holidays, Grosvenor Hall, Bolnore Road, Haywards Heath, West Sussex RH16 4B2 (tel 0444 458621).

Match Day: an intern's perspective

DAVID H FRANKEL

Every year, come the middle of the third week of March, interns across the country allow themselves their first long sigh of relief. For not only is "the worst year of your life" (as my medical elders grinned and warned me last July) almost three fourths over, but, more importantly, "the match" has been decided. And "the match," as every apprehensive fourth year medical student knows, is the Chicago computer program that decides your fate for the coming years of training. In effect, "the match" takes a medical student's list of preferred residencies and reconciles it with the residency programmes' corresponding roster of preferred students. From a technical point of view the computer wizardry is probably quite complex. But from the student's vantage point the mechanism of "the match" is simple: where you "match," you go. Those students who "match" at their top programs are happy; those who do not, are not.

In contrast, *all* interns are happy on match day. We see "the match" as official recognition that our tenure as interns truly is limited. On the morning of match day we were all a little giddy. During work rounds we exchange fatigued but conspiratorial grins. "Just think," one amazed friend babbled, "a new group of fools has actually volunteered . . . no," he paused as if to relish the completed thought, "has actually competed for this job. Can you believe that?" None of us could.

The night before match day I was on call for the general medical service. It is about 4 30 in the morning when I finally finish working up my last patient Mrs Gladys, a shrieking and demented 79 year old with alcoholic hepatitis. "Stay away from me Stan," she protests throughout my examination, "you ain't no lady doctor."

Still considering this, I pack my work up into her chart, trudge upstairs in my greens, and flop face forward on to an old and darkened call room bed. Almost as an afterthought, I unhook my beeper from my waist and place it beside my pillow, a few inches from my ear. For about an hour not one of the many beeps in the room is for me. An intern rises slowly into the darkness, grunts, dresses, and heads back down to the ward. Content with this, my first full hour of sleep, I roll over and plunge enthusiastically into my second.

At about 5 45 am I get beeped. Instinctively, I reach over to my beeper and slap my palm over its tiny speaker holes, my fingers

feeling simultaneously for the off switch. A quiet moment passes. Slowly then, with my nose still deep in the pillow, my right hand falls to the floor and gropes for the telephone. Finding it, I feel out the number of the ward like braille in touch tones. By late March I can ring almost every medical extension in the house. A nurse answers.

"Dr Franklin, 505B's acting funny in the hall. . . ."

"Who?" I ask. I can overhear commotion in the nurses' station.

". . . and you'd better come quick." The line goes dead.

When I get to 5 East it is deserted and quiet. But as I round the corner to 5 North I can see a flurry of nurses from both floors converged around the door of the medical interns' laboratory, a dim little closet barely big enough for a microscope and a sink. Standing with her back to the doorway and her gown wide open from behind, Mrs Gladys fills the laboratory. She clutches a flask in one hand and a bottle of safranin in the other. In frantic, sloppy order she mixes safranin with water, safranin with violet, and safranin with iodine, stirring and spilling each cocktail with a clumsy hand. A second later, as if distracted by something real, she turns her short attention to the green steel cabinets above the sink. Quickly rummaging through, she finds them empty. She is stumped. Her eyes dart unsafely about the little room. Beads of sweat cover her back and she returns to the safranin. Suddenly, in a fury of frustration, she grabs the flask by the neck and wielding it high above her head hurls it flat on to the floor of the black sink. With the crash of glass she spins forward towards the door but stops abruptly in front of the crowd that is blocking her way. She looks squarely at us; for a moment she is still. She is panting and completely confused. Then, throwing her arms violently into the air as if to seize a passing thought, she howls, "I can't find nothin' to drink in this kitchen," and bolts out the door down the corridor and into her room. By the time that Mrs Gladys is calmed it is 7 30 am, the sun is up, and it is just early enough to draw a few morning bloods before work rounds.

There are always a few, both attending physician and intern alike, who become a little nostalgic on match day. These enthusiasts believe that despite its exhausting routine, the internship is overall a good experience in that it offers the young physician the opportunity of dealing independently and responsibly with every conceivable aspect of patient care at all times of the day and night. This year I am no longer an intern, my replacement having been chosen late last March on a match day after my night on call. Unburdened of late night withdrawals, breakfast phlebotomy, and the constant companionship of my tireless beeper, I will now have time to consider a more nostalgic view of my internship. I will consider it long and hard.

I will sleep on it.

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