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 vacance" (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).

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**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 fatigue but conspiratorial grins. "I 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 wields 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.