

Finally, bed-making can precipitate psychosocial problems. Although it has not been thoroughly documented in the medical literature, we can testify from personal experience that the quotidian argument over whose turn it is to make the bed can lead to severe marital discord and psychological stress. Several colleagues have quietly confided to us that these conflicts have adverse consequences on coital frequency.

Contrast these problems to the state of near Nirvana that exists with the unmade bed (Fig. 2). It is commonly known that bacteria, like vampires, wither when exposed to sunlight, leaving sanitary and fresh-smelling beds. The patient can arise in the morning knowing there is one less task to perform in a busy day. (Time saved: 5 minutes for the task, preceded by 10 minutes of arguing over whose turn it is to make the bed, multiplied by 365 days a year over an average life expectancy of 78 years, for a total of over 9 months or nearly 1% of our lifetimes.)

Once all the stooping and bending are eliminated, backs will stay healthy and strong, the incidence of repetitive strain injuries will decrease, divorce rates will drop (world peace will likely not be far behind), and the number of days missed from work will decline dramatically. We conservatively estimate that the elimination of bed-making will save employers and the health care system many billions of dollars per year — perhaps even enough to pay for Jean Chrétien's retirement package.

In summary, bed-making is a hidden pandemic that exacts a huge toll on the physical and mental health of our population. We demand that the federal government enforce an immediate nation-wide ban on bed-making. We encourage all physicians to screen for bed-making as part of



Fig. 2: The unmade bed: wholesome, cozy and inviting.

the periodic health examination and to offer counselling for the cessation of this unhealthy practice. As physicians with an interest in public health, we realize that sometimes we do have to stick our noses into the bedrooms of the nation.

This article was not reviewed by the authors' wives before publication.

Dr. Patterson is a general surgeon at Uintah Basin Medical Center, Roosevelt, Utah. Dr. Stewart-Patterson is a general practitioner in North Vancouver. Both wish to stress that they are not related to one another.

Next in the Public Health series on the Organic Household: Targeting bathroom congestion — innovative uses for the kitchen sink.

Correspondence to: Dr. Robert Patterson, 250 West 300 North, Roosevelt UT 84066, USA; fax 435 722-6122; robpatterson@ubtanet.com

Home Reme-

Scone therapy

In the latter part of the 19th century it was the custom in the farming community in Ayrshire, Scotland, for the farmer's wife to put a freshly baked scone on a shelf, where it was left to grow mouldy. Anyone on the farm who sustained a cut would then rub this mouldy scone in the wound. It was into this very farming community in 1881 that Alexander Fleming, who went on to discover penicillin, was born. The young Fleming no doubt encountered scone therapy, and even though the practice was eventually deemed unhygienic and fell into disuse, he would, of course, vindicate this home remedy. — Dr. David Adamson, St. Thomas, Ont.