

P.M.S.

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Long long ago, years before I was diagnosed with, well, before I was diagnosed with anything, friends of the family cleared out the overhead and passed on to my family what I realize now was a full press run of Life magazine. That was shortsighted of them, I suspect, those early editions being worth I don't know what on e-bay. It was certainly shortsighted of my mother to accept. Perhaps it was even symptomatic of her own weaknesses to take on a thousand more magazines, big magazines, when she was married to a printer who didn't allow her to throw out any of the several magazines to which he subscribed. Now, I'm not a physician, but I have, having been diagnosed so often and having been surrounded by so many - oh, not unbalanced - but perhaps I could say unsteady types - become something of an expert amateur of human illnesses, and I now recognize my father's unhealthy reluctance to clear the tabletops, piano lid, etageres, spaces under things, and so forth, in what was really a very small house, of years and years of New Republics, Atlantics, Harpers, and worse, so I recognize that my father had what you would have to call a problem. When those spaces under the furniture filled up, he found space in the hall, stretching boards from the top of one door frame to the top of another, all to be quickly filled with magazines which you couldn't throw out. My mother was I realize now, and I hope you will forgive my use of one of those unpleasant neologisms that spread like melanoma in our word-weakened society, an enabler. She could have worked shelf after of those New Yorkers out with the

garbage and, with a little careful rearranging, he wouldn't have known. How could anybody possibly know what was in those tons and tons of un-indexed, un-catalogued journals or where anything was? But she told us far too often that he knew where everything was. Possibly because she had come from a healthy, happy, non-subscribing family, she was overly respectful of his rather less healthy, certainly less happy family's weird worship of the printed page. And, as I said, he was a printer. So, you can see why it was really not right of her, when the Dillons came to their senses and divested themselves of their little magazine problem, to take in fifty cubic feet of Henry Luce's vox populi. But she did.

I cannot tell you how many afternoons I spent with those Life magazines. If I had been a different child, I would have spent those hours steeping myself in the Atlantic, or Harpers, or the Christian Century, and I would have grown up to become a steadier person and I would have tenure at someplace pleasant like Haverford or the living in some well padded suburban parish. But those Life magazines, with their fabulous pictures and even more fabulous advertising went to my hippocampus or whatever like so much crack cocaine. I should point out that my rather snobbish father didn't consider Life worthy of mingling with his more elevated, un-illustrated journals, so the Lifes were relegated to some very dark corners under the eaves. Hot in the summer, very hot, but advantageous as far as I was concerned, since one sort of disappeared under those eaves, being out of sight, thumbing through those weeklies under the grim rays of a utility light, one was out of mind. If you are taking notes, you should note that the hours under the eaves were usually afternoon hours, as this will, further on, have a direct bearing on the main thrust of this evening's discussion.

The recent outrage inflicted on our country by people whom we must now regard as a long-term enemy, has put me much in mind of the War years as seen in Life magazine, and I am reminded that when I was a boy, I thought war was the normal state of affairs. I thought that the peace, and it was a very happy peace,

in which we found ourselves in the mid-century was just a little break from the routine. We were far closer to the war then than we are now to Vietnam. Even though I was born in the closing days of the conflict, it had a powerful reality. Part of that had to do with lingering wartime habits. Mother found it hard to stop saving commodities for the war effort. But much of the war's reality of me to do with the hours and hours I spent slogging through the battlefields with Life magazine. Perhaps, too, that Life magazine business had something to do with the break in relations with my generation that moved me to the recruiter's office in the mid-sixties when I should have been firebombing the odd college building. Perhaps, I say. But it may have been an undiagnosed case of PMS. Whatever. The old war reaction kicked in again last month, by the way.

When those bastards attacked New York and Washington, my first and strongest reaction was that I wanted to get back in uniform. And for once I don't think that my feelings had anything to do with PMS. Which brings me to the meat of this evening's lecture.

My fellow Literarians, I would like to speak to you tonight about a serious problem, an affliction attacking thousands of Americans, a problem that strikes insidiously at some of America's most important demographic segments. It attacks silently, and tragically, and yet it is a health problem that goes largely unaddressed. To my knowledge, and, in the best traditions of scholarship here at the LC, I have devoted considerable research to this topic, there is no federal effort to combat the affliction, nor is there any national rallying to comfort its victims.

Now I must assure you before venturing further that I have given much prayerful thought to the selection of my subject for tonight. I am well aware that the discussion of disease in general, while not specifically banned, is at the very least on the discussion of one's own particular afflictions is especially problematic, combining as it does the less than universal interest in the sciences and the widespread alarm that spreads, justifiably I might add, when it appears that we are in for an evening of the

soul-searching that goes hand in hand with anatomical wanderings. We all know in our hearts that no one's illnesses could possibly be one tenth as interesting as one's own. I do sympathize. Life-threatening as the ailments of the bowel may be to one whose bowel is irritable, no one wants to relive the indignity of someone else's invasion by the Lucite plumber's snake terminating in a miniature television camera that is the most formidable and widely employed new tool in the arsenal of our gastrointestinal specialists. Although I must ask at this point if there is among you one who can explain why one's gastroenterologist would hand you, on your way out of the ether, photographs of the inside of your own lower tract. Are we to show these to the family? Pass them around at the office? Just curious.

What is this silent stalker of the intelligent and influential, the didact and the divine, the solon and the solicitor that we are to consider tonight? The disease itself is not new, but its identification and classification are very recent. The affliction that has been with us for as long as there have been people employed and as long as there has been a time period after lunch. This is a time in which apparently normal persons take leave of their common sense. Previous generations have known of the Afternoon Phenomenon, Late Day Crazies, and the three-o'clock Madness. But this gremlin on the wing, this monkey wrench in the intellectual gear box, thiscrippler of the crucial, has now been saddled by its isolators with what I am sorry to say is the clumsy and, quite possibly elitist Latin nomenclature of Post Meridiem Syndrome. (I have read that the British bar has banned Latin from judicial parlance. High time, I should say. It should be kicked out of the hospital, too.) Post Meridiem Syndrome is, however, known familiarly among its sufferers and students as P.M.S. And so we will speak of it here, as it is much easier to remember, and far less time consuming.

PMS.

Gentlemen, I will tell you upfront, here and now, that I suffer from PMS. And I am not alone.

At approximately 2:30 in the afternoon, some 12 million or so Americans, mostly men and mostly in their prime, fall victim to PMS, one of the least understood of the world's myriad newly identified non-bacterial, non-viral illnesses, ailments that for reasons that remain obscure to the eyes of frantic researchers, strike more often and more cruelly in North America, most often and most cruelly in the United States. The time, 2:30, although approximate, is the most important marker in the diagnosis, and one that advances through the continent's time zones as regularly and relentlessly as a Greyhound bus.

It is at or about 2:30 that PMS victims, or, as they prefer to be called, Persons with PMS, or, briefly, pwps, have worked through the full list of e-mails, opened all of the credit card offers that constitute the remaining work of the US postal service, returned all the rambling voice mail messages that keep America moving, leaving equally rambling and punishing messages in the boxes of friend and foe alike, and even longer messages in the boxes of subordinates, negotiated a lunch with the battered drive-through speaker box that has replaced all but six maitres d'hotel in most cities, and won two out of twelve computer solitaire games. All "work" having been exhausted, instead of proceeding to solution of the world's problems, they become themselves part of the problem.

I realize now that I have suffered from PMS for most of my life. You will remember my earlier reference to hours spent under the eaves reading about World War II and ogling goddesses from earlier times, sultry women no longer seen, ripe women with names like Rita, and Paulette, and Betty, perched seductively on—but I digress, and I apologize. Those hours with Life magazine were, almost to a minute, afternoon hours. No matter how businesslike or scholarly the morning hours had been, no matter how seriously I had attacked the chores of the day before lunch, I fell victim, shortly after lunch to PMS. What my mother and father, in their medical innocence, thought was, if not actual sneakiness, a depressing tendency to avoid work and responsibility, a moral failing certain to bring upon

me, and by association them, terminal disapproval from the community was nothing of the sort. It was an illness. PMS.

What is it like? How does it feel to be a person with PMS?

Such are the complexities of the syndrome that no two sufferer's systems are exactly alike. That is why it is a diagnosis of exclusion and why its sufferers are never identified with any certainty until a post-mortem has been performed. What only a good thorough autopsy can reveal is that there is in the corpse in question no visible pathology to explain a life of underachievement and woolgathering, bizarre lurches into new lifestyles, or company time secretly spent in record shops looking for obscure Delta blues musicians, so the late so and so could only have been afflicted with PMS.

I hesitate to tell you my own current symptoms. Those of you who have been through medical school are well aware of the universal reaction to the description of symptoms in which the listener realizes that he too has exactly those feelings and finds himself succumbing to dengue fever or yaws when there are no pertinent pathogens anywhere on the continent. So there is every danger that the more suggestible among you will break into a fevered sweat as you listen, seized with the recognition of your own case of PMS. And for that I apologize. But we live in an age and culture of self-exposure, and not to reveal the details of my own sad story would, I fear, be un-American.

I can tell that I always know when an attack of PMS is coming on when, after a productive morning, which is to say a morning spent clearing my desk of the readily soluble problems and less complicated tasks, and an hour or two devoted to the location and ingestion of an interesting lunch I dig my way down into the papers that have been sitting on the old desk for days and in some cases weeks. Papers requiring a difficult or unpleasant decision, tasks with the potential to disappoint or enrage someone I would rather not disappoint or enrage. It is then that my

hand reaches involuntarily for the scholarly journal to be propped up in front of my face as the brain, washed in a hellish and irresistible flood of distracting chemicals goes racing off involuntarily to the fruitless land of what were once mistakenly called daydreams and are now recognized as post meridional delusions. Delusions that are, when I am in their grip, as real as the world of morning accomplishment. Twisted visions of sensational sixteen foot putts, sub-five minute miles, the surprise inheritance of a Tuscan vineyard, rave reviews from Christopher Lehmann-Haupt.

Post Meridiam Syndrome. What an awkward name, but how telling. For it is in the phrase itself that the true nature of this disease - and we are at last, thank god, recognizing this malady as every bit a real disease as obesity, dipsomania, fevered gambling, or uncontrolled, dsl abetted internet surfing.

And yet ---

No Hollywood luminaries sacrificed their holiday weekends for a PMS telethon. You will see no PMS loop of grosgrain on a celebrity bodice or lapel, for there has been no designation of a ribbon color to identify enemies of the syndrome at the Oscar ceremonies.

So I bring this pestilence to you, gentlemen. I can think of no audience more interested in the subject in this city and because I would venture to say that there may be no hundred men from Oxford, Ohio to Rabbit Hash, Kentucky who have suffered more as victims of the affliction itself or as victims of those afflicted.

It is a rich irony, in a nation richer in irony than any other country on earth, that some of those very men who should understand PMS best are among those who have the very least understanding of this disease. I speak of course of the physicians. But not all physicians. There is a fault line that runs through the healing profession, one as deep as the chasm between Constantinople and Rome. For example, I expected to receive nothing but blank stares from the surgeons among our number, and my expectations have been rewarded. These hard charging men of action face

no crisis at 2:30. They have never faced a crisis at 2:30 that couldn't be solved with a tighter clamp, a different scalpel, or a lower center of gravity in the putting head. Even though they emerge from the same medical schools as their brothers in the less hands-on specialties, they tend to regard ailments that do not respond to excision as less than real. This at best indifference to the sea of such less palpable but distressingly American ailments as shopping addiction, stress, adult attention deficit disorder, shaky budgeting, intern irresistibility, and, yes PMS divides surgeons, cardiologists, hematologists, etc. etc. from what they no doubt regard as the slippery specialties, psychiatry being the prime suspect.

Ironic, yes, but is this a bad thing? I think not. Uncaring and contemptuous they may seem, and indeed the jeers with which they greet sufferers of American almost-disease must be termed callous and crude, but would we in fact want them to be otherwise? Would you truly want Dr. X to stop in the middle of hitching that brachial vein into the sludged up spot on your left ventricle, thinking to himself that this could really be put off until tomorrow? That Nurse Wurstauer looks uncommonly attractive peeking over that face mask? That Tennessee's Senator Bill First got one hell of a lot of publicity for his emergency lifesaving actions in the Senate even though you got better grades in school? I think not.

There are other groups who, if not blatantly intolerant of persons with PMS, are baffled by or totally ignorant of it. Computer technicians are one example. The geeks who control our lives and livelihoods now seem to be entirely without Circadian rhythms, seizing a job assignment and never leaving, pecking away at their keyboards at all hours of the day or night. It should have come as a surprise to no one when Silicon Valley suffered its recent meltdown. This is what happens when no one goes to lunch.

Practitioners of the skilled trades seems to sail through the afternoon without a hitch, serenely turning out their valves and dies, never worrying about how to look busy, never wondering if their work has meaning.

How else does PMS manifest itself? Well, of course, as a syndrome rather than a clean cut disease, PMS may pop up in many ways, and it is often identified by excluding all other possibilities, such as megalomania, sorcery, etc. etc. One disturbing, early, common symptom occurs when a previously unafflicted person wanders into the lavatory one day at the aforementioned time, appearing to all extents and purposes normal and emerging at approximately 2:45 with his hair combed over a vast bald spot. It used to be thought that men who presented with comb-overs were delusional. Now we know that most, if not all, of them suffer from PMS. That afternoon trip to the washbasin in the executive loo was motivated by the now familiar pattern of not wanting to do whatever is on the desk, believing sincerely that tomorrow will be plenty of time, and believing equally sincerely that if you part your hair an inch or two closer to the old ear and mash the strands down with a little water, you will have set the celestial clock back to that figurative morning time when beautiful young women seriously hoped to merge their gene pool with yours.

I have mentioned the unique association of PMS with the hour of 2:30. Let us look now at how that hour strikes various occupational groups, beginning with our brothers in the clergy.

It is at 2:30, after the hospital visits have been made and the weekly newsletter has been put to press, and a pleasant lunch been made of the leftovers of the very tasty taco salad that was such a hit at the coffee hour, when the man of the cloth, having spent ninety minutes staring at the ridiculous Smith Corona manual typewriter to which he clings, being rightly afraid that if he were to have access to the internet he would never return to earth, it is then that he admits to himself that divine inspiration will not this day visit the comfortable, however pleasantly shabby confines of the pastoral study in the manse at Fourteenth Presbyterian or St. Swithin's Episcopal and that Sunday's sermon is not going to reveal itself until the morning of the next day. That is when the man of the cloth leans back in the chair to free associate, coming

to with a crash at 3:00, full of plans for a building campaign.

It is at or about 2:30 that the symptoms of PMS set in. That is when the attorney realizes that the county judges have but thirty minutes before they begin to slip away to the lap pools, golf courses, woodworking shops and watering holes, leaving the formal end of the legal machinery idle. Since nothing could possibly be done, or need be done until tomorrow, it is time to start fantasizing about writing something much more substantial and better selling than anything by John Grisham or Scott Turow.

And let us speak for a moment about golf. For there is considerable misunderstanding about the game of golf and its relationship to PMS. On the face of it, and this has led many researchers down the wrong fairway, knocking off work to hit the links does indeed appear to be an abandonment of work to go get into life-changing mischief. Not so. Downing tools to go play golf is actually a confirmation of the players' totally healthy recognition not that work can be put off, but that there is no need to keep at it when there is nothing to keep at. Golfers, studies have revealed, have an innate ability to separate real work from make work, and in fact have an unblemished record of canceling games when there is truly work to be done. Otherwise they play without guilt, sunny and happy. Golfers seem to have some innate understanding that the world will not come to an end if they are not seen to working at all times.

Journalists are another group among whom PMS is rife. It is at 2:30, after the press conferences are over, after the irritable read of the rival newspaper and the contemptuous review of the editorial page, that journalists, faced with having to turn out a piece on the latest billionaire to declare himself a candidate for mayor, or to review a book by a captain of industry, or crank out a lifestyle feature on a fabulously wealthy rock musician, it is then that journalists are most likely to sit in a black funk in front of the computer screen brooding over the too-late realization that they are every bit as smart as the

billionaire or the captain of industry or rock star, but they followed the siren call of Carl Bernstein and Bob Woodward thinking that toppling presidents made up for the undistinguished pay packet. That is when they begin to think about writing a biting roman a clef about the local newspaper, something for which there is no market.

Stop into the saloon any mid-afternoon and you sure to find representatives of yet another PMS plagued occupation, salesmen. Every day at 2:30 countless salesmen, having exhausted the hot and cold call list, tell themselves with straight faces that even Dale Carnegie took a break every now and then, and log out for bogus sales calls. How many of these salesmen turn to the demon rum for solace, unaware that they are almost certainly victims of PMS?

For years, of course, PMS was deeply misunderstood. Those who were witness to its victims and sometimes victims of its victims, lashed the sufferers with judgmental terms such as irresponsible, goof-off, slacker, fake, and good for nothing. How miserable those appellations made PMS sufferers feel. Surely the majority of those here present remember a grandmother saying, unaware of the injury she was causing, that idle hands are the devil's tools. Those pejoratives were, and are - for their use has by no means disappeared - every bit as hurtful as terms that have mercifully been banned from polite speech e.g. overeater, sex maniac, dooper, sot, and cigarette fiend. And if I see now a little furtive squirming perhaps it is because I have touched a raw nerve here or there. If it were not for the quite necessary and totally beneficial removal of guilt from the American Psychiatric Association catalogue of healthy and normal reactions, I would suggest that the squirming stems from feelings of guilt.

What, you are no doubt asking yourself, is the cost to the nation of this pestilence? Accustomed as we are to the almost automatic calculation of hours lost, productivity hampered, insurance claims, therapy sessions, medications, . . . This is an extremely difficult question. If the greatest cost is the loss

in productivity, we must ask ourselves what would so many attorneys, men of the cloth, writers, salesmen, and account executives have produced during those afternoon sessions of hair rearrangement, and realize that the loss to the nation is incalculable.

And there is the cost of human suffering. Look around you. Note the noddors and snoozers in our own number here Monday after Monday. What is the uninformed reaction to these pitiable creatures, for pitiable they are? Isn't it true that you have said to yourself when the racket of uncontrolled pharyngeal spasming commonly and unkindly called snoring splits the night air like a mighty trumpet here in the surrounds of our very own club, distracting the brotherhood from the pleasures of a paper on the hidden richness of the James K. Polk administration - have you not said "Oh look at old Ben there, got to the University Club too early and now he's sleeping it off" or "Isn't that just like old Hiram to fall asleep for one of the best papers ever? But what can you expect from someone who went to. . ." Well, you fill in the blanks. Surely you would not say that about someone if you knew that he was in fact gambling dependent and had probably spent the afternoon spending the last of the trust fund on baccarat at one of the floating Hoosier gambling hells. You would understand that the poor soul was exhausted by his outing, an excursion caused not by a moral weakness or uninformed taste but by the recognized disease of gambling addiction. Likewise if you knew that the unfortunate napper was enervated by hours of debauchery brought on by the treatable but difficult disease of sexual addiction you would feel nothing but a wash of warm tolerance and understanding.

I venture to say, knowing those assembled here as I do, that the sleepers suffer from PMS. No, it is not the disease working on them here in the hour we share, causing their chins to hit the shirtfront and the sherry glass to hit the carpet with a muffled plunk. What our dozy friends, men who desperately crave the alertness that characterizes so many of our number, what they suffer from is, PMS induced sleep deprivation. They should have had a nap. How, you ask yourself, can this be? Surely nothing could be more

irresponsible, more symptomatic of the Afternoon Malaise than the taking a bald-faced nap, not just once in a while, but often, and in some cases regularly. Not so. Those in the healing and self-help professions who have worked so selflessly to understand PMS have discovered that PMS sufferers, I beg your pardon, Persons with PMS never take naps. Almost always more intelligent than average, Persons with PMS believe in the face of overwhelming evidence to the contrary, that they really should be working even though there may be nothing to do. To stop and take a nap would be, in their tortured thinking, an admission that they really don't have enough to do and could therefore be laid off from the job to which they have become quite attached even though they may feel it is much crummier than they deserve. Walk into an government office in the afternoon and, contrary to the popular image of sloth and torpor, you will see this research born out as scores of bureaucrats sit up, talk on the telephone, hammer out memoranda, pace the floor, and drum their fingers, all actions designed to display to their superiors the great amount of work they have to do and their great efforts to get it done. It is cruel really. In normal times, government work is, in all but a few ministries and in most cases, doable by 10:30 AM.

A footnote, nothing President Reagan did to annoy his enemies had greater effect than his habit of taking a refreshing nap day after day after day. Could it be that his enemies had through some Darwinian selection or other sorted themselves into nearly 100% PMS sufferers? It is probably too late to research this properly as his enemies have largely dispersed and in many cases retired from battle, but it is certainly food for thought. Surely your own thoughts and powers of deduction are leading you to one of the most distinguished victims of PMS in recent history, a man incapable of resting, notorious for spinning out his work into the early hours of the morning, who, when the machinery of government crashed to a halt as a result of political gridlock on a winters afternoon, fell victim to a pizza gobbling siren. Had his PMS been recognized early on, had he received treatment, particularly nap conditioning and therapy, one can't

help believing that the horrible upheaval of the last years of his term in office would have been vastly different.

And what about treatment? Well, before we can consider treatment, it is necessary to look at the deep roots of the syndrome. Up to now we have discussed symptoms, and, entertaining as they may be to the more cynical among you, it is much more important, if PMS is ever to be eradicated, to search for its cause. And here, I am sorry to say, there are the apparently inevitable deep divisions among the few scholars who have turned their microscopes and focus groups on the ailment.

Is Post Meridiem Syndrome Genetic or cultural. Well, let's get one thing straight right off the bat. No matter what our more judgmental clergymen and television evangelists may say, PMS is not some kind of lifestyle choice. Who in his right mind would choose, if he had a choice, to live in a world of combovers, impeachment, broken hearted parents, and the disapproval of society in general? No one. And, no matter what those same clergymen and evangelists may say, PMS does not respond to enforced conditioning or the even more dangerous aversion therapy. That is so much wishful thinking, and dangerous since, as should be obvious even to the dimmest witted guardian of public morality, wishful thinking is precisely what plagues victims of the syndrome.

Several generations of mothers, steeped in the mistaken thinking of Sigmund Freud, have blamed themselves or been blamed by their husbands for raising young men who go walkabout after lunch. Countless hours of psychotherapy have been spent pointlessly trying to associate the syndrome with domestic envy, which is to say the primal desire to have one's afternoons as free as one's mother's. Well, we are well into our second generation of working mothers, and there has been no decrease, but only growth in the spread of PMS.

I hesitate even to mention some of the absurd theories such as that advanced by the Modern Language

Association, positing the importation of PMS by the CIA as an effort to wipe out humanities departments. Or the South African president's belief that PMS is something that only happens to American suburbanites. And yet time is wasted in those discussions.

If one accepts, as more and more researchers have done, that it is best to regard PMS as an orientation, hard wired from birth (and so say most persons with PMS), the only real hope for eradication of the problem, if it is in fact a problem, will lie in the discovery of some sort of wobbly genetic marker. Until then we can only deal in palliatives.

And in the little time left to me, we should discuss some of those palliatives. As you know, as schools have become aware of PMS, there has been a dramatic spread in the use of drugs, most derived from caffeine, to controls its victims whose post-meridian woolgathering is thought to disrupt classroom instruction. Many teachers steer desperately concerned parents to physicians who hand out No-Doz, Jolt Cola, Mountain Dew and their generic variants as casually as they once prescribed Miltown. The result has been a terrible spread in frantically alert little woolgatherers, terrorizing groups of gibbering Ritalin addicts.

Many well meaning social workers have pushed the use of the Twelve Step Methods found to be moderately effective among some serial philanderers, tax cheats, and other addicted Americans. Of course one of the problems of the twelve step approach is anonymous groups that meet - you guessed it - starting at 2:30 in the afternoon, and nothing gets done.

The most promising line of research has to do with investigation of the Italian modality. One of the most perplexing discoveries since the identification of Post Meridien Syndrome and its classification as a disease, is that, if there is any incidence of the Syndrome in the Italian republic, it is impossible to locate. The reasons for that amazing statistic have less to do with disease vectors and more to do with the Italian genius for arranging things. Those who have spent time in the

sunny peninsula know that, unlike Americans, Italians rise early, eat, if they eat anything, a pathetic excuse for a breakfast, stop in at the café for an espresso to steady the nerves, work steadily until one o'clock. At that point school is over and business goes on hold. Everybody except restaurant workers returns home for dinner, the most important meal of the day, an event that takes Italians through the dangerous 2:30 cutoff point without a bump. They take wine with dinner and eat anywhere from three to five courses, food that has been prepared with intelligence and real feeling. Then they go to bed. To sleep. Or whatever. When the shops and offices re-open, no one ever really attempts to do anything, and there is no pressure to perform. Contacts with the public consist primarily of informing callers and visitors that it is too late to do whatever it is that is asked of them, suggesting that they return the next morning. No one in the dangerous hours is operating critical heavy machinery. The county is safe from the complications of PMS. Business is safe. Family life is safe.

What is not clear to researchers at present is whether Italians are somehow immune to PMS because of their culture of work or whether their culture of work has evolved over the centuries as a societal modification to what may at one time have been a serious outbreak of PMS. Scientists are, however in a race against time. With the imposition of the European Union has come considerable pressure to rejigger the Italian way of work to conform to Teutonic and post-Thatcher British standards. The long Italian dinner may soon be a thing of the past, and there will be considerable pressure to look busy in the afternoon.

Can PMS be cured? Not in the foreseeable future. But there is great hope that with application of the Italian model, Post Meridien Syndrome will be considered just another chronic condition, one that is manageable, one whose victims will be able to join the world of productive work.

Finally, I was informed, rather caustically, when I put this paper in for domestic peer review, that there is another PMS whose victims strongly protest use

of the abbreviation for any other ailment. I was unaware of this, and apologize for any confusion I may have caused.