

BRIDGE

Bridge is a highly contagious, progressive and incurable disease. According to WHO estimates there are currently between 50 and 100 million infected people worldwide. Unlike other epidemics of this scale, *bridge* attacks primarily in developed countries. While rarely fatal, the disease has enormous negative impact on the lives of infected individuals and on the whole society. This page presents the current state of knowledge on the origins, symptoms and prevention of *bridge*.

Etiology. Earlier theories assumed that *bridge* is an addictive drug, much like alcohol. In 1976, however, two independent teams of Dutch and American scientists isolated *Baccillus bridgeus*, a very small bacteria causing *bridge*. This discovery explains why earlier treatment programs such as 'Bridge Players Anonymous' were unsuccessful.

Baccillus bridgeus transmits primarily via contact with bridge players. Once inside human body, it lodges itself in the brain, where it attacks the parts responsible for higher cognitive functions. During the tertiary stage (see under **symptoms**) of *bridge*, the patient's brain is little more than a tool for *Baccillus bridgeus* to transmit itself to other victims.

Origins of the epidemics. The *bridge* epidemic started around 1890, almost simultaneously in Great Britain and in the USA. It appears that a relatively benign bacteria causing *whist* mutated itself into *Baccillus bridgeus*. While the reasons for this mutation are not completely determined, a likely hypothesis suggests that it was a result of exposure of the whist bacteria to high doses of alcohol and boredom among civil servants in certain parts of the British Empire (mostly Egypt and India).

Symptoms and relief. The development of the disease is naturally divided into three stages. During the first stage, which is not at all unpleasant, the infected individual enjoys an occasional social game of bridge and does not think of bridge in between those. Only a small area of brain has been attacked and there are not infrequent reports of a spontaneous arrest of the disease and even of complete recovery.

The beginning of the second stage is usually marked by the victim starting to analyze the hand just played. It can be also recognized from the fact of the patient buying the first bridge book, usually with a title like 'Improve your play technique' or 'Killing defense at bridge'. During this stage the victim often joins a bridge club and participates in the first tournament. Once this happens, the prognosis is almost always bad.

The tertiary stage of *bridge* can be recognized by the victim being able to name the current World Champions, winners of the Bermuda Bowl and other major tournaments. It is also marked by the patient owning a full bookshelf of bridge books and/or a subscription to a bridge magazine. At this stage the infected individual loses interest in other pursuits, is a common sight on the tournament circuit, and often dabbles in bridge theory. In extreme cases the victim neglects even the most elementary functions such as eating or personal hygiene.

While there may be periods of marked improvement, which often lull the patient and concerned relatives into a false sense of security (with the patient thinking 'I can take it or I can leave it'), it is important to recognize that a relapse is unavoidable. Nevertheless, some symptomatic relief can be achieved by simple methods such as getting the victim interested in other pursuits (sex, fly-fishing, crocheting), taking away his/her pocket money, and keeping the patient locked up during club games and local tournaments.

Cure. Currently, the only available cure for *bridge* is lobotomy. This is performed only in extreme cases.

Prevention. *Bridge* is highly contagious. Conservative estimates indicate that it is 65 times as contagious as *chess* and about 5-6 times as the most infectious of the so called *Nintendo viral group* (which usually attack only children and adolescents and disappear, without causing any damage, upon victim's reaching the adulthood). Thus it is very hard to prevent a *bridge* infection. One should avoid any contact whatsoever with bridge players. If complete avoidance is impossible, do not allow the infected individual talk about bridge and **never, ever** agree to be

`introduced to bridge'. Recently published results of a 20-year long study by John R. Williams of the Hopkins University lead to surprising conclusions. Thus it is not particularly risky to be in company of *bridge* carriers, when their number is divisible by 4. On the other hand, it is extremely dangerous to be alone with 3 (or 7, 11, etc.) bridge players for a prolonged period of time (a cruise, chalet holiday, etc.). The reasons for this dichotomy are at present completely unknown and underline our lack of knowledge about *Baccillus bridgeus*.

King_of_D (1999)