

## *Dr. Katharina (Kittie) Dalton*

[Published in Independent, September 25, 2004]

Few women know that the term ‘premenstrual syndrome’ (PMS) was coined by Kittie Dalton, who died last week. Establishing the connection between physical and emotional lapses and the hormonal changes of the menstrual cycle was her most important contribution to medicine, which made her famous. Awareness and understanding of this syndrome has helped many women to be treated and to cope better.

She was born in England in 1916 to Dutch parents. She wanted to be a doctor, but won a scholarship to the London Foot Hospital and became an accomplished chiropodist. Then as a war widow with one son she studied medicine at the Royal Free Hospital. In 1944 she married Tom Dalton, later a Unitarian Minister, with whom she had three more children. After qualifying she worked as a solo GP in North London (Edmonton), and there began her observations on PMS. Unusually for GPs at that time, she did a statistics course at the London School of Hygiene, and published pioneering studies of PMS – for example of peaks of bad behaviour among schoolgirls, and of arrests of women for shoplifting. She developed the systematic use of menstrual charts for the diagnosis of PMS and the use of progesterone to treat it. She did many clinical trials and wrote more sense about PMS and its management than anyone else. From 1957 she ran the PMS clinic at University College Hospital – the world’s first. However, she did not convince the majority of gynaecologists and GPs in Britain, probably because she was self-sufficient and worked very much on her own; she was too outspoken for ‘professional diplomacy’ or selling her ideas to colleagues, although she published a steady stream of research papers over the years. She was always analysing her experience in her large London consulting practice in Wimpole Street. Nevertheless in many places where she had lectured there were clusters of doctors who adopted her approach, and in the US she was more widely appreciated than at home.

Her books for the public were very successful – ‘Once a Month’ and several others were best-sellers and went into many editions. Her work was translated into 17 languages.

Many clinicians still resist Dalton’s insights and experience – the reasons are complicated. Firstly, reliable diagnosis and management of PMS requires careful analysis of symptoms and their time course over several months; it must be distinguished from similar symptoms, such as tension and irritability that are unrelated to hormonal changes. Emphasis of psychological features and mechanisms has confused many. Secondly, there have been few good clinical trials of progesterone for PMS, and they showed no important benefit – but they may not have asked the right questions. Third, most doctors put progesterone, the hormone produced in the body, and synthetic progestogens in the same box, though in PMS the differences between them and progesterone are crucial. Fourth, progesterone must be given by injection or rectally or vaginally, and it takes time to work out the right dose for a person – all that makes it awkward to use. Fifth, it seems that adrenaline, released by low blood sugar and stress, blocks the action of progesterone, and Dalton advises women with PMS to prevent adrenaline spurts by eating small portions of starchy food every three hours throughout the day (instead of large less frequent meals). This approach is based on physiological studies in animals

and has not been scientifically proved in women with PMS – it is supported by her and her patients' experience. Lastly, progesterone cannot be patented, so that major drug companies have no interest in promoting it, while heavy promotion of synthetic progestogens eclipses progesterone.

Kittie Dalton also felt strongly that progesterone was very promising in the prevention of postnatal depression and that this use needed urgent study. It still does. She regarded PMS and postnatal depression as progesterone deficiency diseases that were indirectly related, and that is what they may turn out to be.

Kittie was warm and generous, with an infectious sense of fun. She was also motherly, and perhaps this partly explains her great enthusiasm and curiosity about progesterone. She suffered severe arthritis, but kept working and driving her buggy along the pavements around Harley Street until she was 84. Her great passion was tennis, which she had played when she was young. She was part of the furniture at Wimbledon, and could be seen cheering on the Davis Cup team wearing an England hat.

Kittie is survived by her four children – two of them doctors – and five grandchildren, one also a doctor.

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