Hunger," begins by asking "Why is it so hard to diet when you're suffering from premenstrual syndrome?" (There we are "suffering" again.) The answer turns out to have nothing at all to do with PMS, or, for that matter, with suffering. According to the research, women feel hungrier in the few days before menstruation because their metabolism was increased. This is normal, the article states: "Your body is working as it should, building up the uterine lining . . . " Working as it should? Then why am I suffering from a syndrome?

It's easy to understand the media's confusion, because the list of symptoms thought to characterize "PMS" doesn't leave much out. One popular paperback book offers a "complete checklist" of physical, behavioral, and emotional changes, including weight gain, eye diseases, asthma, nausea, blurred vision, skin disorders and lesions, joint pains, headaches, backaches, general pains, epilepsy, cold sweats and hot flashes, sleeplessness, forgetfulness, confusion, impaired judgment, accidents, difficulty concentrating, lowered school or work performance, lethargy, decreased efficiency, drinking or eating too much, mood swings, crying and depression, anxiety, restlessness, tension, irritability, and loss of sex drive. That's just for starters. Other alleged symptoms include allergies, alcoholism, anemia, low self-esteem, problems with identity, and cravings for chocolate. Some physicians have specified as many as *150* different symptoms.

Mercy! With so many symptoms, accounting for most of the possible range of human experience, who wouldn't have "PMS"? Obviously, the more symptoms that are listed, the more likely that someone will have them, at least sometimes. This likelihood is increased in checklists that include mutually contradictory symptoms (such as "was less interested in sex" *and* "was more sexually active," or "had less energy" *and* "couldn't sit still") and the entire range of negative emotions ("irritable or angry," "sad or lonely," "anxious or nervous"). On these lists, there is no way you can't have some symptoms.

Because researchers themselves don't agree on whether they are talking about a problem that a few women experience or that all women experience, estimates of the prevalence of the syndrome range from 5 percent (women who are severely incapacitated) to 95 percent (the number of women who will experience, as one article put it, "one or more PMS symptoms sometime in their lives"). In one typical conference on "PMS—an important and widespread problem," sponsored by England's Royal Society of Medicine Services, participating physicians tried to determine the scope of the "widespread problem." One thought it affected "between 20% and 40% of women at some stage in their lives." Another said that "a very large proportion of women are aware of cyclical physical and mood changes, but probably fewer than 5% of them

are sufficiently moved by these symptoms to seek medical help." A third said that "Probably all women at some time in their lives have disturbing premenstrual symptoms . . . [but only] 5–10% of women have clear-cut PMS."

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In short, everywhere you look, you find agreement that PMS is a real disorder, a disease. There's a widespread sickness among women! Up to half of all women are sick every month! Nearly all of us are sick sometimes! We're slowing down the economy! How fortunate that men are running things!

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. . . The real mover and shaker on behalf of PMS was Katharina Dalton, a British physician, who throughout the 1950s wrote articles on the dangers of menstruation: "Effect of Menstruation on School-girls' Weekly Work," "Menstruation and Crime," "Menstruation and Accidents," "Menstruation and Acute Psychiatric Illness," "The Influence of Mother's Menstruation on Her Child." Reading these articles is enough to make you agree that a person who menstruates is unfit to be a mother.

In the early 1950s, Dalton and a colleague coined the term "premenstrual syndrome" (to include all those women who had more symptoms than simply premenstrual tension), and in 1964 she published a book, *The Premenstrual Syndrome*. The term stuck like lint. In the ensuing decades, PMS became an increasingly hot research topic. . . .

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The move toward the medicalization of PMS was and is actively supported by drug companies, [Mary Brown Parlee, a psychologist who has been conducting excellent menstrual-cycle research for many years] observes, which stand to make a great deal of money if every menstruating woman would take a few pills every month. Drug companies sponsor research conferences and "medical education" seminars on PMS, events, she says, "for which they actively and effectively seek media coverage." It is to the drug companies' interest, she adds, if physicians and the public confuse the small minority of women who have premenstrual or menstrual problems with the majority who have normal, undrugworthy menstrual cycles.

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By 1987, PMS was enshrined as an official psychiatric disorder in the reference manual of the American Psychiatric Association, *The Diagnostic and*