# TIRED WOMAN SYNDROME

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In January, 1960, the Vincent Square Laboratory opened its facilities to the local general practitioners, imposing few restrictions on the type or number of investigations done. We decided that this presented an excellent opportunity for an analysis of the amount of work that a group practice could send over a year to a general laboratory, and would serve, not only to show the amount of abnormal pathology in general practice, but might also be of considerable value to any other laboratory considering starting up a general practitioner service, and wishing to know what might be expected in the way of investigations from an average practice.

This practice is in the centre of a congested residential area of London, of long standing, families having lived in their flats for thirty years or more. The dwellings have also been split into many one and two room flatlets, mostly in houses due soon for demolition, and so we may have a leaning in numbers to the elderly patient living alone, in one room, often a basement. There is a fair itinerant population from various parts of the globe, mainly hotel kitchen workers.

During the year, 324 patients were sent to the laboratory, 226 females and 98 males; being approximately four per cent of the total number at risk: of these, 165, that is half, had in their investigations an abnormal result. In the first month it became apparent that the ratio of females being sent to the laboratory exceeded the number of males by such an extent that it merited further investigation, and on analysing the follow-up, we discovered that a large number of patients were presenting with complaints of vague malaise and symptoms either referable to anaemia or vague "rheumatic" disease.

If these patients were found to have no abnormality on full clinical examination, a haemoglobin, E.S.R., white blood count, and chest x ray was done as a screening procedure. Normal results were followed through the records over six months to one year to see

whether they developed any diseases that we had overlooked, or had not been shown up by the laboratory investigations.

This group, consisting of 73 patients out of the total 324, a percentage of 22.5, comprised: 64 females and 9 males. Further analysis of this most interesting group showed that only five developed any disease of significance. One had a proved duodenal ulcer, another a suspected peptic ulcer, one patient aged 61 developed bronchiectasis, one developed a mild hyperpiesia, and one was an inpatient with depression. Eleven others were on some form of tranquilliser or antidepressive six months later; three were pregnant, and ten had been removed from our list, but as this included half a dozen temporary residents, this does not show a significantly greater patient loss than is borne by the rest of the practice, as we tend to have a large floating population. We were pleased to note on retrospective examination of the records of the remaining 43 patients, many of whom did not attend again for several months, that we had not missed clinically any obvious disease developing in the subsequent six months.

TABLE I

ANALYSIS OF INVESTIGATIONS MADE BY THE LABORATORY
*Number of patients:* 324

| | *Total* | *Total abnormals* |
|---|---|---|
| E.S.R. | 114 | 33 |
| Hb. | 239 | 98 |
| R.B.C. | 5 | 5 |
| W.B.C. and film | 132 | 23 |
| Prothrombin | 1 | — |
| Stool* | 9 | 1 |
| Urine culture | 11 | 3 |
| Pus or throat or nasal swab | 16 | 7 |
| Routine urines | 19 | 5 |
| Cholesterol | 4 | 2 |
| Urea | 9 | 1 |
| B.12 | 9 | 3 |
| Electrolytes | 1 | 1 |
| Glucose | 1 | 1 |
| Acid phosphatase | 3 | — |
| Alkaline | 5 | — |
| W. R. Khan | 8 | — |
| Calcium | 1 | — |
| Rose Waaler | 2 | — |
| Paul Bunnell | 19 | 3 |
| F.T.M. | 1 | 1 |
| Agglutinins | 3 | — |
| Uric acid | 3 | 1 |
| A.S.O. titre | 1 | — |

*The stool investigations are low in number as most of our stool cultures are sent direct to a Public Health Laboratory and are not recorded here. They probably account for an addition of 20—30 tests in a year.

It is quite obvious that a great deal of time has been spent on these patients at one stage or another, clinically, and in laboratory investigations, to cope with a syndrome which is all too prevalent in our modern era of " generalized tiredness and malaise "—The Tired Woman Syndrome. As this can be the precursor or presenting symptom of an incipient carcinoma at one end of the scale, or anxiety at the other end of the scale, each patient must obviously be given the benefit of the doubt. Nevertheless, a large number of female patients who have no obvious worries sufficient to cause overt anxiety just " feel tired " and " run down ". We have broken down these predominantly female patients into premenopausal and post-menopausal groups and, though there is a very slight tendency for the number to be increased in the premenopause group, this is not significant to any extent.

There are, of course, a large number of factors that can be responsible for this syndrome, and have on many occasions been listed. They include constant worry with children, household problems, dependent relatives, boredom with daily routine—and particularly in this district, inadequate and overcrowded housing, marital physical disharmony, and presumably the ubiquitous problem of insufficient money (Hilliard, 1960).

Lovshin (1959), in an analysis of 211 women seeking medical aid, who complained of tiredness as a presenting symptom or else listed it with other complaints, found that 48 mothers complained of excessive tiredness, 22 per cent of the total examined. They were all " doing too much ". This included as well as work, social activities such as church work, charity work, and shopping. All his patients responded to the routine type of placebo used in the diagnosis and treatment of this type of patient, i.e., anaemia, low blood pressure, lack of vitamins. He does mention however the fact that the full physical examination acts, in his opinion, as much as a placebo as anything else. This is in accord with our own observations of an underlying anxiety.

We are all familiar with the patient who presents with a non-existent cough or abdominal pain, who, at the end of an examination and reassurance, says, " Doctor, I wonder if you would just look at this, I didn't want to bother you with it, but I have had it a number of years . . . ". She then shows one a mole or lipoma or some minor physical problem that although quite simple of explanation has given her undue anxiety for a considerable time, and which she had thought we would not consider serious enough to bring up for advice. She has consequently presented herself with an invented symptom bringing out the real problem as she leaves the surgery.

We felt that many of our patients presenting with these vague complaints of " unwellness " were in fact examples of this particular situation, only the lump was replaced by a fear of some less obvious but equally important or more serious disease within. One presumes that cancer was at the back of most people's mind.

Over the centuries, doctors have changed very little in their approach to various problems, and where we do not always know the answer, we have succeeded very happily with a placebo. Today we have advanced a little from the ground toad's skull, bat's wing, lizard's blood and other things, which may have been compounded some centuries ago. We have graduated to more palatable but probably just as ineffectual remedies, and today our placebo is a little more scientific from our point of view, but just as much " mumbo-jumbo " to the patient.

It does not matter to the patient whether he is having a serum cholesterol, and a complex series of liver function tests done, or merely a haemoglobin. The procedure is the same. He goes with a piece of paper to a laboratory, reminiscent of Emergency Ward 10. He is received by white-coated workers in sterile, white painted or tiled rooms, he suffers the mysterious cleansing of the skin; venu puncture; the sight of his own blood; gleaming chromium; polished glass; test tubes; bottles; syringes and all the paraphenalia that go to give a laboratory its significance to the lay mind, not of course forgetting the various associated smells. If, after all this, the doctor can inform him that he is not suffering from any disease, quite clearly in the patient's mind any doubts that he may have had as to a hidden growth or mysterious malady that has stricken down a neighbour or relation is obviously unfounded and he is freed from worry and anxiety. It would be delightful if a doctor could be so happily and easily reassured.

We therefore feel that the laboratory is today's placebo. " A normal blood test " is more reassuring and beneficial to a patient than countless bottles of medicine and tablets.

Although we have no figures to prove it, since this factor came to light in the study of the figures of laboratory attendances, we have noticed an increasing tendency amongst patients who are referred for mass miniature radiography to express a degree of relief and well-being on being told that their chest x rays are normal. It was not in any way commensurate with the degree of their symptoms which were presented. Obviously this is a correlated placebo, and a normal chest x ray again to the lay mind excludes such possibilities as cancers, heart problems, and tuberculosis, still very much in the foreground of the patients' mind. It has

become apparent when the results of the x rays came back that many patients have had chest pains which they have not mentioned to us, but have always accepted in their minds as "rheumatism"; on being told their x ray is normal, they bring it up more as a "joke" than anything else, but again this has obviously been their main cause of anxiety.

We do not pretend that we have discovered anything new in these observations. They came to light only because we undertook a routine investigation in laboratory attendances and only then did it become obvious how prevalent this problem was in our practice. If a lesson is to be learned it is that patients have at last accepted that science is on our side.

We have been unable to offer a satisfactory explanation as to why the majority of these patients were women, unless it is that a woman's social life enables her to "gossip", hence the origin of the expression "old wives' tales". A man does not necessarily fear cancer of the prostate because he knows of a friend who had one, but a woman is much more likely to know of a difficult childbirth due to some obscure cause, which, by the distortion of telling and retelling, becomes related to a "blood" disease or "bone "disease. She is also more exposed to friends or neighbours with cancer of the breast or reproductive organs, since she may well have to care for their children.

## Summary

An investigation was undertaken in general practice to determine what percentage of the population at risk attended the laboratory in one year. Figures are given, and it was discovered during these investigations that a considerable number, mostly women, attended complaining of symptoms relevant to general malaise. After routine laboratory investigation and on being told that they had no abnormality, these patients failed to attend for several months. In our follow-up they were found not to have developed any detectable disease.

It is deduced that most of these patients had an underlying anxiety about disease, and were reassured by the placebo effect of the "blood test". This was also found to be true of routine chest x rays. It is remarkable how much symptomatic relief the patients gained. It is perhaps worth noting that a doctor should not be quite so easily reassured, but should maintain his customary suspicious mind.

### Acknowledgments

We should like to record our appreciation of the service that was given to our patients by the Vincent Square Laboratory, Dr Dawson—director of the laboratories, and his staff; not only did they cope with the standard procedures

for us, but they were only too willing to telephone and suggest any extra investigations, to recall patients themselves for further checks, and finally to undertake sudden investigations for us out of their routine working hours.

REFERENCES

Hillard, Marion (1960), *Women and Fatigue.* London.
Lovshin, Leonard (1959), *Postgrad. med,* **26,** 48.

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**College of General Practice of Canada.** *The Journal of the College of General Practice of Canada* now appears in a new form about 11-in. by 8-in., of which Volume 9, No. 1 (July 1962) is the first example to be seen here. There are 14 pages of college material, duplicated by the same material in French, and with about the same amount of advertisement. Six issues appear yearly, and copies are sent to all general practitioners in Canada, whether members or not.

It is evident that study credits, which all members have to accumulate to qualify for continuing membership of the Canadian College, give rise to some difficulties. Whether to count annual conventions of the College as category I or II credits " remains a contentious issue ". A new membership class has been provided for those who have retired from practice or quit temporarily through illness, namely " inactive members " for whom no study requirements are laid down and whose membership fee is cut to one half. Problems also arise when a doctor certificated in a special field wishes to be a member. He is acceptable to the College provided that he wishes to be known as doing general practice and has a genuine interest in its welfare. All applications of this sort are assessed by provincial credentials committees who determine each case locally.

Fellowship, as opposed to membership, continues to be debated within the Canadian College. The Ontario Chapter has submitted a points system to help in implementing its plan.

One quotable article deals with the treatment of anorexia nervosa, and after stressing the difficulties of the situation, describes the general handling of the patient as follows:

One approaches the patient and her disease with the courage of a Christian wrestling a lion and with the confidence of the lion wrestling the Christian.