It is unlikely that the drug acted by virtue of its peripheral oestrogenic action, not only because animal tests have shown this to be low but also because the doses used failed to evoke vaginal cornification. The drug's apparent efficacy is of particular interest as its use may obviate two dangers which occur in oestrogen therapy. Oestrogens may advance pre-carcinomatous conditions; in addition, they may give rise to an "unphysiological state." In the natural climacteric oestrogens are gradually eliminated from the endocrine concert, and any artificial increase in their level, besides placing an additional burden upon the mechanism of sterol inactivation, tends to aggravate the state of disbalance now recognized to be present in many menopausal disorders (*British Medical Journal*).

In the present series absence of irregular vaginal bleeding was particularly noticeable, as bleeding is a common occurrence in patients receiving oestrogens and is worrying to both patient and physician alike.

While it is clear that the clinical effect of "popp" can hardly be ascribed to its minute oestrogenic action, it is difficult to provide a satisfactory alternative explanation. The control of anterior pituitary secretion which Lacassagne and others claimed for "popp" has not been observed by other authors experimenting on animals (Guillemin, 1951; Money *et al.*, 1951; Paulsen *et al.*, 1951; Schaffenburg *et al.*, 1951). It is of course possible that the substance is sufficiently potent to regulate anterior lobe function during the labile menopausal state. Further clinical experiments, involving the study of the gonadotrophic titre of the urine, are now being planned.

Summary

Thirty-four women with post-menopausal flushes uncontrolled by oestrogens were treated with *para*-oxypropiphenone ("popp"). This drug is related to stilboestrol and is claimed to inhibit pituitary gonadotrophic activity without exerting a peripheral oestrogenic effect.

Of the 34 patients, 31 were completely relieved of their symptoms. There were no toxic effects and no vaginal bleeding such as may be encountered during oestrogen therapy.

Smears taken during and after treatment showed no evidence of vaginal cornification in seven patients with semi-atrophic epithelium. This is interpreted as indicating that "popp" does not exert any appreciable oestrogenic effect.

The mode of action of the drug is discussed.

I am indebted to Messrs. Metochem, of Vienna, VI, Austria, for supplying tablets of "inphysen" (*p*-oxypropiphenone) and to Messrs. Arthur H. Cox & Co., Brighton, for making up such tablets. I am also indebted to Dr. Erica Wachtel for cytological information concerning vaginal smears.

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THE WINTER VOMITING DISEASE

A REPORT FROM GENERAL PRACTICE

BY

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About the end of January, 1953, we began to see a number of patients whose main complaint was sudden and severe vomiting. Measles and the usual feverish colds were prevalent, chickenpox was ending after a mild visitation, influenza due to virus A had just arrived from the South, and there were a surprising number of cases of true lobar pneumonia.

The typical story was of a person going to bed "as right as rain" and waking up in the early hours to vomit energetically, repeatedly, and copiously. This was preceded by brief nausea, accompanied by epigastric pain and some collapse, and followed by a few loose pale stools. The appetite was poor and nausea persisted for a day or two, after which recovery was complete and the patient was ready to accept the diagnosis of "gastric flu" from either his doctor or his friends.

This diagnosis was not confirmed by serological tests from nine patients. No change was found in complement-fixation titre to virus A or B of influenza, as between sera taken early in the disease and after recovery.

Faeces from six patients were not found to contain pathogenic organisms. E.S.R. and white-cell counts were done for four patients seen in the acute stage, and were normal.

It was decided to make a more detailed study, and it soon became apparent from patients whom we examined that friends and relatives had suffered from this disease but had not consulted a doctor. Of 46 patients 11 neither called nor consulted us for their attack of vomiting. It was obvious that the epidemic was far larger than we ever knew.

We were not impressed with the infectivity of the disease, for of our 46 patients 35 were the only sufferers in the household. Frequently there was another member of the family who had had a cold, but this was thought to be coincidental. Only five of our patients had an upper respiratory infection at the time of their attack.

The illness was brief, usually less than two days, though those patients whom we had previously treated for functional dyspepsias took longer to recover. There were six such patients, and their illness lasted six days on an average.

Only one patient had a relapse. Two patients who never vomited are included in the series. Both were seized with diarrhoea at dawn, for no obvious reason, and both lost their appetite for a day or two. One such attack was followed the next day by the typical illness in another member of the household.

It seemed to be impressive that only two patients ascribed their illness to food. Why food, which is blamed for hypertension, rheumatism, and the failing strength of old age, should escape incrimination for a gastro-intestinal upset is a mystery which was not solved. One man ascribed his attack to having just felt the first movement of his first child in his wife's abdomen.

The typical attack is easy to recognize in an epidemic; the less typical or the isolated attack has to be distinguished

Incidence of the Disease

By Date		By Age	
Week Beginning	No. of Cases	Years	No. of Cases
Jan. 1	0	40-9	14
8	2	10-19	8
15	1	20-29	4
22	0	30-39	9
29	5	40-49	2
Feb. 5	10	50-59	1
12	12	60-69	4
19	6	70-79	3
26	4	80-89	1
Mar. 5	3		
12	2		
19	1		
26	0		
Apr. 2	0		

* Only 3 cases under 3 years old.

Frequency of Symptoms

Vomiting	44	Constipation	12
Anorexia	40	Headache	12
Nausea	37	Pale stools	12
Abdominal pain	29	General aching	10
Diarrhoea	22	Fever	8
Collapse	21		

Other less frequent symptoms were giddiness, bradycardia, hiccup, cramps, and abdominal distension.

Time of First Vomit

Time of First Vom.		Time of First Vom.	
No.	No.	No.	No.
of patients	of patients	of patients	of patients
Noon to 4 p.m. ..	2	Midnight to 4 a.m. ..	18
4 to 8 p.m. ..	3	4 to 8 a.m. ..	11
8 p.m. to midnight ..	6	8 a.m. to noon ..	4

Two patients did not vomit.

from food-poisoning, Sonne dysentery, infective hepatitis, appendicitis, and the beginning of an upper respiratory infection in children, especially measles. Laboratory tests help to exclude some of these. Positive help in establishing the diagnosis is not yet available.

The disease has previously been described under the name "winter vomiting disease" or hyperemesis hiemis, and reports of a few epidemics have been published.

The epidemic here described appears to conform; and the belief that there is no such disease as "gastric 'flu'" seems to be strengthened.

I am grateful to my partners, who took the trouble to investigate thoroughly what was really a trivial disease, and to Dr. H. T. Findlay, of the Public Health Laboratory, Wakefield, for his advice and for the assistance given by his laboratory.

Medical Memorandum

Dysgerminoma of the Ovary

Dysgerminoma of the ovary is not a very common tumour, and when it does occur often presents before the age of 20. A case is described of such a tumour in a child of 8, the tumour itself having undergone torsion. So far as I can ascertain from the literature this is the first case in which this has been recorded. Novak (1941) reports a case in a child of 6, but this tumour had not undergone torsion.

CASE HISTORY

A girl aged 8 was admitted on March 4, 1951. She had been in good health until five days before admission, when she suddenly developed colicky pain in the mid-abdomen just below the umbilicus and vomited shortly afterwards. The pain had been present on and off ever since, but lately had become more constant. Vomiting had persisted since the onset. There had been normal daily bowel actions until the morning of admission. On this day she had had several loose motions. There were no urinary symptoms.

She was an ill-looking child with a temperature of 102.8° F. (39.3° C.) and pulse of 100. There were no abnormal findings other than those in the abdomen. Here an obvious swelling was visible in the lower part in the mid-line. It was hard and extremely tender, with a well-defined edge, and seemed to arise from the pelvis. There was no real rigidity in the abdomen but some guarding; rectal

examination revealed a firm tender mass in the pouch of Douglas. A catheter produced a few drops of urine. The abdomen was then re-examined, the findings being exactly the same. Urine examination was normal, and the white cells numbered 19,000 per c.mm. An exact pre-operative diagnosis was not made.

It was decided to perform a laparotomy. The abdomen was explored through a right lower paramedian incision, and some free blood-stained fluid was seen. A solid ovarian tumour which had undergone torsion was found. This tumour had replaced the right ovary. The left ovary looked normal, and the uterus was the usual size for a child of 8. Rapid exploration of the abdomen did not reveal any evidence of disease elsewhere. The tumour was removed easily and convalescence was uneventful. The pathological report, for which I am indebted to Dr. A. G. Marshall, was as follows:

"The specimen consists of an ovarian tumour which is ovoid in shape, measures 10 by 7 by 6 cm., and weighs 147 g. Its surface is lobulated and one half is engorged. The cut surface shows this half to be heavily infiltrated with blood, but the rest consists of a white tumour; it is soft and has no definite structure, but there is a suggestion of cyst formation in it. It is very mucoid. Section shows the tumour to be composed of large cells having a fairly abundant cytoplasm and a large oval nucleus. They lie packed together in clumps, giving them a polygonal appearance. There are large numbers of mitotic figures. Between the clumps there are fibrous trabeculae, which in this case are not infiltrated by lymphocytes. While the capsule at this point is intact, there is infiltration of it by the tumour cells. An unusual feature is one alveolus made up of columnar cells. It might be an example of metaplasia, it might represent a residual embryonic structure, or it might suggest an origin in an embryoma. The appearance is that of a dysgerminoma of the ovary. Novak states that a fairly high proportion are malignant, but, of course, this case was operated on before there was evidence of local spread. It appears that radiotherapy is often useful. It is noted that there is no sexual abnormality. I should be interested to know whether there is an abnormality of the urinary tract, as so often occurs."

The Hogben test was negative.

On receipt of the pathological report the child was examined particularly for signs of pseudohermaphroditism, but no signs were found. A chest radiograph was quite normal. In view of Dr. Marshall's question about the urinary tract an intravenous pyelogram was performed, but this also was normal.

COMMENT

Dysgerminomas are not common tumours. Novak (1941) reports what appears to be the youngest case, that of a child of 6. Pick (cited by Matsner, 1923) records a case in a child of 9. Rössle (1912) records a bilateral dysgerminoma with metastasis in a child of 12. This case therefore appears to be the second youngest recorded in the literature and the first case of torsion of such a tumour. Willis (1948) states that three-quarters of the subjects are under 30 years of age and quotes Meyer's (1951) original review, in which 27 out of 48 cases were associated with pseudohermaphroditism. However, the proportion of subsequently recorded cases of dysgerminoma associated with pseudohermaphroditism has been much lower. The tumours are essentially malignant and capable of metastasis. Klasten (1933) refers to metastasis in the lymph nodes and peritoneum, and Kirshbaum and Newman (1943) performed a necropsy three years after removal of the ovarian growth and showed that there were deposits in the lungs, liver, kidneys, and peritoneum.

I am indebted to Mr. J. C. Newbold for permission to deal with this case and to Dr. A. G. Marshall for the pathological report and Hogben test.

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