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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