

chest; and the mediastinum as well as both lungs were found filled with metastatic processes. The man died of acute lobar pneumonia. Autopsy was refused.

I report this because anyone is liable to encounter such a case. Do not suppose that it will not become malignant.

### INTRA-ABDOMINAL GUMMA\*

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My object in reporting this case to you is to call your attention to the fact that loss in weight, age, pain and a palpable abdominal mass does not always speak for malignancy; the oldest foe of the human race, syphilis, is quite often the responsible agent, as exemplified in the following case:

A gentleman, aged 74, eighteen months previous to my examination, began to lose in weight and complain of symptoms of indigestion. His main complaint was epigastric and abdominal pain, mostly at night, and was so severe that he could not sleep. He would have to get up and walk the floor at night, and he had lost about thirty pounds during the period of his illness.

He was handled by competent men, and I understood from the history that an x-ray was taken and a diagnosis of malignancy was made, evidently gastric carcinoma. He was put on morphin, a quarter of a grain three times a day, and if necessary more, and told that there was nothing to do, and that there was no use to come to New Orleans for further examination.

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I was attending his two sons who came to my clinic, and they advised him to consult me. When he came to the office he did not appear to me to be a case of malignancy. An individual suffering from malignancy for eighteen months has a typical cachexia which he did not possess. He had good color in his face and looked robust. His main complaint was the pain, which was worse at night. On examination I found a mass in the abdomen, and I was not certain whether it was a gastric mass or connected with the liver. The analysis on two occasions showed a total achylia. On examining him a little more closely I noticed that he had a small lesion on the right forearm with induration. I asked him how long he had had that and he said about two months. He had used powder on it but it did not heal. The lesion impressed me as an interesting diagnostic point, taken in conjunction with the mass, the pain, the loss of weight for eighteen months, without a typical malignant cachexia. I looked upon it as a syphilitic gumma. Dr. Lanford, the pathologist at the Touro Infirmary, confirmed my diagnosis.

We made an x-ray to see whether the abdominal mass had any relationship to the stomach. Fluoroscopically and also radiographically we found the stomach to be normal in outline, with no deformity, and that it emptied well. The simple fact that the pain is worse at night should always make us suspect that we have lues as a cause. A Wassermann was made and we obtained a strongly positive reaction. I started him on arsphenamin, mercury rubs, etc.; and as soon as the treatment was started I ordered morphia to be discontinued. He began to gain in weight, has no pain, and is gaining very rapidly despite his advanced age. I saw him last week and he told me he had not felt so well for years. The mass is diminishing to a considerable extent.

September, 1922.—Since the report of this case, I have observed the patient from time to time, and it is interesting to note the almost complete disappearance of the mass under intensive anti-luetic treatment, and freedom from any gastro-intestinal disturbance.