

small round cells or separated from the round cells by a zone of epithelioid cells. In other words, the picture is that of typical tuberculosis. In some places ten to fifteen giant cells are visible in one field. This is without doubt a tuberculous cyst of the mesentery of the jejunum. Sections from the growth in the small bowel failed to show any evidence whatsoever of tuberculosis.

In four or five weeks the patient was walking well and was going from her home to the Johns Hopkins Hospital to receive electrical treatment for the facial paralysis. She came to see me at the office shortly before the summer vacation.

Dr. Goldberg tells me that during the summer her appetite was good and that she gained four pounds. Suddenly, about two months after the operation, she was taken with severe headache, which at first was occipital, but which later extended all over the head. On the next day, when Dr. Goldberg saw her, she was in a semi-comatose condition, was irritable and cross and wished to be let alone. The light seemed to hurt her eyes and she did not care for food and water. The pupils were dilated and gave little or no reaction to light. The respirations

were rapid, the pulse was quick, the temperature 99.4°. The heart and lungs were normal, the abdomen was scaphoid. The child lay with her limbs flexed and with her face away from the light.

She remained in this condition for several days. She was obstinately constipated. After the bowels had been emptied she showed some improvement for a few hours, but soon lapsed into her former condition. Some difficulty was noted in swallowing. This gradually increased and during the last two days the child refused all nourishment. Finally she became comatose and died. Three days before death partial opisthotonos was noted. There was backward traction of the head, but the knees were not drawn up.

Dr. Goldberg was unable to get an autopsy, but the clinical picture, coupled with the abdominal findings at operation, strongly suggested tuberculous meningitis as the cause of death. A tuberculous condition of the meninges is little to be wondered at when we remember the massive primary focus of tuberculosis in the mesenteric cyst.