leptomeningitis, with confirmation of bacilli in spinal fluid by animal experiment, which led under increasing loss of consciousness and cachexia to death on September 15, 1952.

Autopsy /No 751/ revealed following diagnosis : Leptomeningitis basilaris tuberculosa with a moderate hydrocephalus internus and generalized brain edema. Spondylitis tuberculosa of the 3rd and 4th lumbar vertebra with large bilateral abscesses along the psoas muscles. Old partially calcified tuberculosis of both seminal vesicles, epididymis and prostate. Extensive scarring tuberculosis of pulmonary upper lobes with small cavities bilaterally. Mixed-infectious tuberculous subpleural bronchiectasis in the right lower lobe. Bilateral tuberculous pleuritis with residual empyema on the right side and with complete bilateral obliteration with pleural plaques and calcifications. Pericarditis healed by obliteration. Hematogenous dissemination of tuberculous foci in the lungs, in the spleen and in the right kidney. Universal cachexia of a high degree. Asbestosis II of the lungs with moderate diffuse fibrosis of pulmonary parenchyma /fig.1, . Scanty asbestosis of the regional lymphnodes, asbestosis bodies in the spleen /fig. 3/. Chronic catarrho-purulent bronchitis and peribronchitis with focal miliary purulent branchopneumonias in both lungs. Light hypertrophy of the right heart. Moderate congestion of organs.

Nephrolithiasis of both sides with kidney- and bladder grit, dilatation of the renal pelvis, chronic catarrhal cystitis and pyelonephritis. Stercoral ulcers in the rectal mucosa. Atherosclerosis I of the coronary arteries and of the ascendens aorta.

Local finding in the abdominal cavity : On the mesenterium and on the abdominal viscera, particularly in the ileocecal region, there were partly stripe- and netform gray-white thickenings of the serosa with many nodules of pinhead up to millet seed size. Particularly extensive confluent conglomerates and solid gray-white plaques were located predominantly on the bottom face of the right diaphragm /fig.4/ as well as on lateral serosa, and scattered also on both liver lobes and in the left subphrenic region. One plaque of a hand-palm size over 1 cm thick composed of whitish solid tissue with glassy-colloid cutting surface was found in the Douglas' recess /fig. 5/. Histologically peritoneum everywhere showed rich proliferation and strong swelling of epithelium which partly created cubic