Many diagnostic aids are available but tuberculous meningitis must still be suspected before these aids can be applied. The usefulness of conventional parameters - viz., Tuberculin test, Chest x-ray, Protein, Sugar levels in CSF, cellular responses of CSF, smear and cultures of CSF for \textit{M.tuberculosis} - cannot be ignored in spite of their limitations.

Besides clinical suspicion, all the above said parameters might not be useful in diagnosis of TBM at an early stage. The findings of the present study indicate that concurrent 17 KDa antigen, antibody assays in CSF help in recognising TBM at an early stage. The assays also picked up three-fourths of suspect cases in whom the diagnosis of TBM could not have been otherwise established with more certainty.

The levels of sensitivity and specificity in CSF assays with 17 KDa antigen, antibody system appear adequate enough to be useful and will add considerably to the diagnosis of tuberculous meningitis in children. It is concluded that 17 KDa antigen shows promise as a specific adjunct for the diagnosis of tuberculous meningitis in the early stage.