2) The grade of neurological deficit shown by a patient with malformation was well correlated with a value of regional cerebral blood flow rather than an angiographic finding. A patient with such a large malformation as occupying almost whole of the hemisphere but whose neurological signs were minimal showed normal values of regional cerebral blood flow.

3) In one case regional cerebral blood flow measurements were performed pre and post-operatively. Post-operative measurement showed no improvement of regional cerebral blood flow, although the characteristic peak was not observed at all. In such a case, surgery was not considered successful in improving cerebral blood flow.

h-4. Surgery on Anterior Communicating Aneurysm

Tadashi AIBA, Tadao TSUNODA, Hisao YAGI, Norimoto KUMAGAI,
Hideaki NUKII and Junichi KAWAFUCHI
Dept. of Neurosurgery, Gumma University

h-5. Surgery on Intracranial Aneurysm and Arterio-Venous Malformation

Keiji SANO, Minoru JINBO and Isamu SAITO
Dept. of Neurosurgery, Univ. of Tokyo

h-6. Prognosis of Spontaneous Subarachnoid Hemorrhage

Kenichiro EZAWA, Toru SHIMIZU, Reiji WATANABE, Tsuguo TAKAHASHI,
Makihiko HIRAYAMA and Yasuhiro TSUNASHIMA
1st Department of Internal Medicine, Tokyo Jikei-kai University School of Medicine

The present study was performed to evaluate the natural history and the factors influencing the early prognosis of spontaneous subarachnoid hemorrhage.

The materials consist of 149 spontaneous subarachnoid hemorrhages treated conservatively from the onset. Postmortem examinations were performed in 35 out of 44 deaths, angiographic examination in 59 surviving patients. Only 2 cases out of these 59 died by rebleeding or delayed softening.

1) In autopsy, intracranial aneurysm were discovered in 29 cases, arterio-venous aneurysm in 1, and unknown origin in 5 cases. While in cases performed angiography, aneurysm was discovered in 31 cases, arteriovenous aneurysm in