the function of the spinal cord and prevent infection and other complications, an early surgical operation is fundamentally thought to be recommendable. Our method of operation for meningomyelocele and meningocele consisted of laminectomy of the proximal 1 or 2 vertebral arches to expose the normal dura in order to separate the dura from surrounding tissue distinctively and of suturing the ruptured dural margin exposed under electric stimulation.

In cases with an associated hydrocephalus first a shunt was conducted so long as the surface of meningocele could be kept clean, and then operation for it was carried out.

Two cases of lipomeningocele presented no remarkable nervous symptoms. Although the present lesion is generally called lipoma, our cases of spina bifida with an associated dural rupture are often referred to as lipomeningocele.

The congenital dermal sinus was encountered in 2 cases. Since the dermal sinus proved to be a route of infection of myelomeningitis in our cases, it was removed at surgery. Therefore, much attention must be paid to the fact that the congenital dermal sinus very often gives rise to myelomeningitis as an invasion route of bacteria.

i-10. Cranium Bifidum and Spina Bifida, their Treatment and remote Result

Katsuoki Akashi, Hitoo Chigasaki, Masakatsu Nagai and Keiichi Amano
Dept. of Neurosurgery, Univ. of Tokyo

Takeo Kuwashara
Dept. of Neurosurgery, Kanto Teishin Hospital

i-11. Consideration of the Surgical Treatment for Myelomeningocele

Tetsuro Miwa, Michitaka Kono, Masamichi Hasue, Morio Saito, Yoshihisa Onodera, Toshitsugu Maki and Kenji Takayasu
Department of Neurosurgery, Tokyo Medical College Hospital

Usually the surgical treatment of spina bifida cystica, especially the myelomeningocele and its significance are raising many controversies. Recently, in England, an early operation of the myelomeningocele (M.M.C.) is holding in period of 2 to 48 hours after birth and further active plastic operation of the M.M.C. is performing together with the atrio-ventricular shunt for combined hydrocephalus. Thus, the prevention of decrease of the intelligence and raise of survival rate were brought by this procedure.
We have experienced 13 cases since this 3 years and we performed plastic operation of the M.M.C. in 10 cases among all cases.

The shunt operation was combined in 7 cases of 10 cases and survival cases were 5 cases, that is, survival rate of 77%.

An age of case was from one month to six years, their hydrocephalus was progressive considerably, and an intelligence was in low tendency. As an age of operation, our cases belong to so-called the late group. Now, so far as, we examine the late group of age for operation, we considered that the purpose of operation is to control the hydrocephalus, to prevent the rupture of the M.M.C. and then to remove an anxiety of family for its phenomenon.

We think, however, the counterplans for patient with handicaps of the paraplegia have been left behind in problems.

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**i-12. Long Term Follow Up of two Surgical Cases of Craniostenosis**

Minoru ENDO, Susumu SATO, Kazuo FUJIMOTO, Senzo HAZAMA and Hisamitsu KOKUBO

*Department of Neurosurgery, Tokyo Rosai Hospital*

This is a report regarding two typical surgical cases of craniostenosis that could be followed up long enough.

The first was a case of 3 months old boy that in the early period the main symptom was only cephalic deformity with no prognatism. And the preoperative E.E.G. disclosed some hemispheric laterality.

The linear craniectomy by Ingraham and Matson method was the choice of surgical procedure undertaken on the 10th hospitalization day. The postoperative result was satisfactory; the boy had been showing average mental growth for age until the last check when he was 5 years of age. The hemispheric laterality by E.E.G. diminished postoperatively.

Another was also a case of 3 months old boy that appeared to have severe intracranial hypertension and was almost morbid. Preoperative E.E.G. showed irregular delta slowing all over. He had exophthalmos, respiratory disturbance and prognatism.

The effect of surgical intervention by the same method, in this case, was rather discouraged, even though it was life-saving. Although brain growth was well recognized postoperatively, he still remained highly mentally retarded during the next 6 years. Moreover, E.E.G. indicated more marked slowing with sporadic high voltage slow burst and later in these days positive spike and spike and wave complex in all leads. Exophthalmos, nasal obstruction unchanged and had non-developed small maxilla with progressed relative prognatism.

The authors consider that above cases are typical representatives of the two