Diagnosis was made by the findings of neurological signs and symptoms and by the other examinations. Roentgenography was done in all cases but none of them suffered from any type of the skull fracture. Angiography was performed in 10 and revealed avascular area over the surface of the cerebral cortex in the fronto-temporo-parietal region in all these patients. Some of them showed the additional extension of the avascular area at the base of the temporal lobe. Echo-encephalography was done in 10, and revealed deviation of the mid-line echo only in 2. MacEwen's sign was positive in all patients, and especially 9 of them revealed clearly to be in tympanic tone over the subdural haematoma. We stressed that MacEwen's sign was one of the most available methods to the diagnosis. Some cases were investigated by exploratory burr holes, air study, E. E. G., lumbar puncture, subdural tap, brain scanning, transillumination, and etc..

All patients were operated under intratracheal general anaesthesia. Some of exploratory burr holes were made in all cases bilaterally. In cases without capsule of the haematoma, its content was removed from the burr holes. But in patients with capsule of the haematoma, osteoplastic craniotomy was performed and both inner and outer membranes of the capsule were removed partially but as possible as extensively. All patients made definitely improved after operation.

G-4. A Consideration on the Therapy of Chronic Subdural Hematoma of Infancy and Childhood

Zenji MATSUSHIMA, Kunio HASHIMOTO and Yutaka INABA

Department of Neurosurgery, Tokyo Medical and Dental University

G-5. Traumatic Intracranial Hematoma in Children

Masayuki MATSUSHIMA, Shozo SHIMADA, Masao MOTOMOCHI, Toshio AMETANI, Kazo SATO, Sachio NABESHIMA, Makoto KAKO, Yoichi SUZUKI, Hiroshi OKA, Toyoshiro YAMAMOTO and Kyozo ANDO

Department of Neurosurgery, Osaka Red Cross Hospital

Forty eight cases of traumatic intracranial hematomas in children were presented with special reference to their characteristics in pathological mechanism and clinical syndrome. They were admitted to Osaka Red Cross Hospital for last 8 years, and represented 11.2% of the total intracranial hematoma and 7.9% of all children hospitalized with head injury during this period.

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