to the anterior communicating artery whereas the aneurysm pointed towards anterior or anteroinferior, the approach is proceeded via frontal lobe at the point of A₂ portion bifurcation.

3) Middle cerebral artery aneurysm: The approach is proceeded alongside with the main branch of middle cerebral artery by separating the sylvian fissure from fronto-temporal approach.

The temporal approach by incision of temporal lobe is introduced in case the aneurysm pointed antero-upward direction or combined with intracerebral hematoma.

4) Internal carotid artery aneurysm: The approach to internal carotid artery is achieved alongside with sphenoid ridge and optic nerve via fronto-temporal approach. Various new type of clips are selected appropriately in each case.

We have 7 cases of the internal carotid artery ligation in which one postoperative death is beckoned. However Matas test for evaluating the cross circulation function is rather non-reliable for full dependency. However the carotid ligation can't be neglected for the aneurysm located below the clionoid process.

J-7. On the Surgery of the Aneurysm of the Middle Cerebral Artery

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J-8. Factors Influencing Mortality in Intracranial Aneurysm Surgery

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In the past 6 years, the cases of intracranial aneurysm treated in our clinic were 91 in total number (101 in the number of aneurysm), including 83 cases with a simple aneurysm and 8 cases with multiple aneurysm. There were 54 aneurysms in the internal carotid artery, 27 in the anterior communicating artery, 14 in the middle cerebral artery, 5 in the anterior cerebral artery and one in the vertebral artery.

The total number of operated cases was 73 including 69 cases treated with direct