side 7 to 10 days later. Effect of relief of pain continued for one to four months.

In this operation it is most important to check the target not only roentgenologically but neurophysiologically. This technique is very simple and the risk of serious complication is less. Percutaneous cordotomy can therefore be recommended for the very old or cachectic individuals in the advanced stage of cancer.

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**20. Effects of Electrical Stimulation and Destruction for the Posterior Subthalamic Areas in Human Brain.**

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Twenty-one stereotaxic operations were performed in posterior subthalamic structures centered on the praelemniscal radiation. Lesions were centered at horizontal $-1$ to $-3$, posterior $6$ to $8$ and lateral $8$ to $10$ mm with respect to the midpoint of the AC-PC line and the midline of the third ventricle on the Schaltenbland-Bailey atlas.

The effects of electrical stimulation and destruction of the target areas were observed, in 3 cases of Parkinson's disease, 8 cerebral palsy, 2 essential tremor and 8 postapoplectic disorder with kinetic tremor and rigidospasticity.

By high cycle stimulation various behavioral responses were frequently induced; involuntary movement in 56.6%, muscle tone activated in 36.6%, fear like sensation 50%, numbness in 26.6%, dilatation of pupils in 93.3% and other autonomic reactions.

These subthalamic lesions have been effective to various involuntary movements, hypertonicity and hyperpathia due to cerebrovascular disorders. Especially, the ataxic tremor with dysmetria was improved by the destruction of more posterior subthalamic area, while not improved by SubVL or SubVim-tomy.

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**21. On the Propagation of the After-discharge in SEEG Recordings**

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