with intraventricular hemorrhage, 10 cases recovered well immediately after operation. The operative technique was discussed. The evacuation of hematoma by trephination of 4.1 cm diameter is the most desirable, if the general condition is well tolerable. Aspiration of hematoma or ventricular tapping are less beneficial. It is useful that the cerebrospinal fluid system is washed out with physiologic saline solution after simultaneous ventricular or cisternal and lumbar puncture, when the blood is difficult to be aspirated below the third ventricle by ventricular drainage.

DISCUSSION TO 37

37. Surgical Treatment of Hypertensive Intracerebral Hemorrhage

Hajime HANDA and Jyoji HANDA

*First Surgical Division, Kyoto University
Medical School*

We have treated 20 cases with primary intracerebral hemorrhage surgically in the past 6 years. They consist of 6 cases of hypertensive hemorrhage (mortality: 50%), 4 cases of ruptured aneurysm (mortality: 50%), 7 cases of arteriovenous malformation (mortality: 15%) and 3 cases of spontaneous intracerebral hematoma (mortality: 0%). Since such a marked difference of mortality rate in the surgical treatment for hypertensive hemorrhage and arteriovenous malformation and spontaneous hematoma does not seem to be due to only the method of surgical procedures, we have reexamined 324 cases with hypertensive hemorrhage and 75 cases with spontaneous hematoma which were found in the literature. Even in these cases it was found that the mortality rate was 47% in hypertensive hemorrhage and 7% in spontaneous hematoma.

The reasons why such a great difference is found between these two groups, were presented from the studies on many factors, such as age of the patients, conscious level at time of surgery, the mode of onset, time of surgery, neurological signs at time of surgery, etc.