every case, the lesion echoes showed high fluctuating amplitude and width during coagulation procedure. Lesion echoes were observed up to one week after the surgery. They maintained stable duplicate echoes during the period.

It is our suggestion that the ultrasonic examination of the stereotaxic lesion is useful to note accidental hemorrhage in the lesion of a recovering patient. It is also a great aid for this purpose to check the midline echo at the same time.

4. Basic Researches for Stereotaxic Surgery

II Changes in and around the Target Point

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5. Considerations on Hemiplegia due to Stereotaxic Thalamotomy

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