3 cases alive             4 cases aspiration and repeated taps             3 cases alive
9 cases             4 cases extracapsular removal             1 case died
                   1 case drainage             1 case died

The cause of dead cases (operated)
Recurrence ____________________________ 1 case
remaining abscess { perforated in the ventricle  2 case
                   + subdural bleeding  1 case
pulmonary complication ____________________________ 2 case

The post-operative care become difficult by the facts of the cyanotic heart disease showed as follows

1. polycythemia → thrombus formation → low molecular Dextran transsion
2. hypoxia collateral hemorrhagic fresh blood transfusion autiplasmin etc.
3. destruction of alveolar wall hypoplasia of pulmonary artery → atelectasis → controlled respiration

Also emergency operation during the exacerbated cases, by means of aspiration using repeated taps may save the patient. The occurrence of brain abscess in left aortic arch has predominance in right hemisphere and right aortic arch in left hemisphere.

34. Experimental Petit Mal in the Macaque Monkey

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35. Clinical Results of Forel-H-tomy for the Treatment of Epilepsy

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In recent development of stereotactic surgery, the subthalamus has been paid an attention in the anatomico-physiological standpoint. For the treatment of involuntary movements: Subthalamotomy (Andy), Campotomy (Spiegel) and Sub-VL-tomy (Narabayashi). Jinnai's Forel-H-tomy, on the other hand, was aimed for the treatment of epilepsy. In this report, an anatomical review of the Forel H field was presented in order to clarify our target under such a chaotic state of surgical denominations, and our clinical experiences of the H-tomy were presented.

1) A. Forel describes it in Arch. Psychiat. (7:393, 1877) that the H field is the mediodorsal layer of the Regio subthalamica and located just rostral to the reticular nucleus which branches off into H1 and H2 in progress of the rostral direction. The centre of the H field in the Japanese adult brain is located at 2 mm caudal and 4 mm ventral to the midpoint of the CA-CP line, and 7–8 mm lateral to the midsagittal line, which is a little ventral and caudal to the point given by Schaltenbrand-Bailey.

2) Cryosurgical lesions were made bilaterally in 9 symptomatic and 8 idiopathic epilepsies, and unilaterally in 2 symptomatic epilepsies. The lesion is 6 mm in diameter and smaller than the H field. Seizures were completely abolished in all of the 2 cases of symptomatic and 3 cases of idiopathic epilepsies in which the H fields were bilaterally properly destroyed, and one of the 3 cases in which the H fields were bilaterally properly destroyed, and one of the 3 cases in which the H fields were properly destroyed in one side and partially in another side. While the target was missed either in one side or both sides, the result was not satisfactory. It was stressed that irrespective of idiopathic or symptomatic epilepsies, the lesion should be made at the target in both sides. Seizure discharges become less in frequency and shorter in duration after surgery, but there was no complete disappearance of them in case of complete abolishment of clinical seizure. No complications were found postoperatively at the destruction of the H field per se.

36. Surgical Treatment and ACTH-Z Therapy on Infantile Spasm

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Since several years, we have emphasized that in cerebral palsied patients there are a number of patients complicated with craniostenotic state and have termed as "secondary craniostenosis" to differ from congenital craniostenosis. In fact,