

of patients with spinal cord injuries treated by a new method, the use of Rolling plaster jackets and Rocking plaster shells, which was developed in our clinic.

The neurological status of 19 patients (5 cervical, 10 thoracic and 4 cauda equina injuries) with over 10 months posttraumatic course was carefully examined and following results were obtained;

1) Neurological recovery from paraplegia or quadriplegia was 46.7% in sensory function and 59.4% in motor function.

2) Injury to the cervical cord showed the most excellent recovery (78.9%), and trauma to the cauda equina showed considerable improvement (71.3%), whereas the least recovery (27.7%) was in cases with thoracic cord injuries.

3) Motor and sensory recovery was greater in patients who had an early return of neurological function; marked recovery (68.8%) was observed in the six patients, in whom the first sign of neurological recovery was seen within 2 days after injury. Four cases walked without any support and 2 cases walked with a cane. Moderate recovery (62.9%) showed in the six patients in whom recovery began within 7 days after injury. Four out of those six cases walked without any aid from crutches, one case walked with a cane and the other one walked with long leg braces and crutches. No significant recovery (21.1%) was seen in the seven patients in whom complete sensory and motor loss lasted longer than 7 days after injury, and all of them walked only with the support of long leg braces and crutches.

4) Spontaneous micturition began from 3 days to 5 months after injury.

100. An Experience of Bilateral Stellate Ganglionectomy for the Patient with Hyperhidrosis

Shigenobu TAKAYAMA

Neurosurgical Service, The First National Hospital of Tokyo

The author reported late results of bilateral stellate ganglionectomy for the patient with hyperhidrosis of hands and axillae.

The patient was 20 year old man, and suffered from hyperhidrosis of hands, axillae and feet. Then his hands had needed cotton gloves for doing fine work e.g. writing. He had medical treatments with no effect.

We performed stellate ganglionectomy on his right side. Postoperatively he had warmer and dry arm and hand with markedly dilated arteries and veins for one week, and then he had almost normal arm and hand. One month later we performed stellate ganglionectomy on the left. After the bilateral stellate ganglionectomy, he has no asymmetry of the face. He was not suffered from dryness of the face and hands. Also his hands have not needed cotton gloves for doing fine