in 33 cases, anterior decopression and spinal fusion in 4, and the combination of the above procedures in 10.

Of these 47 cases 37 (78.7%) show satisfactory results 3 (6.4%) remain unchanged, 6 (12.8%) exhibit exacerbation and one died. After the definite operation

plan is established there are no poor results.

The poor outcome is seen in patients over 60 years of age, with more than 5 years' history, sensory disturbance of extremities, inability to walk, and incomplete paralysis of respiratory muscles, complicated by rectovesical disturbance and extensive lesion of typical ossification.

## I-5. Surgical Treatment of Cervical Myelopathy bue to the Ossification of the Posterior Longitudinal Ligament of the Cervical Spine

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Ten cases of the ectopic ossification of the posterior longitudinal ligament producing sinal cord compression have been presented. This disease is characterized by (1) a longitudinal strip of bony density along the posterior margin of vertebrae often from C3 to C6 independent to the degree of spondylosis, (2) no encroachment of the intervertebral foramen except concomittent spondylotic for minal spur is present, (3) senile ankylosing hyperostosis (Forestier) is infrequently accompanied; it seems to constitute a distinct clinical entity. Ten patients treated by the extensive decompressive laminectomy, bilateral multiple facetectomy with or without foramen magnum decompression showed favorable results with follow-up longest 6 years. Except one patient who died of myocardial infarction 2 years post-operatively, 6 showed total or subtotal relief of symptoms and 3 had improved. No patient became worse or unchanged.

## I-6. Subtotal Removal of Vertebral Body to Multiple Cervical Disc Lesion

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Since 1967, we have performed subtotal removal of vertebral body followed by interbody fusion to the cervical disc lesion involving two successive levels.