diseases has been performed from December, 1961 to August, 1963.

Out of these 60 cases, A.D.L. in 43 were below “Fair” at the beginning of
the exercise, and the effects of rehabilitation training were studies on these 43
cases.

Material were classified into 3 groups according to the interval from the
onset to the treatment; the first group was within 3 months, the second group
3-6 months, and the third group more than 6 months. The effects were best
in the first group, the second group was the next and the third group was the
last (the cases with mental defects were excluded because the effects were poor
in these cases). On the significance of the duration of the physical exercise,
there was good correlation between the duration and prognosis of the paralysis
in the lower limbs, but little correlation in the arm. It was considered that the
recovery of paralysis in the lower limbs was faster and easier than that in the
upper limbs. There was no significant differences on the prognosis of the cerebral
hemorrhage and thrombosis.

Poor effects were seen in those with; 1. mental defects, 2. poor motivation
and 3. severe degree of spasticity and contracture.

The motion analysis with Ballistic Tapping, Handwriting and Gait-analysis
were applied during the course of the training and fairly good objective evalua-
tion of the improvement was obtained.

S12. Neurosurgical Treatment and Rehabilitation of Sequelae
of Head Injuries with Mental Symptoms.

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Neurosurgical treatment is most effective for some sequelae of head injuries
with mental symptoms difficult to be cured. Most of mental symptoms after
head injuries are due to the frontal lobe injuries or especially to the temporal
lobe injuries. Pathologic alterations of the frontal lobe and the temporal lobe
are scar, adhesion, atrophy, malacy, hematoma and cyst formation. Each peculiar
symptoms of the frontal lobe or the temporal lobe appeared corresponding to
localized pathologic alterations of each lobe. P.E.G., cerebral angiography, E.
E.G. are performed for the diagnosis of pathologic alterations at the frontal lobe,
the temporal lobe and the brain stem, especially the X-ray picture of cornu
lateralis of the temporal lobe by P.E.G. plays a important role. The resection
of scar, the ablation of adhesion, the removal of cyst and the partial resection
of the temporal lobe are performed. Every effort must be made for the medical
rehabilitation after operation. Neurosurgical rehabilitations are necessary for these diseases and injuries. It is my advocacy that the teamwork and the study specially trained doctors, nurses and technicians are necessary for the physiotherapy, occupational therapy, speech training therapy and psychotherapy for the sequelae of these mental and nervous diseases and injuries.