

the compressed as well as deviated spinal cord noticed at the lesional portion.

Although this method of examination was accompanied by the transient headache to some extent and limited to the lateral view and the oblique view, the contrast medium used was the harmless air which was absorbed completely. Repeating of examination is possible. We emphasize that, especially in the cervical region, the air filled picture of the subarachnoidal space showed clearly and concretely the relationship between the cervical spine and spinal cord both statically and dynamically.

92. Conduction in Traumatic Cervical Syndrome

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The maximum conduction velocity of the ulnar nerve was measured in patients suffering from traumatic cervical syndrome.

The ulnar nerve was stimulated both at elbow and wrist, and potentials evoked from m. abductor digiti quinti were recorded. The maximum conduction velocity was calculated from the difference between latencies on the elbow and the wrist stimulation.

In cases with hypesthesia or increased tendonreflex of the upper extremity, the maximum conduction velocity revealed some facilitation. On the other hand, in cases with hyperesthesia or decreased tendonreflex of the upper extremity, the maximum conduction velocity showed some inhibition.

Thus it was concluded that the maximum conduction velocity varied according to the clinical features in the traumatic cervical syndrome.

93. Studies on the Tinel's Sign in Peripheral Nerve Regeneration

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It was attempted, in order to study the factors effecting to Tinel's sign and the mechanism of this sign, to examine the sign on 20 nerves in 16 cases as follows.