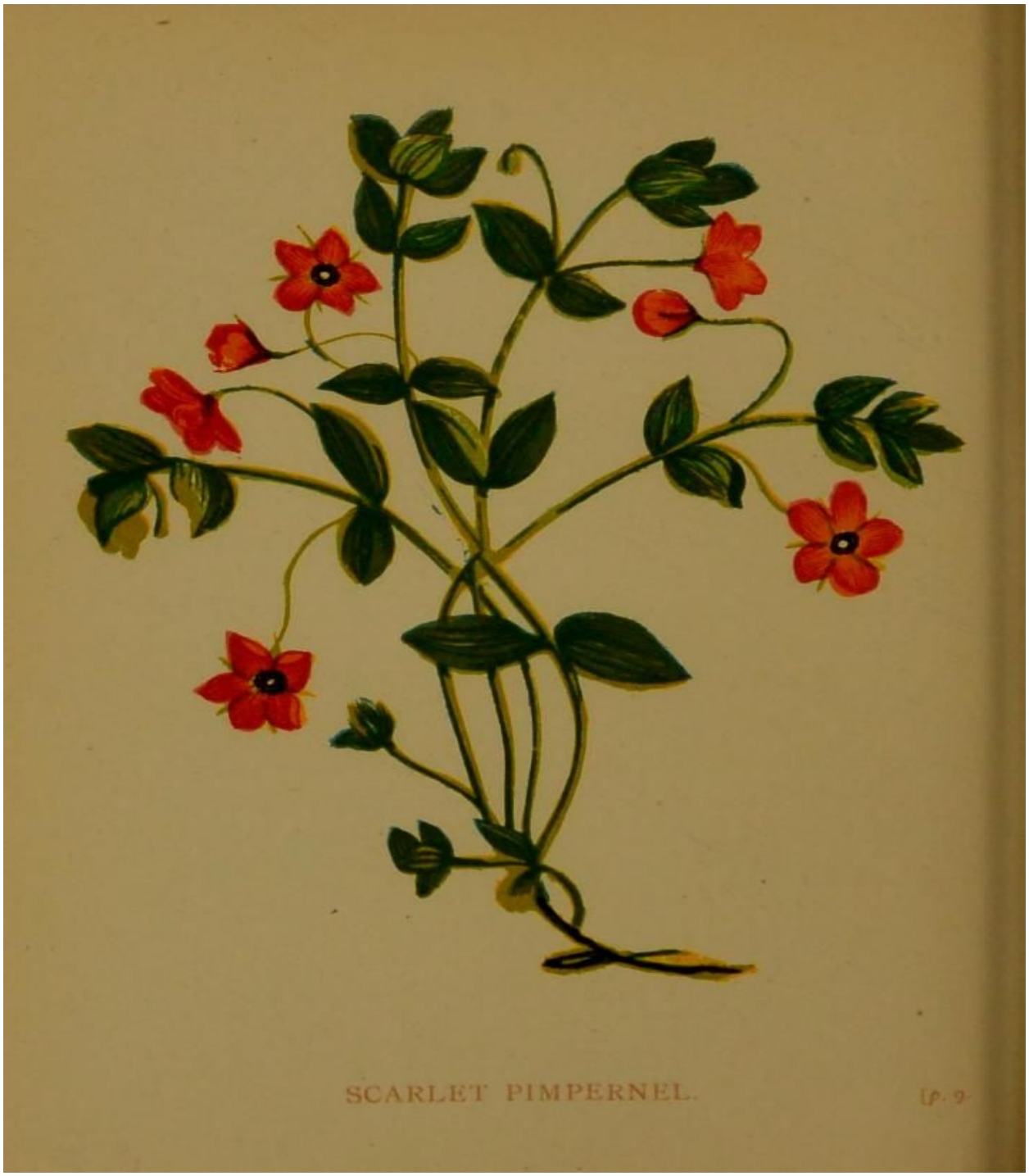

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the posterior end of the bone, where it terminates in a projecting tuberosity, which gives attachment to the longus colli muscle.

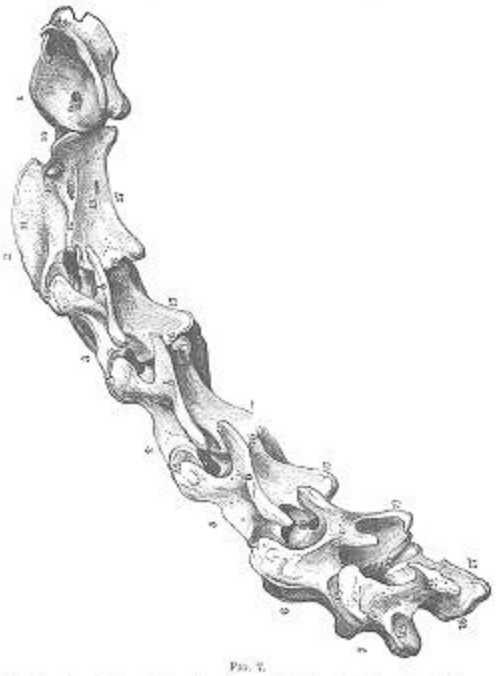


FIG. 7.

Right lateral view of the cervical portion of the vertebral column of a Horse. 1 to 7, The seven segments; 2, The Atlas—a, its wing—b, Internal foramen of the pelvis—c, Posterior foramen of wing; 3, The Dentata—31, Neural spine; 32, Transverse process; 33, Centrum; 34, Foramen corresponding to intervertebral foramen; 35, Arch-medial space; the odontoid process is seen below the figure; 36, 36, Zygapophyses, or oblique processes; 37, 37, Centra, or bodies, to 4th—37, 37, Hypapophyses, or inferior processes—4 5, Transverse processes—e, Third transverse process of sixth vertebra—f, Transverse process of seventh.

The *lateral surfaces* of the body, above the inferior spine, are flattened, and somewhat excavated.

inch behind and ½ inch below the level of the external auditory meatus (*see* Fig. 3, p. 12). It is deeply placed, being covered by the insertions of the occipital muscles.

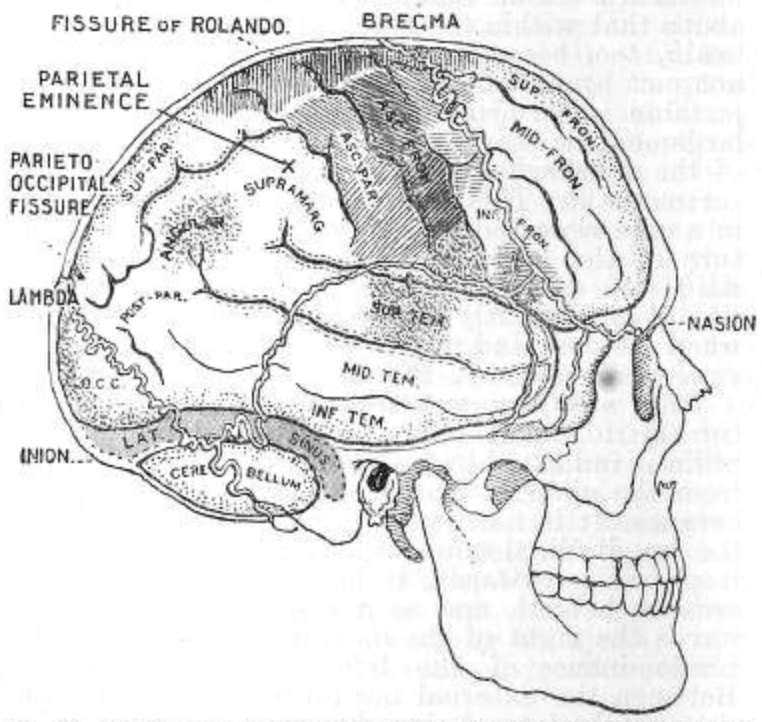


Fig. 10.—Showing the relation of the brain and sensori-motor areas of the cortex to the skull. (*Modified from Quain.*)

The sensori-motor areas are shaded; the leg and trunk areas with vertical lines; the arm and hand areas with lines slanting forwards; the face and mouth areas with lines slanting backwards; the tongue, pharynx, and larynx areas are stippled. The ascending frontal convolution, containing the areas which are strictly motor in function, is indicated by red lines. The motor centre for speech on Broca's convolution is shaded with horizontal lines. The "word-hearing" centre is indicated on the superior temporal convolution, and the "word-seeing" centre on the angular convolution. The area shaded with horizontal lines on the posterior parts of the middle and inferior frontal convolutions is the centre for combined movements of the head and eyes.

Of the many methods which have been suggested for marking out the **fissure of Rolando**, the most simple and accurate is the following: A point over the sagittal suture is taken midway

between the glabella and external occipital protuberance. Half an inch behind the *mid point* terminates the upper end of the fissure (Fig. 11). A line 3½ inches long drawn downwards and

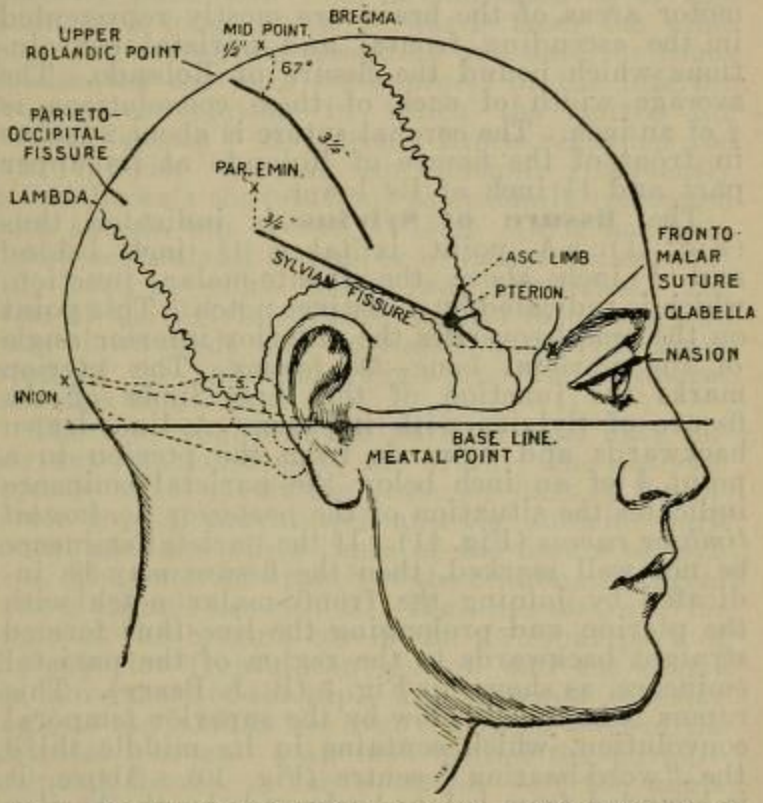


Fig. 11.—Showing the lines which indicate the position of the principal fissures of the brain.

Reid's base line is drawn from the lower margin of the orbit backwards through the meatal point.

forwards from this point, at an angle of 67° to the line of the sagittal suture, will indicate the position of the fissure of Rolando in the adult. In the child the fissure is shorter and the contained angle is 5° smaller. The angle is easily

many probably still less conspicuous, inflammatory processes can spread from the surface to the interior of the skull. Thus we find such affections as

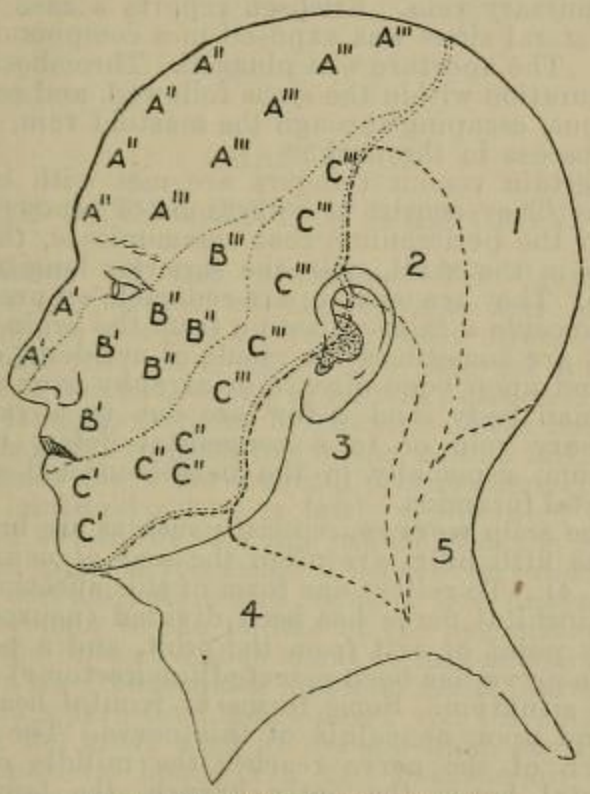
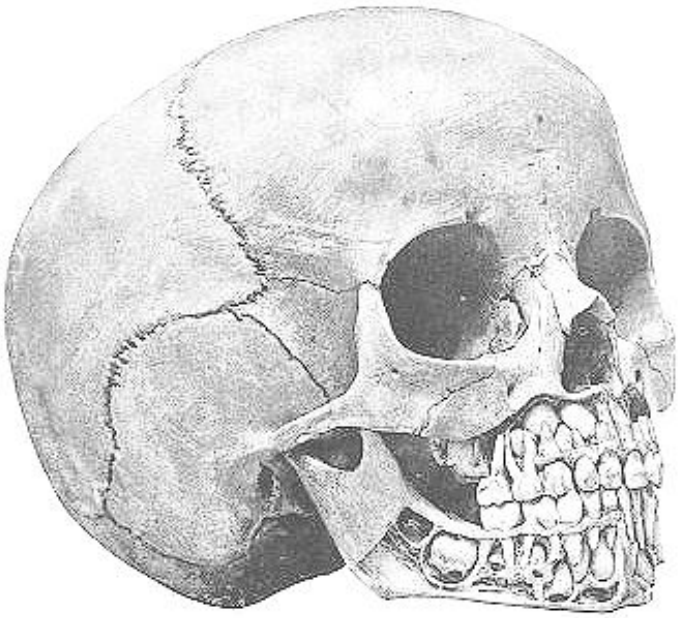


Fig. 4.—Nerve areas of the face and scalp.

A, A, Distribution of the first division of the fifth cranial nerve; A', nasal branch; A'', supratrochlear; A''', supraorbital.
B, B, distribution of the second division; B', infraorbital branch; B'', malar branch; B''', temporal branch.
C, C, distribution of the third division; C', mental branch; C'', buccal branch; C''', auriculo-temporal.
1, area of great occipital; 2, of small occipital; 3, of great auricular; 4, of superficial cervical; 5, of third occipital.

erysipelas of the scalp, diffuse suppuration of the scalp, necrosis of the cranial bones, and the like, leading by extension to mischief within the diploë, to thrombosis of the sinuses, and to inflammation

FIG. 29.



Skull of a child about six years old, showing all the deciduous teeth in position and the developing permanent ones.

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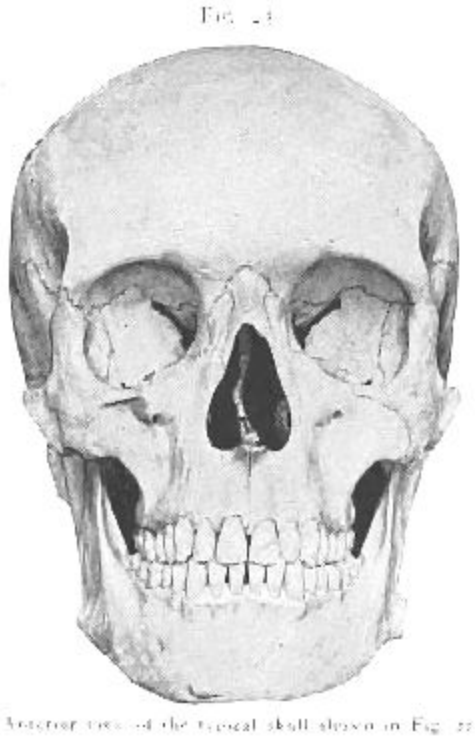

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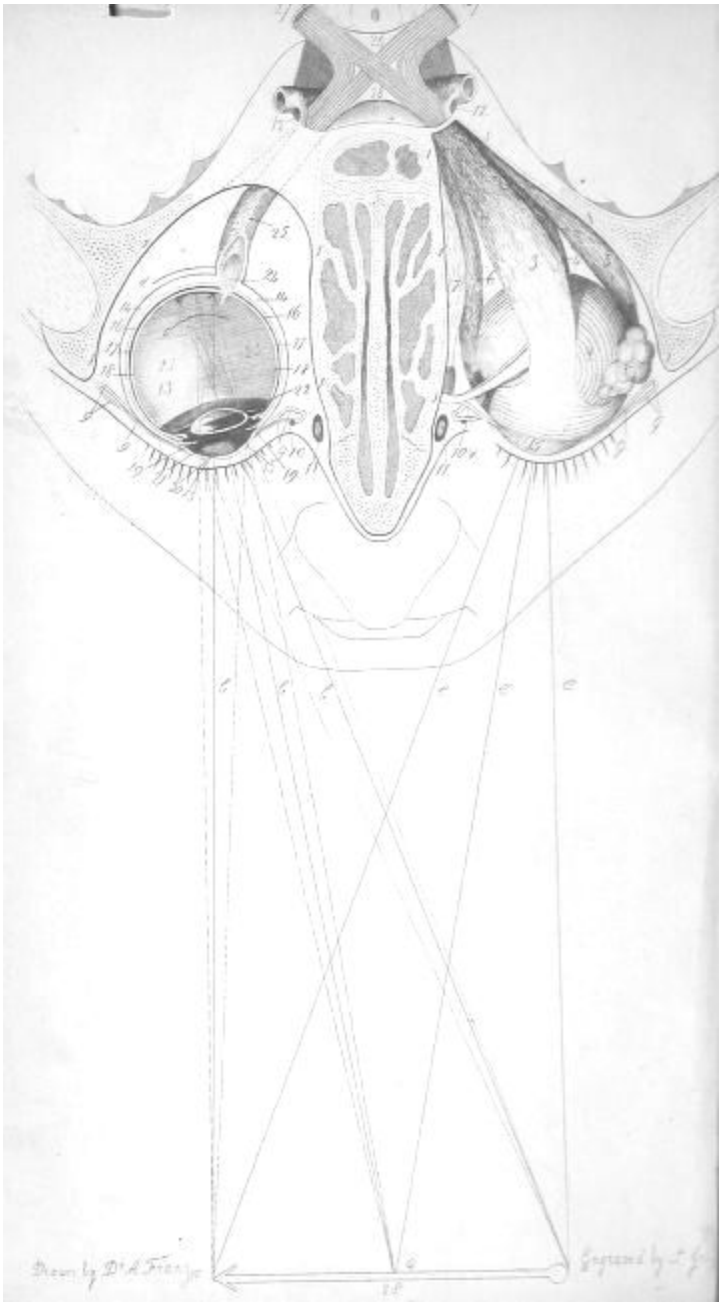

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