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

From *Strangeways’ veterinary anatomy* (https://archive.org/details/b21977744)

I. Vaughan (1879)

Royal College of Physicians in Edinburgh
inch behind and $\frac{1}{3}$ 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 head areas with lines slanting forward; the face and mouth areas with lines slanting backward; 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-saying” 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 $3\frac{1}{2}$ 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 mental point.

forwards from this point, at an angle of $67^\circ$ 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 $5^\circ$ smaller. The angle is easily

From Surgical applied anatomy (https://archive.org/details/surgicalapplieda1907trev)

Sir Frederick Treves (1907)

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

From *Surgical applied anatomy* (https://archive.org/details/surgicalapplieda1907trev)
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Skull of a child about six years old, showing all the deciduous teeth in position and the developing permanent ones.

From *Studies of the internal anatomy of the face* (https://archive.org/details/studiesofinterna00crye)
M.H. Cryer (1901)
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From Studies of the internal anatomy of the face
(https://archive.org/details/studiesofinterna00crye)
M.H. Cryer (1901)
Columbia University Libraries
From *The eye* ([https://archive.org/details/eye01fran](https://archive.org/details/eye01fran))

J.Ch. August Franz (1839)

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