

ANOMALIES OF THE TEMPORAL BONE.

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DISPLACEMENT OF THE MASTOID PROCESS BY THE LATERAL SINUS.¹

One of the most common forms of asymmetry in the human skull consists in the right lateral sinus being situated more anteriorly than the left. Trautmann² has made extensive investigations into these conditions, and following his ideas I examined a series of 17 picked temporal bones and described them

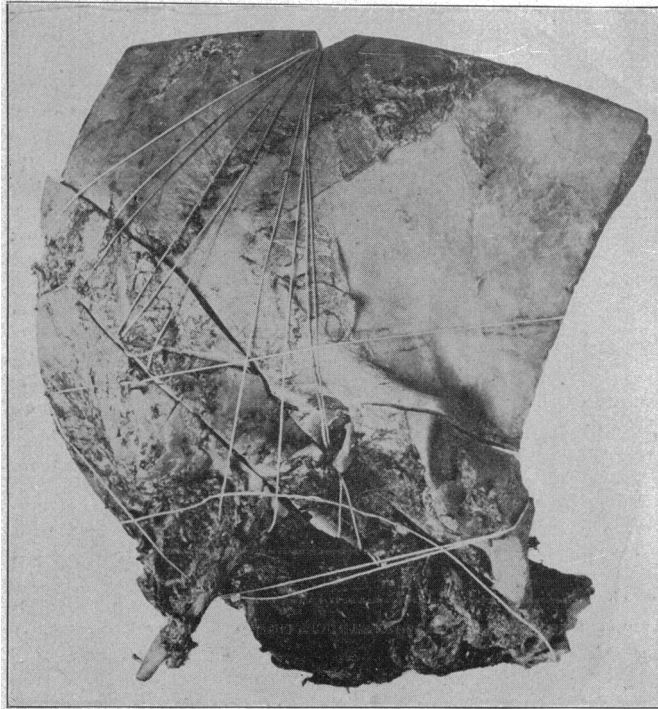


Fig. 1.—Temporal bone, showing short mastoid process and T-like lower dissecting lines.

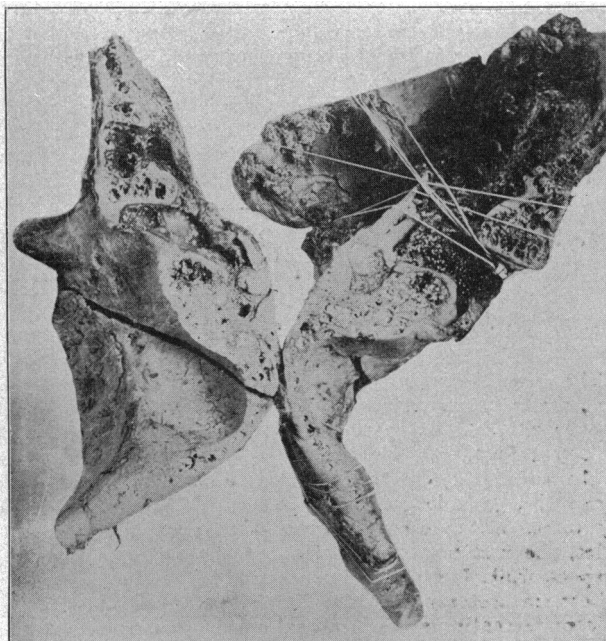


Fig. 2.—Same temporal bone, showing inside; lowest portion to the left.

1. Demonstrated in the Surgical Section of the Wayne County Medical Society, 1904.

2. Surgical Anatomy of the Temporal Bone, Especially with Reference to the Radical Operation, Berlin, 1898.

under the title, "Some Practical Remarks on the Anatomy of the Temporal Bone."³ Basing my conclusions on the measurements of those 17 temporal bones, in which the distance of the most protruding part of the lateral sinus from the supra-meatal spine varied from 21 mm. (in a right temporal bone) to 6 mm. (also in a right temporal bone), I concluded that a lateral sinus which comes nearer to the supra-meatal spine than 10.6 mm. can be regarded as displaced forward. The distance in the specimen shown in Figures 1 and 2 is 7 mm. This specimen, however, shows a peculiarity which places it in an entirely different class. There is scarcely any mastoid process; its place is taken by the lateral sinus. The mastoid process in the specimen measures 8 mm. in length and about 1 cm. in breadth. The styloid process is situated correspondingly superficially. The meatus appears to be much narrower in the specimen than is usual, a point emphasized by Trautmann. The specimen shows an important condition not only anatomically, but also clinically.

A CRISTA TEMPORALIS INSTEAD OF A LINEA TEMPORALIS.⁴

The linea temporalis, according to Schwartze,⁵ extends directly behind the outer ear canal, horizontally, from before backward, as a direct prolongation of the upper edge of the



Fig. 3.—Temporal bone, showing crista temporalis.

zygomatic process, and divides the mastoid portion of the temporal bone from the squamous portion. In this specimen, instead of a shallow line there is an elevation which extends to the height of 4.5 mm., so that instead of a line there is a crest. The crest does not seem to have been produced by any pathologic changes. I do not remember ever before having seen such a crista temporalis, nor do I recollect having found its occurrence recorded in the literature.

Dr. P. M. Hickey, Detroit Clinical Laboratory, photographed the specimens for me.

3. The Physician and Surgeon, November, 1899.

4. Demonstrated before the Wayne County Medical Society, 1904.

5. Handbook of Otology, Part 2, p. 798.

The medical profession, said the late Austin Flint, senior, will have reached a high ideal position when the physician, guided by his knowledge of diagnosis, the natural history of diseases, and existing therapeutic resources, may, with neither self-distrust nor the distrust of others, treat an acute disease by hygienic measures without potent medication.