THE
TEMPORAL
BONE
AND THE
EAR

BAST ANSON



# The Temporal Bone and The Ear

By

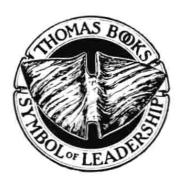
THEODORE H. BAST, A.B., PH.D.

Professor of Anatomy University of Wisconsin Madison, Wisconsin

and

BARRY J. ANSON, M.A., PH.D.

Professor of Anatomy Northwestern University Medical School Chicago, Illinois



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## Preface

During the progress of initial studies upon the development and the adult anatomy of the ear and the temporal bone in man, it became increasingly evident that no matter what course the investigation happened, momentarily, to take, new morphological features were established or features regularly described in the standard textbooks were found to be erroneously presented. It was equally clear that intelligible interpretations of structure could be made only when the developmental history of the particular part was understood—that is, after it had been followed from its genesis to adulthood. Fresh realization of this generally accepted fact led the authors to depend upon embryonic and fetal material to progressively greater degree as the investigation advanced.

This volume has, therefore, been organized on a developmental basis. The otic labyrinth, which is the only part of the internal ear present in early fetal stages, is described first. The account of the periotic labyrinth follows, that being succeeded by the description of the otic capsule. Although all portions of the ear are discussed, emphasis is placed on those structures which have been neglected in the past. Consequently, the textual material and the pictorial records are not distributed equally over the anatomical divisions of the organ of hearing; rather, preponderant attention is given to features concerning which information has been sparse, erroneous or misleading. Concerning the pathology of the ear, only such information is given as is related to development. A more extensive study of otic pathology is now in progress. The closing chapter in the monograph is devoted to an historical account of various concepts of hearing and equilibrium.

For the several divisions of the otological investigation herein reported more than 550 series of sections were studied; in many instances the same series was employed for examination of several different anatomical features. In the Wisconsin Collection, approximately 200 series were examined; in the Harvard Embryological Collection, 200 series; in the Carnegie Collection, 30; in the Northwestern Collection, 125. At Wisconsin the collection is a graded series of human ears, ranging from the embryo of 7 mm. (CR length) to the child of 6 years; in this

set are included 30 series from infants and children; frequently both right and left sides are available for comparison. The Harvard Collection covers representative mammalian orders, usually with specimens in the interval between 5 mm. and 30 mm. At Northwestern almost all of the human series are from postnatal specimens, and are preponderantly adult (to the age of 85 years). In the Carnegie Collection the series cover mainly the early human stages. For the privilege of studying the series in the Harvard and in the Carnegie Collections the authors are indebted to Drs. Frederic T. Lewis, J. Lewis Bremer, George L. Streeter and George W. Corner.

The illustrations are either photomicrographs, drawings of reconstructions, or drawings made from projection tracings of actual sections. In preparing drawings of the last-named sort, an Edinger projection apparatus was used; in this way an accurate outline of histological areas was obtained. The same apparatus was also used in preparing the serially arranged tracings for the reconstructions. The tracings were made on thin paper for transference to plates composed of wax mixed with paraffin, or directly to cardboard. Some of the smaller structures or areas of complex anatomy were traced at a magnification of 125 diameters, others of less detailed morphology at lower magnification (50 or 20 times natural size). The reconstructions, or "models," represent either space (for example; of endolymphatic duct, or air cells, or a fissular tract across bone) or solid (for example; of ossicles, walls of air cells and otic capsule, or nodule of pathological bone). In either case, the individual pieces were piled in the succession in which the parent sections occur in the original histological series, using as guides, in superimposing the plates, sectioned structures whose conformation was already known. In this way microscopic features are converted into threedimensional, large-scale, models. Since all cutting is done with vertical edges, the piled plates for any structure which itself departs from vertical plane produces a reconstruction whose edge is irregularly stepped; normal contours were, in some instances, approximated by smoothing the inequalities between contiguous plates. At Wisconsin, the special otological material was prepared by Mr. Robert Hoelz, at Northwestern by Miss Helen Banks. For drawings we are indebted to Miss Lucille Cassell, Mrs. Mary Dixon Elder, Miss Rosamond Howland, Miss Marion J. Fredericks, Miss H. J. Wakeman, Mr. J. F. Didusch, and Mr. Lawrence E. Blair; for photographic illustrations to Miss Madge Walsh and PREFACE

Mr. Robert Hoelz. The authors gratefully acknowledge the substantial aid Dr. Harold A. Davenport, Dr. Weston D. Gardner and Mrs. Maxine Adam rendered in their critical reading of portions of the manuscript.

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To the staff of Charles C Thomas, Publisher, we express our gratitude for painstaking attention to detail, for general counsel in all matters covering text and illustrations and for the appreciation of the special problems which confront authors in the preparation of books of a research nature.

All phases of this project were carried out under the auspices of the Central Bureau of Research of the American Otological Society. Through the encouragement of the Bureau's members, the writers began, two years ago, to lay plans for the preparation of the present monograph. During that period certain hiatuses in the research program were filled in by closer collaboration between the two contributing laboratories, at the University of Wisconsin and at Northwestern University Medical School. As plans for this volume matured, it was realized that the cost of publishing a profusely illustrated volume would lift the purchase price to such level as to curtail its distribution. In order to insure wider reference use of the monograph, the Central Bureau of Research provided a generous sum as a subvention toward publishing cost. For this material assistance and for all prior aid, the authors wish to express their sincere thanks to the Board of Trustees of the Research Fund, consisting of the following members: Wesley C. Bowers, M.D.; Starling W. Childs; Edmund P. Fowler, M.D.; Stacy R. Guild, Ph.D.; Marvin F. Jones, M.D.; John F. Page, M.D.; D. Harold Walker, M.D.; J. Gordon Wilson, M.D.

In all relations with the Board, Dr. Edmund P. Fowler, Secretary, has been consistently and patiently helpful; to him the authors are deeply indebted. In every step in the advancement of our program of research Dr. J. Gordon Wilson has been either a collaborator, or an enthusiastic guide and mentor. Now, despite retirement from the position of Chairman of the Department of Otolaryngology at Northwestern University Medical School, Dr. Wilson's interest in scientific studies continues undiminished. The writers sincerely hope that the completion of this volume will afford Dr. Wilson at least a modicum of the satisfaction which his friendly guidance and interest so abundantly deserve.

THEODORE H. BAST, Ph.D.

Barry J. Anson, Ph.D.

## Source of the Illustrations

The publications, by the authors, from which illustrations and text were employed in the present volume, are listed below:

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Annals of Otology, Rhinology and Laryngology: vol. 44, 1935, pp. 736-838; vol. 51, 1942, pp. 343-357; vol. 51, 1942, pp. 891-904; vol. 52, 1943, pp. 281-329; vol. 53, 1944, pp. 42-53; vol. 55, 1946, pp. 278-298; vol. 55, 1946, pp. 467-494.

Archives of Otolaryngology: vol. 10, 1929, pp. 459-471; vol. 12, 1930, pp. 686-695; vol. 16, 1932, pp. 19-38; vol. 18, 1933, pp. 1-20; vol. 18, 1933, pp. 291-297; vol. 19, 1934, pp. 537-550; vol. 21, 1935, pp. 303-323; vol. 23, 1936, pp. 57-77; vol. 23, 1936, pp. 509-525; vol. 24, 1936, pp. 127-140; vol. 25, 1937, pp. 560-580; vol. 27, 1938, pp. 402-412; vol. 27, 1938, pp. 588-605; vol. 28, 1938, pp. 676-697; vol. 29, 1939, pp. 939-973; vol. 30, 1939, pp. 183-205; vol. 32, 1940, pp. 771-782; vol. 36, 1942, pp. 816-826; vol. 36, 1942, pp. 891-925; vol. 37, 1943, pp. 650-671.

Contributions to Embryology (Carnegie Institution of Washington): publ. No. 407, 1930, pp. 53-82.

Laryngoscope: vol. 47, 1937, pp. 461-479; vol. 56, 1946, pp. 561-569.

Quarterly Bulletin of Northwestern University Medical School: vol. 14, 1940, pp. 250-257 and pp. 258-268; vol. 15, 1941, pp. 263-269; vol. 18, 1944, pp. 33-40.

Transactions of the American Laryngological, Rhinological and Otological Society: vol. 48, 1936, pp. 325-343.

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# THE TEMPORAL BONE AND THE EAR

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## The Temporal Bone (Os Temporale)

THE TEMPORAL BONES are situated at the sides and base of the skull. Each consists of five parts, namely, the squamous, mastoid, the petrous, and tympanic parts, and the styloid process.

## A. Squamous Portion

The *squama temporalis* forms the anterior and upper part of the bone; it is scale-like and thin.