

divided. For the same reason it is almost impossible to pick up an artery divided in a scalp wound. The bleeding is checked by a hare-lip pin or by pressure.

In all parts of the body where a dense bone is covered by a comparatively thin layer of soft tissues, sloughing of those tissues is apt to be induced by long and severe pressure. The scalp, by its vascularity, is saved to a great extent from this evil, and is much less liable to slough than are the soft parts covering such bones as the condyles of the humerus or the sacrum. But such an effect is sometimes produced, as in a case I saw, where the tissues over the frontal and occipital regions sloughed from the continued application of a tight bandage put on to arrest bleeding from a frontal wound.

The **pericranium** is but slightly adherent to the bone, except at the sutures, where it is intimately united (Fig. 1, *e*). In lacerated wounds this membrane can be readily stripped from the skull, and often, in these injuries, extensive tracts of bone are laid bare. The pericranium differs somewhat in its functions from the periosteum that covers other bones. If the periosteum be removed to any extent from a bone, the part from whence it is removed will very probably perish, and necrosis from deficient blood supply result. But the pericranium may be stripped off a considerable part of the skull vault without any necrosis, save perhaps a little superficial exfoliation. This is explained by the fact that the cranial bones derive their blood supply mainly from the dura mater, and are therefore to a considerable extent independent of the pericranium. A like independence cannot be claimed for the periosteum covering other bones, since that membrane brings to the part it covers a very copious and essential contribution to its blood supply. This disposition of the pericranium is also well illustrated by its action in cases of necrosis of the cranial bones. In necrosis of a