

the cut depends upon the action of the occipito-frontalis muscle. Those wounds gape the most that are made across the muscle itself, and that are transverse to the direction of its fibres, while those show the least separation that involve the aponeurosis and are made in an antero-posterior direction. The mobility of the scalp is more marked in the young than in the old. A case recorded by Agnew serves in a strange degree to illustrate this fact in the person of an infant. A midwife attending a woman in labour mistook the scalp of the infant for the membranes, and gashed it with a pair of scissors. Labour pains came on and the head was protruded through the scalp wound, so that the whole vault of the skull was peeled like an orange. The scalp being firmly stretched over the hard cranium beneath, it follows that contused wounds often appear as cleanly cut as are those that have been made by an incision. Such wounds may be compared to the clean cut that may be made in a kid glove when it is tightly stretched over the knuckles and those parts are sharply rapped.

The scalp is extremely vascular, and presents therefore a great resistance to sloughing and gangrenous conditions. Large flaps of a lacerated scalp, even when extensively separated and almost cut off from the rest of the head, are more prone to live than to die. A like flap of skin, separated from other parts of the surface, would most probably perish; but the scalp has this advantage, that the vessels run practically in the skin itself, or are, at least, in the tissue beyond the aponeurosis (Fig. 1). Thus, when a scalp flap is torn up, it still carries with it a very copious blood supply. Bleeding from these wounds is usually very free, and often difficult to arrest. This depends not so much upon the number of vessels in the part as upon the density of the tissue through which these vessels run, the adherence of the outer arterial wall to the scalp structure, and the inability, therefore, of the artery to retract properly when