

that cover the bony vault save in the subcutaneous layer, it happens that in cases of obesity the scalp undergoes but little change, the fat in the subcutaneous tissue being limited by the dense fibrous structures that enclose it. For the same reasons fatty tumours of the scalp are very rare. The attachment of the hairs collectively to the scalp is so strong that there are many cases where the entire weight of the body has been supported by the hair of the scalp. Agnew records the case of a woman whose hair became entangled in the revolving shaft of a machine. The hair did not give way, but the entire scalp was torn off from the skull. The patient recovered.

Dangerous area of the scalp.—Between the aponeurosis and the pericranium is an extensive layer of loose connective tissue, that may, for reasons to be presently given, be fairly called the dangerous area of the scalp (Fig. 1, *d*). The mobility of the scalp depends entirely upon the laxity of this layer of tissue. In extensive scalp wounds, when a part of the scalp is separated in the form of a large flap, a flap that may hang down and cover half the face, it is the very looseness of this tissue that permits such separation. In the Indian process of scalping, a taste that is becoming one of the past, the much-prized piece of skin is torn from the skull through this lax area of connective tissue, and, were there no such area, scalping would be an operation requiring some time and art.

The exposure of the skull in a post-mortem examination is effected by peeling off the scalp along this layer of loose tissue, and it is remarkable with what ease the skull can be exposed by this manœuvre.

Wounds of the scalp never gape, unless the wound has involved the scalp muscle or its aponeurosis. When this structure has been divided the lax layer beyond permits of great separation of the edges of even the simplest wounds. In uncomplicated incised wounds, the amount of gaping of