Fat is entirely absent in the subcutaneous tissue of the eyelids, of the penis and scrotum, and of the labia minora. It varies in thickness in different parts of the body; in the groin it is so thick that it may be subdivided into several laminae. Beneath the fatty layer there is generally another layer of superficial fascia, comparatively devoid of adipose tissue, in which the trunks of the subcutaneous vessels and nerves are found, as the superficial epigastric vessels in the abdominal region, the superficial veins in the forearm, the saphenous veins in the leg and thigh, and the superficial lymph glands. Certain cutaneous muscles also are situated in the superficial fascia, as the Platysma in the neck, and the Orbicularis oculi around the eyelids. This fascia is most distinct at the lower part of the abdomen, perineum, and extremities; it is very thin in those regions where muscular fibers are inserted into the integument, as on the side of the neck, the face, and around the margin of the anus. It is very dense in the scalp, in the palms of the hands, and soles of the feet, forming a fibro-fatty layer, which binds the integument firmly to the underlying structures.

The superficial fascia connects the skin to the subjacent parts, facilitates the movement of the skin, serves as a soft nidus for the passage of vessels and nerves to the integument, and retains the warmth of the body, since the fat contained in its areole is a bad conductor of heat.

The deep fascia is a dense, inelastic, fibrous membrane, forming sheaths for the muscles, and in some cases affording them broad surfaces for attachment. It consists of shining tendonous fibers, placed parallel with one another, and connected together by other fibers disposed in a rectilinear manner. It forms a strong investment which not only binds down collectively the muscles in each region, but gives a separate sheath to each, as well as to the vessels and nerves. The fasciae are thick in unprotected situations, as on the lateral side of a limb, and thinner on the medial side. The deep fascia assist the muscles in their actions, by the degree of tension and pressure they make upon their surfaces; the degree of tension and pressure is regulated by the associated muscles, as, for instance, by the Tensor fasciae latae and Gluteus maximus in the thigh, by the Biceps in the upper and lower extremities, and Palmaris longus in the hand. In the limbs, the fasciae not only invest the entire limb, but give off septa which separate the various muscles, and are attached to the periosteum; these prolongations of fasciae are usually spoken of as intermuscular septa.

The Fasciae and Muscles may be arranged, according to the general division of the body, into those of the head and neck; of the trunk; of the upper extremity; and of the lower extremity.

THE FASCIAE AND MUSCLES OF THE HEAD.

I. THE MUSCLE OF THE SCALP.

Epicranianus.

The Skin of the Scalp.—This is thicker than in any other part of the body. It is intimately adherent to the superficial fascia, which attaches it firmly to the underlying aponeurosis and muscle. Movements of the muscle move the skin. The hair follicles are very closely set together, and extend throughout the whole thickness of the skin. It also contains a number of sebaceous glands.

The superficial fascia in the cranial region is a firm, dense, fibro-fatty layer, intimately adherent to the integument, and to the Epicranianus and its tendinous aponeurosis; it is continuous, behind, with the superficial fascia at the back of the neck; and, laterally, is continued over the temporal fascia. It contains between its layers the superficial vessels and nerves and much granular fat.

The Epicranianus (Occipitofrontalis) (Fig. 378) is a broad, musculofibrous layer,
which covers the whole of one side of the vertex of the skull, from the occipital bone to the eyebrow. It consists of two parts, the Occipitalis and the Frontalis, connected by an intervening tendinous aponeurosis, the galea aponeurotica.

The Occipitalis, thin and quadrilateral in form, arises by tendinous fibers from the lateral two-thirds of the superior nuchal line of the occipital bone, and from the mastoid part of the temporal. It ends in the galea aponeurotica.

The Frontalis is thin, of a quadrilateral form, and intimately adherent to the superficial fascia. It is broader than the Occipitalis and its fibers are longer and paler in color. It has no bony attachments. Its medial fibers are continuous with those of the Procerus; its immediate fibers blend with the Corrugator and Orbicularis oculi; and its lateral fibers are also blended with the latter muscle over the zygomatic process of the frontal bone. From these attachments the fibers are directed upward, and join the galea aponeurotica below the coronal suture.
The medial margins of the Frontales are joined together for some distance above the root of the nose; but between the Occipitales there is a considerable, though variable, interval, occupied by the galea aponeurotica.

The galea aponeurotica (epicranial aponeurosis) covers the upper part of the cranium; behind, it is attached, in the interval between its union with the Occipitales, to the external occipital protuberance and highest nuchal lines of the occipital bone; in front, it forms a short and narrow prolongation between its union with the Frontales. On either side it gives origin to the Auriculares anterior and superior; in this situation it loses its aponeurotic character, and is continued over the temporal fascia to the zygomatic arch as a layer of laminted areolar tissue. It is closely connected to the integument by the firm, dense, fibro-fatty layer which forms the superficial fascia of the scalp; it is attached to the pericranium by loose cellular tissue, which allows the aponeurosis, carrying with it the integument to move through a considerable distance.

Variations.—Both Frontalis and Occipitalis vary considerably in size and in extent of attachment; either may be absent; fusion of Frontalis to skin has been noted.

Nerves.—The Frontalis is supplied by the temporal branches of the facial nerve, and the Occipitales by the posterior auricular branch of the same nerve.

Actions.—The Frontales raise the eyebrows and the skin over the root of the nose, and at the same time draw the scalp forward, throwing the integument of the forehead into transverse wrinkles. The Occipitales draw the scalp backward. By bringing alternately into action the Frontales and Occipitales the entire scalp may be moved forward and backward. In the ordinary action of the muscles, the eyebrows are elevated, and at the same time the aponeurosis is fixed by the Occipitales, thus giving to the face the expression of surprise; if the action be exaggerated, the eyebrows are still further raised, and the skin of the forehead thrown into transverse wrinkles, as in the expression of fright or horror.

A thin muscular slip, the Transversus nuchae, is present in a considerable proportion (25 per cent.) of cases; it arises from the external occipital protuberance or from the superior nuchal line, either superficial or deep to the Trapezius; it is frequently inserted with the Auricularis posterior, but may join the posterior edge of the Sternocleidomastoideus.

II. THE MUSCLES OF THE EYELIDS.

The muscles of the eyelids are:


The Levator palpebrae superioris is described with the Anatomy of the Eye.

The Orbicularis oculi (Orbicularis palpebrarum) (Fig. 379) arises from the nasal part of the frontal bone, from the frontal process of the maxilla in front of the lacrimal groove, and from the anterior surface and borders of a short fibrous band, the medial palpebral ligament. From this origin, the fibers are directed lateralward, forming a broad and thin layer, which occupies the eyelids or palpebrae, surrounds the circumference of the orbit, and spreads over the temple, and downward on the cheek. The palpebral portion of the muscle is thin and pale; it arises from the bifurcation of the medial palpebral ligament, forms a series of concentric curves, and is inserted into the lateral palpebral raphé. The orbital portion is thicker and of a reddish color; its fibers form a complete ellipse without interruption at the lateral palpebral commissure; the upper fibers of this portion blend with the Frontalis and Corrugator. The lacrimal part (Tensor tarsi) is a small, thin muscle, about 6 mm. in breadth and 12 mm. in length, situated behind the medial palpebral ligament and lacrimal sac (Fig. 379). It arises from the posterior crest and adjacent part of the orbital surface of the lacrimal bone, and passing behind the lacrimal sac, divides into two slips, upper and lower, which are inserted into the superior and inferior tarsi medial to the puncta lacrimalia; occasionally it is very indistinct.
THE MUSCLES OF THE EYELIDS

The medial palpebral ligament (tendo oculi), about 4 mm. in length and 2 mm. in breadth, is attached to the frontal process of the maxilla in front of the lacrimal groove. Crossing the lacrimal sac, it divides into two parts, upper and lower, each attached to the medial end of the corresponding tarsus. As the ligament crosses the lacrimal sac, a strong aponeurotic lamina is given off from its posterior surface; this expands over the sac, and is attached to the posterior lacrimal crest.

The lateral palpebral raphé is a much weaker structure than the medial palpebral ligament. It is attached to the margin of the frontosphenoidal process of the zygomatic bone, and passes medialward to the lateral commissure of the eyelids, where it divides into two slips, which are attached to the margins of the respective tarsi.

The Corrugator (Corrugator supercili) is a small, narrow, pyramidal muscle, placed at the medial end of the eyebrow, beneath the Frontalis and Orbicularis oculi. It arises from the medial end of the superciliary arch; and its fibers pass upward and lateralward, between the palpebral and orbital portions of the Orbicularis oculi, and are inserted into the deep surface of the skin, above the middle of the orbital arch.

Nerves.—The Orbicularis oculi and Corrugator are supplied by the facial nerve.

Actions.—The Orbicularis oculi is the sphincter muscle of the eyelids. The palpebral portion acts involuntarily, closing the lids gently, as in sleep or in blinking; the orbital portion is subject to the will. When the entire muscle is brought into action, the skin of the forehead, temple, and cheek is drawn toward the medial angle of the orbit, and the eyelids are firmly closed, as in photophobia. The skin thus drawn upon is thrown into folds, especially radiating from the lateral angle of the eyelids; these folds become permanent in old age, and form the so-called "crow's feet." The Levator palpebrae superioris is the direct antagonist of this muscle; it raises the upper eyelid and exposes the front of the bulb of the eye. Each time the eyelids are closed through the action of the Orbicularis, the medial palpebral ligament is tightened, the wall of the lacrimal sac is thus drawn lateralward and forward, so that a vacuum is made in it.

1 The corrugator is not recognized as a separate muscle in the Basle Nomenclature.
tears are sucked along the lacrimal canals into it. The lacrimal part of the Orbicularis oculi draws the eyelids and the ends of the lacrimal canals mediallyward and compresses them against the surface of the globe of the eye, thus placing them in the most favorable situation for receiving the tears; it also compresses the lacrimal sac. The Corrugator draws the eyebrow downward and mediallyward, producing the vertical wrinkles of the forehead. It is the "frowning" muscle, and may be regarded as the principal muscle in the expression of suffering.

III. THE MUSCLES OF THE NOSE (Fig. 378).

The muscles of the nose comprise:

Procerus. Depressor septi.
Nasalis. Dilatator naris posterior.

Dilatator naris anterior.

The Procerus (Pyramidalis nasii) is a small pyramidal slip arising by tendinous fibers from the fascia covering the lower part of the nasal bone and upper part of the lateral nasal cartilage; it is inserted into the skin over the lower part of the forehead between the two eyebrows, its fibers decussating with those of the Frontalis.

The Nasalis (Compressor naris) consists of two parts, transverse and alar. The transverse part arises from the maxilla, above and lateral to the incisive fossa; its fibers proceed upward and mediallyward, expanding into a thin aponeurosis which is continuous on the bridge of the nose with that of the muscle of the opposite side, and with the aponeurosis of the Procerus. The alar part is attached by one end to the greater alar cartilage, and by the other to the integument at the point of the nose.

The Depressor septi (Depressor alae nasi) arises from the incisive fossa of the maxilla; its fibers ascend to be inserted into the septum and back part of the ala of the nose. It lies between the mucous membrane and muscular structure of the lip.

The Dilatator naris posterior is placed partly beneath the Quadratus labii superioris. It arises from the margin of the nasal notch of the maxilla, and from the lesser alar cartilages, and is inserted into the skin near the margin of the nostril.

The Dilatator naris anterior is a delicate fasciculus, passing from the greater alar cartilage to the integument near the margin of the nostril; it is situated in front of the preceding.

Variations.—These muscles vary in size and strength or may be absent.

Nerves.—All the muscles of this group are supplied by the facial nerve.

Actions.—The Procerus draws down the medial angle of the eyebrows and produces transverse wrinkles over the bridge of the nose. The two Dilatatores enlarge the aperture of the nares. Their action in ordinary breathing is to resist the tendency of the nostrils to close from atmospheric pressure, but in difficult breathing, as well as in some emotions, such as anger, they contract strongly. The Depressor septi is a direct antagonist of the other muscles of the nose, drawing the ala of the nose downward, and thereby constricting the aperture of the nares. The Nasalis depresses the cartilaginous part of the nose and draws the ala toward the septum.

IV. THE MUSCLES OF THE MOUTH.

The muscles of the mouth are:

Quadratus labii superioris.
Caninus.
Zygomaticus.
Mentalis.

Quadratus labii inferioris.
Triangularis.
Buccinator.
Orbicularis oris.

Risorius.
THE MUSCLES OF THE MOUTH

The Quadratus labii superioris is a broad sheet, the origin of which extends from the side of the nose to the zygomatic bone. Its medial fibers form the angular head, which arises by a pointed extremity from the upper part of the frontal process of the maxilla and passing obliquely downward and laterally divides into two slips. One of these is inserted into the greater alar cartilage and skin of the nose; the other is prolonged into the lateral part of the upper lip, blending with the infraorbital head and with the Orbicularis oris. The intermediate portion or infraorbital head arises from the lower margin of the orbit immediately above the infraorbital foramen, some of its fibers being attached to the maxilla, others to the zygomatic bone. Its fibers converge, to be inserted into the muscular substance of the upper lip between the angular head and the Caninus. The lateral fibers, forming the zygomatic head, arise from the malar surface of the zygomatic bone immediately behind the zygomaticomaxillary suture and pass downward and medially to the upper lip.

The Caninus (Levator anguli oris) arises from the canine fossa, immediately below the infraorbital foramen; its fibers are inserted into the angle of the mouth, intermingling with those of the Zygomaticus, Triangularis, and Orbicularis oris.

The Zygomaticus (Zygomaticus major) arises from the zygomatic bone, in front of the zygomaticotemporal suture, and descending obliquely with a medial inclination, is inserted into the angle of the mouth, where it blends with the fibers of the Caninus, Orbicularis oris, and Triangularis.

Nerves.—This group of muscles is supplied by the facial nerve.

Actions.—The Quadratus labii superioris is the proper elevator of the upper lip, carrying it at the same time a little forward. Its angular head acts as a dilator of the naris; the infraorbital and zygomatic heads assist in forming the nasolabial furrow, which passes from the side of the nose to the upper lip and gives to the face an expression of sadness. When the whole muscle is in action it gives to the countenance an expression of contempt and disdain. The Quadratus labii superioris raises the angle of the mouth and assists the Caninus in producing the nasolabial furrow. The Zygomaticus draws the angle of the mouth backward and upward, as in laughing.

The Mentalis (Levator menti) is a small conical fasciculus, situated at the side of the frenulum of the lower lip. It arises from the incisive fossa of the mandible, and descends to be inserted into the integument of the chin.

The Quadratus labii inferioris (Depressor labii inferioris; Quadratus menti) is a small quadrilateral muscle. It arises from the oblique line of the mandible, between the symphysis and the mental foramen, and passes upward and medially, to be inserted into the integument of the lower lip, its fibers blending with the Orbicularis oris, and with those of its fellow of the opposite side. At its origin it is continuous with the fibers of the Platysma. Much yellow fat is intermingled with the fibers of this muscle.

The Triangularis (Depressor anguli oris) arises from the oblique line of the mandible, whence its fibers converge, to be inserted, by a narrow fasciculus, into the angle of the mouth. At its origin it is continuous with the Platysma, and at its insertion with the Orbicularis oris and Risorius; some of its fibers are directly continuous with those of the Caninus, and others are occasionally found crossing from the muscle of one side to that of the other; these latter fibers constitute the Transversus menti.

Nerves.—This group of muscles is supplied by the facial nerve.

Actions.—The Mentalis raises and protrudes the lower lip, and at the same time wrinkles the skin of the chin, expressing doubt or disdain. The Quadratus labii inferioris draws the lower lip directly downward and a little laterally, as in the expression of irony. The Triangularis depresses the angle of the mouth, being the antagonist of the Caninus and Zygomaticus; acting with the Caninus, it will draw the angle of the mouth medially. The Platysma which retracts and depresses the angle of the mouth belongs with this group.
The Buccinator (Fig. 380) is a thin quadrilateral muscle, occupying the interval between the maxilla and the mandible at the side of the face. It arises from the outer surfaces of the alveolar processes of the maxilla and mandible, corresponding to the three molar teeth; and behind, from the anterior border of the pterygomandibular raphé which separates it from the Constrictor pharyngis superior. The fibers converge toward the angle of the mouth, where the central fibers intersect each other, those from below being continuous with the upper segment of the Orbicularis oris, and those from above with the lower segment; the upper and lower fibers are continued forward into the corresponding lip without decussation.

Relations. — The Buccinator is covered by the buccopharyngeal fascia, and is in relation by its superficial surface, behind, with a large mass of fat, which separates it from the ramus of the mandible, the Masseter, and a small portion of the Temporalis; this fat has been named the suctorius pad, because it is supposed to assist in the act of sucking. The parotid duct pierces the Buccinator opposite the second molar tooth of the maxilla. The deep surface is in relation with the buccal glands and mucous membrane of the mouth.

The pterygomandibular raphé (pterygomandibular ligament) is a tendinous band of the buccopharyngeal fascia, attached by one extremity to the hamulus of the medial pterygoid plate, and by the other to the posterior end of the mylohyoid line of the mandible. Its medial surface is covered by the mucous membrane of the mouth. Its lateral surface is separated from the ramus of the mandible by a quantity of adipose tissue. Its posterior border gives attachment to the Constrictor pharyngis superior; its anterior border, to part of the Buccinator (Fig. 380).

The Orbicularis oris (Fig. 381) is not a simple sphincter muscle like the Orbicularis oculi; it consists of numerous strata of muscular fibers surrounding the orifice of the mouth but having different direction. It consists partly of fibers derived from the other facial muscles which are inserted into the lips, and partly of fibers proper to the lips. Of the former, a considerable number are derived from the Buccinator and form the deeper stratum of the Orbicularis. Some of the Buccinator fibers—namely, those near the middle of the muscle—decussate at the angle of the mouth, those arising from the maxilla passing to the lower lip, and those from the mandible to the upper lip. The uppermost and lowermost fibers of the Buccinator pass across the lips from side to side without decussation. Superficial to this stratum is a second, formed on either side by the Caninus and
THE MUSCLES OF MASTICATION

Triangularis, which cross each other at the angle of the mouth; those from the Caninus passing to the lower lip, and those from the Triangularis to the upper lip, along which they run, to be inserted into the skin near the median line. In addition to these there are fibers from the Quadratus labii superioris, the Zygomaticus, and the Quadratus labii inferioris; these intermingle with the transverse fibers above described, and have principally an oblique direction. The proper fibers of the lips are oblique, and pass from the under surface of the skin to the mucous membrane, through the thickness of the lip. Finally there are fibers by which the muscle is connected with the maxilla and the septum of the nose above and with the mandible below. In the upper lip these consist of two bands, lateral and medial, on either side of the middle line: the lateral band (m. incisivus labii superioris) arises from the alveolar border of the maxilla, opposite the lateral incisor tooth, and arching lateralward is continuous with the other muscles at the angle of the mouth; the medial band (m. nasolabialis) connects the upper lip to the back of the septum of the nose. The interval between the two medial bands corresponds with the depression, called the philtrum, seen on the lip beneath the septum of the nose. The additional fibers for the lower lip constitute a slip (m. incisivus labii inferioris) on either side of the middle line; this arises from the mandible, lateral to the Mentalis, and intermingles with the other muscles at the angle of the mouth.

The Risorius arises in the fascia over the Masseter and, passing horizontally forward, superficial to the Platysma, is inserted into the skin at the angle of the mouth (Fig. 378). It is a narrow bundle of fibers, broadest at its origin, but varies much in its size and form.

Variations.—The zygomatic head of the Quadratus labii superioris and Risorius are frequently absent and more rarely the Zygomaticus. The Zygomaticus and Risorius may be doubled or the latter greatly enlarged or blended with the Platysma.

Nerves.—The muscles in this group are all supplied by the facial nerve.

Actions.—The Orbicularis oris in its ordinary action effects the direct closure of the lips; by its deep fibers, assisted by the oblique ones, it closely applies the lips to the alveolar arch. The superficial part, consisting principally of the decussating fibers, brings the lips together and also protrudes them forward. The Buccinator compresses the cheeks, so that, during the process of mastication, the food is kept under the immediate pressure of the teeth. When the cheeks have been previously distended with air, the Buccinator muscles expel it from between the lips, as in blowing a trumpet; hence the name (bucca, a trumpet). The Risorius retracts the angle of the mouth, and produces an unpleasant grinning expression.

For more extensive consideration of the facial muscles, see Charles Darwin, Expression of the Emotions in Man and Animals.

IV. THE MUSCLES OF MASTICATION.

The chief muscles of mastication are:

Massetor.
Temporalis.

Pterygoideus externus.
Pterygoideus internus.

Parotidomasseteric Fascia (masseteric fascia).—Covering the Masseter, and firmly connected with it, is a strong layer of fascia derived from the deep cervical fascia. Above, this fascia is attached to the lower border of the zygomatic arch, and behind, it invests the parotid gland.

The Masseter (Fig. 378) is a thick, somewhat quadrilateral muscle, consisting of two portions, superficial and deep. The superficial portion, the larger, arises by a thick, tendinous aponeurosis from the zygomatic process of the maxilla, and from the anterior two-thirds of the lower border of the zygomatic arch: its fibers pass downward and backward, to be inserted into the angle and lower half of the lateral surface of the ramus of the mandible. The deep portion is much smaller,
and more muscular in texture; it arises from the posterior third of the lower border and from the whole of the medial surface of the zygomatic arch; its fibers pass downward and forward, to be inserted into the upper half of the ramus and the lateral surface of the coronoid process of the mandible. The deep portion of the muscle is partly concealed, in front, by the superficial portion; behind, it is covered by the parotid gland. The fibers of the two portions are continuous at their insertion.

Temporal Fascia.—The temporal fascia covers the Temporalis muscle. It is a strong, fibrous investment, covered, laterally, by the Auricularis anterior and superior, by the galea aponeurotica, and by part of the Orbicularis oculi. The superficial temporal vessels and the auriculotemporal nerve cross it from below upward. Above, it is a single layer, attached to the entire extent of the superior temporal line; but below, where it is fixed to the zygomatic arch, it consists of two layers, one of which is inserted into the lateral, and the other into the medial border of the arch. A small quantity of fat, the orbital branch of the superficial temporal artery, and a filament from the zygomatic branch of the maxillary nerve, are contained between these two layers. It affords attachment by its deep surface to the superficial fibers of the Temporalis.

The Temporalis (Temporal muscle) (Fig. 382) is a broad, radiating muscle, situated at the side of the head. It arises from the whole of the temporal fossa (except that portion of it which is formed by the zygomatic bone) and from the deep surface of the temporal fascia. Its fibers converge as they descend, and end in a tendon, which passes deep to the zygomatic arch and is inserted into the medial surface, apex, and anterior border of the coronoid process, and the anterior border of the ramus of the mandible nearly as far forward as the last molar tooth.

The Pterygoideus externus (External pterygoid muscle) (Fig. 383) is a short, thick muscle, somewhat conical in form, which extends almost horizontally between the infratemporal fossa and the condyle of the mandible. It arises by two heads; an upper from the lower part of the lateral surface of the great wing of the sphenoid and from the infratemporal crest; a lower from the lateral surface of the lateral pterygoid plate. Its fibers pass horizontally backward and laterward, to be
THE SUPERFICIAL CERVICAL MUSCLE

inserted into a depression in front of the neck of the condyle of the mandible, and
into the front margin of the articular disk of the temporomandibular articulation.

The Pterygoideus internus (*Internal pterygoid muscle*) (Fig. 383) is a thick, quad-
rilateral muscle. It arises from the medial surface of the lateral pterygoid plate
and the grooved surface of the pyramidal process of the palatine bone; it has a
second slip of origin from the lateral surfaces of the pyramidal process of the palat-
tine and tuberosity of the maxilla. Its fibers pass downward, lateralward, and
backward, and are inserted, by a strong tendinous lamina, into the lower and back
part of the medial surface of the ramus and angle of the mandible, as high as the
mandibular foramen.

![Fig. 383.—The Pterygoidei; the sphenoid arch and a portion of the ramus of the mandible have been removed.](image)

**NERVES.**—The muscles of mastication are supplied by the mandibular nerve.

**Actions.**—The Temporalis, Masseter, and Pterygoideus internus raise the mandible against
the maxilla with great force. The Pterygoideus externus assists in opening the mouth, but its
main action is to draw forward the condyle and articular disk so that the mandible is protruded
and the inferior incisors projected in front of the upper; in this action it is assisted by the Ptery-
goideus internus. The mandible is retracted by the posterior fibers of the Temporalis. If the
Pterygoidei internus and externus of one side act, the corresponding side of the mandible is
drawn forward while the opposite condyle remains comparatively fixed, and side-to-side move-
ments, such as occur during the triturating of food, take place.

THE FASCIAE AND MUSCLES OF THE ANTERO-LATERAL REGION
OF THE NECK.

The antero-lateral muscles of the neck may be arranged into the following
groups:

I. Superficial Cervical.
II. Lateral Cervical.
III. Supra- and Infrahyoid.
IV. Anterior Vertebral.
V. Lateral Vertebral.

**I. THE SUPERFICIAL CERVICAL MUSCLE.**

Platysma.

The Superficial Fascia of the neck is a thin lamina investing the Platysma,
and is hardly demonstrable as a separate membrane.