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Fig. 1.

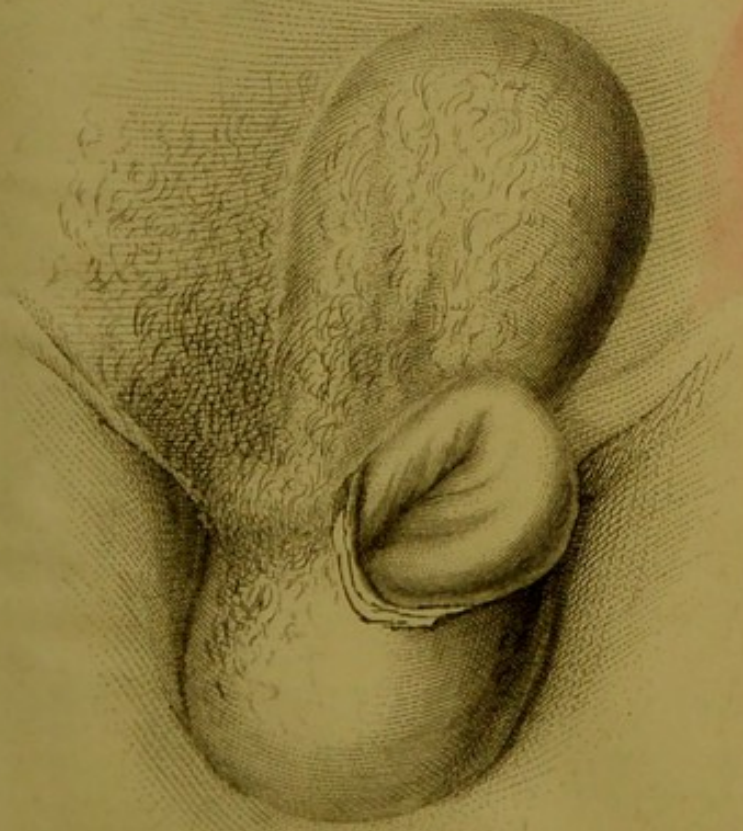

Fig. 3.

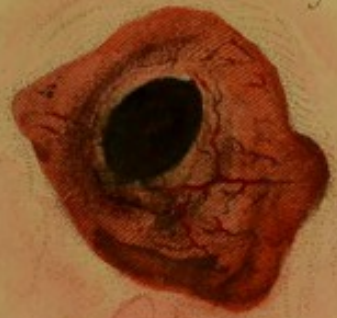

Fig. 2.

Robert Liston Esq —
with J. Campbell's compliments

SURGICAL CASES.

By JOHN CAMPBELL, M. D. F. R. S. E.

SURGEON TO THE ROYAL INFIRMARY EDINBURGH.

(With Engravings.)

(From the Edin. Med. and Surg. Journal, No. 111.*)*

CASE I.—*Case of Spreading Gangrene of the Lower Extremity, in which amputation of the Thigh was successfully performed.*—John Burns, æt. 28, admitted into the Royal Infirmary, December 31st 1830. The right leg and foot are much swelled; the leg is of a natural colour, but the foot is of a bluish tinge, and pits somewhat on pressure. A little above the ankle there is a pretty deep impression or indentation, extending round the limb, as if a cord had encircled it very tightly. Over the inner aspect of the limb, in this situation, the cuticle has been torn off, and the cutis feels hard and dry, and is of a brown colour. No crepitus can be felt on examining the limb carefully. He states that the injury was caused at two o'clock A. M., by the limb having become entangled in a rope passing between the shore and a ship under weigh in Leith harbour. He is uncertain how long the rope was tightly applied round the limb, but thinks it must have been for the space of at least six or seven minutes. Skin hot and dry; pulse 90, and full.

Applicentur hirudines viginti, et postea foveantur partes læsæ Decocto Papaveris. ℞ *Tartrat. Antimonii gr. ii.; Sulphat. Magnes.* ℥*iss.; Aq. Fontan. lb. i. Solve. Sumat uncias tres omni hora donec alvus respondeat.*

Jan. 1st 1831.—Bowels freely moved by the medicine; some nausea and occasional vomiting; foot cold, and sensibility much diminished below the part where the rope was applied; above this, it is of a natural temperature.

Contr. fotus, et applicetur Spt. vin Camphorat. dilut.

Jan. 2d.—Foot rather more swelled, and still cold; sensibility continues much diminished; cutis on the anterior surface of the constricted part is hard and dry; glands of groin enlarged, and tender to the touch. Says that he has occasionally severe pain in the foot.

Applicetur cataplasma emolliens.

Evening.—Complains of severe pain in the leg and foot from the weight of the poultice; had some rigors, which have now ceased; skin hot; headach; much thirst; pulse 120, and full.

Venæsectio ad ℥xvi. Habt. Solut. Tart. Antimon. Omittatur cataplasma et reptr. fotus cum Decocto Papaveris.

Jan. 3d.—No return of shivering; some sweating and occasional vomiting in the night; no headach; pain of foot continues; leg more swelled, and covered by an erysipelatous blush; pulse 120, and not so full.

Contr. Solut. Tartrat. Antimon. 3tia quaque hora. Foveantur crus et pes Decocto Anthemidis Nobilis.

Jan. 4th.—Had some shivering during the night; headach; tongue furred; much pain of leg, extending to the toes. The foot and parts about the ankle have a livid hue; pulse 120; bowels open.

Habt. h. s. Haust. Anodyn. cum Tinct. Opii. gtt. xl. Omittr. solut. Tartrat. Antimon.

Jan. 5th.—Slept well during the early part of last night; pulse 120; sweats much; great thirst; complains of severe pain in the leg. The foot is now more livid, quite cold, and devoid of sensibility; the integuments, as far as the knee, are of a brownish hue; great effusion appears to have taken place into the limb, and this extends some way up the thigh.

As the gangrene appeared to be making rapid progress, my colleague, Mr Liston, who visited the patient for me during my absence as a witness at a public trial, now sent to request my immediate attendance. As we agreed that no time was to be lost in removing the limb, I performed the double flap amputation high in the thigh, at half-past two o'clock. The patient made little or no complaint during the operation. It was found necessary to secure twelve or fourteen vessels, and a considerable quantity of blood was lost. The flaps were brought into apposition, and secured by means of stitches. After the operation, the pulse was very feeble and fluctuating; but it rose again in about two hours, after six ounces of wine had been taken.

Sumt. h. s. Haust. cum Tinct. Hyoscyam. ℥i. Liquor. Opii Sedativ. gtt. xl.

Jan. 6th.—Slept for some time after taking the draught. At two o'clock A. M. he became restless; vomited frequently; and complained of pain in the stump; pulse weak and fluttering.

Sumat Opii gr. i. Camphoræ gr. vi. pro re nata.

Also, one ounce of brandy in gruel every half hour. The camphor and opium were vomited up, but he retained some brandy and water.

Evening.—Pulse 110, and tolerably firm. Has taken during

the evening some strong beef-tea, and one ounce of brandy occasionally.

Jan. 7th.—Slept some during the night; pulse 100, and firm.

To continue the brandy and beef-tea, according to the state of the pulse. Arrow-root for breakfast.

Jan. 8th.—The dressings were removed yesterday from the stump, which had a very healthy appearance, and discharged a considerable quantity of well-formed pus. Stitches not removed.

Habt. vin. Hispan. ℥x.

Jan. 9th.—Considerable sweating during the night; otherwise the same as at last report.

℞ *Infus. Colomb. ℥xvi.; Acid. Sulphuric. Aromat. ʒiss. M.* A wine-glassful three times a-day.

Contr. vin., et Spt. vin. Gall. Habt. h. s. Haust. cum Tinct. Opii et Spt. Æther.-Nitros.

Ordered beef-tea and calfs-foot jelly.

Jan. 10th.—Stump looking well, with a considerable discharge of healthy pus. Pulse firm. Bowels are regulated by means of enemas administered from time to time.

Jan. 12th.—Continues better. Pulse 90, and firm; bowels open; tongue clean. Stitches were removed two days ago. Partial adhesion had taken place.

Applicetur Lotio Sulphat. Zinci.

Jan. 15th.—Had some cough, difficulty of breathing, and pain in the epigastrium during the night, which have now subsided. The wine and brandy were omitted, and he was ordered an *enema domesticum.* Stump doing well.

Jan. 17th.—Passed a restless night; pulse weak and slow; respiration hurried and feeble; countenance sharp and anxious.

Reptr. Spt. Vin. Gall. ℥vi. Habt. Vin. Rub. ℥x.

Jan. 18th.—Feels much better; pulse firm; respiration natural; discharge from the stump moderate in quantity, and healthy looking.

Having given such a detail of the symptoms which occurred during the first fortnight after the operation as appears necessary, it would be tedious to continue a minute account of those which took place afterwards. The general state of the patient varied from time to time, as well as the appearance of the stump; the pulse occasionally becoming feeble and frequent, accompanied with profuse perspirations, and the discharge varying in quantity and quality; but, by the use of a nourishing diet, wine, and tonics, all unfavourable symptoms were ultimately removed, and a perfect recovery took place. The cure

however, proved tedious, owing chiefly to the formation of a succession of small abscesses in the stump, which did not become firm and properly consolidated until between three and four months after the operation. I met the patient, many months afterwards, in good health, walking with the assistance of an artificial leg.

Observations.—Amputation of an extremity during the continuance of a spreading gangrene, and before a line of separation has taken place between the dead parts and the living, is a practice which was at one time condemned almost universally by surgical writers; nor was it until a comparatively late period that the propriety of the rule laid down upon this subject came to be called in question. When we consider, indeed, that the doctrine alluded to has been supported and enforced by men of the first eminence in the profession, amongst whom it is sufficient to mention the names of Sharpe, Pott, and Richter, it is not surprising that few felt disposed to deviate from a rule which had received the sanction of such high surgical authority. But this maxim or dogma, so long taught as an acknowledged principle in the schools, and assented to by practitioners as of universal application, has in the course of more extended observation and experience, undergone certain modifications, and has been shown to admit of some exceptions. Larrey pointed out the important practical distinction (as affecting or determining the question of amputation) between traumatic gangrene and that arising from constitutional causes; and a similar principle has been recognized by other writers of deserved reputation, who have likewise sanctioned the removal of a limb in cases of mortification arising from external or mechanical causes, before nature has set limits to the progress of the disease by any visible line of demarcation. It may be supposed that the examples of success already published by Larrey, Hutchison, Lawrence, and others, * are sufficient to establish fully the propriety of the practice now mentioned; but, as the instances of a fortunate result are not very numerous, I have thought that another well-marked case terminating favourably under circumstances apparently not very promising, might prove worthy of being recorded.

Amputation in the present case was not resorted to until nature seemed unable to resist the farther progress of the disease, by throwing off the diseased parts; while, on the other hand,

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* Amongst those who deserve to be ranked as the earliest advocates for the practice of amputating in cases of traumatic gangrene, before a line of separation has taken place, I ought to mention Mr Curtis, a naval surgeon, who appears to have carried the practice into effect at Madras in 1782.—See Clinical Lectures by Sir George Ballingall, 1828, p. 8.

it was not delayed until those symptoms had supervened which would have rendered the propriety of an operation very questionable, or have made it altogether unjustifiable. The case may be regarded, according to the principles of an able writer,* as an example of local humid gangrene, in which the constitution was not implicated to such an extent, nor the system so much exhausted, as to deprive it of the power of originating and maintaining actions which were subsequently required for the safety of the whole.

The nature of the accident will sufficiently explain the occurrence of gangrene in the parts below the seat of the injury. It is evident, that the soft parts immediately surrounded by the rope must have sustained a severe degree of constriction and contusion, accompanied with rupture of the vessels, so that the latter were rendered incapable of carrying on the circulation, and of preserving the vitality of the limb below. It is worthy of remark, that, before the operation, the inguinal glands of the affected side were noticed to be enlarged and painful, and also that, during the operation, some infiltration was observed to have taken place into the parts which were divided by the knife; but these circumstances were not more discouraging than the state of parts observed in a case recorded by Larrey, and which also terminated in an equally favourable manner as the present. †

Some time after the operation, symptoms supervened denoting much constitutional disturbance, and a state of prostration indicating extreme danger, viz. great frequency and fluttering of the pulse; anxiety of countenance; jactitation; and frequent vomiting. These symptoms, however, were gradually removed by the free exhibition of stimulants repeated at short intervals. In a particular state of the system following capital operations, I have found that plan of treatment, which consists in the very free administration of stimulants, attended by the most beneficial effects; but the practice is one which requires careful regulation on the part of the medical attendant, and one also which no nurse can be properly qualified to direct; it requires, as an eminent author remarks, ‡ the devotion of a few hours to the life of a fellow creature. Sometimes, before any other very marked symptoms of exhaustion have appeared, the contents of the stomach are returned by what physiologists have termed Regurgitation,—a symptom which I have almost invariably seen followed by a fatal result.

In a case like the present, we are recommended always to cut

* Guthrie on Gun-shot Wounds, p. 116, sq.
† Mem. de Chirurg. Milit. iii. p. 162.
‡ Travers on Constitutional Irritation, p. 456.

the ligatures short; * but where the cure by adhesion is attempted, I have found the practice so frequently followed by tedious suppurations that I have now abandoned it. Here the ligatures were cut short, excepting that upon the principal artery; adhesion partly took place; and, as a succession of abscesses formed at distant periods, I am disposed to ascribe the protracted cure, in part, to the presence of the ligatures.

Case II. *Inguinal Hernia, terminating in Artificial Anus.*—Mary Drummond, æt. 65, admitted 9th February 1831, has a large inguinal hernia on the left side, which extends into the *labium pudendi.* There is no pain felt on handling the swelling. The integuments, particularly at the neck of the tumour, are œdematous, and pit on pressure, and are a very little redder than natural. The abdomen is a little swollen, but pressure does not excite any pain in it. Bowels not opened for six or seven days. She has taken no medicine. Pulse frequent; tongue furred; some thirst; a little sickness. The hernia has existed for six years, but was always easily reduced till two years ago, when it came down for four days. Many attempts were made to reduce it, but failed. At last she reduced it herself. It came down on Friday last in the morning, and in the evening she reduced it entirely; but it again protruded, and has since remained down. The taxis has been tried, and a considerable portion of the contents of the tumour returned.

One ounce of castor-oil, and three pounds tepid water, ordered to be injected into the anus by means of Reid's syringe.

Feb. 10*th.*—Continues much the same; bowels opened since the enema; tumour free from pain.

Sumt. Ol. Ricini. ℥*i. Reptr. Enema.*

Feb. 11*th.*—Bowels freely opened last night; slept well; pulse less frequent; tumour as yesterday.

Feb. 12*th.*—Bowels opened yesterday without medicine; has slept well; tongue still furred; some thirst. She now states that the tumour has not been wholly reduced for six months. There is reason to believe that she has made repeated attempts at reduction since her admission into the hospital.

Feb. 14*th.*—Had some tendency to diarrhœa yesterday. This morning at four o'clock a small slough separated towards the lower part of the tumour, and a considerable quantity of feculent matter flowed out. A portion of membrane, supposed to be part of the sac, protruded through the opening.

Opening to be enlarged. Habt. Juscul. Vitulin. lb. ii. Injiciatur Enema cum Tinct. Opii gtt. lxx. si perstiterit Diarrhœa.

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* Guthrie on Gunshot Wounds, p. 127.

Feb. 15*th.*—A probe-pointed bistoury being introduced, the opening was still farther enlarged. Fæces pass freely by the wound. A considerable portion of the bowel is now observed protruding, but the orifice in the gut cannot be discovered.

Ordered a nourishing diet of jellies and strong soups. Veal-soup also to be injected into the rectum. An emollient poultice applied to tumour.

Feb. 16*th.*—Feels easy. Has passed some fæces by the natural way, but more by the preternatural opening.

Feb. 17*th.*—Has had a natural stool, but the greater part of the fæces pass by the wound. Sleeps well; appetite good; pulse 86; tongue still furred. Part of the sac, which is separating off, has been removed with scissors. A large sponge applied to absorb the feculent matter, and prevent excoriation.

Ordered an enema of tepid water morning and evening, and an occasional dose of *Ol. Ricini.*

Feb. 18*th.*—One natural stool, rather costive. Fæces pass out freely at the groin.

Feb. 20*th.*—Bowel becoming retracted. Wound otherwise much the same.

The cataplasm having been removed, mild superficial dressings were applied, and the sponge continued, in order to protect the parts from the acrimony of the discharge. Under this plan of treatment, and the general means already mentioned, the protruded portion of bowel was soon retracted into the abdomen, while the stercoral discharge from the groin gradually diminished in quantity, accompanied by a corresponding contraction in the wound; and the patient left the hospital in good health, the fecal fistula being nearly closed up. Some discharge, however, took place for several months afterwards, but the opening finally healed up three months ago, since which time she has observed no return of the discharge; and she is now in perfect health, following her usual occupation.

Observations.—This case is one of considerable interest as an example of hernia, in which the tumour gave way without the previous occurrence of such symptoms as would have justified an operation. In looking over the histories of similar cases in the works of authors, I have not found one altogether parallel. No symptoms of strangulation occurred while the patient was in the hospital, and I could not ascertain that any had existed previous to her admission, unless those which have been enumerated may be considered as indicating a degree of chronic strangulation, or that state termed by French authors *hernie par engouement des matières.* The patient bore the free handling of the tumour without complaining during my attempts at the taxis; there was no vomiting, nor tension or pain in the abdomen; and the

bowels acted freely after an enema had been administered. And yet the subsequent rupture of the bowel, and the sloughing of the sac, would seem to indicate that an inflammatory action had been going on for some time before, unless it be supposed that the intestines having been loaded with hardened fæces, these, in being forced through the neck of the sac, had lacerated the gut, allowing the fæces to escape, which would be more likely to occur if any adhesion existed there, confining the bowel at any particular point. When the fæces, rendered more acrid by stagnation, had thus escaped into the sac, it will not be difficult to account for the sloughing and suppuration which ensued. The superficial redness of the integuments, which was very slight, might probably have been caused by the frequent and forcible attempts which the patient is believed to have made in order to accomplish reduction. After a free outlet was given by incision to the feculent matter, the gut itself was left undisturbed. A considerable protrusion of the intestine took place, which was most conspicuous after the sac had sloughed off, but the prolapsed portion was afterwards gradually retracted within the cavity of the abdomen.* (See Plate II. Fig. 1.) The treatment was confined to the daily administration of an enema of tepid water, with the view of soliciting the passage of the intestinal contents by their natural route,—to occasional doses of the *Oleum Ricini*, —and to the use of nutritious soups, which were also injected into the rectum ; while the parts were preserved clean and free from excoriation by means of a large sponge kept constantly applied.

This case illustrates forcibly the practical importance of the rule which inculcates the propriety of non-interference on the part of the surgeon, beyond assisting the efforts of nature by means of the most mild and unirritating treatment; and it proves the justness of the remark made by an eminent author, that the restoration is safest when most gradual, when there is evidence of an existing sympathy between the repair of structure and the return of function.†

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* The protrusion was different from that which occurs in a subsequent stage of artificial anus where the gut is inverted. One of the most remarkable cases of the latter description is recorded by Desault, (Œuvres Chirurg. par Bichat, ii. 370.) Other cases of prolapsus will be found in Travers on Inj. of Intest. 102 ; Lawrence on Ruptures, 365 ; Hennen, Milit. Surg. 407 ; Scarpa on Hernia, 339. For an interesting case of rupture of the intestine, see the latter work by Wishart, 361.

† Travers on Injuries of Intest. 371.

A case of hernia with mortified intestine occurred two years ago in the Royal Infirmary, upon which I operated, and which was followed by artificial anus. It terminated in a closure of the stercoral orifice, though this did not prove permanent. Occasionally no discharge was perceptible for three or four weeks at a time, after which it again returned. A minute portion of feculent matter is still discharged now and then through the fecal fistula; but by wearing a truss the man is able to follow his occupation as a labourer in the fields.

CASE III. *Contraction of the mouth remedied by an operation.*—Mrs Jaffray, æt. 55, admitted 25th August 1831. There are three or four irregular, elevated crusts, of different dimensions, and of a dark colour, situated on the forehead and sides of the face. The skin immediately around them is slightly scaly, but free from any inflammation or uneasiness. The whole of the integuments of the face are smooth, glistening, and superficially pitted, with slight ulcerations in some parts, and in others presenting the appearance of recent cicatrizations. The lower eyelids are partially everted, the cilia have fallen out, and the tears trickle down the cheeks. The aperture of the mouth has undergone considerable contraction during the process of cicatrization, and the articulation and mastication are in consequence considerably impaired. There is no eruption on any other part.

She states that the above complaint is of three years' duration, and thinks that it first attacked the nose and upper lip. Since then, it has travelled over the whole face, and as it has declined in one part it has appeared in another. The incrustations after dropping off leave a raw ulcerated surface, which, after discharging for some time, gradually heals up. She is unable to give any history of the process which the eruption follows, and is ignorant of the nature of such remedies as have been used.

August 29th.—℞ *Axung.* ℥iss.; *Hydriodat. Potass.* ʒi.; *Iodin. grs. xv. Applicetur ulceribus mane et vespere.*

Under the use of this application, the ulcerated surfaces were cicatrized by the 10th September. As the patient now expressed an anxious desire that an attempt should be made to remedy the contracted state of the mouth, I performed the following operation. The point of a bistoury, with a very narrow blade, was introduced into the edge of the upper lip, close to the angle of the mouth, and carried outwards in the direction of the ear, for a short space, keeping it between the integuments and the mucous membrane of the mouth. The point of the instrument was then made to protrude through the integuments, which latter were divided as far as the bistoury had penetrated, by turning its cutting edge towards them. A corresponding incision was made in the same manner from the edge of the lower lip, and parallel to the first. These two incisions were next united by a lunated one made between their extremities on the cheek, and convex towards the ear. The portion of integuments included in these incisions was now dissected out, together with some condensed cellular substance lying over the subjacent mucous membrane, which latter was left entire, after having been separated for a short way from the integuments at their cut edges. I then

divided the exposed portion of mucous membrane along its middle, leaving a small portion of it entire at the outer angle, opposite the lunated incision mentioned above. The divided edges of the mucous membrane were next everted and brought into contact with the cut edges of the integuments, to which they were secured all round by means of sutures. A similar operation was performed at the opposite angle of the mouth, after which the parts were covered with some folds of surgeon's lint moistened with cold water, which was directed to be renewed from time to time.

Some tumefaction of the parts took place on the following day, but this soon subsided, and on the fourth day the sutures were removed, adhesion having been then sufficiently completed.

Observations.—This patient was admitted into the Medical Wards of the Royal Infirmary under the care of Professor Christison, who pointed out the case to me, and suggested that the defect in the mouth might probably be remedied by the operation proposed and practised by Dr Dieffenbach, of Berlin. The rigid state of the surrounding parts, and their disposition to take on the ulcerative process, were circumstances unfavourable to the success of an operation; but as the patient experienced much difficulty in taking food, and complained of an almost constant dribbling of saliva from her mouth; and, moreover, as she earnestly solicited me to endeavour to relieve her from these inconveniences, I was unwilling that she should leave the Hospital without some attempt being made to remove a defect irremediable by any other means than an operation. In a less diseased state of the surrounding parts, the success might have been greater, but the degree of it was as much as the nature of the case seemed to admit of. The patient has since been able to take her food with much greater ease, and the troublesome flow of saliva over the lips has ceased. No tendency to a return of the ulceration had shown itself at the distance of three months from the time of the operation.

Case IV. *Destruction of the Eyelids, followed by a singular appearance of the Eyeball.*—Henry Muir, æt. 28, admitted 17th December 1831. The whole forehead is more or less covered with incrustations and cicatrices of previous sores. Commencing at the left superciliary notch, and extending to the external angle of the right orbit, there is a lengthened depression, apparently from an exfoliation of the right superciliary ridge and other neighbouring portions of the *os frontis*. Both eyelids of the right side are completely removed, and the conjunctiva stretches tightly over from the upper margin of the orbit, to which it is firmly connected, to the lower, being there continuous with

the integument of the cheek, as it is above, with those of the forehead.

The conjunctiva is in a thickened state generally, and that portion internal to the cornea is partly in a granulated condition. The cornea is opaque, and appears as if a thickened and partly corrugated membrane extended over it. Within the external angle of the *os frontis* there is a small patch of red membrane, with some ulcerated points, through which a limpid fluid, like tears, sometimes copiously exudes. A considerable part of the conjunctiva appears superficially ulcerated. No traces of the *puncta lacrymalia* can be discovered. He is only sensible of a very strong light, as that produced by placing a lighted candle very close to the eyeball. The eyeball moves in the orbit to a limited extent, its motions being retarded by the tense state of the conjunctiva.

The prepuce has also been entirely destroyed by ulceration, leaving the *glans penis* uncovered. There is an ulcer, with undermined edges, encircling the root of the penis, and another situated on the under part of the penis near to the glans, where a small opening communicates with the urethra, allowing a great part of the urine to escape by it. An ulcer of a similar character is also observed upon the nates.

No satisfactory account can be obtained of the history of the case; but it is believed that he had been affected with syphilitic ulcers, and he admits having taken mercury to a considerable extent.

Observations.—Instances of a partial destruction of the eyelids have sometimes been met with in practice, but I am not aware of any example having been recorded in which both eyelids of the same side had been wholly removed by ulceration, leaving the eyeball altogether exposed, and presenting the singular appearance observed in the present case. From the eyeball being deprived of its natural covering, and left constantly exposed to the contact of the air and the irritation of extraneous bodies, the usual changes have taken place here which are observed to happen to a more limited extent in certain cases of *ectropium* and *staphyloma*, viz. a thickened condition of the *conjunctiva*, and an opaque state of the *cornea*.—(Plate II. Fig. 3.)

When the patient was admitted into the hospital, a considerable part of the sclerotic conjunctiva presented a raw surface; but after the use of an astringent lotion for some time, it became covered with a thin film or pellicle of new cuticle, excepting two very limited portions at the inner and outer angles of the eye.

At the outer angle of the eye, a little below the situation of the lacrymal gland, the tears are seen exuding from very minute and nearly invisible orifices, at two separate places, a little dis-

tant from each other, where they collect in globules and then trickle down the cheek. At the inner canthus, a little clear fluid is sometimes seen resting upon the surface, which it is conjectured may come from the lacrymal sac, if this be not yet obliterated. (See Plate II. Fig. 2.)

The patient suffers neither pain nor inconvenience from the exposed state of the eye.

The ulcers on the genitals having been in a chronic and indolent state, showed little disposition to take on a healthy action; but by putting the patient on a generous diet, and administering nitric acid internally, together with the local application of lunar caustic, followed by solutions of the sulphate of copper and sulphate of zinc to the sores, these were brought into a healing state, and they are now nearly cicatrized.

In cases of carcinomatous affections of the eyelids requiring their removal, surgeons have directed that the eyeball should be extirpated at the same time, in order to save the patient from that extreme degree of suffering supposed to arise from constant exposure of the eyeball; but the present case shows that this state of irritation is not an invariable result of such exposure, since the patient, as already stated, experiences neither pain nor uneasiness at present, nor is he likely to do so in future, as the parts are becoming covered and protected by the formation of a new cuticle over the surface which has been left exposed by the loss of the eyelids.

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