A CLINICAL REPORT
ON
XANTHELASMA PALPEBRARUM,
AND ON
ITS SIGNIFICANCE AS A SYMPTOM.

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[THE data upon which this paper is based consist of seven cases recorded by other observers and of nearly forty from my own notes. I have also availed myself in several instances of references to cases made by authors who have not recorded them in detail. All the cases which I have been able to collect are given in the appended tabular statements.]

The symptom which forms the subject of the following remarks has been long known to writers on skin diseases. It was, I believe, first definitely mentioned by M. Rayer, who spoke of the occurrence "on the eyelids and in their vicinity of little yellowish spots or patches very much like chamois-leather in colour, soft to the touch and slightly prominent, without heat or redness, and often very sym-

metrically disposed." M. Rayer, although he thus very concisely enumerated the local features of the disease in its more common form, gave to it no distinctive name; nor does he appear to have inquired as to the association with it of any constitutional phenomena. Dr. Addison subsequently recorded three cases and gave it the name of *Vitiligoidea plana*. Mr. Erasmus Wilson has more recently designated it as *Xanthelasma*, and as his name alludes merely to the most prominent feature of the disease, and involves no hypothesis as to its resemblance to "Vitiligo," I think it much the best. The form of the disease which is by far the most common is so constantly met with on only one part of the body that it will I think be convenient to refer to this fact in its name, and to speak of it (with Mr. Wilson) as *Xanthelasma palpebrarum*.

Dr. Addison was, I believe, the first to associate vitiligoidea with disease of the liver, an observation which has been confirmed respecting certain forms of vitiligoidea by several writers. I believe it is now generally acknowledged that when the vitiligoidea of Addison shows itself over the general surface of the body it is indicative of disease of the liver, that the patient will probably suffer from a peculiar form of jaundice, and that the disease will be attended with danger to life. Observers have, however, not paid much attention to the constitutional symptoms which attend the slighter and far more common forms of the disease in which it is limited to the eyelids. Dr. Addison recorded one case in which it was thus limited and two others in which it occurred on the eyelids and on other parts as well, and a few isolated cases by Mr. Wilson and others have since been published. Both Mr. Wilson and Professor Hebra have given good delineations of the disease. There can be little doubt that the disease is of the same character when it occurs on the eyelids only, and when it is met with on other parts of the surface and even in internal organs. The various adjectives "*plana*," "*tuberosa*," "*granulosa*," "*papulosa*," have been applied to varieties of a disease which is in all essential features the same, and their clinical applications are not a little difficult to assign correctly. Two at least of the cases pub-

lished by Dr. Addison in his first paper are not examples of true xanthelasma, and one of them probably belongs to a wholly different category, in which a very peculiar eruption occurs in connection with diabetes.

The chief object which I proposed to myself when, some years ago, I commenced to collect a series of cases of *Xanthelasma palpebrarum* was to ascertain whether its peculiar yellow patches could be considered symptomatic of any form of constitutional disease. The results of my inquiries are stated in the tables which accompany this paper. In order to avoid prolixity I will state my conclusions under the following heads :—

1st, in regard to the *Character of the Patches*, it is certain that they sometimes present remarkable deviations from the typical buff colour which has been so aptly compared to “chamois-leather.” Repeatedly I have observed plugs of sebaceous matter projecting from the open orifices of follicles which were surrounded by yellow deposit. In some cases the follicular disease seems the chief part of the local malady, and when such is the case, the parts of the skin affected are the same, and the tendency to symmetry is as marked as in the more common forms. In a single instance¹ I found groups of serous cysts of considerable size arranged precisely as the patches of xanthelasma usually are, and in proof that this case really did belong to this category was the fact that a few small but perfectly characteristic yellow patches were interspersed amongst them. A portrait of this patient accompanies the paper, as also several others showing the sebaceous complications just alluded to. (See Plate III, figs. 1—3.) These cases seem to justify us in attaching great importance to the precise locality affected, as well as to the pathological conditions produced, and they suggest that it is very possible that the same constitutional cause may now and then find its expression in the production on these parts of conditions bearing little or no resemblance to the ordinary xanthelasma. Thus in one case, which however I have not ventured to count in the present series, an old man presented symmetrical patches of

¹ Case 11.

a curious form of acne which curved round the inner angles of his eyes, and did not occur on other parts of his face; it is very possible that these patches were as regards cause closely allied to xanthelasma.

2nd. *The parts affected.*—The disease invariably begins near to the inner canthus of the eye, and usually attacks both upper and lower lids, frequently curving round the canthus. When advanced its largest patches are almost always on the upper lid, and when it begins in a single patch that patch is usually seen on the upper lid. It is very common for it to begin in several places at the same time, and for the spots to coalesce into larger patches as it advances. I have not been able to find a single case in which it began near to the outer canthus, or in which it began on any other part of the face than the eyelids.

3rd. *Its symmetry.*—In advanced cases the disease is always symmetrical. Its symmetry is, however, often long delayed, and for several years it may happen that the patches are present only on one side. So far as my own observation goes, when one side only is affected it is almost invariably the *left*, and it curiously happens that the few cases on record by other observers, in which the side on which it begun is stated, all conform to this rule. The number of cases in which the disease was confined to the left side in my series was 10,¹ or rather less than one third of the whole. In several in which it was present on both sides it was more extensive on the left than on the right.² In only one,³ so far as my notes extend, was the reverse the case. In one case a patient who had had it on both sides alleged that it had begun on the right, but this statement rested only on her memory and may have been a mistake. It is difficult to avoid an impression that this remarkable fact must be dependent on something more than mere accident.

4th. *Age of the patient.*—The youngest patient in my

¹ Nos. 4, 5, 6, 15, 16, 17, 23, 25, 30, 36.

² Nos. 2, 9, 19, 22, 24, 29, 31, 32, 35.

³ No. 28.

series was 28 years of age when the disease commenced, the oldest 59 years, the average being 42 years.¹

If instead of the age at which the disease began we take that at which the patients first came under care, the two extremes will be 32 and 84, and the average of all the cases will be between 53 and 54 years.

5th. *Sex*.—Exactly one third of the whole number were males;² thus the disease would appear to be twice as frequent in the female sex.³

6th. *Evidence of constitutional disease*.—My chief inquiry was as to disease of the liver, and in connection with this my attention was early attracted to the circumstance that most of the patients had suffered in a very unusual degree from sick headaches. In fifteen⁴ cases there was the history of sick headaches of great severity; whilst in six others⁵ the same symptom had occurred, but with less violence. In several of the patients who had been liable to sick headaches other curious symptoms of functional derangement of the nervous system had shown themselves. One patient, a man (No. 31), had been liable to attacks of temporary blindness, from which he recovered usually within a few minutes. At length one of these left him permanently blind of one eye, without any ocular changes discoverable by the ophthalmoscope.⁶ His attacks of blindness had sometimes affected one eye, sometimes the other, and more rarely both at the same time. After the attack a violent sick headache always followed. In another case a woman (No. 11), who was the subject of the cystic variety of xanthelasma (see Plate III, fig. 1), had been liable to attacks

¹ The age at which the disease began is stated in only ten cases, and the above statements apply only to those cases.

² Twelve cases out of 36.

³ Mr. Wilson writes, "It is remarkable that the disorder is almost exclusively confined to women." Dr. Fagge states of a case under the care of Dr. Habershon, that he believed it to be the first instance of the disease together with jaundice occurring in a man. Dr. Murchison has, however, since recorded a fatal case in a man.

⁴ Nos. 5, 6, 11, 15, 18, 22, 24, 25, 26, 29, 30, 33, 34, 35, 36.

⁵ Nos. 2, 4, 9, 17, 23, 31.

⁶ Recorded in detail in 'Ophthalmic Hospital Reports,' vol. vi, p. 275.

in which she lost the use of her hands; this loss of power was quite complete for a time, but did not last long; it was attended, also, with numbness. The numbness would usually not last more than about an hour, and was followed by a severe headache, which, after lasting for about half an hour, gave place to extreme hunger. A third patient, a woman, who had xanthelasma, and had suffered from jaundice, had been liable to numbness of the hands and feet on both sides, and had, at least on one occasion, become suddenly blind. Her attack of blindness, after lasting for an hour or two, passed completely away. In a fourth case a patient who had had great enlargement of the liver, with "black jaundice," had become insane during the illness. This gentleman's case is given in full in the Appendix.

It must be remarked that the disturbances in nerve function mentioned in these cases are such as occur now and then in association with sick headaches and other symptoms which are popularly supposed to be connected with the liver. "Swimming before the eyes" is a very common accompaniment of a sick headache, and it is now and then aggravated to a state of partial blindness, and occasional attacks of numbness in one or both of the hands is also sometimes mentioned in the same connexion.

The symptom of *jaundice* is noted as having been present in six cases¹ out of my series, and in all of these it had passed off at the time the patient came under my observation. None of the patients were severely ill when I saw them, though several gave the history of having formerly been so. In many of my cases I do not possess any positive note as to jaundice having never occurred, but, in spite of this omission, I feel confident that it had not been present, since, if it had been, it would certainly have been noted. Of the cases previously published by others, only seven in number (which I have tabulated in the appendix), jaundice is noted in all. Three of these seven presented the patches on other parts as well as the eyelids; whilst in four the disease was restricted

¹ Nos. 2, 5, 9, 13, 24, 26.

to the latter positions. In all the jaundice persisted at the time the patient came under observation, and we may, indeed, reasonably suppose that it was on account of it that the patient came under medical care. In almost all of these it is expressly noted that the liver was much enlarged. In one or two there is the record of attacks of temporary jaundice which had passed off before the occurrence of the one during which the patient came under observation. It seems clear that when the disease affects the general surface, the constitutional symptoms, and especially the hepatic disorder, are much aggravated. It is believed that at least three of the seven cases to which I have referred, as recorded by other observers, ended fatally. In none of my own cases were there any symptoms which in the least implied danger to life. The majority of them, indeed, came under my observation, as it were, accidentally, in connection with other and totally distinct maladies, or, in not a few cases, as the companions, of other patients. Dr. Hilton Fagge has mentioned, on the authority of Dr. Wilks, two cases of xanthelasma of the eyelids in which there were no hepatic symptoms, and Mr. Erasmus Wilson states that he has twice seen xanthelasma in *young* women in whom there was no symptom of torpid action of the liver; the most marked case, he says, occurred in a young woman who was "perfectly healthy in all her functions."

I am not aware that any writer has taken note of the symptom of sick headaches in reference to these cases, and it has probably been considered as too common and too trivial to be of much value; at any rate, it is not mentioned in any one of the seven cases to which I have referred. As the result of careful inquiry upon this point I cannot feel any doubt that the proportion of those in my series who had suffered severely from this symptom is in large excess of what happens in the population generally, whilst in most the headaches had been also of unusual severity. In about one third of my cases, however, they had not occurred in any remarkable degree, and I believe it may be said of nearly all these patients that they considered themselves in very good

health ; many of them were already far advanced in life. Whilst, therefore, it is, I think, impossible to avoid the conclusion that xanthelasma of the eyelids does, in a majority of cases, indicate liability to disturbance in the function of the liver, we are bound to admit that in a not inconsiderable proportion this liability is quite compatible with long life and a fair average of health.

Speculations as to the cause of xanthelasma and its use as a symptom.—It is a fact not without its interest that in almost all the severe cases in which jaundice was associated with the xanthelasma, it had taken precedence of the latter as to date of occurrence. It is clear that the occurrence of xanthelasmic patches on the eyelids, unassociated with jaundice, whilst it may be interesting as enabling the observer to read his patient's history backwards, and especially to assert that sick headaches, &c., have, in all probability, preceded it, is of little or no importance for purposes of prognosis. It is well known that those liable to sick headaches during the early and middle periods of life often lose them as age advances ; this fact is noted in not a few of my cases in which the xanthelasma appeared after the subsidence of the other symptoms of liver derangement. Xanthelasma would appear, therefore, to be a somewhat remote consequence rather than a coincident symptom. The absolute immunity of young persons also favours this view, and I have sometimes been tempted to suspect that xanthelasma of the eyelids stands in some relation to the temporary attacks of dusky pigmentation of those parts which is so well known to occur in connexion with temporary derangements, both of liver and uterus. A dark areola around the eyes is a very well-known symptom of the functional derangements referred to, and although its physical cause may probably be in part venous congestion, there can be no doubt that some pigmentary change also occurs. The parts most affected are those near to the inner angle of the eye, and these are precisely those in which xanthelasma usually makes its appearance. It is just possible that it is, after all, chiefly a senile

change in cell-structures which have been in former times very often the seat of temporary deviations from normal nutrition. We may note in this connection that many patients show, in addition to the xanthelasmic patches, a permanent condition of excessive pigmentation of the eyelids, and that a large majority are of a dark complexion. It is possible, further, that we have in this suggestion a clue to the explanation of the disproportionate frequency with which xanthelasma affects the female sex, and also to its occurrence in a certain number of cases without any evidence whatever of biliary derangement. In both sexes the generative organs are capable of disturbing, in a reflex manner, the general health, and of inducing symptoms at distant parts, such, for instance, as sick headaches or nervous headaches, and dark areolæ around the eyes. Although such symptoms may occur in either sex, they are, out of all proportion, more frequent, more severe, and more persistent in females. It may chance that it is precisely in the cases in which uterine disturbance has been at work that we get xanthelasma in females who have no derangement of the liver. We may note in reference to this point that in one of my cases the patient,¹ a woman, æt. 39, had ceased to menstruate at the age of 25, and that in one of the cases recorded by Dr. Addison menstruation had ceased at 35, and that the patient dated her illness from that time. It may even be suggested as possible that in some the physiological influence of pregnancy may have been the only one at work. Many women during pregnancy have pigment accumulations in the eyelids.

Whilst compiling this paper, and since the above remarks were written, a remarkable fact in confirmation of them has come to my knowledge. A medical friend who is the subject of xanthelasma, but who has never suffered from sick headaches or any marked symptoms of liver disturbance, tells me that whenever overfatigued or out of health, very conspicuous dark patches appear in his eyelids. To such an extent has this been the case that his friends always know when he is not feeling well.

¹ Case 11.

As regards the *precise nature of the yellow deposit*, I have at present no new histological facts to add; I take it, however, as quite certain that the changes are by no means so uniformly similar as has been supposed, and that the glandular structures of the skin are not unfrequently involved as well as the rete mucosum and corium. Possibly in some cases the changes occur only in sebaceous glands. In one case in which I cut out the patches, I found yellow deposits in isolated specks, just like those so constant in melanosis, in the cellular tissue under the skin.

Do xanthelasmic patches ever disappear? My belief is that they always either increase, or at least remain stationary. Although I have sometimes been told by patients that their patches were getting smaller, I have never obtained any proof which was convincing to my own mind.

On cases of great enlargement of the liver.—In conclusion, I wish to ask the attention of physicians to the interesting fact which has come prominently forward in connection with this inquiry, that there is a form of hepatic disorder in which the organ may increase immensely in size, in which jaundice may be present for a long time, and may even pass into the black variety, and yet the patient may recover. The two cases which chiefly justify this statement were under the care respectively of my friend Dr. Smith, of Cheltenham, and my colleague Dr. Andrew Clark. Each of these observers assured me that at one time his patient's liver was of enormous size, its enlargement easily visible, and "nearly filling the abdomen." In each long persistent jaundice occurred, and the patient's recovery was despaired of. In one case the patient became black. Yet in both instances the patient is at the present time in good health, the jaundice gone, the liver of its normal size, and nothing left but the patches on the eyelids. I am not aware that any cases quite parallel to these have been recorded. Several observers (Addison, Pavy, Fagge, Murchison) have recorded with much care the facts

as to disease of liver with xanthelasma, and have noticed moderate enlargement, but several of these cases ended fatally, and in none did the enlargement approach that just described.

Recapitulation.—Briefly, then, to *recapitulate* the principal conclusions to be deduced from my facts, we find—

1st. That xanthelasma never occurs in children, and is fairly common in the middle and senile periods of life.

2nd. That in a large majority of cases the patient is not seriously ill, nor in any danger of becoming so.

3rd. That in a small proportion of very severe cases, jaundice with great enlargement of the liver is met with.

4th. That when jaundice occurs it almost always precedes the xanthelasma.

5th. That the form of jaundice is peculiar, the skin being of an olive-brown or almost black tint, rather than yellow, and the colour remarkable for its long persistence.

6th. That the enlargement of the liver may be very great, and that it may subside and the patient regain good health.

7th. That in many cases in which there has been no jaundice there is yet the history of frequent and severe attacks of functional derangement of the liver.

8th. That xanthelasma occurs more frequently in females than in males, the proportion being two to one.

9th. That the xanthelasmic patches always occur on the eyelids first, and that in not more than about 7 per cent. do they ever extend to other parts.

10th. That the patches almost invariably occur first on the left side, and that they invariably¹ commence near to the inner canthus.

11th. That xanthelasmic patches on the eyelids are of little or no value for purposes of prognosis, being the evidence of past rather than of coming disturbances.

12th. That it is not improbable that they result from the

¹ In Case 31 the only patch on the *right* side was near the *outer* canthus the disease had, however, evidently begun on the left side where the patches were not confined to the outer canthus.

derangements in the nutrition of the skin of the eyelids which frequently occur in association with both hepatic and ovarian disturbances.

13th. That it is not improbable that patients who display xanthelasma unusually early in life, and who yet have no severe hepatic symptoms, are experiencing prematurely other forms of senile change.

14th. That any cause capable of producing dark areolæ round the eyes—pregnancy, liver derangement, ovarian disorder, or mere nervous fatigue—may predispose to xanthelasma.

15th. That the xanthelasmic patches may show themselves long after their predisposing cause has ceased to exist.

16th. That when the yellow patches are met with on other parts as well as the eyelids, they are almost always caused by liver disease.

17th. That the patches of true xanthelasma are always persistent, and usually tend slowly, but steadily, to increase.

18th. That if any eruption supposed to resemble xanthelasma should show a definite tendency to spontaneous subsidence, the correctness of the diagnosis ought to come under question.

19th. That the disease to which the term *vitiligoidea tuberosa* is chiefly applicable having been twice noticed in association with diabetes, and having in both instances come out suddenly, presented marked differences from ordinary xanthelasma, and also shown a tendency to cure, is in all probability a distinct malady.

The following cases appear to merit more detailed record than could be given them in the tabular form :

Xanthelasma palpebrarum. Severe hepatic dyspepsia. Repeated attacks of temporary blindness. Ultimately persistent blindness of one eye without ophthalmoscopic changes.

William Savage, æt. 45, of dark complexion. On the eyelids of the left eye are three patches, one at the outer canthus,

one above the inner canthus, and a third below that point. On the right lids there is a very small one at the outer canthus, corresponding exactly with that on the opposite side, but there are no representatives on this side of those on the upper and lower lids of the left side. The three patches on the left side are all of considerable size, a third of an inch long or more, and oval; that on the right side is a mere speck. They present the usual characters.

He states that he has suffered much from his liver and from indigestion. He has been very liable to sick headaches. Eight years ago he was under Dr. Gull's care for indigestion, and believes he was supposed to be threatened with consumption; he was so weak he could not work, and suffered much from pain in the head. He has long been accustomed to take medicine for his stomach. He takes aperient medicine to prevent sick headaches, but his bowels are not usually costive. His headaches are attended by giddiness. He has never had jaundice. He has had "rheumatic fever" three times.

He has for a long time been liable to attacks of temporary blindness, lasting only a minute or two, and usually followed by a sick headache. On a few occasions both eyes have failed in this way, but generally only one has been affected at the same time, and the right has suffered in this respect oftener than the left. His last attack occurred rather more than a fortnight ago, and it differed from all his previous attacks in ending with *permanent* blindness of one eye. While at work he found a cloud coming rapidly over the *right* eye, and in a minute or two he was quite blind in it and has remained so ever since. After the blindness came on he had as usual an attack of headache, which he spoke of as "great pressure on the head." His sick headaches have varied much in position at various times; sometimes the pain has been all over one side, while at others only a small patch has been affected.

On admission, April 19th, 1869, he is found to be quite blind in the *right* eye, while with the *left* he reads 1 J. easily ("Brilliant"). Examination with the ophthalmoscope (made

on several occasions) discovered nothing abnormal. I lost sight of the man about three weeks after the attack described, and up to the date of his last visit no improvement had taken place.

Xanthelasma palpebrarum, with the history of a severe attack of black jaundice, and of several attacks of insanity. Violent sick headaches.

Mr. W—, an unmarried clergyman, æt. about 45, has very considerable patches of xanthelasma on his eyelids. The deposit is arranged quite symmetrically, and involves both upper and lower lids near to the inner canthus. It consists of small patches and groups of dots, which differ from the most common form only in being more raised and of a lighter tint of yellow, *i. e.*, not buff but a canary or lemon tint. Being much interested in the case I have succeeded in obtaining, partly from Mr. W. and partly from his medical attendant Dr. S., the following particulars as to his health. He suffered during the early part of his life from most violent sick headaches. Five years ago he became insane and was put under restraint. He himself always persisted in saying that it was nothing but a liver attack. He recovered perfectly after a time and returned to parochial duties. Another attack of the same kind, however, occurred, and he was again an inmate of an asylum. During his recovery from the second attack, and after the balance of his mind had been pretty well restored, he became very ill; he had an attack of jaundice, which Dr. S. told me surpassed in severity anything he had ever seen. The liver was now immensely enlarged, so much so that the prominence of the organ was easily visible. His complexion became after the jaundice so dark that he was sometimes taken for a mulatto; he himself told me that his colour was so dark that the street-boys used to remark, "There goes the black man." This all cleared off, and his complexion at present, excepting that it is swarthy, is not peculiar. At the time of the jaundice he had also a form of general dropsy, and partially lost the use of his lower extremities. It was expected that he would die.

*Xanthelasma palpebrarum, with symmetrical serous cysts.
History of transitory attacks of numbness and dimness of
sight. Severe sick headaches.*

Miss A—, æt. 46, florid and healthy looking, presents a very peculiar form of xanthelasma palpebrarum. On the upper and lower eyelids of each side near the inner canthus, and arranged in exact symmetry, are three serous cysts. One of these is just above the canthus, another a little below it, and a third on the lower lid near its middle. The epidermis over them is so thin that the transparent contents can be seen through it. There is not a trace of inflammation about them. Although symmetrical in position they are not exactly equal in size on the two sides. Above the middle one on each side is a small yellow patch of xanthelasma, and one or two other spots of the same may be found on careful search. I am precise in insisting upon this, because the yellow patches were too small to be made very apparent in the drawing. There cannot be the slightest doubt about these patches, and they are sufficient to prove the true relationships of the disease even if its curious position, symmetry, and history did not suffice to imply the same. The cysts have been present and gradually increasing for seven years, and have never caused the slightest pain.

Miss A—is of active habits, and has never suffered, so far as she knows, from liver disease. She ceased menstruation at the early age of twenty-five, and has never since had any menstrual discharge whatever. She has not been liable to any disturbance at her monthly periods, and the only symptoms which can be supposed to have had any connection with her ovaries or stomach are the following:—For many years past she has been liable to occasional attacks of numbness, during which her hands become useless because she cannot feel anything in them. After lasting about an hour this numbness passes off, and is followed by a short sick headache, not usually longer than half an hour, which is in its turn followed by abnormal hunger. She spoke very definitely about these numb attacks, and mentioned them very often.

During one such attack, which came on while she was out driving, her sight became dim, "a sort of half sight," and her "speech thick," so that it was with difficulty that she could speak to her companion; she managed, however, to continue driving the pony. This attack lasted half an hour, and was, as usual, followed by a bad headache. These seizures have not occurred regularly once a month, but only two or three times a year. They are always bad enough to require that she should lie down for a time. During the last twenty years the hair on the vertex of her head has been falling, and she is now quite bald in the middle region from forehead to occiput.

Xanthelasma palpebrarum. Amaurosis of right eye. Alopecia of scalp, trunk, and limbs. Commencing locomotor ataxy.

Joseph Pieri, æt. 57, an Irishman, who has lived for thirty-eight years in London. Married, and the father of fifteen children; had been a moderate drinker, and had never smoked; he was pale, but in good general health. He had not been liable to headaches, and had shown no symptoms of liver disease. He had known of the xanthelasma spots on his eyelids for only about six months.

On admission it was found that the inner extremity of the eyelid on each side, and the sides of the root of the nose, were dotted over with yellowish spots of various sizes, the largest the size of a split pea, the smallest only as large as a pin's head; all of them were elevated, and in the centre of nearly all was a black point, apparently the choked orifice of a sebaceous follicle. Some of the larger were yellow, flat, and level, without any orifices, and in every respect characteristic of xanthelasma. The majority of the spots were situated to the inner side of the eyelid, on the side of the nose; several, however, were on the eyelid itself. Those below the level of the canthus were very small. The disease was remarkably symmetrical, with a few slight variations.

He was quite blind. The *left* eye had been lost for many years; he appeared to have had a perforating ulcer of the

cornea, and had had iridectomy performed seven years before. The *right* eye had been blind for nine years; he had the faintest possible perception of light with this eye; the disc was atrophied, and the pupil small, motionless, and incapable of dilatation in the dark.

The hair of his scalp and eyebrows was almost entirely absent, only a few scattered white hairs remaining. He began to lose the hair of his scalp in patches sixteen years ago; it fell rapidly not only from the head but all over the body, and in six months he had lost almost all the hair on his body. He was not in the least ill while his hair was falling.

He stated that he did not know what a sick headache was, and had never had headaches of any kind. The only symptoms which seemed referable to the liver consisted of pain darting across the lower part of the chest; it was very frequent, but generally lasted only two or three minutes at a time. He stated that he had sometimes suffered from flatulence.

There were also present at the time of admission the following symptoms of locomotor ataxy. He complained of sharp shooting pains, "like lightning," in various parts of the limbs and trunk, but never in the head. He had been liable to them for about three years, and considered them "rheumatic." These pains were very severe indeed, but never lasted more than a few minutes; in walking he had often been obliged to stop for awhile on account of the sudden sharp pain in his limbs. There was no defect of sensation in his fingers, nor any weakness of his legs, but his gait was uncertain, and he stated that he would often fall if he were not very careful to catch hold of supports.

Table of Cases of *Xanthelasma Palpebrarum* (*Vitiligoidea*).

No.	Name, age, reference, date.	Age at which the disease began.	Duration of disease.	Character and position of patches.	Previous health.	Remarks.
1	Maria Jinks, 60, London Hospital, Sept., 1870	59	About 1 year	Small patches on the upper eyelids of both eyes, near the inner angles.	Had enjoyed good health, and had not suffered in any special degree from headaches, nor had any bilious symptoms	Her mother had died of "liver disease." She herself died under my care in the London Hospital of cancer of the vagina and bladder; her liver was not diseased.
2	A woman, 46, married	...	?	Elongated patches, with a few small round ones, on upper eyelids near inner canthus; none of them are distinctly glandular, but a few enlarged sebaceous glands were seen on the large patches; more abundant on left side than on right.	Sallow; black hair; liable for years to sick headaches and vomiting of bitter matter; headache frontal, and worse on right side; no constipation or indigestion; one attack of jaundice; often numbness of hands and feet on both sides; once loss of sight for an hour or two	<i>Vitiligoidea granulosa et plana</i> . Note that the disease was more abundant on the left side.
3	A woman, 53, London Hospital, Dec. 16, 1887	...	...	Well-marked vitiligoidea of the eyelids.	...	There is no further note as to the vitiligoidea; she was admitted for a tumour of the femur, suspected to be a node.
4	Sophia Goring 55, 11, Glaucois St., Devon Lane, Bromley	...	Does not know	A single patch of the plane variety on the upper lid of the left eye, near inner canthus; none on right side.	Is subject to sick headaches and vomiting; these symptoms have been worse lately; for the last year or two has often had tingling and numbness in her hands and arms soon after she wakes in the morning	Note that the disease occurred only on the left side.

5	R. Arkell, 79, under Mr. Dixon's care for cataracts	...	...	A single small round spot on left upper lid, yellow with a black speck in the middle.	Suffered from frequent severe headache from age of eighteen to about forty; headache frontal, and usually on right side; was very nervous during this time; jaundice at 44; health improved much after headaches left him; used to lose his appetite, but not vomit; no constipation; no indi- gestion	Mr. Dixon extracted his cataracts; he had very good sight for a year; he then had an attack of painless glaucoma in his <i>left eye</i> . Note occur- rence of xanthelasma on <i>left</i> side only.
6	Mrs. Fenwick, 64, under treatment in Nov., 1889, for Meibomian tumours	...	...	A small patch of xanthelasma on upper lid of <i>left</i> eye only.	Florid and healthy; for many years has had very severe sick- headaches, with retching; no jaundice, but often under treat- ment for what she considers "liver attacks"	Note its occurrence on <i>left</i> side only.
7	Mrs. Q—, 59	58	1 year	Symmetrical patches near each inner canthus, chiefly on upper lids; those on <i>right</i> side came six months before those on left.	Fair complexion, florid, healthy looking; no sick headaches, but frequent indigestion and vomiting after eating indigestible things (e.g., raw fruit or fat); no con- stipation; no numbness	Disease began on <i>right</i> side.
8	Mr. —, 75, from Winchelsea	...	...	Symmetrical patches, the largest on the upper lids; they are partly in patches and partly in dots.	Will not admit any ailment, except a former attack of ague; no family history of such patches; for many years has been a total abstainer	When the patches first form- ed he used to squeeze yellow matter from them.

No.	Name, age, reference, date.	Age at which the disease began.	Duration of disease.	Character and position of patches.	Previous health.	Remarks.
9	Thomas Higgins, 58, (Case xxxix of herpes frontalis)	...	...	Symmetrical patches of whitish yellow at each inner canthus, and group of yellowish spots on each lower lid. More marked on <i>left</i> side.	Pale, good health; formerly very subject to sick headaches, not of late; jaundice twenty years ago; had "ague and low fever," seven years ago	Note predominance on <i>left</i> side.
10	Joseph Pieri, 57, amaurosis of right eye, alopia, locomotor ataxy, (Case lviii, O. H. R.)	...	6 mos. about	Symmetrical groups of yellowish spots on side of root of nose and inner parts of eyelids; most spots had a black dot in the middle; some were, however, large, flat, yellow, and devoid of orifices.	No sick headaches; occasional darting pains at lower part of chest; occasional flatulence; for many years blind in <i>right</i> eye from atrophy of nerve, and in <i>left</i> from perforating ulcer; for sixteen years has been nearly bald all over; some symptoms of ataxy (shooting pains, uncertain gait)	—
11	Miss Ashpole, 46, Dr. Peacock's patient, by whom she was sent to me	39	7 years	Symmetrical, small spots of yellow, and several cysts in connection with the yellow spots. These cysts are much more easily seen than the yellow spots; there are three on each side; they are numbness, during which her hands are useless, her sight dim, near the inner canthus; they are not quite equal on the two sides.	Florid, healthy-looking; head bald in middle line; dark hair; ceased menstruation at twenty-five years old; for many years had occasional attacks of numbness, during which her hands are useless, her sight dim, and is followed by sick headaches for a short time; these attacks do not occur oftener than three times a year	The cystic character of the disease in this case is very remarkable. The characteristic numbness and headache, &c., in connection with the early cessation of the menstrual discharge, are noteworthy.

12	Dr. —, 40	38	Patches of xanthelasma on the eyelids.	Dark complexion, sallow, stout; lived formerly in a hot climate; dyspeptic, but no other hepatic symptom	Under treatment for another skin disease.
13	Mrs. Goldmann, 49, London Hospital	47	Numerous scattered patches in upper and lower lids; most of them near the inner canthus.	In fair health; skin rather yellow; says she has been jaundiced for two years, and was in the London Hospital for dropsy and diseased liver; she has piles, and has suffered much with them	The patches began to form during the jaundice.
14	A Jewess, 80, London Hospital, April, 1869, inguinal hernia	...	Symmetrical patches near each inner canthus.	Dark, sallow; had had good health; denied having had jaundice or hepatic symptoms	This patient was remarkable for her extreme emaciation, and yet she seemed in good health.
15	Mr. A—, 50, Dr. Stone's patient	...	A single patch, of moderate size, on the <i>left</i> lower eyelid, near inner canthus; none elsewhere.	Dark, sallow, stout; severe sick headaches formerly, less severe of late; very dyspeptic large ulcer on his arm; he had (could not eat beef); never jaundiced; "swimming before the eyes" during his indigestion	He attributed the relief from headaches to the formation of a severe of late; very dyspeptic large ulcer on his arm; he had (could not eat beef); never jaundiced; "swimming before the eyes" during his indigestion <i>left</i> eyelid only.
16	Anne Wyatt, 74, London Hospital, July, 1869, cataracts	...	A single flattened papule, as large as a pea on left upper eyelid; a black point at centre.	Formerly suffered much from what was called "bilious colic;" she was a woman of dark complexion, and very sallow	It is noted that the patch was on the <i>left</i> side; it was excised, and a <i>small cyst found in its centre</i> .
17	Mrs. B—, 49, Selby, June, 1869	...	A single patch of rather large size on the upper lid near inner canthus on <i>left</i> side; none elsewhere.	Pale, of dark complexion; considered herself bilious, and occasionally suffered from sick headaches; never jaundiced	Note its occurrence on <i>left</i> side only.

No.	Name, age, reference, date.	Age at which the disease began.	Duration of disease.	Character and position of patches.	Previous health.	Remarks.
18	A man, 64, commercial traveller, Mr. Rose's patient.	...	...	Symmetrical xanthelasma on each upper lid near inner canthus thus	Had terrible sick headaches till he was twenty-five years old, since then they have diminished; has had rheumatism; has had eczema rubrum of one leg; bowels habitually constipated; florid, very stout, in good health; gray irides and dark hair	—
19	Mary Anne Cotterill, 60, London Hospital, Sept. 13, 1869, fract. radius and ulna	...	...	Patches (three in number) on upper lid, near inner canthus of <i>left</i> eye; a <i>single</i> patch on corresponding part of <i>right</i> upper lid	Hair nearly white; is emaciated and rather shallow; has had good health, excepting habitual slight constipation when young; no hepatic symptoms	Note greater extent of disease on <i>left</i> side.
20	"An old lady"	...	...	Symmetrical groups of separate flat-topped papules, in both lids on both sides, near each inner canthus	Dark complexion; good health; liable to sickness from slight causes; dyspeptic; never jaundiced	...
21	Mrs. Self, 84, F. p. 70, Moorfields, no date	...	...	"Xanthelasma palpebrarum slight"	...	No other note as to xanthelasma; she was at Moorfields for cataracts.
22	Mrs. Orvies, 60, C. p. 276, Moorfields, Jan. 17, 1870	...	...	Patches (two in number) on the <i>left</i> side, one being on each lid; on the <i>right</i> side is only one patch, less marked than those on left	Sallow; black hair; since girlhood has suffered from severe sick headaches and nausea; sight often becomes dim shortly before a headache comes on; cannot eat fat things; no numbness; headaches began before puberty, and have been less severe since catamenia ceased	Compare with No. 11. Note predominance on <i>left</i> side.

23	Harriet Jones, 36, C., p. 306, July, 1869	34 about	2 years at least	A single patch near inner can- thus, on upper lid on <i>left</i> side; none elsewhere	Pale; brown hair, freckled; fre- quently has some headache; only dyspeptic; has often been told her liver was out of order; numb- ness of hands often when dyspep- tic; has had several tumours (probably adenocoele) removed by Mr. Spencer Wells from both breasts; had abscesses in early life; married; no living children	Note occurrence on <i>left</i> side.
24	Clara Hobbs, 33, S. H., Feb. 8, 1870	28	5 years about	Two small patches on each upper lid; quite symmetrical in position; slightly larger <i>left</i> eyelid	Dark, sallow skin; very dark hair, and dark eyelids; liable to on <i>left</i> side; she believes the severe sick headaches and retch- ing for five years; thinks they con- fined her, and about the are worse at menstrual periods; same time as her headaches no numbness or dimness of sight; began. no constipation or indigestion; jaundice many years ago; has piles	Note slight predominance on <i>left</i> side; she believes the severe sick headaches and retch- ing for five years; thinks they con- fined her, and about the are worse at menstrual periods; same time as her headaches no numbness or dimness of sight; began. no constipation or indigestion; jaundice many years ago; has piles
25	Wm. Rollinson, 45, London Hos- pital, O. P., un- der care of Mr. Adams, Nov. 28, 1870	...	...	A single patch as large as half a threepenny piece on upper lid of <i>left</i> eye; none elsewhere; it is well marked	Considers himself bilious; for- merly suffered severely from headache (frontal); but it has been less severe of late; dyspep- tic; soon vomits if he eats too much	Note occurrence only on <i>left</i> side.
26	The Rev. Mr. W—, 45	...	...	Symmetrical patches on upper and lower lids of both eyes; small patches and groups of dots, somewhat more raised than usual, and of a brighter yellow	An unmarried man, with dark, "swarthy" complexion; suffer- ing from most violent sick head- aches in early life; has had two attacks of insanity within the last five years; after second attack he suffered from very severe jaundice ("black jaundice") and was very ill; during the illness he had a very large liver, some general dropsy, and partially lost the use of his legs; he has recovered perfectly.	He always asserted that his insanity was only due to a "liver attack."

No.	Name, age, reference, date.	Age at which the disease began.	Duration of disease.	Character and position of patches.	Previous health.	Remarks.
27	Mrs. Allen, 56	...	...	Symmetrical patches at inner canthi, on upper lids	Stout, florid, dark hair, good health; no history of sick headaches or other hepatic symptoms	...
28	Mrs. Kirby, 32, Ophthalmic Hospital, Nov., 1868	28	4 years	Small symmetrical spots near the inner canthi on lower lids; that on the <i>right</i> side is the larger	Brown complexion, rather sal- low, rather stout; not liable to sick headaches; digestion con- sidered good	Her paternal grandmother, now aged 80, is said to have the same extensively.
29	A woman, about 40, Hosp. Skin Diseases, Jan. 13, 1871	...	Several months	Symmetrical small patches on the upper eyelids, just above the inner canthi; that on the <i>left</i> side <i>came first</i> , and consisted of a group of five or six sebaceous glands distended with sebum, around the orifices of which was yellow deposit; this patch had been present a few months	This patient had suffered in a most remarkable degree from sick headaches, which commenced several years before puberty; and the pain occurred over the mid- dle of the forehead at a part where her scalp was constantly tender from its frequency and severity; she was not in the least jaundiced; her attacks were al- ways attended by vomiting of bile	Her headaches had been more frequent and more severe during the last year; her mother and her daughter had suffered in a similar way; her mother was believed not to have any yellow patches on her skin.
30	Anne Gardner, 37, London Hos- pital, Jan. 14, 1871	...	...	A number of flat-topped, en- larged sebaceous glands, with yellowish contents, and prob- ably some deposit in the sur- rounding skin, but not enough to unite them into a single patch; on the <i>left</i> lids, near inner canthus; on the <i>right</i> side there were three or four slightly en- larged	Sallow, dark hair, becoming grey; liable to bad sick head- aches for many years, they began before marriage, but there was also less severe of late; slight deposit in the skin at the bases of the papules; the occur- rence of the spots almost ex- clusively on the left side, and in the usual position for xan- thelasma, together with their	In this case enlargement of sebaceous glands, a sort of flat-topped acne, was the most marked, but there was also slight deposit in the skin at the bases of the papules; the occur- rence of the spots almost ex- clusively on the left side, and in the usual position for xan- thelasma, together with their

31	Wm. Savage, 45, 'Ophthalmic Hosp. Reports,' vol. vi, p. 275	...	...	glands, with black points, but without any considerable amount of secretion, and without any yellow colour	Patches on both lids of left eye, and on upper lid of right eye; the patch on the right side is a mere speck, and corresponds with one of the patches near outer canthus of left	For long has been very subject to sick headaches and indigestion; the headaches have often been preceded by temporary, but complete, blindness of one eye, generally the right; in the last attack the right eye was affected, and has remained permanently blind; the headaches have generally been unsymmetrical	Note almost exclusive affection of <i>left</i> eyelids, also that the attacks of dimness were generally in the <i>right</i> eye; it is not stated on which side the headache occurred.	colour, and the symptoms described by the patient, clearly point to a close relationship between this case and the typical instances of the disease
32	Dr. L. J—, 42, 1871	40	2 years	A well-marked patch in left upper lid, and a very small one in right	Never had sick-headaches; is very active and abstemious; digestion excellent; has a very dark areola round his eyes, which has often been noticed to be darker when he is tired, anxious, &c.; complexion dark	Inherits a tendency to gout, and his brother also has xanthelasma; no members of the family except these two have dark complexions; is liable to attacks of numbness in the hand if he drinks only a few glasses of wine.		Brother of the above.
33	J—, 62.	...	...	Large patches of xanthelasma in both upper eyelids	Has suffered from sick-headaches severely; complexion very dark	...		...
34	Lady —, 60. Patient of Dr. L. J.	...	...	Patches of xanthelasma over each eye	For many years liable to terrible headaches—"paralysing" headaches; two years ago had epilepsy, and latterly has had attacks of abstraction, during which she forgets what is going on, and what she has been saying			

No.	Name, age, reference, date.	Age at which the disease began.	Duration of disease.	Character and position of patches.	Previous health.	Remarks.
35	Mrs. —, 50, 1871	49	1 year	A number of fat-topped whitish yellow spots around each inner canthus; much more marked on left side	Had bad sick-headaches in early life, but now only occasionally; good health; has had ten children	Her daughter, æt. 18, suffers severely from headaches, and gets very dark around her eyelids.
36	Mrs. R—, 65, Feb. 14, 1871	...	...	Patch of light yellow xanthelasma in left upper lid near inner canthus	Liable in early life to very severe nervous headaches; never specially bilious; has borne children; is in fair health; florid complexion and blue eyes	...

Tabular Statement of Seven Cases of Xanthelasma, collected from the published Reports of other observers.

1	Mrs. B—, 42, Dr. Addison (Addison's works, N. S. S. Edition, p. 159)	41	1 year	The eyelids, upper and lower, and around inner canthus; the palms of the hands and fingers; in the latter part opaque yellowish discoloration only	The patient died after jaundice of four years' duration; examination; the jaundice began before the xanthelasma; she had had the patient was of fair complexion in the right hypochondrium	No record of post-mortem examination; the jaundice began before the xanthelasma; the patient was of fair complexion.
2	Eliza Parachute, 33, ibid., p. 161	...	...	It began in the hands, spreading across flexures of the joints and the palms; soon afterwards there were pains in the hypochondria, and the liver was enlarged and tender; the jaundice of both elbows was subsequently liable to exacerbations; the skin remained permanently of a dull lemon-tint	A sudden attack of jaundice is the earliest symptom mentioned; there were pains in the hypochondria, and the liver was enlarged and tender; the jaundice was subsequently liable to exacerbations; the skin remained permanently of a dull lemon-tint	This case began in 1848; the patient's death has not been recorded; the jaundice began fourteen months before the xanthelasma.

5	Mr. J.—, 43, ibid. p. 162	38	5 years	It began on the <i>left</i> upper eyelid, near inner canthus, and subsequently became symmetrical	The catamenia ceased at the age of thirty-five, and she was never well afterwards; had pains in the right side, and through the shoulders; she became jaundiced, and the skin assumed permanently a "deep olive-brown" colour	In this case it would appear that the jaundice came on after the xanthelasma.
4	R. C.—, a woman, 45, under care of Dr. Barlow in Guy's Hospital in 1864, 'Path. Soc. Tr., vol. xix. p. 441, recorded by Dr. Hilton Fagge	44	10 months	Symmetrical patches on the upper and lower eyelids, near the inner canthus; much <i>larger</i> on the <i>left</i> than on the right side; on the left side there was a patch near the outer canthus, which had no corresponding one on the right side	Eight or nine years ago she had an attack of jaundice, from which she recovered; it returned seven years later, and her skin eyelids had developed suddenly; they had been present only a dark olive hue; an attack of dysentery occurred, and was followed by ascites; paracentesis was performed, and she left the hospital in a dying condition.	No record of post-mortem examination; the patient believed that the patches on the eyelids had developed suddenly; they had been present only ten months; note greater abundance on <i>left</i> side.
5	J. B.—, a man, 33, under care of Dr. Habershon in Guy's Hospital in 1868, ibid., xix, p. 434, recorded by Dr. Hilton Fagge	32	1 year	Symmetrical patches on upper and lower lids near inner canthus, those round the <i>left eye</i> most marked	Jaundice appeared one year before the xanthelasma. Skin is described as of a "warm yellow" colour, not at all greenish. The liver was considerably enlarged, and somewhat tender; the urine contained bile; his motions were of proper colour.	The jaundice preceded the xanthelasma; Dr. Fagge says of his face that "it looked more like that of a man who had been in a tropical climate than that of a patient with organic hepatic disease;" the man had had syphilis eleven years ago; note greater abundance on <i>left</i> side.
6	Louisa L.—, under Dr. Pavy's care in Guy's	37	2 years	Soon after the second attack of jaundice small lumps began to appear on the backs of her fingers,	Jaundice occurred three years ago, and disappeared after ten months, but returned after a	Dr. Pavy obtained a microscopic examination of one of the tubercles, which showed

DESCRIPTION OF PLATE III.

FIG. 1.—Xanthelasma palpebrarum, with symmetrical serous cysts. (See Case 11 in Table, p. 190.)

FIG. 2.—Single patch of xanthelasma, with sebaceous plug. Case of Mrs. W— under care for cataract at the London Hospital. (See Case 16 in Table, p. 191.)

FIG. 3.—Symmetrical xanthelasma palpebrarum. Case of an elderly woman under care in the London Hospital for fracture of the leg.

Fig 1.

Fig 2.

Fig 3