A Clinical Lecture

ON

THE CYSTIC FORMS OF XANTHELASMA PALPEBRARUM.

DELIVERED AT THE POLYCLINIC.

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[ABSTRACT.]

We will start with *Xanthelasma palpebrarum*—the wash-leather patches on the eyelids. Every one knows them, and there is no difficulty in their diagnosis. They are conspicuous and like nothing else. Their usual site is in crescentic grouping above and below the inner canthus of the eyelids. They occur to adults or middle-aged persons who have usually accounted themselves "bilious," in the sense that they have been liable to sick headaches and other transitory symptoms which were attributed to "liver." They are more common in dark-complexioned persons than in the fair. After middle age they cease to develop and may disappear, just as we know that the liability to migraine ceases as years advance. This fact suggests that the sexual system in its turn has something to say to the recurring attacks of liver disturbance.

Those who develop these wash-leather patches have almost always been for long liable to periodic disturbances of pigmentation in their eyelids. Once a month, or oftener, the thin skin of the eyelids, especially that of the lower one and along the side of the nose, has been prone to become dark, not by venous congestion, but by temporary increase of pigment. Seldom noticed by the patients themselves, these appearances will often have excited comment from their friends. In women, to the educated eye they often reveal the menstrual periods, and in men a sense of being "liverish" or out of sorts will usually have been acknowledged. It is, I believe, from these attacks of temporary, but often recurring, pigmentation that the common *xanthelasma* patches take their origin. They are often attended by a certain amount of permanent discoloration of the parts. Cases in which such discoloration results without any wash-leather patches are infinitely more common than those in which patches are present. The patches result from the deposit of a fatty acid derived from the bile, and are to be regarded as a late result.

Having established these points, my next proposition must be that these wash-leather patches are not the only consequence of the recurring disturbances in the nutrition of the integument of the eyelids which occur in connexion with functional disturbance of the liver. The gland structures may suffer also, and now and then the papillae. Thus it will be seen that it is convenient to speak of changes in the *xanthelasma* regions as well as of *xanthelasma* itself. The skin glands likely to be affected are, of course, the sebaceous and the sudoriparous. The former often suffer, but it is only with extreme rarity that the latter reveal any change. In the sebaceous form, or what we may name comedonous *xanthelasma*, the glands affected form globular pea-sized cysts stuffed with very firm sebum and surmounted mostly by a conspicuous "black-head." They never increase beyond a certain moderate size, and they never inflame. When they are very small they may be numerous, and may occur in an almost confluent group, but more usually they are few in number and scattered. They are never attended by comedonous acne on the rest of the face. The sebum which they contain can with difficulty be squeezed out unless a little incision is made. The proof that they are really in connexion with the *xanthelasma* process is afforded not only by the region which they affect, but by the fact that almost always some small spots of the wash-leather form may be found near them. I could easily show you a dozen drawings exhibiting these sebaceous cysts, whilst of the sudoriparous form, which comes next under our notice, I have but two or three.* I may, indeed, claim this patho-

logical condition as almost my own property, for although it is many years since I first described and figured it,† no one else has, I believe, recognized it. Once in every five years an example of it is sent to me, but never with any hint of diagnosis either correct or otherwise. One such we have examined this afternoon, and you will, I think, agree with me that its appearances were such that we could not wonder at its being overlooked. At the same time, I think you will also agree with me that when once pointed out the conditions are obviously real and very peculiar.

The patient whom we have just seen is a woman of 48, of a very dark sallow complexion. She has always considered herself bilious, and has suffered very much from headaches. Beneath her right inner canthus there is a little group of four or five confluent cysts, which show no orifices, and are so tense that they might almost be supposed to be solid. They are as large as swan shot. On the eyelid of the other side, in an exactly corresponding position, there is a single cyst of exactly the same character, but much smaller size. The bilateral symmetry is remarkable. No wash-leather patches can be detected.

In this instance the epidermic layers over the cysts are so dark that they cannot be said to be translucent, and we have to take on trust the nature of the contents. In other cases, however, I have seen them quite transparent, and have let out by incision a clear fluid which in its characters resembled sweat.

It remains to add that the patient whose case we have just examined is, as you have seen, the subject of acromegaly, and has been so for thirty years. We have been indebted to Dr. Vinrace for the opportunity of seeing her.

[An interesting item of confirmatory evidence as to my hypothesis of causation was afforded during my lecture. As I was descanting upon the association of all forms of *xanthelasma* with liver disorder, Dr. Vinrace interposed with the statement that the patient's sister had suffered from gall stones and had her gall bladder removed. The patient herself did not understand a word of English, and we could not ask for details as to her headaches, but she was, as stated above, of a bilious complexion, and very dark indeed on her eyelids.]

I purpose shortly to arrange in our museum a temporary exhibition of all that we possess in illustration of *xanthoma* and *xanthelasma*. It will include several showing the comedonous and cystic forms of which I have been speaking. A few words may conveniently be added as to the names which we use. That of *vittiligoidea* has been discarded, and we have now those of *xanthelasma* and *xanthoma* to choose from. These both have reference to the yellow colour. By general consent *xanthoma* is now used for all the forms in which the trunk and limbs are affected. It may perhaps be well that we should keep the name *xanthelasma* for those in which the eyelids are the parts affected, and if this be done we may drop as being superfluous the localizing addition of *palpebrarum*. All the various forms of *xanthoma* and *xanthelasma* are undoubtedly allied, and make up one family, being all caused by hepatic disorder. They are, however, very distinct from each other. *Xanthelasma* results from recurring functional disturbance, the generalized forms of *xanthoma* from organic or at any long persisting disease, whilst *xanthoma diabeticorum* is associated with special disturbance of the glycogenic functions of the liver, is of only temporary duration, and is not, as a rule, attended or preceded by any changes on the eyelids. These latter are very common without jaundice and without organic disease. If, then, we may conveniently use the term "*xanthelasma*" as applied only to cases in which the eyelids are alone affected, we may classify several forms as follows, all closely allied and often occurring together :

- Xanthelasma planum* or *flavum*, the wash-leather type described originally by Rayer.
- Xanthelasma sebaceum*, when comedones are present.
- Xanthelasma cysticum*, when cysts are present.
- Xanthelasma pigmentosum*, when dark pigmentation is the only condition.

† I have seen several cases of which I have not preserved any portraits. I find that in 1878 I wrote that I had seen five or six cases, and since then the number has certainly doubled.

* See *Archives of Surgery*, vol. 1, plate 27, Fig. 2.