HYDRARGISM FROM THE APPLICATION OF A WEAK AMMONIATED MERCURY OINTMENT IN THE TREATMENT OF PSORIASIS

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Mercurialism following the application of an ointment containing a small amount of ammoniated mercury seems to be very rare. A review of the abstract department of the JOURNAL OF CUTANEOUS DISEASES, now the ARCHIVES OF DERMATOLOGY AND SYPHILOLOGY, from 1911 to date, failed to bring a single case to light. The author, with a large dispensary dermatologic practice extending over a period of ten years, has never encountered a case, in spite of the fact that ammoniated mercury ointment is the "pièce de résistance" of our dispensary formularies, and in use all of the time; in fact, its only worthy rival is the calamine and zinc lotion so well known by those of us who worship at the dermatologic shrine. This case, therefore, seems to be of sufficient interest to warrant a brief report.

REPORT OF CASE

History.—W. H. S., a man aged 45, a native of New York state, stated that he had been suffering from psoriasis for twenty months. It began on the scalp, and within a few months appeared on the legs and knees. In August, 1918, while in California, the eruption disappeared entirely. It recurred again on his return to New York a few months later. The recurrence was most severe, the eruption spreading gradually over the entire body. He was first seen, Sept. 29, 1919. His family and personal history were negative. He had never had a severe illness, and except for the worry and nervousness over his condition, he seemed to be perfectly well.

Physical Examination.—This was negative. The psoriasis was of a severe type almost universal on the arms and legs. There were large scaly plaques on the trunk varying from 4 to 12 inches or more in diameter. Some of the scales were as large as a silver dollar. There was also much branny desquamation. The eruption was extremely red and angry in appearance. Like all psoriatics, he had made the usual round of medical men.

Treatment and Course.—He complained of severe itching, and was given the following salve:

R	Phenol	gr. xx
	Menthol	gr. xx
	Powdered salicylic acid.....	gr. xl
	Ointment of ammoniated mercury.....	$\frac{3}{4}$ i
	Ointment of rosewater.....	$\frac{3}{4}$ iv
M.		

This was a 2.5 per cent ammoniated mercury ointment. When seen three days later, the itching had diminished but the condition of the eruption was about

the same. In the meantime, he had used 12 ounces of the salve without any mercurialism whatever. He complained that the menthol was too refrigerant. A new prescription was given containing a smaller quantity of menthol and ammoniated mercury:

R	Phenol	gr. xx
	Menthol	gr. x
	Powdered salicylic acid.....	gr. xx
	Ointment of ammoniated mercury.....	℥ iv
	Zinc oleate	℥ ii
	Ointment of rosewater.....ad	℥ iv

M.

This gave him 1 dram of the ointment of ammoniated mercury to 1 ounce of salve, which would be approximately 1.25 per cent. ammoniated mercury. Four days later he returned to the office complaining of slight trouble with his gums; he said that he occasionally had trouble with his mouth. On examination nothing could be seen. In view of the small quantity of ammoniated mercury used, and the negative appearance of the mouth, the diagnosis of mercurial ptialism did not enter the author's mind. He was given a mixture of myrrh, sodium borate, and glycerin for his mouth, and told to continue using the ointment. There was so much eruption at the hair margins, that the following ointment for use on the scalp only was given:

R	Phenol	gr. v
	Ointment of ammoniated mercury.....	℥ iv
	Zinc oleate	℥ ss
	Bismuth subnitrate	℥ ss
	Ointment of rosewater.....	℥ i

M.

He then disappeared from observation until Feb. 11, 1920, an interval of four months. The patient was highly intelligent and his statements could be thoroughly relied on. He stated that about a week after his last visit, he became severely salivated, all of his teeth were loose, he lost one permanently, the gums were spongy, bleeding and fetid. There were aphthous sores on the mucous membrane of the mouth. Liquid nourishment only could be taken, with consequent loss of much weight. He claimed that it was several months before he became well again. The psoriasis had disappeared entirely, and he ascribed this good result to the care of his family physician.

COMMENT

Chamot states that it takes from 30 to 40 grains of ammoniated mercury taken internally to produce dangerous symptoms. Yet the case under consideration presented severe symptoms of hydrargism from the application of an ointment containing approximately 6 grains to the ounce, and applied twice daily, using about 2 ounces a day. It seems almost impossible that such a small quantity of mercury should have caused such an excessive ptialism, yet the facts conclusively prove the opposite.