ment in cases of poisoning is often needlessly delayed or handicapped when the container, as is usual, is merely labelled "the tablets." Many progressive hospitals and practitioners are now asking for drug containers to be labelled with the name of the drug unless otherwise specified by the prescriber. Among many other advantages this helps in the quick identification of poisons in cases of accidental poisoning.

I am grateful to Dr. M. A. Heaseman, medical statistician to the Ministry of Health, for details of hospital admissions obtained from the Hospital In-patient Enquiries for 1958 and 1961.

—I am, etc.,

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Chromosome Mosaicism in Stein-Leventhal Syndrome

SIR,—The chromosome findings in cases of Stein-Leventhal syndrome have been variously reported. Netter and his colleagues^{1,2} and de Grouchy and his colleagues³ between them described three cases in which abnormal karyotypes involving the sex chromosomes were found. Van Campenhout⁴ reported ten cases with normal female karyotypes. We have examined three cases of this syndrome (all proved at operation); two of them showed normal female karyotypes, and one a mosaic of what is considered to be 46/XX and 45/XO containing cells.

This latter patient, a 27-year-old hirsute virile female, complained of irregular infrequent

periods since her menarche at 17 years. On examination under anaesthesia both ovaries and a small mobile uterus were palpable. At laparotomy the right ovary was found to be about twice the normal, and the left about normal size. Bilateral wedge resections were performed. Histologically both ovaries showed fibrosis and the presence of multiple follicular cysts, the right containing a regressing corpus luteum.

Cytological examination of 97 satisfactory cells from three blood cultures showed that two cells had 44, 29 had 45, 65 had 46, and one had 47 chromosomes. Fifteen of the 29 cells with 45 chromosomes showed visually a consistent loss of a chromosome from group C (X, 6-12). Three karyotypes confirmed this finding (45/XO) (Fig. 1). Cells with 46 chromosomes showed normal female karyotypes (46/XX) (Fig. 2). Feulgen-stained buccal smears showed 40% of cells with Barr bodies, confirming the presence of two X chromosomes in some cells. It seems probable that this patient has a mosaic of cells containing 46/XX and 45/XO chromosomes in the blood.

We would like to thank Mr. W. R. Sloan for permission to study this case and for the clinical data, and Dr. J. E. Morison for the histological report on the biopsy specimens.

—We are, etc.,

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Management of Malignant Melanoma

SIR,—Congratulations are surely due to Dr. G. H. Jantet and his colleagues (10 October, p. 904) in their high rate of success in a small series of early malignant melanomata treated by radioactive gold, and which surely should meet with full support for a continuance of this work.

In case someone should be tempted to treat just palpable nodes with ¹⁹⁸Au investigations done at this hospital show that at only 2 mm. distance from the interior gold the dose falls to less than 5%, and that the radiation dose at 5 mm. per 10,000 r total to the node is under 100 r. Hence your readers should be again cautioned against considering this.

Malignant melanoma, although a fatal disease and subject to late recurrences, has a five-years survival rate of about 40%. Five-years survival for groin dissections of nodes is much the same as in other sites—three-quarters alive if negative histologically, and about a quarter if positive. Therefore, for palpable nodes pre-operative radiation should seriously be considered. There is very little doubt that pre-operative radiation is gaining ground in many sites of the body.

It might be of interest to record a radioactive-phosphorus test¹ (excluding inflammatory lesions) for the diagnosis of malignant melanoma of the skin and which has so far been found to be wholly accurate in a limited series of cases. An intravenous injection of 50 to 100 microcuries of ³²P is followed after an hour by measurements of uptake with a beta-counter, viewing only the lesion. This is expressed as a ratio of a reading taken in

FIG. 1.—Karyotype of cell with 45 chromosomes.

FIG. 2.—Karyotype of cell with 46 chromosomes.