

He worked for several years in the office of a land agent.

'.....I found no difficulty in doing the work, and succeeded in changing my sloped, straggly, boyish handwriting for a very fair imitation of the compact script of my predecessor' (SIXTEEN SELF SKETCHES, p. 31).

At 20 he came to London where his mother, living separately from his father, was a singing teacher working in association with a gifted musician G. J. V. Lee, an eminent Dublin orchestra conductor. The association had started in Dublin many years previously.

In London he began life as an indifferent novelist, but succeeded later as an art critic.

'.....for the ignorance of daily newspaper editors of the fine arts at that time is now hardly credible, as their nightly-duties made it impossible for them to attend theatres or concerts. Any incomprehensible jargon could be palmed on them as art criticism.'

Only apparent transparency again. While humbug in art is readily admissible and found every day and everywhere in strong concentration, the sage as an artist and as an appraiser of art was always ahead of his contemporaries.

Then come ventures into socialism and studies into human nature which fructified into a 'spell-binding' oratory, over 50 plays and many books.

Marriage does not appear to have made much difference in the views of G. B. S.

'What can childless people with independent incomes, marrying at forty as I did, tell you about marriage?'

One wonders whether one has found a really transparent spot in the screen in this instance.

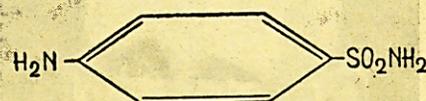
A reference to the last visit by the sage to his one surviving sister is equally dissociated from emotion:

'One afternoon, when her health was giving some special anxiety, I called at her house and found her in bed. When I had sat with her a little while, she said, "I am dying". I took her hand to encourage her and said, rather conventionally, "Oh no: you will be all right presently". We were silent then; and there was no sound except from somebody playing the piano in the nearest house (it was a fine evening and all the windows were open) until there was a very faint flutter in her throat. She was still holding my hand. Then her thumb straightened. She was dead.'

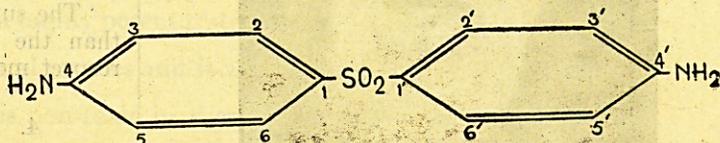
Views of G. B. S. on spiritual belief are rather far away from the screen, towards the centre of the stockpiles. The benefit of the last prayers of the Church of England, however, was given to him on his death bed (P. T. I. Reuter, *The Statesman*, Calcutta, 2nd November, 1950, Late City Edition).

SULPHONAMIDES AND SULPHONES

CERTAIN amount of confusion often arises between the two classes of drugs, the Sulphonamides and the Sulphones. The question often arises amongst the medical men, 'what are the points of similarity and dissimilarity between these two classes of chemotherapeutic agents'. A sulphonamide is the amide of the corresponding sulphonic acid. It may be represented by the general formula $R.SO_2NH_2$, where R is any organic radical like CH_3 (methyl), C_2H_5 (ethyl), C_6H_5 (phenyl), etc. The simplest of the chemotherapeutically active sulphonamide and the parent substance of this group of drugs is *para*-aminobenzenesulphonamide or sulphanylamine (I). The more popular sulphonamides



(I)



(II)

such as sulphapyridine, sulphathiazole, sulphadiazine and sulphaguanidine are produced by replacing one of the H atoms attached to N of SO_2NH_2 by 2-pyridyl, 2-thiazolyl, 2-pyrimidyl and guanidyl radicals respectively.

The sulphones have the general formula $R.SO_2.R'$, where R and R' are either similar or different organic radicals. The parent drug of the sulphone group is 4, 4'-diaminodiphenylsulfone (II). The common drugs of the sulphone group, e.g. Promin, Diasone or Diamidin, Sulphetrone or Novotrone, etc., are mostly derivatives of (II) with water soluble side-chains attached to the two N atoms. It is interesting to mention in this connection that the well-known hypnotic drug Sulphonal, $(CH_3)_2C(SO_2C_2H_5)_2$, is also a member of the sulphone group from the chemical standpoint.

R. C.

THE TREPONEMATOSES

THE relationship of the spirochaetes responsible for yaws and syphilis has for long been the subject of controversy, as has been the relationship between the two diseases themselves. It is well known that other disease syndromes with certain differing features, but related clinically either to yaws or syphilis, occur throughout the world. Examples are *bejel* of the Euphrates

Valley, the endemic *syphilis* of Bosnia, and *pinta* of the South Americas. These, and other clinical entities, have recently been the subject of increasing attention. Hudson's (1945) thesis of the relationship of yaws to syphilis, outlined in his monograph, is a masterpiece of observation and correlation between historical, geographical, racial and allied factors. Nevertheless, there exist much speculation and much controversial matter, and the clinical experiments of Akrawi (1949) point to the necessity of further work.

With the advent of the spirochætal immobilizing technique, discovered at the Johns Hopkins University by Nelson and Mayer (1949), there appears for the first time an opportunity to test the relationship of the various strains of spirochætes in the laboratory. The mechanism of immobilization is still to be worked out in detail, but there is little doubt that it is caused by an *antibody* distinct from the *reagin* tested for in the various serological tests for syphilis. Cross reactions with various strains of spirochætes are to be expected owing to similarity of chemical composition. Yet preliminary tests would indicate that the spirochætes of yaws and syphilis are two separate entities. Confirmatory tests are necessary. Similar tests would finally elucidate the relationships of other clinical entities, *bejel*, *pinta* and *endemic syphilis*.

Such tests would confirm what has been, up to date, impression and speculation. Clinical differences between yaws and syphilis are recognized. While syphilis is known to be a disease of urban areas, yaws has been usually noted in rural populations in the tropics. With major movements of large masses of population in areas of South-East Asia as a result of war conditions, and the growing movements of rural populations from the country to the cities as industrialization increases, the questions arise: shall we see an increase of yaws in cities, and *vice versa*, has syphilis increased in rural areas? Has the distribution between town and country been merely fortuitous, the result of different modes of living conditions in rural and urban areas, or has the presence of one disease brought about an 'immunization' of the population against the entry of the other?

These, and numerous other questions, are nearer to being solved to-day than ever before. The World Health Organization, in relation with the United Nations International Children's Emergency Fund, is launching a mass attack on the Treponematoses, a word now in common use for the whole gamut of such diseases. Teams of experts are already in Haiti, and preliminary investigations have been completed in Iraq, Yugoslavia, Thailand, Indonesia and the Philippines. Teams are due shortly to proceed to Thailand and to Indonesia. The combined experiences of these teams in the various countries, when completed, will make another contribution to help solve some of the numerous riddles of medicine. That global efforts towards

the solution of such problems can be undertaken by international bodies indicates another trend in medical thinking to-day.

N. K. J.

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 HUDSON, E. H. (1945) .. *Oxford Medicine*, **5**, part II, p. 656(9). Oxford University Press, London.
 NELSON, R. A., and MAYER, M. M. (1949). *J. Exper. Med.*, **89**, 369.

Medical News

[The following 3 items are abstracted from W.H.O. Press Releases issued from Kandy, Ceylon.]

(1) THIRD SESSION OF W.H.O. REGIONAL COMMITTEE FOR SOUTH-EAST ASIA

INTERNATIONAL HEALTH PROGRAMMES IN THE REGION FOR 1951

(No. SEA/PR/49-50, dated 24th September, 1950)

INTERNATIONAL health programmes in S.-E. Asian countries for 1951, involving a total expenditure of over 4½ million dollars, were discussed at the morning's meeting of the Programme Sub-Committee of the Third Session of the W.H.O. Regional Committee for S.-E. Asia at present being held in Kandy, Ceylon.

The programmes proposed include assistance to countries of the region in strengthening their health administrations, statistical services and training facilities for medical and related personnel; projects for the control of malaria, tuberculosis, venereal disease, typhus, leprosy and yaws; research on problems of transmission of cholera and plague; the promotion of maternal and child health, environmental sanitation, BCG campaigns, and nutrition surveys; and the provision of fellowships.

This morning's discussion included projects for which W.H.O. gives technical approval and supervision and for which the U.N. International Children's Emergency Fund (UNICEF) furnishes supplies and equipment and in some cases bears the cost of international personnel. The UNICEF allocations in 1951 for such jointly-sponsored projects total \$3,400,000. The balance is provided from W.H.O.'s regular budget (\$584,000) and Technical Assistance Funds made available to W.H.O. by the United Nations (\$680,000).

Full details of the 1951 programmes in each country will be issued in the form of a report of the Programme Sub-Committee to the final plenary session of the Regional Committee.

Yesterday afternoon, after clearing up a number of minor points on its agenda, the Programme Sub-Committee discussed the problems of promotion of maternal and child health, school health and industrial health, and began consideration of possibilities of preparing essential medical supplies within the region.

It is increasingly realized, the sub-committee agreed, that mothers and children form a very important part of the population from the health point of view. It was essential to cultivate the study of child health under conditions existing in the region, where at the moment the care of children was left very much to chance. Deaths in S.-E. Asian countries in the age