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SCIENCE

The other Dodo: Extinct bird that used its wings as clubs



The extinct Dodo had a little-known relative on another island. This fascinating bird ultimately suffered the same fate as its iconic cousin, but we can reconstruct some of its biology thanks to the writings of a French explorer who studied it during his travels of the Indian Ocean. In the middle of the 18th century, at around the time the US was signing the declaration of independence, a large flightless bird quietly became extinct on an island in the Indian Ocean. Today this bird is

all but forgotten. Early explorers to the tiny island of Rodrigues in the Indian Ocean described a "Dodo" living on the forested island. Males were grey-brown, and females sandy, both having strong legs and a long, proud necks... but despite outward similarities to the iconic Mauritian bird, this wasn't in fact a Dodo, but the Rodrigues solitaire. If you look up Rodrigues in satellite images, you can see a huge ring of submerged land around the central island, over 50% of the original dry land is thought to have been lost under the waves due to sea level rise and the island subsiding into the bedrock. That was the stage for the evolution of the huge bird, over millions of years. It's likely this shrinking habitat caused an increase in competition for food and territory between individuals of the species, and perhaps as a result of this, the solitaire evolved a club-like bone growth on the end of each wing. It used this against other solitaires in territorial boxing matches. These would have been quite a sight, as the males stood almost a metre tall and weighed 28kg while the females were sandy coloured and were half that size. Considering its obscurity today, we have amazingly detailed descriptions of the solitaire's behaviour. This is because of the diary of a man named François Leguat. He was part of a group of seven Huguenot men, who had set out from France to establish a colony of French protestant refugees on the island of Reunion. Instead they were marooned for two years on the island of Rodrigues from 1691 to 1693. In that time they made the first attempts at establishing a settlement on the island. Leguat encountered the solitaire in this time and wrote about it in his: "Of all the birds in the island the most remarkable is that which goes by the name of the solitary, because it is very seldom seen in company, tho' there are abundance of them... Its eye is black and lively, and its head without comb or cop. They never fly, their wings are too little to support the Weight of their Bodies; they serve only to beat themselves, and flutter when they call one another." Leguat described how the birds used their short wings to make a loud rattling sound that could be heard "two hundred paces off". He also described the bone on their wing which grew larger at the end, forming a mass under the feathers "as big as a musket ball". This was used as a club-like weapon, and along with their beak, was "the chief defence of this bird". These are tantalising clues showing us what the species was like in life, and are some of the first detailed behavioural descriptions of any bird. It's likely that the rattling sounds were used both to attract the attention of a mate and as a warning to same-sex rivals, but it's highly unusual for birds to use their wings to make sounds for long distance communication, making even more acute the loss of such a unique animal. The solitaire would have been quite striking in life, and in his writings it is clear Leguat had some affection for them "no one feather is straggling from the other all over their bodies, they being very careful to adjust themselves, and make them all even with their beaks." Today, we have numerous bone remains of the species, and these come from caves and deposits across the island. They can be found reconstructed in museums on the island and elsewhere, but there are no records of a live specimen leaving the island, and there are no preserved skins of the animal left. Studying these bones, scientists including extinct bird expert Dr Julian Hume have noticed an abundance of healed bone fractures on the sternum and wings, comparing these with Leguat's descriptions he theorises that the birds would frequently hit each other so hard with their wing-clubs that they were breaking the bones of their rivals. So these descriptions from the marooned Huguenot are incredibly valuable, allowing us to interpret the specimens we have left. *BBC*

HEALTH

Scarlet fever cases hit 50-year high in England

Scarlet fever hit its highest level in England for 50 years, with more than 17,000 cases reported in 2016 - research in the *Lancet* shows. The disease has been on the rise since 2014, but experts have so far failed to find a reason for the recent increase. Doctors are urging the public to be aware of symptoms, which include a rosy rash, and seek help from their GP. Data for 2017 suggests the rate may be falling, but experts remain cautious, saying it is "too early to tell".



The bacterial disease, though highly contagious, is not usually serious and can be treated with antibiotics. It is most common among children under 10. A joint investigation by public health authorities from across England and Wales found that the incidence of scarlet fever tripled between 2013 and 2014, rising from 4,700 cases to 15,637 cases. In 2016, there were 19,206 reported cases, the highest level since 1967. The majority of the outbreaks were in England. "We are concerned - it's quite a dramatic rise," said Dr Theresa Lamagni, head of streptococcal surveillance at Public Health England, who led the study. "We've always seen cases of scarlet fever - it's just the scale in the past has been much lower than the last few years." **'Like sandpaper'** Scarlet fever is caused by bacteria known as group A streptococcus, and it is spread through close contact with people carrying the organism - often in the throat - or through contact with objects and surfaces contaminated with the bacterium. Symptoms include a sore throat, headache and fever, accompanied by a red rash that is rough to the touch (sometimes described as 'like sandpaper'). Scarlet fever was a common cause of death in the Victorian era, but had largely been in decline since the introduction of antibiotics. However, prompt treatment remains essential to prevent both the spread of the disease and the risk of further complications such as pneumonia and liver damage. Anyone diagnosed with scarlet fever is advised to stay at home until at least 24 hours after the start of treatment to avoid passing on the infection. There is no vaccine against the disease and all cases must be reported by doctors to the local health authority. Dr Lamagni described the soaring number of cases of scarlet fever as "baffling", adding that no underlying causes had been identified. Molecular genetic testing has ruled out a newly emerged strain of the infection, nor was there any suggestion that the disease had become resistant to the penicillin normally used to treat it. She stressed that cases of the disease are "not any more serious than previously - it's just a question of scale". **'Slight decrease'** Several countries in East Asia have also reported an escalation over the past five years, including Vietnam, China, South Korea, and Hong Kong - but there appears to be "no clear connection" between them and England. Typically, natural cyclical patterns of scarlet fever incidence occur every four to six years - the dip in 2017 suggests the cycle may have peaked in 2016. Dr Lamagni said the "slight decrease" in the number of cases in England this year might suggest we have "turned a corner", but she said the number of cases "remained high". A total of 620 outbreaks of the illness were reported in 2016, mostly in schools and nurseries. About one in 40 cases is admitted to hospital, although just over half are discharged the same day. "We encourage parents to be aware of the symptoms of scarlet fever and to contact their GP if they think their child might have it," said Dr Lamagni. In Scotland, scarlet fever is more difficult to track because doctors are no longer obliged to notify their local health authority of any outbreak. "We use upper respiratory tract group A streptococcal laboratory detections, the bacteria that causes scarlet fever, as an indicator of the level of scarlet fever in the community," an NHS Scotland spokesman said. "These bacteria are currently slightly higher than expected levels for this time of year in Scotland." *BBC*