the transmitting agent of the disease in Sumatra, but he thinks it must be a tick or mite. In 39 per cent. of the cases the original point of infection can be found. In the early stages a papule appears, which soon bursts, leaving a small dark area of blackish necrosed skin some 4 mm. in diameter; five to eight days later the slough is cast off, leaving a small round or oval ulcer with steep edges and the floor covered with muco-pus. Lymphangitis has not been observed, but the lymphatic glands in the neighbourhood of the ulcer are enlarged and tender, sometimes markedly so. The site of the initial lesion varies, but is commonest in the regions of the groins, the armpits, and the neck. The second characteristic symptom of the disease is an eruption which appears on the second or third day, and attains its full development between the sixth and eighth day; it then presents itself as a roseola, the raised spots varying in size from that of a hemp-seed to a threepenny-bit. This eruption closely resembles secondary syphilis; it covers most of the body, being thickly placed on the flanks and less marked on the face and extremities; it persists from eight to ten days longer, then becomes of a brownish colour, and slowly disappears. The temperature is raised, and the course of the fever can best be described by saying that it corresponds in all respects to that seen in enteric fever; it attains its maximum in four or five days, remains high for some time, and then gradually falls by lysis. Of other symptoms diarrhoea is uncommon; albuminuria may be present, and extensive bronchopneumonia has been seen in fatal cases; rheumatic pains are complained of in the smaller joints. The disease in Sumatra is considered to be much less fatal than the kedani fever of Japan. There are many points of resemblance between the two diseases, however; so much so, that the author believes the Sumatra disease to be only a variety of the Japanese.

Medical Notes in Parliament.

War.

Attested Men Found Physically Unfit.—At question time on February 21st the position of unmarried men who had attested and been rejected on medical grounds after August 14th, 1915, was raised, and Sir John Simon, not being satisfied with the answers, brought up the matter again in the debate on the vote of credit. Mr. Tennant, in his reply, said that it was quite clear that persons who had been rejected as medically unfit since August 14th, 1915, were outside the Military Service Act, but it did not follow that they were entitled to an armlet. When application for an armlet was made the War Office was entitled to ask why the man had been medically rejected. If rejected for some minor defect, he might still be of service to the country in other capacities. There was no desire on the part of the War Office to treat patriotic and innocent citizens unfairly. In reply to Mr. Thomas, Mr. Tennant had, on February 17th, stated as follows:

> The conditions under which men can obtain armlets if they have been rejected at a recruiting office were published on December 27th, and are as follow: (*a*) Men who have been rejected on account of organic disease are given an armlet and their names are registered. (*b*) Men who have been rejected on account of eyesight or some slight physical defect are also given an armlet on condition that they will attest and be passed to the Army Reserve. In both cases, if the men can produce Army Form B 2505A and/or Army Form B 2512A showing date and cause of rejection no further examination is necessary, but if the cause of rejection is not stated on the certificate it is necessary to re-examine the man to decide whether he belongs to category A or category B. There is no obligation on any man to submit to a second medical examination unless he is desirous of obtaining an armlet, but to obtain the armlet he must be medically examined unless his rejection certificate shows the cause of his rejection.

Enlistment of Consumptives.—In reply to Mr. Booth, Mr. Tennant said on February 21st that he feared that there was some foundation for the statement that many consumptives had enlisted and thus for a period had relieved the approved insurance societies of sickness pay.

Medical Officers over 45.—On February 22nd Mr. Ellis Davies asked the Under Secretary of State for War whether it was the intention of the War Office that medical men now holding commissions in the Royal Army Medical Corps, being under 45 years of age and unfit for foreign service, should resign the same on the expiration of their present agreement. Mr. Tennant replied: Temporarily commissioned officers of the Royal Army Medical Corps under 45 years of age and unfit for foreign service are not permitted to retain their commissions after the period of service for which they engaged has expired. No further commissions are being given to men under 45 years of age unless they are physically fit for active service. It is hoped by these methods to set free men who are physically capable of undertaking general military duties and who have hitherto been employed in war hospitals in this country or have been engaged in private practice.

Fees for Medical Examination of Recruits.—Mr. Rendall asked whether the scales for payment to medical men for examining recruits (Southern Command Order 507, March 13th, 1915), set forth that for a whole day, defined as six working hours, and the examination of from thirty to forty recruits, the payment of £2 is ordered to be made; that in certain towns the doctors declined to examine more than thirty-one recruits a day, and for this work had been paid the full fee of £2; that in other places doctors worked from nine to twelve hours, and in one case (Dr. Weaver of Yeovil) 226 recruits were examined in fifteen consecutive hours, yet for these long hours and far greater number of examinations only the same fee of £2 was being paid as for the examination of thirty-one patients; whether there was dissatisfaction; and would he order the payment of £2 for each six hours' work and get his medical advisers to put these matters on a business-like footing. The Financial Secretary to the War Office (Mr. Forster) replied that if a few recruits were examined in a day, the fee was 2s. 6d. a recruit. £2 was the payment for a full day's work. In view of the evil results of hurried examination, it was not considered desirable to hold out to doctors pecuniary inducements to examine more than thirty to forty recruits in one day. He was not aware that the profession was dissatisfied with these arrangements. In reply to a written question by Mr. Rendall, having reference to an agreement to pay 2s. 6d. a head made by head quarters, No. 8 District, Exeter, with doctors undertaking to examine recruits in November and December last, Mr. Forster said that he was making inquiries.

3rd Western General Hospital.—In reply to Mr. Haydn Jones, on February 22nd, the Financial Secretary to the War Office said that the army accounts were not kept in such a form as to admit of arriving at the weekly cost of a hospital per bed. The 3rd Western General Hospital (Cardiff) was an administrative unit composed of many different buildings, and contained 2,000 beds. It had a staff of some 32 medical officers, who drew the army pay of their ranks, and of these 19 were local members of the profession, to whom it was open to pursue private practice.

PROFESSOR SYMINGTON, F.R.S., has published in the *Journal of Anatomy and Physiology* for January, 1916, a monograph on endocranial casts and brain-form. He throws much doubt on the conclusions drawn by eminent living anthropologists on "reconstructed" skulls of primitive men by inspecting the endocranial casts of the vault of ten skulls, each prepared with a cast of the related parts of the brain. He has come to the conclusion that the simplicity or complexity of the cerebral fissures and convolutions cannot be determined with any degree of accuracy from endocranial casts even on complete skulls. In no single instance did the fissures correspond to definite depressions indicating their position, and very frequently they were found to lie in various parts of their course over eminences on the cast. If, as these observations seem to show, reliance cannot be placed on endocranial casts from reconstructions of imperfect skulls, then it is not possible to estimate even approximately the relative degree of development of the various sensory and association centres in the cortex from the endocranial casts of the La Chapelle or Piltdown skulls.