

caused to the façade of the monumental church of St. Anna, one of the oldest in Sicily; some damage has been done to the Cathedral, and cracks have appeared in many walls of the poorer type of building. Two people have been killed by falling masonry and twenty-five injured. The electricity supply was temporarily out of action. The earthquake was the most severe for many years, and alarm was caused especially amongst children and people in the poorer quarters of the city. According to a *Times* message, the epicentre of the shock is estimated to have been between Palermo and the islands of Ustica and Alicudi to the north-north-west of Palermo, which would be approximately 38.5° N., 13.25° E. This is in a relatively highly active region seismically, and earthquakes occurred near to this epicentre on August 17, 1926 (38.5° N., 15° E.) and August 21, 1930 (39° N., 14.5° E.). The great Messina earthquake of December 28, 1908, which has been described by Davison, affected this area, according to Baratta, though the epicentre was, of course, somewhat to the east of the present one.

From 1.30 a.m. on January 17, and continuing for three hours at intervals, Paris experienced earth tremors so slight that they were not felt by anyone. The tremors were recorded on the seismographs at the Paris Observatory.

Native Races and Tuberculosis

SOME interesting data bearing upon recent theory of the racial incidence of disease are brought together and discussed in relation to tuberculosis in the *Lancet* of January 13. The older view ascribed the apparently selective action of the infection on native races mainly to innate biological differences, but there is now a tendency to emphasize work and living conditions—with the consequent risk of intense exposure and deficient resistance—on one hand, and the factor of bacteriological immunity on the other. Thus a recent view is quoted in which there is represented a balance between heredity and environment. The emphasis now being laid on social factors, it is suggested, opposes the defeatist attitude that native races are just 'different', and indicates lines of action within human control.

In support of this view, attention is directed to the situation at present in India and Africa. On the Rand, although the incidence among natives working in the mines has fallen considerably in recent years, the incidence among natives in the Union has probably fallen little, if at all. All cases discovered in the mines are repatriated at once and the majority are dead in two years. Thus there is a continuous stream of infectious men returning to the territories from which are derived a return stream of new recruits. There are no sanatoria and little provision of public medical service. In India, a similar situation has arisen in the interchange between urban and rural areas which the growth of industrialism and transport facilities has made possible, with the result that Bengal alone is said to have a million cases of tuberculosis and a hundred thousand deaths annually.

Analysis of the data of the incidence of tuberculosis among non-European or primitives would seem to justify the contention that the problem is now most serious where native agricultural populations are becoming industrialized. That the situation is remediable is indicated by the situation under the Russian Soviets, where rapid industrialization has been accompanied by expansion of the tuberculosis services, with the result that there has been a notable decline in tuberculosis mortality. The writer in the *Lancet* concludes with the admonition that it is the white man's responsibility that the situation in the British Empire should be squarely faced.

Mental Disease in Peru

IN a recent paper (*Amer. J. Psychiat.*, 96, 403; 1939) Dr. Horatio M. Pollock states that the care of the mentally sick in Peru has gone through a series of progressive stages similar to that in the development of psychiatric science in the United States. A long period of neglect was succeeded by one of inadequate care in almshouses or asylums, which in turn was followed by so-called hospital care with some degree of medical attention, and finally scientific treatment in a modern hospital. The first hospital treatment for mental patients in Peru was provided in the seventeenth century in two general hospitals at Lima, one being St. Andrew's Hospital for men and the other the St. Anne's Hospital for women. Towards the middle of the nineteenth century the special section in the St. Andrew's Hospital became an independent unit with a special physician to look after the patients, and in 1859 a new building named "Hospital de la Misericordia" for mental patients was opened in the outskirts of Lima with accommodation for 160 patients. It was divided into four sections, respectively for quiet cases, those periodically disturbed, mental defectives and epileptics, and violent cases.

In 1918 an entirely new hospital for mental patients, which was named after its benefactor Victor Larco Herrera, was opened at Magdalena del Mare about four miles from Lima with accommodation for more than a thousand patients. The treatment in this hospital has been modernized, and at the present time compares favourably, according to Dr. Pollock, with that in many hospitals in the United States. A single hospital, however, is not sufficient for all the persons requiring mental treatment in Peru. At least two more are needed, and funds are not yet available for enlargement of the present building.

Higher Education in Malaya

"HIGHER EDUCATION IN MALAYA" (H.M. Stationery Office, 2s. 6d.) is a thorough and most valuable survey. It includes the whole background of teaching and adds an able summary of the resources of the country, mainly due to the rubber plant, and the variety of its population, Chinese, Indians and Malays. The last-named have only been under Western civilization for 60-70 years. They do not dwell in towns like the Chinese. Raffles College, opened in 1928, is the main centre of advanced education, and is