Treatment of Pediculosis.—Four recognized treatments are pitted one against the other, as follows:—

Drug used.	Number of Cases (N: Nits only; LN: Lice and Nits; LLN: Very severe Infestation).	Average Number of Treatments.	Average Number of Combings.	Average Number of Days taken to establish Cure.	Cost in Pence (indent Price) per Cure obtained.
	Per Cent				:
Kerosene and vaseline	$. 50 \begin{cases} N & \dots & 7 \\ LN & \dots & 58 \\ LLN & \dots & 35 \end{cases}$	2.45	3.75	3.75	0.43
Carbolic-oil (strength, 1/20)	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	2.11	5.93	6.00	0.83
Quassia-chips	$\begin{array}{c} N & \dots & 2 \\ LN & \dots & 54 \\ LLN & \dots & 44 \end{array}$	2.62	5.60	8.10	0.96
Sassafras-oil	$\begin{array}{cccccccccccccccccccccccccccccccccccc$	1.78	3.65	3.97	3.27

All treatments are equally efficacious in the long-run.

Sassafras is the easiest to work with, take least applications, but stings some scalps, and is dearest per cure obtained. Kerosene gives the quickest cure at the least cost, but is open to the objection of fire risk. This can be guarded against. Quassia-chips took most applications and longest treatment-time in days.

CONCLUSIONS.

1. The Danish treatment of itch is immeasurably superior to the routine sulphur-ointment treatment. The slightly higher initial cost of the former is proven to be offset by rapidity of cure and saving of the nurse's travelling-costs. To continue with the apparently cheaper drug is really false economy.

2. In treating impetigo, unguentum hydrarg. ammon. is very successful and easy to work with.

A cheaper alternative is available, if required.

3. Pediculosis responds rapidly to sassafras treatment, but the comparative cost is prohibitive. Kerosene and vaseline method is cheapest and quickest. Carbolic 1/20 and quassia chips are dearer alternatives available, carbolic obtaining preference on results.

Examination of Native Schools.

The result of the medical examination of 1,399 Maori children is as follows: Number of children examined, 1,399. Percentage found to have defects, 81·92. Percentage with defects other than dental, 56·47. Percentage of children showing evidence of—Subnormal nutrition, 1·79; pediculosis, 6·58; uncleanliness, 0·50. Skin—Impetigo, 4·72; scabies, 15·15; ringworm, 0·36; other skin-diseases, 1·50. Non-vaccination, 94·64. Heart—Organic disease, 0·64; respiratory disease, 1·64. Total deformities of trunk and chest, 3·21. Mouth—Deformity of jaw or palate, including irregularity, 0·14; dental caries, 52·04; extractions of permanent teeth, 0·07; fillings, 1·79; perfect sets of teeth, 12·29. Nasal obstruction, 5·93. Enlarged tonsils, 19·66. Enlarged glands, 9·36. Goitre—All degrees, 7·50. Eye—Total defective vision, 2·14; corrected, 0·57; uncorrected, 1·57. Ear—Otorrhœa, 0·36; defective hearing, 0·14. Defective speech, 0·14. Tuberculosis—Total, 0·07.

Dr. Turbott continues his comparative study of Maori and pakeha. The comparative health of Maori and white children judged by routine school examination is shown in the following table, the figures quoted being percentages:—

Heart—			Maori.	White.
Organic disease			 0.7	$1 \cdot 3$
Functional			 0.0	0.03
Respiratory disease: Unhealth	y che	sts	 1.8	$0 \cdot 4$
Physique—	•			
(a) First-class nutrition			 44.5	$31 \cdot 4$
(b) Subnormal nutrition			 $1 \cdot 09$	0.9
(c) Total deformities, trunk		${ m chest}$	 $2 \cdot 3$	$4 \cdot 7$
(d) Club-feet			 0.19	0.03
Cleanliness—				
Uncleanliness			 0.05	0.5
Pediculosis		• •	 $9 \cdot 2$	0.5
Skin conditions—				
(a) Scabies			 $15 \cdot 1$	0.2
(b) Impetigo; septic sores			 $5 \cdot 7$	0.8
(c) Other skin diseases			1.4	3.7