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CORNWALL COUNTY COUNCIL.

EDUCATION COMMITTEE.

ANNUAL REPORT

OF THE

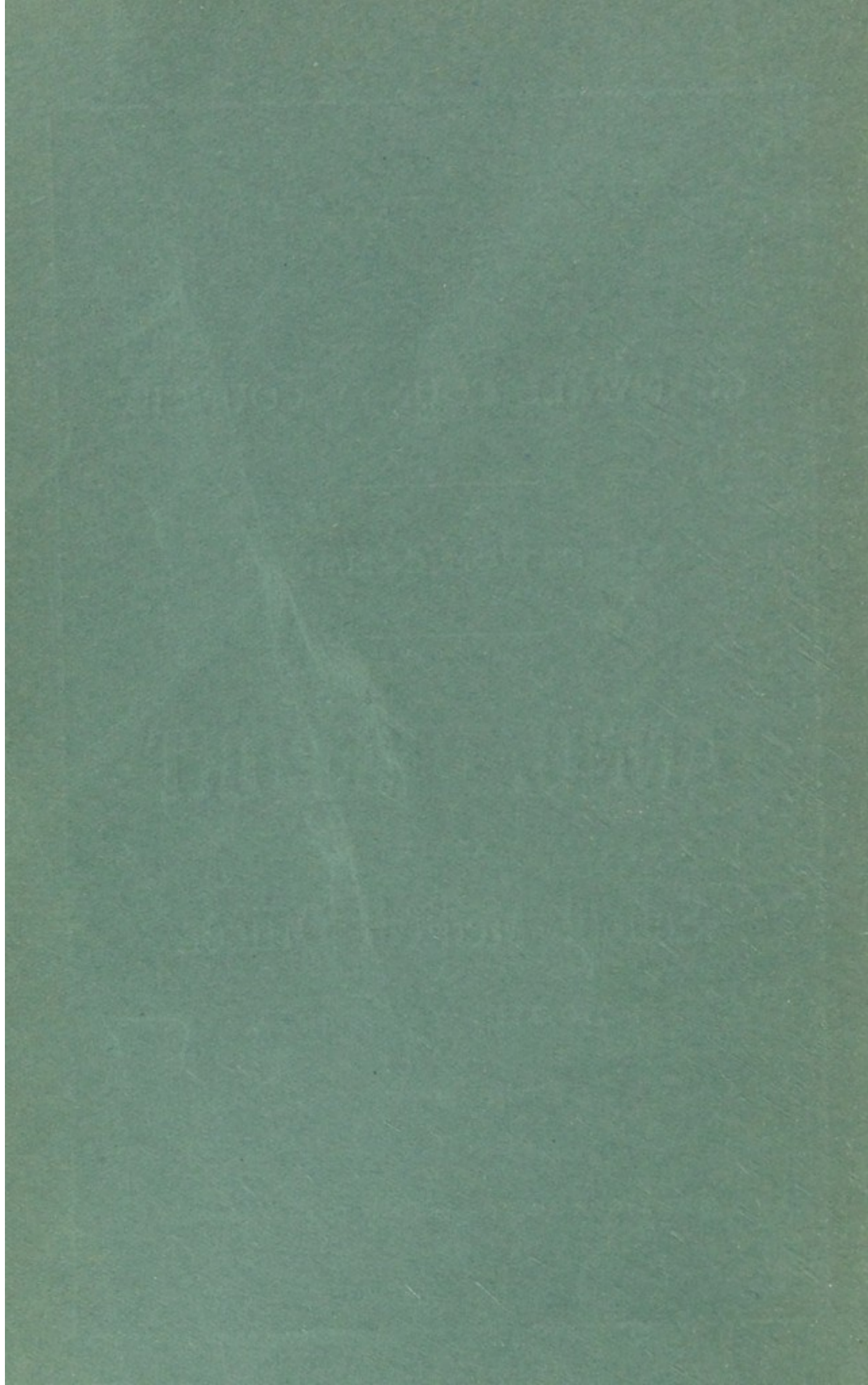
School Medical Officer

FOR THE YEAR 1933.

TRURO :

O. Blackford, Printer by Appointment to T.M. The King and Queen

1934





CORNWALL COUNTY COUNCIL.

EDUCATION COMMITTEE.

ANNUAL REPORT OF THE SCHOOL MEDICAL OFFICER FOR THE YEAR 1933.

School Medical Staff.

School Medical Officer: E. M. Clarke, M.D.Lond.

Assistant School Medical Officers:

Dorothy A. Chown, M.R.C.S. Eng., L.R.C.P. Lond.

J. A. Clark, M.B., B.S. Lond., M.R.C.S. Eng., L.R.C.P.
Lond.

R. J. E. Hanson, M.A., M.B., B.Ch. Camb.,
F.R.C.S. Ed.

Elizabeth Macleod, M.D., Ch.B. Ed.

School Dental Surgeons:

W. H. Ellam, B.D.S. Univ. L'pool.

F. R. Taylor, L.D.S., R.C.S. Eng.

Dental Nurses:

Mrs. C. D. Good.

Miss R. P. Rowe.

Orthopædic Sister: Miss F. M. James, Cert. Ch.Soc.,
M.M.G.

School Nurses: Seven Health Visitors and 150 District Nurses
give part time to school work.

Statistics.

Area of County:—Elementary Education Area : (Penzance and Falmouth Boroughs excluded) 867,014 acres.

Higher Education Area ... 868,167 acres.

Population (Higher Education Area) 317,951.

„ (Elementary „ „) 293,117.

		Elementary.	Secondary.
<i>School Population</i> (on books) ...		37,650	3,450
<i>Average Attendance</i> ...	...	33,110	3,170
<i>Number of Schools</i>		299	21
<i>Number of Departments</i> ...	...	368	—

Co-ordination.

The School Medical Officer is also the County Medical Officer of Health.

The health visitors and district nurses undertake maternity and child welfare work in addition to school work and tuberculosis work. The superintendents of the County Nursing Association are also the inspectors of midwives. The work of the health visitors and district nurses is co-ordinated under the supervision of the Superintendent of the County Nursing Association and the County Medical Officer.

School Hygiene.

There is no special change to report. Improvements are effected as opportunity offers.

Medical Inspection.

Each Assistant School Medical Officer undertakes all the work in his or her district with the exception of "refraction" which is undertaken by Dr. Hanson throughout the County. Each school is visited twice a year, once for a routine inspection, and once, usually without notice, for re-examination of children previously referred for observation or treatment; children absent at the previous inspection are also seen.

Age groups inspected:—

Entrants.

Children 8 years old.

Children 12 years old.

“ Specials ” selected by parents and teachers and not due for inspection under one of the first three headings.

Findings of Medical Inspection.

The following table gives the numbers of “ routine ” children referred for treatment per 1,000 examined, in comparison with those for England and Wales.

				Cornwall		England & Wales
				1933	1932	1932
Malnutrition	...	...	...	19.4	12.0	10.7
Skin diseases	...	...	...	8.5	6.2	10.4
Defects of Vision	...	...	...	52.8	67.4	85.6*
Squint	...	...	...	8.0	12.0	8.3
Other Eye Diseases	...	...	...	3.7	3.2	7.6
Defects of hearing	...	...	...	4.5	4.6	3.7
Otitis Media	...	...	...	1.8	3.1	4.7
Enlarged tonsils	...	...	...	7.4	11.2	24.9
Adenoids	...	...	...	4.6	5.9	3.9
Enlarged tonsils and adenoids				45.4	41.4	22.4
Other nose and throat defects				2.6	4.1	5.0
Defects of speech	...	...	...	0.3	0.2	1.0
Organic heart disease			...	0.3	0.2	1.7
Pulmonary tuberculosis:						
(a) Definite	...	...	...	0	0	0.2
(b) Suspected	...	...	...	0	0	0.6
Non-pulmonary tuberculosis	...	...	...	0.08	0.2	0.7
Epilepsy	...	...	...	0.2	0.08	0.3
Chorea	...	...	...	0.08	0.08	0.5
Other nervous conditions	...	...	...	0.7	0.2	1.1

*In calculating this figure the Entrants have been left out of account.

Deformities:

Rickets	...	...	...	0.2	0	1.4
Spinal	...	...	...	6.3	4.4	2.4
Other conditions			...	5.7	3.0	6.0

For full details see Table II.

MALNUTRITION. 439 children were found to require treatment for malnutrition as compared with 286 last year. The difference in the figures is due more to different standards than to actual increase in malnutrition, although the School Medical Officers are of opinion that there has been some increase.

UNCLEANLINESS. Each School is examined once a term without notice. 97,155 inspections were made and 3,918 individual children were found to be unclean. The standard adopted is a high one, a child not being classified as clean unless free from nits. This is the first time the actual number of individual children found to be unclean has been recorded: in previous reports the figures represented the total number of examinations and the instances of uncleanliness, the same child being examined more than once. This year 11.8% were found to be unclean. The figure for girls only would be higher. In 1932 the figure for England and Wales was 13.7%. These figures depend on the care with which the inspections are made, otherwise a lower standard is actually used.

MINOR AILMENTS AND DISEASES OF THE SKIN. These figures are only those found at the actual inspections, and teachers are directed to exclude children when necessary. This means that minor ailments are dealt with quite apart from the Council's scheme.

VISUAL DEFECTS AND EXTERNAL EYE DISEASE. The visual defects referred for treatment have always been lower than those for England and Wales, the higher figure for England and Wales being apparently due to the fact that in some areas all defects are referred for refraction whether there are symptoms or not.

External Eye Disease. These are usually only half the number found in England and Wales, and are more commonly found in neglected children in large towns.

NOSE AND THROAT DEFECTS. These defects are rather more common than in England and Wales, and considerable interest has been taken in this question during the last few years. There is no indication that the incidence of the disease is lessening at all.

EAR DISEASE AND DEFECTIVE HEARING. The ear disease found at the routine inspections is usually less than that for England and Wales. Defects of hearing are usually greater owing to the greater number of children with enlarged tonsils and adenoids, which is the most common cause of temporary deafness in school children.

DENTAL DEFECTS. As the dental scheme has only been in operation for three years and only includes the younger children it is impossible to compare the figures with those for England and Wales. There seems no reason to suspect that the incidence of dental disease differs materially from that in England and Wales generally.

ORTHOPAEDIC AND POSTURAL DEFECTS. Here again the scheme for treatment has only been in operation a short time and the numbers referred for treatment are increased by old standing cases for which no treatment has been available previously.

HEART DISEASE AND RHEUMATISM. The figures suggest that this is much less common than in England and Wales generally.

TUBERCULOSIS. These figures refer to cases found in school, which are rare. Most cases are already excluded from school and dealt with under the Tuberculosis Scheme.

FOLLOWING-UP. The whole-time health visitors and the district nurses attend the routine inspections at the schools and follow up children to their homes on the recommendation of the School Medical Officers.

The nurses try to get the defects treated by medical practitioners if necessary, and help in carrying out the treatment.

	Whole-time Health Visitors.	District Nurses.	Total.
Number of children followed up	2778	676	3454
Number of visits paid ...	2947	3225	6172
Number of Medical Inspections attended	229	450	679
Number of Inspections for cleanliness	229	854	1083
" Following up " Tonsils and Adenoids	20	62	82

These figures do not show all the work done by the district nurses, as so much of the work is done for school children quite apart from the school examinations.

Arrangements for Treatment.

MALNUTRITION. £200 per annum is available for the provision of milk to necessitous children in school on the recommendation of the School Medical Officers, children receiving a half pint of milk each school day.

Considerable benefit is obtained by giving milk for a few months, but often the supply should be continued for a much longer period. About 1,000 children have received supplies of milk for varying periods.

The Education Committee, through the " Dairy Section," have arranged for the supply of milk to school children in schools, and 5,400 children in 105 schools are now receiving one third of a pint of milk daily in school. The scheme is on the lines suggested by the National Milk Publicity Council, under which 800,000 children in England and Wales are now receiving milk. The scheme in the county is very successful and is being extended as opportunity offers.

At present the very necessitous children are unable to pay the daily penny for milk. In some areas the L.E.A. pay for the milk where the parents are not able to do so, the expenditure thus involved being eligible for a 50 per cent. grant from the Board.

Where necessary the Public Assistance Committee acts.

UNCLEANLINESS. Advice is given to the parents by the Health Visitors and District Nurses, with good results, except in cases where the mentality of the parents is very low. These tend to become chronic, the children being cleaned periodically but always relapsing.

The nurse may help the parents in the cleansing, but no official cleansing stations are in use.

MINOR AILMENTS AND DISEASES OF THE SKIN. Cases are followed up by the Nurses and receive help in carrying out the treatment. Where medical advice is required cases are referred to general practitioners.

A temporary clinic could be arranged when necessary so that Nurses could deal with greater numbers; for instance in an epidemic of Impetigo.

VISUAL DEFECTS AND EXTERNAL EYE DISEASES. Visual defects are referred to the School Oculist for refraction. The necessary glasses are prescribed, and the majority are provided by the parents. In cases of necessity, on the recommendation of the School Managers, the necessary glasses are provided by the Education Authority. All children in need of examination can be seen at one of the 15 Eye Clinics. See Table IV. Group II.

Children for whom glasses have been prescribed are re-examined every 2 years or oftener, so that it may be ascertained whether any change is required.

The following particulars will amplify the figures given in Table IV. Group II. and will give some indication of the work done in 1933:—

(1) Spectacles prescribed by School Oculist:

(a) Obtained by parents	365	+	6	on 1932		
prescription	...	...	...	...	=	371
(b) Paid for by L.E.A.	187	+	19	on 1932		
prescription	...	...	...	...	=	206
(c) Not obtained	...	...	...	...		28
					—	605

(2) New frames prescribed by School Oculist:

(a) Obtained by parents	...	...	...	100	
(b) Obtained by L.E.A.	...	...	...	29	
(c) Not obtained	...	...	...	21	
				—	150

(3) Spectacles repaired by L.E.A. 11

(4) " Continue present spectacles " 345

(5) " No spectacles needed " 82

(6) Children absent from Eye Clinics:

(a) Parents refuse examination	...	...	29	
(b) Child had left school	...	...	13	
(c) Child treated privately	...	...	14	
(d) Child had left district	...	...	2	
			—	58

The treatment of external eye disease is undertaken by the general practitioners with the help of the Nurses.

NOSE AND THROAT DEFECTS. Cases are referred to their own doctors in the first place, and if operative treatment is required, arrangements have been made for it to be given at 12 hospitals in, or adjoining, the County. There should be no difficulty in any child obtaining the necessary treatment. See Table IV. Group III.

EAR DISEASE AND DEFECTIVE HEARING. The arrangements are similar to those for the treatment of nose and throat defects. There is an Ear and Throat department at the South Devon and East Cornwall Hospital, Plymouth, to which cases requiring special treatment may be sent. Including children who have been operated upon and those requiring operation, about 11% of children are "operation" cases.

DENTAL DEFECTS. Two Dentists were appointed in 1931, and arrangements were made for treatment as follows:—

Year.			Age Groups treated.	
1931	...	...	5,	6, 7.
1932	...	...	5,	6, 7, 8.
1933	...	...	5,	6, 7, 8, 9.

together with as many 'Specials' as time permitted.

In 1934 it is proposed to deal with the age-groups 5 to 10 inclusive, but unless another dentist is appointed it will be necessary to omit some rural schools from the scheme.

For convenience in dealing with age groups, and to secure uniformity, children born in a certain year are included for examination and treatment, and this explains why there are some children of the age of 10 included in the Table IV. Group V. at the end of the Report.

The ratio of children receiving treatment to those requiring it was nearly 60%.

			Cornwall.	England and Wales.
Year 1931	...	...	56.0	63.1
Year 1932	...	...	63.5	61.3
Year 1933	...	...	59.9	—

It is of course not possible to undertake the treatment of children for whom treatment has been refused in earlier age groups owing to the extent of the defects which would require treatment and the large staff of dentists that would be necessary.

It is not worth while to employ school dentists merely to extract teeth that have decayed through neglect; the object of the school dental service is to save teeth and maintain a sound dentition for the children availing themselves of the scheme.

ORTHOPAEDIC AND POSTURAL DEFECTS. See Table IV. Group IV. This is a new Table and therefore cannot be compared with others for previous years.

In Cornwall there are orthopaedic clinics maintained by the County Council at

Penzance	St. Austell
Tuckingmill	Wadebridge
Truro	Liskeard.

There is also a clinic at Launceston maintained by the Devonian Association and one at Plymouth maintained by the Plymouth Borough Council, at which arrangements have been made for the treatment of cases from Cornwall.

The County Council maintain 14 beds at the Royal Cornwall Infirmary, Truro, and beds are available when required at the Mount Gold Hospital (Plymouth Borough Council), at the Princess Elizabeth Hospital, Exeter (Devonian Association) and the Dame Hannah Rogers' Orthopaedic Hospital School. The clinics and hospitals serve the children of school age and under, and the following is a summary of the work done in 1933:—

	Under School Age.	School Age.	Total.
New cases seen at the clinics	108	210	318
Total attendance of cases on doctors' days	419	999	1418
Cases recommended for ad- mission to hospital ...	39	38	77
Number admitted during the year	29	44	73

The Orthopaedic Surgeon attends each clinic once a month and the Sister attends once a week to carry out the necessary treatment.

HEART DISEASE AND RHEUMATISM. Cases seen are referred to private practitioners.

TUBERCULOSIS. Cases suffering from or suspected to be suffering from Tuberculosis are referred to the County Tuberculosis Officer, and arrangements are made for attendance at a clinic, or a visit to the home if necessary.

The notifications of tuberculosis between the ages of 5 and 15 were:—

Non-pulmonary	...	11
Pulmonary	...	7

The following patients were treated at the Tehidy Sanatorium:—

Ages 5 to 15 years.		Non-Pulmonary.	Pulmonary.
Patients in Tehidy 1.1.33	...	8	2
Patients admitted during the year		6	4
Patients discharged during the year		8	5
Patients in Tehidy 31.12.33	...	6	1

INFECTIOUS DISEASE. Full directions are given to the teachers in the Green Handbook. Cases of infectious disease are reported to the County and the District Medical Officer of Health.

Exclusions from school during the year are analysed below:

				S.M.O.'s.	Head Teacher's.
Impetigo	...	...	...	3	30
Scabies	...	...	...	14	4
Ringworm—					
Body	...	...	...	3	16
Head	...	...	...	4	—
Other Skin Diseases	...			4	—
Verminous Condition	...			7	1
Infectious Diseases	...			12	16
Miscellaneous	...	...		4	—
Totals				51	67

During the year 1 school was closed for Scarlet Fever by the Local Sanitary Authority and 4 were closed for Measles by the Education Committee, the period of closure varying from 10 to 26 days.

OPEN AIR EDUCATION. New schools are designed on much better lines than the older schools.

PHYSICAL TRAINING. The County Organiser is making a separate report.

PROVISION OF MEALS. The milk scheme has been mentioned under the heading of Malnutrition.

CO-OPERATION OF TEACHERS, SCHOOL ATTENDANCE OFFICERS AND VOLUNTARY BODIES.

CO-OPERATION OF PARENTS. The parents are notified when a child is due for examination; 5,845 parents were present during the examinations (of routines and specials) at the elementary schools, i.e., for 40.6 per cent. of the children. In some of the towns nearly all the children are accompanied by their parents, showing that considerable interest is taken, but in the rural districts the distances are usually too great.

CO-OPERATION OF TEACHERS. Much of the clerical work falls on the teachers, especially in preparing the schedules for the entrants, sending out notices to parents, etc. The teachers have great influence in persuading the parents to obtain treatment, and more would be done if there were greater facilities for treatment.

CO-OPERATION OF SCHOOL ATTENDANCE OFFICERS. The Attendance Officers try to get absent children brought to the routine inspections when there is some doubt as to their fitness for school.

CO-OPERATION OF VOLUNTARY BODIES. The County Nursing Association and the District Nursing Associations render great

assistance by allowing their nurses to attend the medical inspections and to follow up children to their homes. During the year they have also taken part in the cleanliness surveys.

N.S.P.C.C. During the year a grant of £5 was made to this Society by the Education Committee. In giving their approval the Board of Education requested that a report of the work done should be included in the Annual Report of the School Medical Officer. Most of the work done by the N.S.P.C.C. is not directly the result of reports from the School Authorities, but the following work was done in response to such reports :—

63 children in 25 families. Neglected.
 10 families very much improved.
 15 families still under observation.
 155 visits were made to the Homes.

Blind, Deaf, Defective and Epileptic Children.

Teachers and Attendance Officers report to the District Clerk particulars of children alleged to be unable or unfit to attend an elementary school owing to permanent defect, and arrangements are made for a medical examination of such children if possible. If they are attending school the teachers present them for medical examination as "Specials."

Blind and deaf children are sent to special residential or day schools if the parents are willing. Further provision has been made for crippled children in hospital schools while under treatment. Early treatment will diminish the number requiring education in Residential Cripple Schools.

Very few feeble-minded and epileptic children are sent to special schools and then only for some special reason. The general opinion seems to be that special schools for feeble-minded children are too expensive, and some less expensive and more permanent solution must be found. At present all feeble-minded children are encouraged to attend elementary schools if they are not too much of a nuisance in school.

The following Table compares the numbers of Defectives ascertained with those in England and Wales.—

		Incidence per 1,000 average attendance.	
		Cornwall.	England. & Wales.
Blind (Totally) ...	...	0.3	0.4
„ (Partially) ...	...	0.3	1.0
Deaf (Totally) ...	...	0.6	0.9
„ (Partially) ...	...	0.3	0.3
Mentally Defective—Educable		6.4	8.6
Epileptics—Severe ...	...	0.3	0.6
Tuberculosis—Pulmonary		0.2	2.4
„ Non-Pulmonary		0.3	1.5
Delicate children ...	...	1.2	15.5
Crippled children ...	...	1.9	
Heart ...	...	1.1	10.0

“ Ascertained ” means that the children have been examined and classified by the school doctors. Children, for instance feeble minded children, not yet classified by the school doctors are not included in the Tables.

A “defective” child is defined as one who is unfit for education in an elementary school but not unfit for education in a special school or class. The numbers given are only those ascertained to be defective by the School Medical Officers and do not include children not examined by them. It is not possible to examine all children alleged to be defective. The School Medical Officers report very few children as specially needing education in open air schools, as in Cornwall the conditions are very different from those found in the slums of large towns, and often a supply of milk in school effects considerable improvement, which is more likely to be permanent than education in a Special School, as experience shows a tendency for children when discharged from Special Schools to relapse.

There are no Special Schools maintained by the Education Authority, and there is no register showing the after-careers of

children who have been maintained in Special Schools. Local Councillors are asked to keep such children under observation and if possible assist them in obtaining suitable employment. As mentally deficient children are not sent to Special Schools it is not possible to notify their names to the Mental Deficiency Committee, and no provision is made for their after-care.

The Cornwall Blind Association is a voluntary body which undertakes the after-care of blind children, and in the same way a Deaf Association has been set up in the County with the object of looking after the interests of the Deaf and Dumb.

HIGHER EDUCATION. Blind children of suitable intelligence are sent by the Authority to the South Devon and Cornwall Institution for the Blind for training on leaving the special school at Exeter. A few pupils are also trained in the Exeter Institution.

The usual method of dealing with blind persons who are in need of further training is to consider the report and recommendations submitted by the Institutions responsible for their education up to the age of 16.

The requirements of other blind persons in need of training are usually brought to the Committee's notice by the Cornwall County Association for the Blind.

The undermentioned pupils received training during the year 1933:—

One at the S. Devon and Cornwall Institution for the Blind: Course terminated in March, 1933.

One at the West of England Institution for the Blind, Exeter: Course will terminate in April, 1934.

The records of the after-career of pupils who have completed training, as desired by the Board, would be interesting but are not available at present.

NURSERY SCHOOLS. There are no nursery schools provided by the Authority.

Secondary Schools.

I. (a) During the year the number of the Authority's Secondary Schools was increased from 20 to 21, and their one Junior Technical School was closed.

(b) Pupils are submitted to a full medical inspection on admission, and during the years in which they reach the ages of 12 and 15 years; and to a general survey in the intervening years.

(c) All pupils attending the schools are inspected.

II. MEDICAL TREATMENT.

(a) Parents are advised of defects requiring treatment, and pupils are re-inspected in the following term to ascertain the result. There is no "following-up" to the homes by school nurses, except occasionally for special reasons.

(b) Treatment is not provided under arrangements made by the Authority. Occasionally, however, pupils suffering from defective vision are examined by the School Oculist, and glasses are prescribed. In a few cases the Higher Education Committee have recommended the provision of glasses at the cost of the County. Occasionally orthopaedic treatment is provided. Each case is considered on its merits.

(c) The type of pupil for whom treatment is sometimes provided is the "special place" pupil.

Tables I. and II. (Secondary Schools) below give the numbers of pupils examined and the results. 3,461 pupils were inspected, and apart from uncleanness and dental defects treatment was required for 453 pupils—13.1 per cent. Apart from defective teeth, defective vision was by far the most common defect found. 572 mothers attended the inspection for girls, and 237 for boys.

The general health of the secondary school pupils compares favourably with that of the elementary school, especially in the case of the boys. The girls tend to develop defects more easily than boys when much time is given to school work. The secondary school pupils are usually the pick of the elementary schools and many of them have received any treatment necessary before coming to the secondary schools.

The following Table shows the numbers per 1,000 secondary school pupils examined who were referred for treatment in Cornwall and in England and Wales:—

	Cornwall.	England & Wales.
Malnutrition	2.0	3.0
Defective Vision and Squint ...	53.3	76.
Eye Disease	1.7	3.
Defective Hearing	2.3	2.
Ear Disease	0.3	3.
Nose and Throat	8.7	22.
Enlarged Cervical Glands	0.3	1.
Heart — Functional and Organic disease	1.2	4.
Anæmia	2.9	9.
Lung disease	1.2	2.
Disease of Nervous System ...	1.5	2.
Teeth	153.8	200.
Spinal Curvature	9.3	25.
Flat Foot	10.2	
Other Defects	22.5	16.

Parents' Payments.

Arrangements for recovering the cost of treatment from parents are as follows:—

(a) CHILDREN ATTENDING PUBLIC ELEMENTARY SCHOOLS.

DENTAL TREATMENT. Treatment is free where the income of the parents falls below the limit fixed by

the Committee. Where the income is above this limit, the child brings 1s. to school.

TONSILS AND ADENOIDS, ORTHOPAEDIC TREATMENT.

Where the income exceeds the limit fixed by the Committee, the County Accountant makes a claim approved by the Chairman or Vice-Chairman of the Committee.

SPECTACLES. Parents usually pay the optician direct.

In necessitous cases an order for glasses is given by the Authority for the optician.

- (b) **PUPILS IN SECONDARY SCHOOLS.** Treatment is not usually provided and no arrangements are made for payments. In the few cases where treatment is provided the arrangements are similar to those for elementary school children.

Miscellaneous Work.

Medical Examinations of Teachers ...	42
Examination of Hair for Ringworm ...	22

Pes Planus.

Agility, without sloppiness, is the keynote of the instructor nowadays, in Physical and Recreational training.

As in Sweden, Denmark and Central Europe, we are abolishing formality and overstrain of Heart, Lungs and skeletal musculature, realising the individual's variety—the normal, the weedy, the lanky and the fat.

How all important then is the structural and functional perfection of the feet in the rhythmical automatism of walking, running and athleticism generally.

The Flat Foot—for the condition is usually at first one-sided—causes lengthening of the foot, crunching of the digits, one-sided tilting of the pelvis, with compensatory curvatures in the length of the Spinal column, in order to secure instinctively an upright position of the heavy head.

A frequent concomitant of pronounced flat feet are projecting shoulder blades and round shoulders, hollow back, flat chest and poked chin.

A careful graphic record of foot imprints elicits the fact that there are many pupils in the schools with a minor degree of one-sided flat foot.

As the condition, unless dealt with, may become bilateral and troublesome, it would be advantageous, for preventive purposes, if foot imprints were to be taken universally and recorded in each school (a) at the entrance age; (b) in the 7 year age group; and (c) at other times in the case of pupils thus under special observation for the condition.

The four illustrations accompanying this brief note are derived from footprints taken for me by senior pupils detailed (and instructed) for this purpose in each school by permission of the Headmasters.

The work is rapidly effected, at a rate of more than 60 imprints per hour. One boy prepares the medium and places the unglazed, unpressed paper, and the examinee in position; the other writes the date, name, age, height and weight on the imprint, and places the record in a cardboard folio holder, to be kept in the School.

Figure 1 is a normal footprint (one-sidedness).

No. 2. Early flat feet, bilateral now, needing exercises, manipulation, massage and support.

No. 3. Flat feet, with large imprint areas in a boy who is the heaviest pupil in S.W. England, his weight being 57 lbs. above the average for his age and height on the Baldwin-Wood anthropometric scale, with a girth to correspond! He will regain his long and transverse foot arches when his weight is reduced.

No. 4. Fully flat feet, bilateral, in a 12 years old entrant, needing rest, *suspension treatment*, exercises, massage, support and the care of an orthopaedic surgeon.

It is suggested that these Footprints be kept in the College or School, in a cardboard folio holder (price 5d.), and that those of current interest, i.e., of pupils with pronounced flat feet, be kept in an accessible partition of the folder, so that special periodic footprints may be recorded and thus show the improvement under treatment, or the reverse, if the case is neglected.

R.J.E.H.

EPILEGOMENA. Space being limited, it is not feasible to show pictorially the eversion of *both* feet that accompanies the higher degree of flat feet, and causes the waddling style of locomotion then commonly to be seen.



SUPER-NORMAL FEET
(RARE)







Fig. 1.



Fig. 2.



Fig. 3.



Fig. 4.

MEDICAL INSPECTION RETURNS.

Year ended 31st December, 1933.

Elementary Schools.

TABLE I.

A. Routine Medical Inspections.

Entrants	...	...	...	...	...	3,777
Second Age Group			...	...	...	3,943
Third Age Group			...	...	...	4,199
Total						<hr/> 11,919 <hr/>

Number of other Routine Inspections. ... —

B. Other Inspections.

Number of Special Inspections	...	...	2,451
Number of Re-Inspections	...	...	6,143
Total .			<hr/> 8,594 <hr/>

TABLE II.

**A.—RETURN OF DEFECTS FOUND BY MEDICAL
INSPECTION IN THE YEAR ENDED 31st DECEMBER, 1933.**

DEFECT OR DISEASE.					Routine Inspections.		Special Inspections.	
					Requiring Treatment.	Requiring to be kept under observation, but not requiring treatment.	Requiring Treatment.	Requiring to be kept under observation, but not requiring Treatment.
(1)					(2)	(3)	(4)	(5)
Skin	Malnutrition	...	...	...	231	53	208	36
	Ringworm :							
	Scalp	...	...	...	4	—	6	—
	Body	...	...	...	10	1	1	—
	Scabies	...	...	...	7	—	12	—
	Impetigo	...	...	...	27	—	25	—
Eye	Other Diseases (non tuberculous)				54	5	14	—
	Blepharitis	...	...	...	26	1	4	—
	Conjunctivitis	...	...	...	9	—	10	—
	Keratitis	...	...	...	2	1	2	1
	Corneal Opacities	...	...	...	1	—	—	—
	Defective Vision (excluding squint)	...	...	...	430	85	222	149
Ear	Squint	...	...	...	96	8	39	12
	Other Conditions	...	...	...	4	4	2	2
	Defective Hearing	...	...	...	54	21	17	2
	Otitis Media	...	...	...	21	21	6	5
	Other Ear Diseases	...	...	...	—	1	—	—
Nose and Throat	Chronic Tonsillitis only	...	...	...	88	70	10	33
	Adenoids only	...	...	...	55	18	4	10
	Chronic Tonsillitis & Adenoids	...	...	...	431	42	45	8
	Other Conditions	...	...	...	31	7	9	2
Enlarged Cervical Glands (Non Tuberculous)...					9	15	3	2
Defective Speech					4	7	1	—
Heart and Circula- tion.	Heart Disease :							
	Organic	...	...	...	4	29	3	8
	Functional	...	...	...	3	18	1	2
	Anæmia	...	...	...	48	7	10	—
Lungs	Bronchitis	...	...	...	43	6	5	—
	Other Non-Tuberculous Diseases...				24	29	4	3
Tuber- culosis	Pulmonary :							
	Definite	...	...	...	—	—	—	—
	Suspected	...	...	...	—	4	—	1
	Non Pulmonary :							
	Glands	...	...	...	1	4	—	—
	Bones and Joints	...	...	...	—	1	—	—
Nervous System	Skin	...	...	...	—	—	—	—
	Other Forms	...	...	...	—	2	—	—
	Epilepsy	...	...	...	3	9	1	2
	Chorea	...	...	...	1	4	1	—
Deform- ities	Other Conditions	...	...	...	8	20	5	4
	Rickets	...	...	...	2	4	—	—
	Spinal Curvature	...	...	...	75	11	21	1
Other Defects and Diseases (excluding uncleanness and dental diseases)	Other Forms	...	...	...	68	22	16	22
					208	79	42	65

B.—NUMBER OF INDIVIDUAL CHILDREN FOUND AT ROUTINE MEDICAL INSPECTION TO REQUIRE TREATMENT (EXCLUDING UNCLEANLINESS AND DENTAL DISEASES).

Group. (1)	Number of Children		Percentage of Children found to require Treatment. (4)
	Inspected. (2)	Found to require Treatment. (3)	
Entrants	3,777	722	19.1
2nd Age Group	3,943	682	17.3
3rd Age Group	4,199	574	13.7
Total (Prescribed Groups) ...	11,919	1,978	16.6

TABLE III.—RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA IN 1933.

[illegible]

TABLE IV.—RETURN OF DEFECTS TREATED DURING THE YEAR ENDED 31st DECEMBER, 1933.

GROUP I. MINOR AILMENTS (excluding uncleanness).

Disease or Defect.	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme.	Otherwise.	Total.
(1)	(2)	(3).	(4).
Skin—			
Ringworm—Scalp	4	10	14
Ringworm—Body	49	6	55
Scabies	27	5	32
Impetigo	107	18	125
Other Skin Diseases	2	26	28
Minor Eye Defects (External and other but excluding cases falling in Group II.)	10	26	36
Minor Ear Defects	2	4	6
Miscellaneous (Minor injuries, bruises, sores, chil-blains, etc.)	43	—	43
Total	244	95	339

GROUP II. DEFECTIVE VISION AND SQUINT. (Excluding Minor Eye Defects treated as Minor Ailments—Group I).

Defect or Disease.	Number of Defects dealt with.			
	Under the Authority's Scheme.	Submitted to refraction by private practitioner or at hospital, apart from Authority's Scheme.	Otherwise.	Total.
(1)	(2)	(3).	(4)	(5)
Errors of Refraction (including squint).	1,157	14	14	1,185
Other Defect or Disease of the eyes (exc. Group I) .	—	—	—	—
Total	1,157	14	14	1,185

Total number of children for whom spectacles were prescribed—

(a) Under the Authority's Scheme	580
(b) Otherwise	18

Total number of children who obtained or received spectacles—

(a) Under the Authority's Scheme	206
(b) Otherwise	371

TABLE IV.—(Contd.).

GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

No. of Defects:—

Received Operative Treatment—

(1) Under the Authority's Scheme	(3) Total—	
in Clinic or Hospital—	(i) Tonsils only	... 24
(i) Tonsils only ... 3	(ii) Adenoids only	... 11
(ii) Adenoids only ... 1	(iii) Tonsils and Adenoids	... 209
(iii) Tonsils and Adenoids ... 97	(iv) Other defects of the nose	
(iv) Other defects of the Nose	and Throat	... 14
and Throat ... 1		
(2) By Private Practitioner or Hos- pital, apart from the Authority's Scheme—	(4) Received other forms of Treatment	... 13
(i) Tonsils only ... 21	(5) Total number treated	... 271
(ii) Adenoids only ... 10		271
(iii) Tonsils and Adenoids ... 112		
(iv) Other defects of the Nose		
and Throat ... 13		

GROUP IV.—ORTHOPAEDIC AND POSTURAL DEFECTS.

(1) Under the Authority's Scheme:	(2) Otherwise:	
Number of Children treated—	(i) Residential treatment	Not known. Probably None.
(i) Residential treatment with education ... 8	with education	
(ii) Residential treatment	(ii) Residential treatment	
without education ... 37	without education	
(iii) Non-residential treatment	(iii) Non-residential	
at an orthopaedic	treatment at an	
clinic ... 523	orthopaedic clinic	
	Total number treated	... 530

GROUP V. DENTAL DEFECTS.

(1) Number of Children who were:—	(4) Fillings:—	
(i) Inspected by the Dentist:	Permanent Teeth	... 3,273
Routine Age Groups:	Temporary teeth	... 245
Aged 5 ... 2,221		
„ 6 ... 3,007	Total	... 3,518
„ 7 ... 3,172		
„ 8 ... 3,324		
„ 9 ... 2,956	(5) Extractions:—	
„ 10 ... 1,071	Permanent teeth	... 972
Specials ... 1,256	Temporary teeth	... 9,912
Grand Total ... 17,007	Total	... 10,884
(ii) Found to require treat- ment ... 15,583	(6) Administrations of general anæsthetics for extrac- tions ...	—
(iii) Actually treated ... 9,343		
(2) Half-days devoted to:—	(7) Other operations:—	
Inspection ... }	Permanent teeth	... 245
Treatment ... }	Temporary teeth	... 8,834
839	Total	... 9,079
(3) Attendances made by chil- dren for treatment ... 9,390		

Table IV.—(Contd).**GROUP VI. UNCLEANLINESS AND VERMINOUS CONDITIONS.**

(1) Average number of Visits per School made during the year by the School Nurses	...	...	...	...	2.94
(2) Total number of Examinations of children in the Schools by School Nurses	...	...	...	...	97,155
(3) Number of individual children found unclean	...				3,918
(4) Number of children cleansed under arrangements made by the Local Education Authority	...	...	...		none.
(5) Number of cases in which legal proceedings were taken:—					
(a) Under the Education Act, 1921	...	...	...		none.
(b) Under School Attendance Bye-laws	...	...	...		none.

Secondary Schools.

**Table I.—Medical Inspection of Pupils for the year ended
31st December, 1933.**

Routine Examinations.

Entrants	...	...	...	...	...	...	734
12-year-olds	...	...	...	...	...	...	426
15-year-olds	...	...	...	...	...	...	372
Other ages	...	...	...	...	...	...	1,900
Total							3,432

Re-Examinations.

Boys	...	...	...	...	...	...	150
Girls	...	...	...	...	...	...	300
Total							450

Number of Individual Children examined	...	3,432
Number of children requiring treatment (Excluding uncleanness and dental diseases).	...	399
Percentage		11.62

Number of Parents or Guardians present at Examinations.

With Boys	...	...	...	...	...	261
With Girls	...	...	...	...	...	506

Table II.—Return of Defects found by Medical Inspection in the year ended 31st December, 1933.

DEFECT OR DISEASE.	Routine Inspections.		Treated.
	Requiring Treatment.	Requiring to be kept under observation but not requiring treatment.	
(1)	(2)	(3)	(4)
Malnutrition	7	—	2
Skin and Hair	36	1	30
Defective Vision	179	48	185
Squint	4	1	3
External Eye Disease	6	1	4
Defective Hearing	8	3	5
Ear Disease	1	1	1
Nose and Throat	30	9	23
Enlarged Cervical Glands	1	3	3
Heart and Circulation	4	7	3
Anæmia	10	—	8
Lungs	4	4	4
Headache	—	—	—
Nervous System, conditions other than Epilepsy or Chorea	—	3	1
Epilepsy	2	2	—
Chorea	—	1	—
Overstrain	3	2	—
Spinal Curvature	32	1	31
Flat Foot	35	1	35
Teeth	528	1	212
Other Defects and Diseases	80	11	40
TOTALS	970	100	590

THE HISTORY OF THE
 COUNTY OF MIDDLESEX

Parishes		Population		Area	
Parish	Population	Parish	Population	Area	Area
St. Andrew	1,200	St. Martin	1,500	100	100
St. George	1,800	St. Peter	1,200	150	150
St. James	2,500	St. Paul	1,000	200	200
St. John	3,000	St. Stephen	800	250	250
St. Luke	2,200	St. Thomas	1,500	300	300
St. Mark	1,500	St. Vincent	1,200	350	350
St. Matthew	1,000	St. William	1,500	400	400
St. Michael	1,800	St. Elizabeth	1,000	450	450
St. Nicholas	1,200	St. Anne	1,500	500	500
St. Oliver	1,500	St. Agnes	1,200	550	550
St. Philip	1,000	St. Margaret	1,500	600	600
St. Richard	1,200	St. Catherine	1,000	650	650
St. Simon	1,500	St. Barbara	800	700	700
St. David	1,000	St. Ursula	1,200	750	750
St. Enoch	1,200	St. Lucia	1,000	800	800
St. Edmund	1,500	St. Constantine	800	850	850
St. John the Baptist	1,800	St. George the Martyr	1,200	900	900
St. Peter the Apostle	2,000	St. Andrew the Apostle	1,000	950	950
St. Paul the Apostle	2,500	St. James the Apostle	1,500	1,000	1,000
St. Mark the Evangelist	1,800	St. Luke the Evangelist	1,200	1,050	1,050
St. Matthew the Evangelist	1,500	St. John the Evangelist	1,000	1,100	1,100
St. Thomas the Apostle	1,200	St. Stephen the Deacon	800	1,150	1,150
St. James the Apostle	1,000	St. Timothy	1,500	1,200	1,200
St. John the Baptist	1,500	St. Titus	1,200	1,250	1,250
St. Paul the Apostle	1,800	St. Phileas	1,000	1,300	1,300
St. Mark the Evangelist	1,200	St. Nereus	800	1,350	1,350
St. Luke the Evangelist	1,000	St. Proclus	1,500	1,400	1,400
St. Matthew the Evangelist	1,500	St. Eusebius	1,200	1,450	1,450
St. Thomas the Apostle	1,200	St. Vitalis	1,000	1,500	1,500
St. James the Apostle	1,000	St. Modestus	800	1,550	1,550
St. John the Baptist	1,500	St. Marcellinus	1,200	1,600	1,600
St. Paul the Apostle	1,800	St. Peter the Martyr	1,000	1,650	1,650
St. Mark the Evangelist	1,200	St. Andrew the Martyr	800	1,700	1,700
St. Luke the Evangelist	1,000	St. George the Martyr	1,500	1,750	1,750
St. Matthew the Evangelist	1,500	St. Andrew the Apostle	1,200	1,800	1,800
St. Thomas the Apostle	1,200	St. James the Apostle	1,000	1,850	1,850
St. James the Apostle	1,000	St. John the Evangelist	800	1,900	1,900
St. John the Baptist	1,500	St. Stephen the Deacon	1,200	1,950	1,950
St. Paul the Apostle	1,800	St. Timothy	1,000	2,000	2,000
St. Mark the Evangelist	1,200	St. Titus	800	2,050	2,050
St. Luke the Evangelist	1,000	St. Phileas	1,500	2,100	2,100
St. Matthew the Evangelist	1,500	St. Nereus	1,200	2,150	2,150
St. Thomas the Apostle	1,200	St. Proclus	1,000	2,200	2,200
St. James the Apostle	1,000	St. Eusebius	800	2,250	2,250
St. John the Baptist	1,500	St. Vitalis	1,500	2,300	2,300
St. Paul the Apostle	1,800	St. Modestus	1,200	2,350	2,350
St. Mark the Evangelist	1,200	St. Marcellinus	1,000	2,400	2,400
St. Luke the Evangelist	1,000	St. Peter the Martyr	800	2,450	2,450
St. Matthew the Evangelist	1,500	St. Andrew the Martyr	1,500	2,500	2,500
St. Thomas the Apostle	1,200	St. George the Martyr	1,200	2,550	2,550
St. James the Apostle	1,000	St. Andrew the Apostle	1,000	2,600	2,600
St. John the Baptist	1,500	St. James the Apostle	800	2,650	2,650
St. Paul the Apostle	1,800	St. John the Evangelist	1,500	2,700	2,700
St. Mark the Evangelist	1,200	St. Stephen the Deacon	1,200	2,750	2,750
St. Luke the Evangelist	1,000	St. Timothy	1,000	2,800	2,800
St. Matthew the Evangelist	1,500	St. Titus	800	2,850	2,850
St. Thomas the Apostle	1,200	St. Phileas	1,500	2,900	2,900
St. James the Apostle	1,000	St. Nereus	1,200	2,950	2,950
St. John the Baptist	1,500	St. Proclus	1,000	3,000	3,000
St. Paul the Apostle	1,800	St. Eusebius	800	3,050	3,050
St. Mark the Evangelist	1,200	St. Vitalis	1,500	3,100	3,100
St. Luke the Evangelist	1,000	St. Modestus	1,200	3,150	3,150
St. Matthew the Evangelist	1,500	St. Marcellinus	1,000	3,200	3,200
St. Thomas the Apostle	1,200	St. Peter the Martyr	800	3,250	3,250
St. James the Apostle	1,000	St. Andrew the Martyr	1,500	3,300	3,300
St. John the Baptist	1,500	St. George the Martyr	1,200	3,350	3,350
St. Paul the Apostle	1,800	St. Andrew the Apostle	1,000	3,400	3,400
St. Mark the Evangelist	1,200	St. James the Apostle	800	3,450	3,450
St. Luke the Evangelist	1,000	St. John the Evangelist	1,500	3,500	3,500
St. Matthew the Evangelist	1,500	St. Stephen the Deacon	1,200	3,550	3,550
St. Thomas the Apostle	1,200	St. Timothy	1,000	3,600	3,600
St. James the Apostle	1,000	St. Titus	800	3,650	3,650
St. John the Baptist	1,500	St. Phileas	1,500	3,700	3,700
St. Paul the Apostle	1,800	St. Nereus	1,200	3,750	3,750
St. Mark the Evangelist	1,200	St. Proclus	1,000	3,800	3,800
St. Luke the Evangelist	1,000	St. Eusebius	800	3,850	3,850
St. Matthew the Evangelist	1,500	St. Vitalis	1,500	3,900	3,900
St. Thomas the Apostle	1,200	St. Modestus	1,200	3,950	3,950
St. James the Apostle	1,000	St. Marcellinus	1,000	4,000	4,000
St. John the Baptist	1,500	St. Peter the Martyr	800	4,050	4,050
St. Paul the Apostle	1,800	St. Andrew the Martyr	1,500	4,100	4,100
St. Mark the Evangelist	1,200	St. George the Martyr	1,200	4,150	4,150
St. Luke the Evangelist	1,000	St. Andrew the Apostle	1,000	4,200	4,200
St. Matthew the Evangelist	1,500	St. James the Apostle	800	4,250	4,250
St. Thomas the Apostle	1,200	St. John the Evangelist	1,500	4,300	4,300
St. James the Apostle	1,000	St. Stephen the Deacon	1,200	4,350	4,350
St. John the Baptist	1,500	St. Timothy	1,000	4,400	4,400
St. Paul the Apostle	1,800	St. Titus	800	4,450	4,450
St. Mark the Evangelist	1,200	St. Phileas	1,500	4,500	4,500
St. Luke the Evangelist	1,000	St. Nereus	1,200	4,550	4,550
St. Matthew the Evangelist	1,500	St. Proclus	1,000	4,600	4,600
St. Thomas the Apostle	1,200	St. Eusebius	800	4,650	4,650
St. James the Apostle	1,000	St. Vitalis	1,500	4,700	4,700
St. John the Baptist	1,500	St. Modestus	1,200	4,750	4,750
St. Paul the Apostle	1,800	St. Marcellinus	1,000	4,800	4,800
St. Mark the Evangelist	1,200	St. Peter the Martyr	800	4,850	4,850
St. Luke the Evangelist	1,000	St. Andrew the Martyr	1,500	4,900	4,900
St. Matthew the Evangelist	1,500	St. George the Martyr	1,200	4,950	4,950
St. Thomas the Apostle	1,200	St. Andrew the Apostle	1,000	5,000	5,000
St. James the Apostle	1,000	St. James the Apostle	800	5,050	5,050
St. John the Baptist	1,500	St. John the Evangelist	1,500	5,100	5,100
St. Paul the Apostle	1,800	St. Stephen the Deacon	1,200	5,150	5,150
St. Mark the Evangelist	1,200	St. Timothy	1,000	5,200	5,200
St. Luke the Evangelist	1,000	St. Titus	800	5,250	5,250
St. Matthew the Evangelist	1,500	St. Phileas	1,500	5,300	5,300
St. Thomas the Apostle	1,200	St. Nereus	1,200	5,350	5,350
St. James the Apostle	1,000	St. Proclus	1,000	5,400	5,400
St. John the Baptist	1,500	St. Eusebius	800	5,450	5,450
St. Paul the Apostle	1,800	St. Vitalis	1,500	5,500	5,500
St. Mark the Evangelist	1,200	St. Modestus	1,200	5,550	5,550
St. Luke the Evangelist	1,000	St. Marcellinus	1,000	5,600	5,600
St. Matthew the Evangelist	1,500	St. Peter the Martyr	800	5,650	5,650
St. Thomas the Apostle	1,200	St. Andrew the Martyr	1,500	5,700	5,700
St. James the Apostle	1,000	St. George the Martyr	1,200	5,750	5,750
St. John the Baptist	1,500	St. Andrew the Apostle	1,000	5,800	5,800
St. Paul the Apostle	1,800	St. James the Apostle	800	5,850	5,850
St. Mark the Evangelist	1,200	St. John the Evangelist	1,500	5,900	5,900
St. Luke the Evangelist	1,000	St. Stephen the Deacon	1,200	5,950	5,950
St. Matthew the Evangelist	1,500	St. Timothy	1,000	6,000	6,000
St. Thomas the Apostle	1,200	St. Titus	800	6,050	6,050
St. James the Apostle	1,000	St. Phileas	1,500	6,100	6,100
St. John the Baptist	1,500	St. Nereus	1,200	6,150	6,150
St. Paul the Apostle	1,800	St. Proclus	1,000	6,200	6,200
St. Mark the Evangelist	1,200	St. Eusebius	800	6,250	6,250
St. Luke the Evangelist	1,000	St. Vitalis	1,500	6,300	6,300
St. Matthew the Evangelist	1,500	St. Modestus	1,200	6,350	6,350
St. Thomas the Apostle	1,200	St. Marcellinus	1,000	6,400	6,400
St. James the Apostle	1,000	St. Peter the Martyr	800	6,450	6,450
St. John the Baptist	1,500	St. Andrew the Martyr	1,500	6,500	6,500
St. Paul the Apostle	1,800	St. George the Martyr	1,200	6,550	6,550
St. Mark the Evangelist	1,200	St. Andrew the Apostle	1,000	6,600	6,600
St. Luke the Evangelist	1,000	St. James the Apostle	800	6,650	6,650
St. Matthew the Evangelist	1,500	St. John the Evangelist	1,500	6,700	6,700
St. Thomas the Apostle	1,200	St. Stephen the Deacon	1,200	6,750	6,750
St. James the Apostle	1,000	St. Timothy	1,000	6,800	6,800
St. John the Baptist	1,500	St. Titus	800	6,850	6,850
St. Paul the Apostle	1,800	St. Phileas	1,500	6,900	6,900
St. Mark the Evangelist	1,200	St. Nereus	1,200	6,950	6,950
St. Luke the Evangelist	1,000	St. Proclus	1,000	7,000	7,000
St. Matthew the Evangelist	1,500	St. Eusebius	800	7,050	7,050
St. Thomas the Apostle	1,200	St. Vitalis	1,500	7,100	7,100
St. James the Apostle	1,000	St. Modestus	1,200	7,150	7,150
St. John the Baptist	1,500	St. Marcellinus	1,000	7,200	7,200
St. Paul the Apostle	1,800	St. Peter the Martyr	800	7,250	7,250
St. Mark the Evangelist	1,200	St. Andrew the Martyr	1,500	7,300	7,300
St. Luke the Evangelist	1,000	St. George the Martyr	1,200	7,350	7,350
St. Matthew the Evangelist	1,500	St. Andrew the Apostle	1,000	7,400	7,400
St. Thomas the Apostle	1,200	St. James the Apostle	800	7,450	7,450
St. James the Apostle	1,000	St. John the Evangelist	1,500	7,500	7,500
St. John the Baptist	1,500	St. Stephen the Deacon	1,200	7,550	7,550
St. Paul the Apostle	1,800	St. Timothy	1,000	7,600	7,600
St. Mark the Evangelist	1,200	St. Titus	800	7,650	7,650
St. Luke the Evangelist	1,000	St. Phileas	1,500	7,700	7,700
St. Matthew the Evangelist	1,500	St. Nereus	1,200	7,750	7,750
St. Thomas the Apostle	1,200	St. Proclus	1,000	7,800	7,800
St. James the Apostle	1,000	St. Eusebius	800	7,850	7,850
St. John the Baptist	1,500	St. Vitalis	1,500	7,900	7,900
St. Paul the Apostle	1,800	St. Modestus	1,200	7,950	7,950
St. Mark the Evangelist	1,200	St. Marcellinus	1,000	8,000	8,000
St. Luke the Evangelist	1,000	St. Peter the Martyr	800	8,050	8,050
St. Matthew the Evangelist	1,500	St. Andrew the Martyr	1,500	8,100	8,100
St. Thomas the Apostle	1,200	St. George the Martyr	1,200	8,150	8,150
St. James the Apostle	1,000	St. Andrew the Apostle	1,000	8,200	8,200
St. John the Baptist	1,500	St. James the Apostle	800	8,250	8,250
St. Paul the Apostle	1,800	St. John the Evangelist	1,500	8,300	8,300
St. Mark the Evangelist	1,200	St. Stephen the Deacon	1,200	8,350	8,350
St. Luke the Evangelist	1,000	St. Timothy	1,000	8,400	8,400
St. Matthew the Evangelist	1,500	St. Titus	800	8,450	8,450
St. Thomas the Apostle	1,200	St. Phileas	1,500	8,500	8,500
St. James the Apostle	1,000	St. Nereus	1,200	8,550	8,550
St. John the Baptist	1,500	St. Proclus	1,000	8,600	8,600
St. Paul the Apostle	1,800	St. Eusebius	800	8,650	8,650
St. Mark the Evangelist	1,200	St. Vitalis	1,500	8,700	8,700
St. Luke the Evangelist	1,000	St. Modestus	1,200	8,750	8,750
St. Matthew the Evangelist	1,500	St. Marcellinus	1,000	8,800	8,800
St. Thomas the Apostle	1,200	St. Peter the Martyr	800	8,850	8,850
St. James the Apostle	1,000	St. Andrew the Martyr	1,500	8,900	8,900
St. John the Baptist	1,500	St. George the Martyr	1,200	8,950	8,950
St. Paul the Apostle	1,800	St. Andrew the Apostle	1,000	9,000	9,000
St. Mark the Evangelist	1,200	St. James the Apostle	800	9,050	9,050
St. Luke the Evangelist	1,000	St. John the Evangelist	1,500	9,100	9,100
St. Matthew the Evangelist	1,500	St. Stephen the Deacon	1,200	9,150	9,150
St. Thomas the Apostle	1,200	St. Timothy	1,000	9,200	9,200
St. James the Apostle	1,000	St. Titus	800	9,250	9,250
St. John the Baptist	1,500	St. Phileas	1,500	9,300	9,300
St. Paul the Apostle	1,800	St. Nereus	1,200	9,350	9,350
St. Mark the Evangelist	1,200	St. Proclus			

