

heard of among children in India, appeared to me rather to be due to shock, hæmorrhage, or injury of the rectum, and I did not find that a few years one way or the other materially affected the result. Advanced age, on the contrary, does so terribly, by preventing union of the perineal wound, inducing irritative fever, diminishing the desire for food, and the capacity for sleep, and ultimately paving the way for sub-acute peritonitis or incurable exhaustion.^a My two fatal cases were both old and feeble, and the last was an old man who had to be carried by his son, and who could not, in any case, long survive his sufferings. Yet he recovered well from the effects of the chloroform and the shock of the operation, but the wound in the bladder refused to heal; he lost his appetite, and could not sleep; aphthæ appeared on the tongue; and he passed away at last, without pain.

For the analyses of the calculi given in the Table, I am indebted to the courtesy of Dr. Cameron, the accomplished Chemist and Analyst to the City of Dublin, who most kindly undertook the labour of determining for me the composition of the stones which I had brought home.

And thus I bring to a close my personal experience of lithotomy in India.

ART. XXI.—*On Death Registration and "Medical Certificate of Death."* Read at Medical Society of the College of Physicians, Ireland, 15th March, 1871, by SIR DOMINIC CORRIGAN, Bart.

MY object in asking your attention to the present system of Death Registration and "Medical Certificate of Death," is with the hope that in the coming legislation on sanitary measures the defects now existing may be corrected.

^a "Barnes, the celebrated editor of the *Times*, having suffered for years from stone, was at length persuaded to submit to an operation, which, although it was most skilfully performed by Liston, gave such a shock to his nervous system that he sunk under it, and died on the 7th of May, 1841, in his fifty-sixth year."—Andrew's History of British Journalism, Vol. ii., p. 84.

"Suffering for years" is a bad preparation for such an operation, and shock to the nervous system is much more likely to occur and prove fatal after the powers of life are on the wane than before. For other instances of great men in whom delay proved dangerous, see the preface, &c., to Mr. Allarton's "Median Lithotomy," and Traver's "Constitutional Irritation."

The following is the form of "Medical Certificate of Death" under the Irish Act of 26 Vict., cap. 11, required to be filled up by the medical attendant of a deceased person:—

"To the Registrar of the District of , in the Union of
"in the County of .
"I hereby certify that I attended ; who was apparently
"aged, or was stated to be aged years; that I last saw him on
"day of , 18 ; that he died on day of ,
"at ; that the cause of death was ; and that the
"disease had continued
"Witness my hand this day of
"Signature
"Profession
"Residence ."

The following is the section of the same Act under which the above form is required to be filled up—sec. 46:—

"Whereas . . . be it therefore enacted . . . the medical
"practitioner who shall have been in attendance during the last illness
"and until the death of any person dying after the thirty-first day of
"December, One Thousand Eight Hundred and Sixty-three, shall within
"seven days after the death of such person transmit to the registrar of the
"district in which the death occurred, a certificate of the cause of death
"in the form mentioned, the particulars of which shall be entered by the
"registrar in the register. In case such certificate shall not be trans-
"mitted, the registrar shall transmit to such medical practitioner a form
"of such certificate and by a written or printed requisition under his
"hand shall require such medical practitioner *forthwith* to return to him
"such certificate duly filled up, and said medical practitioner shall *within*
"three days after the receipt thereof, return said certificate duly filled up
"to such registrar."

This Act was passed on the 20th April, 1863. I gave it on its appearance my attentive consideration. I was most anxious, as, indeed, all members of our profession ever have been, to give every assistance to the promotion of all measures tending to the benefit of the community; but, after full consideration, I came to the conclusion that few cases, if any, could ever occur in which I should feel myself warranted in filling up the "Medical Certificate of Death" as required by the Act of Parliament.

I thought the fair and straightforward course to adopt, and I did adopt it soon after the passing of the Act, was to wait upon some of the official gentlemen appointed to carry out the Act, and

acquaint them with my views, and my determination that I would not, because I could not, in truth, fill the certificate required.

It was then explained to me that the English Act left it a voluntary matter with the English medical practitioner to give the required medical certificate, but as that plan did not work, the Scottish Act of 1854, imposed a penalty of forty shillings on the medical practitioner who omitted to transmit the required certificate, and as that course too failed, the pecuniary penalty was omitted in the Irish Act in order to substitute a more severe punishment, that of misdemeanour for disobeying an Act of Parliament. This intimation was not calculated to make me more yielding, and I have refused all requisitions to fill up and sign the required certificates.

I shall now state some of the grounds on which I have felt I could not in truth fill up and sign the "Medical Certificate of Death" as required by Act of Parliament.

The words of the Act are, "that the medical practitioner who shall have been in attendance until the death" is to fill up and sign a certificate "in the form mentioned." No man can be considered as "in attendance until the death" unless he was *present at the death*. The interval of an hour equally with that of a month intervening between his last visit and "the death" puts him out of the category of being "in attendance until death."

I now turn to the certificate itself. It requires the medical practitioner to "*certify*" to three things, viz.: first, the day of death; second, the cause of death; third, the length of time the disease had continued. The phrase "*certify*" applied to facts means that the party "*certifying*" possesses and gives "*certain*" information of the facts so certified. Facts cannot be certified on hearsay evidence. Can the medical practitioner in most cases "*certify*" of his own personal knowledge, the day of death, the cause of death, and the duration of the disease? In eight years that have elapsed since the passing of the Act only one instance occurred in which I could "*certify*," that is, of my own personal knowledge, state that death did occur on a particular day. Can the medical practitioner in the great majority of instances, "*certify*" as to the duration of disease?

A man may be for years affected with disease, with cirrhosis of the lung or liver, with disease of the heart or great vessels, with paralysis or other derangements of health, and may continue to live until some complication is added, and under such circumstances what is the disease meant in the certificate? Is it the disease that

has existed for years, or is it the incident that has immediately preceded death? On this the Act of Parliament and form of certificate are equally silent.

As to the duration of disease—information on this head, in the great majority of cases, must be given altogether on hearsay evidence. All these points so different and so necessary to be kept distinct, are jumbled together in the certificate.

I may now mention some circumstances which it appears should make us very cautious as to certifying facts without personal knowledge of them.

I was in attendance on a patient who was labouring under fatal disease. On the occasion of a visit I was informed by a person who met me on my entrance that the patient was dead. Another person more distant beckoned to me to go up stairs. I found visitors in the room transacting business with the patient. I might have been seriously and properly compromised if I had filled a certificate on the statement made to me.

Another case came within my knowledge. A very heavy annual insurance was payable. Payment was delayed in the expectation that death would take place within the time allowed for payment of the insurance. Payment and death were pitted against one another; and the medical practitioner, trusting altogether to a hearsay statement, signed a certificate that death had occurred on the last day for paying the premium.

Perhaps few practitioners think of what they are doing in signing "certificates of death" on hearsay evidence, and fewer still of the heavy liabilities they may incur.

Dr. Lankester, Coroner for Middlesex, states, in one of his reports, that in England "medical certificates have been registered in cases where the medical practitioner has not seen the patient alive, and in some cases where he had neither seen him alive nor dead;" and Dr. Rumsey, in his essay "On State Medicine in Great Britain and Ireland," gives this warning:—"That a certificate given incautiously for a reported death may render the signer liable to be indicted for a conspiracy to extort money on false pretences from an insurance office."

Communications have been repeatedly addressed to me, and I think to many around me, requesting that we should certify as to "date of death," "cause of death," and "duration of disease," in cases where not only days, but weeks, and in some instances months, have elapsed after we had seen the cases.

If any one among us were asked to certify under his hand that the Holyhead mail had sailed this morning from Kingstown he would not do it, although he had far more credible and reliable evidence of it than he could have of the facts the Act of Parliament requires him to certify in the medical certificate. We should not, I think, do that in our professional capacity which we would not do on our personal responsibility.

In the old coroners' law of England, the certificate of death was required to be given only *super visum corporis*. That was as it should be.

In France the law as regards registries of deaths is that the relatives or inmates of the house where a death occurs send notice to the district officer, analogous to our coroner. He visits the house and certifies to the identity and death, and to the date on the testimony of those around the deceased, and then obtains from the medical attendant of the deceased a certified statement of such particulars as came within his personal knowledge, and no more.

It is, I believe, only by the introduction of some plan similar to the French system that we can arrive at truth as to the registry of disease and death.

We have at this moment three different laws as to registration of deaths in England, Scotland, and Ireland.

In England the filling of a certificate of disease and death is optional with the medical practitioner. The result is as stated by Dr. Rumsey, already quoted in his essay on State medicine, that in England we are far from possessing any trustworthy records.

In Scotland there is a penalty of forty shillings on the medical practitioner who does not fill up the required certificate. The penalty could not be enforced, for a man cannot be compelled to certify what he is not certain of; and so in Scotland the Act is a failure. Dr. Christison, in the proceedings of the Social Science Association at Edinburgh, stated that one-fourth of the mortuary returns of Scotland were useless; and Mr. Walker, at a meeting of the Glasgow Medical Association, 1866, informs the meeting that the mortuary returns of Scotland were not worth the paper they were written on.

In Ireland a more severe penalty is threatened by the Act of 26 Vic., c. 11, viz.: the penalty of misdemeanour for not filling the certificate of death, but no official has ever ventured to bring a recusant into Court, and I think for this good reason, that no Court would inflict a penalty of misdemeanour on a man for not

certifying what he could not certify. What, then, is our relation to the present form of registration of deaths, and what should be our course?

Our present relation to the registry of deaths is that we are required by Act of Parliament to certify under our hand what we do not know to be facts; and I think there cannot be a question that we ought not to do that.

The next question is, what should be our course and what is our duty to truth and to ourselves? If we are not warranted, in the great majority of cases, in signing the form of medical certificate of death as laid down in the Act of Parliament, our clear and truthful course is to abstain from signing it, and only sign it in the rare instances in which we can conscientiously do it.

Let the Legislature mend its ways and correct the present defective state of the law without expecting the medical profession to sacrifice truth and self-respect to prop blundering Acts of Parliament.

I hope this state of things will soon be amended. A revised code of sanitary laws is almost now under consideration, and I trust our Legislators will learn that in framing such laws they should seek for assistance from those bodies that understand the subject.

ART. XXII.—*On the Modern Aspects of Therapeutics.** By
WALTER G. SMITH, M.D., *Dubl. Univ.*; Fellow and Censor
King and Queen's College of Physicians; Assistant Physician
to the Adelaide Hospital.

It must be allowed that the reproaches which have been so often levelled against the *practice* of medicine have had much foundation in the past history of therapeutics, and all will re-echo Sir T. Watson's opinion, that "certainly, the greatest gap in the science of medicine is to be found in its final and supreme stage—the stage of therapeutics." Some of its keenest satirists have been physicians of the highest eminence and most varied acquirements, and, on the whole, it must be admitted, that the improvement of therapeutics, contrary to the other arts and sciences, "bears no proportion to its antiquity." It is the consciousness of this disproportion which damps the spirits of so many in the profession, and which has led to so much distrust and doubt. Dr. Radcliffe used to say that "the whole art of physic, for which he had a profound contempt, might

* Thesis for the degree of M.D., 1870. Read before the Medical Society of the College of Physicians, March, 1871.