



An Enquiry into the Necessity  
for Legislative Reform in Scotland  
in regard to Uncertified  
Deaths.

— " —  
John Glaister. M. B.,

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In the Report of the Royal Sanitary Commission of 1869 presented to Parliament in the Session 1870-71, the following important statements in regard to uncertified deaths were made. "It is important that there should be no 'uncertified' deaths, that is, no cases in which deaths and their supposed causes are reported to the registrars by any other than the medical attendant of the deceased person, or some qualified medical man. In every such case, there is not only a fact lost to the statistics on which a part of the study of public health is based, but a great opportunity permitted for fraud and crime."

In contrast to this ideal condition

there has always been in Scotland a large  
 number of uncertified deaths. In these  
 recent years, since the passing of the Friendly  
 Societies Act, 1876, not so large a number  
 certainly, but a number which is still  
 exceedingly large, and very much larger than  
 it ought to be, consistent with the interests  
 of the State and the citizen. Scotland,  
 indeed, has so long been notorious for this  
 state of things, that the English medical  
 press has not missed an opportunity of  
 paying so, and pointing at the part of  
 the realm the finger of derision; this,  
 however, would be a little matter were it  
 not well deserved. Scotland, besides, has  
 so far recognised the evil. The necessity  
 for some change in the existing law has again  
 and again been forced on the minds of those  
 who interest themselves in statistics, and  
 who can see in the existence of this state  
 of things large opportunities for the com-

2  
mission of want, crime, or culpable neglect;  
and who, also, because of it cannot look  
upon the statistics of the Scottish Registrar  
General as being, in many respects, a  
true index of the national health. And  
the question of reform in this regard has from  
time to time occupied the attention of  
municipal authorities, medical corporations,  
medical societies, and other public bodies,  
and representation has been made by them  
to the proper quarters that reform was needed.

And the question of reform has been ever  
more forcing itself to the front.

We are well walled that any  
number - however small - of uncertified deaths  
in a statistical report, which is intended to  
show the cause of death of every person  
embraced in it, always makes that report as  
far incomplete, from these blanks of the statistical  
chain being wanting; and that, in this  
number there is the concentrated possibility

of crime, or culpable neglect, or to estimate it at its lowest value, there is afforded the highest possible ground for suspicion; for deaths certified by some part of the machinery procured by law, make no one anxious, but those un-certified - those <sup>the causes</sup> of which there is no official cognisance - afford room for anxiety.

It seems to me that the State might never be in such a position as to be compelled to own that it cannot satisfactorily account for the death of every being within its jurisdiction, if such is preventable: This is its present position. Again, the larger the number of un-certified deaths under a given system of legal registration which is calculated to cover the whole ground, the greater to me the evidence, either that its machinery is not being worked effectively, or that there exists some defect in the law which requires attention: This is what I will try to show.

Of this, certainly nothing can be pursued,

that no blot exists in our present registration laws, and that blot is, the great number of uncertified deaths.

I propose to discuss the subject in the following manner:— "uncertified" deaths; what is meant by the term, and how they have been formerly dealt with, in the Reports of the Registrar-General; how far such deaths obtain in Scotland; how far they obtain in England; the different circumstances which operate in England and Scotland, after registration, to reduce the number of such deaths:— 1<sup>o</sup> The Registrar's Act, 2<sup>o</sup> The Coroner's Request, and 3<sup>o</sup> Requisition of the Procurator Fiscal; whether there should be substituted in Scotland some further check to the registration of uncertified deaths, and if so, in what manner should the check be applied; the state of public opinion on the subject; on what direction shall reform take and how it may be accomplished.

In the first place, then, let me describe what is understood by an "uncertified" death. A death is said to be "uncertified" when the cause of it has not been certified either by a registered practitioner or by the Procurator Fiscal, after enquiry— that is in Scotland; or by a registered practitioner

is the former in England. This is exactly what might be meant by an "uncertified" death; but in respect that the Scottish Registrar-General in his Weekly Reports uses the term in a broader sense than the above, let us understand what he includes in it; the importance of knowing his meaning will be apparent, when I tell you that the *Lancet* has used the figures therein given under the term as bearing the strict meaning, and in so doing, has made out the most possible case against Scotland.

I quote from information given me by one of our local registrars. He says "the term 'Deaths from uncertified causes' includes all cases classed under the following heads, viz.:

- 1<sup>st</sup> No Medical attendant.
- 2<sup>d</sup> No Regular Medical "
- 3<sup>d</sup> Desperately Patient
- 4<sup>th</sup> Not certified
- 5<sup>th</sup> No qualified Medical Attendant
- 6<sup>th</sup> Not yet certified.



Thus it will be seen that he includes as "uncertified", those cases of death, where, although the person has been attended during his last illness by a registered practitioner, the certificate of the cause has not yet been forwarded, beside those which pass with them the strict meaning of the term; therefore, in this regard, the term has to be modified.

The weekly report figures are, then, "somewhat misleading, being afterwards reduced" 1<sup>st</sup> by the certificates received from the medical attendants in those cases referred to and included under the 6<sup>th</sup> head, and 2<sup>d</sup> by the reports received from the Registrar General, giving the result of the investigation made by him, or at his instance, in regard to sudden and other deaths. Up till very recently <sup>there</sup> was no possibility of getting <sup>any</sup> correct figures, but of which more will be said anon.

Another very important thing to remember

is, that a death which is "certified" in  
 statistical classification must not be under-  
 stood or necessarily meaning that the person  
 who has died has had no skilled attendance  
 of any kind; for such persons may have  
 been attending a dispensary or may have been  
 attended by a student of medicine, by an  
 unqualified man, or by a qualified but un-  
 registered practitioner; so that from the bulk  
 of "certified" cases we must subtract a  
 certain number in which the possibility of  
 crime and neglect are practically destroyed  
 by reason of the intervention of some kind  
 of skilled assistance. To this number must  
 also be added those cases where distance and  
 climatic circumstances render medical at-  
 tendance a matter of considerable difficulty,  
 if not at times, ~~impossible~~ or of utter im-  
 possibility, ~~cases~~ in which the faintest  
 faint of suspicion <sup>can</sup> ~~may~~ be harboured  
 It is therefore with these cases where there

has been no skilled assistance of any kind whatever, where the parents have been ill for a period of time, and that in face of the Poor Law and just of medical character, that suspicion of unfair play rests on culpable neglect, <sup>rather,</sup> and more particularly in the case of children, and of these, illegitimate, children.

But apart altogether from the element of suspicion, the large number of uncertified deaths existing in Scotland seriously detracts from the value which our statistics might otherwise have.

The first thing to be enquired into is, how far do "uncertified" deaths obtain in Scotland?

It has been already stated that the Registrar-General for Scotland has habitually taken cognizance of such deaths in his weekly Reports, but it will surprise everyone to learn that up till recently in these and these only of all the official

Reports emanating from his Bureau, do  
there exist any notice of the subject;  
for hitherto in his Quarterly and Annual  
reports has he failed to take the slightest  
notice of it.

When I began the enquiry, in January of  
1884 I wrote to the Registrar-General, asking  
him if I could be informed in what official  
documents I could correct notices of un-  
certified deaths he performed, to which  
I got the following reply

"Registrar-General's Office  
Edinburgh 24<sup>th</sup> Jan 1884.

" Sir

" In answer to your letter of 22<sup>nd</sup> inst  
" I have to inform you that in the Registrar-  
" General's Weekly Reports alone has there  
" hitherto been any note of the deaths from  
" "Uncertified Causes" but as there are in the  
" great majority of cases corrected, no inform-  
" ation is sent to the Registrars they are

"of no great amount at the end of each year."  
 "It is my intention to afford further in-  
 "formation upon this point in my future de-  
 "tailed Annual Reports, relating to 1881 and  
 "subsequent years."

I am, Sir  
 Yours Obedient Servant  
 & signed) *Starr: Agent* "   
 Reg. Gen. "

Inobis, per nunc.

The Detailed Annual Report for 1881 has  
 been issued lately, and for the  
 first time has there been obtainable any  
 reliable official information on this im-  
 portant subject:

In 1883 the *Lancet* made some strong  
 comments against Scotland and the  
 Registrar-General in the connection  
 (*Lancet*, Vol. I, 1883, p. 1106)

The charge made was that "the Registrar-  
 "General is officially ignorant on the whole  
 "matter," and that one-fifth of the total

Table I = between pages 11 and 12.

Table ITable from *The Lancet* (Vol. I. 1883. page 1106)Table I

Unidentified Deaths in Eight principal Scotch Towns  
 taken from  
 Registrar-General's Weekly Reports.

Towns.	Years	Total Deaths	Unidentified	Percentage of Latter.
Glasgow	1881	12,912	2,629	20.36
	1882	13,041	2,502	19.19
Edinburgh	1881	4,507	1,074	23.36
	1882	4,562	1,099	24.09
Dumfries	1881	2,961	326	11.00
	1882	3,064	294	9.58
Aberdeen	1881	2,048	141	6.88
	1882	2,176	165	7.58
Greenock	1881	1,526	309	20.25
	1882	1,591	300	18.85
Dunfermline	1881	1,272	219	17.21
	1882	1,455	220	15.12
Leith	1881	1,271	241	18.96
	1882	1,157	221	19.10
Perth	1881	640	83	12.97
	1882	710	96	13.52
Total }	1881	27,227	6,022	22.11
	1882	27,746	4,896	17.64



deaths in Scotland are "percentified," and that, as a consequence, Scottish statistics had much of their value.

It must be recollected that when the Survey made their charges, there were <sup>available</sup> no data on percentified deaths other than were to be obtained from the Weekly Reports, and that the figures adduced by that paper in the following table were erroneous, in view of what has been said previously.

The table is as follows:-

(See Table I).  
previous page.

The only way by which can be obtained reliable statistics, after receipt of the answer of the Registrar-General, was by direct communication with the Medical Officers of Health & Registrars of the eight chief towns in Scotland. This has been accomplished so far satisfactorily but involves no inconsiderable amount of time



Table II = Page 14.

Table II.

Table of Uncertified Deaths  
 from figures provided by  
 Medical Officers of Health

Table II

Towns	Years	Total Deaths	Uncertified	Percentage of latter
Glasgow =	1881	12,909	1,167	9.04
	1882	12,985	1,137	8.75
Edinburgh =	1881	4,308	473	10.9
	1882	4,292	500	11.6
Dundee =	1881	2,961	(Annual Report 1881)	5.6
	1882	3,064	(no reliable data)	.
Aberdeen =	1881	2,082	94	4.51
	1882	2,191	85	3.87
Greenock =	1881	1,526	194	12.71
	1882	1,591	162	10.18
Paisley =	1881	1,274	91	7.2
	1882	1,455	81	5.5
Leith = (South)	1881	842	90	10.68
	1882	832	91	10.93
Perth =	1881	640	(Reg-Gen Report 1881)	5.00
	1882	710	57	8.02

and trouble: I must <sup>thank</sup> ~~note~~ here, besides doing  
 so far as my thank to these gentlemen  
 for their kindness and courtesy in supplying  
 me with the data which forms the  
 material of the next table:

( See Table II )  
presumably

This table, I am sorry to say, is incomplete  
 in respect to Dundee: The Medical  
 Office of Health if such there be in Dun-  
 dee, did not choose to reply to my com-  
 munications, and on my applying to the  
 Registrar, I was informed that to make up  
 such a table, on account of there being  
 five local registrars, and ~~not~~ <sup>rather</sup> considerable  
 trouble and expense. In all other  
 respects the figures but come from  
 tables supplied me by the Medical Officers  
 of Health or Registrars, and are therefore  
 strictly reliable.

would be  
 omitted.

This table, though not showing such

Table III = page 15.

Table III

Return as to Certified and Uncertified  
Deaths in Glasgow during the  
Years 1880, 1, 2, 3.

Table III

	1880	1881	1882	1883
Percentage uncertified under 5 years.	16.19	14.02	13.52	11.32
" " 5 years and above.	5.85	5.218	4.71	4.63
" " Total.	10.54	9.05	8.76	7.63
Total certified under 5 years.	5,088	4,631	5,165	5,759
" " 5 years and above.	6,809	7,111	6,683	7,613

a strong case for reform, as that of the  
 Lancet, shows that not a small per-  
 centage of persons die the cause of whose  
 deaths is not certified, and makes  
 me enquire why such a condition of  
 things should exist:

Perhaps I doubt the case will be  
 shown better if we take for the differ-  
 ent towns in the foregoing table, a  
 series of years. Take them in their  
 order.

Glasgow:  
 (Table III).

This table shows at a glance the <sup>percentage</sup> number  
 of those who die under and above five years  
 of age, <sup>and</sup> the causes of whose deaths are  
 not certified - are not known -; and it  
 points strongly to the fact that, as Glasgow  
 has its highest death-rate in children  
 under five years, so is the percentage  
 highest in respect to deaths which are

Table IV = page 16.

Table IV

Returns of Deaths, certified and uncertified  
in Glasgow under 5 years  
during years 1880, 1, 2, 3.

Table IV

Years	Total Deaths	certified	not certified	No Medical Attendant	Dispensary	Total
1880	6,071	5,088	73	478	432	983
1881	5,386	4,631	51	412	292	755
1882	5,972	5,165	60	419	328	807
1883	6,494	5,759	64	373	298	735



Table V = page 16.

Table V

Return of Deaths, certified and uncertified  
in Glasgow, above 5 years of age  
During 1880, 1, 2, 3.

Table V

Year	Total Deaths	Certified	Not certified	No Medical attendant	Dispensary	Total
1880	7,232	6,809	95	267	61	423
1881	7,523	7,111	70	282	60	412
1882	7,013	6,683	50	235	45	330
1883	7,982	7,613	77	247	45	369

"percentages" in the same case.

Table IV The next two tables are explanatory of the foregoing, and show the figures-in-gross numbers-from which these percentages are taken:

(See Tables IV and V).

Table V shows that for the average of these four years, over 250 persons above 5 years of age die without any medical attendance whatever, and that over 380 persons die, about the causes of whose deaths nothing is officially known: and Table IV shows that the average for the same period in children under five years, is 420, which practically amounts to this, that this is the number of children who have died about whose deaths nothing is absolutely known, have been allowed to die without the intervention of any skilled assistance of any kind; while, 820 have died

on the average

Apparently  
~~on the average~~, about the cause of these  
deaths, nothing is absolutely known

This betokens a very serious state of  
matters:

It is noteworthy too, that the high death-  
rate in children is not a recent affair, but  
has obtained for the last hundred years in  
the history of Glasgow. In a paper  
read by Robert Cowan, Surgeon in Glasgow, be-  
fore the Glasgow Medical Society on the 21<sup>st</sup>.

February 1837, entitled "Remarks suggested  
by the Glasgow Bill of Mortality," the  
following interesting but sad information  
is to be obtained: (M.S. Records: Faculty  
Library) From the year 1783 to 1792 inclusive,  
9919 children under 10 years died, of which  
3466 died from smallpox; from 1793 to 1802  
inclusive 9080, from smallpox 2894; from  
1803 to 1812, inclusive 10913, from smallpox  
1013. The population of Glasgow and  
suburbs in 1791 was 66,578; in 1801,

83,769; in 1811, 110,460. And during the above 30 years divided in five periods of six years, the following was the death rate per centage in children under 10 from Measles.

I. 1 p.c; II, 1.17 p.c; III, 2.10 p.c; IV 3.92 p.c; V. 10.7 1/2 p.c.

On ~~the~~ the year 1808, a very fatal epidemic of measles was experienced, which carried off 787 children. In short, from the year 1783 up till the year 1830, more than a half of the total deaths occurring were in children under 10 years: e.g.:-

Year	Total deaths	Under ten years
1783.	1413	719
1793	2045	1126
1803	1860	940
1812	2348	1278
1824	4670	2599
1830	5185	2724.

And we have very little improvement in this respect at the present time.

But, from this side issue, let us return  
 more closely to the question in hand, and  
 it will be interesting to compare from Glasgow  
 stood in respect to un-certified deaths before  
 the passing of the Friendly Societies Act  
 in 1876. Take the following table from  
 Dr Russell's admirable Report upon Un-  
 certified Deaths in Glasgow published in 1876  
 p 7.

Year	Total Deaths	Uncertified	Percentage of latter
1872	14,357	3281	22.85
1873	14,876	3305	22.21
1874	16,323	3601	22.05

This shows very graphically the <sup>difference</sup> ~~lower~~  
 in the percentage of "uncertified" deaths ~~that~~  
~~has obtained~~ between the years 1872 and 1873, and  
 1882 and 1883; <sup>in Table III</sup> the cause for this reduction being  
 worth enquiring after, which will be done  
 later on in the paper.

Let us next contrast the percentage of "uncertified"  
 deaths under five years in the years 1872-3-4

Table VI = Page 20.

Table VI

Return of Uncertified Deaths in  
Edinburgh for the  
Years 1880, 1, 2, 3.

Table VI

Years.	Total Deaths	Uncertified	Percentage of latter
1880	4,694	567	12.00
1881	4,308	473	10.9
1882	4,292	500	11.6
1883	4,275	500	11.7

As put by Medical Officer of Health, Dr. Littlejohn.

Years	1880	1881	1882	1883
Certified by Registered Medical Practitioners	4,127	3,835	3,792	3,775
Certified by Medical Students	57	473	500	500
Not certified	Nil	Nil	Nil	Nil
Total	4,694	4,308	4,292	4,275



with Table III

Year	Total Deaths below 5 years	Unregistered	Percentage of total
1872	6,505	2,070	31.82
1873	6,805	2,106	30.94
1874	7,414	2,279	30.73

This contrast shows a great improvement in these two years <sup>(1872-73)</sup> as compared with the former.

But we have now reached at the present day nearly that point where something additional ~~more~~ must be brought into play to still further lessen the number of unregistered deaths; so that our present machinery of registration working at its highest pitch cannot seem <sup>to</sup> lessen ~~the~~ the number of unregistered deaths that at present obtain.

Let us next consider Edinburgh.  
(see Table VI)

From the table as put by Dr. Littlejohn  
 etc. it will be seen that no death  
 occurs in Edinburgh which is not certifi-  
 ed either by a medical practitioner or by  
 a medical student. This has been  
 brought about by the energetic activity  
 of the Medical Officer of Health, who  
 also is the Police Surgeon for that  
 city. By his kindness I am enabled  
 to show how this is accomplished, and  
 will quote from the communications which  
 I have received from him relative to this  
 enquiry. He says "the cause of the  
 "absence of totally uncertified deaths is due  
 "to the plan which I inaugurated many  
 "years ago of having all cases of death where  
 "there was no attendance by a medical  
 "person, referred to the Police, and I, as  
 "Surgeon of Police visited and examined the  
 "body and either reported the death to the  
 "Procurator-Fiscal or certified the case

# EDINBURGH

*Printed Form  
No. 1*

Police Report as to.....

NAME.\*

Ac

(Christian)

(Surname)

DATE OF OCCURRENCE.

Ho

NAMES.

Ac

1.

2.

3.

4.

5.

6.

7.

WITNESSES.

*Printed Form*

*No. 1*

*Aug 22/*

# EDINBURGH CITY POLICE.

CRIMINAL INVESTIGATION DEPARTMENT,

EDINBURGH, ..... 188

*Printed form  
No. 1*

Police Report as to .....

NAME.*	AGE.	OCCUPATION.	RESIDENCE.
(Christian)			
(Surname)			

DATE OF OCCURRENCE.	HOUR.	PLACE OF OCCURRENCE.

WITNESSES.	NAMES.	AGES.	OCCUPATIONS.	RESIDENCES.
	1.			
	2.			
	3.			
	4.			
	5.			
	6.			
	7.			
	8.			

\* The Name and Maiden Name of Married Woman or Widow must be given in full.  
 In cases of Death, state at close of Report Name, Surname, and Rank or Profession of Father (when known), and Name and Maiden Surname of Mother (when known.)

## SUMMARY OF OCCURRENCE.

"as one of death from natural causes.

"Our five Registrars have instructions  
 "to refuse to register cases of death where there  
 "was no medical person in attendance; & thus  
 "duty the Registrars willingly discharge  
 "because they are thereby enabled to present  
 "their books in a more complete state to  
 "the Registrar-General. The parties there  
 "refused have to apply to me directly, or to  
 "the Police (who in their turn report the  
 "facts of the case to me).

To expedite this arrangement, the Police  
 authorities have caused a form to be  
 printed, a copy of which is as follows. -  
 (see Printed form N<sup>o</sup> 1).

In another communication he says "the  
 "Registrars are now of course thoroughly on the  
 "alert, and the public generally even the  
 "poorest (the italics are Dr Littlejohn's) have now  
 "learned by experience that if they neglect  
 "to call in the assistance of the medical

"profession, they are liable to have an inquisition  
 "conducted by a detective officer, and have  
 "shown of late years a commendable im-  
 "provement in that respect, and enable  
 "Edinburgh to show a wonderful absence  
 "of reflected cases of sickness"

Knowing that cases of death which have  
 not been seen by a medical person during  
 their last sickness are reported regularly  
 in Glasgow, and not knowing by what  
 authority registrars are entitled to refuse  
 registration, I asked how they did so in  
 Edinburgh. Dr. Littlejohn replies. "They

"the registrars answer that the very fact  
 "that no medical man saw deceased, during  
 "life implies carelessness, if not culpability,  
 "and they hold they are bound to report  
 "the fact to the Police Authorities."

Whether this be so or not, there is  
 no doubt that Edinburgh has nearly  
 reached that ideal state, where no

^ sample  
 on the state  
 of the  
 performance of  
 the death

Table VII = page 24.

Table VII

Table VII

Return of Uncertified Deaths in Aberdeen  
for the Years 1880, 1, 2, 3.

Years	Total Deaths	Uncertified	Percentage of latter
1880	2,101	89	4.23
1881	2,082	94	4.51
1882	2,191	85	3.87
1883	2,081	68	3.26
		Average	3.96



death is totally uncertified, and where  
the possibility of the commission of crime  
or culpable neglect is ~~reduced~~ <sup>practically</sup>  
ally reduced to nil.

Deaths Next falls under consideration:

I have already explained how I am un-  
able to produce returns for this town. But  
so far as we can get reliable returns we  
find a considerable improvement since  
the issue of the first Monthly Return by  
the Registrar General in 1855. At  
that date 41 per cent of deaths were  
uncertified, while in 1881, the <sup>first</sup> year  
for which an annual return on such  
deaths was issued, the percentage was  
only 5.6:

The returns for Aberdeen may be seen in  
the following table  
(see Table VII)

In 1855, the percentage of "uncertified" cases in this city was (in August) 29; in September 50; and in October 14.0. For the years 1880, 1, 2, and 1883, the average ~~per cent.~~ was 3.96, or practically speaking 4.0 per cent. or, in gross numbers, 336 persons died in these four years the causes of whose deaths were not known. It is a noteworthy fact that Aberdeen has always been free of this class of deaths than any other of the principal Scotch towns, and there is no doubt that this is due to the careful habits of the inhabitants in the way of procuring medical assistance during sickness.

Greenock has always had a high percentage. The ~~main~~ <sup>positive</sup> fact of its being a seaport town, with a <sup>certain</sup> large portion of its population <sup>stationary</sup>, will probably account for this.

The figures on this subject may be

Table VIII = page 26.

Table VIIITable VIII

Returns of Uncertified Deaths in Greenock  
for the years 1880, 1, 2, 3.

Years	Total Deaths	Uncertified	Percentage of latter
1880	1619	201	12.41
1881	1526	194	12.71
1882	1591	162	10.18
1883	1786	167	9.35
		Average	11.16

Table IX = page 26.

Table IXTable IX

Returns for Greenock as furnished by  
Medical Officer of Health

Years	Population	Total Deaths	Death-Rate	Uncertified Deaths	Percentage to Total Deaths	Uncertified Deaths which have been registered on inform- ation of Post	Total
1880	68,290	1,619	23.70	201	12.41	213	13.16
1881	69,238	1,526	22.03	194	12.71	214	14.02
1882	70,128	1,591	22.67	162	10.19	179	11.25
1883	71,515	1,486	24.97	167	9.34	176	9.85

N. B. The deaths registered on the information of the Procurator-Fiscal  
are not medically certified.

Table X = page 26.

Table X

Table X

Returns of Unidentified Deaths in Paisley  
for the years 1880, 1, 2, 3.

Years	Total Deaths	Unidentified	Percentage of latter
1880	1424	135	9.4
1881	1274	91	7.2
1882	1455	81	5.5
1883	1390	96	6.9
		Average	7.2.



seen in the following tables:  
(see Tables VII and IX)

In the months of August, September, and October, 1855, the average of deaths "un-certified" was 39.5 per cent; the average for the years in the table is 11.16 per cent; or in gross numbers, in the same time, 724 persons died the cause of whose death was not known.

Paisley, comes next:  
(see table 8)

In 1855, the percentage was in the month of September, 41.0; the average for the year of the enquiry was 7.2 per cent; or 403 persons died <sup>the cause of</sup> whose death was not known.

Perth. I am unable to give a return for this town as for the others, as the

present Medical Officer of Health has not  
 held the appointment for the whole period  
 over which the enquiry extends, but I am  
 able to give the returns for the years 1881,  
 from the Registrar-General's Annual Report,  
 and for the other years on the in-  
 formation of the Health Officer.

(Table XI)

Returns for Path of 'uncentiped' deaths  
 for the years 1881, 2, 3.

Years	Total Deaths	Uncentiped	Percentage of latter.
1881	640		5.0
1882	710	57	8.02
1883	584	38	6.5

The last term to be considered is  
 Leith (south).  
 see Table XII.

Table XII = page 27.

Table XIV

Returns of Unidentified Deaths in  
Leith (south) for 1880, 1, 2, 3.

Table XVII

Years	Total Deaths	Unidentified	Percentage of letters
1880	932	118	12.66
1881	842	90	10.68
1882	832	91	10.93
1883	910	65	7.14
Average per. cent.			10.35

The only notable fact in connection with Leith is that the percentage of "uncertified" cases has not fallen much from since 1855. In the month of September of that year 12 per cent of the deaths were uncertified, while the average for the four years of the table shows that 10.35 per cent of the deaths are still to be classed in the same category.

The same reason, which has been mentioned in respect to the high percentage of Greenock, must also obtain here.

The foregoing tables, then, clearly show to what extent "uncertified" deaths obtain in the principal Scotch towns, but we have not yet addressed any facts in respect to the position of Scotland generally.

Let us then briefly glance at the

first annual returns for Scotland on this point, lately issued by the Registrar-General, viz. that for 1881.

(Annual Return - 1881 - p. 32)

In Scotland we are told that 10.9 per cent. of the whole deaths are "uncertified," the proportion varying from 7.1 p. c., in the Small Town Districts to 52.5 p. c., in the Inhabited Rural Districts; in the Counties, from 1.8 p. c., in Selkirk, to 69.9 p. c., in the Shetland Islands; and in the principal towns from 1.7 p. c., in Kilmarnock, and 2.1 p. c., in Aberdeen, to 10.7 and 10.8 per cent., in Greenock, and Leith respectively.

A very large number of these are returned as "having no regular medical attendant," "dispensary patient," "no qualified medical attendant" etc. but in the case of such, and especially with the two latter it must not be supposed they have all died

without medical advice, but simply without qualified medical advice they being attended, in the larger Towns at least, by senior students of medicine, who are within a very short period of obtaining their degrees, and who in Scotland as a part of their curriculum require to produce certificates of attendance of the nature before obtaining their diplomas. (?)

The series of this returns are as follows, for unceritified deaths, in the different Districts, and Chief Towns:-

Shetland	69.9.	Umberline	10.0
Orkney	28.6	Forfar	4.4
Caithness	15.4	Perth	12.6
Sutherland	54.4	Fife	14.3
Highland	47.4	Kinross	15.4
Inverness	38.4	Blackmanan	8.5
Nairn	16.8	Stirling	9.2
Elgin	20.3	Dumbarton	5.9
Banff	6.6	Argyll	35.1
Aberear	7.2	Bute	9.3

Kerfoot.	8.6.	Principal Towns	
Cup	5.1	Glasgow.	9.2
Lanark	7.8	Edinburgh	10.2
Leith	6.4	Dundee	5.6
Edinburgh	8.9	Aberdeen	3.1
Haddington	9.7	Glenoch	10.7
Lanark	4.0	Leith	10.8
Peebles	5.1	Paisley	7.1
Selkirk	1.8	Perth	5.0
Northburgh	4.6	Kilmarnoch	1.7
Dumfries	8.4	Glasgow	4.8.
Burtonbright	9.4	(Lauder & Arbroath)	
Wigtown	13.0.		

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### Groups of Districts.

Principal Town Districts		7.8.
Large " "		7.3.
Small " "		7.1
Mainland - Rural "		7.0
Insular - " "		<u>52.5</u>



Table XVIII = page 32.

Table XIII

Returns of Uncertified Deaths in England and Wales  
during the years 1880, 81, 82, and 83.

Table XIII

Years	Total Deaths	certified by Practitioners	Percentage of Total Deaths	certified by Coroner	Percentage of Total Deaths	Uncertified	Total
1880	528,624	479,959	90.8	26,088	4.9	22,577	4.3
1881	491,935	444,483	90.4	27,258	5.5	20,194	4.1
1882	516,654	469,117	90.8	27,367	5.3	20,170	3.9

In England, for 1881 the percentage of uncertified deaths was 4.1.  
In Scotland for 1881 " " " " " was 10.9.

This table gives us a glance how far un-certified deaths occur in different parts of Scotland, and enables us to understand where the greatest difficulty in ~~carrying~~ carrying out any scheme of reform is to be experienced: The percentages of several districts (counties) are not doubt high on account of the difficulty of obtaining medical aid in the remote parts of these districts, and the absence of death certificates as a result.

Having now discussed at considerable length the statistics of uncertified deaths in Scotland, let me more briefly consider what obtains in England in the same regard:

By casting the eye over the next table we will appreciate the facts easily.  
 (see Table XVII)

In 1881, in the twenty-large towns only  
2.4 p.c. was uncertified.

(Lancet, Vol. 2, 1883 - p 1106).

In 1882, we find the following remarks from  
the Registrar-General's Annual Report ex-  
-emplifying how far the different districts  
contribute to the whole sum of uncertified  
deaths. Thus excluding the Metropolitan  
Counties of Middlesex and Surrey, the per-  
centage did not exceed 1.1 in Wiltshire,  
1.4 in Rutlandshire, and 1.7 in Berk-  
shire, while it ranged upwards to 6.2 in  
Herefordshire, 6.7 in Cumberland, and 6.9  
both in Cornwall and in Durham. In  
the Metropolis the proportion did not ex-  
ceed 1.2 per cent, whereas in Wales it  
was 10.4 per cent.

Let us next see how London stands.

Take a few years at random. In 1877,  
the number of deaths registered was 77,002. In  
75,972 cases or 98.66 p.c., the cause was

certified either by a registered practitioner, or by a coroner; in the remaining 1030 cases the cause was uncertified; rate per cent 1.34.

The large proportion of uncertified deaths are in children.

(Lancet Vol I 1878 p 96).

In 1880 the rate per cent of uncertified deaths did not exceed 1.3; in 1881, 1.3; and in 1882, 1.2 per cent.

In the other large English towns the percentage is always low; and there always are, in the Reports of the Registrar-General, towns where there are no uncertified deaths at all.

We next ask ourselves, what are the different circumstances, which operate in England and Scotland, after registration, to reduce the number of "uncertified" deaths?

These are:-

1. The difference Registration Acts.

2. The Coroner's Inquest, and the  
Inquiry of the Procurator Fiscal.

What are the differences in the Registration Acts?

The Acts under which the Scotch Registrars  
work are, the original Act, 1854, and the  
amendments of 1865 and 1860. And  
in these it is enacted that the persons bound to  
register must do so within eight days after  
"the death"; the medical attendant is bound  
under a penalty to send to the Registrar a  
certificate of the cause of death within 7  
days after the death, if he omit to do  
this, the local registrar sends to him (having  
obtained his name from the informant), a  
partly filled up certificate, which must  
be returned within 3 days. Again, there  
is no provision made necessitating any re-  
gistration or official cognisance of still-births.

In England the Act in operation is that  
which came into force on 1<sup>st</sup> January

1875. Under it the person bound to register must do so within five days; the medical attendant is bound to deliver to the legal informant of the death a certificate which he, in turn, delivers to the Registrar; and now still-born child is allowed to be buried without sufficient evidence being tendered to that effect:

Thus the differences between the two acts tend in England to bring about earlier registration; and since the informant of the death must himself bear it to the registrar the earlier production of the medical certificate. And the difference in the mode by which the certificate reaches the hands of the registrar has an important bearing ~~in those cases~~ in presenting the tender of wrong information; for instance, <sup>in Scotland</sup> in a case where a certain medical man has been named as medical attendant, but who, on receipt of the partly-filled up,

certificate from the registrar, disclaiming the fact and refused to sign: Dr. Russell in the Report before-mentioned tells us that in Glasgow in 1874 "there were ~~an~~ "552 deaths in which no certificates were "ever received although the name of a medical attendant was given." In Scotland, therefore a period of at least 10 days may elapse before a medical certificate is received or before the Registrar receives the information that the person named as medical attendant disclaims the fact and refuse to sign.

Now, meanwhile the body has been buried and great difficulty thrown in the way of future enquiry. This cannot happen in England, for the legal informant of the death must himself give to the Registrar the medical certificate, & tends the information that there was no medical attendant.

This is so far a proper of deaths where



a medical certificate is forthcoming. But what about the registration of deaths of persons who have not been attended by a practitioner during life? In many cases, the friends of a person who has died without such attendance, suddenly discovering that they will be subjected to considerable trouble before they can obtain those monies which accrue to them from insurance societies in which the life of their friend has been insured, go to a medical man, ask him to examine the body and grant a certificate, so they will escape all trouble. And it is an unfortunate fact that too many practitioners lend themselves as parties to such transactions, for in many instances, their certificates will be a mere guess, not worth the paper they are written on, since it is always a difficult thing to tell when death is due to natural causes, and a still more difficult to particularise the

uncertainties

disease from which the persons have died. This is a practice which tends to depreciate the registration of true causes of death, and is a ~~prevention~~ <sup>consequence</sup> to the neglect of medical attendance during life.

Let us suppose, however, that the friends of a person deceased, who has had no medical attendant go to register the death. How do they accomplish it? They furnish the particulars and give their opinion of the cause of death. How does the registrar act?

His instructions are virtually that he is to report to the Procurator General only those cases of death regarding which there are suspicious circumstances. Should he then find none such, he simply puts down as the cause what the informant may choose to tell him, notes the death as being "uncertified" and gives an extract authorizing burial. The body is put under ground and there is an end of

It should be, on the other hand, discovered sus-  
 picious circumstances, he reports the case  
 to the Procurator Fiscal in whose hands he  
 leaves it. As Dr Russell well observes  
 (~~see~~ *ante* op. cit. p 25) "practically the  
 "Scotch District Registrar discharges the  
 "functions of a coroner, especially in reference  
 "to the class of cases embraced by the  
 "Registrar-General's 'instruction', as to  
 "deaths 'the cause of which is unexplained'.  
 "He does so under great disadvantages, in-  
 "asmuch as he must base his judgment  
 "upon the *ex parte* statements of those most  
 "likely to be implicated in a criminal sense,  
 "viz. - those who present themselves as in-  
 "formants of the death."

It seems to me that it would be no  
 impossible thing under the above conditions  
 for a carefully-planned crime to be suc-  
 cessfully carried out; for granting even the strictest  
 surveillance of every registrar or the

carefully

causes of death of who have been without  
medical aid during life, there is not a  
small chance that justice may be per-  
petrated, especially in the case of children,  
and that the perpetrators of it may go un-  
detected. And that such a possibility as  
this should exist exhibits a grave defect  
in our registration machinery which loudly  
calls for remedy. In Glasgow registers, in  
a communication to Dr. Russell in his  
Report p. 26 says, regarding the matter  
"generally, I have been long of opinion that  
"there is a large amount of culpable neglect,  
"and even cases which fall little, if any,  
"short of criminal offences against life,"  
and in the same connection he says, "registers  
"are liable to be imposed on by the state-  
"ments of the informants." The follow-  
ing is an authentic instance of what may  
be accomplished in the present state of  
our registration laws, and I give it

on the authority of the registrar, in whose district the affair happened. A worker in an iron foundry "went on the spree"; his funds became exhausted; he looked about him for means of carrying on his debauch; he remembered that his "lying time" at the work would help him if he could get it; he accordingly went to the work informed the cashier that his child, - giving her name - was dead, <sup>and</sup> that he might be given his "lying" money to help to bury it; the cashier asked him for the certificate of the death; he replied that he would go for it; he thereupon went to the Registrar, informed him of the death of his child, giving detailed particulars as to the occurrence and its cause, <sup>and</sup> got a certificate for burial. <sup>There</sup> he then presented himself at the work armed with the, got his money and went off. It was discovered very shortly after that the

child whom he had said was dead, and the extract  
for whose burial he carried in his pocket, was  
not only alive, but was in good health.

The criminal authorities then "wanted" him, but with what success I am not able to say.

This case requires no commentary.

We now come to speak of the second factor which contributes to lessen the number of "unjustified" deaths; - viz: - the Coroner's request in England, and the inquiry of the Procurator-Fiscal in Scotland.

## I The Coroner's request.

It has been well put by the *Lancet* (Vol. I. 1883 p. 113) that "the proper and proper object of an enquiry before <sup>a</sup> the Coroner is to ascertain the cause of death, as far as that may concern the public safety, and the interest of the

"State" It will serve as a good definition of the functions of that Court.

The Coroner has cognizance of all cases of sudden and violent deaths, and those that are "uncertified". He may or may not hold an inquest, and he may or may not call on medical experts' evidence. There, however, an inquest be held he is bound in law to inform the Registrar of the findings of the jury "within five days" after the verdict has been given.

I do not mean here to enquire whether or not coroners always exercise their duty aright, as it is not part of my argument, although I am well aware that many hold the opinion that this duty is not performed so efficiently as it ought to be, and that the verdicts of juries are frequently not in accord with the evidence led.

Our next enquiry is How far do coroners help to reduce the number



of "uncertified deaths?"

The following table will show clearly the numbers, and percentage total deaths certified by the agency, during a period of four years

Table XIV

Years.	Total Deaths.	Certified by Coroners	Percentage
1879	526, 255	26, 559	5.00
1880	528, 624	26, 088	4.90
1881	491, 935	27, 258	5.50
1882	516, 654	27, 367	5.30.

We next enquire, what influence has the efficiency or non efficiency of the Coroner's office in reducing the percentage of uncertified deaths? The Registrar-General has often pointed out "that there is a constant relation between the proportion of inquest cases, and that of uncertified deaths" (Sanct Vol I 1878 p 96). It has also been frequently



observed that where in any one town there is the smallest number of "uncertified" deaths, there you will find the more efficient working of the Coroner's office; and the converse also obtains. Let me illustrate this by reference to London. In 1877, in South London, the percentage of uncertified deaths was 2.38, while in the rest of London north of the Thames, the proportion did not exceed 0.88 p.c. In South London the proportion of inquests did not exceed 4.88 p.c., whereas in the remainder the proportion was 7.10 p.c. Hence also the reason why in the Annual Reports one finds one district having a small percentage of "uncertified" deaths, and another a very large one; why, for instance, in 1880, in the Metropolis the proportion did not exceed 1.3 p.c., while in Wales it amounted to 11.4 p.c.; and in 1882, it did not exceed 1.1 p.c., in Wiltshire,

while it amounted in Cornwall and Devon to 6.4 p. c., and in Wales to 10.4 p. cent.

I may then safely conclude that the function of the Coroner in England is a very important element in the reduction of "uncertified" deaths.

Let us next shortly consider

The Enquiry of the Procurator-Fiscal.

The function of this Official, in respect to deaths begins at the cases of fatal accidents, sudden deaths &c, which come under the cognisance of the police authorities, and those which are reported by the registrars as deaths the causes of which are tainted with suspicion. <sup>or unexplained!</sup> By the Scotch law there is no time allotted to the P-F, within which his reports must be handed back to the registrars; so that, practically, when

a registration reports of case to this official, he never can say when he will get a return report, or whether he will get one at all.

Let us examine, so far as we can, (for there <sup>are</sup> no official data published to guide us) how ~~good~~ <sup>far</sup> this Enquiry tends to show the number of "uncertified" deaths.

At great personal trouble, Dr Russell in his Report obtained the returns in this connection <sup>for 1872</sup> for the years 1872, 1873 and 1874.

p. at  
vid  
p 24  
7

During this period, 1428 deaths were reported to the Fiscal and up till October 1875, the following was the result.

"Recognitions had been received for 524,  
"certificates were otherwise obtained for 316,  
"and 588 still remained uncertified; or to  
"put it proportionately: Recognitions were  
"received for 37 per cent, there were otherwise  
"certified 22 per cent, and there continued  
"uncertified 41 per cent." And in the  
years 1873 and 1874, there were 106

deaths of children under five years reported  
by the Registrars for which no recognitions  
were received, and of these 24 were il-  
legitimate.

In the returns which I have obtained  
from the different chief Scotch towns,  
I have been able to estimate the value  
of the work of the Procurator-Fiscal  
in regard to two of them viz:- Greenock  
and South Leith. The following table  
will show this: - and has reference to the  
years 1880, 1, 2, and 83...

Table XV.  
(following page)

It has been forced on the attention of  
the medical profession that of late years  
the number of post-mortem examinations  
in ~~cases~~ <sup>instances</sup> under warrant of the Sheriff at  
the ~~instigation~~ <sup>instigation</sup> of the Procurator-Fiscal  
has been decreasing. The question was

Table XV = page 49.

Table XV

Tables showing the result of Procurator Fiscal's  
 Enquiry for the years 1880, 1, 2, 3.  
in Greenock

Table XV

Years	Unidentified Deaths	Unidentified Deaths, including those certified by Procurator - Fiscal	Total Deaths
1880	201	213 = 12	1619
1881	194	214 = 20	1526
1882	162	179 = 17	1591
1883	167	176 = 9	1786

Out of 782 unidentified deaths only 58 certified by P.F.; or .9 per cent of total deaths; or 7 per cent. of unidentified deaths.

Leith (South)

1880	118	133 = 15	932
1881	90	106 = 16	842
1882	91	109 = 18	832
1883	65	83 = 18	910

Out of 431 unidentified deaths or 67 certified by P.F.; or 1.9 per cent of total deaths; or 15 p. c. of unidentified deaths.

brought under the notice of Parliament in July  
 1883 by D. Cameron, M.P., for this city,  
 who asked whether the attention of the Lord-  
 Advocate had been drawn to the statements  
 of the *Lancet* (June 23-1883) in regard to  
 the large number of uncertified deaths in  
 Scotland" and whether it is true as stated  
 "by the *Lancet* that the number of post-mortem  
 "examinations in cases of uncertified deaths  
 "is decreasing in consequence of the stringency  
 "of the Exchequer in disallowing fees, and  
 "that in many counties Procurators-Fiscal  
 "declare that pressure is put upon them for  
 "the purpose of diminishing expenditure in  
 "this direction?" To this, the Lord  
 Advocate replied in substance, that the  
 difference <sup>between</sup> the English and Scotch per-  
 centages of "uncertified" deaths was more  
 apparent than real; that in Scotland,  
 owing to the terms of the Registration Act,  
 medical men had to certify, so



that "a considerable proportion of deaths returned  
 "as uncertified was afterwards duly certified";  
 that there was no annual return of un-  
 certified deaths, but that the Registrar-  
 General intended instituting such in his  
 next & succeeding Annual Reports; that  
 there "was a considerable number of deaths  
 "with respect to which trustworthy inform-  
 "ation was obtained though they were not  
 "certified by qualified practitioners" e.g.,  
 dispensary patients, case attended by Senior  
 students, and case reported by Procurator  
Fiscal. "He had no reason to suppose that  
 "the number of post-mortem examinations in  
 "cases of uncertified deaths was decreasing,  
 "but questions had arisen in passing the ac-  
 "counts of the Procurator-Fiscal, whether a  
 "post-mortem examination was generally  
 "necessary in particular cases."

I need not here recapitulate, in answer



to the foregoing statement, many of the points which points make an effective reply to it; as for instance, the great difference between the English and Scotch percentages of uncertified deaths, the reduction in the numbers of cases originally returned as uncertified in the Registrar's Weekly Reports, which were afterwards duly certified by medical men, and the number of cases reported by the Procurator-Fiscal. Reference to previous tables will throw not a little light on these points.

Having then considered briefly the nature of the Coroner's Request and the Enquiry of the Procurator-Fiscal in their general bearings, let us contrast them in respect to the value each has as a factor in reducing the <sup>total</sup> number of "uncertified deaths."

Let us take the Coroner's Request first.

For the years 1872, 3, and 4 <sup>per cent</sup> in 18 large English towns the average of certification by the coroners was 6.4; and over the average percentage during this period was 7.1; in Bristol 5.7; in Birmingham 8.5; in Liverpool 6.3; and in Manchester 7.7.

For the years 1879, 1880, 1881, and 1882, all over England the average percentage of certification by the coroners was 5.17; while, in the year 1881, in twenty large English towns, the average percentage was 7.0.

Take next the Enquiry of the Procurator - Fiscal. We have no return for Scotland in this respect, but the little information we have is of great value.

It has been already shown that in the years 1872, 3 and 4, in Glasgow <sup>1425</sup> 3.2 per cent of the total deaths registered were reported

to the Procurator Fiscal by the Registrars  
 no cases requiring further enquiry; but  
 it is not a little astonishing to learn  
 that prescriptions were only received  
 for 37 per cent of those cases, or 1.1  
 per cent of the total deaths.

In Greenwich, we find that for  
 the years 1880, 1, 2 and 3, out of a  
 total number of uncertified deaths amount-  
 ing to 782, only 58 were certified by  
 the Fiscal: or 7 per cent of the total  
 number of uncertified deaths, or .9 per  
 cent of the total deaths.

And in the Leith for the same  
 years, out of a total of 451 uncertified  
 deaths, 67 were certified by the P.F.,  
 or 15 per cent of the uncertified deaths,  
 or 1.9 per cent of the total deaths.

From these figures, then, it will at  
 once be obvious, that the Coroner's

Request is an important factor toward the reduction of the number of uncertified deaths; that it acts as a wholesome deterrent to the occurrence of cases which otherwise would be uncertified when it is efficiently worked. That the Enquiry of the Procurator Fiscal fails miserably in ~~ascertaining~~ <sup>discerning</sup> the causes of deaths which are uncertified, and that compared with the former's request, it is ~~essentially~~ <sup>practically</sup> impotent in reducing the total number of uncertified deaths, and fails in acting as a wholesome deterrent to neglect of medical aid in sickness.

The next point for our consideration at this stage of the enquiry is, Should there be instituted in Scotland some further check to the registration of uncertified deaths, and if so, in what manner should the check be applied?

It has been already said that the necessity for further check has again and again presented itself to the public mind. Year after year the Town Council of this city together with other public bodies took action on these lines, but without effect. And once more the subject is forcing itself to the front. The

Trade Union Congress, a body composed of delegates from all trades, and therefore presumably representative of the opinions of intelligent working men, at its recent meeting in Aberdeen (1883), opened up this question, and passed numerous resolutions to the effect that a necessity exists for the establishment in Scotland of some form of inquest in cases of uncertified death.

This seems to me a very significant fact, and one which illustrates to some extent popular feeling on this important subject. And I am informed on the

authority of one who has to deal daily with  
 the registration of deaths, that the public  
 seems to expect some such change as this.  
 Let me quote from the letter of one of  
 our Glasgow Registrars. He writes "if a  
 "modified system of Coroner's inquest were  
 "established in Scotland, I feel certain there  
 "would soon be no such thing as an un-  
 "certified death. The advantages which would  
 "accrue from the introduction of such a  
 "system are many and great. It would  
 "supply the most important of the still  
 "missing links in our chain of sanitary  
 "legislation; it would inspire a degree of  
 "confidence in our various statistical reports  
 "which is at present not unreasonably a-  
 "wanting; and, above all, it would materially  
 "reduce our heavy mortality numbers by  
 "strongly deterring, in all events, by no  
 "means exceeding three, to whom I firmly  
 "believe, the high death-rate of our city

" has hitherto been mainly due. The people  
 " generally are quite prepared for a change  
 " in our way of dealing with sudden and  
 " other uncertified deaths, and any scheme  
 " which would ensure the careful and thorough  
 " investigation of every death the cause of  
 " which was unknown to or not certified by,  
 " a duly qualified medical practitioner, would  
 " hardly fail to meet with the hearty approval  
 " and cordial support of every right-  
 " minded and well-meaning citizen."

This letter has all the special value in  
 that it comes from one who is by the law,  
 constituted judge in uncertified deaths in  
 respect to what cases should and should  
 not be reported to the Fiscal, and one, too,  
 who is conversant with the many peculiar  
 details connected with the registration of  
 deaths such as no other person, except in  
 a similar position, can be.

Let me next adduce the opinions of



Medical Officers of Health.

Dr. Russell, in his Report (vide ante) points strongly to the necessity for altering the present law. Dr. Littlejohn of Edinburgh says "I have always been clearly of opinion that, when no medical person (practitioner or even student) has seen a sick patient during life that the case should be investigated by some responsible officer"; and in another communication "I quite agree with you that the law must be altered so as to secure in England and Scotland that, before burial, a certificate from the attending medical practitioner, or failing that, one from some medical official who has inspected the body, must be handed to the Registrar before he grants the order to inter. Under the present law I have no doubt that crimes are apt to escape detection." Dr. Simpson, the Medical Health Officer of Aberdeen, also says:-



"I consider that the Fiscal system in Scot-  
 "land with regard to sudden deaths is  
 "very defective. Notwithstanding the unpleas-  
 "antness of publicity of the coroner's inquest  
 "in England I believe it ensures a greater  
 "chance of justice, and also a less neglect  
 "on the part of responsible parties, delay-  
 "ing to send for medical aid until it is  
 "too late."

These opinions from different parts of  
 Scotland will serve to indicate the opinion  
 generally of Medical Officers of Health.

Then again, the opinion of the  
 medical profession is so strongly in favour  
 of reform in the regard, that I need not  
 dilate upon it. It goes without saying.

The latest movement in the profession on  
 this question is in connection with the  
 Southern Medical Society. In January  
 1884, a discussion was instituted by Dr.  
 Tindal, in which he stated that a case

of death happening under very suspicious circumstances was certified by a police surgeon on a simple inspection and where the true cause of death could not have been ascertained without a post-mortem examination. After other cases had been narrated by other members, a committee was appointed to enquire into the whole subject. It was afterwards unanimously resolved to memorialise the Government to the following effect "That whereas death often suddenly happens under circumstances which prevent medical men granting a certificate of the cause of death and that whereas deaths frequently happen where no medical practitioner has been in attendance it is unseemly that any qualified medical practitioner should hazard a guess at the cause and should so certify for the sake of hire or otherwise for the fee such inspection or certificate may

"bring him; and whereas it is desirable, for  
 "the sake of science and the public weal,  
 "that the cause of all deaths should be  
 "ascertained, the Members of this Society  
 "venture to call the attention of the Govern-  
 "ment, through their representatives in Parlia-  
 "ment to this question, and to suggest reforms  
 "on the following basis." These were the  
 "following. "That there should be instituted  
 "in Scotland a kind of inquiry into all  
 "uncertified deaths of the nature of the  
 "inquiry under the Persons (Scotland) Act;  
 "that post-mortem examinations ought to  
 "be more frequently resorted to; <sup>and</sup> that this  
 "duty should be performed by the Medical  
 "officer of Health of the district, or his  
 "deputy.

This was forwarded to D. Cameron M.P.,  
 who utilised this expression of opinion in  
 bringing forward his Cremation Bill,  
 which was <sup>however</sup> thrown out.

All these, then, are agreed, as to the necessity for some change in the existing law.

But what direction shall the reform take, and in what way may it be accomplished?

It has been frequently stated that any innovation of the form of a Juries's Request being proposed to be instituted in Scotland would cause the Scotch people to raise such an outcry against it, as might tend ultimately to defeat milder reforms: and that they are not enamoured of a public inquiry, preferring rather the secret working of the Procurator-General's Bureau. But in respect to Legislation generally, it may be said, down as a fairly accurate fact, that where in any contemplated Bill there is supposed or actual interference with the rights of citizens or corporate bodies, or the interests of trade,

considerable opposition, must always be expected and experienced. This obtained upon the threatened introduction of the Vaccination Act. The opponents of that measure told the Government that they would never get the people to respond to it, as they looked upon the State interfering with their private rights. We know now how efficiently that Act operates. So also with the Factory Acts. The English Registration Act, also, was objected to by the medical profession in England, and it was the influence of the profession in Scotland that brought about the extension of the registration period to eight days, as at present obtains. And in these latter days, every body knows the storm of opposition which the compulsory notification of infectious disease experienced, and still experiences.

Hence we may expect to meet with the same opposition on the part of some

to any legislative enactment which would interpose between the registration of an un-certified death and the committal of the body to the grave some machinery which will make that impossible, in the form of a modified inquest, or official enquiry.

Our aim, therefore, must be the institution of some method which will bring with it in its operation the least trouble to the greatest number; and mild it may be, but effective it must be. Another argument adduced by some in opposition to any legislative reform in this direction is, that as the law cannot compel the responsible guardian of a sick person to provide medical aid, it would not operate beneficially. It may be replied, however, that if a death were "uncertified" as the result of no medical attendance and a public or semi-public enquiry by some official appointed by the State were to

be held in every such case, that this would act  
 as a wholesome deterrent, and cause those who  
 were hitherto negligent to exercise greater  
 care. The history of legislative measures  
 shows this; for immediately after the Friend-  
 ly Society Act (1876) came into operation,  
 a very marked diminution in the number  
 of uncertified deaths took place, showing  
 that the Act by causing medical attendance  
 in order that a certificate of death might  
 be obtained, ~~acted~~ <sup>operated</sup> wholesomely. And  
 although the law cannot compel a re-  
 sponsible guardian to provide medical aid,  
 it can prosecute such guardian for  
 criminal neglect where it can be proved  
 that the death was due to, or hastened  
 by, such neglect, absence of medical aid.

I make bold to say that there is no  
 practitioner of medicine whose lot it is  
 to administer to a clientele of the  
 humbler classes, who cannot point

out many instances in his own experience  
 of cases which bear all the complexion of  
 criminal neglect - of cases, indeed, where  
 the only use for the practitioner seems to  
 be that of being called in when the  
 patient is obviously dying, in order that  
 he may sign the certificate of death,  
 which will easily enable them to receive  
 the insurance monies. I am free  
 to admit, however, that circumstances of  
 honest poverty may prompt to such a  
 course, but, on the other hand, I am  
 hardly persuaded that the true affection  
 of a parent, can ever be baulked even  
 by that when the life of a loved one  
 is at stake. It is rather to the cases  
 of heartless cruel neglect, the cases  
 where the death seems to come to the  
 friends as a welcome relief than otherwise,  
 that the attention of the authorities should  
 be directed to; the case where there has



been no skilled assistance whatever, even in view of the Poor-law Medical Aid, and the many medical charities which exist in a city like this. And then, again, the cases of those infants, who are found dead in bed beside the parents, who, in their drunken sleep, have overlaid it, ought more to be the subject of <sup>public</sup> criminal enquiry than they have yet been.

These, and many others, are the cases into which a more exhaustive, and public enquiry should be made; not the kind of enquiry which is conducted by a ordinary detective officer, who knows perhaps as little of ~~medical~~ the cause of death as the people <sup>among</sup> whom he conducts his enquiry, and who therefore is only able to estimate the gross causes of death due to violence, but one conducted by a medical official who shall be able to thoroughly estimate the death

and its alleged cause with a shelled eye and hand: Were such an enquiry instituted, we need not be a prophet to hazard the statement that the number of uncertified deaths would be considerably lessened.

But to return to the last question we have to consider, viz: - What direction shall the reform take, and in what manner may it be accomplished?

In the first place, I think, that in those respects before-mentioned, in which the English Registration Act contributes to earlier registration, and that by ~~the~~ directly through the responsible guardian of the sick person bearing the certificate of death to the registrar, the law in Scotland should be so amended.

In the second place, since it seems that public opinion is fairly ripe for some further step being taken, in regard to the "uncertified" deaths, there should be appointed some official whose duty it will be to ascertain the

cause of every death which is unexplained; that is "uncertified," and whose office shall begin to operate in that fact being ascertained, and before burial.

What official should be appointed? A Scotch Coroner, the Sheriff, or the Medical Officer of Health?

From what has been already said and from what has been from time to time publicly urged against it, I do not consider that the attempt to establish the office of Coroner in Scotland would be a successful one. Apart from the opposition that the proposal of such a scheme would experience, it seems to me that its institution is not necessary to attain the object we have in view. But the

choice between the Sheriff, as the holder of the request, & the Medical Officer of Health empowered to hold an enquiry has the merit in Scotland, that we have the former acting at present in that capacity

pursue the Prisons (Scotland) Act, and we have the latter already appointed in our chief towns at least.

Under the fore-mentioned Act, when a person dies suddenly, or by judicial homicide, in prison, the Sheriff is bound to hold a public inquest, and to cite medical evidence to prove the cause of death. Here it is expedient in favour of public economy to extend this principle to all deaths the causes of which are not ascertained, a very efficient manner of dealing with that evil, would be obtained, the great blot on our health statistics would be erased, and the possibility of crime at least minimized or rendered null. It is true, however, that those Sheriffs presently appointed might with a fair show of reason object to such an increase in their present heavy duties, and on the other hand, it is equally true that the public generally might strenuously object to the creation of new

offices which would lead to an increased expenditure from the public purse; but to the former objection it might be urged that arrangements might be effected by new appointments, in circumstances demanded particularly in our cities and chief towns, and to the latter it can be said that the expenses which are incurred at present by the Procurators Fiscal in this regard viz. pre-examinations, post-mortem examinations etc. could be utilised toward the upkeep of the new appointments, and thereby ~~thereby~~ <sup>thereby</sup> ~~increasing~~ public expenditure would not be increased by a very large sum.

The one point that ought to be kept in mind is that a precedent is established in Scotland for holding a public inquest.

The other official to whom the duty might be entrusted is the Medical Officer of Health. This is no new suggestion. It entered into the coronial

scheme of the Royal Sanitary Commission of 1869, as follows:- "In the case of any person having died without a medical attendant, or whose medical attendant refuses to sign the cause of death, the Medical Officer of Health of the place in which the death occurred should be required, and authorized to make by himself or deputy inquiries as to the cause of death, and thereupon either to give a certificate of the case, or to take steps towards a coroner's inquest. It would seem to be well worthy of inquiry and consideration on the part of the Government how far, when this complete system of Registration of Deaths is established, the holding of coroner's inquests in all present cases might be limited."

Again, the late Dr. Fane, in one of his letters to the English Registrar General, advised that the Medical Officer of Health should be appointed as medical assessor to the coroner; while we further know that petitions have been

sent to the proper quarter from guardians of the Poor in England - Warrs worth - asking for an amendment of the Registration Act in so far that the duty of certifying these deaths which are "uncertified" should fall on the Medical Officers of Health.

But if, without law, the Health officer were to be appointed to such a position as would enable him to grapple successfully with such deaths, it is obvious he must need be appointed with full powers to make any kind of enquiry demanded by any given case, to make post-mortem examinations on the authority of warrants granted by the Sheriff on his representation; and in order that he might not intrude on the province of the Law when any proof of criminal neglect or base crime came into view the case should then be handed over by him to the proper legal authorities for further action. I have no doubt that



Procurators-Fiscal <sup>would</sup> willingly hand over the department of their work, with which they <sup>conceive</sup> and formerly have experienced, not a little trouble.

Viewing the question from every standpoint, it seems to me that such an appointment would evoke less hostile criticism from the public than the others; and, besides, it would arrive at the desired results as efficiently as the others, and certainly, more so than the present operations of the Procurator-Fiscal's office. Collective opinion, too, leads us to believe that the way is now clear, so far as the public is concerned, for imperial legislation on the proposed lines.

And legislation could be effected by the following means.

I Amendment of the present Registration Acts, in the direction of making the registration of death direct through the friends of the deceased, themselves bearing the certificate



to the Registrar from the medical practitioners, and in the second place, making the period within which the registration must be made as much shorter than at present obtains; for it is difficult to see any good reason why the period should be extended to ten or eleven days before which the medical certificate of death may be received, when a period of five days would equally, if not better, meet the end in view; and in the third place to add clauses, in which the duty of enquiring into "unascertained" deaths, <sup>with full powers</sup> should devolve on Medical Officers of Health, or II To amend the Public Health (Scotland) Act, drafting clauses relative to the duties, in this regard of the same Officers; or III To introduce clauses to the same effect in the General Police (Scotland) Bill, at present before Parliament on the hands of the Lord-Advocate.