

REGISTRATION OF DEATHS, &c.

By CHARLES E. BUCKINGHAM, M.D.

MY article of the 14th of May has brought out two commentaries. The first was by Dr. Derby, in the JOURNAL of the 28th of May. His position is, that registration is desirable, which is granted, provided that proper means be taken to make the registration correct. I contend that such means are not taken, and that so long as those means are not taken, "the law as it stands is of very little value."

The second commentary is by A., who ought to have put his name to it, in the JOURNAL of June 4th. He says:—

"Now, whatever the letter of the law may express, no physician is ever required, or expected, to furnish a certificate under such circumstances, after such facts are communicated to the person soliciting it; nor would such physician hazard one infinitesimal chance in a thousand by merely saying that the patient was not his at the time of death. A simpler step to get rid of the annoyance could hardly be imagined."

The positive statement "no physician is ever," &c., would indicate the writer as one in authority, who knows what he speaks of, or thinks he knows. I have only to say, in reply, that I have been called upon, under such circumstances, over and over again, when the undertaker knew that I had not been in attendance at the time of the patient's death, and that I knew of the death only by his statement.

A.'s second point is, "there may be data by which a physician can determine the cause of death as accurately as if he had been in attendance from the commencement of the illness to the decease of the subject." To this I can only reply, that however competent A. may be to testify in such matters, I have not acquired the ability to give a positive statement of fact upon hearsay evidence.

Again. A. asks:—

"With regard to the request made of Dr. B. to fill a certificate of a former patient who had subsequently sought the healing art of a spiritual medium, it might not be out of place to ask, if the request did not cease the moment the Doctor was pleased to inform the undertaker of the fall of his quondam patient from medical grace?"

To this question the answer is—No. Furthermore, Dr. B. was asked to state his reason for the refusal in writing, and declined, hoping that he might be enabled to bring the matter before court, and that, as a

consequence, the law might be purged of some of its absurdities, which duty hitherto the Legislature has refused to perform. Perhaps it is as well that the Legislature have not meddled with it this year, or they might make a penalty for attending the sick, just as they have made it a prison offence to *kill an ox!*

As I stated in my first article—"In the other case, two physicians were in attendance after me, and I had been confined by sickness for weeks before the man's death." This was known to the undertaker, who was informed of the fact at my own house, while I was sick, but who came twice, hoping that I should reconsider my refusal, and state as a fact that Mr. — died on a certain day, at a certain age, of a certain disease which had existed a certain time, when he knew that I had only his evidence that Mr. — had died while I was sick in bed.

A. is not certain that he understands the object of my remarks in the JOURNAL of May 14th, "but the main drift of them, however, seems to be in opposition to the *present* registration law." With the italicism, A. is correct. But there was another object—to call the attention of medical men to the fact that many of them are in the habit of signing statements too loosely, and that the day will yet come when "the signer of such certificate will find himself cornered by an attorney," in a most just as well as ludicrous manner.

The law, with all deference to A.'s statement, does by its letter require more than the certificate of the last attendant, and it imposes an absurd penalty upon him, and upon any other physician who may have been in attendance.

The closing paragraph of A.'s article, with certain amendments, I would most surely assent to, and it should read as follows:—

"The law could do no better than to exact a certificate from attending physicians, containing the facts already stated; and to be of any value it could not do less: and it should not require anything else. The facts brought together and expressed in the manner provided by a proper registration law, would be a collection of facts capable of general application and of public benefit. One would naturally suppose that physicians, above all other professional men, would readily perceive the value of the object which the law in question was designed to effect, and would be unwilling to place any obstructions in the way of pro-

perly carrying out a proper law in its spirit. Indeed, it does not seem too much to expect that they would submit to a little trial of their patience, and a slight expenditure of time, if need be, to help along the good work."

Some two or three years ago, one of the Boston members of the Legislature made an attempt to have the law amended, but could not succeed. Had it been an attempt to waste the money of the State, or to tax or injure the property of the City of Boston, perhaps he might have been successful.

Hospital Reports.

BOSTON CITY HOSPITAL.

Notes of Operations for the Month of April, 1868. Reported by F. W. DRAPER, House-Surgeon.

CASE I.—*Compound and Comminuted Fracture of the Femur; Amputation of the Thigh.* (Service of Dr. GEO. DERBY.)—M. K. S., laborer, aged 37, a strong, robust, healthy man, while engaged in loading heavy logs, was thrown violently upon the frozen ground from the top of his cart, a distance of seven feet. He received, upon falling on his back, the full force of a blow from one of the logs, which followed him from the top of the load, striking him upon the anterior of both thighs. He was brought five miles, in an express wagon, over a rough road, to the hospital, and on his arrival was in a condition of extreme prostration. Upon examination, it was found that the left femur was very much broken up in its lower third. The soft tissues were pulpified and disintegrated. Slight hæmorrhage through a small compound opening was checked by pressure. The extreme shock contraindicated immediate operation. After four hours, stimulants having been meanwhile freely administered, there appeared to be sufficient reaction to warrant the proceeding, and the thigh was amputated at the junction of the middle and upper thirds, by the circular method. The consequent hæmorrhage was slight. There was no good reaction subsequently. The patient continued collapsed, stimulants failing to produce their effect. He continued to sink, and died, thirty-six hours after the amputation.

The femur was examined, and found to be very extensively broken up, the condyles being fissured in all directions, and the knee-joint freely opened.

CASE II.—*Strangulated Inguinal Hernia.* (Service of Dr. CHEEVER.)—C. B., a healthy

male, aged 23, had had an oblique inguinal hernia during the last ten years, but had never had much trouble with it, and had not worn a truss. Twenty-seven hours before entrance to hospital, the hernia became strangulated, giving rise to vomiting, acute abdominal pain and general distress. At the time of admission, the scrotum was swollen to the size of a cocoa-nut, and was red and œdematous. The pulse was 116, full and strong.

Operation.—Patient etherized, and parts shaved. An incision, five inches long, was made, extending from Poupart's ligament downward along side of the scrotum. The tissues of the scrotum were found to be œdematous in considerable degree. On making an incision into the sac, six ounces of serum escaped, and the strangulated intestine was observed lying in close relation with the testicle, and in the same cavity, thus demonstrating the hernia to be congenital. On passing up the index finger, the constriction was found to be at the internal ring. About twelve inches of intestine had passed through the rings, and all that was exposed was of a chocolate or mulberry color, tense and shining. At the internal ring, a portion seemed fastened tightly, being held by what appeared to be fæcal matter. The stricture at the internal ring was divided, with some difficulty, with a probe-pointed hernia-knife, on the index finger, as a director. The intestine was slowly returned. Very little hæmorrhage, and no ligature required.

Continued very comfortable, without pain or tenderness in the abdomen, until twenty-four hours after the operation, when a slight degree of tenderness began to be developed in the left inguinal region, accompanied by scanty and frequent sanguineous dejections. Morphine sulph. was administered subcutaneously p. r. n. Pain, tympanites and delirium succeeded, and the patient died sixty-five hours after the operation. No autopsy.

CASE III.—*Epithelioma.* (Service of Dr. DERBY.)—S. D., female, aged 79, first noticed a small wart-like excrescence on lower lip four months ago. It slowly developed until recently, when its growth has been rapid, and it is now of the size of a filbert. The whole mass was excised, under ether, by a V-shaped incision, and the patient discharged, nearly well, nine days after.

CASE IV.—*Amputation of Forearm.* (Service of Dr. GEO. DERBY.)—M. R., aged 51, cutler, dates his disability to the bite of a black spider, six months ago. For this injury, the index finger of one hand was am-