

directly, requiring that physicians shall keep a list of all deaths occurring in their practice, and shall forward this list at stated times to the registrar. This method has invariably proved to be a failure, as has also the similar attempt to require of clergymen that they shall furnish lists of the marriages which they have solemnized. It is utterly impossible to enforce such laws under penalties, and not fifty per cent. of either clergymen or physicians will carry out their requirements under ordinary circumstances.

Where burial permits are required, a physician may be made responsible for a certificate as to those matters only with regard to which his special professional knowledge is necessary—such as the cause of death, duration of sickness, etc.; or he may be required also to certify as to the age, birthplace, parentage, occupation, etc. The great majority of physicians accept without hesitation the data furnished on these points by some member of the family, or whatever appears set down in the form of certificate brought to them by the undertaker for signature. But there are always physicians who question the propriety of the law and object to certifying to that of which they can have no personal knowledge, while some few may possibly decline.

The requirements of a registration law impose upon medical men who sign certificates as to causes of death a very considerable responsibility—much more considerable, in fact, than many of them probably realize. The physician is to consider whether his knowledge of the case is sufficient to enable him to determine whether or not the death was due to what are called natural causes, whether there is reason to suspect that violence, poisoning, criminal neglect, etc., may have been more or less factors in the result, and whether any certificate as to the nature of the cause is justifiable. The pressure upon the medical man to certify to more, or sometimes less, than he knows, is occasionally very strong, but the only course in doubtful cases is to indicate clearly what one knows, as distinguished from what he merely believes on the faith of statements made by others. In ordinary matters of daily routine occurrence, in which there is no apparent motive for falsification, we constantly do, and must, accept the statements of others; the physician acts as the primary judge of the evidence submitted by relations and friends as to the time of death, the age and race of the decedent, the duration of the disease, etc., and is justified in certifying to his belief in the evidence, very much as he is justified in certifying to the date of his own birth.

There is no good reason why reports of births should be required from medical men. But, as regards reports of deaths, it is to the interest of properly qualified members of the medical profession that such certificates should be demanded from them. Whenever and wherever certificates as to the cause of death are required from physicians, there must also be established some system of determining who are physicians within the intent of the law.

At first it may be necessary to accept certificates from any one and every one who chooses to call him or herself a physician; but the character of some of the documents of this kind which will come in will very soon indicate the necessity for some discrimination. Thus it is that the certification of the causes of death by physicians is the essential foundation, and it is the only essential foundation, of legislation with regard to the qualifications which the state has a right to demand from practitioners of medicine.

The registration of marriages, births, and deaths is important to the individual, because it gives him increased security in his rights to property and to life by enabling him to furnish proof of parentage and legitimacy, by increasing

the chance of detection of fraudulent claimants to property of which he is the true heir, and by discouraging criminal attempts to shorten his life owing to the fact that evidence must be furnished that death was due to natural causes, or a special legal investigation of the circumstances will be made. Of the importance to the community as a means of protection of health and life, and to scientific men and physicians as a means of investigation of some of their problems I need give no proof to this audience.

We can hardly be said to have a complete system of registration of births in any State or city in the country. Probably the city of Providence, R. I., has the most complete records of this kind of any of our cities. As regards the registration of deaths, Massachusetts, New Jersey, the greater part of Connecticut and New York, a large part of Alabama and Minnesota, and most of our large cities, have now a fairly satisfactory system and complete record. For the rest of the United States, there is either no system of registration, or, if any exists, it is a very imperfect and incomplete one, the results of which cannot be depended upon, and which cannot be compared with the results obtained in the localities above referred to as having a complete system; and the only means which we have of estimating the mortality of these localities is by the reports of deaths for the preceding year collected by the census enumerators.

It is for this reason that the decennial United States Census is a matter of such great importance to scientific medicine and to practical sanitation—of much greater importance, in fact, than most physicians and health officials seem to fully appreciate. It is true that the death records thus obtained in the large areas of the country in which there is no registration are incomplete and, as regards causes of death especially, inaccurate; but they are the best we have; they are becoming better at each census, and the death records in the registration areas serve to measure their reliability, and to indicate to some extent useful corrections.

As the value of statistics of death depends very largely upon the possibility of comparing them with corresponding statistics of the living population furnishing those deaths, it is evident that the modes and times of obtaining and of publishing the results of the census are matters of great importance to medical and sanitary statisticians. This is especially true as to the frequency with which a census is taken, the units of area made use of in its published tables, and the combinations of age, sex, race, and occupation data given in connection with such units of area.

(To be continued.)

RETENTION OF URINE FROM ENLARGED PROSTATE

This condition of advanced life is met with very often both in city and country practice, and is generally easy of diagnosis, yet every consulting surgeon has seen cases where the exact condition was not made out. There are many causes of retention, but hypertrophy of the prostate gland is by far the most common. At the recent meeting of the British Medical Association held at Leeds, Dr. McGill opened the discussion on the subject, which was reported in full in the "British Medical Journal." He laid down several propositions:

1. Prostatic enlargements which give rise to urinary symptoms are intravesical and not rectal. The severity of the symptoms bears no relation to the apparent size of the enlarged gland as felt through the rectum. Nearly every