

**“Dead man knocking” – issues surrounding medical certification of death
in Scotland, c.1893-1960**

Gayle Davis

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This research forms part of a much larger project conducted with Anne Crowther and Anne Cameron, a four-year Wellcome-funded project – entitled *The Scottish Way of Birth and Death* – which examines the history of civil registration, the medical profession and the State in Scotland. My colleagues have valiantly wrestled with the nineteenth-century material, while I had responsibility for the twentieth century material. This paper has two aims. Firstly, I will identify the impediments to the process of medical certification of death in earlier twentieth-century Scotland. I will not be concerned with all aspects of death registration, but the specific problem of *medical* certification, which was only one component – although I would argue by far the most important – of death registration. Secondly, I will consider strategies used by the medical profession in deliberately concealing certain causes of death, and also in resisting state responsibilities thrust upon them by the registration system. The Registrar General had to cope with these problems, and adjust the system to accommodate such logistical and ethical difficulties. Chronologically, I will focus on the period between the 1893 Select Committee on Death Certification and the 1971 Report of the Committee on Death Certification and Coroners, a period in which depressingly little changed in relation to death certification.

Civil registration of death was compulsory in Scotland from 1854. The Registration Act stipulated that the nearest relative present at a death must report it to the parish registrar within 8 days, and that any medical man who had attended the deceased during his or her last illness was legally required to send the registrar a certificate of the cause of death within 14 days (a requirement soon reduced to 7 days). After this, if no certificate had been received, the registrar was to apply pressure by writing to the doctor, enclosing a blank certificate for completion and prompt return. If the deceased had not been attended by a doctor, relative or member of the household was obliged to certify the death and give his or her own opinion as to the cause. Therefore as the law stood, a registrar could not legally refuse registration on the ground that a medical certificate had not been produced or was not forthcoming. The medical certificate was compulsory only when a physician had been in medical attendance on the deceased during his last illness. However, deaths that did not occur in houses were thought more likely to be of a sudden or violent nature, and were to be reported within 24 hours to the Procurator Fiscal – the public prosecutor in Scotland – who would inquire into the case and notify the registrar of the result so that registration could be completed.

As the 1893 Select Committee on death certification revealed, the number of urban deaths registered without medical certification fell markedly at the end of the nineteenth century. Two factors were credited for this. First was the passage of the Friendly Societies Act,¹ which stipulated that the relatives of anyone enrolled in a Friendly Society, or burial club, could lay claim to the money payable on death only if they provided a medical certificate of the cause of death. The second factor was the active assistance given to registrars by their local Medical Officer of Health. However, by 1910, while uncertified deaths in the large towns of Scotland amounted to only 0.6 per cent, 25.5 per cent of deaths in the insular-rural districts were uncertified,² and 50% in the Highlands and Islands, with its widely scattered population and want of available medical assistance. In the decades between 1880 and World War Two, however, the proportion of deaths medically certified grew steadily, and the percentage of uncertified deaths in Scotland fell to 0.3 per cent by 1936.³

While the involvement of figures such as the Fiscal and the Medical Officer of Health could complicate both the death certification and death registration processes, I will focus upon the

¹ Passed in 1882 and amended in 1892 and 1895.

² Annual Report of the Registrar General for Scotland, 1910.

³ Annual Report of the Registrar General for Scotland, 1945.

physician and the main ways in which his role could affect the process. One of the doctor's greatest problems in the production a death certificate was that it was not confidential, but was usually handed to the relatives of the deceased person for transmission to the registrar. The cause of death would also remain on the register of deaths, which was a document available to the public. As a result, although doctors were asked to intimate the exact nature of the disease, they often resisted when the cause of death would be upsetting to the family, or when it might conflict with their sworn duty to patient confidentiality. There was said to be particular reluctance in cases of venereal disease and suicide.

Synonyms were one device used by doctors to resolve such difficulties. One physician enquired whether 'Klebs-Loeffler Bacillus Disease' would be acceptable instead of 'Diphtheria', which the GROS deemed a 'perfectly good synonym' that satisfied the requirements.⁴ Another device was to use figures and letters as a form of shorthand, such as "V.D.H." This seems to begin in the years around World War One, borne of military hospital practice. It did not go down well among the statisticians, because the Registrar General for Scotland took the view that it was desirable that medical certificates of cause of death should be 'in terms intelligible to laymen'.⁵ He complained that registrars should not be expected to expand contractions in case mistakes in interpretation crept in with serious results, and so he discouraged as far as possible the use of contractions and symbols.

The Registrar General was well aware of such problems in the actual data collection. In an endeavour to have deaths more accurately certified, he stipulated that letters of enquiry be sent in any case where there was doubt as to either the classification of the certified causes of death or the nomenclature used. By these enquiries in 1905 alone, 168 additional cases of malignant disease were discovered, 91 cases of apoplexy, 34 cases of alcoholism, 31 cases of tuberculosis, 10 of syphilis, and a varying number of other diseases.⁶ A British Medical Association meeting in Aberdeen in 1914 discussed the fact that the British medical profession 'were actively disguising causes of death in certain cases and '[risking their] professional practice' by certifying the cause of death accurately.⁷ This meeting also highlighted the worst of the reported causes of death which statisticians had to work with, including "Shock – the result of hard labour", and "Consumption of large quantity of food when stomach was thin, bloodless and flabby". Physicians were, in fact, given quite strict instructions on the appropriate terminology for the certificate, including a whole list of terms which were judged to be indefinite and undesirable for the purposes of medical certificates, and were invited to correspond with the Registrar General if in any doubt.⁸

Another major complaint was that doctors could legally issue a death certificate in which they stated that they had simply been informed that the person had died. They were not actually required to see the body. The Select Committee highlighted the need for a medical certificate of the *fact* of death in every case, since the current system left loopholes for premature burial, fraud and crime. However, this was repeatedly rejected, mainly because of the sheer cost of the enterprise, since doctors would have to be paid to examine a body, and compulsory attendance would also be unworkable in sparsely populated rural areas, where transport and communications were poor, and significant delays to burial might occur before a doctor arrived. Legislation in 1911 established a Highlands and Islands Medical Service, which provided the services of a panel doctor in areas which had previously lacked medical attention. The development of this service was slowed by the impact of World War I, but it laid the foundation for a more complete system of medical certification in the Highlands.

Sir Charles Cameron, a Glasgow MP and doctor, was said to be largely responsible for the appointment of the Select Committee on Death Certification, and claimed in 1914 that, because doctors were not obliged to see the body after death, frauds perpetrated on friendly societies by means of false certification (not to mention the possibility of homicide), 'forcibly demonstrated the futility of the law as to death certification'.⁹ The newspapers of the time provide many disturbing

⁴ NAS, GRO5/621, Letter from James Dunlop, Superintendent of Statistics, to a medical practitioner, 4 July 1916.

⁵ NAS, GRO5/621, Letter from Registrar General's Secretary to a Registrar near Glasgow, 24 February 1919.

⁶ Annual Report of the Registrar General for Scotland, 1905.

⁷ NAS, GRO5/334, Clipping from *Aberdeen Journal*, 30 July 1914.

⁸ NAS, GRO5/814, Booklet 'Suggestions as to Death Certification', Prepared and Issued by the Registrar-General for Scotland, August 1924.

⁹ NAS, GRO5/124, Clipping from *The Times*, April 1914.

and amusing stories of death certificates issued for those still living, or those who never existed at all. A final, and particularly prevalent, lay worry associated with lack of medical certification of death was the fear of premature burial, debated vigorously in both Parliament and the press. As the *Daily Mail* put it: 'People were surrounded to-day by many strange regulations. They could not buy cigarettes after 8 o'clock at night, but they could be certified dead at any time by a medical practitioner who had not seen their dead body and who was without first-hand knowledge of the fact of death.' Even decades later, newspaper clippings continued to relate ghoulish tales of near-premature burials, betrayed only by the gentle knocking of a supposed corpse or the stifled cry of a baby while being laid to rest.

To conclude – Among the principal recommendations of the 1893 Select Committee on Death Certification, it was urged that death should never be registered without production of a certificate of the cause of death signed by a registered medical practitioner; that the medical practitioner should have personally inspected the body before giving his certificate; and that these certificates should always be sent to the registrar directly, instead of to the representative of the deceased. I was interested to find out how many of these issues were resolved in the next half century. The answer: NONE. Geography, patient confidentiality, medical ethics, insurance coverage and variable standards of medical care, conspired to ensure that certain deaths were not reported accurately or consistently, thus compromising the registration process and providing a variety of opportunities for the criminally minded. The number of death certificates lacking a medical endorsement fell rapidly, but debates about the accuracy of certification still continue.

Aspects of this paper will be published in 2009 in 'Medicine, Law and Public Policy in Scotland, 1850-1980: Essays Presented to Anne Crowther', edited by Mark Freeman, Eleanor Gordon, and Krista Maglen, entitled 'Public Information, Private Lives: Dr James Craufurd Dunlop and the Collection of Vital Statistics in Scotland, 1904-1930', a chapter co-written with Rosemary Elliot.