## **Annotations.**

COST OF THE ASYLUMS BOARD.

One of the most necessary branches of the public service in London is the Metropolitan Asylums Board, which provides for the removal and care of cases of infectious diseases when these cannot be properly isolated in their own homes, and it is of the greatest importance in the interests of the public safety that its efficiency should be maintained. The halfyearly budget of the Board, which was issued last week, is, therefore, of much interest. From this it appears that the total expenditure for the half year ending March 29 was £864,109, of which £376,704 was for loans and £487,404 apart from loans. The total expenditure in respect to asylums for imbeciles was £89,350, while that for fever and smallpox patients was £249,350. The ambulance stations cost £16,863, and the river ambulance service, wharves, and medical department £11,002. The training ship *Exmouth* cost £9,671, and the establishments for children £11,550. General expenses, which included the expenses of the offices of the board, amounted to £99,615.

## THE REGISTRATION OF BIRTHS AND DEATHS.

The draft of a Bill to extend and amend the law regulating the registration of births and deaths has been drawn up by the Medical Provident League, which will do good national service if it succeeds in enforcing stricter supervision in this connection. The Bill drawn up by the League provides that no burial shall take place until the fact of death has been duly certified, and also provides for the registration of still-births and for the payment of all certificates given by medical practitioners.

It is a somewhat startling fact that probably the large majority of death certificates are at present written without the body of the deceased person being seen by any competent authority; if death is expected, the intimation of the nurse in attendance, or the friends, that it has occurred being commonly Yet now accepted as correct and sufficient. that we know that all the apparent signs of death may occur without death having actually taken place, it is surely advisable that every body should be viewed after death by a medical practitioner before a certificate is given. In the Bill under consideration it is proposed that the Guardians of Unions shall appoint a Certifying Medical Officer for each Regis-

trar's district within the Union; that the Registrar shall, on receipt of a notice of any death, forthwith notify the same to the Certifying Medical Officer, who, on receipt of such notification, shall forthwith inspect the body and satisfy, himself after the most approved medical tests, whether life is extinct. It is startling also to learn in connection with the burial of deceased persons that, as the law at present stands, no medical certificate is necessary for the burial of an adult in private grounds, and no notification of death until some days after actual decease. It is evident, therefore, that there is ample room for stricter regulations with regard to death certification.

The Bill of the Medical Provident League deals also with the question of the Registration of Still Births, and here again there is ample need of legislation. At present the registra-tion of still-births is not enforced by law, and there is no doubt that there is opportunity for much laxity in this connection. For example, until the present year the certificate of stillbirth given by any woman describing herself as a midwife was accepted as sufficient. As there is no registration of still-births, it is impossible to ascertain the frequency with which they occur in the practice of any given midwife, but the question involved is a very important one, not only because the criminal suffocation of infants undoubtedly occurs, but also because the establishment of the process of respiration in an infant born asphyxiated is in many instances a question of skilful assistance. If the proper methods to induce respiration are promptly applied this may often be established, and the child live to grow up. Whereas, where, for want of the necessary knowledge, such measures are not taken, the infant, being unable, unassisted, to make the necessary effort to breathe, is described as still-born. Midwives Act of 1902 expressly states that midwives registered under the Act are not authorised to grant certificates of still-birth; but it is very desirable that, as the Act at present under discussion provides, no still-born child can be buried without a Registrar's certificate, which is given on a certificate that the child was not born alive, signed by a medical practitioner (1) who was in attendance at the still-birth, or (2) who has examined the body. Until such a law is enforced grave abuses will occur in connection with infants alleged to be still-born.

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