



PRIVY COUNCIL

**MEDICAL RESEARCH COUNCIL**

SPECIAL REPORT SERIES No. 248

**A PROVISIONAL CLASSIFICATION  
OF DISEASES AND INJURIES  
FOR USE IN COMPILING  
MORBIDITY STATISTICS**

*by*

**THE COMMITTEE ON HOSPITAL MORBIDITY  
STATISTICS**

**LONDON : HIS MAJESTY'S STATIONERY OFFICE  
1944**

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Dr J M McCLOY was a member of this Committee to the time of his death he was succeeded by Dr BOYD

The great burden of work in drafting the classification fell upon Dr PERCY STOCKS and Dr ROBB-SMITH to whom the other members of the Committee wish to express their indebtedness

## PREFACE

In January, 1942, the Medical Research Council were asked by the Ministry of Health to advise on a system for collecting and recording statistics of patients admitted to hospital using a standardised classification of diseases and injuries. The Council accepted this responsibility and appointed a Committee on Hospital Morbidity Statistics to consider means for making the scheme effective. Invitations to nominate representatives on the Committee were sent to the General Register Office, the Ministry of Health, the Department of Health for Scotland, the Ministry of Home Affairs of Northern Ireland, the Medical Departments of the Navy, Army and Air Force, the Medical Services Division of the Ministry of Pensions, the Royal College of Physicians of London, the Royal College of Surgeons of England, and the Nuffield Provincial Hospitals Trust.

The immediate reason for the request from the Ministry of Health had reference to the preparation of the Medical History of the War. The Editorial Board of the Medical History had decided that the classifications used for the medical statistics in the Medical History of the War of 1914-18 were not altogether suited to present conditions, and that it was very desirable that close comparability should be achieved between the morbidity statistics of the three Fighting Services, the Emergency Medical Services and the Ministry of Pensions. A further and more far-reaching implication of the proposal was that the new classification if it proved satisfactory in practice, might be adopted as the standard for national records of morbidity in the post-war hospital services.

Before the Committee was appointed, the Nuffield Provincial Hospitals Trust had had under consideration the question of sponsoring a uniform classification of diseases which might be used throughout hospitals in Britain and a draft classification had, in fact, been prepared for the Trust by Dr Percy Stocks and Dr A H T Robb-Smith. This draft, which adhered closely to the arrangement of the International List of Causes of Death and was similar to the Diagnosis Code of the United States Public Health Service was considered likely to prove useful both for the immediate purposes of the compilers of the Medical History of the War and as a working basis for the fuller classification which the Council's Committee had been asked to prepare. The Committee proceeded to revise and amplify the draft classification, seeking the advice of specialist bodies whenever it was considered expedient. Grateful acknowledgment is made of the co-operation received in this way from the Joint Tuberculosis Council and the Royal Society for the Prevention of Accidents, as well as from many individual experts.

The revised and amplified classification, as set out in the succeeding pages is not considered to be perfect. It is indeed, regarded as a provisional scheme which may well require modification as the result of experience gained in dealing with large numbers of clinical records. It has in the meantime, been adopted by the Ministry of Health for the classification of all Emergency Medical Service Records, and the Ministry of Pensions have accepted and are already using it for their clinical classifications. It will also be used in the Regional Bureaux of Health and Sickness Records which the Nuffield Provincial Hospitals Trust are establishing in certain regions. As already indicated it is comparable with the International List of Causes of Death (the list numbers of which appear in the inner column on the right-hand side of pp 17-84 below) and with the Diagnosis Code of the United States Public Health Service (of which the code numbers appear in the outer column

at the right-hand side of these pages) It is also comparable with the Diagnosis Codes of the Royal Navy, Army and R A F Medical Services It is a classification which may be applied readily to any collection of clinical records and although the coding system has been planned for use with mechanical sorting, it may equally well be used for manual filing While it is hoped that many hospitals and public health authorities will adopt this classification for their records, so that it may have as wide a trial as possible, it is not suggested that it should replace the Standard Nomenclature of Disease of the American Medical Association in those hospitals in which the latter has been adopted and which have a record system justifying the use of that more detailed nomenclature Owing to the provisional nature of the present classification, an index has not been prepared, but the main headings are set out on pp 17-19, and it will be possible to use the index of the Manual of the International List of Causes of Death (5th Revision, 1938), containing 10,000 titles, by reference to the tabular list on pp 85-141 below

The Therapeutic Classification (pp 142-152) is largely a classification of operations and, in its preparation, considerable use was made of the Standard Nomenclature of Operations prepared by a Committee of the National Conference on Nomenclature of Disease of the American Medical Association Thanks are due to Dr Edwin P Jordan, Editor of the Standard Nomenclature of Operations, for his courtesy in providing the Committee with typescript and proof copies of this work The Classification of Occupations (pp 153-168) is reprinted by permission of the Registrar-General for England and Wales and the Controller of H M Stationery Office, from the volume on Classification of Occupations at the 1931 census of England and Wales It sets out the main headings of that Classification, together with the code numbers and social class numbers Since any study of morbidity must take into account the occupation of the individual, the Committee considered it desirable to include this classification of occupations in the present monograph, for convenience of reference

Since, despite the provisional nature of the present classification of morbidity, a large number of copies will be needed for its practical trial, it has been decided to issue it as a report in this series, on the understanding that it may nevertheless, require considerable modification in the light of experience It is hoped that any errors, omissions or inconsistencies observed by users during the trials may be reported to the Secretary of the Committee (Dr Robb-Smith), so that they may be remedied before a revised edition is published

MEDICAL RESEARCH COUNCIL,  
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3rd December, 1943

# A PROVISIONAL CLASSIFICATION OF DISEASES AND INJURIES FOR USE IN COMPILING MORBIDITY STATISTICS

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*Note.*—No Index has been provided, as the present classification is regarded as provisional, but it is possible and desirable to use the Index to the Manual of the International List of Causes of Death, 5th Revision, 1938, to overcome this deficiency; copies of that Index are obtainable from H.M. Stationery Office (price 2s. od. net.). Through the medium of the Tabular List (pp. 85–141, below), the location in the Morbidity Classification of all terms used in the Index can be ascertained. With the summaries of the various classifications (pp. 17, 85, 142 and 153 below) it should be possible for those with some medical knowledge to find most diseases, injuries, etc.

## INTRODUCTION AND CODING RULES

BY

PERCY STOCKS, M.D., D.P.H.

(General Register Office, England and Wales)

### *Historical Introduction*

The statistical study of disease began, for all practical purposes, with the work of John Graunt on the London Bills of Mortality in the seventeenth century. The kind of classification which this pioneer had at his disposal is exemplified by his attempt to estimate the proportion of liveborn children who died before reaching the age of six years, no records being then available of ages at death. He took all deaths classed to Thrush, Convulsions, Rickets, Teeth and Worms, Abortives, Chrysomes, Infants, Livergrown and Overlaid, and added to