

WORLD HEALTH ORGANIZATION

Regulations No. 1 regarding nomenclature (including the compilation and publication of statistics) with respect to diseases and causes of death. Adopted by the first World Health Assembly, at Geneva, on 24 July 1948

Supplementary Regulations to the above-mentioned World Health Organization Regulations No. 1. Adopted by the second World Health Assembly, at Rome, on 30 June 1949

Official texts : English and French.

Registered by the World Health Organization on 20 June 1950.

ORGANISATION MONDIALE DE LA SANTÉ

Règlement n° 1 relatif à la nomenclature (y compris l'établissement et la publication de statistiques) concernant les maladies et causes de décès. Adopté par la première Assemblée mondiale de la santé, à Genève, le 24 juillet 1948

Règlement complétant le règlement n° 1 susmentionné de l'Organisation mondiale de la santé. Adopté lors de la deuxième Assemblée mondiale de la santé, à Rome, le 30 juin 1949

Textes officiels anglais et français.

Enregistrés le 20 juin 1950 par l'Organisation mondiale de la santé.

No. 847. WORLD HEALTH ORGANIZATION REGULATIONS¹ No. 1 REGARDING NOMENCLATURE (INCLUDING THE COMPILATION AND PUBLICATION OF STATISTICS) WITH RESPECT TO DISEASES AND CAUSES OF DEATH. ADOPTED BY THE FIRST WORLD HEALTH ASSEMBLY, AT GENEVA, ON 24 JULY 1948

The World Health Assembly,

Recognizing the importance of ensuring as far as possible the uniformity and comparability of statistics of diseases and causes of death,

Having regard to Articles 2 (s), 21 (b), 22 and 64 of the Constitution² of the World Health Organization,

Adopts this twenty-fourth day of July one thousand nine hundred and forty-eight the following Regulations, which may be cited as the Nomenclature Regulations 1948.

¹ Came into force on 1 January 1950, in accordance with article 19, for the States listed below, these States having been notified on 9 August 1948 of the adoption of the Regulations by the World Health Assembly.

Remarks or reservations formulated by States marked with an asterisk are reproduced on page 42.

China and Pakistan, which have been notified of the adoption of the Regulations by the World Health Assembly, have informed the Director-General of the World Health Organization of the impossibility of applying the Regulations for the present.

Afghanistan	Finland	Portugal
Albania	France	* Romania
* Australia	Greece	Saudi Arabia
Austria	Haiti	Siam
Belgium	Hungary	* Sweden
Brazil	* Iceland	* Switzerland
Bulgaria	* India	Syria
* Burma	Iraq	Transjordan
Byelorussian Soviet	Iran	Turkey
Socialist Republic	Ireland	Ukrainian Soviet
Canada	Italy	Socialist Republic
* Ceylon	Liberia	* Union of South Africa
Czechoslovakia	Mexico	* United Kingdom
Denmark	Monaco	United States of America
Dominican Republic	Netherlands	Union of Soviet Socialist
Egypt	Norway	Republics
El Salvador	* New Zealand	Venezuela
Ethiopia	Philippines	Yugoslavia
	Poland	

² United Nations, *Treaty Series*, Volume 14, page 185.

Article 1

Members of the World Health Organization for whom these Regulations shall come into force under article 20 of the present Regulations (hereinafter referred to as Members) shall compile and publish annually for each calendar year statistics of causes of death, in accordance with Articles 2-8, 12, 17-19 of the Regulations and in accordance with the classification, nomenclature and numbering as set out in the Lists given in the Manual¹ of the International Statistical Classification of Diseases, Injuries, and Causes of Death, annexed to the present Regulations. The Lists hereinafter mentioned are the Lists set forth in the Annex.

Article 2

Each Member shall code mortality statistics in accordance with the International Statistical Classification of Diseases, Injuries, and Causes of Death with or without four-digit subcategories, and using for the purpose the Tabular List of Inclusions and Alphabetical Index.

Article 3

Each Member shall publish statistics of causes of death in respect of :

- (a) its territory as a whole;
- (b) principal towns;
- (c) national aggregates of urban areas (districts);
- (d) national aggregate of rural areas (districts).

Each Member shall append to the statistics referred to under (c) and (d) the definition of "urban" and "rural" areas applied therein.

For the purpose of this Article and of Articles 6 and 16, "territory" designates the metropolitan (home) territory of the Member, and not dependent territories, whether protectorates, colonics, other outlying possessions or territories under trusteeship.

Article 4

Statistics of causes of death in respect of the territory of a Member, taken as a whole, shall be published in accordance with :

- (a) the List of three-digit categories of the Classification (Detailed List) with or without four-digit subcategories;

or, if this is not possible, in accordance with :

- (b) the Intermediate List of 150 Causes.

¹ The Manual of the International Statistical Classification of Diseases, Injuries, and Causes of Death (Sixth Revision of the International Lists of Diseases and Causes of Death, adopted 1948), Volume 1 and Volume 2, is not reproduced in the *Treaty Series*. It has been printed as Supplement 1 to the *Bulletin of the World Health Organization*.

Article 5

Statistics of causes of death in respect of principal towns, national aggregates of urban areas (districts), national aggregate of rural areas (districts) shall be published in accordance with :

(a) the Intermediate List of 150 Causes;
or, if this is not possible, in accordance with :

(b) the Abbreviated List of 50 Causes.

If they are given in greater detail, without reaching the extent of the Detailed List, they shall be so arranged that, by suitable grouping, they can be reduced to the Intermediate List of 150 Causes or to the Abbreviated List of 50 Causes.

Article 6

Statistics of causes of death shall be published according to the following sex and age groupings :

(a) for : the whole territory of the Member

(i) by sex and

(ii) for the ages :

under one year

single years to 4 years inclusive

five-year groups from 5 to 84 years

85 years and over;

(b) for : each town of 1,000,000 population and over, otherwise the largest town with population of at least 100,000;

national aggregate of urban areas of 100,00 population and over;

national aggregate of urban areas of less than 100,000 population;

national aggregate of rural areas

(i) by sex and

(ii) for the ages :

under one year

1—4 years

5—14 years

15—24 years

25—44 years

45—64 years

65—74 years

75 years and over.

If the age grouping is given in greater detail it shall be so arranged as to allow condensation into the age groups under (b) (ii).

Article 7

If statistics for administrative subdivisions are published by age the age grouping given under (b) (ii) of Article 6 shall be used.

Article 8

If special statistics of infant mortality are published by age, the following age grouping shall be used :

- by single days for the first week of life (under one day, 1, 2, 3, 4, 5, 6 days)
- 7—13 days
- 14—20 days
- 21—27 days
- 28 days to 2 months
- by single month of life from 2 months to one year (2, 3, 4, ... 11 months).

Article 9

Each Member shall adopt a form of medical certificate of the cause of death that provides for the statement of :

- I. the disease or condition directly leading to death, together with such antecedent morbid conditions as may exist, so that the underlying cause of death will be clearly indicated, and
- II. such other significant conditions contributing to the death but not related to the disease or condition causing death.

The form of medical certificate of cause of death to be used shall conform as far as possible to the model given in the Annex.

Article 10

As far as possible, medical certification of the cause of death shall be the responsibility of the attending physician.

Article 11

As far as possible, the administrative procedure for the completion, transmission and statistical treatment of the medical certificate of cause of death shall ensure protection of the confidential nature of the medical information contained therein.

Article 12

Each Member shall adopt the underlying cause as the main cause for tabulation of mortality statistics. The selection of the underlying cause from the information stated on the medical certificate of cause of death shall follow the rules given in the Annex.

Article 13

Each Member, when preparing statistics of morbidity, shall code the causes of illness in accordance with the International Statistical Classification of Diseases, Injuries, and Causes of Death with or without four-digit subcategories, using for the purpose the Tabular List of Inclusions and Alphabetical Index.

Article 14

Each Member, when publishing statistics of morbidity, shall do so in accordance with :

- (a) the Detailed List, or
- (b) the Intermediate List of 150 Causes, or
- (c) the Special List of 50 Causes adapted to the use of social security organizations,

depending upon the purpose of such statistics.

If they are published in another form the categories selected shall be so arranged that by suitable grouping they can be reduced to (a) the Detailed List, or (b) the Intermediate List, or (c) the Special List.

Article 15

Statistics of morbidity shall, in so far as possible, be compiled and published in accordance with the sex and age groupings specified in articles 6, 7 and 8 for mortality statistics.

Article 16

Each Member undertakes to recommend that morbidity statistics published or compiled by autonomous official or non-official institutions and agencies within its territory conform as far as possible with the provisions of articles 13-17.

Article 17

Each Member, in compiling and publishing mortality and morbidity statistics, shall have regard to such technical recommendations as may be made on these subjects by the World Health Assembly under article 23 of the Constitution.

Article 18

Each Member shall, under article 64 of the Constitution, provide the Director-General of the Organization with a copy of the statistics published in accordance with the present Regulations.

Article 19

The present Regulations shall come into force on the 1st of January 1950.

Article 20¹

The present Regulations shall apply to each Member, except such Member as may, under article 22 of the Constitution, notify the Director-General of the Organization, within a period of 12 months from the date of adoption of these Regulations by the Assembly, of rejection or of reservations.

Article 21

Each Member may withdraw its rejections or the whole or any part of its reservations at any time by notifying the Director-General of the Organization.

Article 22

Each Member to which the present Regulations apply shall bring them to the notice of the Governments of the territories for whose international relations it is responsible, and may at any time notify the Director-General of the Organization that the Regulations shall extend to any or all of such territories with or without reservations. Each Member may withdraw the whole or any part of such reservations at any time by notifying the Director-General.

Article 23

The Director-General of the Organization shall notify all Members of the Organization of any rejections, reservations or withdrawals made under articles 20, 21 and 22 of the present Regulations.

¹ See amendment to this article on page 40.

Article 24

The present Regulations and the Annex thereto may be amended by the World Health Assembly by regulations adopted under articles 21 and 22 of the Constitution.

IN FAITH WHEREOF we have appended our signatures this twenty-fourth day of July 1948.

The President of the World Health Assembly :
(Signed) Dr. A. STAMPAR

The Director-General of the World Health Organization :
(Signed) Brock CHISHOLM, M.D.

SUPPLEMENTARY REGULATIONS¹ TO WORLD HEALTH ORGANIZATION REGULATIONS No. 1 REGARDING NOMENCLATURE (INCLUDING THE COMPILATION AND PUBLICATION OF STATISTICS) WITH RESPECT TO DISEASES AND CAUSES OF DEATH. ADOPTED BY THE SECOND WORLD HEALTH ASSEMBLY, AT ROME, ON 30 JUNE 1949

The Second World Health Assembly,

Acting in accordance with article 23 of the Nomenclature Regulations 1948,

¹ In accordance with article II the Supplementary Regulations become applicable for the following States on the dates indicated, the notification of their adoption by the World Health Assembly having been sent on 29 August 1949, 25 November 1949 and 13 January 1950 :

27 October 1949

Afghanistan	France	Portugal
Albania	Greece	Republic of Korea
Argentina	Guatemala	Romania
Australia	Haiti	Saudi Arabia
Austria	Honduras	Siam
Belgium	Hungary	Sweden
Brazil	Iceland	Switzerland
Bulgaria	India	Syria
Burma	Iraq	Transjordan
Byelorussian Soviet Socialist Republic	Iran	Turkey
Canada	Ireland	Ukrainian Soviet Socialist Republic
Ceylon	Israel	Union of South Africa
Chile	Italy	United Kingdom
* China	Lebanon	United States of America
Costa Rica	Liberia	Union of Soviet Socialist Republics
Czechoslovakia	Luxembourg	Uruguay
Denmark	Mexico	Venezuela
Dominican Republic	Monaco	Yugoslavia
Ecuador	Netherlands	23 January 1950
Egypt	Norway	
El Salvador	New Zealand	
Ethiopia	* Pakistan	
Finland	Paraguay	Peru
	Philippines	13 March 1950
	Poland	Bolivia

* See notes, pages 52 and 58.

Adopts, this thirtieth day of June one thousand nine hundred and forty-nine the following Supplementary Regulations on Nomenclature (including the compilation and publication of statistics) with respect to diseases and causes of death which may be cited as the Nomenclature (Supplementary) Regulations 1949.

Article I

In article 20 of the Nomenclature Regulations 1948 there shall be made the amendments specified in the Schedule to these Supplementary Regulations, being amendments which facilitate the giving of notice under article 22 of the Constitution to such States as shall have become Members of the Organization subsequent to the date of the adoption of the Nomenclature Regulations 1948 by the World Health Assembly, and accordingly the said article 20 of the Nomenclature Regulations 1948 shall have effect as amended by these Supplementary Regulations.

Article II

Without prejudice to article 22 of the Constitution these Supplementary Regulations shall apply to each Member within sixty days of the notification of their adoption by the World Health Assembly.

Schedule : Amendment of the Nomenclature Regulations 1948

Amendment of article 20

In line 3 after the words " the date of " there shall be inserted the words " the notification of the ".

IN WITNESS WHEREOF we have set our hands this first day of July one thousand nine hundred and forty-nine.

The President of the World Health Assembly :

(Signed) KARL EVANG

The Director-General of the World Health Organization :

(Signed) BROCK CHISHOLM

ANNEX

TEXT OF THE RESERVATIONS OR REMARKS FORMULATED BY
CERTAIN COUNTRIES

AUSTRALIA

(21 July 1949)

Australian Government wishes to notify the following reservations in accordance with article 22 of Constitution of WHO in connexion with the above-mentioned regulations :

Article 1. The acceptance of this article is subject to the reservations, in relation to the Manual and otherwise, specified in respect of particular articles.

Article 2. The " Alternative Classification of Accidents, Poisonings, and Violence (Nature of Injury) — NXVII ", and such other matters as are notified from time to time to the Director-General, will be excluded from the Statistical Classification.

Article 3. The acceptance of this article is subject to the reservations specified in respect of articles 4 and 6.

Article 4. List to be adopted for publication in Australia will be a condensation of the Detailed List (*a*) but an expansion of the Intermediate List (*b*) and will be in such a form that the Intermediate List can be derived by addition of titles.

Article 6. Information to be published in accordance with paragraph (*b*) will relate only to each of the metropolitan areas of the respective States and will comprise a tabulation of causes by sex only.

Articles 9, 10, 11. The Australian Government rejects these articles. Explanatory memorandum following.

The following comments are offered in regard to these reservations and rejections.

Articles 1 and 2. The Australian Government has not yet completed its study of the " Manual of the International Statistical Classification of Diseases, Injuries, and Causes of Death ", and there may be some modifications it may wish to make apart from that referred to above. The extent to which the Manual will be adopted will therefore be notified in due course.

Causes of death are already being coded and tabulated in Australia as from 1st January, 1949, in accordance with the list of three-digit categories (Detailed List), excluding Alternative Classifications — NXVII for which adequate data for an accurate classification would not be available. A limited number of four-digit categories, yet to be determined, will be incorporated.

Article 4. As the Detailed List contains numerous causes from which few deaths occur in Australia, and, particularly, many titles that are of significance mainly for the classification of morbidity, it is felt that publication of the List in its entirety would not be warranted in the case of Australia. This is particularly so at the present time when considerable difficulty is being experienced in printing tables even in the shorter form of the 1938 Revision.

On the other hand, the Intermediate List of 150 Causes does not contain sufficient detail for Australian requirements. The proposed Australian adaptation has not yet been completed, but on present indications it will probably contain in the region of 400 titles, compared with the 764 categories of the Detailed International Statistical Classification.

Article 6. The metropolitan areas relate to the capital cities of the States and adjoining urban municipal areas within boundaries defined for Census purposes.

This will be a new table in Australia. The cities concerned, with their populations as recorded at the Census of 30 June, 1947, in parentheses, are as follows: Sydney (1,484,004), Melbourne (1,226,409), Brisbane (402,030), Adelaide (882,454), Perth (272,528), and Hobart (76,534).

The question of definition of urban and rural divisions is at present under review and consideration will be given to extension of the Statistics when a decision has been reached in this matter.

In regard to publication of the information by age-groups, a tabulation of this nature is made in the Australian Bureau of Census and Statistics for some metropolitan areas, e.g. Sydney, but it is not certain whether this procedure will be continued or whether such tabulations will later be undertaken by the State Statisticians concerned. In any case, it is felt that printing difficulties would under existing circumstances preclude publication by the Bureau of tables of causes by age-group for even only the two metropolitan areas of 1,000,000 population or over. Tables in the required form are, however, published annually by the State Statistician for the metropolitan area in the case of New South Wales (metropolis: Sydney) and Queensland (metropolis: Brisbane). The provisions of article 6 will be brought under the notice of the Statisticians in the other States for consideration as to whether publication of similar tables for their metropolitan areas would be practicable.

Articles 9, 10, 11. Though for the time being Australia has rejected these articles, the position is that the matters dealt with therein are in Australia the subject of legislation by individual States, and consideration is being given to the most effective way in which these articles could be implemented in Australia. You will be informed of the result of this consideration in due course. I would add that the provisions of articles 10 and 11 already apply generally in the States, and it is expected that by the end of this year the form of medical certificates presented under article 9 will also have been adopted on a Commonwealth-wide basis.

Articles 13, 14, 15. There are no reservations by Australia on the assumption that these provisions do not impose an actual obligation to publish morbidity statistics.

At present morbidity statistics are compiled in the Commonwealth Bureau of Census and Statistics only in respect to a restricted field of sickness, viz. cases in respect of which payments are made under the Commonwealth Sickness Benefits Scheme, which applies, subject to a means test and other qualifications, to males between the ages of 16 and 65 years and females between the ages of 16 and 60 years.

BURMA

(2 November 1949)

I am directed to say that in rural areas in Burma, village headmen are normally the Registrars of Deaths in their respective village tracts and being non-medical men they will find it difficult to correctly classify the causes of death according to (a) the list of 999 causes of death, or (b) the intermediate list of 150 causes of death, even should they be supplied with instructions as to how to classify the causes of death. Furthermore, the collection of vital statistics in rural areas in Burma cannot yet be resumed during the post-war period due to various causes.

The Union Government realize that in order to avoid recording misleading information correct diagnosis of causes of death is essential. It is therefore proposed that in the first instance the collection of statistics in accordance with the intermediate list of 150 causes of death should be introduced in urban areas where causes of death can be verified by Medical Officers. But in view of the fact that a number of forms will have to be revised and printed and necessary instructions issued to the authorities concerned, the Government of the Union of Burma do not consider it possible to introduce the Nomenclature Regulations, 1948, in Burma even in the intermediate form before the 1st January 1951.

CEYLON

(5 October 1949)

I have the honour to inform you that these regulations can be accepted with the reservations and modifications indicated below :

Articles 1 and 2. The intermediate list of 150 causes will be adopted for our general purposes and the "external cause" will be used in the classification of violent deaths. Regarding nomenclature of causes of death peculiar to Ceylon which have no equivalents in the international classification, they will be retained.

Articles 3—6.

(a) Statistics of causes of deaths for the whole Island will be published under the 150 causes :

(1) by sex and

(2) for ages under one year, single year to 4 years (inclusive), five-year groups from 5 to 84 years, 85 years and over.

(b) Statistics of causes of death to be published under the international 150 causes for :

1. Ceylon
2. Colombo
3. Kandy
4. Galle
5. Jaffna
6. Kurunegala
7. Nuwara Eliya
8. Urban Areas (All Towns)
9. Urban Areas (excluding Colombo Town)
10. Rural Areas (including Estate Areas)
11. Rural Areas (excluding Estate Areas)
12. Estate Areas

(1) by sex and

(2) for ages : under 1 year, 1 year, 5 years, 15 years, 25 years, 45 years, 65 years, 75 years and over.

Articles 4 and 5. All statistics will be published under the intermediate list of 150 causes of death except those portions of death e.g. Maternal Deaths, which will be classified under corresponding portion of the list of 999 causes.

Article 7. Statistics for administrative sub-divisions will not be maintained separately.

Article 8. The statistics published will be as follows :

- (a) under 7 days
- (b) over 1 week and under one month
- (c) 1 month to 3 months
- (d) over 3 months and under 1 year.

Article 9. The proposed "Certificate of cause of death" is reproduced below :

CERTIFICATE OF CAUSE OF DEATH

To the Registrar of

I
 State here the Medical Qualifications. Certify that I attended on of
 who was apparently aged (or stated to be aged)
 from day of (Month) to the
 day of (Month) and that his (or her) death was probably
 caused by

I

Disease or condition directly leading to death. (a).....
 (This does not mean the mode of dying, e.g. heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) due to (or as a consequence of)

Antecedent causes. Morbid conditions, if any, (b).....
 giving rise to the above cause, stating the underlying condition last. due to (or as a consequence of)
 (c).....

II

Other significant conditions contributing to the death, but not related to the disease or condition causing it.

Date : Medical Practitioner

Article 10. The Medical Certification of the cause of death to continue to be the responsibility of the attending practitioner (where there is one).

Article 11. In the case of diseases with "social stigma" the corresponding numbers in the list will be used. A list of such diseases with the corresponding numbers will be made available to all registrars.

Article 12. The underlying cause is to be adopted as main cause of death for mortality statistics.

Articles 13 to 16. These relate to morbidity statistics and the same classification as for Mortality Statistics will be used.

Article 17. In compiling and publishing mortality statistics the technical recommendations on the subject by the WHO will be followed.

Article 18. The Director-General of WHO will be provided with a copy of the Statistics compiled.

Article 19. Every endeavour will be made to comply with these regulations (as modified) with effect from 1 January, 1950 but if for any reason it is found impracticable to do so, compliance with these regulations will be effected from 1 January 1951. Should a postponement be necessary the WHO will be advised during the course of this year.

Articles 21—22. These regulations will be complied with.

CEYLON

(10 February 1950)

I have the honour to inform you that it was not possible to implement these regulations with effect from 1st January, 1950 as it has not been possible to procure the "Manual" in this connection.

Furthermore, since the number of deaths, occurring in the various divisions mentioned under articles 3—6, sub-section (b) of my letter under reference, do not justify a classification under the list of 150 Causes, morbidity statistics for these divisions will be published under the list of 50 Causes. The total morbidity for the whole island and all morbidity statistics will be published under the list of 150 Causes.

CHINA

(30 November 1949)

... under instructions just received from my Government, to inform you that in view of the fact that it is difficult to apply these Regulations in China for the present, the Chinese Government wishes to reserve its position in regard to both Regulations No. 1 and the Supplementary Regulations.

The Chinese Government regrets that, owing to the difficulties of communications under the actual conditions in China, it has not been able to give replies within the time limits set forth in your respective letters. It nevertheless feels the necessity of making the reservations and sincerely hopes that the World Health Organization will make allowance for the extraordinary situation obtaining in China and accept the reservations accordingly.

ICELAND

(19 July 1949)

... the Icelandic Medical Authorities have examined and accepted Regulations No. 1 regarding nomenclature (including the compilation and publication of statistics) with respect to diseases and causes of death, adopted at the World Health Congress, July 24, 1948, and that they will in the future classify causes of death in accordance with the above-mentioned regulations and with the International statistical classification of diseases, injuries and causes of death. Furthermore the authorities will apply the above-mentioned regulations when compiling statistics pertaining to these matters.

This method can, however, not be applied before 1951, since statistics of causes of death have been issued since 1911, and always for 5 subsequent years each time. If the new method were to be applied at once, it would disrupt the continuity of the statistics comprising the years 1946—1950.

INDIA

(8 August 1949)

[telegram]

... your letter CL42 (647-11-1) of 9 August 1948 WHO Regulations No. 1 regarding nomenclature with regard to diseases and causes of death. Government of India's intention is to work towards standards set out in Nomenclature Regulations 1948 but conditions in India do not permit at present of their general application, and they do not see any value in a merely nominal adoption. General approach will be that as conditions develop to stage where practical effect can be given to any broad provision Government of India shall formally adopt it and inform WHO accordingly.

Comment on specific articles is as follows :

Articles 1 to 6 are accepted in regard to groupings by area and age but provisions regarding presentation of statistics of cause of death in accordance with either full list, intermediate list or abbreviated list cannot be adopted under existing conditions. Acceptance reserves right to adopt terminal age group as 75 and over as required under article 6 (*a*). Government feel that span of life in India does not justify labour of going into further subdivision.

Article 7. Accepted.

Article 8. Accepted in respect of statistics collected through special enquiries but acceptance of detailed classification by age in this article for country as a whole or for special parts of it seems impracticable at present.

Articles 9 to 12 are accepted with reservation that they shall be applicable only as and when compulsory medical certification of cause of death is introduced.

Articles 13 and 14 can be adopted only in respect of patients in hospital statistics. Short list of 50 causes of morbidity for social security purposes being adopted as far as possible, this list can, as circumstances permit, be expanded into intermediate and detailed lists.

Article 15. Accepted subject to reservation that its provisions may not be brought into operation on 1 January 1950.

Articles 16 to 24 are accepted with reservation that *article 19* will apply to statistics pertaining to periods after 1 January 1950. It does not seem possible to apply regulations in respect of statistics for earlier years that may be published subsequently.

NEW ZEALAND

(8 November 1948)

... WHO Regulations No. 1, regarding Nomenclature (including the compilation and publication of statistics) with regard to Diseases and Causes of Death, are accepted by the Government of New Zealand, subject to the reservations noted hereunder.

In the statistics published for New Zealand, it will be necessary in certain cases, which are indicated below, to give separate figures for Europeans and Maoris. The publication of separate figures is essential in these cases, owing to problems which arise in connexion with the availability and accuracy of certain data relating to the Maori race, but it is not considered that the value of the statistics from the international point of view will be in any way affected.

Provision will be made for separation of Maori and European figures under various articles of WHO Regulations No. 1, as follows :

Article 3. (a) Figures for Europeans and Maoris will be published separately, and combined; (b) figures will be published for Europeans and Maoris combined; (c) figures will be published for Europeans only.

Article 4. The full Detailed List will be used for Europeans and Maoris separately, and the Intermediate List for Europeans and Maoris combined.

Article 5. Statistics of principal towns will be published for Europeans only, using the Intermediate List. National aggregates of urban and rural districts will be published for Europeans and Maoris combined, using the Intermediate List.

Article 6. Distinctions between Europeans and Maoris will be made as in article 3.

Articles 7 to 24. It should be noted that all statistics relating to morbidity will be published with Maoris included.

PAKISTAN

(22 August 1950)

... though the Government of Pakistan is in favour of the acceptance of the Nomenclature Regulations 1948 they do not consider that conditions in Pakistan have progressed to a stage where general application of these regulations would be a practical proposition. This Government, however, would be glad to adopt these regulations when suitable conditions for implementing them have been created.

ROMANIAN PEOPLES' REPUBLIC

(No date on letter received 30 December 1948)

The Government of the Romanian Peoples' Republic has decided to apply immediately, on an experimental basis the regulations relating to the Nomenclature of Diseases and Causes of Death. If necessary, the Romanian Government will subsequently formulate its reservations and observations.

SWEDEN

(23 July 1949)

The Government approves WHO Regulations No. 1 with the following reservations:

Sweden reserves the right to request information on injuries, poisoning and accidents (numbers 800—999 in the nomenclature annexed to the Regulations) according to a less detailed nomenclature than that given in the Regulations. Sweden also reserves the right not to apply the nomenclature adopted by the World Health Organization until after having had the opportunity to take certain necessary preparatory measures. Furthermore, the Government would like to point out to the World Health Organization that, in view of the size of the country and the relatively small number of physicians, Sweden wishes—until the problem has been studied—to leave open the question as to whether it will be possible to give information on the causes of deaths occurring in rural districts according to the proposed nomenclature, as well as whether it will be possible to make the issue of death certificates compulsory throughout the country.

The Swedish authorities would also like to express the wish that Latin be adopted parallel to English, French and Spanish as an official language for the list of Diseases and Causes of Death.

For your further information I take the liberty of attaching a memorandum, drawn up by the competent Swedish authorities with the aim of explaining the above points of view in more detail.

MEMORANDUM

Although it is true that the international nomenclature and the new Swedish nomenclature differ on some points, in that certain diseases are not placed in the same groups, this does not seem sufficient reason for refusing to accept the International List. In publishing statistics on diseases and causes of death for Swedish use it would be possible, with a small amount of extra work, to re-group these cases of disease.

1. Degree of classification

The international nomenclature contains 999 numbers, 200 of which are still free. Furthermore, the list of numbers 800—999, referring to injuries, poisoning, accidents and similar cases, may be arranged in two parallel series. One of these series, in which the numbers are combined with the letter E, indicates the origin of the injuries, etc., and the other, in which the numbers are combined with the letter A, gives the nature of the injuries. However, only the use of at least one series is compulsory. The Swedish list contains about 650 diseases and (among these) 225 causes of death. Furthermore, the hospitals employ a combined nomenclature for diseases and causes of death comprising about 350 diseases (including injuries and poisoning) as well as, *inter alia*, 65 headings indicating the origin of the injuries, etc.

In certain respects, especially as concerns injuries, poisoning and accidents, the International List seems too detailed from the Swedish point of view. It is already difficult, with the list covering the origin and nature of diseases as used in Sweden at present, to obtain complete and exact information. The Central Administrations concerned consider that it is not useful nor even practicable to extend the list further in this respect.

Reservations: Consequently, the Central Administrations feel that reservations must be made with respect to the regulations, in that Sweden reserves the right to request information on injuries, poisoning and accidents (numbers 800—999) in accordance with a less detailed nomenclature than that given in the regulations.

On other grounds also, the Central Administrations consider that the specification of the diseases, etc., has been pushed too far, but these cases are of lesser importance, for the reason, among others, that in case of doubt it is often possible to use the group number for "non-specified cases". Furthermore it is considered that because of the special conditions applying in Sweden, a more extensive specification may perhaps be necessary in certain respects. In this case it would be possible to use the lists of variants of diseases, which the World Health Organization has introduced into its nomenclature or to add the names of these variants. The latter are numbered using decimals, which are added to the three-figure reference. Having made these observations, however, the Central Administrations deem it unnecessary to make reservations in this connexion.

2. *Nomenclature, field of application and date of entry into force of the Regulations*

In the regulations the principle is laid down, that first-hand information on diseases and causes of death will be collected and codified according to the list of 999 numbers described above, but that the publication of statistics on the basis of this information may take place according to an abridged list of 150 numbers, and possibly in certain cases according to a list of 50 numbers. As far as possible information on causes of death should be based on observations made by practising physicians.

The Central Administrations have no objections to raise concerning the abridged list, but think, however, that there would be difficulty in fulfilling the requisite conditions for the assembly of statistical material in accordance with the detailed list, despite the abridgement allowed for as indicated in the preceding paragraph.

Thus, in the rural part of Sweden, about 9,000 deaths, i.e. 20% of those occurring in this part of the country, are reported in notifications which contain only the possible cause of death, because of the fact that the deceased has not received medical attention during his last illness and a death certificate issued by a physician is unnecessary. In point of fact, death certificates issued by physicians are not compulsory except in the cities, small market towns and municipal agglomerations, as well as in densely populated localities, not of a definitive administrative nature, where there is a public health physician and for which the Directorate-General of Public Health has issued regulations to this effect. In these 9,000 cases the cause of death is established mainly on the basis of observations made by the local minister, who acts as a registry office official, or on information given to him by the relatives of the deceased. In such cases, the employment of a detailed list can hardly be envisaged.

On the other hand, the Central Administrations consider that it would now be opportune to extend the field of application of death certificates to parts of the country where they are not yet compulsory. For this purpose, it will be necessary to amend the order dealing with the general registration of the population, § 19 of which contains the provisions covering death certificates.

If this reform is adopted it will also be necessary to amend the order of 16 November 1910 (No. 139) which itself amends the provisions of the 1859 order (No. 641) relating to statistics on causes of death. The general application of death certificates would involve, *inter alia*, the amendment of the provisions of paragraphs (a), (b) and (g) of the first order. In these circumstances it would be necessary to cancel the present stipulations of the other paragraphs of the said order relating to the obligation of the district physician to devote a certain amount of time to studying extracts from death registers, which extracts are forwarded half-yearly by the appropriate registry office services. For this reason it would be necessary to examine whether it is possible to repeal the entire 1910 order (No. 139) and to incorporate all the regulations necessary for statistics on causes of death into the order dealing with the registration of civil status or into the order dealing with the general registration of the population. It seems advisable to entrust the experts nominated by a decree of the Royal Government, dated 24 February 1949, to revise the services handling the general registration of the

population, with the task of carrying out the inquiry in question and suggesting the provisions which would be necessary for a general application of death certificates. The Central Administrations intend to submit details of their views on the said amendments of orders to the Government.

As has been said, the regulations should enter into force on 1 January 1950. The available lapse of time is certainly insufficient for the inquiry on death certificates contemplated to be completed so that the new procedure could function by the latter date.

The amendments in the nomenclature for Swedish use suggested in the preceding paragraph also require time to be worked out. A Swedish edition of the nomenclature must be printed (with the names of the diseases in Swedish and in Latin) and distributed; a key must also be drawn up so that the nomenclature at present in use can be translated into the new nomenclature (and vice versa). It will then be necessary to draft forms for the death certificates in accordance with the directions of the World Health Organization and new forms for the reports made out by hospitals on their disease cases. This last measure also involved opening up another question, namely the lay-out of hospital records, including, *inter alia*, records of operations. Seeing that the Central Administrations cannot carry out this work with their own personnel, it would seem advisable for the Government to commission three persons (e.g. a pathologist, a hospital physician and a statistician) to undertake it. This task should be carried out in conjunction with the Directorate-General of Public Health, the Central Office of Statistics and the State Committee for the Study of Hospital Questions.

Reservations: In view of the arguments advanced above, the Central Administrations consider that Sweden should reserve the right not to apply the nomenclature adopted by the World Health Organization before having had the opportunity to take certain necessary preparatory measures.

3. *Other observations and recommendations*

The Central Administrations have no objections to make as regards the grouping, etc., required by the report of statistical data, nor as regards the provisions applying to forms for death certificates.

On the other hand, the fact that the nomenclature of the World Health Organization does not give the Latin names for diseases at the same time as the English, French and Spanish ones must be regarded as an omission. It is true that since the code numbers are employed at the same time as the names of the diseases, the language is of less importance, but nevertheless it is an appreciable advantage to be able to use the nomenclature and terminology which have been adopted in practice both in Sweden and in many other advanced countries.

4. *Summary of the proposals*

(a) The Central Administrations propose that Sweden accept Regulations No. 1 of the World Health Organization (including the drawing-up and publication

of statistics on diseases and causes of death) but that certain reservations be made before 24 July 1949, as has been explained above.

(b) It should be pointed out to the World Health Organization that, on the Swedish side, it is felt very strongly that Latin should be adopted parallel to English, French and Spanish as official language for the list of diseases and causes of death.

SWITZERLAND

(1 August 1950)

We have pleasure in informing you that the Federal Authorities will conform in general to the conditions of this regulation. Nevertheless, they wish to make a certain number of reservations as follows :

Article 1. Acceptance of this article is in accordance with the reservations and remarks concerning articles 2—17 and article 19.

Articles 2—8. The Swiss Government accepts in principle the international nomenclature for the List of 150 Causes, as mentioned in article 4 (b). Switzerland, however, has for a very long time had her own nomenclature of causes of death, and since medical statistics which would not make retrogressive comparisons possible would be of no value, the Federal Statistical Office has modified its detailed classification so that, by appropriate regrouping, there are exactly the 150 Causes contained in the Intermediate List. Furthermore, certain sections of the Swiss 1951 detailed nomenclature being even more detailed than those in the detailed International Classification, it will be possible, if necessary, to give information on many of the principal items in the detailed International List, particularly as regards mortality. The only clause which cannot be introduced into the Swiss nomenclature is that concerning alternative classification of accidents according to the nature of the injury (Nos. 800—999). Doctors in our country have, in fact, adopted the practice of declaring a cause to be exogenous. Information on the nature of the injury is rarely furnished and is, in all cases, insufficient. Furthermore, the nature of the injury comes more or less under morbidity.

The original tables of the Federal Statistical Bureau will be drawn up not only in accordance with the Swiss nomenclature but also in accordance with the International List of 150 Causes, for the country as a whole, for the principal towns, for groups of towns and for the rural zones as a whole. In these tables, there will also be classification according to sex and age groups, as laid down in the international regulation. For children, the age groups given in the Swiss statistics are more detailed. These tables are at your disposal for internal use or for publication. Financial considerations make it impossible for the Federal Statistical Office to include them in their entirety in its own publications.

Article 9. The "medical certificate of cause of death" in use in Switzerland corresponds exactly to the model proposed by WHO except that the order is different. As already pointed out by the Federal Statistical Office in its remarks

concerning the initial project for an international nomenclature, and repeated by the Swiss delegates at the International Conference for the Sixth Decennial Revision of the International Lists of Diseases and Causes of Death, any inversion of the order of these points would run the risk of favouring the already too frequent tendency in doctors to indicate only the immediate cause of death and to ignore the initial cause.

With regard to the duration of the disease, in Switzerland experience with statistics as required under this article insofar as mentally affected persons are concerned has been very unsatisfactory. Replies are generally much too vague to enable useful conclusions to be drawn from them. Very often the doctor has not known the patient for a sufficiently long time and is not in a position to give very precise information. They very often indicate the date of commencement of treatment instead of date of commencement of disease. Nevertheless, since replies under this heading would, in principle, facilitate the classification, the Federal Statistical Office will examine the possibility of introducing this point when a new edition of its statistics is published.

Articles 10 and 11. In Switzerland, the certificate has been anonymous and confidential since 1901. Notification of the cause of death is made on it by a doctor and, in the great majority of cases, by the doctor in attendance. Certificates concerning newly-born infants may, however, be completed by a midwife if the standard of her professional training qualifies her to determine the cause of death. The Swiss nomenclature also includes a special provision for the extremely rare cases in which a doctor has not been called in, as well as for certificates not signed by a doctor.

Article 12. Swiss statistics of causes of death have always from their inception been based upon the initial cause. Since 1926, the Federal Statistical Office has adopted a system of double numbering which makes it possible to give concomitant causes. The classification of the multiple causes and the sorting of the results present some difficult problems, however, which have still to be solved.

Articles 13—16. Switzerland has as yet no statistics with regard to morbidity. There are, of course, statistics concerning hospital establishments, but these refer to the number of patients treated and not to the diseases. For the moment it would be impossible to compile morbidity statistics regarding the whole of the national territory in which all doctors would collaborate. It might, however, be possible to contemplate, at least in theory, the compilation of statistics in which most of the hospitals and perhaps some of the insurance societies would collaborate. The association of hospitals (VESKA) and the surgeons are interested in the question—particularly in statistics of operations. Now that the revision of the nomenclature of causes of death is complete, the Federal Statistical Office will be able to contact them and submit to them the WHO regulation. It should be possible, however, to prepare immediately and independently a nomenclature of diseases in accordance with the detailed International List, bearing in mind the exigencies of the hospitals and the special circumstances of Switzerland. On the other hand, since the surgeons desire the establishment of statistical data with regard to operations, the Federal Statistical Office will be glad to know the intentions of WHO in that field.

Article 17. In view of the effect this provision might have on future Swiss health statistics, we hope that innovations may in future be communicated to the competent Federal authorities before being submitted to the World Health Assembly, so that the said authorities may be able to express their views before it is too late.

Article 19. According to this article, the new nomenclature should be applied as from 1 January 1950. Switzerland, however, for a number of technical reasons, has always applied her new classification of causes of death from 1 January following the general census of the population. The next census is fixed for 1 December 1950 and Switzerland will, therefore, apply the new nomenclature from 1 January 1951.

The World Health Assembly made two recommendations, concerning still-born infants and place of residence, in the circular of 9 August 1948 addressed to the Federal Public Health Service. The Federal Statistical Office request us to communicate the following remarks on these subjects.

Still birth. The Swiss definition of still birth is as follows: "An infant shall be declared still born when it shows no sign of life after complete expulsion (head, trunk and extremities) from the maternal organs. Compulsory notification, as laid down by article 46 of the Civil Code, applies only to newly born infants of a total length of more than 30 cm. Apparently lifeless infants shall be declared as live born." Fundamentally, this is in complete accord with the definition adopted by the Third World Health Assembly during its Sixth Plenary Session of 19 May 1950.

Place of residence. All the data published in the Swiss demographic statistics are based on the place of residence.

The Federal Statistical Bureau is of the opinion that uniformity of nomenclature will not of itself guarantee comparability of results until the unified methods of registration are strictly applied in all countries and as long as profound differences in social conditions, means of communication and standards of medical training, etc., exist.

UNION OF SOUTH AFRICA

(8 June 1949)

The South African authorities have examined the new nomenclature of the International List of Causes of Death and consider that, with a few minor amendments, it will be suitable for use in the Union of South Africa. It will probably be necessary to add one or two codes to the list to cover certain diseases, e.g. Miners' Phthisis, which are of great importance in the Union, but not in most other countries.

It is accordingly proposed to bring the new list into use as from January, 1949, that is for all deaths registered in the Union on or after the 1st January 1949.

UNITED KINGDOM

(12 July 1949)

His Majesty's Government in the United Kingdom will not wish to exercise, in respect of the Nomenclature Regulations, 1948, the right accorded to it under article 22 of the Constitution of the World Health Organization, provided that the terms of article 8 of the Regulations will be fulfilled by the publication of national figures of infant mortality without distinction of cause according to the specified age groupings. His Majesty's Government assume that it is not the intention that every published table showing special analyses of infant mortality by cause or locality should contain all the age groups in detail, but that for such tables the grouping used may be a condensation of that specified in article 8 of the Regulations.

His Majesty's Government suggest that, when opportunity occurs, consideration might be given to amending article 8 of the Regulations in order to make the extent of its application free from possible ambiguity.
