

NOSOLOGY and Practical Office Cause of Death Classification Procedure

1. Define nosology. *The branch of medical science that treats of systematic classification of diseases*
2. Explain difference between a nomenclature and a practical working list or "classification" of causes of death.
3. Explain necessity for a working list of causes of death for practical office use. Explain why an alphabetical index will not suffice (erysipelas and St. Anthony's fire, ----- Barlow's disease, Werlhoff's disease and scurvy ----- locomotor ataxia and tabes dorsalis). Read at this point paragraph marked a, page 12, Manual; also translation of paragraph marked a, page 3, French text.
4. The International List of Causes of Death (more especially the Census manual adapting it to American usage) is our working list in this country. It is not a scientific nomenclature. Read here paragraph marked a, page 13, Manual.
 - a - History of International List. Give synopsis of the marked paragraphs, page 7, Manual. Comment on growth in extent of its use and on the great importance of its adoption by England and Wales. See marked paragraphs, page 8, Manual. Comment briefly on the history of nosology as covered by pages 13 to 17, Manual. Comment on adoption of the International classification by the U. S. Census Bureau and its use by state, municipal and corporation offices interested in mortality statistics.
 - b - Brief comment on the Census manual itself showing how it covers thousands of modes of statements of causes of death which are not in the original French text (Bellevue, English, French and Census terms).
 - c - Why it is necessary to have both a tabular list and an alphabetical index. Tabular list is the real classification. The index is simply a guide to the use of the tabular list. Mere reference numbers are meaningless. Give examples. Refer to paragraphs marked b and c, page 12, Manual.
 - d - The International List is a list of causes of death arranged, for the most part, according to the seat of diseases rather than their pathology or etiology. Thus, it is, in the main, arranged on an anatomical basis. (Example - cerebral hemorrhage: nervous not circulatory). Give exceptions to this (cancer, t.b., violent causes, etc.). Explain what Bertillon claims to be the advantage of the anatomical basis. Criticise mildly.
 - e - Explain that the list is divided, primarily, into two grand divisions. First, disease; second, violence. 11 of the 14 general classes are devoted distinctly to morbid conditions. Class 12 relates to old age. Class 13 relates to external causes. (carbolic acid and wood alcohol). The final class, No. 14, is called Ill-defined Diseases but under this heading are tabulated many deaths which are probably due to violent causes but which were not reported in such a way as to be identified as deaths so chargeable.

Changes in death certificate

f - Explain what a "general disease" is and what are included in titles 1 to 59. Do the same for the Diseases of the Nervous System and for the other classes. (Same for violence, suicide, homicide and accident). Explain some of the deficiencies of the International List and point to certain rather misleading title headings (cerebral spinal meningitis, A.A.P., Titles 46, 50, 78, 103, 146, 148, etc.)

Epidemic studies - Influenza

g - Explain the difference between the detailed and abridged lists and why it is necessary to have each. Explain also the elasticity of the International List. Give examples. The cancer monograph; pneumonia; Titles 173 and 175. 19, 55,

5. Importance of statistics of deaths by cause and consequent importance of their scientific classification.

a - This was recognized even before the correction of mortality statistics by Census enumerators was discarded. The Census Office directions to these men emphasized the fact that the statement of cause of death was the most important item on the form ~~Death certificate~~. This was a step in the right direction even though the hopelessness of securing accurate statements by means of enumerators is thoroughly recognized now and was quite generally conceded then.

provided for setting down data concerning deaths

b - We measure the comparative healthfulness of communities more by their death rate for some of the preventable diseases than by their gross or crude rate; hence, the importance of impressing on the medical fraternity the necessity of stating in each case all known disease factors. *This does not mean that death rate even for diseases is reliable index in all cases. Color! Age!*

c - Interest of scientific societies which need accurate statistics of causes of death for the study of many problems. Interest of the sanitarian who uses statistics of the various preventable diseases in his work far more than he does the crude death rate. Legal importance of correct statements of cause of death. Life insurance. Pensions.

6. Practical office cause of death classification procedure.

1. Matter to be classified. The health officer or vital statistician in classifying causes of death obtains his material for such classification usually from certificates of death. These statements are made by physicians, usually; also by coroners who, in some instances, are physicians, also by midwives and in a varying percentum of cases by other informants. This material is often faulty and on this account can not be used without "editing". *2nd reason for "editing" the need for symbols to be used for tabulating. We "edit" in order that we may tabulate. Read p. 13 "Application of Nat. Methods to Pub. Health Research"*

2. Explain what is meant by "editing" causes of death.

3. The first step is to be sure that the cause of death, as stated by the physician, is not incompatible with other statements on the certificate. (Here distribute samples of "Cause of Death Check List.") Refer to Nos. 42, 126, 127, 128, 129, 130, 131, 132, 134 to 141 inclusive, also to 70, 71, 164, 105, 151, 152, 153. Point out that all above refer to impossible statements of cause of death with reference to sex or age.

Explain that while this illustrates the process, it brings out rather clearly some of the improvements and changes at tabulation

a - Refer to the titles of the International List which have absolute age limitations. Refer to those which have absolute sex limitations.

b - Improbable statements of cause of death. (Go over the numbers indicated under "cards to be verified" on the Census cause of death check list. Take a number of specific instances and bring out clearly why these are suspicious reports. Tell Census Bureau experiences in connection with several of them. Emphasize necessity for weeding out ^{and} verifying such statements. Cite instance in which a certain city complained to the Census Bureau because it was charged with a death from rabies. When this was traced down, it was discovered that this death was, in fact, caused by Pott's disease which had been "edited" 23 instead of 32. Tell about the negro Virginia physician who reported more cases of relapsing fever in his practise than had occurred in the whole country for years. Comment on the almost universal courtesy with which physicians supply data on request which they have failed to supply on the original certificates. Mention certain exceptions. For example, the physician who replied "This man is dead, what in h--l difference does it make what he died of" also the physician from the mountain districts of Kentucky who replied 'cussing' the new democratic administration for asking "fool questions."

Questions?

James' miss.
hiper...

Nursing pamphlet - red letter.

4. Statements of cause of death must also ^{be in} agreement with other items. Children - old age; Infantile debility - ~~#~~ Coal miner; ~~half~~ of heart in an old person.

5. Explain Census methods of detecting errors in transcripts by use of local symbols.

6. Extracts from "Certain Rules and Principles" covering single and joint causes.
 Here explain use of joint cause list - look if own refs - not always to be used - due to "following" etc

7. Impress importance of the Inquiry system. Refer to Census Report for 1916. Its effect on published death rates - homicide - old age - diseases of arteries, etc. 1916 Census Reports - summary.

8. Show the effect of ~~infant~~ efforts to interest physicians. Census pamphlets - Physicians Pocket Ref.

8 - Duration - When is a disease acute - when chronic?
 Read p. 13-14 "Modes of Statement" and extracts from my pamphlet
 Page 6-8 - Tuesday

Questions?

Refer to Stat. Abstract of C. of S. page 5