One disease, one name

The main aim of the *International nomenclature of diseases*, sections of which are being published separately, is to recommend a single name of worldwide currency for each morbid entity and thus to simplify both communication and information-handling in the health sciences.

It has long been accepted that confusion in disease nomenclature is a severe barrier to communication and the storage and retrieval of information. Most diseases have several different names and some have a very large number indeed. Many names are strict synonyms but others are not, possibly representing only single clinical manifestations of a disease rather than the disease itself. The situation is aggravated because the same name, or almost identical ones, may be applied to two or more distinct conditions, or may be used differently by different authors. Moreover, names that are very similar in different languages may be used in a variety of senses. Such confusion causes intolerable difficulty in communication and wastes precious resources.

**Naming and defining diseases**

In 1970 the Council for International Organizations of Medical Sciences began to prepare the *International nomenclature of diseases*, and five volumes of provisional nomenclature were issued from 1972 to 1974. It was soon realized, however, that to achieve a truly international nomenclature there would have to be much wider consultation than was possible through the member bodies of the Council. In 1975 the project became a joint effort of the Council and the World Health Organization. It was supported initially by a contract with the United States Public Health Services. Since 1982 the Kuwait Foundation for the Advancement of Sciences and the Kuwait Ministry of Public Health have provided backing.

The principal objective is to provide a single recommended name for every morbid entity. Ideally, the selection of a name requires it to be specific, unambiguous, descriptive, simple and based on cause. However, many names that are almost universally used do not fully meet these criteria, and to propose new names might well increase, rather than eliminate, confusion. Consequently, such established names may be retained if they are not seriously incorrect, misleading, or contrary to the recommendations of international specialist organizations. Terms based on people’s names are avoided to the greatest possible extent since they are not descriptive; nevertheless, many are retained because they are so widely used, e.g., Hodgkin’s disease.

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Each disease or syndrome with a recommended name is defined as unambiguously and briefly as possible and a list of synonyms is given for purposes of information retrieval. Where necessary, notes explain why certain synonyms are rejected or why some supposed synonyms are not in fact synonyms at all.

Links with disease classification

A further objective is to complement the International classification of diseases, which is designed to facilitate the reporting of mortality and morbidity statistics. Its primary concern is that diseases should be placed in their appropriate categories. The International nomenclature of diseases is not concerned with categories, although of course it names and describes related diseases in chapters having general titles, such as “Congenital abnormalities of the oesophagus”. The difference between the two works is most clearly seen in the inclusion and exclusion notes found in many rubrics in the International classification of diseases and in rubrics such as “other aneurysm” or “of unspecified site”. Such entries have no place in the International nomenclature of diseases, where everything is specified and named. Early volumes of this work included the code for each disease given in the International classification of diseases. This caused a degree of confusion as some readers assumed that the “Nomenclature” was intended to replace the “Classification”. The codes of the latter are therefore no longer included in the International nomenclature of diseases. In preparing the 10th Revision of the International classification of diseases, use was made of the experience gained in drawing up the “Nomenclature”, particularly with regard to the groups of diseases for which sections of the “Nomenclature” have been or are about to be published.

Nomenclature in related areas

Any international nomenclature should, if it is to be credible, conform to names previously recommended by competent international organizations, especially the international scientific unions. Thus the names used for bacteria and viruses should be those validly published by the International Committee on Systematic Bacteriology and the International Committee on Taxonomy of Viruses, respectively. In many cases this can be done simply, but in others a great deal of difficult and time-consuming work is involved. For instance, in the volume of the International nomenclature of diseases dealing with parasitic diseases it was necessary to obtain the help of the secretariat of the International Commission on Zoological Nomenclature, which verified the validity of the 2000 or so names of parasites used.

A continuing task

The production of the International nomenclature of diseases has proved more time-consuming than had been expected, mainly because of the difficulty of handling simultaneously, with a very small staff, up to twelve different sections at different stages of preparation. So far, sections have been published on diseases of the lower respiratory tract (1979), infectious diseases (mycoses (1982), viral diseases (1983), bacterial diseases (1985), parasitic diseases (1987), cardiac and vascular diseases (1989), and diseases of the digestive system (1990). A section on metabolic and endocrine disorders will be published in 1991. In preparation are sections on diseases of the urinary and male genital systems, the female genital system, the blood and blood-forming organs and the immunological system, the musculo-skeletal system, and the nervous system.Awaiting preparation are sections on psychiatric diseases, skin diseases, ear, nose
Specimen entries in the *International nomenclature of diseases*

**Parasitic diseases**

*Falciparum malaria*

A severe (and, in nonimmune persons, rapidly fulminating) form of malaria caused by *Plasmodium (Laverania) falciparum*. Clinical manifestations (usually occurring 5–15 days after inoculation) are highly variable and may include high fever, chills, headache, myalgia, rapid pulse rate, splenomegaly, and sometimes delirium; there is often a high level of parasitaemia, and capillary obstruction may occur. After the initial illness a periodic pattern of paroxysms may be established. The paroxysms, with fever and chills, usually last for 12–24 hours and tend to be repeated every 48 hours. Coma, excessive destruction of erythrocytes, convulsions and heart failure may lead to death. The disease may produce very serious complications.

**Linguistic note:** The term “algid malaria” refers to falciparum malaria in which gastrointestinal manifestations predominate. “Chagres fever” should not be confused with Chagres virus disease.

**Cardiac and vascular diseases**

*Acute myocardial infarction*

Necrosis of a portion of the heart muscle as a result of inadequate blood supply.

**Synonyms:** acute cardiac infarction; coronary heart attack; coronary occlusion; coronary thrombosis.

**Notes:**

1. The term may be qualified by a topographical descriptor, e.g., inferior myocardial infarction, inferolateral myocardial infarction.

2. The term “old myocardial infarction” (or “healed myocardial infarction”) is applied to the state of healed myocardial infarction, usually with persistent abnormal Q waves present.

3. The so-called “shoulder-hand syndrome”, which in the past was regarded as a late complication of myocardial infarction, may have been due to prolonged bed rest and has no specific links with cardiovascular disease; it is not covered in this volume of the *International nomenclature of diseases*.