

WORLD HEALTH ORGANIZATION

NINTH WORLD HEALTH ASSEMBLY

Provisional agenda item 6.9



ORGANISATION MONDIALE DE LA SANTÉ

A9/P&B/2 ✓  
20 March 1956

ORIGINAL: ENGLISH

DRAFT ADDITIONAL REGULATIONS OF MAY 1956  
AMENDING THE NOMENCLATURE REGULATIONS, 1948

The Ninth World Health Assembly,

Having considered the report and recommendations of the International Conference for the Seventh Revision of the International Lists of Diseases and Causes of Death held in Paris from 21 to 26 February 1955;

Considering the need for the amendment of certain of the provisions of the Nomenclature Regulations, 1948 (World Health Organization Regulations No. 1 regarding nomenclature, including the compilation and publication of statistics with respect to diseases and causes of death) as adopted by the First World Health Assembly on 24 July 1948;

Having regard to Articles 2(a), 21(b), 22 and 64 of the Constitution of the World Health Organization;

ADOPTS, this ..... day of May of 1956, the following additional Regulations amending the Nomenclature Regulations, 1948; the said Nomenclature Regulations, 1948, as amended by these additional Regulations may be cited as the WHO Nomenclature Regulations.

Article I

The Detailed List (with four-digit sub-categories) and the Rules for Classification in the Manual of the International Statistical Classification of Diseases, Injuries, and Causes of Death, based on the Sixth (1948) Revision of the International Lists of Diseases and Causes of Death shall be amended as set forth respectively in Annexes A and B of these additional Regulations.

Article II

In Articles 1, 3, 5, 6, 7, 8 and 14 of the Nomenclature Regulations 1948 there shall be made the following amendments.

Article 1

Add at the end the following sentence: "The above-mentioned Manual may be cited as the International Classification of Diseases."

Article 3: Delete and replace by:

Article 3

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

(a) its territory as a whole;

Depending on the administrative structure of its territory and its national needs each Member shall, in addition, publish statistics of causes of death in respect of one or more of the following areas:

(b) each major civil division;

(c) each town or conurbation of 1 000 000 population and over, otherwise the largest town with population of at least 100 000;

(d) national aggregate of urban areas of 100 000 population and over;

(e) national aggregate of urban areas of less than 100 000 population;

(f) national aggregate of rural areas.

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

Members in whose territory coverage of medical certification of cause of death is incomplete or limited to certain areas shall, in publishing statistics of causes of death, indicate:

(i) areas in which medical certification is deemed adequately complete;  
and/or

(ii) areas with incomplete coverage of medical certification, tabulating medically certified deaths separately from other deaths.

For the purpose of this Article and of Articles 4, 6 and 16, "territory" designates the Metropolitan (home) territory of the Member, and not dependent territories, whether protectorates, colonies, other outlying possessions or territories under trusteeship.

#### Article 5

Delete the first paragraph to and including the words "rural areas (districts)" and replace by the words:

"Statistics of causes of death in respect of any geographic or other divisions of the territory enumerated in Article 3."

Article 6: Delete and replace by

#### Article 6

In publishing statistics of causes of death by age one of the following age groupings shall be used:

(a) for general purposes:

(i) under 1 year, single years to 4 years inclusive, five-year groups from 5 to 84 years, 85 years and over;

(ii) under 1 year, 1-4 years, 5-14 years, 15-24 years, 25-44 years, 45-64 years, 65-74 years, 75 years and over;

(iii) under 1 year, 1-14 years, 15-44 years, 45-64 years, 65 years and over.

(b) for special statistics of infant mortality:

(1) by single days for the first week of life (under 1 day, 1, 2, 3, 4, 5, 6 days), 7-13 days, 14-20 days, 21-27 days, 28 days up to but not including 2 months, by single month of life from 2 months to 1 year (2, 3, 4, ... 11 months);

(ii) under 7 days, 7-27 days, 28 days up to but not including 3 months, 3-5 months, 6-11 months;

(iii) under 28 days, 28 days to 11 months inclusive.

If age groupings are published in greater detail than in one of the groupings specified above, they shall be so arranged as to allow condensation into one of these groupings.

Article 7: Delete and replace by

Article 7

(a) Statistics of causes of death for the whole territory of the Member shall be published, in so far as possible, by sex for the age group specified in Article 6 (a) (i);

(b) If statistics of causes of death for any geographic or other divisions of the territory enumerated in Article 3 are published by age they shall be by sex for the age group specified in Article 6 (a) (ii);

(c) If statistics of causes of death for administrative subdivisions are published by age they shall be for the age group specified in Article 6 (a) (iii).

Article 8: Delete and replace by

Article 8

If special statistics of infant mortality for the whole territory of the Member are published by age they shall be for the age group specified in Article 6 (b) (i).

Article 14

Delete paragraph (c) and the final paragraph and replace by:

(c) such special list appropriate to the purposes of the statistics concerned as may have been recommended by the World Health Assembly.

If they are published in another form, the categories selected shall be so arranged that by suitable grouping they can be related to one of the above lists.

If a special list as alluded to in (c) has not yet been recommended by the World Health Assembly, or if a Member is of opinion that such a list, though so recommended, is not appropriate in the circumstances, the Member may adopt its own special list, provided that a copy is forwarded to the Director-General of the Organization for information and study.

Article III

The period provided in execution of Article 22 of the Constitution of the Organization for rejection or reservation shall be nine months from the date of notification by the Director-General of the adoption of these Additional Regulations by the World Health Assembly.

Article IV

These Additional Regulations shall come into force on the first day of January 1958.

Article V

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

Article VI

The Director-General of the Organization shall notify all Members and Associate Members of any rejections, reservations or withdrawals of rejections or reservations made under Articles III and V of these Additional Regulations.

IN FAITH WHEREOF we have set our hands at Geneva this .....  
day of ..... 1956

The President  
of the World Health Assembly

The Director-General  
of the World Health Organization

1955 AMENDMENTS TO THE  
DETAILED LIST (WITH FOUR-DIGIT SUB-CATEGORIES)  
OF THE  
INTERNATIONAL STATISTICAL CLASSIFICATION OF DISEASES  
INJURIES AND CAUSES OF DEATH

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072           Leptospirosis icterohaemorrhagica (Weil's disease)

AMEND to:

072           Leptospirosis

INSERT four-digit sub-categories

072.0        Leptospirosis icterohaemorrhagica (Weil's disease)

072.1        Other and unspecified

074           Other spirochaetal and leptospirochaetal infections

AMEND to:

074           Other spirochaetal infections

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082           Acute infectious encephalitis

SUB-DIVIDE into the following four-digit categories:

082.0        Arthropod-borne encephalitis

082.1        Lymphocytic choriomeningitis

082.2        Encephalitis lethargica

082.3        Other and unspecified infectious encephalitis

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123           Schistosomiasis

123.2        Pulmonary (S. japonicum)

AMEND to:

123.2        Oriental (S. japonicum)

---

NEOPLASMS

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140 Malignant neoplasm of lip

INSERT four-digit sub-categories:

140.0 Upper lip

140.1 Lower lip

140.8 Both lips

140.9 Lip unspecified (including commissure)

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141 Malignant neoplasm of tongue

INSERT four-digit sub-categories:

141.0 Base of tongue

141.7 Other specified parts of tongue

141.8 Multiple parts of tongue

141.9 Part unspecified

---

142 Malignant neoplasm of salivary gland

DELETE present four-digit sub-categories

INSERT instead:

142.0 Parotid gland

142.7 Other salivary glands

142.8 Multiple salivary glands

142.9 Gland unspecified

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Annex A

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145 Malignant neoplasm of oral mesopharynx

INSERT four-digit sub-categories:

145.0 Tonsil (excluding pillars)

145.7 Other specified parts of mesopharynx

145.8 Multiple parts of mesopharynx

145.9 Part unspecified

---

152 Malignant neoplasm of small intestine, including duodenum

INSERT four-digit sub-categories:

152.0 Duodenum

152.7 Other specified parts of small intestine

152.8 Multiple parts of small intestine

152.9 Part unspecified

---

153 Malignant neoplasm of large intestine, except rectum

INSERT four-digit sub-categories:

153.0 Caecum, appendix, and ascending colon

153.1 Transverse colon, including hepatic and splenic flexures

153.2 Descending colon

153.3 Sigmoid colon

153.7 Multiple parts of large intestine

153.8 Large intestine (including colon), part unspecified

153.9 Intestinal tract, part unspecified

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155 Malignant neoplasm of biliary passages and of liver (stated to be primary site)

INSERT four-digit sub-categories:

155.0 Liver

155.1 Gallbladder and extrahepatic gall ducts, including ampulla of Vater

155.8 Multiple sites

---

160 Malignant neoplasm of nose, nasal cavities, middle ear, and accessory sinuses

INSERT four-digit sub-categories:

160.0 Nose (internal) and nasal cavities

160.1 Eustachian tube and middle ear

160.2 Maxillary sinus

160.7 Other specified sinus (accessory)

160.8 Multiple sites

160.9 Site unspecified

---

162 Malignant neoplasm of trachea, and of bronchus and lung specified as primary

AMEND to:

162 Malignant neoplasm of bronchus and trachea, and of lung specified as primary

INSERT four-digit sub-categories:

162.0 Trachea

162.1 Bronchus and lung

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- 162.2 Pleura
- 162.8 Multiple sites

---

163 Malignant neoplasm of lung and bronchus, unspecified as to whether primary or secondary

AMEND to:

163 Malignant neoplasm of lung, unspecified as to whether primary or secondary

---

175 Malignant neoplasm of ovary, Fallopian tube, and broad ligament

INSERT four-digit sub-categories:

- 175.0 Ovary
- 175.1 Fallopian tube and broad ligament
- 175.8 Multiple sites
- 175.9 Site unspecified

---

176 Malignant neoplasm of other and unspecified female genital organ

INSERT four-digit sub-categories:

- 176.0 Vulva
  - 176.1 Vagina
  - 176.7 Other specified parts
  - 176.8 Multiple parts
  - 176.9 Part unspecified
-

## 179 Malignant neoplasm of other and unspecified male genital organs

INSERT four-digit sub-categories:

- 179.0 Penis
  - 179.1 Scrotum
  - 179.7 Other specified parts
  - 179.8 Multiple parts
  - 179.9 Part unspecified
- 

## 181 Malignant neoplasm of bladder and other urinary organs

INSERT four-digit sub-divisions:

- 181.0 Bladder
  - 181.7 Other urinary organs
  - 181.8 Multiple sites
- 

## 190 Malignant melanoma of skin

INSERT four-digit sub-categories:

- 190.0 Lips
  - 190.1 Eyelids, including canthi
  - 190.2 Ear and external auricular canal
  - 190.3 Other and unspecified parts of face
  - 190.4 Scalp and neck
  - 190.5 Trunk
  - 190.6 Upper limbs
  - 190.7 Lower limbs
  - 190.8 Multiple sites
  - 190.9 Site unspecified
-

Annex A

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191 Other malignant neoplasm of skin

INSERT four-digit sub-categories:

191.0 Lips

191.1 Eyelids, including canthi

191.2 Ear and external auricular canal

191.3 Other and unspecified parts of face

191.4 Scalp and neck

191.5 Trunk

191.6 Upper limbs

191.7 Lower limbs

191.8 Multiple sites

191.9 Site unspecified

---

193 Malignant neoplasm of brain and other parts of nervous system

INSERT four-digit sub-categories:

193.0 Brain

193.1 Spinal cord

193.2 Meninges

193.3 Peripheral nerves

193.4 Sympathetic nervous system

193.8 Multiple parts

193.9 Part unspecified

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195 Malignant neoplasm of other endocrine glands

INSERT four-digit sub-categories:

- 195.0 Suprarenal gland
- 195.1 Parathyroid gland
- 195.2 Thymus
- 195.3 Pituitary gland and craniopharyngeal duct
- 195.4 Pineal gland
- 195.7 Other specified glands
- 195.8 Multiple glands

---

196 Malignant neoplasm of bone

INSERT four-digit sub-categories:

- 196.0 Bones of the skull and face
  - 196.1 Lower jaw bone
  - 196.2 Vertebral column (excluding sacrum and coccyx)
  - 196.3 Ribs, sternum, and clavicle
  - 196.4 Long bones of upper limbs, and scapula
  - 196.5 Upper limbs, short bones
  - 196.6 Pelvic bones, sacrum, coccyx
  - 196.7 Lower limbs, long bones
  - 196.8 Lower limbs, short bones
  - 196.9 Multiple sites and site unspecified
-

Annex A

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197 Malignant neoplasm of connective tissue

INSERT four-digit sub-categories:

197.0 Head, face and neck  
197.1 Trunk  
197.2 Upper limbs (including shoulder)  
197.3 Lower limbs (including hip)  
197.8 Multiple sites  
197.9 Site unspecified

---

198 Secondary and unspecified malignant neoplasm of lymph nodes

INSERT four-digit sub-categories:

198.0 Head, face and neck  
198.1 Intrathoracic  
198.2 Intra-abdominal  
198.3 Axillary and upper limb  
198.4 Inguinal and lower limb  
198.7 Other specified sites  
198.8 Multiple sites  
198.9 Site unspecified

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204.3 Acute leukaemia, unspecified type

AMEND to:

204.3 Acute leukaemia

---

Annex A

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286 Other avitaminoses and nutritional deficiency states

INSERT additional four-digit sub-category:

286.6 Kwashiorkor (syndrome pluricarencial infantile)

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340 Meningitis, except meningococcal and tuberculous

340.3 Unspecified cause

AMEND to:

340.3 With no organism specified as cause

---

434 Other and unspecified diseases of heart

434.3 Other and unspecified disease of heart

SUB-DIVIDE into two four-digit sub-categories:

434.3 Other disease of heart

434.4 Unspecified disease of heart

---

440 Essential benign hypertension with heart disease

AMEND to:

440 Essential benign hypertensive heart disease

---

441 Essential malignant hypertension with heart disease

AMEND to:

441 Essential malignant hypertensive heart disease

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Annex A

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444 Essential benign hypertension without mention of heart

AMEND to:

444 Essential benign hypertension

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445 Essential malignant hypertension without mention of heart

AMEND to:

445 Essential malignant hypertension

---

446 Hypertension with arteriolar nephrosclerosis without mention of heart

AMEND to:

446 Hypertension with arteriolar nephrosclerosis

---

447 Other hypertensive disease without mention of heart

AMEND to:

447 Other hypertensive disease

---

450 Generalized arteriosclerosis

450.1 With gangrene

AMEND to:

450.1 With mention of gangrene as a consequence

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451 Aortic aneurysm specified as non-syphilitic, and dissecting aneurysm

AMEND to:

451 Aortic aneurysm, non-syphilitic, and dissecting aneurysm

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585 Cholecystitis without mention of calculi

AMEND to:

585 Cholecystitis and cholangitis without mention of calculi

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660 Delivery without complication

AMEND to:

660 Delivery without mention of complication

---

754 Congenital malformations of circulatory system

INSERT additional four-digit sub-category:

754.4 Fibroelastosis cordis

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769 Neonatal disorders arising from maternal toxæmia

AMEND to:

769 Neonatal disorders arising from certain diseases of the mother during pregnancy

769.4 Attributed to other or unspecified maternal toxæmia, without mention of immaturity

AMEND to:

769.4 Attributed to other or unspecified diseases of the mother during pregnancy, without mention of immaturity

769.9 Attributed to other or unspecified maternal toxæmia, with immaturity

AMEND to:

769.9 Attributed to other or unspecified diseases of the mother during pregnancy, with immaturity

---

Annex A

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789 Abnormal urinary constituents of unspecified cause

INSERT new four-digit sub-category:

789.8 Other

---

792 Uraemia unqualified

AMEND to:

792 Uraemia

---

793 Observation, without need for further medical care

AMEND four-digit sub-categories to:

793.0 Mental

793.1 Suspected malignant neoplasm

793.2 Other specified

793.3 Unspecified

---

E863 Injury to occupant by accident to other aircraft

AMEND to:

E863 Injury to occupant by accident to other specified aircraft

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E910 Blow from falling object

AMEND to:

E910 Blow from falling or projected object or missile

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Annex A

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N807 Fracture of rib(s) and sternum

AMEND to:

N807 Fracture of rib(s), sternum and larynx

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N833 Open wound of hand, except finger(s)

AMEND to:

N883 Open wound of hand, except finger(s) alone

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N893 Open wound of foot, except toe(s)

AMEND to:

N893 Open wound of foot, except toe(s) alone

---

N908 Multiple open wounds of unspecified location

AMEND to:

N908 Multiple open wounds of other and unspecified location

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N914 Superficial injury of hand(s), except fingers

AMEND to:

N914 Superficial injury of hand(s), except fingers alone

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N925 Contusion of hand(s), except fingers

AMEND to:

N925 Contusion of hand(s), except fingers alone

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Annex A

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N981.3 Heat exhaustion

AMEND to:

N981.3 Heat exhaustion and collapse

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Y03 Follow-up examination for tuberculosis, not needing further medical care

Y04 Follow-up examination after operation, injury or disease other than tuberculosis

COMBINE content of Y03 and Y04 as follows:

Y03 Follow-up examination after disease, injury or operation, not needing further medical care

Y03.0 Of inactive pulmonary tuberculosis, after treatment

Y03.1 Of inactive pulmonary tuberculosis, not known to have been active

Y03.2 Of other cases of tuberculosis

Y03.3 Of cases of neoplasm, after treatment

Y03.9 Of other disease, injury or operation

INSERT new categories:

Y04 Contacts with infective and parasitic diseases

Y04.0 Tuberculosis

Y04.1 Poliomyelitis

Y04.2 Rabies

Y04.9 Other infective and parasitic diseases

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## RULES FOR SELECTION OF CAUSE OF DEATH FOR PRIMARY MORTALITY TABULATION

When only one cause of death is recorded, this cause is coded according to the International Statistical Classification of Diseases, Injuries, and Causes of Death. In the case of injury, either the circumstances which gave rise to the injury, the nature of the injury, or preferably both, will be coded.

If more than one cause of death is reported, the selection of the cause to be tabulated is made according to the rules presented in this section.

General Rule:

Select the underlying cause, i.e., the starting point in the sequence of events leading to death. The underlying cause is the condition stated on the lowest line of I, except where the medical certificate has not been properly completed.

In selecting the underlying cause, the medical certifier's statement should ordinarily be accepted as correctly indicating his opinion about the conditions leading to death and about their relationship one to another. It is only in exceptional circumstances that the certificate should be regarded as improperly completed, namely, when it is clear that the information is inconsistent, incomplete or equivocal. In such cases additional information should, so far as possible, be sought from the certifier before resorting to the "selection" rules (Rules 1 to 8) given in this section. These rules are intended, in the case where a certificate has not been properly completed, to lead to the selection of an underlying cause that reflects the certifier's opinion with greater accuracy than would have been achieved by an automatic selection of the condition stated lowest in I. The rules are arbitrary, however, and may not in every instance lead to a satisfactory selection of the underlying cause. They cannot constitute a wholly successful substitute for the application of the general rule to properly completed certificates or to certificates where points of doubt have been clarified by reference to the certifier.

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After the underlying cause has been selected, whether by direct application of the general rule or by one of the selection rules (Nos. 1 to 8), it may be necessary to modify the assignment to conform with provisions of the International Statistical Classification for a single code for two or more causes jointly reported or for a preference for a particular cause when reported with certain other conditions. For this purpose and in order to increase the precision and usefulness of the mortality tabulations, the coding of the underlying cause will be modified by the use of the "modification" rules (Rules 9 to 15) on pages 6-10 where applicable.

As coders gain experience in the use of the rules they will no doubt discover "short cuts" to the correct assignment by applying a modification rule directly to the certificate without going through the mental process of first applying a selection rule. It is emphasised, however, that at the beginning coders should follow the procedure detailed above, i.e. select the underlying cause by applying the general rule or Rules 1 to 8, and then, if necessary, modify the assignment by applying Rules 9 to 15.

In the rules which follow, the term "sequence" means at least two conditions in a causal relationship.

Selection rules

1. Improbable sequence - where two or more conditions are entered on different lines in I in a highly improbable sequence, and a rearrangement of the same conditions would give a probable sequence, assume the rearrangement to be correct and select the underlying cause accordingly.

Example 1.     I(a) Diphtheria  
                  (b) Acute myocarditis

Code to diphtheria (055), assuming the certificate to be an inversion of the correct order.

Example 2.     I(a) Diabetes  
                  (b) Gangrene  
                  (c) Septicaemia

Code to diabetes mellitus (260)

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- Example 3. I(a) Jaundice  
 (b) Carcinoma of gall-bladder  
 (c) Cholangitis

Code to malignant neoplasm of biliary passages, etc. (155.1).

- Example 4. I(a) Secondaries in lung  
 (b) Cancer of brain  
 (c) Lung abscess

Code to malignant neoplasm of brain, etc. (193.0).

- Example 5. I(a) Contracted pelvis  
 (b) Post-partum haemorrhage  
 (c) Uterine inertia

Code to delivery complicated by abnormality of bony pelvis (673).

2. Sequence and unrelated conditions; sequence terminating in I(a) - where more than two conditions are entered in I so as to provide a sequence terminating in the condition entered in I(a) plus one or more conditions unrelated to this sequence, consider the unrelated conditions to be in II and select the underlying cause accordingly.

- Example 1. I(a) Bronchopneumonia  
 (b) Measles  
 (c) Malnutrition

Code to measles with pneumonia (085.1), assuming malnutrition to be in II.

- Example 2. I(a) Malignant cachexia  
 (b) Myocardial degeneration  
 (c) Primary carcinoma of large intestine

Code to malignant neoplasm of large intestine (153.8).

- Example 3. I(a) Cataract  
 (b) Diabetes and disseminated sclerosis

Code to diabetes mellitus (260).

3. Sequence and unrelated conditions; sequence not terminating in I(a) - where more than two conditions are entered in I so as to provide a sequence not

Annex B

involving the condition entered in I(a) plus one or more conditions unrelated to this sequence, select the underlying cause by applying rules 8b, 8c and 8f in that order to the sequence and the unrelated conditions.

- Example 1.      I(a) Sinusitis  
                  (b) Peritonitis  
                  (c) Appendicitis

Code to acute appendicitis with peritonitis (550.1) by applying rule 8c.

- Example 2.      I(a) Chronic bronchitis  
                  (b) Fractured hip  
                  (c) Fall

Code to unspecified falls (E904) and fracture of neck of femur (N820) by applying rule 8b.

- Example 3.      I(a) Cerebral haemorrhage  
                  (b) Intestinal obstruction  
                  (c) Hernia, asthma

Code to cerebral haemorrhage (331) by applying rule 8f.

4. Two underlying causes - where more than two conditions are entered in I so as to provide two unrelated underlying causes of a sequence, select one of them by applying rules 8b-8f in that order.

- Example 1.      I(a) Pneumonia  
                  (b) Measles  
                  (c) Influenza

Code to measles with pneumonia (085.1) by applying rule 8f.

- Example 2.      I(a) Aortic aneurysm  
                  (b) Syphilis  
                  (c) Arteriosclerosis

Code to aneurysm of aorta (022) by applying rule 8d.

- Example 3.      I(a) Myocardial degeneration  
                  (b) Chronic bronchitis and rheumatoid arthritis

Code to chronic bronchitis (502.1) by applying rule 8f.



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5. Two sequences - where more than two conditions are entered in I so as to provide two distinct sequences, select the underlying cause of the sequence first mentioned on the certificate.

Example 1. I(a) Cor pulmonale  
(b) Oesophageal varices  
(c) Cirrhosis of liver and chronic bronchitis

Code to chronic bronchitis (502.1)

Example 2. I(a) Cystitis, pulmonary embolism  
(b) Femoral thrombosis  
(c) Prostatic abscess

Code to prostatitis (611).

6. No sequence - where two or more unrelated conditions are entered on different lines of I, select the underlying cause by applying rules 8b, 8c, or 8f, in that order. This rule should be applied when multiple congenital malformations are entered on different lines of I.

Example 1. I(a) Pulmonary tuberculosis  
(b) Carcinoma of stomach

Code to pulmonary tuberculosis (002), by applying rule 8f.

Example 2. I(a) Diabetes  
(b) Ruptured appendix  
(c) Mitral stenosis

Code to ruptured appendix (550.1) by applying rule 8c.

Example 3. I(a) Mitral endocarditis  
(b) Scalds of face and neck

Code to accident caused by hot substance, etc. (E917) and burn confined to face, head, and neck (N941) by applying rule 8b.

Example 4. I(a) Cleft palate  
(b) Spina bifida

Code to spina bifida and meningocele (751) by applying rule 8c.

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7. Sequence with II - where the presumptive underlying condition in I is unmistakably a direct sequel of a condition in II, or is an operation or other form of therapy presumably administered for a condition entered in II, select the latter as the underlying cause.

Example 1. I(a) Peritonitis  
(b) Intestinal obstruction

II Cancer of colon

Code to malignant neoplasm of large intestine (153.8).

Example 2. I(a) Nephrectomy

II Embryoma of kidney

Code to malignant neoplasm of kidney (180).

8. Supplementary - when two or more conditions are entered on the certificate in such a way that none of them can be regarded as the underlying cause (e.g. when they are entered on the same line separated by "and" or a comma) the following rules (a) to (f) should be used in alphabetical order to select the underlying cause.

(a) If one condition is frequently a result of the other prefer the primary condition to the resulting condition.

Example. I(a) Scarlet fever and acute nephritis

Code to scarlet fever (050).

(b) If one condition is an accident, poisoning or violence prefer that condition.

Example. I(a) Cancer of stomach and fracture of skull  
from fall downstairs

Code to fall on stairs (E900) and fracture of skull (N803).

(c) If there is a significant difference in the apparent seriousness of the conditions reported, in that one is, for example, a surgical emergency or other very grave condition, whereas the other(s) rarely cause death, prefer the serious condition.

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Example. I(a) Dermatitis, perforating duodenal ulcer

Code to ulcer of duodenum with perforation (541.1).

(d) If one condition is classifiable to 001-138 or 480-483 and the other(s) are not, prefer that condition.

Example. I(a) Bronchitis and typhoid fever

Code to typhoid fever (040).

(e) If the conditions are chronic and their durations are stated, prefer the condition of longer duration.

Example. I(a) Chronic ulcerative colitis, 3 years, and  
bronchiectasis, 5 years

Code to bronchiectasis (526).

(f) Prefer the first mentioned.

Example. I(a) Arteriosclerosis and asthma

Code to arteriosclerosis (450.0).

Modification rules

9. Senility - where the selected underlying cause is classifiable to 794 (senility) and there is a condition reported classifiable other than to 773, 780-795, code to the latter condition, but take account of the senility if it modifies the coding.

Example 1. I(a) Cerebral haemorrhage  
(b) Old age

Code to cerebral haemorrhage (331).

Example 2. I(a) Psychosis  
(b) Senility

Code to senile psychosis (304). Senility modifies the coding.

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10. Ill-defined condition - where the selected underlying cause is classifiable to 773, 780-793 or 795 (the ill-defined conditions) and some other condition classifiable elsewhere than to 773, 780-795 is also reported, proceed as follows:

- (a) if the other condition is entered in I, code to that condition;
- (b) if the other condition is entered in II, and could have been the cause of the ill-defined condition, code to the other condition;
- (c) if the other condition is entered in II and it is highly improbable that it could have been the cause of the ill-defined condition code to the ill-defined condition.

If the other condition is selected, take account of the ill-defined condition if it modifies the coding.

A condition assignable to 773, 780-793 or 795 entered in I and unrelated to the underlying cause may be ignored.

Example 1.        I(a) Pericarditis  
                  (b) Uraemia

Code to pericarditis (434.3).

Example 2.        I(a) Uraemia  
                  II    Chronic nephritis

Code to chronic nephritis (592).

Example 3.        I(a) Melaena  
                  II    Rheumatoid arthritis

Code to melaena (785.8). It is highly improbable that rheumatoid arthritis could cause melaena.

Example 4.        I(a) Splenomegaly  
                  (b) Asthma

Code to asthma (241).

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11. Linkage - where the selected underlying cause is linked by a provision in the International Classification with one or more of the other conditions on the certificate, code to the combination.

Where the linkage provision is only for the combination of one condition due to another, code to the combination only when the two causes are stated in the correct causal relationship or can be assumed to be so after application of the selection rules.

When more than one combination is possible, precedence is as follows:

- (a) linkage with a condition immediately above in I
- (b) linkage with a condition elsewhere in I
- (c) linkage with a condition in II

Example 1.      I(a) Cardiac dilatation  
                  (b) Renal sclerosis  
                  (c) Benign hypertension

Code to hypertensive heart disease, with arteriolar nephrosclerosis (442).

All three conditions are combined.

Example 2.      I(a) Myocardial degeneration  
                  (b) Auricular fibrillation  
                  (c) Hypertension

Code to other and unspecified hypertensive heart disease (443).

Example 3.      I(a) Acute bronchitis  
                  (b) Bronchopneumonia  
                  (c) Influenza

Code to influenza with pneumonia (480). Linkage with pneumonia on line I(b) takes precedence over linkage with bronchitis on line I(a).

Example 4.      I(a) Acute otitis media  
                  II      Mastoiditis

Code to acute otitis media with mastoiditis (392.0).

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Example 5. I(a) Myocardial degeneration  
(b) Arteriosclerosis

II Cerebral haemorrhage

Code to myocardial degeneration with arteriosclerosis. Linkage with myocardial degeneration in I takes precedence over linkage with cerebral haemorrhage in II.

Example 6. I(a) Parkinsonism  
(b) Arteriosclerosis

Code to paralysis agitans (350). This category includes parkinsonism due to arteriosclerosis.

Example 7. I(a) Arteriosclerosis

II Parkinsonism

Code to general arteriosclerosis (450.0), by the general rule. No linkage because the arteriosclerosis is not stated as the underlying cause of the parkinsonism.

12. Adjectival modifiers - Where the selected underlying cause can be considered equivalent to an adjective qualifying the condition immediately above it, and the composite term appears in the International Classification, code to the composite term.

This does not apply to "heart disease due to arteriosclerosis". This is coded to 450.0 and not to arteriosclerotic heart disease (420.0), which must be so described.

Example 1. I(a) Nephritis  
(b) Arteriosclerosis

Code to arteriosclerotic nephritis (446).

Example 2. I(a) Meningitis  
(b) Tuberculosis

Code to tuberculous meningitis (010).

13. Specificity - where the selected underlying cause describes a disease in general terms and a more precise description of the same disease is reported elsewhere on the certificate, code to the latter.

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Example.           I(a) Mitral stenosis  
                  (b) Rheumatic heart disease

Code to diseases of mitral valve (410).

14. Late effects - where the selected underlying cause is an early form of disease for late effects of which the classification provides a separate category, and a condition reported elsewhere on the certificate is a late effect of this disease as defined by the category, code to the latter.

Example 1.        I(a) Urethral stricture  
                  (b) Gonorrhoea, 2 years ago

Code to late effects of gonococcal infection (035).

Example 2.        I(a) Paralysis, late effect of  
                  (b) Acute poliomyelitis

Code to late effects of acute poliomyelitis (081).

Example 3.        I(a) Postencephalitic psychosis  
                  (b) Encephalitis lethargica

Code to late effects of acute infectious encephalitis (083).

Example 4.        I(a) Heart failure  
                  (b) Curvature of spine  
                  (c) Rickets in childhood

Code to late effects of rickets (284).

Example 5.        I(a) Acquired hydrocephalus  
                  (b) Cerebral abscess

Code to late effects of intracranial abscess or pyogenic infection (344).

Example 6.        I(a) Paralysis  
                  (b) Fractured spine  
                  (c) Automobile accident 18 months ago

Code to late effect of motor vehicle accident (E960) and fracture, etc. of vertebral column with spinal cord lesion (late effect) (N806.9).

15. Old infective and maternal conditions - where the selected underlying cause is an infective disease classifiable to 040-043, 050, 051, 052, 055, 056,

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057.1, 057.3, 058, 059, 061, 084-087, 089, 091, 094, 100-108, 480-483, or 490-493, or a maternal cause classifiable to 640-689, and has a stated interval between onset and death of 1 year or more, proceed as follows:

- (a) if a late effect of this disease is reported elsewhere on the certificate, code to the late effect;
- (b) if no late effect is reported but there is another condition entered on the certificate, code to the other condition;
- (c) if there is no other condition entered on the certificate, code to "Other unknown and unspecified causes (795.5)".

NOTES FOR INTERPRETATION OF ENTRIES OF CAUSES OF DEATH

The above rules will usually determine the underlying cause of death for primary mortality tabulations. Each country will need to amplify the rules, depending on the consistency and completeness of medical certifications. The following paragraphs will be of assistance in formulating such additional instructions.

I. Guides for the determination of the probability of sequences

A. Assumption of intervening cause.

The assumption of an intervening cause in Part 1 is permissible for the purpose of accepting a sequence as reported, but it must not be used to modify the coding.

- Example 1.        I(a) Cerebral haemorrhage  
                  (b) Chronic nephritis

Code to chronic nephritis (592). It is necessary to assume hypertension as a condition intervening between cerebral haemorrhage and the underlying cause, chronic nephritis.

- Example 2.        I(a) Acute hepatic failure  
                  (b) Chronic alcoholism



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Code to chronic alcoholism (322.1). The assumption of an intervening hepatic cirrhosis provides an acceptable sequence but this assumption does not allow assignment to 581.1, cirrhosis of liver with alcoholism.

B. Interpretation of "highly improbable".

As a guide to the interpretation of "highly improbable" in Rules 1 and 10, the following relationships are to be so regarded. They should also be used as a guide to the term "unrelated" in Rules 2, 3, 4, and 6.

The following list does not cover all "highly improbable" sequences but in other cases the general rule should be followed unless there are strong indications to the contrary.

- (a) an infective or parasitic disease (001-138) other than erysipelas (052), septicaemia (053), tetanus (061), and gas gangrene (063) reported as "due to" any disease outside the group;
- (b) a malignant neoplasm reported as "due to" any other disease;
- (c) a congenital malformation (750-759) reported as "due to" any other disease of the individual, including immaturity;
- (d) diabetes (260), haemophilia (295), or influenza (480-483) reported as "due to" any other disease;
- (e) rheumatic fever (400-401), or heart disease specified as rheumatic (411, 413-416) reported as "due to" any disease other than scarlet fever (050), streptococcal sore throat (051), streptococcal septicaemia (053.0), and acute tonsillitis (473);
- (f) a non-inflammatory disease of the central nervous system (330-334, 350-357), except cerebral embolism in 332, reported as "due to" endocarditis (410-414, 421, 430) or to a disease of the digestive system (530-587);
- (g) a condition of stated date of onset "X" reported as "due to" a condition of stated date of onset "Y", when "X" predates "Y".

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The following should be accepted as possible sequences in Part I of the certificate:

Acute or terminal circulatory diseases in 420-450 or intracranial vascular lesions in 330-334 when reported as due to malignant neoplasm, diabetes or asthma.

II. Effect of duration on classification

In evaluating the reported sequence of the direct and antecedent causes, consideration should be given to any statements of the interval between the onset of the disease or condition and time of death. This would apply in the interpretation of "highly improbable" relationships, item (g), and in rules 8e and 15.

Conditions classified as congenital malformations in the International List (Nos. 750-759) even when not specified as congenital on the medical certificate should be coded as such if the interval between onset and death and the age of the decedent indicate that the condition existed from birth.

The International List provides for late effects of certain conditions by specific categories (Nos. 013, 035, 081, 083, 284, 344, E956-E965), and by a fourth-digit sub-category ".9" in the section for accidents, poisoning and violence by nature of injury (Nos. N800-N979). Except for tuberculosis of bones and joints (013) these late effects include conditions present one year or more after onset of the disease or injury. Rule 14 applies to these categories.

III. Sex and age limitations

Certain categories in the International List are limited to one sex (Nos. 177-179, 218, 276, 610-617 for males only and Nos. 171-176, 214, 217, 233-235, 275, 622-689 for females only). If, after verification, the sex and cause of death on the certificate are not consistent, the death should be coded to "Other, unknown and unspecified causes (795.5)".

Other categories, or certain conditions included in them, are limited by age, and such limitations should be strictly adhered to. The index will show

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the proper assignment if such causes are certified at other ages. If the cause of death appears to be inconsistent with the stated age, effort should be made to verify these before classification.

IV. Operations

If an operation appears on the certificate as the cause of death without mention of the condition for which it was performed, and the index provides no assignment for it, it is assumed that the condition for which the operation is usually performed was present, and assignment will be made in accordance with the above rules for selection of cause of death. However, if the name of the operation leaves in doubt what specific morbid condition was present, additional information is to be sought, or failing this the operation is to be considered as an ill-defined cause.

V. Malignant neoplasm of multiple sites

If malignant neoplasms of more than one site are entered on the certificate, the site specified as primary should be selected. If there is no indication as to which was the primary site, or if they are specified as secondary, assignment should be to malignant neoplasm of multiple sites (199). However, if malignant neoplasm of liver, lung or lymph nodes is mentioned with one other site, without specification as to whether primary or secondary, assume the former to be secondary and assign to the latter.

VI. Expressions indicating doubtful diagnosis

Qualifying expressions indicating some doubts as to the accuracy of the diagnosis such as "apparently", "presumably", "possibly", etc., should be ignored, since entries without such qualifications differ only in degree of certainty of the diagnosis.