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Dominion Bureau of Statistics

OTTAWA

R. H. Coates, Dominion Statistician

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PHYSICIANS' POCKET REFERENCE

TO THE
INTERNATIONAL LIST
OF CAUSES OF DEATH

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R. H. COATS, Dominion Statistician

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TO THE
INTERNATIONAL LIST
OF CAUSES OF DEATH

"The registration of vital statistics is the firm basis on which the whole structure of sanitary science and practice must rest. In order to learn the laws of disease, to devise remedies, and test them, we must have an approximately accurate knowledge of the movement of population and of the CAUSES OF DEATH."

—*Dr. Charles V. Chapin.*



OTTAWA

F. A. ACLAND

PRINTER TO THE KING'S MOST EXCELLENT MAJESTY

1923

INTERNATIONAL LIST OF CAUSES OF DEATH

THIRD DECENNIAL REVISION BY THE INTERNATIONAL COMMISSION, PARIS, OCTOBER
11-14, 1920.

Note.—In reporting causes of death upon "Certificates of Death" the Physician is requested to enter, *first* the **Name of the Disease Causing Death**; *second*, the name of the Contributory cause, if any; and, *third*, the duration of each cause. (If death was influenced by occupation, please see that kind of work and industry are correctly stated.) **In naming the Disease causing death it is urgently recommended that the exact names printed in bold-faced type in the List below be employed, whenever they are applicable, and that no other terms be used instead.** Thus, always write **Typhoid Fever**; not sometimes *Typhoid Fever*, sometimes *Enteric Fever*, or "*Continued Fever*," "*Typho-malarial Fever*," etc. Of course many diseases are not given in the terms in bold-faced type below, but only the most important ones. For others, any terms recommended by the Nomenclature of Diseases of the Royal College of Physicians, London, or the Nomenclature of Diseases and Conditions of Bellevue and Allied Hospitals, New York, may be used. *Terms printed in italics are indefinite or otherwise undesirable, and should never be used when a more definite statement can be given.* "*Heart failure*," for example, is simply equivalent to cause of death unknown. "*Convulsions*," "*Marasmus*," "*Debility*," "*Old age*," are terms of this character. Please aid in the improvement of our Vital Statistics by using only precise and definite terms.

1.—EPIDEMIC, ENDEMIC, AND INFECTIOUS DISEASES

1. **Typhoid and paratyphoid fever.**
 - a **Typhoid fever.**
 - b **Paratyphoid fever.**
2. **Typhus fever.**
3. **Relapsing fever (*spirillum obermeieri*).**
4. **Malta fever.**
5. **Malaria.**
6. **Small-pox.**
7. **Measles.**
8. **Scarlet fever.**
9. **Whooping-cough.**
10. **Diphtheria** (Croup transferred to Respiratory Diseases 98.
Membranous laryngitis included under 10.)
11. **Influenza—**
 - a **sole cause.**
 - b **with phthisis.**
 - c **with bronchitis.**
 - d **with pneumonia.**
 - e **with other respiratory diseases.**
 - f **with disease and accidents of pregnancy and parturition.**
 - (g) **with other causes.**
12. **Miliary fever.** [*True Febris miliaris only.*]
13. **Mumps**
14. **Asiatic cholera**
15. *Cholera nostras.*

16. **Dysentery**—
 - a amoebic.
 - b bacillary.
 - c unspecified or due to other causes.
 [Do not report ordinary diarrhoea and enteritis (113, 114) as dysentery.]
17. **Plague**.
 - a bubonic.
 - b pneumonic.
 - c septicaemic.
 - d unspecified.
18. **Yellow fever**.
19. **Spirochetal hemorrhagic jaundice**.
20. **Leprosy**.
21. **Erysipelas**. [State cause; see Class XIV]
22. **Acute anterior poliomyelitis**.
23. **Lethargic encephalitis**.
24. **Meningococcus Meningitis**—[includes cerebro-spinal meningitis, posterior basal meningitis.]
25. **Other epidemic and endemic diseases**.
 - a Chicken-pox.
 - b German measles.
 - c Others under this title.
26. **Glanders**.
27. **Anthrax**.
28. **Rabies**.
29. **Tetanus**. [State cause; see Class XIV]
30. **Mycoses**. [Specify as Actinomycosis of lungs, etc.]
31. **Tuberculosis of the respiratory system**. [Specify organ].
32. **Tuberculosis of the meninges and central nervous system**. [Specify organ].
33. **Tuberculosis of the intestines and peritoneum**.
34. **Tuberculosis of the vertebral column**.
35. **Tuberculosis of the joints**. [Specify joint]
36. **Tuberculosis of other organs**. [Specify organ].
 - a Tuberculosis of the skin and sub-cutaneous cellular tissue. [State part].
 - b Tuberculosis of the bones (vertebral column excepted) [Specify bone].
 - c Tuberculosis of the lymphatic system (mesenteric and retroperitoneal glands excepted).
 - d Tuberculosis of the genito-urinary system.
 - e Tuberculosis of organs other than the above [State organ].
37. **Disseminated Tuberculosis**—[Specify organ]
 - a acute
 - b chronic or unstated
38. **Syphilis**
39. **Soft chancre**.
40. **Gonococcus infection**.
41. **Purulent infection, septicaemia**. [State cause; see classes VIII and XIV especially].
42. **Other infectious diseases**.
 - Filariasis.
 - Vaccinia.

II. GENERAL DISEASES NOT INCLUDED IN CLASS I.

43. **Cancer and other malignant tumours of the buccal cavity**. [State part.]
44. **Cancer and other malignant tumours of the stomach, liver**.

45. Cancer and other malignant tumours of the peritoneum, intestines, rectum.
46. Cancer and other malignant tumours of the female genital organs.
47. Cancer and other malignant tumours of the breast.
48. Cancer and other malignant tumours of the skin. [State part].
49. Cancer and other malignant tumours of other or unspecified organs. [State organ.]
50. Benign tumours and tumours not returned as malignant. (Tumours of the female genital organs excepted). [Name kind of tumour and the part affected].
51. Acute Rheumatic Fever. [always define "Rheumatism" as acute or chronic.]
52. Chronic Rheumatism, Osteoarthritis, gout.
53. Scurvy.
54. Pellagra.
55. Beriberi.
56. Rickets.
57. Diabetes mellitus.
58. Anaemia, chlorosis. [State form or cause.]
 - a Pernicious anaemia
 - b Other anaemias and chlorosis.
59. Diseases of the pituitary gland. [Name the disease.]
60. Diseases of the thyroid gland. [Name the disease.]
 - a Exophthalmic goiter.
 - b Other diseases of the thyroid gland.
61. Diseases of the parathyroid glands. [Name the disease.]
62. Diseases of the thymus. [Name the disease.]
63. Diseases of the Adrenals [Addison's disease].
64. Diseases of the spleen. [Name the disease.]
65. Leukaemia and Hodgkin's disease.
 - a Leukaemia.
 - b Hodgkin's disease.
66. Alcoholism.
 - a Delirium tremens.
 - b Acute alcoholism
 - c Chronic alcoholism.
67. Chronic poisoning by mineral substances.
 - a Chronic lead poisoning. [State cause and occupation].
 - b Other occupational. [State cause and occupation.]
68. Chronic organic poisoning.
 - a Chronic morphinism.
 - b Chronic cocaineism, etc.
 - c Other organic poisoning. [State cause.]
69. Other general diseases. [Name the disease.]
 - a Diabetes insipidus.
 - b Haemophilia.
 - c Purpura haemorrhagica.

III. DISEASES OF THE NERVOUS SYSTEM AND OF THE ORGANS OF SPECIAL SENSE

70. Encephalitis.
71. Meningitis [does not include meningitis specified as meningococcic, tuberculosis, rheumatic, etc.].
 - a Simple meningitis. [State cause.]
 - b Non-epidemic cerebrospinal meningitis. [State cause].
72. Tabes Dorsalis (Locomotor ataxia).

73. Other diseases of the Spinal Cord: [Name the disease.]
 a **Chronic spinal muscular atrophy.**
 b **Primary lateral sclerosis.**
 c **Syringomyelia, etc.**
74. Cerebral hemorrhage, apoplexy.
 a **Apoplexy.**
 b **Cerebral hemorrhage.**
 c **Cerebral thrombosis and embolism.**
75. *Paralysis without specified cause.* [State form or cause.]
 a **Hemiplegia.** [State cause.]
 b Others under this title.
76. **General Paralysis of the Insane.**
77. Other forms of mental alienation. [Name disease causing death. Form of insanity should be named as **CONTRIBUTORY CAUSE** only, unless it is actually the disease causing death.]
78. **Epilepsy.**
79. *Convulsions (Nonpuerperal) (5 years and over).* [State cause.]
80. *Infantile Convulsions (under 5 years of age).* [State cause.]
81. **Chorea.**
82. **Neuralgia and neuritis.** [State cause.]
83. *Softening of the Brain.* [State cause.]
84. Other diseases of the nervous system. [Name the disease.]
85. Diseases of the eye and annexa. [Name the disease.]
86. Diseases of the ear and of the mastoid process.
 a Diseases of the ear. [Name the disease.]
 b Diseases of the mastoid process [Name the disease.]

IV. DISEASES OF THE CIRCULATORY SYSTEM

87. **Pericarditis.** [Acute or Chronic; rheumatic (51), etc.]
88. **Endocarditis and Myocarditis.** [Always report as acute or chronic; do not report when mere terminal condition.]
 a **Acute Endocarditis.**
 b **Acute Myocarditis.**
89. **Angina pectoris.**
90. Other diseases of the heart. [Name the disease.]
 a **Chronic valvular disease.** [Name the disease.]
 b **Fatty degeneration of heart.**
 c **Aortic insufficiency.**
91. Diseases of the Arteries.
 a **Aneurysm.**
 b **Arteriosclerosis.**
 c Other diseases of the arteries. [Name the disease.]
92. **Embolism and thrombosis (not cerebral).** [State organ, Puerperal. (147)?]
93. Diseases of the veins (**varices, haemorrhoids, phlebitis, etc.**)
94. Diseases of the lymphatic system (**lymphangitis, etc.**). [cause? Puerperal?]
95. *Haemorrhage without specified cause.* Cause? Pulmonary hemorrhage from **Tuberculosis of Lungs 31.—Puerperal.**
96. Other Diseases of the circulatory system. [Name the disease.]

V. DISEASES OF THE RESPIRATORY SYSTEM

97. Diseases of the nasal fossae and their annexa. [Name the disease.]
98. Disease of the larynx.
 a **Laryngismus stridulus.**
 b **Laryngitis.**
 c **Croup.**
 d Other diseases of larynx. [Name the disease.]

99. **Bronchitis.** [always state as acute or chronic; was it Tuberculous?]
 a Acute.
 b Chronic.
 c Not otherwise defined under 5 years of age.
 d Not otherwise defined 5 years and over.
100. **Bronchopneumonia** [if secondary, give primary cause.]
 a Bronchopneumonia.
 b Capillary bronchitis.
101. **Pneumonia.** [If Lobar report as Lobar pneumonia].
 a Lobar
 b Not otherwise defined.
102. **Pleurisy.** [Cause? If tuberculosis, so report (31).]
103. Congestion and hemorrhagic infarct of the lung. [cause.]
104. **Gangrene of the Lung.**
105. **Asthma.** [Tuberculosis?]
106. **Pulmonary emphysema.**
107. Other Diseases of the respiratory system (tuberculosis excepted). [such indefinite terms as "*Lung trouble*," "*Pulmonary hemorrhage*," etc., if compiled here vitiate statistics. **Tuberculosis of lungs (31)?** Name the disease].
 a Chronic interstitial Pneumonia, including Occupational diseases of the respiratory system. [State cause.]
 b Diseases of the mediastinum.
 c Others under this title.

VI. DISEASES OF THE DIGESTIVE SYSTEM

108. Diseases of the mouth and annexa. [Name the disease.]
109. Diseases of the pharynx and tonsils (including adenoid vegetations). [Name the disease, Diphtheritic.]
 a Adenoid vegetations.
110. Diseases of the Oesophagus. [Name the disease.]
111. **Ulcer of the stomach and duodenum.**
 a Ulcer of the stomach.
 b Ulcer of the duodenum.
112. Other diseases of the stomach (cancer excepted). [Name the disease. Avoid such indefinite terms as "*Stomach trouble*," "*Indigestion*," "*Dyspepsia*," "*Gastritis*," etc., when used vaguely.]
113. **Diarrhoea and enteritis** (under 2 years of age).
114. **Diarrhoea and enteritis** (2 years and over).
115. **Ankylostomiasis.** (Hook-worm.)
116. Diseases due to other Intestinal Parasites. [Name species.]
 a Cestodes (Hydatids of the liver excepted).
 b Trematodes.
 c Nematodes (other than ankylostoma).
 d Coccidia.
 e Other parasites specified.
 f Parasites not specified.
117. **Appendicitis and typhlitis.**
118. **Hernia, intestinal obstruction.** [State form and whether strangulated.]
 a Hernia, strangulated inguinal hernia (operation).
 b Intestinal Obstruction, Intussusception, Volvulus, etc.
119. Other diseases of the intestines. [Name disease.]
120. **Acute yellow atrophy of the liver.**

121. Hydatid tumour of the liver.
122. Cirrhosis of the liver. [State cause.]
 - a Specified as alcoholic.
 - b Not specified as alcoholic.
123. Biliary calculi.
124. Other diseases of the liver. [Name the disease.]
125. Diseases of the pancreas. [Name the disease.]
126. Peritonitis without specified cause. [Puerperal?]
127. Other Diseases of the digestive system (cancer and tuberculosis excepted). [Name the disease.]

VII. NONVENEREAL DISEASES OF THE GENITO-URINARY SYSTEM AND ANNEXA

128. Acute nephritis (including unspecified under 10 years of age [state primary cause, especially scarlet fever, etc.] [Always state "Nephritis" as acute or chronic.]
129. Chronic nephritis, (Bright's disease) (including unspecified 10 years and over). [Better Chronic, interstitial nephritis, Chronic parenchymatous nephritis, etc. Never report mere names of symptoms, as "Uræmia, etc. See also note on (128).]
130. Chyluria.
131. Other Diseases of the kidneys and annexa. [Name the disease.]
132. Calculi of the urinary passages. [Name bladder, kidney.]
133. Diseases of the bladder. [Name the disease].
 - Cystitis. [cause.]
134. Diseases of the urethra, urinary abscess, etc. [Name the disease. Gonorrheal?]
 - a Stricture of the Urethra.
 - b Other under this title.
135. Diseases of the prostate. [Name the disease.]
136. Nonvenereal diseases of the male genital organs. [Name the disease].
137. Cysts and other benign tumours of the ovary. [State variety.]
138. Salpingitis and pelvic abscess (female). [Name the disease. Gonorrheal (40)? Puerperal (146)?]
139. Benign Tumours of the Uterus. [State variety.]
140. Non-Puerperal Uterine Hemorrhage. [cause?]
141. Other Diseases of the Female Genital Organs. [Name the disease.]
142. Nonpuerperal diseases of the breast (cancer excepted). [Name the disease].

VIII. THE PUERPERAL STATE

Note.—The term **Puerperal** is intended to include **Pregnancy, Parturition, and Lactation**. Whenever **Parturition** or **Miscarriage** has occurred within one month before the death of the patient, the fact should be certified, even though child birth may not have contributed to the fatal issue. Whenever a woman of child-bearing age, especially if married, is reported to have died from a disease which might have been Puerperal, the local registrar should require an explicit statement from the reporting physician as to whether the disease was or was not

Puerperal in character. The following diseases and symptoms are of this class:—

<i>Abscess of the Breast.</i>	<i>Metrorrhagia.</i>
<i>Acute nephritis.</i>	<i>Nephritis.</i>
<i>Albuminuria.</i>	<i>Pelvic Abscess.</i>
<i>Cellulitis.</i>	<i>Pelvipерitonitis.</i>
<i>Coma.</i>	<i>Peritonitis.</i>
<i>Convulsions.</i>	<i>Phlegmasia alba dolens.</i>
<i>Eclampsia.</i>	<i>Phlebitis.</i>
<i>Embolism.</i>	<i>Pyæmia.</i>
<i>Gastritis.</i>	<i>Septicæmia.</i>
<i>Haemorrhage (unfine or unqualified).</i>	<i>Sudden death.</i>
<i>Lymphangitis.</i>	<i>Tetanus.</i>
<i>Metritis.</i>	<i>Thrombosis.</i>
<i>Metropерitonitis.</i>	<i>Uremia.</i>

Physicians are requested always to write **Puerperal** before the above terms and other what might be puerperal in character, or to add in parentheses (*Not Puerperal*), so that there may be no possibility of error in the compilation of the mortality statistics, also to respond to the requests of the local registrars for additional information when, inadvertently, the desired data are omitted. The value of such statistics can be greatly improved by cordial co-operation between the medical profession and the registration officials. If a physician will not write the true statement of puerperal character on the certificate, he may privately communicate that fact to the local or provincial registrar, or write the number of the International List under which the death should be compiled, e.g., "Peritonitis (146)."

143. **Accidents of pregnancy**
 - a **Abortion.** [term not used in invidious sense; Criminal abortion should be so specified (199)].
 - b **Ectopic Gestation.**
 - c Others under this title.
144. **Puerperal haemorrhage.**
145. **Other accidents of labour.** [Name the condition.]
 - a **Caesarean section.**
 - b **Difficult labour.**
 - c Other surgical operations and instrumental delivery.
 - d **Uncontrollable vomiting.**
 - e **Rupture of uterus in labour, etc.**
146. **Puerperal Septicæmia.**
147. **Puerperal phlegmasia alba dolens, embolus, sudden death.**
148. **Puerperal albuminuria and convulsions.**
149. **Following Childbirth, not otherwise defined.** (Puerperal Insanity). [Define].
150. **Puerperal diseases of the breast.** [Name the disease].
 In the sense of conditions or operations dependent upon pregnancy or labour not "accidents" from external causes.

IX. DISEASES OF THE SKIN AND OF THE CELLULAR TISSUE

151. **Gangrene.** [State part affected. Diabetic (57) etc.]
152. **Furuncle.**
153. **Acute Abscess.** [Name part affected, nature or cause.]
154. **Other diseases of the skin and annexa.** [Name the disease].

X. DISEASES OF THE BONES AND OF THE ORGANS OF LOCOMOTION

155. Diseases of the bones (malignant and tuberculosis excepted).
 [Name the disease].
Necrosis. [give cause.]
Osteomyelitis.
Osteoperiostitis, etc. [Give cause.]
156. Diseases of the joints (tuberculosis and rheumatism excepted). [Name the disease, always specify "Acute Rheumatic fever" (51), *Arthritis deformans* (52), *Tuberculosis of* — joint (53), etc., when cause is known.]
157. *Amputations.* [name disease or injury requiring the amputation, thus permitting proper treatment elsewhere.]
158. Other diseases of the organs of locomotion. [Name the disease.]

XI. MALFORMATIONS

159. **Congenital malformations.** (Stillbirths not included):
 [Do not include "Acquired hydrocephalus (94) or Tuberculous hydrocephalus (Tuberculous meningitis) (32) under this head.]
a Congenital hydrocephalus.
b Congenital malformations of the heart.
c Spina bifida, etc.

XII. EARLY INFANCY

160. *Congenital debility, Icterus and Sclerema.* [Give cause of debility].
Atrophy. [Give cause].
Inanition. [Give cause].
161. **Premature birth; Injury at birth.**
a Premature birth.
b Injury at birth.
162. Other diseases peculiar to early infancy.
Atelectasis.
Umbilical haemorrhage, etc.
163. **Lack of Care.**

XIII. OLD AGE

164. *Senility.* [Name the disease causing death.]

XIV. EXTERNAL CAUSES

Note.—Coroners, medical examiners, and physicians who certify to deaths from violent causes, should always clearly indicate the fundamental distinction of whether the death was due to **Accident, Suicide or Homicide**, and then state the **Means or Instrument of Death**.

165. **Suicide by solid or liquid poisons** (corrosive substances excepted). [Name poison.]
166. **Suicide by corrosive substances.** [Name poison.]
167. **Suicide by poisonous gas.** [Name gas.]

168. **Suicide by hanging or strangulation.** [Name means of strangulation.]
169. **Suicide by drowning.**
170. **Suicide by firearms.**
171. **Suicide by cutting or piercing instruments.** [Name instrument.]
172. **Suicide by jumping from high places.** [Name place.]
173. **Suicide by poisoning.** [Name means.]
174. **Other Suicide.** [Name means.]
175. **Poisoning by Food.** [Name kind of food.]
176. **Poisoning by venomous animals.**
177. **Other acute accidental poisonings (gas excepted).** [name poison].
178. **Conflagration** [state fully as "Jumped from window of burning building, forest fire, etc.]
179. **Accidental burns and scalds.** [conflagration excepted.]
180. **Accidental mechanical suffocation.** [Overlaying, Asphyxia.] [Always state means.]
181. **Accidental absorption of irrespirable or poisonous Gas.** [Name gas.]
Asphyxia by smoke [conflagration excepted.], etc.
182. **Accidental drowning.**
183. **Accidental Traumatism by firearms.** [wounds of war excepted.]
184. **Accidental traumatism by cutting or piercing instruments.** [name instrument.]
185. **Accidental traumatism by fall.** [specify as "Accidental fall from window.]
186. **Accidental traumatism in mines and quarries.**
a **Coal mines.**
b **Other mines.** [Name kind of mine.]
c **Quarries.**
187. **Accidental traumatism by machines.** [specify kind of machine, and if the Occupation is not fully given under that head, add sufficient to show the exact industrial character of the fatal injury. Thus, **Crushed by Passenger Elevator, Struck by Piece of Emery Wheel (Knife Grinder), Elevator Accident (Pile Driver),** etc.).
188. **Accidental traumatism by other crushings (vehicles, railways, landslides, etc.).**
a **Railroad accidents.**
b **Street-car accidents.**
c **Automobile accidents.**
d **Aeroplane and balloon accidents.**
e **Injuries by other vehicles.** [specify].
f **Other crushing.** [specify means of crushing].
189. **Injuries by animals (not poisoning).**
190. **Wounds of war.** [specify.]
191. **Execution of civilians by belligerent armies.**
192. **Starvation (Deprivation of Food or Water).** Not "Inanition" from disease.
193. **Excessive cold.** [Freezing.]
194. **Excessive heat.** [Sunstroke.]
195. **Lighting.**
196. **Other accidental electric shocks.** [How? State occupation.]
197. **Homicide by firearms.**
198. **Homicide by cutting or piercing instruments.** [Name instrument.]
199. **Homicide by other means.** [Name means.]
200. **Infanticide** [specify of infants and also age of age.]

201. *Fracture (Cause not specified)*. [State means of injury]
 202. *Other External Violence (cause specified)* (including legal executions).
 203. *External Violence (cause not specified)*.
Internal injury. Not known whether Accidental, Suicidal, or Homicidal.

XV. ILL-DEFINED DISEASES

Note.—If physicians will familiarize themselves with the nature and purposes of the International List, and will co-operate with the registration authorities in giving additional information so that returns can be properly classified, the number of deaths compiled under this group will rapidly diminish, and the statistics will be more creditable to the office that compiles them and more useful to the medical profession and for sanitary purposes.

204. *Sudden death*. [give cause, Puerperal?]
 205. *Cause of Death not Specified or Ill-Defined.*
a Ill-Defined.
b Not Specified or Unknown.
c Heart Failure.
d Syncope.

(It may be extremely difficult or impossible to determine definitely the cause of death in some cases, even if a post-mortem be granted. If the physician is absolutely unable to satisfy himself in this respect, it is better for him to write **Unknown**, than merely to guess at the cause. It will be helpful if he can specify a little further, as **Unknown disease** (which excludes external causes), or **Unknown chronic disease** (which excludes the acute infective diseases), etc. Even the ill-defined causes included under this head are at least useful to a limited degree, and are preferable to no attempt at statement. Some of the old "chronics," which well-informed physicians are coming less and less to use, are the following: *Asthenia; Bilious Fever; Cachexia; Catharrhal Fever; Collapse; Coma; Congestion; Cyanosis; Debility; Delirium; Dentition; Dyspnoea; Exhaustion; Fever; Gastric Fever; HEART FAILURE; Laparotomy; Marasmus; Paralysis of the Heart; Surgical Shock; and Teething*. In many cases so reported the physician could state the disease (not mere symptom or condition) causing death.)

LIST OF UNDESIRABLE TERMS

The attention of physicians is called to the desire of the Bureau of Statistics to secure accurate vital statistics. Thousands of queries are sent out annually asking for more specific statements regarding cause of death. These replies are considered confidential and are for statistical purposes only.

UNDESIRABLE TERM (It is understood that the term criticised is in the <i>exact</i> form given below, without further explanation or qualification.)	REASON WHY UNDESIRABLE AND SUGGESTION FOR MORE DEFINITE STATEMENT OF CAUSE OF DEATH
"Abscess," "Abscess of brain," "Abscess of lung," etc.	Was it tuberculous or due to other infection? Traumatic? The return of "Abscess" unqualified, is worthless. State cause (in which case the fact of "abscess" may be quite unimportant) and location.
"Accident," "Injury" External causes," "Violence." Also more specific terms, as "Drowning," "Gunshot," which might be either accidental, suicidal, or homicidal.	Impossible to classify satisfactorily. Always state (1) whether accidental, suicidal or homicidal and (2) Means of injury (e.g. Railroad accident). The lesion (e.g. Fracture of skull) may be added, but is of secondary importance for general mortality statistics.
"Acidosis"	Cause of the "Acidosis." If diabetic, write Acidosis (diabetic); if not diabetic, write Acidosis nondiabetic).
"Anasarca," "Ascites"	See "Dropsy."
"Atrophy," "Asthenia," "Debility," "Decline," "Exhaustion," "Inanition," "Weakness," and other vague terms.	Frequently cover tuberculosis, prematurity, and other definite causes. Name the disease causing the condition.
"Blood poisoning"	See "Septicemia" Syphilis?
"Bright's disease"	Was it acute or chronic and, if acute, what was the cause? Was it puerperal?
"Bright's disease, acute"	What was the cause of the "Acute Bright's disease?" If it appeared as a complication or sequela of some other disease or abnormal condition, state nature of the same. Was it puerperal? When no cause can be ascribed, write Bright's disease, acute (cause unknown).

UNDESIRABLE TERM	REASON WHY UNDESIRABLE, AND SUGGESTION FOR MORE DEFINITE STATEMENT OF CAUSE OF DEATH
"Bronchopneumonia".....	When this condition terminates Meningitis . Whooping-cough, or some other disease, the primary disease should always be stated. When bronchopneumonia is itself primary, the certificate should be written Bronchopneumonia (primary) .
"Burns".....	How received? If due to conflagration , as burning house, prairie fire, etc., so state. Also state whether accidental, suicidal, or homicidal .
"Cancer," "Carcinoma," "Sarcoma," etc.	In all cases the organ or part first affected by cancer should be specified.
"Catarrh".....	Term best avoided, if possible.
"Cardiac insufficiency," "Cardiac degeneration," "Cardiac weakness," etc.	See " Heart disease " and " Heart failure ."
"Cardiac dilatation".....	Do not report when a mere terminal condition. State cause.
"Cellulitis".....	See " Abscess ," " Septicemia ."
"Cerebral softening".....	What was the cause ? If due to arteriosclerosis, cerebral hemorrhage, embolism, thrombosis, traumatism, or any other discernible cause, state nature of same.
"Cerebrospinal meningitis"...	See " Meningitis ."
"Congestion," "Congestion of bowels," "Congestion of brain," "Congestion of kidneys," "Congestion of lungs," etc.	Alone, the word " congestion " is worthless, and in combination it is almost equally undesirable. If the disease amounted to inflammation , use the proper term (lobar pneumonia, chronic nephritis, enteritis, etc.); merely passive congestion should not be reported as a cause of death. State the primary cause.

UNDESIRABLE TERM	REASON WHY UNDESIRABLE, AND SUGGESTIONS FOR MORE DEFINITE STATEMENT OF CAUSE OF DEATH
"Convulsions," "Eclampsia," "Fit," or "Fits."	"It is hoped that this indefinite term ["Convulsions"] will henceforth be restricted to those cases in which the true cause of that <i>symptom</i> can not be ascertained.
"Croup"	"Fit.—This is an objectionable term; it is indiscriminately applied to epilepsy, convulsions, and apoplexy in different parts of the country."—Dr. Farr, in <i>First Rep. Reg.-Gen., 1839.</i> "Croup" is a most pernicious term from a public health point of view, and should be entirely disused. Write <i>Diphtheria</i> when this disease is the cause of death.
"Dentition," "Teething."	State disease causing death.
"Disease," "Trouble," or "Complaint" of (any organ) e.g., "Lung trouble," "Kid- ney complaint," "Disease of brain," etc.	Name the disease, e.g., Lobar pneumonia, Tuberculosis of lungs, Chronic interstitial nephritis, Syphilitic gumma of brain, etc.
"Dropsy"	"Dropsy" should never be returned as the cause of death without particulars as to its probable origin, e.g., in disease of the heart, liver, kidneys, etc. Name the disease causing (the dropsy and) death.
"Edema of the glottis"	What was the cause? If due to disease of any part, specify, or if to injury state whether accidental, suicidal, or homicidal and the means of injury.
"Edema of lungs"	Usually terminal. Name the disease causing the condition.
"Extravasation of urine"	What was the cause? If due to a diseased condition of any part or followed an operation or injury, define the primary condition if known. If of traumatic origin, state whether accidental, suicidal, or homicidal and the means or instrument of death, e.g., automobile, revolver, etc.

UNDESIRABLE TERM

REASON WHY UNDESIRABLE,
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CAUSE OF DEATH

"Fever"	Name the disease, as Typhoid fever, Lobar pneumonia, Malaria , etc., in which the "fever" occurs.
"Fracture," "Fracture of skull," etc.	Indefinite. The principle of classification for general mortality statistics is not the lesion but (1) the nature of the violence that produced it (accidental, suicidal, homicidal), and (2) the means of injury .
"Gangrene of the intestines."	What was the cause ? If due to embolism, mechanical obstruction, or paralysis, state as clearly as possible the nature of the affection. If due to violence, state the means or instrument of injury , e.g., automobile, revolver, etc., and whether accidental, suicidal, or homicidal .
"Gastritis," "Gastric catarrh," "Acute indigestion"	Frequently worthless as a statement of the actual cause of death; the terms should not be loosely used to cover almost any fatal affection with irritation of stomach, Gastroenteritis? Acute or chronic, and cause?
"General decay," etc.	See "Old age."
"General sclerosis"	Was it General sclerosis of the spinal cord, or General arteriosclerosis ?
"Heart disease," "Heart trouble," even "Organic heart trouble."	The exact form of the cardiac affection, as Mitral regurgitation, Aortic stenosis , or, less precisely, as Valvular heart disease , should be stated.
"Heart failure," "Cardiac weakness," "Cardiac asthenia," "Cardiac exhaustion," "Paralysis of the heart," etc.	"Heart failure" is a recognized synonym, even among the laity, for ignorance of the cause of death on the part of the physician. If the physician can make no more definite statement, it must be compiled among the class of ill-defined diseases (not under heart disease).

UNDESIRABLE TERM	REASON WHY UNDESIRABLE AND SUGGESTION FOR MORE DEFINITE STATEMENT OF CAUSE OF DEATH
"Hemorrhage," "Hemoptysis," "Hemorrhage of lungs."	Frequently mask tuberculosis or deaths from injuries (traumatic hemorrhage), Puerperal hemorrhage or hemorrhage after operation for various conditions. What was the cause and location of the hemorrhage? If from violence, state fully.
"Homicide"	State means employed, e.g., poison, revolver, etc.
"Hydrocephalus"	It is desirable that deaths from hydrocephalus of tuberculous origin should be definitely assigned in the certificate to Tuberculous meningitis , so as to distinguish them from deaths caused by simple inflammation or other disease of the brain or its membranes. Congenital hydrocephalus should always be returned as such.
"Hydrocephalus, acute" . . .	State primary cause of condition. If Tuberculous meningitis , so state. If not tuberculous, write Hydrocephalus, acute (not tuberculous).
"Hysterectomy"	See "Operation."
"Infantile asthenia," "Infantile atrophy," "Infantile debility," etc.	See "Atrophy."
"Infantile paralysis"	This term is sometimes used for paralysis of infants caused by instrumental delivery, etc. The importance of the disease in its recent endemic and epidemic prevalence in Canada makes the exact and unmistakable expressions Acute anterior poliomyelitis or Infantile paralysis (acute anterior poliomyelitis) desirable.
"Inflammation"	Of what organ or part of the body? Cause?
"Laparotomy"	See "Operation."
"Malignant," "Malignant disease."	Should be restricted to use as qualification for neoplasms; see Tumor.

UNDESIRABLE TERM	REASON WHY UNDESIRABLE, AND SUGGESTION FOR MORE DEFINITE STATEMENT OF 'CAUSE OF DEATH'
"Malnutrition"	See "Atrophy."
"Membranous laryngitis" ..	State clearly whether diphtheritic or not. See (10)
"Meningitis," "Cerebral meningitis," "Cerebrospinal meningitis," "Spinal meningitis."	Only three terms should ever be used to report deaths from Cerebrospinal fever , <i>synonyms</i> . Meningo-coccus Meningitis , Epidemic cerebrospinal meningitis , and they should be written as above and in no other way. It matters not in the use of the former term whether or not the disease be actually <i>epidemic</i> in the locality. A single sporadic case should be so reported. No one can intelligently classify such returns as are given in the margin. Mere terminal or symptomatic meningitis should not be entered at all as a cause of death; name the disease in which it occurred. Tuberculous meningitis should be reported as such.
"Natural causes"	This statement eliminates external causes, but is otherwise of little value. What disease (probably) caused death?
"Nephritis"	Was it acute or chronic and, if acute, what was the cause? Was it puerperal?
"Nephritis, acute"	What was the cause of the "Acute nephritis?" If it appeared as a complication or sequela of some other disease or abnormal condition, state nature of the same. Was it puerperal? When no cause can be ascribed write Acute nephritis (cause unknown) .
"Old age," "Senility,"	Too often used for deaths of elderly persons who succumbed to a definite disease. Name the disease causing death.

UNDESIRABLE TERM

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"Operation," "Surgical operation," "Surgical shock," "Amputation," "Hysterectomy," "Laparotomy," etc.

All these are indefinite and unsatisfactory—unless the surgeon desires his work to be held primarily responsible for the death. Name the **disease, abnormal condition, or form of external violence (means of death: accidental, suicidal, or homicidal?)**, for which the operation was performed. If death was due to an anesthetic (**chloroform, ether, etc.**) state that fact and the name of the anesthetic.

"Paralysis," "General paralysis," "Paresis," "General paresis," "Palsy, etc."

The vague use of these terms should be avoided, and the precise form stated as **Acute ascending paralysis, Paralysis agitans, Bulbar paralysis, etc.** Write **General paralysis of the insane** in full, not omitting any part of the name; this is essential for satisfactory compilation of this cause. Distinguish **Paraplegia** and **Hemiplegia**; and in the latter, when a sequel of **Apoplexy** or **Cerebral hemorrhage**, report the **primary cause**.

"Parotiditis (parotitis)"

State definitely whether **Mumps** or not.

"Perforation or rupture of a part."

State cause of perforation or rupture, e.g., ulcer, injury by automobile, revolver, etc., and in case of injury, state whether **accidental, suicidal, or homicidal**.

"Peritonitis"

Whenever this condition occurs—either as a consequence of **Hernia, Perforating ulcer of the stomach or bowel (Typhoid fever)?, Appendicitis, or Metritis (puerperal or otherwise)**, or else as an extension of morbid processes from other organs [Name the disease] the fact should be mentioned in the certificate. Always specify **Puerperal peritonitis** in cases resulting from

UNDESIRABLE TERM	REASON WHY UNDESIRABLE, AND SUGGESTION FOR MORE DEFINITE STATEMENT OF CAUSE OF DEATH
	abortion, miscarriage, or labour at full term. Always state if due to tuberculosis or cancer . When traumatic , report means of injury and whether accidental, suicidal, or homicidal .
"Pleurisy".....	State the cause, as Lobar pneumonia , Acute rheumatism , Tuberculosis , traumatism . If due to violence state the means or instrument of injury , e.g., automobile, revolver, etc. , and whether accidental, suicidal, or homicidal .
"Pneumonia," "Typhoid pneumonia."	"Pneumonia" without qualification, is indefinite; it should be clearly stated either as Broncho pneumonia or Lobar pneumonia . The term Croupous pneumonia is also clear. The term " Typhoid pneumonia " should never be employed, as it may mean either Enteric fever Typhoid fever with pulmonary complications, on the one hand, or Pneumonia with so-called typhoid symptoms on the other. When lobar pneumonia or bronchopneumonia occurs in the course of or following a disease, the primary cause should be entered first, with duration, and the lobar pneumonia or bronchopneumonia be entered beneath as the contributory cause, with duration. Do not report " Hypostatic pneumonia " or other mere terminal conditions as causes of death when the disease causing death can be ascertained.
"Plomain poisoning," "Auto intoxication," "Toxemia," etc.	These terms are used very loosely and it is impossible to complete statistics of value unless greater precision can be obtained. They should not be used when merely descriptive of symptoms or conditions arising in the course of diseases, but the

UNDESIRABLE TERM	REASON WHY UNDESIRABLE, AND SUGGESTION FOR MORE DEFINITE STATEMENT OF CAUSE OF DEATH
	<p>disease causing death should alone be named. "Ptomain poisoning" should be restricted to deaths resulting from the development of putrefactive alkaloids or other poisons in food, and the food should be named, as Ptomain poisoning (mushrooms), etc.</p>
<p>"Pulmonary congestion" . . . "Pulmonary hemorrhage."</p>	See "Congestion," "Hemorrhage."
"Pyemia"	See "Septicemia."
"Salpingitis"	<p>To what was the "Salpingitis" due? If of gonorrheal, syphilitic, puerperal, or traumatic origin, state the facts as fully as possibly.</p>
"Sclerosis"	<p>Was it Sclerosis of the spinal cord, or General arterio-sclerosis?</p>
<p>"Septicemia" "Sepsis" "Septic infection," etc.</p>	<p>Always state cause of this condition and, if localized, part affected. Puerperal? Traumatic (see p. 13).?</p>
"Shock" (post-operative) . . .	See "Operation."
"Specific"	<p>The word <i>specific</i> should never be used without explanation. It may signify <i>syphilitic, tuberculous, gonorrheal, diphtheritic</i>, etc. Name the disease.</p>
"Stricture of the oesophagus" . .	<p>What was the cause of stricture? If due to congenital stenosis, cicatricial contraction or tumor of oesophagus, to pressure from surrounding parts or other discernible cause, state exact nature of same.</p>
"Suicide"	<p>State means employed, e.g., drowning, gunshot, etc.</p>
<p>"<i>Tabes mesenterica</i>," "Tabes."</p>	<p>The use of this term "<i>Tabes mesenterica</i>" to describe tuberculous disease of the peritoneum or intestines should be discontinued, as it is frequently used to denote various other wasting diseases which are not tuber-</p>

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	<p>culous. Tuberculous peritonitis is the better term to employ when the condition is due to tubercle. Tabes dorsalis should not be abbreviated to "T. es."</p>
"Teething"	See "Dentition."
"Toxemia"	See "Plomain poisoning."
"Tuberculosis"	<p>The organ or part of the body affected should always be stated, as Tuberculosis of the lungs, Tuberculosis of the spine, Tuberculosis meningitis, Acute general miliary tuberculosis, etc.</p>
<p>"Tumor," "Neoplasm," "New growth."</p>	<p>These terms should never be used without the qualifying words Malignant, Nonmalignant, or Benign. If malignant, they belong under Cancer, and should preferably be so reported, or under the more exact terms Carcinoma, Sarcoma, etc. In all cases the organ or part affected should be specified.</p>
"Uremia"	<p>Name the disease causing death i.e. the primary cause, not the mere terminal conditions or symptoms, and state the duration of the primary cause.</p>
"Uterine hemorrhage"	See "Hemorrhage."

STATEMENT OF AGE, SEX, RACE, OCCUPATION AND OTHER IMPORTANT DATA.

The physician's responsibility is usually confined to the correct statement of the cause of death, but he may in some instances fill out the entire certificate, or he may note errors in the statement of personal particulars, the correction of which will be of service to statistical accuracy as well as insuring more truthful legal records. Hence his interest is solicited in the completeness and correctness in all respects of all certificates passing through his hands, and more especially in the correct statement of sex, racial origin, marital condition, age, occupation, birthplace.

Racial Origin of decedents furnishes important information as to the potential value of the different peoples who take up residence in Canada. It is particularly important in connection with statistics of Births and Infant Mortality to know to what Races or Peoples the parents belong. It is also valuable in determining to what extent environment has an influence on birth-rates and Infant Mortality rates.

Age is of special importance, and as a check on the accuracy of the statement, the date of birth is also required. For infants under 1 day old state the hours, or even the minutes if less than 1 hour old. This is necessary in order that stillbirths may be distinguished with absolute precision from deaths of children born alive.

Stillbirths should be registered as both births and deaths. They should be compiled, in statistical tables, neither as births nor deaths, but separately as stillbirths. A stillborn child is dead at the moment of birth, hence no age whatever, not even one minute, should be entered under the statement of age, but the space may be filled with a cipher ("0"). Conversely, if the child lived any time whatever, even a single minute, after birth "Stillborn" should not be reported as the cause of death.

Precise statement of **Occupation** is very important, so that the relative healthfulness of various pursuits can be known; together with any additional instructions approved by Provincial authority, should be carefully followed in this respect, and physicians should especially note occupational influences affecting the cause of death.

The statement should include (a) **Trade, Profession, or particular kind of work** (e.g. Spinner), and (b) **General nature of Industry, Business or Establishment** in which employed (or employer) whenever the latter is indicated (e.g. Cotton mill), and (c) **Name of employer**.

The essential principles of registration, as embodied in the Model Bill, may be summarized:—

1. **Registration of births within 24 hours.**
2. **Registration of deaths before interment.**
3. **Standard Certificates only to be used in making returns.**
4. **Compulsory Burial or Removal Permits for death.**

5. An effective check on the accuracy of registration of births (by deaths of infants under 1 year, special enumeration, and tabulation of newspaper notices).
6. Efficient Local Registrars.
7. Sole responsibility for registering deaths and obtaining Burial or Removal Permit in advance of interment placed upon undertaker or person disposing of body.
8. Sole responsibility for registering births within the time limits set by law upon the attending physician (parent in absence on such attendance).
9. A Deputy Registrar General invested with full power and responsibility to enforce the law in direct connection with the Local Registrars.
10. Prompt monthly returns of the original certificates from the Local Registrars to the Deputy Registrar General together with an official statement of completeness of registration and reports of delinquency.
11. The enforcement of the penalty provided by law.

THE MODEL BILL AND PRINCIPLES OF REGISTRATION

The Model Bill was based upon tested principles of successful registration as worked out by practical Registration Officials in the United States, England, Australia, New Zealand, France and the Registrars General of the several co-operating provinces of the Dominion. The Draft form of the Bill was prepared by the Bureau of Statistics and submitted to a conference, which was called in June, 1918, by the Bureau of Statistics, of Health officers and others interested in the production of a National Vital Statistic which would meet modern requirements.

The Provinces of Nova Scotia and Prince Edward Island enacted into legislation the Model Bill, with only such changes as were necessary to meet local conditions. New Brunswick is empowered under its Health Act to provide the necessary machinery for collecting Vital Statistics by regulations, approved by Order-in-Council. These regulations brought into effect the important features of the Model Bill. In Ontario, Manitoba, Saskatchewan, Alberta and British Columbia, where necessary, the existing legislation was amended to bring it into conformity with the principles of the Model Bill.

All of the co-operating Provinces require the returns of Births and Deaths to be made upon Standard Certificates approved and supplied by the Dominion Bureau of Statistics.

The most serious defect still obtaining in the legislation of some of the Provinces is the length of time allowed to elapse between the occurrence of the event whether Births or Deaths, and the registration thereof.

BIRTHS

There is hardly a relation of life, social, legal, or economic, in which the evidence furnished by an accurate registration of births may not prove to be of the greatest value, not only to the individual, but also to the public at large. It is not only an act of civilization to register Birth Certificates, but also good business, for they are frequently used in many practical ways:—

1. As evidence to prove the age and legitimacy of heirs.
2. As proof of age to determine the validity of a contract entered into by an alleged minor;

3. As evidence to establish age and proof of citizenship and descent, in order to vote;
4. As evidence to establish the right of admission to the professions and to many public offices;
5. As evidence of legal age to marry;
6. As evidence to prove the claims of widows and orphans under the Mothers' Pension Law.
7. As evidence to determine the liability of parents for the debts of a minor;
8. As evidence in the administration of estates, the settlement of insurance and pensions;
9. As evidence to prove the irresponsibility of children under 7 years of age for crime and misdemeanor, and various other matters in the criminal code;
10. As evidence in the enforcement of laws relating to education and to child labour;
11. As evidence to determine the relations of guardians and wards;
12. As proof of citizenship in order to obtain a passport;
13. As evidence in the claim for exemption from or the right to jury and militia service.

DEATHS

Human life is sacred. When a human being passes out from our life, it is important that an immediate record be made of all the essential details of the event—an **immediate record**—because it is well established by years of experience that an accurate record in all cases can not or will not be made unless the law requires it to be made at once. Such a record should include the facts relating to the exact time and place of death, the full name, age, sex, racial origin, civil condition, occupation, place of birth, and other details relating to the individual, and also a very important requirement, a **statement by the attending physician, or by the health officer or coroner, of the cause of death.** These facts may be of the greatest legal and social importance.

1. Certificates of death, or certified copies, are constantly required in courts and elsewhere to establish necessary facts;
2. Pensions or life insurance may depend on proper evidence of the fact and of cause of death;
3. Titles and rights to inheritance may be jeopardized by the failure of records;
4. Deaths should be registered that public health agencies—National, Provincial, and municipal—may know the causes of death and act promptly to prevent epidemics;
5. Deaths should be registered promptly that the success or failure of all measures attempted in the prevention of disease may be accurately determined;
6. Deaths should be registered that individual cities and localities may learn their own health conditions by comparison with the health conditions of other communities and determine thereby the wise course of public health activity.

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