Standard Nomenclature of Diseases and Operations

STANDARD NOMENCLATURE OF DISEASES AND OPERATIONS

FOURTH EDITION

RICHARD J. PLUNKETT, M.D., EDITOR
and
ADALINE C. HAYDEN, R.R.L., ASSOCIATE EDITOR

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STANDARD NOMENCLATURE OF DISEASES AND OPERATIONS

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PREFACE

The purpose of the system of classifying disease employed in this book is to present a logical clinical nomenclature. Work on this Nomenclature was initiated by invitation of the New York Academy of Medicine March 22, 1928, and at that time the National Conference on Nomenclature of Disease was formed with a membership representing most of the leading medical and public health organizations in the country. Dr. George Baehr served as Chairman of the steering committee of this conference, prepared the plan for a dual topographical, etiological classification in accordance with the library coding system, did much of the work in preparing the schema, enlisted the cooperation of national societies and stimulated development of proper financing for the Nomenclature. The Commonwealth Fund was responsible for a large share of the financial support for this undertaking. A number of individuals, special funds, insurance companies and medical organizations also contributed to the support of the work. The major credit for completing the book is due to Dr. H. B. Logie, the executive secretary of the National Conference.

The basic plan was adopted officially at the second National Conference on Nov. 24, 1930. The first printing appeared in 1932, the first edition in 1933 and the second edition in 1935. Obviously a nomenclature of this kind must be kept constantly abreast of the progress of medicine, and the responsibility for its periodic revision was therefore taken over by the American Medical Association in 1937. In connection with the third edition, planned after this change in control, a fourth National Conference on Medical Nomenclature was held under the auspices of the American Medical Association in Chicago on March 1, 1940 with Dr. Haven Emerson of New York serving as chairman. About sixty delegates from interested organizations and institutions attended that conference. Abstracts of the conference were published in the *Journal of the American Medical Association.*

The third edition, edited by Dr. Edwin P. Jordan, was published in June 1942. The fifth National Conference on medical nomenclature was held under the auspices of the American Medical Association in Chicago on June 23, 1948. At this time publication of a new edition was considered and decided upon. Subsequently, on Oct. 1, 1948, the Board of Trustees of the American Medical Association appointed a new editorial advisory board for the fourth edition consisting of Dr. George Baehr, Chairman, New York, Dr. Selwyn D. Collins, Washington, D. C., Dr. James R. Miller, Hartford, Conn., Dr. Halbert L. Dunn, Washington, D. C., Dr. Edward T. Thompson, Washington, D. C., Dr. Edwin L. Crosby, Baltimore, Dr. Morris Fishbein, Chicago, Dr. R. J. Plunkett, Chicago and Mrs. Adaline C. Hayden, R.R.L., Chicago.

The editorial advisory board met on Dec. 4, 1948 at the American Medical Association, Chicago. General plans for a new revision were discussed and individual committees were appointed to consider revision of each section of the Nomenclature. Dr. R. J. Plunkett was designated as Editor and Mrs. Adaline C. Hayden, R.R.L. was designated as Associate Editor for the fourth edition. The chairman of each Standard Nomenclature committee was empowered to appoint such additional consultants as were needed for the work of his committee and to collaborate fully with standing committees on nomenclature of other national medical and scientific associations. The committees appointed for this edition are as follows:

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Several changes have been made in the general arrangement of this edition to increase the usefulness of the book and to bring about a closer integration of the material presented.

(1) The title of the third edition, "Standard Nomenclature of Disease and Standard Nomenclature of Operations" is now combined as "Standard Nomenclature of Diseases and Operations".

(2) In order to establish a correlation between the "Standard" diagnoses and code numbers with diagnoses and code numbers of the "International Statistical Classification of Diseases, Injuries and Causes of Death" the International List numbers have been included parenthetically in the body of the book, and an appendix is supplied by which code numbers of "Standard" and of the "International List" may be properly cross-referred. This work was carried out under the supervision of Dr. Selwyn D. Collins, Head Statistician, Division of Public Health Methods, Public Health Service, Washington, D. C. A statement on the proper correlation of the International List code numbers and the use of these numbers for statistical survey purposes appears in the appendix.

Note: The International List code numbers have been included in this edition solely for the purpose of allowing for their use as a cross-coding to Standard Nomenclature for large scale statistical surveys. It is not our intention that they should in any way replace the "Standard" code numbers for use in the recording of hospital records or as a substitute for "Standard" for use in clinical research.

(3) The Supplementary Terms lists which previously appeared after several of the sections in the body of the book have been grouped and now appear on page 485 immediately following the Nomenclature of Disease. Although Supplementary Terms are grouped under the section headings in which they most frequently occur, it is permissible that any of the Supplementary Terms from any group be used with any of the diagnoses appearing in the body of the book.

(4) The section on Eponyms which appeared in the third edition has been combined with the general disease index.

(5) The disease index and the operations index have been placed consecutively. Both now appear at the back of the book immediately following the Nomenclature of Operations.

(6) Page size has been enlarged to accommodate the increased amount of material without materially augmenting the thickness of the volume.

A growing body of scientific knowledge of recent years has required many changes in the scientific material presented. In this revision changes have included a complete revision of the manner of presentation and diagnostic entries listed under the "Psychobiologic Unit", the section on "Diseases of the Hemic and Lymphatic Systems" and in "Tumor" diagnoses.

Revision of the Psychiatric section represents a work of close collaboration between the Standard Nomenclature Committee and the official committee on Nomenclature of the American Psychiatric Association under the chairmanship of Dr. George N. Raines. The material in this section is representative of the impact of more modern dynamic concepts in Psychiatry as expressed in a new, more effective, diagnostic terminology. The inclusion in this section of the group of "Psychophysiologic Disorders" presents the concept of unity in the diagnostic terminology of diseases wherein both psychic and somatic factors are components of the disease.

Revision of the section on "Diseases of the Hemic and Lymphatic Systems" was made through close collaboration between the Standard Nomenclature Committee and the "Committee for Clarification of the Nomenclature of Cells and Diseases of the Blood and Blood-forming Organs". This latter

committee with a membership of approximately fifty persons provided a broad coverage of latest thinking in the field of hematology. This committee has studied the subject intensively during the past four years. The major portion of the recommendations of this committee are embodied in this revision of Standard Nomenclature. Major changes reflected in this section are a standardization of the names of cells of the blood-forming tissues, the supplying of topographic designations for "plasma constituents" which may be used in coding diagnoses relative to diseases or disorders of these components, and a considerable revision and expansion of the classification of anemias. Newer thinking relating to the leukemias is reflected by the removal of the leukemias from Category 7 "Diseases due to disorder of metabolism, growth or nutrition" and their reclassification under Category 8 "New Growths".

Complete revision of tumor diagnoses in Category 8 "New Growths" throughout this edition was arranged by establishing the "Standard" committee on oncology with interlocking membership in an over-all group which has been working toward a revision of tumor nomenclature in recent years. Material presented in this edition was developed under the over-all sponsorship of the American Cancer Society, American Society of Clinical Pathologists, Armed Forces Institute of Pathology, National Research Council's Subcommittee on Oncology, U. S. Public Health Service, U. S. National Committee on Health and Vital Statistics and the American Medical Association through the Standard Nomenclature Committee on Oncology.

The code numbers and coding system adopted by the over-all group for tumor diagnoses have been slightly altered to adapt to the "Standard" coding system. The classification of tumors presented in this edition is otherwise identical with the classification adopted by the over-all group of organizations mentioned.

The purpose of the new classification is to increase the ease and accuracy by which tumor data can be recorded, analyzed and exchanged, and to arrange for the calling of the same things by the same names. In the body of the book we have adhered strictly to the policy of listing only tumor diagnoses which appear in the accepted etiologic list as it appears on page 72. Tumors included in the etiologic list were considered by the over-all group to be preferred terminology. In order to facilitate the use of the new tumor classification, we have expanded the index of this edition to include all commonly used diagnoses or commonly used synonymous terms for the tumors appearing on the etiologic list with a direct reference to the accepted term. The tumor classification also provides additional information concerning tumors by the supplying of a malignancy code. Code letters (A) to (I) may now be added to the numeric coding when it is desirable or possible to provide pertinent additional information concerning the behavior of a new growth.

Revision of the other sections of the book has been kept as much as possible to a minimum. Nevertheless, excluding the changes concerned with the International list, a total of approximately 5,800 changes represented as additions, deletions or corrections have been required in this edition to compensate for needed consistency changes, advances in knowledge, and new scientific concepts since publication of the third edition.

Dr. George Baehr, chairman, and the members of the Editorial Advisory Board express sincere appreciation to the chairmen, committee members, and consultants who have so freely contributed much of their time and effort toward this revision.

R. J. PLUNKETT, M.D., *Editor*

INTRODUCTION

The Standard Nomenclature attempts to include every disease which is clinically recognizable and to avoid repetition and overlapping. English terms in good usage are employed whenever possible in preference to Latin or Greek terms, although numerous exceptions occur, especially under diseases of the skin and of the eye. This Nomenclature clarifies the distinction between a disease and its manifestations (Supplementary Terms). It has been designed primarily for use by clinicians, as the clinical diagnosis is a most important source of information on prevalence and distribution of disease.

The method of classification is based on two elements: the portion of the body concerned (topographic) and the cause of the disorder (etiologic). These two elements are designated by code numbers separated from each other by a hyphen. The first three digits describe the topographic site; the last three, following the hyphen, describe the etiologic agent. Combined they form a complete diagnostic code number.

TOPOGRAPHIC CLASSIFICATION

The main topographic divisions are:

0– Body as a whole (including the psyche and the body generally) not a particular system exclusively
1– Integumentary System (including subcutaneous areolar tissue, mucous membranes of orifices and the breast)
2– Musculoskeletal system
3– Respiratory system
4– Cardiovascular system
5– Hemic and lymphatic system
6– Digestive system
7– Urogenital system
8– Endocrine system
9– Nervous system
x– Organs of special sense

These major groups are further divided in order to specify a definite organ or part of an organ. Thus, for example, the digestive system is designated by 6. The fourth organ listed in the system being stomach, the digits for the stomach are 64. The pylorus which according to arrangement is the fifth structure under stomach therefore receives the code number 645–. Thus if a lesion involves the whole alimentary tract, it will receive the topographic classification 600–; if the disease involves all of the stomach, it will receive the number 640–, and if it can be positively identified as involving the pylorus, it receives the number 645–.

ETIOLOGIC CLASSIFICATION

A similar system of numbering the causes of disease constitutes the second element of the classification. Thirteen major classifications of etiology are included:

–0 Diseases due to prenatal influence
–1 Diseases due to a lower plant or animal parasite
–2 Diseases due to a higher plant or animal parasite
–3 Diseases due to intoxication
–4 Diseases due to trauma or physical agent
–50 Diseases secondary to circulatory disturbance
–55 Diseases secondary to disturbance of innervation or of psychic control

–6 Diseases due to or consisting of static mechanical abnormality (obstruction, calculus, displacement or gross change in form) due to unknown cause
–7 Diseases due to disorder of metabolism, growth or nutrition
–8 New growths
–9 Diseases due to unknown or uncertain cause with the structural reaction (degenerative, infiltrative, inflammatory, proliferative, sclerotic or reparative) manifest; hereditary and familial diseases of this nature
–x Diseases due to unknown or uncertain cause with the functional reaction alone manifest; hereditary and familial diseases of this nature
–y Diseases of undetermined cause

As in the topographic classification, these major groups are further subdivided to specify particular etiologic agents. For example, a causative agent identified as poison, but with its exact nature undetermined or unspecified, receives the number –300. If identified as a metallic poison, but with the exact metal undetermined, it will receive the number –310. If the metal can be identified as a heavy metal, for example, it will receive the number –311, and if identifiable as mercury it receives the number –3111, thus indicating the specific etiologic agent. In certain of the etiologic groups it is necessary to insert an added decimal digit to indicate the anatomic or functional disturbance produced by the etiologic agent. If one wishes to indicate that mercury has produced degeneration, the code number assigned would be –3111.9. The digit following the decimal point indicates the resultant degeneration. Similarly, ankylosis of knee due to infection would receive the number 248–100.4, the digit following the decimal represents the ankylosis. The 248– is the topographic number for knee, while –100 indicates infection, generally. More specifically, if the ankylosis was due to tuberculosis, the code would be 248–123.4.

Secondary Diagnoses and Symptoms—If an institution wishes to attempt a distinction between primary and secondary diagnoses, this may be done as follows: The secondary diagnoses may be entered with a different color ink or may be placed, if desired, on different color cards.

As a determination of which is primary or secondary of two diagnoses often depends on individual interpretation, and because a diagnosis may be in one circumstance primary, and in another secondary, we do not generally advocate the cross-indexing of diseases. A check of many medical record departments where the practice of cross-indexing has been carried out in previous years has shown that the benefits of this practice are not as great as expected. The data obtained have often been unreliable, and not sufficiently comparable to warrant the considerable time and effort necessary for the maintenance of a cross-index.

For the indication of symptoms and syndromes this edition includes under the section on Supplementary Terms, code numbers for the coding of symptoms or other manifestations of disease for each of which special cards may be employed if desired. The Supplementary Terms have been grouped in sections that follow the pattern of the sections in the body of the book, i. e., Body as a Whole, Regional and General Diseases, Skin, etc. The terms are listed under the system classification in which they most commonly occur as symptoms or manifestations, however any of the terms listed in the entire Supplementary Classification may be used if desired as supplements to any of the diagnoses listed in the body of the book. This list is probably not complete. Needed additions may be arranged by communication to the editors.

Incomplete Diagnoses—the use of Y—If information for an accurate diagnosis is insufficient, that fact may be indicated at the point in the diagnostic code where the information is lacking. Thus it is possible to code "undiagnosed disease of the heart." This would receive the topographic designation for heart, generally, 410–, and the etiologic code of –y00, signifying an undetermined cause. A lesion known merely to involve an unidentified portion of the digestive tract would receive the topographic code number 6y0–. Similarly, the lesion in an unidentified portion of the stomach but not involving all of the stomach would be designated 64y–. Therefore y00–y00 would indicate complete ignorance of the nature of a disease both as to location and cause. For similar "non-diagnostic terms for hospital record," see page 484.

Suspected diagnoses—There is one other purpose for employing a y and that is to designate diagnoses which the physician wishes to show are merely suspected. The name and digits of the diagnosis are to be entered as usual, and a y is added at the end of the code.

Bold-Faced Entries—Bold-Faced entries which appeared in several sections of the third edition have been omitted from this edition. This was done because this practice had not been used throughout the book and inquiry revealed that it had not added greatly to the convenience of coding.

Punch Cards—The system of coding of the Standard Nomenclature is readily adaptable to the use of punch cards.

Eponyms—Eponyms have been avoided in the body of the book as much as possible particularly when an adequate descriptive topographic-etiologic title is available. The common eponymic diseases that appeared in a table in the third edition have been combined with the disease index in this edition. The eponyms will now be found in the disease index listed in their proper alphabetic sequence with a direct reference to their proper descriptive title as it appears in the Nomenclature.

Index—The index is designed to help the users of this Nomenclature to identify the proper diagnosis. It includes a great many commonly used terms which do not represent acceptable diagnoses. The index is to be used to identify and determine the proper diagnostic title and may not be used as a substitute classification or as an alphabetic nomenclature. The use of the Nomenclature will be simplified if clinicians adapt their thinking to the topographic-etiologic relationship on which the classification is based. An effort has been made whenever possible, to refer the user directly to the page containing the specific diagnosis. Diagnoses should be filed in hospital files by strict numeric sequence according to the topographic code number and not by organ arrangement or alphabetical arrangement as they occur in the body of this book.

International List code numbers—International List code numbers have been listed parenthetically in italics to the right of the diagnosis in the body of the book and in the appendix as a cross-reference to the "Standard" code numbers. For use of these numbers in large scale statistical surveys please see instructions at the beginning of the appendix.

General—For diagnoses which are not found listed or for which specific provision for coding has not been made, e. g., as in the "Regional Classification", it is requested that the user communicate with the editors. Please do not try to improvise new code numbers or titles.

R. J. PLUNKETT, M.D., *Editor*
535 North Dearborn Street, Chicago 10, Ill.

INSTRUCTIONS TO MEDICAL RECORD LIBRARIANS IN INSTALLATION OF STANDARD NOMENCLATURE OF DISEASES AND OPERATIONS

The installation of Standard Nomenclature of Diseases and Operations need not be a task beyond the capabilities of the average medical record librarian.

Of prime importance is an understanding of the nomenclature, its principles, its arrangement and its contents.

A definite installation date must be set. In the interest of harmony of administration it is considered advisable that the date of the installation be determined by the administrator, the medical staff and the medical record librarian.

The next decision to be made is the determination of the extensiveness of the coding. This should be a joint decision of the administration and the clinic staff.

The success of an installation must be measured by the ease with which clinicians and others may gain access to cases in order to compile an accurate group of cases for study, review and research.

The classification may be as elaborate or as simple as desired. Consideration must be given the size of the institution, i. e., the number of clinical records to be classified annually and how the records are to be used.

The majority of institutions will find the three digit code both for topography and etiology satisfactory. This type of installation should meet the needs of all institutions except those using the records for extensive research and group study. These institutions often require a more detailed classification which may be obtained by expanding the topographic and etiologic codes to the fourth and fifth position.

Next, a determination must be made of the information, both type and quantity, to be recorded in the indexes. It must be remembered that each diagnostic entry will require a separate card with the correct code number and title. It is advisable to prepare cards only as diagnoses are received by the medical record department. With either visible or vertical equipment cards must be filed in strict numerical sequence according to topography and not according to book arrangement.

VISIBLE CARD FILING METHOD

Visible card filing cabinet units consist of a number of trays containing individual holders from which cards are suspended. The cards lie flat in the trays, overlapping one another so that the bottom of each is exposed. The exposed portion of each card must bear the classification number and diagnosis. As a tray is pulled forward from the cabinet, the titles of all the cards are plainly visible. With cards arranged in numerical sequence according to code numbers one can instantly locate any particular card. One may then refer, or post, to that card by "lifting" the card above without removing it from its holder.

Cards should be neatly typed, particular care being given to alignment of typing on all cards. This not only improves the appearance of the file but permits faster finding, posting and reference. Figure 2 illustrates visible record forms correctly and incorrectly typed.

The card filing cabinet should be divided into eleven sections, representing the eleven major topographic classifications. The cards in each section (0 to X) should be arranged in proper numerical sequence.

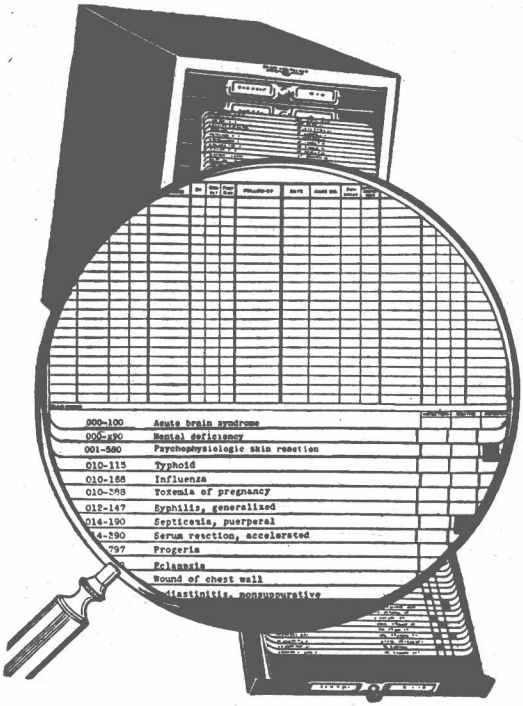

Fig. 1.—Visible card file.

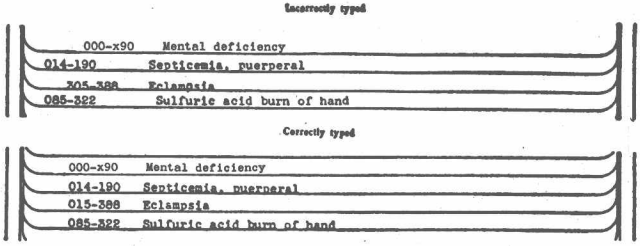

Fig. 2.—Exposed edges of visible system, cards correctly and incorrectly typed.

VERTICAL CARD FILING METHOD

The vertical card filing method requires the conventional card index cabinet drawers. Standard cabinets provided for the purpose may be obtained.

To facilitate the filing and finding of individual diagnostic cards, a suitable set of Standard Nomenclature of Disease index guides should be provided. These guides are available in sizes 8 by 5 inches, 6 by 4 inches and 5 by 3

inches. A set consists of major subdivision guides for topographic classifications, supplemented with subdivision guides for etiologic classifications. It is suggested that in the beginning only the topographic guides be placed in the cabinet drawer.

As individual cards are made out for each different diagnosis these cards should be filed behind the proper topographic classification index guides. As the accumulation of cards in a particular topographic classification increases, it should be subdivided by inserting suitable etiologic classifica-

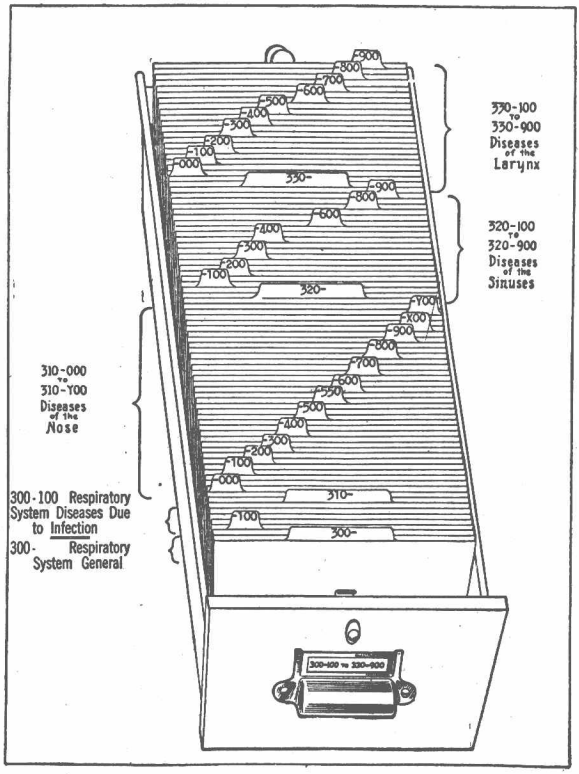

Fig. 3.—Arrangement of index guides and cards in vertical filing system.

tion index guides. For example, if behind the 330– topographic index guide there are five, six, or more cards accumulated for the –400 etiologic classification (e. g., –401, –441, –496, etc.) a –400 etiologic index guide should be inserted for ease in finding.

Cards for the vertical filing method should have code numbers and diagnoses typed at the extreme top edge of the card, the typing beginning about five spaces from the left edge of the card. Care should be taken to maintain the alignment on all cards.

The cards should be filed strictly by code number, regardless of where the diagnosis is found in the book. For example, diseases of the abdomen

(040–) of the peritoneum (060–) and of the omentum (067–) are found in the body of the book under 6– Digestive System; but when the cards are filed they should be filed in the 0– section.

Recording of Secondary Diagnoses—There are no preferred methods of differentiating between primary and secondary diagnoses. When this differentiation is attempted, however, the use of different color cards is recommended.

Another suggested method is to use only one card but to enter the secondary diagnosis with ink of a different color. The recording of primary and secondary diagnoses is not generally advocated.

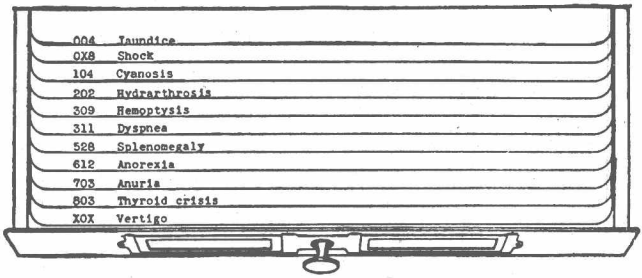

Fig. 4.—Record of supplementary terms correctly typed and filed according to visible system.

Recording of Supplementary Terms—Supplementary Terms may be recorded in one of two ways. A column may be provided for this purpose on the diagnostic card, or each separate supplementary term may have a separate card. When separate cards are used, they should be filed strictly by code number, and a column should be provided on each card for the code number of the primary diagnosis.

Importance of Uniformity—Terms which do not appear in the Nomenclature or combinations of code numbers, except those listed or specifically allowed, should not be used. Directions, footnotes, and italicized statements should be followed, and specific questions should be referred to the editors of the Nomenclature.

ADALINE C. HAYDEN, R.R.L., *Associate Editor.*
535 North Dearborn St., Chicago 10, Ill.

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STANDARD NOMENCLATURE OF DISEASES AND OPERATIONS