Medical Coding in Asylum Records in England and Wales

Introduction

Archivists or researchers using 19th and early 20th century asylum records might be both puzzled and frustrated by the use of medical coding in the series of Medical Registers, found in every asylum after 1907. Knowing the key to this coding is essential, because the Medical Registers record the diagnosis of mental illness made by the medical officer. Where there are surviving case notes, the Medical Registers might not be so important, but in the absence of case notes, the information in the Medical Register can be vital.

There are actually two different medical coding sequences in the Medical Register. There is a coding relating to the 'form of insanity' (later termed mental illness). And there is a coding of 'causes and associated factors of insanity' (later called 'aetiological factors'). In other words, both the illness of the patient and its causes were coded.

For both sets of codes the Lunacy Commissioners (later the Board of Control) issued printed schedules – the keys to the codes. Occasionally these schedules can be found loose within the Medical Register volumes (they are often not in good condition, having been well thumbed by the doctors who used them). More often the schedules are not present, and without them the codes cannot be understood.

The printed schedules are transcribed below. Each was in use from 1907, but revised in 1931 - the amendments made at that date are noted at the end of the transcriptions.

A further set of codes in the Medical Register related to the occupations of patients. A lengthy *Schedule of Occupations of Patients Admitted* - not reproduced here - was issued. Occupational schedules seem to survive more frequently than the medical coding schedules.

SCHEDULE
OF
FORMS OF INSANITY
as at the time of record.

(FORMS 1B AND 2B OF RULES OF COMMISSIONERS IN LUNACY.)

I. Congenital or Infantile mental deficiency (Idiocy or Imbecility) occurring as early in life as it can be observed.

Symbols to be entered in the Registers.

Intellectual—

I. 1. *a.* With Epilepsy.
I. 1. *b.* Without Epilepsy.
I. 2. Moral.

II. Insanity occurring later in life.

Symbols to be entered in the Registers.

II. 1. Insanity with Epilepsy.
II. 2. General Paralysis of the Insane.
II. 3. Insanity with the grosser brain lesions.
II. 4. Acute Delirium (Acute delirious mania).
II. 5. Confusional Insanity.
II. 6. Stupor.
II. 7. Primary Dementia.

Mania—

II. 8. *a.* Recent.
II. 8. *b.* Chronic.
II. 8. *c.* Recurrent.

Melancholia—

II. 9. *a.* Recent.
II. 9. *b.* Chronic.
II. 9. *c.* Recurrent.

II. 10. Alternating Insanity.

Delusional Insanity—

II. 11. *a.* Systematised.
II. 11. *b.* Non-Systematised.

Volitional Insanity—

II. 12. *a.* Impulse.

II. 12. *b.* Obsession.

II. 12. *c.* Doubt.

II. 13. Moral Insanity.

Dementia—

II. 14. *a.* Senile.

II. 14. *b.* Secondary or Terminal.

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SCHEDULE OF CAUSES AND ASSOCIATED FACTORS OF INSANITY.

To be returned as Principal Causes, or as Contributory or Associated Factors, with Symbols for purposes of Tabulation.

(FORMS 1B. AND 2.A. OF RULES OF COMMISSIONERS IN LUNACY.)

	Symbols to be entered in the Registers.
HEREDITY (excluding Cousins, Nephews, Nieces and off-spring)—	
Insane Heredity … … … … … …	A. 1.
Epileptic Heredity … … … … … …	A. 2.
Neurotic Heredity [including only Hysteria, Neurasthenia, Spasmodic (idiopathic) Asthma and Chorea] … … … …	A. 3.
Eccentricity (in marked degree) … … … …	A. 4.
Alcoholism … … … … … … …	A. 5.
MENTAL INSTABILITY as revealed by—	
Moral Deficiency … … … … … …	B. 1.
Congenital Mental Deficiency, not amounting to Imbecility …	B. 2.
Eccentricity … … … … … … …	B. 3.
DEPRIVATION OF SPECIAL SENSE—	
Smell and Taste (either or both) … … … …	C. 1.
Hearing … … … … … … …	C. 2.
Sight … … … … … … … …	C. 3.
CRITICAL PERIODS—	
Puberty and Adolescence … … … … …	D. 1.
Climacteric …. … … … … … …	D. 2.
Senility … … … … … … …	D. 3.
CHILD BEARING—	
Pregnancy … … … … … … …	E. 1.
Puerperal state (nor septic) … … … … …	E. 2.
Lactation … … … … … … …	E. 3.
MENTAL STRESS—	
Sudden Mental Stress … … … … … …	F. 1.
Prolonged Mental Stress … … … … …	F. 2.
PHYSIOLOGICAL DEFECTS AND ERRORS—	
Malnutrition in early life (signs of Rickets, &c.) … …	G. 1.
Privation and Starvation … … … … …	G. 2.
Over-exertion (physical) … … … … …	G. 3.
Masturbation … … … … … … …	G. 4.
Sexual excess … … … … … … …	G. 5.

Symbols to be entered in the Registers.

TOXIC—

Alcohol … … … … … … …	H. 1.
Drug Habit (morphia, cocaine, &c.) … … … …	H. 2.
Lead and other such poisons … … … … …	H. 3.
Tuberculosis … … … … … … …	H. 4.
Influenza … … … … … … …	H. 5.
Puerperal sepsis … … … … … …	H. 6.
Other specific Fevers … … … … … …	H. 7.
Syphilis, acquired} {all patients believed to have suffered}..	H. 8.
Syphilis, congenital} {at any time in their lives from Syphilis}. {to be entered.}	H. 9.
Other Toxins … … … … … … …	H. 10.

TRAUMATIC—

Injuries … … … … … … …	I. 1.
Operations … … … … … … …	I. 2.
Sunstroke … … … … … … …	I. 3.

DISEASES OF THE NERVOUS SYSTEM—

Lesions of the Brain … … … … … …	K. 1.
Lesions of the Spinal Cord and Nerves … … …	K. 2.
Epilepsy … … … … … … …	K. 3.
Other defined Neuroses} {Limited to Hysteria, Neurasthenia,} {Spasmodic Asthma, Chorea}… …	K. 4.
Other Neuroses, which occurred in Infancy or Childhood (limited to Convulsions and Night-terrors) … …	K. 5.

OTHER BODILY AFFECTIONS

Haemopoietic System (Anaemia, &c.) … … …	L. 1.
Cardio-Vascular degeneration … … … … …	L. 2.
Valvular Heart Disease … … … … …	L. 3.
Respiratory System (excluding Tuberculosis) … …	L. 4.
Gastro-intestinal System … … … … …	L. 5.
Renal and Vesical System … … … … …	L. 6.
Generative System (excluding Syphilis) … … …	L. 7.
Other General Affections not above included (*e.g.*, Diabetes, Myxoedema, &c.) … … … … …	L. 8.

Instances in which NO PRINCIPAL FACTOR could with certainty be assigned, but in which one or more Factors were ascertained, and were returned as Contributory or Associated … … …	M.
NO FACTOR ASSIGNABLE, notwithstanding full history and observation … … … … … …	N.
NO FACTOR ASCERTAINED, history defective … … …	O.

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Notes on the Coding Schedules

Schedule of Forms of Insanity

The *Schedule of Forms of Insanity* was in use from 1907 onwards. In 1931 an amended version was produced, called *'Schedule of Forms of Mental Illness' (Forms 6 and 8 of the Mental Treatment Rules, 1930). [3732 14361/1207 500 10/31* ***615*** *F A].*

The 1931 version added the following additional code to the schedule:-

re. Voluntary Patients—

II. 15. Where none of the above forms is applicable, this symbol should be used. The name of one or other of the psycho-neurosis, if diagnosed, should have been inserted in the "Observations" column of the Medical Register.

Schedule of Causes and Associated Factors of Insanity

The *Schedule of Causes* was in use from 1907 onwards. In 1931 a re-named version was produced, called *'Schedule of Aetiological Factors. To be returned as Principal or Associated Factors, with Symbols, for purposes of Tabulation.' (Forms 6, 7, and 8 of the Mental Treatment Rules, 1930). [3739 14461/1208 250 10/31 615 F A].* The coding in the 1931 version was identical to the earlier schedule.

The background to the coding

In 1907, Medical Registers, along with new Civil Registers and separate Registers of Deaths and Registers of Discharges, were introduced by the Commissioners in Lunacy as the new statutory registers to be kept by asylums and hospitals for the insane.

The Medical Register and the Civil Register together contained the information about patients' admissions, but with the medical and the general details now separated; hitherto these had both been contained together in a Registry of Admissions Book (admission register). This meant that the medical information could now be more easily accessed and standardised through systematic coding. The separation of the Registers of Discharges and of Deaths similarly allowed for better and clearer information. The idea behind these changes was to provide a more accurate and consistent basis for asylum statistics.

The suggestion for the change came from the Medico-Psychological Association (MPA), which represented doctors working in the specialty of mental science. The Association had been founded in 1841 (it was called the Association of Medical Officers of Hospitals for the Insane until 1865), and since its inception it had had an interest in the registering and collecting of asylum statistics. One of its first tasks in 1842 had been to draw up its own form of admission register, containing much more extensive information than was then generally collected, with the aim of providing extensive statistical information both for individual asylums and for comparative

purposes. Although a number of asylums introduced this register it had a short lived success, being superseded by the (less detailed) statutory Registry of Admissions Book after the 1845 Lunacy Acts.

In the 1860s the MPA re-addressed the issue of asylum statistics, and during 1865-7 it produced a set of ten statistical tables which were widely adopted by asylums throughout the country – and often reproduced in asylum printed annual reports. These tables were revised in 1882, but by the turn of the twentieth century they were generally regarded as in need of a more thoroughgoing reform. The table of causes of insanity was considered particularly inadequate.

A Statistical Sub-Committee of the MPA worked on drawing up a new set of tables between 1902 and 1905, reporting in the latter year. During this time they consulted closely with the lunacy authorities in the United Kingdom, and these were generally approving and receptive of the suggestions put forward. Crucial to the new MPA tables were the new registers and the lunacy coding. Coding would permit a more accurate and consistent collection of information, and it was intended that once doctors had entered a considered and accurate coding this would save them work, since a clerk could then later compile the tables. Separating the Medical Register from the Civil Register also meant that while the latter was filled in immediately, more time could be allowed to complete the former and so a better diagnosis could be made.

Medical Registers and Civil Registers remained in use until 1948, although after the Mental Treatment Act of 1930 separate series (or separate sections of registers) were maintained for certified, voluntary and temporary patients. Medical coding during this time remained the same, except for one addition in the Schedule of Forms of Insanity/Mental Illness (see Notes above).