

## THE USE OF AN AGE-SEX REGISTER AS A PRACTICE INDEX

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**I**N THIS practice it has been the custom for the past three or four years to keep an age-sex register. This has been used for various research projects including the college diabetic survey and the M.R.C. epilepsy survey. From time to time the age-sex register has been re-written or made up to date, and although, at first the list was written out by hand in the form recommended in the notes on research, it was subsequently found more convenient for the secretaries to keep it on 3 in. x 5 in. filing cards. This enables the details to be typed on the cards and the cards to be removed or replaced without disturbing the rest of the list.

It was then realized that a further advantage might accrue from this; namely, that if the full date of birth was put on the cards instead of just the year of birth, it might then be possible to use the date of birth as an index to each patient. This has been done, and in a list of 3,100 patients it was found that there was a total of 307 patients who had the same date of birth as someone else on the list. These were all pairs of patients, apart from three groups of three. However, if the sex and both initials of the forenames were noted, it was possible to distinguish each separate individual on the list without difficulty. The number of pairs and groups may change as people come on, and leave the list, but it is unlikely that there will be any significant confusion. If the system were to be used by several practices working together, the risk of confusion between individuals would be proportional to the number of practices and if this were found to be significant, it would be necessary to indicate to which doctor's list the patient belonged.

The age-sex register was therefore typed on to filing cards, red for the males, and blue for the females, these being the same colours as used on the medical record envelopes. In the top right hand corner

of each card is typed the full date of birth, and beneath this, the full forenames in order. The surname was placed in the left-hand corner. If this arrangement is to be used as an age-sex register only, then there will be no need to make any further alteration to the cards during the life of the patient, because the date of birth, sex, and forenames remain unchanged. If, however, it is intended to use the age-sex register as a practice index, then it will be necessary to change the surname on the filing cards when marriage, adoption, or legitimization occur, so that the correct card may be found among the medical records.

When making any morbidity records either in the 'E' book or in any other form, the full date of birth, sex, and christian name initials are used. It is then possible to refer back through the age-sex register to the original records. It avoids the need for writing in National Insurance numbers which are cumbersome, and may not be available for temporary residents, private patients, or in other parts of the world. Since the year of birth and sex are recorded anyway, the additional information involves very little extra work. It is also very suitable for mechanical analysis because the number of letters and digits cannot exceed three pairs of digits for the date of birth, and three single letters for the sex and initials; whereas the National Insurance number may vary between a total of six and ten letters and digits. Since the year of birth and sex are essential to any system of recording, the only additional information needed, is the day and month of birth and the two forename initials, which is a maximum of six extra digits. This is to be compared with a mean of 7.5 digits to the N.H.S. number and writing the patient's name. Both of these are necessary, the first to identify the patient, the second for referring back to the medical records. There is no reason at all why the name should not be written in if it is likely that the record card may be needed soon, but it is not necessary.

An age-sex register kept on cards in this form is not only easier to manipulate than one left on sheets of paper, but also, for a little extra effort, will provide a practice index and an identification number for each patient. This is a simple way of keeping morbidity records, once the age-sex register has been made up; and for continued morbidity recording the simpler the form in which the records are kept, the more likely is the recording to be maintained.