

Cause-of-Death Statistics in Sweden During the Finnish War 1808–1809. The Wegelius Journal From Röbbäck Hospital

By Elina Nordung Omnell and Erling Häggström Gunfridsson

To cite this article: Nordung Omnell, E., & Häggström Gunfridsson, E. (2026). Cause-of-Death Statistics in Sweden During the Finnish War 1808–1809. The Wegelius Journal From Röbbäck Hospital. *Historical Life Course Studies*, 16, 320–337. <https://doi.org/10.52024/hlcs26147>

HISTORICAL LIFE COURSE STUDIES

Counting the Death.
Sources and Databases on Individual-Level Causes of
Death in Historical Societies (1800–1950)

VOLUME 16, SPECIAL ISSUE 8

GUEST EDITORS

Tim Riswick
Michail Raftakis
Grażyna Liczbińska
Elena Crinela Holom



MISSION STATEMENT

HISTORICAL LIFE COURSE STUDIES

Historical Life Course Studies was established within *European Historical Population Samples Network* (EHPS-Net). The journal is the primary publishing outlet for research involved in the conversion of existing European and non-European large historical demographic databases into a common format, the Intermediate Data Structure, and for studies based on these databases. The journal publishes both methodological and substantive research articles.

Methodological Articles

This section includes methodological articles that describe all forms of data handling involving large historical databases, including extensive descriptions of new or existing databases, syntax, algorithms and extraction programs. Authors are encouraged to share their syntaxes, applications and other forms of software presented in their article, if pertinent.

Research articles

This section includes substantive articles reporting the results of comparative longitudinal studies that are demographic and historical in nature, and that are based on micro-data from large historical databases.

Historical Life Course Studies is a no-fee double-blind, peer-reviewed open-access journal supported by the European Science Foundation, the International Institute of Social History, the European Society of Historical Demography, Radboud University Press, Lund University and HiDO Scientific Research Network Historical Demography. Manuscripts are reviewed by the editors, members of the editorial and scientific boards, and by external reviewers. All journal content is freely available on the internet at hlcs.nl.

Co-Editors-In-Chief:

Joana Maria Pujadas-Mora (Open University of Catalonia & Center for Demographic Studies, Autonomous University of Barcelona)

&

Paul Puschmann (Radboud University)

Associate Editors:

Gabriel Brea-Martinez (Open University of Catalonia & Centre for Economic Demography, Lund University)

&

Wieke Metzlar (Radboud University)



Cause-of-Death Statistics in Sweden During the Finnish War 1808–1809

The Wegelius Journal From Röbbäck Hospital

Elina Nordung Omnell

Centre for Demographic and Ageing Research, Umeå University, Sweden

Erling Häggström Gunfridsson

Centre for Demographic and Ageing Research, Umeå University, Sweden

ABSTRACT

This article examines cause-of-death statistics in Sweden during the Finnish War of 1808–1809 through an in-depth analysis of the so-called *Wegelius Journal* from the military hospital in Röbbäck, near Umeå. Kept by the physician Jakob Esaias Wegelius, the journal constitutes a rare and detailed individual-level source documenting admissions, diagnoses, medical outcomes, and deaths among soldiers treated during the final phase of the war. The study situates the journal within the broader Swedish tradition of population registration and mortality statistics, particularly the work of *Tabellverket*, while emphasising its complementary character as a source based on contemporaneous military hospital records. The historical context is the large-scale evacuation of sick and wounded soldiers from Finland to northern Sweden in the autumn of 1808, which overwhelmed local infrastructure and resulted in extremely high mortality. The journal contains more than 1,100 admission records from soldiers belonging to over 30 Swedish military units, many from the eastern parts of the realm that after the war became Russian-ruled Finland. Analysis of the material shows that epidemic diseases, especially typhus and dysentery, accounted for the majority of illness and death, far exceeding battle-related injuries, although war wounds were more common among those early admitted. A central contribution of the article is its detailed description of the digitisation process. The handwritten journal was transcribed, structured, and standardised into a research database while preserving the original content of the source. Dates, regimental affiliations, and diagnoses were harmonised, and medical terminology was mapped both to the historical disease categories used by *Tabellverket*, the Swedish agency responsible for population statistics, and to the ICD10h classification system for historical causes of death. An additional category was introduced to better identify combat-related injuries to the *Tabellverket* categories. The digitised database enables fine-grained analyses of military morbidity and mortality during the crisis. As such, it makes the *Wegelius Journal* readily usable for research in fields such as historical demography, military medical history, and historical epidemiology.

Keywords: Cause of death statistics, Historical demography, Epidemic disease, Hospital records, Finnish War (1808–1809), Military medicine, Digitisation of historical sources

e-ISSN: 2352-6343

DOI article: <https://doi.org/10.52024/hlcs26147>

© 2026, Nordung Omnell, Häggström Gunfridsson

This open-access work is licensed under a Creative Commons Attribution 4.0 International License, which permits use, reproduction & distribution in any medium for non-commercial purposes, provided the original author(s) and source are given credit. See <http://creativecommons.org/licenses/>.

1 INTRODUCTION

Sweden has a long tradition of population registration, dating back to the 15th century. In 1686, the Swedish Church Law made it mandatory for all priests in Sweden to keep parish registers, which functioned as a means of exercising control over the population (Sköld, 2001). The parish registers laid the groundwork for the development of population statistics, which became increasingly structured and standardised through the 18th and 19th centuries with the establishment of *Tabellverket*, the Tabular Agency, in 1749. The need for detailed demographic data grew in the response to public health concerns, epidemics, war, and social reform. *Tabellverket* collected aggregated population data based on church parish records, compiled by local priests. Cause of death was one of the variables collected by *Tabellverket* until 1859, when the responsibility for population statistics was transferred to Statistics Sweden (SCB), the agency that remains active today. Together, *Tabellverket* and the church played a central role in the gathering of systematic data on mortality rates and causes of death (Demographic Data Base (DDB), CEDAR, 2025).

One particularly interesting period for collecting such data was the Finnish War of 1808–1809 between Sweden and Russia. The Finnish War, part of the broader Napoleonic conflicts, led to Sweden losing Finland, the Åland islands and the eastern portion of Västerbotten county to Russia. With the loss of one third of Sweden's territory and one quarter of its population (Riksarkivet, n.d.-b), Sweden acquired the national borders that still exist today. The war also resulted in a new royal dynasty, which still occupies the Swedish throne, as well as a new constitution. During the war, the small town of Umeå in Västerbotten county became a centre for military medicine with the influx of wounded and sick soldiers due to the military evacuation of Finland. At the hastily established military hospitals in and around the town of Umeå, physicians systematically documented the cases of sick and wounded soldiers who were admitted.

In contrast to the parish-based population registration, this type of documentation depended on individual physicians working in military hospitals and was not yet systematically collected or preserved. During the Finnish War, the field of military medicine had just begun to transform into a more efficient and organised practice. Of the soldiers wounded during the Finnish war, one third died in field hospitals, underscoring the need for improved training in field medicine. The Karolinska Institute was established after the war, in 1810, and offered a specific education for field surgeons (Karolinska Institutet, n.d.). These circumstances make the so-called *Wegelius Journal* from the military hospital in Röbäck, Umeå, particularly valuable, as it remains one of the few preserved primary medical sources from that period, and offers unique insights into the conditions faced by soldiers during the war. The journal captures the burden of diseases, injuries, and mortality in the military during this period.

The *Wegelius Journal* was compiled under extremely chaotic and resource-constrained conditions. In this context, maintaining consistent medical records was a challenging task. Today the journal provides a glimpse of the situation the soldiers faced when they were wounded or sick. It offers direct insight into the types of injuries sustained, the prevalence of infectious diseases, and the rudimentary nature of care that could be offered under such circumstances. In addition, it shows how military healthcare was organised during the Finnish War and how related mortality was documented. The most common documentation regarding mortality, and morbidity, of soldiers during the war is in the form of statistical reports on regimental or company level. Such reports were meant to continuously update generals and commanders of the number of soldiers available for duty and how many that died. The reports do not provide individual level information or information about what kind of diseases or injuries inflicted on the soldiers. However, general information about illnesses prevalent among the soldiers may occasionally be mentioned in accompanying notes or correspondence.

Studies have described the broader historical context of military medical record-keeping and hospital practice during the late 18th and early 19th centuries. Lobo de Araújo (2022) provides a detailed analysis of military hospital memoirs from Minho, Portugal, in 1801, documenting hospital operations, patient flows, and the reflections of medical staff under wartime conditions. Van Way (2016) traces the evolution of military medicine, underscoring the increasing importance of systematic record-keeping in the early 19th century. Reilly (2016) reviews medical and surgical care during the American Civil War. Earlier research by Blanco (1974) situates these developments within the Napoleonic era, describing the emergence of more formalised British military medical systems between 1793 and 1814.

Lindén (1908) provides one of the earliest systematic historical accounts of military medicine during the Finnish War, including the organisation of military hospitals and the conditions under which physicians

operated. His work therefore provides important contextual information for interpreting the *Wegelius Journal* and the medical practices documented in it.

The findings of genetic evidence for paratyphoid fever and relapsing fever in Napoleon's army during the retreat from Russia in 1812, presented by Barbieri et al. (2025) are relevant for the interpretation of the *Wegelius Journal*, as it originates from a similar historical situation and a comparable temporal and geographic context. This makes it likely that some of the diagnoses recorded in the journal correspond to these diseases. Together, these works offer valuable points of comparison for understanding the medical documentation produced during the Finnish War and its place within the wider evolution of military medicine. While previous studies have examined military medical practices and documentation in broader contexts, this dataset complements that picture with unique, accessible data derived from actual hospital journals of the period.

This article aims to describe the *Wegelius Journal* from the military hospital in Röbbäck during the Finnish War (1808–1809) and detail the process of transforming these historical manuscripts into a research-friendly format, focusing on transcription, data structuring and standardisation, as well as the mapping and clarification of medical terminology related to diseases and death-causes.

2 THE SITUATION IN UMEÅ

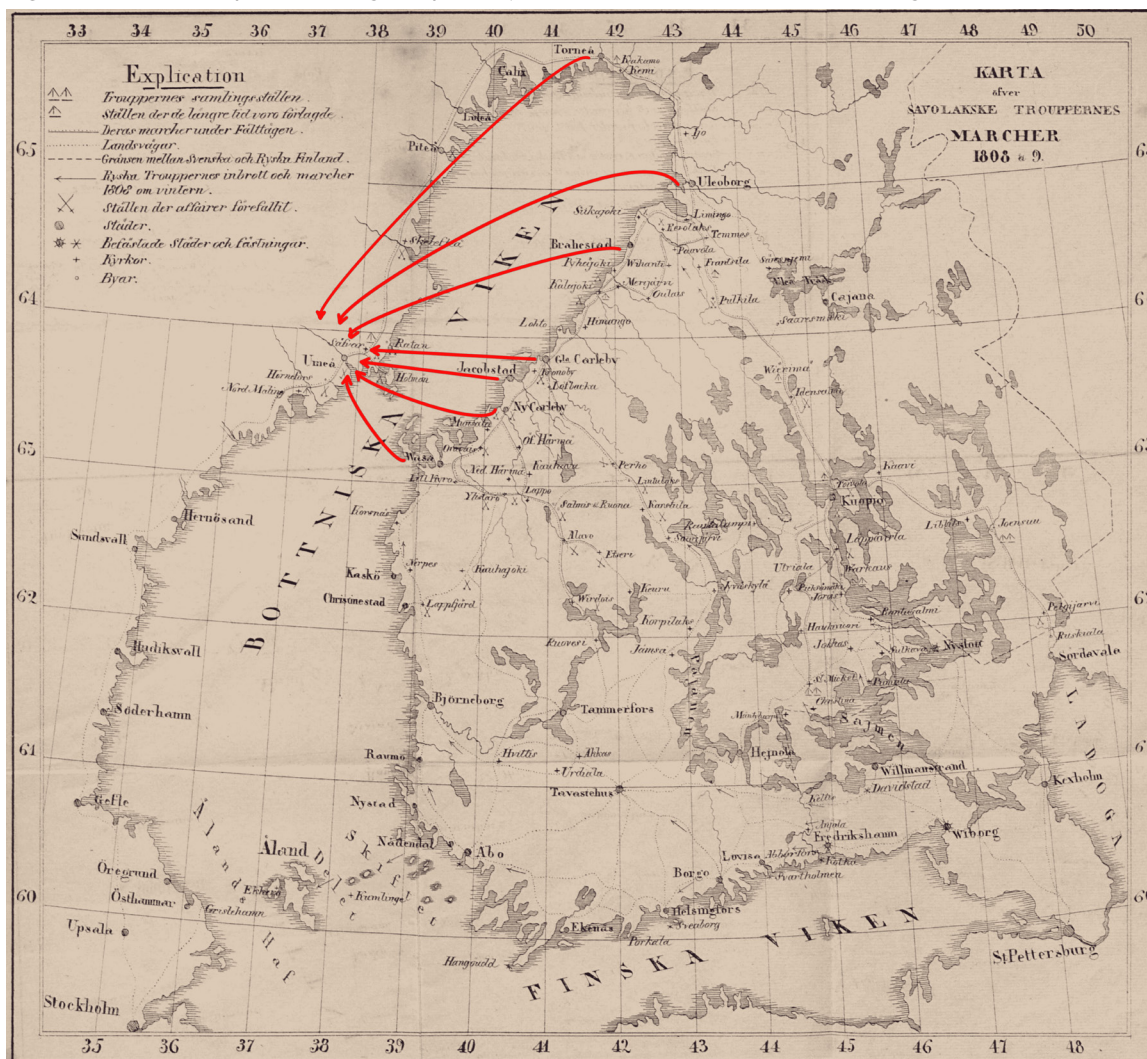
During the Finnish War (1808–1809) between Sweden and Russia, the Swedish military faced the urgent task of evacuating sick and wounded soldiers from Finland, which at the time constituted the eastern part of the Swedish realm. Those too sick or wounded to be able to retreat with the rest of the troops risked captivity as prisoners of war. As Russian forces continued their advance, patients were evacuated across or around the Gulf of Bothnia to the town of Umeå in Västerbotten. This evacuation took place primarily during the autumn of 1808, as the war neared its conclusion and the geopolitical situation deteriorated rapidly for Sweden. Soldiers suffering from severe wounds, disease, and malnourishment were crowded onto ships or forced to march up north along the coast to reach the border of the Swedish county of Västerbotten, often with minimal medical supervision. The main evacuation routes are depicted in Figure 1.

Upon arrival in Umeå, the situation was scarcely better. At the time, Umeå town had a population of approximately 1,000 people and was unprepared for the scale of the crisis. The county hospital, located just outside the town, could accommodate up to eight patients, along with two cells designated for the mentally ill (Ekvall, 1955).

From late August until the end of December 1808, more than 3,800 sick and wounded soldiers arrived in the Umeå area (Forsberg, 2009). Church cottages (*kyrkstugor*), civic buildings, and private homes around Backen church as well as the adjoining harbour outside the town were hastily converted into a temporary medical facility known as the Kyrkhamn hospital. Private homes of the bourgeoisie in Umeå town were used to accommodate the sick and wounded officers (Ekvall, 1955), while the church cottages primarily housed ordinary soldiers.

The church cottages were small dwellings traditionally built near rural parish churches in northern Sweden, particularly in areas such as Västerbotten and Norrbotten. An example can be seen in Figure 2. These cottages were used by parishioners who lived far from the church and needed a place to stay during weekends, religious festivals, and church gatherings, often lasting several days. Because travel over long distances — especially in winter — was difficult, families would come to the church village (*kyrkstad*) and stay in their church cottages while attending services, taking communion, or participating in market days and social events. They became particularly important during this crisis, as there were around 250 church cottages surrounding the Backen church, providing a concentrated infrastructure. It was a practical solution for housing patients, staff, and supplies, as each church cottage could hold 6–10 patients despite its small size (Bergenstråhle, 1917). Although they were constructed for residential purposes, albeit temporary ones, they were cold, dark, and drafty, with only an open fireplace serving as the sole source of heat and light.

Figure 1 Map illustrating the primary evacuation routes to Umeå during the war



Note: The base layer shows the movements of the Savolax Brigade throughout the campaign (Aminoff, 1839).

Figure 2 A church cottage near Backen Church, Umeå rural parish



Source: Photographer unknown (Bergenstråhle, 1917).

As the area around the church became too small to accommodate the growing number of patients, new facilities were urgently needed. One such solution was the establishment of a hospital in Röbbäck, a primarily agricultural village located just outside Umeå. However, this site presented a different set of challenges. Unlike the church cottages, which, though simple, were intended for human use, the hospital in Röbbäck had to make do with various farm buildings. These structures, originally designed for storing tools, processing crops, or sheltering livestock, were ill-suited for housing people, and even less so for the care of the sick and wounded. Nevertheless, in the face of overwhelming need and limited resources, they were hastily adapted into improvised medical wards.

Medical supplies were scarce, and the available staff quickly became overwhelmed. Despite the efforts of local authorities and civilians, the mortality rate among the evacuees remained high. From late August 1808 until the end of the year, almost 30% died (Ekvall, 1955). Infectious diseases spread rapidly, affecting not only the soldiers but also the local population to a large extent.

3 THE WEGELIUS JOURNAL

The source of data for this article is the journal kept by the physician Jakob Esaias Wegelius, born 1779 in the county of Ostrobothnia in Finland. During the Finnish War, he was stationed at Röbbäck hospital outside Umeå. His journal spans over the period September 1808 to January 1809 and consists of 60 pages, written in Swedish. Wegelius himself was also the reason that the journal survived; he took the journal with him, against the field surgeon's order, when he left Umeå in the spring of 1809 and travelled by foot over the frozen Gulf of Bothnia back home to Finland (Lindén, 1908). The journal has been copied several times, and copies are kept at both the Swedish National Archives (Riksarkivet, n.d.-a) and the Finnish National Archives (Kansallisarkisto Helsinki, n.d.). A digital copy can be found at the webpage of the Swedish National Archives as well. Another copy exists in the collections of the museum of Västerbotten County in Umeå. The original has been kept at the former War Archive in Helsinki, Finland, which was integrated into the Finnish National Archive in 2008 (Uppslagsverket Finland, n.d.). It is now unknown whether the original journal still exists, and if so, where it is kept.

The journal is structured in a tabular format, with each row representing one care episode for a patient, defined as the continuous period during which a soldier received treatment at the hospital. A soldier may therefore appear more than once if he was discharged and later readmitted. In total, the journal records 1,145 care episodes for 1,104 soldiers. Regimental affiliation is presented as section headings, while military subdivision affiliation has its own column, named "Company". Two columns contain the soldier's number and name. The soldier number refers to the number assigned to a soldier as his position within a company. It was often linked to an allotment unit — a group of farms responsible for supporting a soldier. The soldier's name was a designated surname that accompanied the assignment to the numbered allotment unit. Its primary purpose was to prevent multiple soldiers within the same company from sharing the same name, a common issue in a system based on patronymics. These names often referred to elements of nature, local geography, warfare, or personal characteristics. Even though given names are not recorded in the *Wegelius Journal*, it is still possible to identify a soldier in the parish records for further research, since the soldier surname is recorded there as well — sometimes together with the patronymic and sometimes together with the soldier number. During the 19th century it became increasingly common for soldiers to retain their soldier surname after leaving military service, and these soldier surnames gradually developed into hereditary family names passed on to their children (Ericson Wolke, 2020).

The following columns contain information about dates of admission, discharge, and death, as well as diagnoses. The diagnoses are categorised as either injuries, internal illnesses, or external illnesses. Most of the medical diagnoses are written in Swedish, although Latin phrases also occur, primarily in descriptions of fractures and venereal diseases. Some diseases are recorded using both archaic and modern terminology. Dysentery, for example, appears as both the archaic Swedish term *rödsot* and the modern term *dysenteri*. Figure 3 shows a section of a page from the *Wegelius Journal* as an example.

Figure 3 Admitted patients from the Finnish regiment of Åbo County

Åbo Lång Regemente.

<i>Kompani.</i>	<i>Nummer.</i>	<i>Namn.</i>	<i>Införskick.</i>	<i>Utskrift.</i>	<i>Ålder.</i>	<i>Åspest.</i>	<i>Inväntad sjuk.</i>	<i>Utväntad sjuk.</i>
<i>Öfver. Löjtn.</i>	75	<i>Hellström</i>	45	11			<i>malign feber.</i>	
1	99	<i>Berg.</i>	17	10	11		<i>Antagen till sjukvård d. 18. Oktob.</i>	
	95	<i>Karl</i>	10	10	11		<i>Gröna.</i>	
	94	<i>Kula.</i>	10	10	11		<i>Rödfe.</i>	
<i>1^a Major.</i>	9	<i>Nyberg.</i>			11		<i>feber med diarr.</i>	
	87	<i>Holt.</i>			11		<i>Gikt.</i>	
	117	<i>Alfbergx</i>	20	11	11		<i>Kosta.</i>	
	119	<i>Frisk.</i>	11	11	11		<i>Mal. feb.</i>	
	20	<i>Friman.</i>	10	11	11		<i>Diarr.</i>	
	120	<i>Lurk.</i>	10	11	11		<i>Diarr.</i>	
<i>Löjtn.</i>	9	<i>Lof.</i>			11		<i>Gröna.</i>	
	98	<i>Thorn.</i>			11		<i>Gröna.</i>	
	16	<i>Imest.</i>			11		<i>Rem. feber.</i>	
	69	<i>Lönn.</i>	16	11	11		<i>Mal. feb.</i>	
	49	<i>Lärby.</i>	20	11	11		<i>Rem. feber.</i>	
<i>Nykyrko.</i>	92	<i>Lvart.</i>	10	11	11		<i>feber och frusten svaga</i>	
	100	<i>Månström.</i>	11	11	11		<i>Antagen genom vänstra armen.</i>	
	104	<i>Lager.</i>	16	11	11		<i>Rem. feber.</i>	

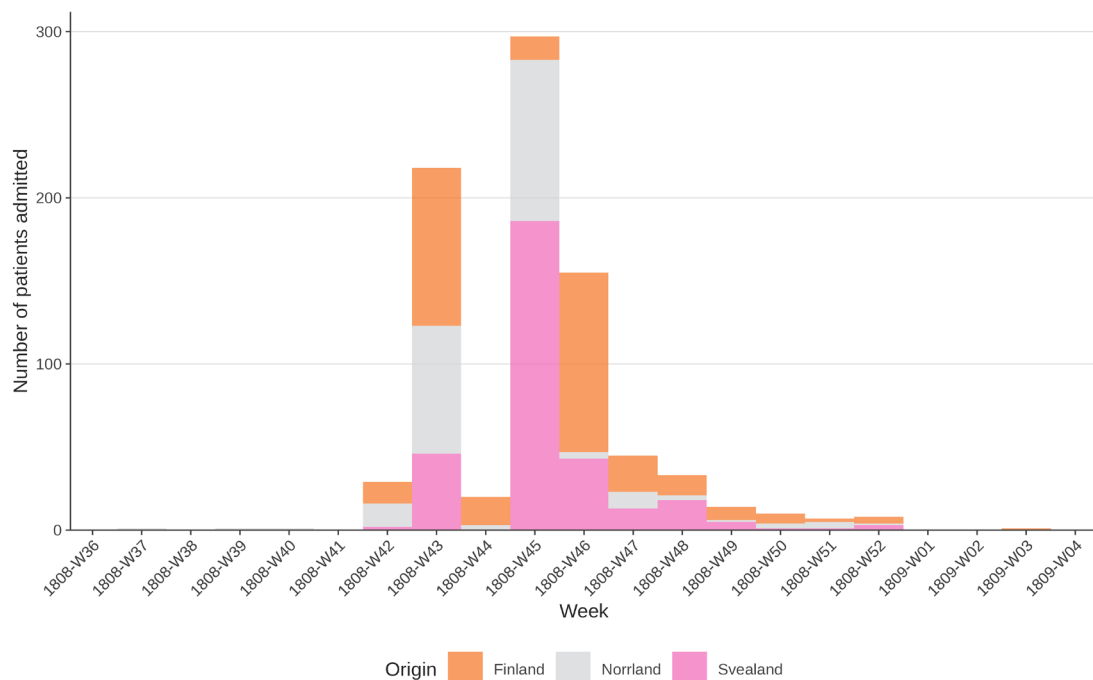
Note: The section shows soldiers from the Åbo County Regiment. Column headlines from left to right: Company name, Soldier number, Soldier name, Admission date, Discharge date, Death date, Injuries, Internal illnesses, and lastly External illnesses.

Source: [Riksarkivet, n.d.-a](#).

The 1,145 care episodes involve soldiers from 31 different Swedish and Finnish military formations such as regiments, brigades, and battalions. Approximately 60% of the soldiers were recruited from regiments based in present-day Sweden, while 38% were recruited from regiments based in present-day Finland; 15 individuals were Russian prisoners of war.

Figure 4 displays a histogram showing the number of individuals admitted per week, categorised by their regional origin, which is further explained in Section 4.2.

Fifty-eight of the entries are crossed out. Of those, at least a handful are possible clerical errors, where the soldier can be found in a different part of the journal. Forty-one individuals appear twice with different dates, meaning they recovered sufficiently to be discharged back to war duty, but became ill or wounded again, and were readmitted to the hospital in Rönneby.

Figure 4 *Number of individuals admitted per week by their regiment's regional origin*

Note: Patients without a recorded admission date are not included.

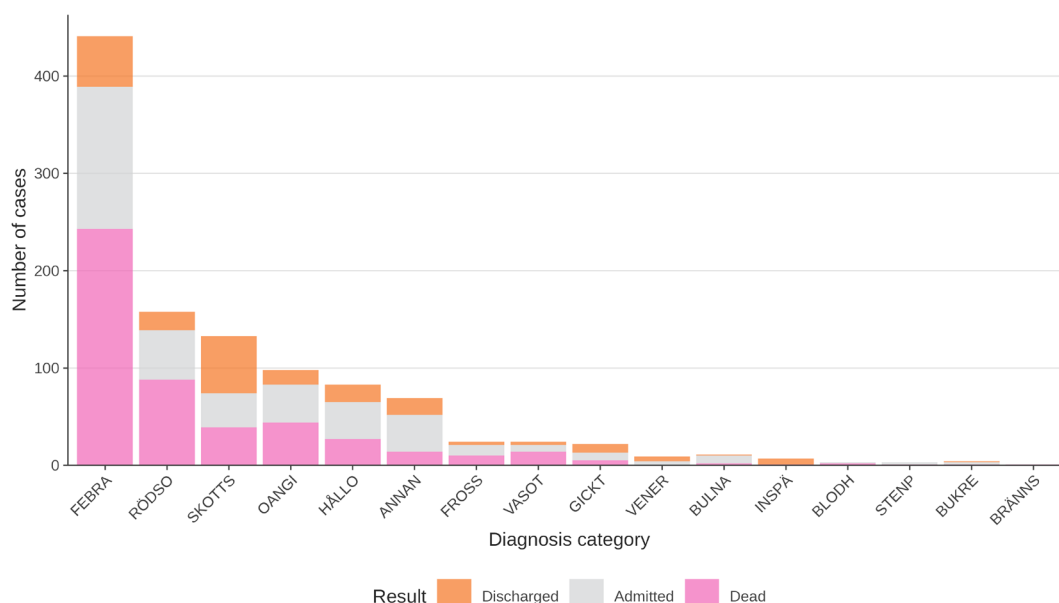
Some entries lack information on admission dates, while others are lacking discharge or death dates. The presence of two patients with admission dates preceding the official opening of Röbbäck Hospital on September 28th, 1808 ([Ekvall, 1955](#)), suggests that patients, possibly those without an admission date as well, were initially admitted to Kyrkhamn Hospital and subsequently transferred to Röbbäck. The lacking discharge and death dates might be due to the soldiers still being admitted and receiving treatment in January 1809 when Wegelius was ordered by the army surgeon to start a new journal for the new year ([Lindén, 1908](#)). Another likely reason for the lacking information in some entries is that it might just be a result of the difficult circumstances and human error. The new journal supposedly starting in January 1809 is considered lost. Other sources mention a journal being kept for Kyrkhamn hospital as well ([Lindén, 1908](#)), but this journal is also believed to be lost.

The journal documents a wide range of illnesses, with a predominance of epidemic diseases such as typhoid fever and dysentery. The most common illness characterised by fever in the journal is malignant fever, a term that we now know could refer to several different diseases, including typhoid- and paratyphoid fever, typhus, relapsing fever, and fever due to sepsis ([Cronberg, 2018](#); [Lagerkranz, 1983](#)). Battle-related injuries are common in the earlier admissions but are consistently far less frequent than the cases of infectious disease. The records reveal the dual burden of war wounds and epidemic outbreaks, often exacerbated by fatigue, malnutrition, freezing weather, and overcrowded conditions.

Figure 5 depicts the number of cases by diagnostic category and patient outcome. If there is no outcome noted, only an admission, the category "Admitted" is used. Illnesses characterised by fever (FEBRA) and dysentery or diarrhoea (RÖDSO) were the most common conditions and were associated with the poorest prognosis, with more than half of the affected patients dying. The third most common category was SKOTTS, representing war-related injuries, which were associated with a comparatively high rate of discharge.

It is important to note, however, that both in military and civilian death records from this era, the cause of death was often based on observable symptoms rather than clearly defined diseases. Physicians and clerics typically lacked the diagnostic tools to distinguish between closely related illnesses, and terminology was inconsistent. As a result, deaths might be recorded under general symptom descriptions such as fever, or diarrhoea, which could correspond to a variety of underlying conditions. This largely symptom-based reporting poses challenges for retrospective analysis but also offers valuable insight into historical perceptions of illness and the limitations of contemporary medical knowledge.

Figure 5 The number of diagnoses and outcomes



Note: "Admitted" indicates cases where the journal records the admission but no corresponding discharge or death. FEBRA = All kinds of fevers, RÖDSO = Dysentery, Diarrhoea, SKOTTS = Gunshot- and stab wounds with or without fractures. See the Appendix for full list of explanations.

4 DATABASE: CONSTRUCTION AND DESCRIPTION

To make the *Wegelius Journal* usable for quantitative and qualitative research, the journal was transcribed and digitised by the Demographic Data Base (DDB) at CEDAR (Centre for Demographic and Ageing Research), Umeå University, Sweden. In addition to the database itself, a detailed technical description is available online through CEDAR as well (Nordung Omnell & Häggström Gunfridsson, 2025).

The construction of the database was guided by two principles: fidelity to the original source and analytical usability for historical research. To accommodate both, the database preserves the original content as transcribed while simultaneously providing structured and standardised variables. The database is organised into three types of variables. The first is columns reflecting the content of the original as it stands. The second represents the position in the source. The third contains standardisations of the original content for ease of use such as dates and ICD10h codes. Since the original handwritten journal is organised in a simple structure, with one care episode per row, the data is stored in a flat-file database. Each row is divided into columns, following the structure of the journal.

4.1 TRANSCRIPTION

The first step of the process was to transcribe the handwritten content into a digital text format. All data were transcribed by the lead author of this article.

Spelling, language, and format were transcribed as it appears in the journal to keep the digital information as faithful to the source as possible. The medical terms have been transcribed as they appear in the source and have not been translated during this process. Crossed-out notes in the journal were transcribed as well but illustrated with square brackets for clarity. Letters or words that were too hard or impossible to interpret were instead replaced with a currency sign (₮), i.e. the currency sign can represent either one or several unreadable characters. This allows both transparency and later reassessment without introducing speculative readings.

The "date of admission" column frequently contains additional brief notations aside from the date, most often only a letter or two. These were transcribed into the date of admission column as well. They might be related to the different ships that transported larger groups of sick and wounded soldiers to Umeå and as such, could be of future interest.

The "injuries" column often contains different initials and other information not relating to injuries; to achieve a digitised version as faithful to the source as possible, this information has been kept in the transcribed injuries column all the same. The initials may identify the physician in charge of the patient, making them potentially relevant for future analysis. A reoccurring note that can be found in both the "injuries" column and the two "diseases" columns is a note of *sjukwakt* (i.e. convalescent attendant). Patients that were still too sick to get discharged back to war duty, but healthy enough to help the staff with easier tasks, were assigned the role of attendant while still admitted (Ekvall, 1955). Regarding the circumstances and the sole purpose of Röbbäck hospital, we can assume that the patients that were assigned the task of convalescent attendant were recovering from injury or illness, which means that this piece of information can be relevant as well.

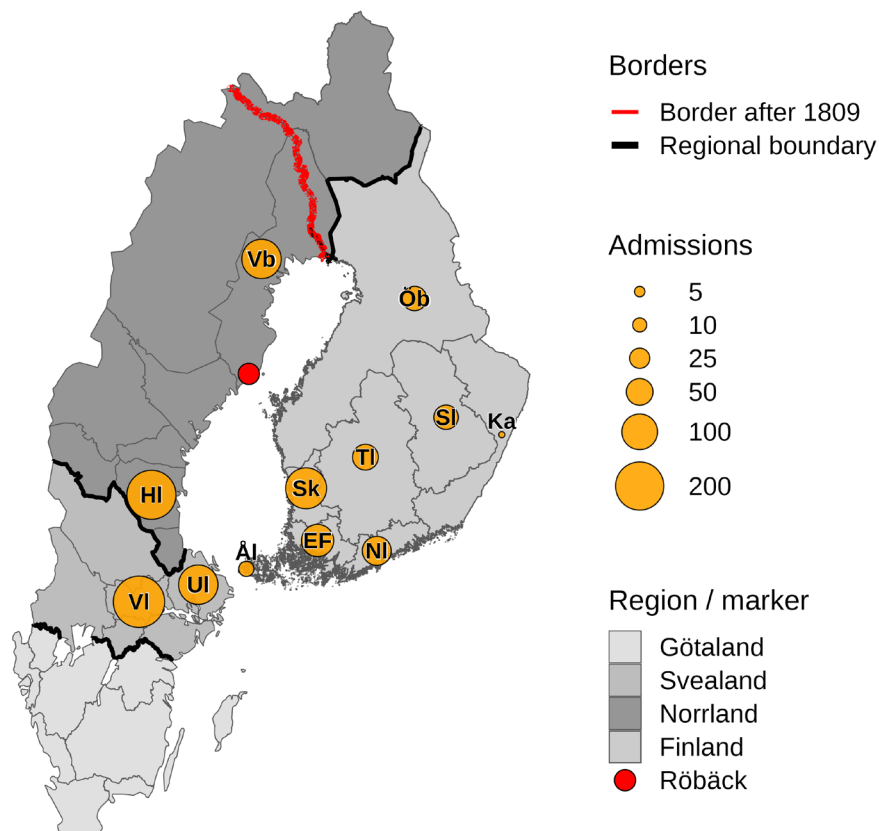
Two additional columns were created during the transcription process, the first containing the page number in the journal, and the other indicating the sequential number of each care episode as they appear in the journal. The page number is important if there is a need to re-check the source and makes it easier to find the entry without having to browse the whole journal.

4.2 DATA STRUCTURING AND STANDARDISATION

Most of the columns have been standardised into new columns, keeping both the original format and spelling, and the standardised data side by side to allow both source-critical inspection and systematic analysis.

An additional column was introduced to reflect the geographical origin of the admitted soldiers, inferred from their regimental affiliation. The classification is based on the traditional historical regions of Sweden: Norrland, Svealand and Götaland, as well as Finland, which constituted the fourth region of the Swedish realm at the time. This variable allows the data to be filtered by these regions for analytical purposes. The regions can be seen in Figure 6 along with the origin of the admitted soldiers and the location of Röbbäck.

Figure 6 Geographical regions with number of admissions by approximate regimental recruitment area



Note: Circles denote approximate origin of the regiments with size proportional to number of admitted soldiers. Abbreviations of regimental recruitment areas: Vb = Västerbotten, Öb = Österbotten, SI = Savolax, Ka = Karelen, TI = Tavastland, Sk = Satakunta, HI = Hälsingland, EF = Egentliga Finland, NI = Nyland, Ål = Åland, UI = Uppland/Stockholm, VI = Västmanland.

A few entries regarding the fleet cannot be definitively assigned to any region, due to lack of further information and the fact that the fleet at the time had several bases in different regions. Russian prisoners were assigned *Ryssland* (Russia) as their geographical region.

The spelling of regiment and company names as well as types of army units has, as far as possible, been verified against the military rolls available online via the Swedish National Archives website ([Riksarkivet](#), n.d.-c, n.d.-d). Abbreviations, most commonly alphanumeric, have been written out in full. When no military rolls were available online to verify spellings, names, or units, the spelling has been standardised according to modern terminology. This is most common with the reservist regiments, where archival data can be scarce.

Table 1 *Example of regiment and company standardisation*

Regemente (Regiment)	Kompani (Company)	Regemente Standardiserad (Regiment, Standardised)	Kompani Standardiserad (Company, Standardised)
<i>Helsing wargerling</i>	<i>4de</i>	<i>Hälsinge vargering</i>	<i>Fjärde</i>
<i>Savolax Jägare</i>	<i>Läppäwirda</i>	<i>Savolax fotjägarregemente</i>	<i>Leppävirta kompani</i>
<i>Konungens Lif Garde till Häst</i>	<i>Öfv. Löjtn.</i>	<i>Livgardet till häst</i>	<i>Överstelöjtnantens skvadron</i>

All dates regarding admittance, discharge and death were standardised in YYYY-MM-DD format.

When standardising injuries and diseases, instead of keeping them separated in three different columns like the journal's division of injuries, internal and external diseases, the standardised terms were all included in one column using a semicolon to separate the different diagnoses. Spellings have been standardised according to modern terminology, and abbreviations have been written out in full. To keep as much of the original text as possible, diagnoses in Latin have been standardised in Latin instead of being translated to Swedish. The historical medical terms have not been replaced with their modern equivalents. Entries containing more than one diagnosis have been standardised in the same order as they appear in the source.

Table 2 *Examples of standardised diseases and injuries*

Blessurer (Injuries)	Invärtes sjuke (Internal diseases)	Utvärtes sjuke (External diseases)	Standardiserade sjukdomar och skador (Standardised diseases and injuries)
<i>Sk. i vänstra arm med fract. oss. humeri</i>			<i>Skjuten i vänster arm med fractura ossis humeri</i> (Shot in left arm with fracture of humerus bone)
	<i>Diaré m. feb.</i>		<i>Diarré; Feber</i> (Diarrhoea; Fever)
	<i>Mal. feber</i>	<i>Gangr. ped.</i>	<i>Malign feber; Gangraena pedis</i> (Malignant fever; Gangrenous foot)

As previously mentioned, some entries have been noted as *sjukwakt*, convalescent attendant. This note is found both in the injuries column and in the disease columns. When this note occurs in the injuries column the entry is standardised as *Oangiven skada* (i.e. Unspecified injury). When the note occurs in one of the disease columns, the entry is standardised as *Oangiven sjukdom* (i.e. Unspecified disease). A few entries only states that the soldier was injured, with no further explanation or information. Those entries are also standardised as *Oangiven skada* (i.e. Unspecified injury).

4.3 CLASSIFICATION AND CODING OF MEDICAL TERMINOLOGY

The medical terms in the database are categorised and coded according to two distinct systems: the categories of Tabellverket and the ICD10h system. The categories of Tabellverket allow for domestic comparisons between Swedish parishes at an aggregated level. The ICD10h system provides detailed information for individual level causes of death and can be used for international comparisons.

4.3.1 CATEGORIES OF TABELLVERKET

The annual mortality reports of Tabellverket presented number of deaths and causes of death, the latter being systematically classified into distinct categories. The number of categories changed over time, but in 1808–1809 the tabular form consisted of 35 categories, which are listed in the Appendix.

Some of the categories only include one cause of death, e.g. the category *Kräfta* (archaic Swedish term for Malignant neoplasm) and the category *Kikhosta* (Whooping cough). Other categories include several different causes of death such as the category *Hjärtsprång hos Barn, Tandsprickning, Magref, Maskar* (i.e. Paediatric convulsions, Teething, Infantile colic, Helminths), or the category *Febrar af alla slag* (i.e. All kinds of fevers). Due to the long category names, the Tabellverket category variable name is set in an abbreviated form. For entries with more than one diagnosis, the categories are presented in alphabetical order separated by a semicolon. A second column contains the full category name.

For the sake of clarity and comparability, two additional categories have been introduced to complement the existing Tabellverket classifications. The first added category, ANNAN, is used for medical conditions that are difficult to assign to any of the original categories. The full category name is "Other diagnoses not included in existing categories". It primarily includes non-fatal conditions recorded in the journal, such as chilblains, seasickness, and exhaustion.

The second added category, SKOTTS, consists of gunshot- and stab wounds, both with and without associated fractures. The purpose of this category is to facilitate the identification of battle-related injuries, particularly in the context of comparing the Wegelius data with Tabellverket mortality data from the rural parish of Umeå, as used in the study *Död i krigets skugga* (Death in the shadow of war; Häggström Gunfridsson & Nordung Omnell, 2025), discussed further in Section 5.

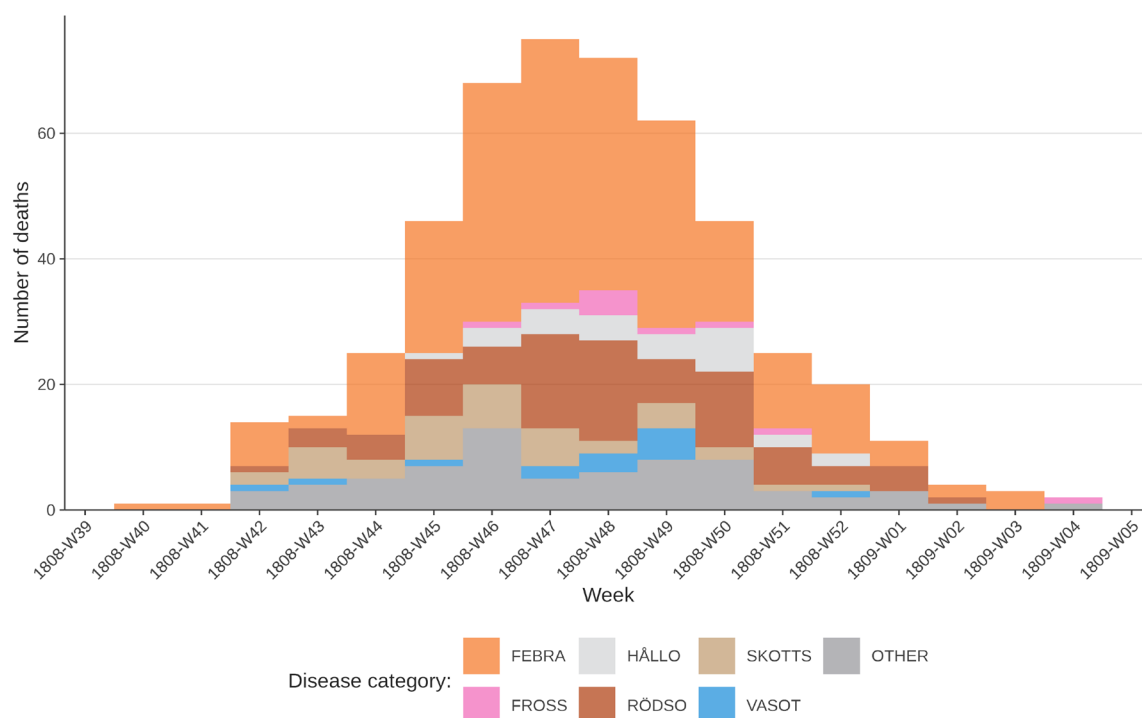
Table 3 Examples of injuries and diseases categorised according to Tabellverket

<i>Standardiserade skador och sjukdomar</i> (Standardised injuries and diseases)	<i>Sjukdomskategori enligt Tabellverket</i> (Category according to Tabellverket)	<i>Tabellverket kategorispecifikation</i> (Specification of the Tabellverket Categories)
<i>Diarré; Feber</i> (Diarrhoea; Fever)	FEBRA; RÖDSO	<i>Febrar af alla slag; Rödsot, diarrhé eller utsot</i> (All kinds of fevers; Dysentery, diarrhoea)
<i>Vattensot</i> (Dropsy)	VASOT	<i>Vattensot, Andtäppa, Gulsot</i> [Dropsy, Dyspnea due to illness, Jaundice]
<i>Skjuten i vänstra axeln; Feber</i> (Shot in left shoulder; Fever)	FEBRA; SKOTTS	<i>Febrar af alla slag; Skott- och sticksador med eller utan fraktur</i> (All kinds of fevers; Gunshot- and stab wounds with or without fracture)

While Tabellverket's tables report mortality rather than morbidity, every entry in the database has been assigned a category, irrespective of whether it contains a date of death.

Causes of death in the Wegelius database are shown in Figure 7, classified according to Tabellverket's categories; only care episodes with a recorded date of death are included.

Figure 7 Causes of death by category and week of death



Note: FEBRA = All kinds of fevers, FROSS = Ague, Rickets with or without oedema, HÅLLO = Pleuropneumonia, RÖDSO = Dysentery, Diarrhoea, SKOTTS = Gunshot and stab wounds with or without fracture, VASOT = Dropsy, Dyspnea due to illness, Jaundice, ANNAN = Other diagnoses not included in original categories.

4.3.2 ICD10H-CODING

The ICD10h system (Reid et al., 2024) is based on the modern ICD10 system by the World Health Organization (WHO, n.d.) but with additional codes for archaic terms, allocated within suitable categories. Where the ICD10 system has 4-digit alphanumerical codes e. g. A15.0 Tuberculosis of lung, the ICD10h system adds two further numbers at the end of each code, e.g. A15.000. With 6-digit alphanumerical codes, expanding the total number of possible codes, the system allows country- or language specific archaic terms for causes of death. One example of this that can be found in the *Wegelius Journal*, is the Swedish archaic term *Bröstfeber* (a literal translation would be chest fever), which has its own ICD10h code J18.802, placed under J18.800 Pleuropneumonia. The case of *Bröstfeber* is a fitting example of why non-English terms should not be translated when working with the ICD10h system. An English translation may be of little use in identifying a corresponding code and could, in the worst case, alter the meaning of the term and lead to an incorrect code assignment.

The ICD10h system, as well as the ICD10, has two sets of codes for injuries due to accidents, violence, or other external causes, and in such cases, two codes should be applied. One code for the circumstance describing the cause of the injury (e.g. car accident, assault, intentional self-harm) and one code for the injury itself (gunshot wound, fracture, etc.). That means, all entries in the database with an injury code are also assigned a circumstance code. The entries in the database contain little information about the circumstances, aside from notes on wounds resulting from firearm discharge or stabbing. However, the whole purpose of the hospital in Röbbäck where the journal was kept, was to treat sick and wounded soldiers evacuated from battlefields and army hospitals. Because of this, most circumstance codes in the database are related to war operations, particularly the code Y36.400: *War operations involving firearm discharge and other forms of conventional warfare*.

In accordance with the ICD10h manual the codes regarding circumstances and injuries are noted before codes relating to illnesses (Reid et al., 2024). The ICD10h column is followed by the ICD10h code description. When more than one code is required, a semicolon is used as separator.

Table 4 Examples of ICD10h coding

<i>Standardiserade skador och sjukdomar</i> (Standardised injuries and diseases)	ICD10h	ICD10h Description
<i>Remitterande feber; Sår på benet</i>	Y36.400; T13.100; B54.003	War operations involving firearm discharge and other forms of conventional warfare; Open wound of lower limb, level unspecified; Remittent fever
<i>Malign feber, Blodpinkning</i>	R50.906; R31.000	Rötfeber [SE]; Unspecified haematuria
<i>Nervfeber, Bröstfeber</i>	A01.006; J18.802	Nervous Fever; Bröstfeber [SE]
<i>Rödsot; Prolapsus ani; Bråck</i>	A09.060; K62.200; K46.900	Dysentery, not otherwise stated; Anal prolapse; Unspecified abdominal hernia without obstruction or gangrene
<i>Skjuten i vänstra vaden och högra låret med fractura</i>	Y36.400; S81.800; S71.100; T12.000	War operations involving firearm discharge and other forms of conventional warfare; Open wound of other parts of lower leg; Open wound of thigh; Fracture of lower limb, level unspecified

Although the system is designed to classify historical causes of death, all diagnoses in the database have been assigned an ICD10h code, irrespective of whether the entry specifies a death date.

Lastly, a column indicating whether an individual has been crossed out in the journal, was added to facilitate exclusion of those individuals.

4.4 ACCESS

The Wegelius Database is available via CEDAR at Umeå University: https://doi.org/10.17197/wegeliusbdb_v01. The accompanying documentation is available in both English and Swedish.

5 RECENT RESEARCH USING THE WEGELIUS JOURNAL

The *Wegelius Journal* has been used in two recent articles. By using the journals' detailed and chronologically precise records, it becomes possible to reconstruct the medical conditions faced by soldiers during the Finnish War and to compare these experiences with those of the local civilian population. The dated entries also allow for tracing the spread and progression of injuries and illnesses over time, linking individual cases to broader waves of disease and mortality. In this way, the digitisation of the *Wegelius Journals* has enabled a more nuanced understanding of the medical situation in Umeå during this period, complementing and refining the broader, more general perspectives presented in works such as Lindén (1908).

The paper *Det lysande krigets sanna elände* (The true misery of the glorious war; Nordung Omnell & Häggström Gunfridsson, 2025) explores medical journals from the military hospitals in Umeå during the Finnish War of 1808–1809, established to treat thousands of sick and wounded soldiers evacuated from Finland. The medical journals examined were authored by army surgeon Johan Fåhrée and physician Jakob Esaias Wegelius, respectively. Fåhrée's journal regarding military officers not only documents treatments and outcomes but also includes his personal views on the patients' character and the dire conditions of wartime medicine. In the paper, the *Wegelius Journal* is used to illustrate the situation of ordinary soldiers, while Fåhrée's journal highlights the experiences of officers.

In the study *Död i krigets skugga* (Death in the shadow of war; Häggström Gunfridsson & Nordung Omnell, 2025), the authors analysed the *Wegelius Journal* in combination with demographic data from Umeå rural parish. They found an extraordinarily high mortality rate in the region during 1808–

1809, with up to one third of the population in areas such as Röbäck perishing because of war-related epidemics. Across Umeå rural parish, as well as in the town, nearly 20% of the population died. The rural parish (with the small industrial communities Hörnefors and Strömbäck included) had a population of 7,425 the year 1805, the number of deaths in 1808 was 474, and in 1809 1,033 ([Demographic Data Base \(DDB\), CEDAR, 2025](#)).

In the paper, the *Wegelius Journal* is used to compare the situation of the soldiers with that of the local population struggling to survive amid the presence of war hospitals, large troop concentrations, and the concluding battles of the Finnish War. The study shows that the increasing mortality rates within the Umeå rural parish are closely linked with the arrival of the sick and wounded soldiers.

6 FUTURE RESEARCH AND POTENTIAL USES OF THE *WEGELIUS JOURNAL*

The *Wegelius Journal* represents a valuable resource for interdisciplinary research, offering rich insights that extend across several academic fields. It gives us a rare insight into the conditions in the war hospitals of the early 19th century. In the context of historical epidemiology, the detailed records it contains can be used to reconstruct the spread and impact of epidemics during the Finnish War of 1808–1809. Researchers can trace disease progression, transmission dynamics, and lethality within the context of early 19th century medical knowledge and environmental conditions, providing a rare glimpse into how infectious diseases operated in a pre-modern healthcare setting. These records also enable the study of diseases that have since disappeared from Sweden, offering important insights into how historical disease patterns evolved over time.

Some limitations of the source should be noted when using the dataset for quantitative analysis. Missing admission, discharge, or death dates may introduce uncertainty in temporal analyses of disease progression. In addition, many diagnoses reflect symptom-based medical terminology typical of the early 19th century, which may correspond to several underlying diseases. Consequently, results based on diagnostic categories should be interpreted with caution and in their historical medical context.

From the perspective of military medicine, the journal offers first-hand documentation of early field medical practices. It sheds light on injuries sustained on the battlefield as well as diseases, not only the infectious diseases typically associated with historical periods of war, but also less frequent conditions that illustrate the diversity of illnesses treated within a military hospital. The records provide insight into the organisation of care and the distribution of medical personnel and offer a unique perspective on those who recovered and were discharged. These insights contribute to a deeper understanding of how armed conflict historically shaped, and was shaped by, medical practice.

The journal's structured format also lends itself well to quantitative mortality studies. With information such as soldier names, regimental affiliations, dates of admission and death, and recorded causes of illness, the material allows for statistical analysis of mortality rates over time and in different units. This is particularly valuable for assessing the human cost of the war and health impacts under extreme conditions.

The presence of detailed identifiers, such as regimental affiliations and individual names, also makes the journal valuable for family history research. The *Wegelius Journal* provides detailed records, in contrast to the brief or absent notes typically found in military muster rolls or the parish records of the soldiers' home parishes.

In addition to mortality, the journal includes data on morbidity, documenting a wide range of illnesses and injuries even when they did not result in death. This enables researchers to perform statistical analyses of disease prevalence, duration, and outcomes, offering a more complete picture of health and suffering among the troops and, indirectly, among the surrounding civilian population.

Finally, the *Wegelius Journal* holds great potential for comparative studies. It can be analysed alongside similar records from other wars or regions to determine whether the patterns observed, such as types of illness, medical responses, or survival rates, were unique to the Finnish War or part of broader trends in early 19th century military and medical history. Such comparisons can help distinguish between context-specific phenomena and more universal aspects of wartime medicine and public health.

The *Wegelius Journal* is modest in size but significant in content, as comparable sources from this period have rarely been preserved. When combined with other surviving records, they can contribute to a broader understanding of the conditions faced by soldiers and medical personnel during the Finnish War. As such, they represent a valuable addition to the study of this historical period. We hope that the digitised dataset described here will facilitate researchers' access to this unique source material.

REFERENCES

- Aminoff, G. A. (1839). *Relation om f.d. Sawolaks brigadens, af Kongl. Finska arméen, deltagande i 1808 och 9 årens fälttåg i Finland och Westerbotten: Jemte underrättelser om dess upplösning 1810* [Account of the former Savolax brigade of the Royal Finnish Army and its participation in the campaigns of 1808–1809 in Finland and Västerbotten, together with information on its dissolution in 1810] (Vol. 1839). N. J. Gumperts Förlag. https://search.ub.umu.se/permalink/46UMEA_INST/1c9so9n/alma990002237700404996
- Barbieri, R., Fumey, J., Kabral, H., Scheib, C. L., Signoli, M., Costedoat, C., & Rascovan, N. (2025). Paratyphoid fever and relapsing fever in 1812 Napoleon's devastated army. *Current Biology*, 35(21), 5384–5391.e4. <https://doi.org/10.1016/j.cub.2025.09.047>
- Bergensträhle, C. G. A. (1917). *Kungl. Västerbottens regementes krigshistoria* [War history of the Royal Västerbotten regiment]. P. A. Norstedt & Söner.
- Blanco, R. L. (1974). The development of British military medicine, 1793–1814. *Military Affairs*, 38(1), 4–10. <https://doi.org/10.2307/1987323>
- Cronberg, O. (2018). *Gamla tiders sjukdomsnamn* [Historical disease names] (Vol. 2018). Sveriges släktforskarförbund.
- Demographic Data Base (DDB), CEDAR, Umeå University. (2025). *Tabellverket*. https://doi.org/10.17197/tabellverket_v01
- Ekvall, S. (1955). Om krigssjukhusen och krigargravnarna vid Umeå [On the military hospitals and war graves near Umeå]. In *Västerbotten: 1955* (pp. 95–126). Västerbottens läns hembygdsförbund.
- Ericson Wolke, L. (2020). *Soldatforska: Hur jag finner mina militära förfäder* [Researching soldiers: How I find my military ancestors]. Sveriges släktforskarförbund.
- Forsberg, L. (2009). Krigssjukhuset i Rönneby 1808–1809 [The military hospital in Rönneby, 1808–1809]. *Oknytt. Tidskrift för Johan Nordlander-Sällskapet*, 30(3–4), 37–62.
- Häggström Gunfridsson, E., & Nordung Omnell, E. (2025). Död i krigets skugga: Mortalitet och dödsorsaker i Umeå landsförsamling och på Rönnebys sjukhus under finska kriget 1808–1809 [Death in the shadow of war: Mortality and causes of death in Umeå rural parish and at Rönneby hospital during the Finnish War, 1808–1809]. *Oknytt. Tidskrift för Johan Nordlander-Sällskapet*, 46, 57–85.
- Kansallisarkisto Helsinki. (n.d.). *Lääkäri Wigeliuksen sairaspäiväkirja 1808–1809* (No. Suomen Sota 1808–1809 kokoelma. Sairaanhoitoa koskevat asiakirjat [Physician Wegelius's hospital journal, 1808–1809. Finnish War 1808–1809 collection. Records relating to medical care] (IC:4_4). Kansallisarkisto Suomen Sota.
- Karolinska Institutet. (n.d.). *Om Karolinska Institutet – Ett medicinskt universitet* [About Karolinska Institutet – A medical university]. Retrieved 23 June 2025, from <https://ki.se/om-ki/historia-och-kulturarv/medicinens-historia-och-kulturarv/karolinska-institutets-historia/tidslinje-karolinska-institutet-i-artal>
- Lagerkranz, G. (1983). *Svenska sjukdomsnamn i gångna tider* [Swedish disease names of the past] (2. uppl.). Södermanlands släktforskarförening.
- Lindén, K. E. (1908). *Sjukvård och läkare under kriget 1808–1809* [Medical care and physicians during the war of 1808–1809]. Svenska litteratursällskapet i Finland.
- Lobo de Araújo, M. M. (2022). Health and war: The memoirs of military hospitals from Minho, Portugal in 1801. *International Journal of Regional and Local History*, 17(1), 18–38. <https://doi.org/10.1080/20514530.2022.2059972>
- Nordung Omnell, E., & Häggström Gunfridsson, E. (2025). Det lysande krigets sanna elände — Journalerna vid krigssjukhusen i Umeå under finska kriget 1808–1809 [The true misery of the glorious war: The journals of the military hospitals in Umeå during the Finnish War, 1808–1809]. *Nättidskriften Västerbotten För & Nu*. <https://nattidskriftenvasterbotten.se/article/det-lysande-krigets-sanna-el%C3%A4nde-%E2%80%93-journalerna-vid-krigssjukhusen-i-ume%C3%A5-1743538296807x777973375668060200>

- Reid, A., Hiltunen Maltesdotter, M., & Murkens, M. (2024). *Historic cause of death coding and classification scheme for individual-level causes of death - Manual* [Method]. Apollo - University of Cambridge Repository. <https://doi.org/10.17863/CAM.109960>
- Reilly, R. F. (2016). Medical and surgical care during the American Civil War, 1861–1865. *Baylor University Medical Center Proceedings*, 29(2), 138–142. <https://doi.org/10.1080/08998280.2016.11929390>
- Riksarkivet. (n.d.-a). *Krigshandlingar 1808–1809, Arkiv med löpande volymnumrering* [War records, 1808–1809, Archive with consecutive volume numbering], SE/KrA/0395/0/702b. Riksarkivet. Retrieved 23 June 2025, from https://sok.riksarkivet.se/bildvisning/K0021496_00001#?c=&m=&s=&cv=&xywh=-1%2C-122%2C3507%2C2722
- Riksarkivet. (n.d.-b). *Överblick över kriget* [Overview of the war]. Riksarkivet. Retrieved 23 June 2025, from <https://sok.riksarkivet.se/historier/finska-kriget/overblick-over-kriget/>
- Riksarkivet. (n.d.-c). *Riksarkivet — Arméns rullor. Rullor 1724–* [Army muster rolls. Rolls 1724–] Riksarkivet. Retrieved 18 December 2025, from <https://sok.riksarkivet.se/armens-rullor>
- Riksarkivet. (n.d.-d). *Riksarkivet — Generalmönsterrullor* [General muster rolls]. Riksarkivet. Retrieved 23 June 2025, from <https://sok.riksarkivet.se/generalmonsterrullor>
- Sköld, P. (2001). *Kunskap och kontroll: Den svenska befolkningsstatistikens historia* [Knowledge and control: The history of Swedish population statistics]. Almqvist & Wiksell.
- Uppslagsverket Finland. (n.d.). *Krigsarkivet* [The war archive]. Retrieved 6 November 2025, from <https://www.uppslagsverket.fi/sv/view-170045-Krigsarkivet>
- Van Way, C., III (2016). War and trauma: A history of military medicine. *Missouri Medicine*, 113(4), 260–263.
- World Health Organization (WHO). (n.d.). *International Classification of Diseases (ICD)*. Retrieved 23 June 2025, from <https://www.who.int/standards/classifications/classification-of-diseases>

APPENDIX CATEGORIES IN THE MORTALITY TABLES OF TABELLVERKET IN 1808

The table shows the category names in abbreviated form as used in the Wegelius Database, the causes of death included in each category with original spelling in Swedish, and a brief explanation in English of the contents of each category.

Category name in abbreviated form	Causes of death included in the category	English explanation
BABÖR	Barnsbörd	Childbirth
BENBR	Benbrott, Krossning, Friska sår	Fractures, Crushing, Clean wounds
BLODF	Blodflöd	Haemorrhage
BLODH	Blodhostning, Lungsot, Tvinsot	Haemoptysis, Pulmonary consumption, Cachexia
BRÄNNS	Brännsår, gamla	Burn wounds, old
BUKRE	Bukref, Colik, Förstopning, Magflen	Different digestive disorders including constipation and colic
BULNA	Bulnader, Rötbölder, Rosen, Kallbrand	Carbuncles, Abscesses, Erysipelas, Gangrene
DRAGS	Dragsjuka	Ergotism
FALLA	Fallandesot, Convulsioner	Epilepsy, Convulsions
FEBRA	Febrar af alla slag	All kinds of fevers
FROSS	Frosse, Älta med eller utan Vattensvullnad	Ague, Rickets with or without oedema
GICKT	Gickt, Led- och Torrvärk	Gout, Joint pain
HALSF	Halsfluss och Strypsuka	Tonsillitis and Laryngeal diphtheria
HJÄRT	Hjärtspång hos Barn, Tandsprickning, Magref, Maskar	Paediatric convulsions, Teething, Infantile colic, Helminths
HÅLLO	Håll och Styng, Bröstfeber	Pleuropneumonia
INSPÅ	Inspärrat Bråk	Strangulated hernia
KIKHO	Kikhosta	Whooping cough
KOPPO	Koppor	Smallpox
KRÄFT	Kräfta	Cancer
MAGTO	Magtorsk, Hård Mage, Trånsjuka hos barn	Candidiasis, Constipation, Cachexia in children
MÄSSL	Mässling	Measles
OANGI	Oangifven sjukdom	Unspecified disease
OLYCK	Olyckshändelser	Accidents
RISEN	Risen eller Engelska Sjukan	Atrophia, Rickets
RÖDSO	Rödsot, Diarré eller Utsot	Dysentery, Diarrhoea
SKARL	Skarlakansfeber	Scarlet fever
SKÖRB	Skörbjugg	Scurvy
SLAG	Slag, Stickfluss, Bråddöd	Apoplexy, Sudden death with dyspnea, Sudden and violent death
SPETÄ	Spetälska	Leprosy
STENP	Stenplåga och Vattenstämma	Lithiasis, Strangury

VASKR	Vattenskräck af rasande Djurs Bett	Rabies
VAKRÄ	Vatten-Kräfta eller Likmask	Noma
VASOT	Vattensot, Andtäppa, Gulsot	Dropsy, Dyspnea due to illness, Jaundice
VENER	Venerisk Sjukdom	Venereal disease
ÅLDER	Ålderdoms Bräcklighet	Senile debility
Additional Categories		
ANNAN	Andra diagnoser som inte ingår i ordinarie tabell	Other diagnoses not included in original categories
SKOTTS	Skott- eller stickskador, med eller utan fraktur	Gunshot- and stab wounds with or without fracture