The family index
A method of recording relationships
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The first fact to be recorded about a patient is the name, in full. The next is the day, month and year of birth. When it comes to recording the address and anything else which gets out of date, the present methods in general practice are strained, because they were not designed for such a high turnover.

Any method of recording relationships, let alone the basic identity of each patient, must stand up to the pressures imposed by our mobile society.

The Kuennsberg 'F' Book and the primitive card index described in 1964 were the first attempts at keeping track of patients' relationships as part of the overall job of primary, continuing care.

The Family Index consists of a Household Index and an Age Index. The households are recorded on House Cards, and the Age Index is a series of Family Cards.

The house card

Copeland-Chatterson Ltd. have a Paramount Series of cards of standard sizes, which they will design to any specification. Once the design is fixed, the cost of running off any number for use in the practice is no more than the cost of plain cards bought at a stationer's. The cards have a set of holes round the edge, which are equidistant from each other and the edge. In the 6 x 4 inch size there is a maximum of 82 holes possible, and (in any size) one corner is always cut through to orientate the card in space. Any or all of the holes may be chosen for the layout of that card, to correspond with the coding at the edge. The centre of the card can be used as a conventional card and is separated from the edge data by a thick line. The relevant holes are clipped with hand clippers bought for the purpose. For example, the top of the house card is clipped in three places to show the century, decade and year of birth. When introducing the system, these are the only clips made on the card, and other relevant details are ringed as they become known.

The house card is pink, in the 6 x 4 inch size. It has 74 full holes (plus the top right-hand corner one), consisting of 23 at the top, 23 at the bottom, 13 at each side, one at the bottom left-hand corner, and one opposite the name of the Key Relation (figure 1). The mother of the family is chosen as the key relation because she is the keystone in the arch of relationships. The key relation is defined as "the woman of the house who provides a link between members of the immediate family". About one patient in five is a key relation, and only about 20 per cent of patients are not related and living at the same address.

For example, a family of four will have the mother's card first, then her husband and then the two children; all the cards will have her as key relation, and her year of birth will be clipped on each so that all three 'grooves' are four cards long, say '19', '40', '5'. This family's cards are then put in the household index of other house cards, in alphabetical order of the name of the key relation, so that they stay together in a batch. This is hardly ever possible in the strict alphabetical order of the medical records.
themselves. Members of the household with a different surname must be noted on the centre of the key relation's card, but filed alphabetically on their own. But they have the key relation's name and 'clips' just the same. The key relation herself has the hole clipped which is next to ‘key relation’ at the top left-hand side.

Only the centre of the key relation's card need be filled in in full, and the layout is self explanatory. The house card is useful for noting which patients on the list are related to one another even though they have different surnames and addresses.

In order to define which side of the family a patient and key relation are related by, there is sometimes a need to record their mutual forebear. This third person is called a Blood Parent, because, when such a note is necessary, it is usually to distinguish cousins. A blood parent is defined as “The person whose name or maiden name suggests the way in which the patient and key relation are related, in the context of the patient’s card.” Only about one patient in 100 needs such a name to be chosen.

The family card

The family card is yellow, with the same size and edge data as the house card, except that the top and bottom are reversed. It shows the patient’s year of birth by three clips at the top, and again these are the only clips made on it at first.

The centre is laid out to explain the current marital status of the patient. Certain conventions must be adopted when filling in the card if the patient is a single girl, “née” is written over ‘SURNAME’ when her surname is first written down. When she marries, the card is changed by bracketing the maiden name, and the married name is written on the same line. If the patient is a married woman when the card is made out, her married name is put as the surname, and her maiden name, if known, is put as “(née . . .)” next to her forenames on the second line. If she has been married more than once, details must be given in the notes. As the years go by, this convention will show which patients have married while still on the list, and the proportion of maiden names on the top line will increase.

Also by convention, a list should be made on the key relation’s card, either on the front or the back, of all the offspring in order of seniority. As the key relation's card may already have notes about her marriages, the centre cannot be printed out like the ‘household’ and ‘Not s/a’ relations of the house card, because sometimes one is important, sometimes the other. But the flexibility of the card means it is enabling rather than constricting.

When the family cards come to be filed in the age index, the grooves of successive cards quickly indicate where to put a new one, but within the year itself the cards must be filed in date order ‘by hand’ strictly chronologically in the order of ‘day, month, year’. The patient’s address and the practice code number of any extensive collation of results will clarify this.

At first it may not be possible to file a few family cards because the date of birth is not known; they are then kept in the household index next to the respective house card until they can be clipped and transferred. At any time there will always be a few such yellow edges shewing in the pink household index.

The sides

There are three categories of information indicated by the letters at the sides of both the house card and family card:

1. The relationship of patient to key relation

   Three letters are used in each case as follows, to indicate how the patient is related to the key relation:

   (a) either M (male) or F (female).
(b) B (blood relative) and/or L (legal relationship).

c) one or occasionally more than one of the following: C (cousin), G (grandparent), H (husband), N (nephew/niece), O (offspring), P (parent), S (sibling), X (other relation), and Y (i.e. gamma, grandchild).

Each of these refers to the relationship of the patient to the key relation and not vice versa; the key relation's card will simply be marked 'F', with 'self' in the space above.

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![Family Card](image)

**Figure 1**

The House Card (top)
The Family Card (bottom)
2. The existence of the patient

The letters A, Z, T, and K are seldom used, but come into their own in the Past-Patient Index and when making out an extended family. A (alive) and Z (dead) are only ringed when they are known and any relevant dates have been filled in. T (this practice) is unnecessary in the family index and past-patient index, but when making out an extended family, it is used to distinguish the relations who are patients and those who are not. K (known doctor) is used to indicate patients who are not on the list, but whose own doctor is known; a note of his name is also made on the card.

3. Special studies

There are four pairs of letters not printed, but with holes to mark their positions. These are D, E, I, J, Q, R, and V, W. They may be useful for asking yes/no questions for special studies, such as "Same name?" to identify all those with the same name as the key relation, or "Same address?", or "Ever been married?", or "Ever any children?", or any other question that comes to need answering. Another use for them is to record those in an extended family who shew a genetic trait, or do not, and to record those thought to be possible carriers of a certain gene.

None of these special studies is directly concerned with the daily use of the family index, and by leaving out the letters themselves the others are more easily seen.

Not only can the relationship of the patient to the key relation be seen as a pattern of ringed letters—such as a ‘triangle’ of B, M, O for her son, and L, M, O for her step-son etc.—but also the alphabetical order helps to prevent the wrong hole being clipped by mistake, as would tend to happen if B and L were adjacent, and followed on from M and F, etc. (It means that a fundamental choice must be made to standardize the code, so that C (cousin) does not mean ‘child’, and S (sibling) does not mean ‘spouse’ or ‘single’, and M (male) does not mean ‘married’ or ‘mother’ etc., etc.).

Because the edges are specific for the key relation, the patient must be given a new house card and family card when the key relation is changed. This happens to daughters who marry and leave home but stay in the area and on the list. It also happens to sons, who must take their wife as key relation. And it happens when the family is split by bereavement or divorce. Such upheavals in the index reflect the patient’s turmoil.

The medical record envelope

As family details are learnt in surgery, the hard facts of dates and names are jotted on the medical record envelope either on the front or back, or in the notes on the continuation sheet. A better system would be for the envelope to stick to its job of being the container, and for it to consist of a plain buff envelope (size as now), but with a transparent front of plastic. The data on the present E.C.6 could then be put on a card of the same layout but the same size as a continuation sheet, and kept at the front of the envelope, visible through the plastic. In this way, not only could the data be typed legibly on it, but also the envelope could be renewed without having to employ school-leavers to transcribe it every time. The wear and tear on the contents is minimal by comparison.

The space for immunization data should be reduced on the special cards with corner flashes, and room provided for basic data, such as height, weight, blood group, blood pressure (with date), and the basic family history.

If the practice records have been put in order; so that any item can be found, read and returned to its place quickly and easily, it is easier to do the annual census; every year, if the index is to be accurate enough for statistical analysis, the doctor and secretary must go through the records to bring the family index into line with this newer information. Only the key relations’ house cards need be checked against their respective medical record.
The standard family unit

The standard family unit (SFU) is defined as “The key relation and all those related to her, by blood or in law, respectively as husband, offspring, parent or sibling, and arranged in that order”. This is an oversimplification, because when a woman marries more than once and has children or takes on step-children in the second marriage, it is better to list the first husband, offspring, parent, sibling first, including her own blood relations and first in-laws, before going on to list the second batch, which will have the new surname. But within each batch the order still applies, and blood relations precede in-laws, and males precede females, except only in the case of the key relation who heads the whole list.

The extended family

Perhaps one patient in 1,000 will be known well enough to enable an extensive study of his family tree to be made. He may have a trait or hereditary condition which needs such a study to elucidate it. The extended family can be built up on house cards made out specially for the purpose, one for each relation. Each generation has its own key relation, and her immediate relations are filed in SFU order. A genetic trait may then be followed by making out a full SFU for each generation in its direct line of succession down to the patient concerned. This avoids the side branches for the time being, and they can each be treated in a similar way.

By using the same kind of cards (for such specialized studies) as are in use daily, a great deal more can be logically linked together in the doctor’s mind’s eye than can ever be annotated onto cards, and by getting to know the patients as people, but at the same time keeping an eye open for details for the index, the real stresses and strains affecting the patient’s health can be assessed.

In an extended family, if house cards are to be used for families in the eighteenth century and earlier, then ‘18’, ‘19’, ‘20’ on the century holes must be changed to ‘15’, ‘16’, ‘17’, and the appropriate hole clipped.

Lists of completed SFUs can be made for each generation; for genealogical purposes they may be duplicated and collated as required by the descendants, instead of making out the cards themselves in full. The only card with duplicate particulars in two adjacent generations is the one for the offspring who carries the gene, or who carries on the line of succession under study. (By limiting the SFU as defined, there are no uncles of one generation who are also sons of the other).

A Life Card

Once the Family Index is in running order, the medical record of a patient can be condensed onto a green Cope-Chat card called the Life Card. This is similar to the other two in size and style and number of holes, but the top is used to show the relationship between the patient and key relation and the age difference between them, whereas the bottom edge tabulates the information on the continuation notes; the sides are used to tabulate the hospital letters and forms.

Like the family card and house card, it has gone through several stages before reaching its present layout and it is still too untried to be published in further detail, but its purpose is to combine the advantages of the Fry morbidity card, which must be renewed every year for every patient, with the proven value of the family index in being continuously available for reference at a glance without the need for needle-sorting or annual renewal.

A Life card is meant to last as long as the patient keeps the same key relation and stays in the practice. It is better than the ‘E’ Book in that each patient has a freely independent card which moves to make room for newcomers without a spring-clip jeopardizing the process every time. The edges give useful impressions of incidence
even if the category in question is still unsorted. The cards can be filed in family order under key relation as in the household index, or they can be reversed and filed in order of bodily system or specialty.

Life cards are normally filed in alphabetical order of key relation, and unlike the household index those members of her family with a different surname, such as her widowed mother, are filed in family order with her—this means that the "Relations not s/a" column on her house card can be kept for recording the Life cards in family order too, followed by any relatives who have a different key relation, such as her married sister and family over the hill.

A protocol is being developed, such as 'B before L', 'M before F' etc., and when it comes to 'K.R., H.O.; P.S.N.; G.U.C.', the 'step' and 'half' relationships are differentiated by bracketing. This makes 56 possible combinations of three letters in each case, and B/L comes first as a small capital slightly below the line, followed by the relationship on the line as a large capital, followed by the sex as a small capital slightly below again: L²F is therefore 'mother-in-law', and L⁴(F)F is 'step-mother'.

When studying an extended family, the Life card can be used for both the patients on the practice list and for distant or even dead relations but a note must be made as to the source of 'hearsay' information recorded.

Summary and conclusions

A house card and family card are described, and a method of filing them is suggested. The family index so formed combines the advantages of the age-sex registers, advocated by the College's Research and Statistical Unit, with a method of filing households alphabetically.

The National Health Service stationery is not suited to a high turnover of information. A new envelope and data sheet are proposed.

The terms 'key relation', 'blood parent' and 'standard family unit' are defined. A code for describing relationships is explained.

The same kind of cards may be used for special studies. Geneticists and genealogists may find them useful.

The system is not confined to medicine, or to general practice or even to the National Health Service in Britain, but the method has been devised both to help the doctor to get to know his patients, and to discover the primary source of stress in any particular family.

It supersedes the previous edition of family cards.

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REFERENCES