

more members of a family. A random survey was made of three-year-old children living in a London borough. The families were first visited at home and baseline characteristics of behaviour of both parents and children established. Of particular importance to family doctors were Richman's findings of the effects of the mother's depression on the child, which was shown by an increased fear of losing control of the child in depressed women and frequent thoughts of leaving the home. She writes: "The importance of family relationships is shown by the significant association between a poor marital relationship and maternal depression". This is bread-and-butter medicine for family doctors.

Principles of family medicine

Another important principle of general practice which Richman has underlined is the multiplicity of factors which operate in emotional conditions. She calculated a 'stress score' by adding together all the serious stresses which a family had experienced the previous year such as death, inadequate housing, or redundancy. "Where there was both a depressed mother and a child with a behaviour problem the family was most likely to have had three or more serious stresses over the previous year."

Finally, at a time when general practitioners have a reawakening interest in patient's homes, Richman underlines the traditional involvement that the mother's mental state is highly significantly ($p < 0.001$) related to the type of housing, and that even within a block of flats women living four or more floors up were highly significantly ($p < 0.001$) more likely to be depressed than those living on the first three floors.

Richman's conclusion is of fundamental importance to family doctors throughout the world. "The complex interaction between the child's behaviour, family relationships, and social factors which is apparent in this group suggests that focusing on only one aspect may not always be effective if there are a number of problems in the family. Effective intervention may require taking into account several aspects of disturbed functioning."

Perhaps most important of all, and one of the key justifications for family doctors: "On the other hand, improvement in one family member may shift the balance of strain so that the whole family is left less vulnerable".

Reference

Richman, N. (1978). Depression in mothers of young children. *Journal of the Royal Society of Medicine*, 71, 489-493.

Family medicine – the medical life history of families

ALL connoisseurs like to feel they can spot a classic when they see one, and journals are no exception. The track record, however, for identifying classic books in general practice is far from good. Some of the greatest went relatively unrecognized for many years whilst books which were reviewed as classics often rapidly disappeared.

The discipline of family medicine is particularly short in scientific facts, and as Schmidt (1978) has noted, "Popular support for family medicine cannot last indefinitely. If family physicians, as a group, do not, in addition to demonstrating clinical confidence, establish a firm foundation of new knowledge, they must accept the unpalatable result that family medicine will become a vocational training scheme rather than a respected part of a learned profession".

We welcome today a new book which helps establish that "firm foundation of new knowledge" within our profession. *Family Medicine—the Medical Life History of Families*, by F. J. A. Huygen, of the Netherlands, is a description by a family doctor of his work with families

of patients for 30 years. Professor Huygen has somehow achieved the miraculous combination of providing continuity of care as a rural family practitioner with the post of Professor in the Application of Medicine in the Family at the University of Nijmegen.

The book is reminiscent of one of Britain's first classics in general practice, William Pickles' *Epidemiology in Country Practice*, and similarly contains painstaking personal observations meticulously recorded over long periods of time. Pull-out charts at the back of the book speak vividly for themselves. Professor Huygen's experiences greatly enlarge the base of our knowledge of the family in relation to ill health, and in passing he emphasizes the importance of the home: "The opportunity to meet and observe the family as a whole, to see where it lives and how it interacts, is diminished [by the transfer from the home to the doctor's consulting room]. I think this is a serious loss, endangering the general practitioner's chances of developing a fuller comprehensive knowledge of the families in his practice in their own homes".

What this book shows, and shows scientifically by a proper use of statistics, is the striking and continuing relationship between episodes of illness in one member of a family and episodes in another. The general conclusion is summarized on page 99: "This evidence strongly supports the major thesis that a general practitioner should regard the family as the unit".

In pointing the way to the future Professor Huygen notes that it is "non-material factors like the neurotic stability of the patients, the quality of their marriage relationship, and the relationship between the mother and her children which were the most important".

As a welcome counterweight to the somewhat heavy statistics a series of delightful sketches by Professor Huygen introduce each chapter and the foreword is written by Dr E. V. Kuenssberg, President of the Royal College of General Practitioners.

We venture to suggest that this new book from Holland may indeed prove to be a classic of its kind and will powerfully reinforce the emerging discipline of family medicine. It deserves a place in every general practice library in the country.

References

Huygen, F. J. A. (1978). *Family Medicine—The Medical Life History of Families*. Nijmegen: Dekker & van de Vegt.
 Schmidt, D. D. (1978). The family as the unit of medical care. *Journal of Family Practice*, 7, 303-313.

Addendum

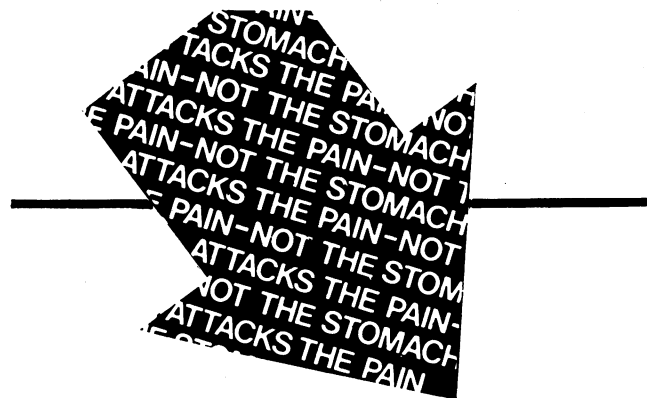
Professor Huygen's book is reviewed on page 119.

Chlamydia trachomatis as a cause of acute 'idiopathic' epididymitis

To assess the aetiologic role of *C. trachomatis* and other micro-organisms in 'idiopathic' epididymitis, 23 men underwent microbiologic studies, including cultures of epididymal aspirates in 16. Eleven of 13 men under the age of 35 years had *C. trachomatis* infection whereas eight of 10 over 35 had coliform urinary tract infection. Cultures of epididymal aspirates yielded *C. trachomatis* alone in five of six men under 35, and coliform bacteria alone in five of 10 over 35. These results suggest that *C. trachomatis* is the major cause of 'idiopathic' epididymitis, and coliform bacteria the major cause of epididymitis in older men. Expressible urethral discharge and inguinal pain were more common in the chlamydial cases, whereas concurrent genitourinary abnormality and scrotal oedema and erythema occurred more commonly in the coliform cases. The morbidity attributable to *C. trachomatis* is as serious as that attributable to *Neisseria gonorrhoeae*.

Reference

Berger, R. E. & Alexander, E. R. *et al.* (1978). *New England Journal of Medicine*, 298, 301-304.



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