Conference, following which funds were made available by the Nuffield Provincial Hospitals Trust, the King’s Fund, and other charitable bodies to develop the regional postgraduate centres where the tutors would work. Clinical tutors are university appointments, but they are paid an honorarium through the university by the Ministry of Health. There are now more than 200 of them.

One of the aims of the conference was to give clinical tutors from all over Britain an opportunity to exchange thoughts and ideas on questions of regional organization and on specific teaching problems, in view of the enormously increased load likely to be laid on them if the recommendations of the Royal Commission are carried out. Furthermore, the growing roles of the Colleges and the Ministry of Health in regional postgraduate teaching were discussed within the existing framework of university regional organization.

After a historical outline by the chairman, Sir John McMichael, the rest of the morning was devoted to questions of organization. Mr. D. C. Bowie discussed the breadth of teaching responsibilities placed upon clinical tutors and their future role in career guidance and advice. Dr. R. H. L. Cohen, from the Ministry of Health, said that the Health Department was considering the financial implication of the Commission's recommendation that the cost of postgraduate medical education in the future should fall largely on it, and discussed the administrative implications. Sir Max Rosenheim, Sir Stanford Cade, and Mr. H. J. Malkin spoke of the increasing work of the three Royal Colleges in this field, stressing the way in which their own tutors and advisers were supporting the organizational work of the university clinical tutors.

Dr. J. Lister gave a stimulating account of medical centres and described the results of a questionnaire sent to tutors. The replies had shown that the drive and initiative of tutors had met with varying degrees of support in different regions from the regional hospital boards, hospital management committees, consultant colleagues, and from the students themselves. Most clinical tutors devoted about 4½ hours weekly to this work, but in some areas these activities took up as much as 10 hours. The standard of meeting places also varied greatly, some areas having new purpose-built centres, while others made use of rooms in the hospital normally empty in the evenings or at week-ends. Provision of libraries was expensive, and in many areas these were inadequately stocked at present. Dr. Lister made a strong plea for more tangible recognition and increased financial support for the work of the clinical tutor. At present the regional postgraduate centres were being run on the voluntary effort and enthusiasm of a devoted band of tutors, but without more support there was a real danger that the good will of the tutors might run out.

Professor A. G. W. Whitfield called for increased understanding of and provision for differing educational and social needs of hospital junior staff at successive stages in their chosen careers. Dr. J. P. D. Mounsey discussed the British Postgraduate Medical Federation’s new pilot scheme of secondments to enable senior registrars and consultants to undertake periods of postgraduate study at one of a number of the postgraduate institutes in the Federation, stressing the individual nature of the attachments arranged in the different specialties. He also pointed out the likely value in the future of closed-circuit television and videotape in the wider dissemination of postgraduate teaching in basic medical sciences and other subjects for senior postgraduate students. The last speaker, Dr. P. S. Byrne, outlined a rotating scheme by which trainee general practitioners could obtain experience in a number of specialties connected with general practice, such as paediatrics, accident surgery, and psychiatry, during the projected new three-year period of general professional training recommended in the Royal Commission's report. He dwelt on the urgent need for new health centres and more equipment to enable the better trained general practitioner of the future to make the best use of his improved postgraduate training. Other speakers included Sir Charles Illingworth and Dame Albartine Winner.

The Royal Commission on Medical Education envisages a regional and local organization to carry out the framework of policy to be laid down by a new Central Council for Postgraduate Medical Education. This regional organization would be responsible for organizing teaching, for providing a careers advisory service, for progressive assessment of the performance of registrars, and for seeing that appropriate professional training was given to junior specialists. It was further recommended that the intake of undergraduate students should be increased by over 1,000 annually during the next six years and that a three-year post-registration period of general professional training should become mandatory for all those wishing to enter general practice. These far-reaching proposals, if carried out, will call urgently for more money and manpower. The present regional system that has grown up more or less spontaneously through local enthusiasm and devotion must be given all the support that it needs if it is to play a major role in postgraduate medical education in the future.

Hereditary Quivering of the Chin

Genetically determined disorders range from the lethal to the trivial. Among the least severe but surely most peculiar must be classed quivering of the chin. B. M. Laurance, W. B. Matthews, and J. H. Diggle have recently described two families with this condition, first recorded in 1894 by Massaro, who described 26 cases in five generations of a family. A rapid quivering movement of the chin, apparently due to selective involvement of the mentalis muscle, occurs intermittently from birth and persists throughout life, though gradually becoming more infrequent. Exacerbating factors may be highly specific for each individual. They have included playing the violin and being lightly pecked on the lips by a budgerigar, as well as more banal psychological stresses. Electromyography showed rhythmic motor-unit discharges at approximately 10 per second; during voluntary effort these were sometimes followed by a brief silent period of up to 40 milliseconds. Inheritance is by a dominant mode; skipping of a generation sometimes occurs, as in one of the families described by Laurance and his colleagues. The condition is uncommon, only one family (of Polish origin) having previously been recorded in Britain. It is benign, but some patients find it embarrassing and so seek treatment. One patient was cured by a blow on the chin at boxing, but a gentler form of treatment would clearly be worth seeking.

2 Massaro, R., Rev. neurol., 1894, 2, 534.
3 Stocks, P., Biometrics, 1923, 14, 311.