Dr. Sachs said he had never seen a rapid tremor that he could account for by any midbrain lesion.

Dr. Jelliffe, in closing, said these two cases were shown for the express purpose of bringing out such a discussion as had been elicited. He felt that one was justified in inferring that both cases were of a similar type, and that the first case represented the beginning stage of what might ultimately develop into the condition of the second case. He was inclined to believe that in both cases the process was one of multiple sclerosis, but one which was localized at first and primarily in the midbrain structures. Here we had midbrain, or paralysis agitans, types of multiple sclerosis, the multiple sclerotic area involving those pathways which in the more recent works on this subject were referred to as being involved in paralysis agitans.

As to the character of the tremor, Dr. Jelliffe said at least three definite types of tremor originating in the midbrain structure, depending on the point of interruption of the mechanism, were to be distinguished. These were the athetoid, the paralysis agitans like, and the intentional tremor. From the more recent studies of this subject we were able to say in just what portion of the arc the mechanism was interrupted.

In both of the cases he had shown, Dr. Jelliffe said, the tremor was like that of paralysis agitans. The presence of vaso-motor signs indicated possibly the implication of the thalamus, while the eye signs pointed to lesions located near the red nucleus. An anomalous type of Wilson's disease was to be thought of.

ADDRESS OF THE RETIRING PRESIDENT

By L. Pierce Clark, M.D.

Dr. Clark, in retiring from the presidency, briefly sketched the work of the Society during the past two years and emphasized the importance of giving more attention in the future to the beginning neuroses and psychoneuroses, the milder forms of the frankly established psychoses, and more especially to the causation and treatment of such. He felt sure that if this plan were more generally followed, the discussions of the papers would take on a broader and deeper trend. He also suggested that the case presentations be made more thorough, and that some provision be made, if possible, for those members who were interested to look over the clinical material before the general discussion was called for in open meeting.

A SUMMARY OF THE ORIGINS, TRANSFORMATIONS AND PRESENT DAY TRENDS OF THE PARANOIA CONCEPT

By Smith Ely Jelliffe, M.D.

Dr. Jelliffe made this the subject of his presidential address, giving a historical review of the subject of paranoia. After referring to the antiquity of the term paranoia, which was even pre-Hippocratic, he rapidly sketched the varying concepts of the condition from the time of Celsus and Aretaeus, through the long periods of the medicine of the monas-

teries, the later work of Plater, Vogel, Plocquet, Pinel and Heinroth (1808), where one found the first approach of that century old discussion, the chief reverberations of which still linger in present day psychiatry. The concepts given in the text-book of Krafft-Ebing represented the full bloom of the paranoid period, and his picture was all too recent to need much elaboration. The speaker then referred to the more recent work by Kraepelin and Freud, and expressed the hope that his review of the subject would serve to orient the present traveller as to the drift of opinion today relative to the paranoia question. It was almost trite to say that with each new generation, newer methods of solving old problems arose, and that refinements in methods of analysis with sounder syntheses resulted. Old lines faded away, new boundaries were run and radical rearrangements were everywhere apparent. This was as it should be; it was an indication of healthy mental activity, and in no field of psychiatry was this forward push more apparent than in the consideration of the paranoia domain. Seen from one point of view, the trend of development seemed to be tending towards an elimination of the concept entirely. Like the famous snakes in Ireland—so with paranoias, one might almost say that “there were none.” On the other hand, another present day trend pointed in the direction of the unravelling of some most fascinating and highly important mental mechanisms which played a large rôle in the psychopathology of everyday life. The paranoid character, if he might so call it, promised to offer a clue to the further elucidation of many important situations, not only of mental pathology, but of many so-called normal reactions. This paper appears in full in the N. Y. Medical Record, April 5, 1913.