

ORGANIC SENSATIONS.

Zur Frage der Sensibilität der inneren Organe. E. MEUMANN.
Archiv für die gesamte Psychol., IX., 26-62.

*Ueber Organempfindungsträume und eine merkwürdige Traum-
erinnerung.* Ibid., 63-70.

Four series of facts are summarized by the first paper; facts obtained by surgeons, physiologists, pathologists, and those facts collected through common observation and controlled introspection. In general, experimental surgery finds that in the abdominal region the parietal peritoneum and the musculature of the diaphragm are able to mediate pain, pressure, cold and warmth by the stimuli that arouse these sensations in peripheral regions. Only the sensations mentioned are mediated and no other portions of the viscera are able to mediate sensations of any sort. Lennander, a surgeon quoted, concludes that the abdominal organs are not furnished with sensory nerves. The physiologists draw similar conclusions. Weber found that drinks of cold or warm water did not produce sensations beyond the mouth and larynx until the change in temperature had had time to penetrate to the surface of the body as tested by temperature changes at the surface. Later physiologists affirm this and some even state that the sympathetic mediates no sensations, others admit the transmission of pain by way of the rami communicantes. The results from these two fields are negative regarding inner sensations.

On the side of introspection, the writer reports some daily observations of his own, and summarizes these together with the commonly known facts, and some earlier notes by Helmholtz, to show that there are many and varied sensations that arise internally and report to us the condition of the bodily organism. Other than those usually noted, M. describes some that are made possible in his case through a particularly sensitive heart muscle. A definitely localized sensation in the region of the heart was noticed whenever any special exertion was made, this could be easily checked by the heart sounds and beats. Pathology supplements introspection and adds definite information regarding the localization of the two special groups of sensations next mentioned. In several cases observed by Sollier and Revault d'Allonnes, where the patients suffered from total anaesthesia of the digestive canal and bladder, agreeable and disagreeable states of consciousness, the feeling basis of the emotions, fear, fright, aversion, loathing, etc., and the passage of time seemed lost. Teleologically, the place for inner sensations seems plain, they are needed as warnings in order

that the organism may be capable of self preservation. There is a strange omission here of cases showing reverse phenomena.

Why are these sensations so indefinite? Helmholtz states that in the case of such organs as the vocal cords and all whose movements must be finely differentiated, the sensory reports arising therefrom are indefinitely localized. Using this analogy, Meumann suggests that the qualitative indefiniteness of the inner sensations is due to their indefinite localization. This is further due to the fact that vision and visual images do not share in their determination. 'Innere Wahrnehmung' needs beside the qualitative distinction, certain 'Anhaltspunkte,' the most important of which is visual localization.

The opposition that seems to exist between surgical observations and physiology on the one hand, and pathology and introspection on the other, is probably one of viewpoint and theoretical conclusion and not one of fact. It is possible that the inner organs are not responsive to stimuli that are adequate in the case of peripheral end-organs but do respond to physiological and pathological conditions. Head's theory of 'reflex-pains' is referred to in an addendum, and is found to substantiate the above conclusions and to furnish an anatomical and theoretical basis for the peripheral localization of many of the internal sensations. Meumann concludes that these inner organs do have sensory nerves and that introspection probably finds sensations that the surgeon is not able to arouse experimentally with his 'inadequate' stimuli. He promises a further paper in which the relation of these facts to the Lange-James theory of the emotions will be considered.

The second article is a statement of a particular set of dream-phenomena experienced by the writer at different times during the past twenty-three years. Only those dreams are given in this paper that are recurrent (Wiederholungsträume). Of these, three types are mentioned, a division based on the dream thema. These are 'Abgrundträume,' or falling dreams, 'Eisenbahnträume,' and 'Fliegeträume,' the second of which has repeated its theme over fifteen times. The first sort were most frequent in his high-school days, when he was especially troubled with asthma; the second accompanied the period when M. was troubled with a heart neurosis, and difficulty in breathing after any slight exertion; while the third type has appeared in the last fourteen years of his life and is both pleasant and unpleasant in tone; it being very difficult to locate the sensations that accompany the pleasurable toned, though in both it seems to be a slight dizziness that is easily recognized when the dream becomes unpleasant in tone and is usually located about the head with infrequent localization in the

region of the heart. Each theme is accompanied by the external conditions and circumstances of M.'s life.

These 'repetition' dreams are always connected with organic sensations of some kind and depend for their imagery on past experiences. In those instances where the dream is pleasurably toned the subject seems to give himself over to the dream, while in others there is a distinct sense of opposition. This sense of resistance seems bound up with the bodily reflexes, as drawing back from cliffs, compensating movements of the body when riding a swiftly moving train around a curve, etc. Constant repetition has enabled the recognition factor to appear; in cases of deep sleep following unusual fatigue this does not interrupt the dream, but in others it awakens M. In one instance the dream of the moment was mistaken for an actual experience and the thought passed through his mind that now he was *really* going through the scenes of his earlier dreams. The idea of movement carried out (*ausgeführte Bewegung*), is not obtained in the dream until the actual muscle, joint and tendon sensations arrive centrally, though the innervation phase may reach a very high pitch. One does not run in his dreams till his body actually moves. Sensations are experienced in dreams as in real life; the 'labored' heart, the 'catch' in one's breath, are not merely known upon waking, but are also memories of sensations in the dream conditions.

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DREAMS.

Interprétation de quelques rêves. ALPH. MAEDER. Archives de Psychologie, 1907, VI., 354-375.

Dreams are not the product of disordered mentality, but are the result of two antagonistic forces, a desire, almost always repressed, and a reproof or censure, which modifies or arrests the passage of the dream. Important phases of a dream are condensation, the fusion of unlike elements, transference of emotional interest to insignificant ideas, and dramatization or the transforming of an idea into a situation. Maeder's general standpoint is the same as that of Freud (*Die Traumdeutung*, 1900). For the most part the article is devoted to the psychological analysis and interpretation of four representative dreams, intended to illustrate the author's theory of dreams.

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