

ORGONE ENERGY BULLETIN

Edited by the teaching and research
staff under the direction of

WILHELM REICH

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*Love, work and knowledge
are the well-springs of our life.
They should also govern it.*

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EXPERIMENTAL BIOGENESIS

"Cancer Cells" in Experiment XX

B₁ WILHELM REICH

In the *International Journal of Sex-economy and Orgone Research* 4, 1945, pp. 133-141, it was extensively reported that freezing of organically highly-charged water ("bio water") results in the production of plasmatic flakes. These flakes are capable of growth, development of forms and small bean-shaped protozoa, the so-called "*orgonozoa*." This first report was reprinted in 1948 in *The Cancer Biography* (pp. 316-3). The present report will add some significant observations to the above-mentioned first publications.

All the preparations which were made in early 1945 were kept alive during the past 5 years through regular reilling of fluid. Continuous microscopic observations were made through the years. Not much had changed between 1945 and 1949. Changes in the duration of the freezing process did not produce essentially different plasmatic flakes. We kept frozen bio water in the deep-freeze for more than three years without noticing any basic changes. Only a finer granulation was discernible in the flakes with longer freezing.

In early 1950 the first decisive changes were observed in one single Experiment XX preparation of 1945 (Exp. XX, 10c). There began to appear much larger, taut, and strongly luminating energy vesicles; they looked very much like the germ vesicles as they develop in old grass infusions resulting in amoebae.

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By WILHELM REICH

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GERM VESICLES (1950) FROM EXPERIMENT XX (1945)

- a Single, nucleated germ vesicle.
 b Single, striated germ vesicle.
 c "Nest" of germ vesicles.

No other preparation of Exp. XX in 1945 has yielded amebae so far. Let us first briefly discuss once more the possibility of so-called "air infection." This argument is erroneous for the following reasons:

1. No amebae can ever, or will ever, be cultivated out of the "air." Before we can talk about "infection" with regard to amebae, the proof must be adduced, and the air germ theorists carry the burden of proving that amebae can be obtained through air infection. It is not permissible to argue against proven facts with unproven contentions.

2. Two dozen preparations made in the same way and in the same year were kept together in one place. Some of these preparations had developed air impurities such as bacillus fusiformis and subtilis. However, preparation XX, 10c has remained sterile for years and was the only one in which amebae developed so far.

3. The process of development of amebae can be followed step by step by microscopic observation and by slow motion filming.



EXPERIMENT XX (1945), CANCER CELLS (1950)

(Apparent size at 300 to 500x)

- a, b . . . Typical caudate cancer cell forms.
 c Trichomonas vaginalis-like forms.
 d Flowing ameba with flagellae.

4. The most important fact is the similarity between these amebae and moving *cancer cells* as they are found in cancer mice at an advanced stage of development and also in excretions of cancerous human beings.

These are the forms and functions which make it most plausible that the development of amebae in preparation XX, 10c duplicates the development of cancer cells in animal tissue:

1. The shape of the mature cells are the same: plasmatic smooth structure, caudate forms with tails, movements along spiral or screw-shaped lines.

2. The germinal vesicles are indistinguishable from the heaps of immature cancer cells as they are found in cancer tissue. They also resemble the germ vesicles of amebae in grass infusions.

I had to compare the development of cancer cells in bio-energetically immobilized animal tissue with the development of protozoa in stagnant water. The edemas which so frequently develop in cancerous parts of the organism (ascites in gastrointestinal cancer, edemas of the extremities in inguinal and similar cancer developments, etc.) are, seen bio-energetically, stagnant areas of the organism where motility of body fluids and energy metabolism have ceased to function properly.

The development of amebae in Exp. XX of 1945 points to the possibility of cancer cells in human organisms developing out of stagnant organotically highly-charged fluids. This development would lead over the organization of bions to bion heaps, and from here onward to germ vesicles, and further to fully mobile amebae of a cancerous nature.

May 1950

For the problems to be solved are precisely those which the physiologist and the naturalist omit to state. It is not so pertinent to man to know all the individuals of the animal kingdom, as it is to know whence and whereto is this tyrannizing unity in his constitution, which evermore separates and classifies things, endeavoring to reduce the most diverse to one form.

—EMERSON

Great Men in Conflict with the Emotional Plague

By WALTER HOPPE, M.D.

This report is far from being complete. Still it verifies the biological process of the degeneration of the human animal during the last few thousand years of patriarchal society. As a result of this development, mechanistic thinking is nowadays completely triumphant and is closely connected with the destructive happenings in social life.

The following description of reactions of a sick environment will remind all workers in the field of orgone energy research of experiences in their own sphere of life. They are, therefore, not of an accidental nature, but are deeply anchored in human character structure, the malignity of which manifests itself to an alarming degree in the emotional plague of the "little man."

Orgone energy research is based on such an abundance of proven facts that the discovery of the orgone energy sooner or later will be acknowledged even by the last night watchman. However, we must be conscious of the danger that the "mechanists" shall try to seize this discovery, to exploit it for themselves, and to falsify its foundation. Already today we can recognize the first attempts in this direction. We shall have to protect ourselves against such "friends" as soon as we have successfully done away with our open enemies. Tendencies toward scientific plagiarism are recognizable everywhere. In order to prevent the blocking of the utilization of orgone energy, functional, rational thinking must replace the present-day, sick way of thinking and feeling. It must also be our task to see to it that in future research work the emotional plague can no longer appear as a reaction to great human achievements.

Moses liberated the Jews from the slavery of Egypt. But they grumbled and wished to return to the fleshpots of Egypt.

Jeremiah, the Jewish prophet, had a great many enemies. The Jewish

people called him a betrayer and spy. After the destruction of Jerusalem by Nebuchadnezzar he had to flee to Egypt. The Jews in Egypt pelted him with stones. Twice he was near death.

Confucius, who created the Chinese Confucian philosophy 2500 years ago, tried to prevent, through his teachings, the corruption, demoralization and struggles of all against all. The people cursed his austere admonitions and let him know that they were tired of him. Embittered and disappointed, he left his official position.

Pythagoras founded a society of disciples at Croton, which for a time was influential in that city. But in the end the citizens turned against him and he moved to southern Italy where he died.

When Pericles was growing old, his opponents persecuted him.

Empedocles was banished.

Socrates was the first martyr of philosophy who defended the necessity of "freedom of thought." He was accused of not believing in the Gods, of corrupting youth, and consequently was sentenced to death. He died at the age of 70 by poisoning himself.

Plato left his home town after Socrates' death for fear that he also would be persecuted. In Sicily, Plato met Dionysos, the tyrant. When Dionysos realized that his kingdom was being threatened by Plato's reformistic ideas, he had Plato put on a ship and sold as a slave. After being ransomed, Plato spent 12 years in exile.

Aristotle was accused by the high priest, Eurymedon, of regarding prayer and sacrifice as useless. He, too, went into exile for fear of being persecuted by courts and people much more hostile than those who murdered Socrates. Diogenes Laertius reports that the aged philosopher, completely disillusioned, poisoned himself and died a few months after leaving Athens.

Epicurus had to leave Athens.

Protagoras had to flee. His writings were burnt.

Anaxagoras was accused of teaching that the sun was a red-hot stone and the moon was on the earth.

Theodorus was persecuted as an atheist. So was Diogenes of Apollonia.

Xenophanes lived in exile after being expelled from his native city. Demosthenes also lived in exile.

Democritus was ignored in Athens. Diogenes Laertius has reported that he was so disliked in the city that he wished to have all his books burnt.

Epictetus, the Stoic, was cruelly treated as a slave. His master in a playful mood ordered that one of his legs be intentionally fractured.

Maimonides, the Jewish scholar and greatest physician of his time, had to leave his native city of Cordova because of religious persecutions and had to migrate from place to place for a long time.

Dante spent 15 years in exile and had to knock on the doors of tyrants like a beggar. He was forced to live among a gang of bandits and homeless outlaws. He wrote: "What gnaws at one's heart the most are the evil and blind companions among whom one is thrown in this valley." And Michelangelo wrote on his tombstone: "Ungrateful birthplace which became the midwife of his misery."

Boccaccio, by order of the friar superior of Siena, was forced to do penance and to turn back from his "immoral" way of life when he was 50 years of age.

Christopher Columbus had to flee from Portugal to Spain. For many years he tried in vain to be admitted at the Spanish court until he finally succeeded in obtaining the ships with which he discovered America. For the ships' crew he could hire only criminals with court records. For a long time he was regarded as a mad adventurer and demagogue. After having discovered America, he was at first jubilantly received in Spain. But when the expected flow of gold did not arrive and additional funds were asked for, Columbus received nothing but ingratitude and fell into oblivion. None of the promises made to him were fulfilled. From one of his expeditions he returned in chains. On his last expedition he was not allowed to enter America. In one of his letters he wrote: "The world has trampled me down with cruelty. There is nobody from the highest to the lowest who would not have attempted to slander me. If I had stolen India and had given it to the Moors as a present, Spain could not have been more hostile toward me."

The merit of *Sandro Botticelli* as an artist was not recognized and esteemed until the 19th century. He died impoverished and neglected by his contemporaries.

Michelangelo had to live to see Pope Paul IV order the naked persons on his "Last Judgment" mural in the Sixtina painted over by bunglers so that the figures would appear dressed.

Cervantes, the famous author of *Don Quixote*, wrote as a slave to his brother: "I am miserable. I swear by my left hand which I lost in the battle against the Turks: Although my first tyrant was more cruel than Pontius Pilate, he was only a castrated ram compared with my present one. When

I am sitting in chains beside the other slaves on the galley, I think of Columbus who was, perhaps, even worse off than I am. At night, I very often just do not know what to do because of the agony and pains. They lower me into a cistern as into a grave."

Ambroise Paré established the podalic version for child delivery, re-introduced the ligature in surgery and founded orthopedics; he also introduced massage and artificial eyes. However, he wrote in his native tongue. The medical writings of all other prominent medical men were in Latin. The organized physicians of Paris found in this an excuse for attacking the works of Paré and for attempting to prevent their publication. They not only cited his ignorance but called him a very impudent man.

Theophrastus Paracelsus, who discovered mercury as a medicine to combat syphilis and who was the founder of chemotherapy, was hounded from one European country to another. In Basel he was in conflict with the city authorities and was brought to trial. After abusing the court roundly, he fled from the city to avoid the consequences of his impudence. He was hunted through Germany, France, Sweden, Russia, and finally into Constantinople. His enemies spread the story that in his childhood he had been castrated by a hog. He died in 1541 at 51 years of age—his friends claimed by murder, his enemies by an accident while drunk.

Vesalius, who opened the way to the study of human anatomy by publishing his work, discarded Galenic tradition. Anatomy, up to his day, was taught from the book of the Greek physician, Galenus, chief physician of Marcus Aurelius. But Galenus had never dissected a body. 400 years ago, when Vesalius was practising, dissection was a most dangerous enterprise. The refutation of the old-fashioned mistakes caused Vesalius' colleagues to attack him in a most foolish way. Intense indignation arose among the physicians; in the words of Sylvius, his former teacher, Vesalius was an impious madman who was poisoning the air of all Europe with his fumes. He succeeded in escaping official censure for a while because he was the personal physician of King Charles V, who feared that his health might suffer if he were deprived of his favorite practitioner. But King Philip II saw no reason for protecting a suspect. Vesalius could not obtain any more bodies for dissection. The Church believed that there is in the human body one destructible bone which formed the nucleus of the resurrected body. Vesalius, in a fit of temper over the opposition to his work, burned all his manuscripts and gave up anatomy. The medical disciples of Galen pursued Vesalius with relentless

hostility and at length found an opportunity to ruin him. He was accused of murder and denounced to the Inquisition. In 1563 he was allowed to do penance by a pilgrimage to the Holy Land. But on his way he died of starvation.

Savonarola, the most audacious critic of the Church and reformer, was burnt as a heretic at the command of Pope Alexander VI.

Copernicus's book which was finished in 1530, was not published for a long time because he feared it would be shocking and unacceptable to his contemporaries. The heliocentric theory was not only condemned by the church authorities as heresy, but was also rejected by the greatest astronomers and other scientists of the time. Luther said: "This fool wishes to reverse the entire science of astronomy," and Calvin: "Who will venture to place the authority of Copernicus above the Holy Spirit?" Michal Mästlin, the Tübingen University teacher of Kepler, made good use in his textbook of the mathematical calculations of Copernicus, without recognizing his theory. The professor of mathematics, G. A. Magini, took over the figures of Copernicus and declared that his theory was absurd. The French poet, Guillaume, in a famous poem characterized the Copernican theory as a fantasy of a restless ghost and scorner of public opinion. In all countries the theory met the same rejection. A bishop accused the 66-year-old Copernicus because he had a young servant in his home, Anna Schilling, a distant relative. She was persecuted by the bishop after the death of Copernicus.

François Rabelais, the French writer, during the last years of Copernicus's life, was denounced to the parliament by the faculty of theology at the Sorbonne because of his satiric novel, *GARGANTUA ET PANTAGRUEL*. A Benedictine monk openly demanded that "this dog Rabelais" should be burnt.

Cardano, the significant Italian doctor and mathematician, was imprisoned by the Inquisition at the age of 70 because of "atheism."

Tycho Brahe had to flee from the famous observatory "Uranienburg," from his home and from his country (Denmark) because his position at the court was undermined.

Giordano Bruno, who went beyond Copernicus, had to flee Naples and had to wander about the world aimlessly. During his lectures at the University of Paris, the professors instigated the students to howl and to yell; in Germany they did not allow him to teach and forbade him a place of residence. In Italy he was a heretic, in Geneva a disturber of the peace; philosophers in England threw stones at him. Finally he returned to Italy where

he was caught in the net of the Inquisition. He spent seven years in jail and was urged to deny his teachings. Since he refused to do so, he was taken to the stake and burnt alive. In 1889 Pope Leo XII, before 30,000 gathered Romans, on the occasion of the unveiling of Bruno's statue, lay on his knees, prayed, and fasted.

Vanini, the philosopher, was also burnt at the stake, seventeen years after the murder of Bruno.

Torquato Tasso, the Italian poet, was driven insane.

Galileo Galilei incurred the hatred of those who believed that the truth was to be sought in books rather than in experimentation. It was his work with the telescope particularly which brought him into danger. He was ordered to appear before the Inquisition and to repent his errors. This he did in 1616. He solemnly promised that he would no longer uphold the Copernican theory or teach it in writing or in speech. On Papal order, all books teaching that the earth moves were placed on the Index. In 1632 Galileo's *DIALOGUES OF THE TWO GREATEST SYSTEMS OF THE WORLD* were published. The Jesuit Father Melchior maintained that of all heresies the theory of the earth's motion is the most abominable, the most pernicious, and the most scandalous; that the earth is stationary was thrice sacred. Galileo was summoned once more to appear before the Inquisition and threatened with torture if he did not recant. In spite of his recantation and penitence, the Inquisition decreed: "We condemn you to formal prison for a period determinable at our pleasure." He was forbidden under penalty of life imprisonment to see his family and his friends. Among his colleagues, only Kepler stood up for him. Galileo's good instruments were powerless against his enemies who refused constantly even to look through the telescope at the moon and the satellites of Jupiter.

Kepler's life was full of privations and he was subjected to many persecutions. Because he was threatened with imprisonment he had to leave Graz. He died as a result of his privations just when he wanted to submit his teachings to the Imperial Gathering.

Spinoza was born a Jew, but the Jews excommunicated him. The Christians abhorred him equally. Although his whole philosophy is dominated by the idea of God, the orthodox accused him of atheism. Leibniz, the German philosopher, who owed much to him, concealed his debt, and carefully abstained from saying a word in his praise. He even went so far as to lie about the extent of his acquaintance with the heretical Jew. Spinoza was

offered 1000 florins a year to conceal his views. When he refused, an attempt was made to assassinate him; when this failed, he was cursed with all the curses in Deuteronomy and with the curse that Elisha pronounced on her children who, as a result, were torn to pieces by the she-bears. His father sent him away, his sister tried to cheat him out of a small inheritance, and his former friends avoided him.

Van den Ende, who taught Spinoza Latin, died on the scaffold.

Uriel Acosta vigorously attacked the belief in a life after death. The Jewish community sentenced him to revoke publicly his teachings and, as a penance, to lie down on the doorstep of the synagogue so that the members of the community could walk over his body. In desperation over the humiliation, Acosta committed suicide.

Adrian Koerbig, who in 1668 published opinions similar to those of Spinoza, was sentenced to ten years in jail. He died within eighteen months.

Otto Guericke invented the air pump and submitted his invention to the Reichstag in 1654. Guericke also was the inventor of the manometer and the barometer. He was not taken seriously. The little understanding which he received stimulated him to write a book. His only reward for this unique publication was a few free copies.

Harvey in the 17th century demonstrated the circulation of the blood but his genius for experimentation also met with difficulties in overcoming the persistent belief of the time in the theories of Galen. In Spanish Universities, the circulation of the blood was still denied at the end of the 18th century.

The *Chamberlen* brothers invented the obstetrical forceps. The opposition to the participation of physicians in obstetrics did not cease until nearly the present century. The idea of employing men in midwifery was denounced. At the time of Hugh Chamberlen the opposition to male midwifery was at its height and Chamberlen won no popularity from his choice of specialization. He was less successful than many contemporary English charlatans. He was forced to flee to France; he returned to England in 1699 but had to flee again.

Fabricius, *Fracassatus* and others established intravenous therapy in the 17th century. The method was soon abandoned because of the misgivings of the authorities.

Diego Velasquez, the Spanish artist, ranked no higher than the buffoons and dwarfs who entertained the court.

Franz Hals, the famed Dutch painter, died in 1666 in the poorhouse. Until

1665 he was hardly known at all. In 1652 his furniture was sold and his paintings were attached by a baker to pay a debt of 200 florins.

Jacob Ruysdael, the well-known landscape painter, also lived in a poorhouse. *Hobbema* died in poverty.

Rembrandt had died in poverty already 40 years before Hobbema, living only a few yards from the latter. The taste of his contemporaries turned away from the hapless man who was so much in need of support after he had created one of the outstanding paintings of the world, namely, his "Night Vigil." They paid homage to other painters who have long since been forgotten but who were in fashion at that time. After his wife had died, Rembrandt was forsaken by her rich relatives. They had regarded as an impudence the fact that the poor miller's son, Rembrandt, had married their rich relative. They even blamed him for the fact that his wife had perished because of the poor air in the Jewish ghetto of Amsterdam. The trembling, nearly blind old man was derided by street urchins and three years after his death nobody remembered where he was buried in Holland. Only a few centuries later Goethe became one of the re-discoverers of the forgotten Rembrandt.

Jan Steen, who also as a Dutch painter died in poverty, had his paintings attached by a druggist to pay a debt of ten florins.

John Locke, the English philosopher, was forced in 1683 to flee to Holland.

Jan Vermeer was unsuccessful during his lifetime; he was constantly poor and often was forced to pay his grocery bills with his paintings.

Molière was slandered by his enemies. They claimed he had married his daughter. The priest at St. Eustache refused him an ecclesiastical burial. The King did not dare to recommend the customary funeral against the objection of the Church.

Anton Leeuwenhoek, who invented the microscope in the 17th century, was thought by his neighbors to be a bit cracked and they snickered at him. He worked for twenty years without an audience. There was one man who did not laugh at Leeuwenhoek, and that was Regner de Graaf, whom the Royal Society had made a corresponding member. He wrote to the Royal Society about Leeuwenhoek. The Royal Society was amazed and amused. Only two hundred years later, after Pasteur, was the microscope used to combat the causes of infection.

Spallanzani was a follower of Leeuwenhoek. His enemies Volta and Scarpa let hell break loose by publishing a tract accusing him of the crime of stealing

specimens from the University of Pavia and of hiding them in his own little laboratory at Scandiano. He demanded an investigation and the judges cleared him of all guilt.

Buffon, the great naturalist, in his *NATURAL HISTORY* (1749) maintained fourteen propositions which were condemned by the Sorbonne in Paris as reprehensible and contrary to the creed of the Church. He was asked in 1751 to revoke publicly his thesis about the age of the earth. *Buffon* did not see fit to enter into a controversy with the Sorbonne. He recanted and was obliged to publish the following confession: "I declare that I had no intention of contradicting the text of the Scripture; that I believed most firmly all therein related about the creation; I abandon everything that may be contrary to the narration of Moses."

Diderot was sentenced to six months in prison for his *LETTER ABOUT THE BLIND*. A pamphlet which he had translated was publicly burnt by order of the Parliament. The first two volumes of the *Encyclopedia* which he and *d'Alembert* had edited were suppressed at the suggestion of the Church. When the opposition against him grew, *Diderot* was deserted by his friends.

Fréret was thrown into the Bastille because of his research on the origin of Royal Power.

Jean Jacques Rousseau published *ÉMILE* and *THE SOCIAL CONTRACT*. This brought him a storm of official condemnation. He was obliged to flee France. Geneva would have none of him, Bern refused him asylum. The council of Geneva ordered the two books to be burnt and gave instructions that *Rousseau* was to be arrested if he came to Geneva. The French Government ordered his arrest; the Sorbonne and the Parliament of Paris condemned *ÉMILE*. He fled to England in 1755. The villagers of Neuchâtel, led by a pastor, accused him of poisoning a person and tried to murder him.

La Mettrie published a *NATURAL HISTORY OF THE SOUL* when he was a physician in the Army. Thereupon he lost his position and had to go into exile after the publication of his work, *MAN—A MACHINE*. His name was one of the most abused ones in literature, but only a few read his works. The few who read him and attacked him knew him only superficially. He was condemned for his fight against the unjust chains of "morality."

Voltaire was "blamed, abused, and cursed, as perhaps no other man," according to one of his admirers, D. F. Strauss. In 1717, he was thrown into the Bastille where he was kept as a prisoner for eleven months because of

a poem he had allegedly written. In 1719, he was banished because of a poem. He was ambushed by a captain and beaten up. *Voltaire* brought a law suit but the court ruled in favor of the accused. An offended nobleman had him ambushed by hired men who also beat him up. The commissioner refused to write out a complaint because *Voltaire* was only a commoner. His poem, "Henry IV," was forbidden and had to be sold illegally. In 1726 he had to go to England into exile for 3 years. When he published his *EPISTLES TO ORANIE*, a cry of indignation went through all circles of society because everybody felt himself attacked. His Letters about the English were burnt in public by order of the Parliament. He was banished when he published his greatest work in which he called "history nothing but a narration of crimes and misfortunes." The King decreed that he should never be allowed to return to France. But shortly before his death he, nevertheless, returned to Paris.

James Watt saw the worst part of the difficulties in the greediness of men which became obvious more and more with the increasing success of the steam engine. "The rascality of mankind is almost beyond belief," was one of his expressions. Someone who had heard about Watt's intentions went ahead and took a patent on the steam engine with crank.

David Hume had shocked the entire Christian world by his *TREATISE ON HUMAN NATURE*.

Immanuel Kant had to promise the successor of Frederick the Great that he would stop writing. Twice Kant applied for a professorship at the University of Königsberg, which was denied. For 15 years he lived in poverty and seclusion.

James Black, the founder of calorimetry, was excessively welcomed by Lavoisier, but public mentioning of his name was avoided.

Antoine Lavoisier, who recognized the role of oxygen in the process of burning, was executed during the French Revolution.

Mary Montagu introduced inoculation into England. She vowed that she would never have attempted it if she had foreseen the vexation, the persecution, and even the obloquy it brought upon her.

Lavater, who made physiognomy popular, was covered with scorn and mockery.

Gall, the famous contemporary of Lavater and the creator of phrenology, was accused of materialism. He was attacked by the Church and by the

metaphysically oriented medical profession. The Austrian emperor prohibited him from practicing his profession because his "materialism" would violate the basic principles of morality and religion.

Heinrich von Kleist committed suicide. His *ZERBROCHENE KRUG* (THE BROKEN JUG) was played in Weimar under Goethe's direction and was laughed at. *KAETCHEN VON HEILBRAUN* also was rejected. But Goethe said after Kleist's death: "I maintain that we Germans have lost in this Kleist our Shakespeare."

Benjamin Franklin's treatises on electricity encountered much enmity at the beginning. Many opponents, especially the well-known physicist Wilson, objected to the proposed shape of high-pointed rods for lightning-conductors.

Lessing became infatuated with truth and thereby spoiled his relations with most of his fellowmen. The professors could not forgive him that he knew the ancient languages better than they did. The clergymen bore him a grudge because he put all confessions on a par with one another. When he died, he was so poor that the Duke of Brunswick had to have him buried at public expense and then "most graciously" excused his heirs from the burial costs.

Johann Sebastian Bach's fame was very limited. Scarcely one of the numerous cantatas appeared in print before he died. Bach had many rivals, and probably only a few people would have voted him supreme in his day.

Georg Friedrich Handel at first was honored by the court, then rejected. Jealous rivals sent hired noisemakers to the theater in order to disturb the performance of his operas. Handel contracted numerous debts and suffered severe want. He took his "Messiah" to Ireland because London was indifferent to his work.

Mozart was treated most shabbily by Hieronymos, Count of Collarado. He was compelled to sit with the servants. And when Mozart demanded his discharge, the Count had him kicked out by a servant.

Beethoven's teacher, Albrechtsberger, said Beethoven had learnt nothing and would never compose anything in a decent style. For a long time Beethoven's last symphony was regarded as unenjoyable.

Lord Byron was severely attacked in a leading newspaper in 1808. It was said that poetry did not consist in making rhymes. When entering the House of Lords, he was insulted by passers-by for being a liberal. Nobody wished to speak with him. He was compared to Nero and the Devil. On the occasion of a dance, the hall emptied when he entered. He went into voluntary exile where he died fighting for the freedom of Greece.

Shelley had to go into exile for the same reasons as Byron.

Edward Jenner introduced the practice of vaccination. He submitted the report of his first experiment for publication in the *Translations of the Royal Society*. It was rejected. Jenner's work met with violent opposition on the part of a great number of people; the vast majority was indifferent. The opposition at once resorted to the usual formula: "Smallpox is a visitation from God and originates in man, but cowpox is produced by presumptuous, impious men."

Franz Archard, the German chemist, was the founder of the sugar-beet industry. The importers of cane sugar tried everything to suppress the new branch of manufacturing. Archard, they said, should declare that he was mistaken and that the production of sugar from beets was impossible. Archard refused and died as a poor, tired, and broken man.

Coulomb was thrown in jail after the reckless criticism of a technical expert had disfavored him in high government circles.

Galvani lost all his offices when Napoleon occupied Northern Italy.

Faraday, when still young, directed a petition to the president of the Royal Society which remained unanswered. Later he refused to accept the presidency of the Royal Society. Because of this, one of his works was rejected by the Royal Society. In a confidential letter Faraday declared that he preferred by far the obedience, attachment, and instinct of a dog to human nonsense.

Hegel had to flee from Jena when French soldiers burnt his house down.

Francis Lieber wrote voluminously on political theory, philosophy, and international law. In 1819 he was arrested in Germany as a dangerous character and forbidden to study at any University except Jena. In 1826 he fled to England.

Richard Trevithick, who played an important role in the history of the locomotive and the development of the steam automobile, encountered enormous difficulties. At the end of the 18th century he constructed several model automobiles and also a model in natural size. Tired of all the antagonisms and indifference, he destroyed his machine with his own hands.

George Stephenson was laughed at during his first experiments with the locomotive. Physicists, engineers, mechanics, workers, and mine owners sneered. After the railroad was put into operation, these people who had a vested interest in the status quo raged. Laws were demanded, Parliament was called into special session, and Stephenson was insulted and slandered.

In an expert opinion it was said that the railroad would disturb the cows in the meadow and the chickens when they tried to lay eggs. The birds would be killed by the poison gas exhaust and the travelers continually endangered. Buildings would be set on fire by the sparks, horses would refuse to eat hay, and agriculture would be ruined. Ten eloquent lawyers were mobilized against Stephenson. One of them claimed the locomotive would not run in the rain because the fire would be extinguished in the chimney.

Giovanni Martignoni, the inventor of the spiral drill, declared when he was eighty years old: "I, too, did not escape the fate of the inventor who sees his great and far-reaching ideas remain unsuccessful. Others reaped the fruits of my inventions. I, therefore, am still forced to earn a living by the work of my hands."

William Murdoch invented illuminating gas. He was, as were so many inventors, regarded crazy and became the object of laughter and mockery. The famous poet Walter Scott declared: "London will be illuminated during winter nights by the same coal smoke which now changes our winter days into night." Embittered fights broke out in the English Parliament because of the installation of gas illumination. In London, gas lighting was forbidden by learned opinions: A filled gasometer was more dangerous than gun powder. The smallest opening in the wall of the gasometer would blow up London. When gas lighting was to be introduced in Cologne, the well-known *Koelnische Zeitung* wrote that God had made the night for darkness. The gas fumes would be injurious to health, immorality would grow because the light would make it safer for drunkards and would promote prostitution.

Karl Auer of Welsbach invented the gas incandescent light. It was rejected by experts and technicians. An important expert declared that he could not fool around with it because he worked only on serious projects!

Drais Saerbrun, the inventor of the bicycle, was refused a patent for it. Varrhagen van Euse, the famous historian of his time, called the bicycle a ridiculous thing. Constantly fighting with the government, Saerbrun finally became embittered and died a poor man.

Joseph Jacquard invented the mechanical loom. His first loom was publicly burnt in Lyon while the people shouted with joy. He was accused of only wanting to expose part of the working-class to misery and unemployment.

Phillippe de Girard invented a spinning-machine for linen. Two co-workers of Girard took construction plans of the machine to England and sold them

there for 2500 pounds. Completely ruined, de Girard was thrown into the debtors' prison.

William Lee invented the hosiery knitting machine. When he demonstrated his invention, he was accused of wanting to ruin the workers. The machines were confiscated and he had to go into exile where he literally starved to death.

Parmentier wanted to introduce potato-growing in France. Some people considered him a fool, others a poisoner.

Elias Howe, the inventor of the sewing machine, had to sell his model at a ridiculously low price, thereby losing the English patents. He received nothing but rejections from the first tailor shops. The stage director, Singer, improved his model and obtained patents in the United States. Only through a law suit which lasted for many years was Howe recognized as the inventor. After the patent was granted, the tailors' guilds went into an uproar. They formed societies and every member swore death to the tailor who would dare to buy such a machine.

Thimonnier also invented a sewing machine. One day his workshop was suddenly attacked by embittered enemies who threw the finished machines into the street. He was so poor that he had to walk back to his native town. On his back he carried the only machine still left with him which he sold to England. There, it was immediately imitated and he did not receive a single penny.

Eddy and Bech as well as *Glidden* and *Soulé* could not put their first models of the typewriter on the market because the office employees opposed it with all available means. A change came only after the gun factory Remington in the state of New York became interested in the typewriter.

Skoda developed the medical technique of diagnosis by percussion. In Skoda's time the practice annoyed the patients, and as it was considered a foolish procedure, he was put in charge of insane patients.

John Ericsson invited the Lords of Admiralty to see a demonstration of his screw propeller. The engineering corps had told them that this ridiculous invention was constructed on "erroneous principles and was full of practical defects." Not one person present at the demonstration had the slightest suspicion that he was taking part in a historic event. They solemnly pronounced that "if the power were applied at the stern it would be absolutely impossible to make a vessel steer." Ericsson went through a period of such utter poverty that he actually was imprisoned in Fleet Street, the debtors'

prison. For almost twenty years defeat, discouragement and adversity pursued the inventor. Imitators copied his mechanical devices or openly stole them. A few men recognized him as the engineering genius of the time, but a large section of the scientific world condemned him as a mountebank and a visionary.

Ignaz Philipp Semmelweis had introduced the washing of the hands with chlorinated water in order to protect women during childbirth. He was considered an odd person who could not bear the sight of dying young women! Semmelweis labored through a lifetime of oppression and persecution in the wards of the great charity lying-in hospitals of Europe. He was discharged from a Viennese hospital by his superior, Professor Klein. This man incited the authorities to suspect that Semmelweis had participated in the revolutionary movement of 1849. Semmelweis's cleanliness was considered ridiculous and his great discovery that childbed fever was a wound infection aroused animosity and rejection. In Budapest, too, he faced hostility and official injustice. A professorship was first refused, then granted on the condition that he should demonstrate to his students only on an artificial body, but not on living women. After five days he quit the work. Many lies circulated about Semmelweis, among them the one that far more children died when the chlorine water washings were used than without them.

Lamarck, the greatest predecessor of Darwin, claimed that the species were not fixed and that the higher ones originated from the lower ones. His theory, however, was not accepted.

Simpson, in 1847, recommended the use of anesthetics in childbirth and was immediately reminded by the clergy that God said to Eve: "In sorrow shalt thou bring forth children."

Oliver Wendell Holmes's theory of the transmission of disease through the agency of the physician's hands met the most virulent opposition in the person of Dr. Meigs of Philadelphia, a highly esteemed physician but a chronic obstructionist. Holmes's papers were received with indifference in Boston. They were not even heard of in Europe until he became professor of anatomy at the Harvard School of Medicine.

Morton practiced dentistry in Boston and his work brought him into contact with Dr. *Charles Jackson*; from him Morton learned of the anesthetic properties of ether. Considerable indignation was aroused among the members of the medical and dental professions at the "unethical" procedure of Morton and Jackson.

Goya, the famed Spanish painter, lost favor with the autocratic sovereign and left for France where a colony of Spanish refugees welcomed him.

Goethe was defamed for "immorality" and his diary was confiscated several times.

Meyerbeer was called by a school of criticism a feeble charlatan in French opera, a vulgar and bawdy melodist, and a commonplace orchestrator.

Heinrich Heine in his lifetime was contemptuously called Jew, traitor, and friend of the arch-enemy, France. His writings were forbidden in Germany by decree of the Federal Congress, and had to be printed and sold secretly. He was accused of having adulterated German art and poisoned lyric poetry.

The German newspapers for a while tried to kill *Hebbel* by silence. Because the Germans saw on the stage more silly comedies than serious works, Hebbel's dramas were not performed for a long time. The Viennese Burg Theater refused to accept his works; the rich Viennese aristocrats mistook him constantly for the Alemanian poet, Hebel.

Grillparzer, the most significant Viennese poet, had all his life to suffer humiliating treatment from the emperor down to the lowliest critic. He became generally known only after his death. For many years he was forced to earn his way as a small official. In the theater he was hissed off the stage by malicious Viennese which made him discontinue writing when he was only 50. The few things he wrote from this time until he died at the age of 81, he timidly locked up in his desk.

Jean François Millet, the French painter of peasants, had a difficult time. People shrugged their shoulders over his "forest men" and his love of nature. He himself declared: "Realizing the danger of being considered a socialist, I admit that it is the human side which moves me most in art."

Wilhelm Weber who created the electro-dynamometer was dismissed from his professorship by King Ernst August of Hanover and was without regular income for 5 years. Dismissed with him were, among others, the *Brothers Grimm*, authors of Grimm's fairy tales.

Robert Mayer, a German physician, who established the law of the preservation of energy, was not understood by the natural scientists of his time. He was rejected by scientific magazines as well as by the Paris Academy. When he wrote an essay in an important magazine, a second article ridiculed him and called him unscientific. In vain did Mayer ask for rectification. Similar experiences which continued for years caused him during a sleepless night to jump from a window and fracture a leg. The rumor Mayer had

died in a lunatic asylum could not be rooted out. Only Faraday's successor Tyndall interceded for Mayer and broke the ban. A public health official had sent him to a mental institution for 13 months. His case was diagnosed as megalomania because he boasted of a discovery which, in the opinion of the physician, he could not have made.

Philipp Reis invented the telephone. He demonstrated his apparatus to the Society of Physicists in Frankfurt-am-Main in 1861, later also to the Emperor of Austria and the King of Bavaria. The German scholars regarded his invention as a mere plaything. Poggendorf, the editor of the most respected physical magazine, who had compromised himself already by rejecting Robert Mayer's contributions, sent Reis' treatise back to him as unfit for publication.

Alexander Graham Bell constructed the first usable telephone. He sent a man to England to obtain a patent for his invention. This man was assassinated. The documents were lost. The English scholars did not think much of it. Later on Bell obtained an American patent.

Pasteur showed the world how important microbes were, and in doing so he made enemies and worshippers. His name filled the front pages of newspapers and he was challenged to duels. The public made great jokes about his precious microbes while his discoveries were saving the lives of countless women in childbirth. The world of science was against him. Liebig, the great chemist, opposed him. Opponents began to rise on all sides. Occasional failures gave ammunition to his enemies. Claude Bernard had been a fellow member of Pasteur's in the French Academy of Science and had always praised his work. When Bernard died, his unfinished work was published. This unfinished work concluded by claiming that the whole theory of Pasteur was wrong.

Dührssen, who introduced the Cesarean section, was ejected from the University of Berlin.

Lister, professor of surgery in the University of Glasgow, published in 1866 his paper, "On the Antiseptic Principles in the Practice of Surgery." He introduced antiseptics and met with opposition. Surgeons failed to grasp the essentials in the idea of antiseptics and thought that Lister was merely trying to introduce a new type of surgical dressing.

Darwin had many enemies. The world exclaimed in horror: "Darwin says that men are descended from monkeys!" It was popularly said that he believed this because he himself looked like a monkey. He was accused of

discarding valuable intellectual property, namely the Old Testament. Louis Agassiz, the renowned American biologist, placed himself on the side of the anti-Darwinians. He called the theory mischievous. Agassiz's colleague at Harvard, James Russell Lowell, sided with the scientist: "Such a mush seems to me a poor substitute for the Rock of Ages," he said.

The economists tried for a long time to kill *Karl Marx's* *DAS KAPITAL* by silence; later they strongly opposed it. He was several times expelled from Paris and from Germany and was also arrested. The reaction compelled him to seek refuge in England in 1849. He spent the rest of his life, save for a few brief intervals, in London, troubled by poverty and illness.

Lewis Henry Morgan, the American anthropologist, explored the Indian matriarchy and published *ANCIENT SOCIETY*. The spokesmen of science ignored him completely.

Charles Baudelaire was fined 300 francs in 1857 because six of his poems were said to offend public morality. Recently, after 92 years, upon request of the Society of Authors, the French Supreme Court stated that the six poems did not damage public morality.

Gustave Courbet introduced a realistic style of painting at a time when the art circles were firmly under the influence of exotic, romantic traditions. He became the bad man of European art, a swaggering, beer-drinking object of ridicule and scandal. In May 1871 Courbet was tried for attempting to overthrow the government and was thrown into jail for six months. Freed, he was shunned on the streets and in the cafés. The government had decided to rebuild the Vendôme column. To help pay for this, it seized Courbet's property, closed his bank account and auctioned off his pictures. He fled to Switzerland.

The pictures of *Edouard Manet*, the French impressionist, were often rejected by art exhibits. He prepared his own exhibition for the "rejected" pictures. His pictures were insulted and mocked by the art critics. The public, incited by the open criticism, went at his pictures with umbrellas and canes.

Van Gogh throughout his life was a lonely man who never escaped from poverty. He was dismissed from a shop dealing in art books because he had dared to express an opinion against an art critic. By living together with a woman whose children, out of sympathy, he had taken as his own, he lost his friends. Van Gogh, a victim of society, became mentally ill and died, at thirty-seven years of age, by suicide.

Lobachevsky, a Russian and *Bolgy*, a Hungarian, one hundred years ago

found independently of one another, that Euclid's geometry is not a logical necessity. For 2000 years Euclid's axioms had reigned unchallenged. Of course, so stupendous an achievement was not at first understood. Even the mathematicians of the time thought Lobachevsky and Bolgay were mad. And the great *Gauss*, who had in private reached similar conclusions to theirs, confessed that he had been afraid to publish his discovery.

Herbert Spencer's FIRST PRINCIPLES made him the most famous philosopher of his time. But after publication in 1862 many subscribers cancelled their subscription because of the famous first part which offended bishops and scientists alike by trying to reconcile science with religion. For a while he was banned. His subscribers not only cancelled their subscriptions but also did not pay for the numbers which they had already received. This forced him at first to discontinue his work. Only eight years later did his books begin to yield income. His fame disappeared as suddenly as it had arisen. Again he was attacked from all sides. When he died in solitude, he thought his work had been in vain.

(To be continued)

Pity the exceptional man! For it was his lot to live in such a wretched age that his life was one long polemical effort!—GOETHE

Treatment of a Hypertensive Biopathy with the Orgone Energy Accumulator*

By EMANUEL LEVINE, M.D., Elizabeth, N. J.¹

This is the case of a 64-year-old woman who has used the orgone accumulator for 14 months for the treatment of a hypertensive biopathy. The patient was known to have had an elevated pressure for 10 years prior to the use of the accumulator. The symptoms which developed when the hypertension was first noticed were headaches, dizziness, and feelings of hot flashes. The blood pressure at that time was 180/94. During the ensuing years and prior to the use of the accumulator, the pressure ranged from 180 to 220 systolic over 96 to 106 diastolic and the general state of health was gradually becoming worse. Just before the patient began to use the accumulator, she was feeling weak and unable to do her housework; had frequent dizzy spells; began to develop gastric distress whenever certain foods were eaten; complained of frequent dysuria, attacks of diarrhea with certain foods, excessive salivation, choking sensations; and hair was beginning to fall out rapidly. She was going downhill at a rather fast pace and the prognosis seemed poor.

To understand the further presentation of this case—the development of the disease and the therapeutic process with its difficulties—it would be well at this point to present a brief description of the basic functional disturbance in the hypertensive biopathy as discovered by Wilhelm Reich. In his book, *THE FUNCTION OF THE ORGASM*, there is the following discussion of cardiovascular hypertension as one of the typical psychosomatic diseases based on a chronic sympatheticotonia, resulting from orgasm anxiety:

* Read at the Second International Orgonomic Convention, Orgonon, Rangeley, Maine, on August 24th, 1950.

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The peripheral blood vessels are chronically contracted and their amplitude of expansion and contraction is limited; thus, having to move the blood through rigid blood vessels, the heart has continually an excessive task to fulfil.²

Since this book was published, vascular hypertension has been more specifically delineated by Reich in terms of the disturbed biosexual energy dynamics. It is for this reason that I have not used the clinical medical term, "essential hypertension," for this condition. The term "essential" was used to indicate basically that one did not know what the cause was, but Reich's discovery of orgone energy and the laws governing its function in the living organism enabled him to describe the hypertensive biopathy in terms of a specific type of disturbance of the movement of orgone energy in the body. He found that individuals with hypertension have a structure in which the decisive armoring blocks the movement of energy as it approaches the genital. The energy thus blocked moves freely into the upper segments of the body, and the continual force of expansion in the chest, neck, and head gives rise to high blood pressure. Evidence of this process can be seen in the fact that the hypertensive generally has a ruddy face but the lower segments of the body are pale.

Now to return to the patient: She is the third oldest of 7 children, was the third girl in a row to be born, and "my father wanted to throw me out." It is not known how much of this resentment the father carried out in his relations to the child. The details of her early life are quite vague and the following is an approximation on her part: Breast feeding went on for at least a year. During the first 3 months of life, her body was tightly bound from the shoulders down with the hands tucked in. Until the age of a year, the lower half of the body continued to be tightly bound. Nothing is known concerning the bowel training. There was enuresis until the age of 7. In the patient's opinion, the family life was congenial; she always felt well treated. At the age of 12 she had pneumonia and typhoid. She started work as a teacher at the age of 14, and in her 17th year was the full support of her mother and 3 siblings. Her life from then on seemed to her a constant struggle for existence; but, for the most part, she felt equal to the tasks before her. At about the age of 17, she had what was felt to be a nervous breakdown, lasting for 3 months. She had been away from home and had come under the mistaken impression that her mother was seriously ill. She rushed

² THE DISCOVERY OF THE ORGONE, Vol. 1, Wilhelm Reich, M.D., p. 283.

back and found her well but then became extremely overactive in all respects and was advised to discontinue her teaching duties for the 3-month period. The patient herself said that at no time before or since had she ever felt so well in her life, was happy, felt vigorous and capable of consistent application to tasks. The attack terminated in the following manner: An acquaintance told her that what she needed was to get married. For some reason, this angered her and she determined "to get hold" of herself. With this determination the attack subsided. From her early twenties on, she has had a specific fear of "fainting or losing control" (i.e., not be able to hold on) of herself. For this reason, she was always afraid to be alone or to travel any distance from her family. Upon closer questioning, it seemed that being alone or in the company of strangers intensified the fear of "fainting and losing control" of herself. (It might be noted, in addition, that recently the use of an elevator also precipitated fear of fainting.)

The patient was very vague about her earliest sexual experiences, but most of her contacts until she was in her late teens had been genital play with other girls. Heterosexual experiences began at the age of 21 and were frequent from then on. Coitus interruptus was always practiced and satisfaction was achieved through clitoral stimulation; she was able to reach a climax in 3 to 4 minutes and always felt relaxed afterwards. Her earliest heterosexual contacts were associated with fear of being found out, but the patient's general attitude appeared to be more on the sex-positive side. She was married at the age of 28 and had 5 children. Her husband, who was two years younger than she, died of cancer when she was 50. She has continued up to the present time to achieve sexual satisfaction through self-gratification.

Before and after marriage she had always been a vigorous worker and assumed much responsibility as in adolescence. An outstanding characteristic which manifested itself during her married life was the choking back of crying whenever difficulties arose. She would set her jaws, swallow, and then start working about the house to "work off" her troubles. Within the past 15 years, there have been about 4 or 5 anginal attacks, lasting from 2 to 5 minutes. During these attacks there was a severe sense of constriction across the entire precordium. At the age of 52, there were 3 large vaginal hemorrhages in the space of a few months' time, and these were treated with curettage. There was spotty bleeding thereafter for 6 years; and at the age of 58 a large cervical polyp was removed. There was no bleeding after this operation, but a mild leucorrhea persisted. Just prior to the use of the ac-

cumulator, the patient was examined by an internist; other than the hypertension, physical examination was negative.

The patient gave a general impression of being apprehensive. This characteristic was especially manifest in the eyes, and there was an anxious frowning of the forehead. The head and neck presented an active holding-on attitude, and there was little mobility in this area during walking. A superficial impression gained was one of sturdiness, with the jaw set in a determined way and the head held erect. But behind what appeared to be a determined jaw, one could sense a strong expression of anger. There was a reddish color to the face. The sternomastoids were particularly heavily armored. Shoulders were retracted; chest, in a slightly inspiratory position. Respiratory movement of the topmost portion of the chest was very limited; but from the precordium down to the pelvis, movement was free and of good amplitude. When the patient laughed, it was noted that her body, including the pelvis, shook. The armoring of the pelvis was most apparent posteriorly and there was slight retraction. The legs were pale and spindly and gave the impression of being one unbending unit, especially in walking; steps were quick and awkward. The adductors were moderately armored.

The first 3 months of treatment were with a 3-layer accumulator; and from then on, a 5-layer accumulator was used. The accumulator was used daily, and the treatment would be discontinued when a mild sweat appeared. During the first month, patient felt much warmth in the accumulator; and after she came out felt as though "I could put my arms around the whole world." It was noted that fatigue was quickly relieved. The urinary symptoms disappeared at the end of 3 months. At this time the blood pressure ranged from 150 to 160 over 90, and since then has remained within a systolic range of 140 to 160 over a diastolic range of 84 to 90, with brief transient elevations to previous levels. The only psychiatric orgone therapy done was to advise the patient to let herself cry whenever the impulse was present. This advice she was able to follow on several occasions. At the end of a year's therapy, hair roots began to turn black, and her hair which had been white became dark gray. Skin texture was softer; there was more tone to the musculature. Gastrointestinal symptoms decreased markedly in intensity to the point where they were no longer considered annoying. The same was true of choking sensations. *There was a marked growth of black hair in the genital area.* During the entire treatment period, there was a greatly increased capacity for work; and from the emotional standpoint, the patient

bore up well under some very trying situations. The most reliable clinical indicator of excessive use of the accumulator was insomnia. Whenever this symptom appeared, orgone energy irradiation was omitted for a day or two and then gradually resumed with whatever decreased daily exposure was necessary to avoid the insomnia. All through the year there were transient dizzy spells, and in the 13th month there was a momentary attack of unsteadiness of footing. In the following days, there was an alternation of markedly increased vigor, with days of marked weakness. About this time, the patient developed what she considered a cold and used the accumulator much more intensively than had been her custom.

At the beginning of the 14th month, the patient felt very unsteady one morning. She was alone in her apartment and went to a neighbor and told her she did not feel well, then fainted. The neighbor caught her and called me. The patient's expression as she fainted was described by the neighbor as one of "dying," and by this she meant the way in which the eyes turned up. I saw the patient within three-quarters of an hour after the fainting attack. She was cold, clammy, and confused; could not remember what had happened in the two hours prior to the attack; and asked the same questions over and over again, not realizing she had just asked them. When she became aware that she could not remember the events prior to the fainting attack, she cried rather piteously, saying, "I don't remember, I don't remember." There was panic in this crying, and it was my impression that this was a psychological representation of the fact that this lifelong feared loss of control had finally occurred. There were two attacks of this crying within the space of about a half-hour's time. It was realized that it would be inadvisable to open the armor any more than was absolutely necessary and also that a massive dissolution of armor was possible, which would be catastrophic; therefore, the crying which was there at the surface and was being fought back was let out, and then the patient allowed to rest. The blood pressure when the patient was in the cold, clammy sweat was 200/80, and the pulse was 120. Two hours after the attack, the blood pressure was down to 140/80; the body was very warm; and the pulse was 80 and had a slow undulatory peaceful quality to it. The whole body, however, was excessively relaxed. There was no pain. It should also be mentioned that during the first few hours after the attack the patient reverted to her adolescence, talked about the fact that she had taken heavy responsibilities at an early age; that she had never felt, in spite of opinions of others to the contrary, that she had

been able to work quite to the limit of her abilities. It always seemed to her that she was capable of doing better work than she was doing. Physical examination by an internist, including neurological, was entirely negative.

The following day there were two attacks of the same pattern but much milder and over in a few minutes. The attacks were followed by nausea and a brief period of frightened crying. There still was slight confusion present, evidenced by the repeated asking of the same questions. The second night after the attack, there was a strip of coldness about 3 inches wide across the upper chest during a mild attack of panic. At that time the blood pressure was down to 110/70; the rest of the body appeared warm; the pulse was around 60. The next morning this same chest area was specifically warmer than the rest of the body. On the third day, the patient was still weak but was up and about and improving, taking sips of wine. On the fourth day, there was a feeling of something pleasurable moving from the upper abdomen down to and coming out of the vagina. This sensation, the patient reported, was exactly the same as the ones she had had during her vaginal hemorrhages; in fact, she thought she was bleeding and looked down to see if any blood was present and was surprised to see that none had come out. On the fifth and sixth days, the patient was much stronger and up and about most of the time. By the ninth day vigor and strength were coming back. Blood pressure remained between 130 and 140 systolic over 80 diastolic. During the next few weeks there were frequent daily attacks of severe anxiety. During them, the patient felt that she was going to collapse and expressed the idea that "one could go into the next world during such a thing." These attacks were aborted by small amounts of whisky. The patient noted that she would urinate after each attack and there was a change in the character of her bowel movement. Usually she would have to, as she described it, "get the bowel movement down from high up," but now "it seems to be right down there ready to get out."

The accumulator was discontinued from the time of the first attack but remained in the apartment. The patient reported that just prior to her acute illness she had begun to see "sparks of lightning" moving in her lateral fields of vision. At the same time, she also saw black spots moving in front of her. The "lightning sparks" disappeared seven days after the accumulator was discontinued; but when the patient looked into the closet where the accumulator was kept, she could still see "the sparks," and this state of affairs lasted into the fourth week after her fainting attack. At this time,

it was felt that it would be advisable to take the accumulator out of the apartment because the attacks were continuing, and the apartment seemed to be quite charged. The last serious attack took place at the beginning of this fourth week. The patient had again developed symptoms of a cold and, on her own initiative, used the accumulator for about 20 minutes. The attack occurred just as she came out of the accumulator. The blood pressure was checked quite closely and was found to be 180/94 during the acute anxiety, and an hour later was 110/70. The elevated pressure was associated with paleness and the lower pressures with what appeared to be a good red color. Within two days after the accumulator was taken out of the apartment, the attacks began to diminish in frequency and intensity. Sparks were no longer seen anywhere by the patient. The weak sick look which she had had was gone, and she now looked quite healthy and began taking walks, though mild attacks of anxiety continued. These consisted of palpitation, associated with what the patient described as a feeling of "something not being right in the upper abdomen"; at times, with the feeling that "something was pushing up" inside her head. Sometimes there would be only palpitations; sometimes, just this feeling of "things not being right" in the upper abdomen. The patient always described herself as being "anxious" at these times. The blood pressure during this period remained in the vicinity of 180/80 but in subsequent weeks dropped to around 150/80. Now, instead of a general paleness with an elevated blood pressure, the face appeared flushed. There was a slight tendency to cry, but the patient was not able to get it out by herself and was not urged to do so. She felt, in general, that she was improving but still felt that she had to tell herself "to hold on." By the tenth week, the patient had resumed all her household activities although attacks of anxiety, some fairly severe, continued. By the twelfth week, there was a continued lessening of anxiety. Patient began to have days during which she was entirely free from anxiety. The blood pressure was in the vicinity of 150/80.

Six months after the first severe fainting attack the blood pressure level was between 140 and 150 systolic over 80 to 86 diastolic. The patient was able to function in her daily tasks, although a mild amount of discomfort in the form of anxiety was often present. The use of the accumulator was discontinued because, as Wolfe suggested, the blood pressure level could be used as a good criterion of whether orgone energy irradiation was necessary or not. Also, for a time, the patient developed an intense fear of the accumu-

lator which gradually subsided. About this time there occurred a strong outburst of angry crying. In an irrational way, the patient blamed herself for a certain situation. She was being carried away by this reaction and was practically out of contact. It was feared that a psychotic depression could occur were she allowed to continue. Very forcefully the patient was told to stop. She had enough contact to do as she was told although an hour later when she regained her equilibrium there was no memory of what she had been through nor could she remember what had happened about half an hour before the attack, although she had behaved at that time in her usual manner. She was again somewhat confused, asked the same questions over and over, and it was about 3 hours before she was completely clear. The blood pressure level the moment the reaction stopped was 200 over 94. Two hours later it had dropped to 144 over 86. The point has been made earlier in this paper that the blood pressure level dropped after an emotional reaction. For the sake of completeness, it should be added that it was the surge of energy, that is, the emotion, prior to the breakthrough which pushed the pressure up. During the attack, it was also noted that there was a hard redness in the face. This facial appearance ran parallel with the blood pressure level and was due to the strong upward push of energy. The whole episode was a clinical confirmation of Reich's elaboration of the biophysical structure of the hypertensive. The next 48 hours were the best she had had in several years, but in the following few days several new symptoms appeared. A feeling of fullness developed in the chest which was most intense high in the axillae. This chest syndrome alternated with attacks of diarrhea. The energy would move upward from the pelvis and be largely blocked by the holding attitude in the shoulders and then move back down to the pelvis and cause diarrhea. At times during the chest fullness, there were sharp pains over the precordial region. It will be remembered that in previous years this patient had had 4 or 5 attacks of anginal pain. The feeling of fullness was felt by the patient as though something inside her chest was pressing to get out. In subsequent days, this sensation changed into a feeling which the patient described as similar to milk coming into her breasts.

It has now been two years since treatment with the accumulator was begun and the use of the accumulator is being resumed although very slowly and carefully. Mild symptoms of anxiety persist, and these symptoms are associated with feelings of fullness in the head, quiverings in the stomach, and unsteadiness of the legs. *The hypertension as a problem no longer exists.*

The patient feels confident that she can bear up under her symptoms and has the strength to handle life's problems. Biophysical examination at present reveals much less anxiousness in the forehead and eyes, sloping of the shoulders which move slightly with expiration, and a markedly increased redness of the lower extremities. She is capable of self-gratification about once a week, and the climax now occurs at about the end of a minute instead of 4 minutes as previously.

Recent Reich blood tests revealed a moderate B-reaction and all findings in general are commensurate with what one would expect to find in a relatively healthy woman of 64 years. There was no evidence of undue biological disintegration.

All that has been written so far about this case is clearly understood within the framework of Reich's description of the hypertensive structure as described in the earlier part of this paper. Being bound as an infant certainly blocked motility in the pelvis. The termination of the nervous breakdown by "getting hold" of herself with the subsequent development of the fear of "losing control" of herself is typical of orgasm anxiety and the attempts of the organism to master it. The anginal attacks, the general basis of which has been described by Reich, can be understood from the episode of fullness in the chest which was associated with precordial pain. The movement of energy from the pelvis upward was blocked by the immobility of the body from the shoulders on up. It was this situation which was responsible for the feeling of chest fullness. The contraction of the organism at this point against this outward pressure was the situation which gave rise to the anginal pain. The cervical polyps and hemorrhages from them can be understood in the following manner: Years of pressure upon the block in the pelvis tended to push through the armoring here, and it is just this type of situation which has been described by Reich as being the bio-energetic basis of growths such as fibroids and polyps. The growths are the result of a contained bio-energetic breakthrough. Such growths, with the tremendous pressure behind them, are logically susceptible to hemorrhage, especially where they have little support from the surrounding tissues. The patient's biophysical structure before treatment, with good color from the pelvis up and poor color from the pelvis down, is the result of the strong block to movement of orgone energy as it approaches the genital. The energy does not get down to the genital or legs and, therefore, the paleness; the upper part of the body has excess energy and, consequently, the good color. The

response to treatment with the orgone energy accumulator is based partially on the fact that the accumulator has a vagotonic effect which counteracts the general sympatheticotonia in the hypertensive. This expansive effect, as evidenced by the patient's statement upon leaving the accumulator—"I feel as if I could put my arms around the world"—is responsible for the lowering of blood pressure and general relief of symptoms.

The production of symptoms leads to trying to understand the process of aging in the armored individual. The patient's condition prior to the use of the accumulator indicated the armor was giving way. This was apparent in the tightness of the throat, tendencies to dizziness, gastrointestinal disturbances, and dysuria; that is, the equilibrium between energy production in the core, absorption in the armor, and discharge in work and sexuality was being disrupted. The armor had reached the limit of absorption and energy was breaking through to give rise to local and general symptoms and, eventually, mechanical defects in organ functioning. Keeping in mind that chronic armoring is a dynamic obstruction to the natural movements of expansion of orgone energy, then the relief of symptoms by the accumulator can be, in part, attributed to the fact that there is a lessening of constrictive tendencies in the organism, with allowance for more natural total expansion instead of small isolated breakthroughs of energy in a pathological way. However, as Reich has said, armor of any kind, from a certain standpoint, serves a function. When the energy held in the armoring of the cardiovascular system was released and the pressure reduced, the situation from which the armoring protected the individual, that is, pre-genital and genital anxiety, made its appearance. The feeling of something moving from the upper abdomen down through the genital was a breakthrough of energy into the genital. When this happened, the hypersensitive structure was broken through; and the patient's reaction of syncope, associated with intense paleness and a blood pressure of 200/80, indicated that there was now a total contraction of the organism against expansion of the core. The base of the elevated pressure at this point was now the core instead of the block in the pelvis. In time, the organism returned to its previous hypertensive structure. This was desirable because the breakthrough into the genital had been much too strong for the the organism to tolerate. When months later the outburst of angry crying occurred, the picture was different because it was based on the hypertensive structure. Here there was movement of energy from the block in the pelvis directly up into the shoulders and face in the

form of anger, and the face was quite red. The pressure was again elevated, by this time with a higher diastolic. It can be seen that two different clinical pictures and two different types of elevated blood pressure resulted from two separate, though functionally connected bio-energetic situations. That the patient developed a feeling that the milk was coming into her breasts during the time when her chest felt full indicated that energy was moving into her breasts; and when this happened, the chest was more at ease. The breasts seemed to act as safety valves for the chest pressure. Further observations will be necessary to see if this happening has any connection with the fact that coronary occlusion is much less frequent in the hypertensive female than in the hypertensive male. The improving color of the legs and the earlier climax during self-gratification is indicative that increasing amounts of energy are pressing toward and breaking through to the genital and this, in turn, is the basis for the continuing anxiety.

The experience with this case has impressed me with the multiplicity and depth of problems one faces in dealing with a biopathic structure of many years' duration. There has been the hypertension and when this gave way, the pre-genital and genital anxiety, the anginal syndrome, and a tendency toward a psychotic depression. It is a medical fact of the first magnitude that the orgone energy accumulator for a long period of time decisively influenced such a structure in the direction of health.

Dr. Walter Hoppe, in his article "My Experiences with the Orgone Accumulator,"³ reported marked clinical improvement and a drop in blood pressure level from 210 to 190 systolic in a 72-year-old patient who used the accumulator for 3 months. There have been many similar experiences with hypertension which are, as yet, unpublished. That the accumulator has this effect in hypertension, one of the most common biopathies of our time, is another confirmation of Wolfe's statement in his pamphlet, *EMOTIONAL PLAGUE VERSUS ORGONE BIOPHYSICS*:

THE ORGONE ACCUMULATOR IS THE MOST IMPORTANT SINGLE DISCOVERY IN THE HISTORY OF MEDICINE, BAR NONE.⁴

This is a factual statement of tremendous medical importance which can bear repetition. Another fact demonstrated is that the physician who pre-

³ *Orgone Energy Bulletin*, Vol. 1, No. 1, January 1949, p. 16.

⁴ Theodore P. Wolfe, *EMOTIONAL PLAGUE VERSUS ORGONE BIOPHYSICS*, Orgone Institute Press, 1948, p. 44.

scribes the accumulator is responsible for understanding and following deep-seated biological changes and must observe the patient closely.

A few words might be said about the psychiatric aspect of handling this case. In general, as previously stated, the patient was advised to let out crying whenever she felt like it, and this she was able to accomplish. Whenever it became necessary to do specific psychiatric orgone therapy, I always did a little less than seemed necessary because an organism which has been biopathic for 64 years can tolerate changes in structure very poorly. It was felt that if the reaction had been inadequate during one treatment session that one could always go back later and obtain a more complete reaction if it became necessary.

The problems involved in treating a 64-year-old hypertensive have been presented. From a functional standpoint the problems are identical with the biopathies of the earlier years; the only difference is they have existed for a much longer period of time. The term "diseases of old age" is misleading. Actually, what we are seeing are *old diseases* spawned in the life-negating frustrations of infancy, childhood, and adolescence.

All the profound thoughts of hygiene and the art of healing are like the efforts of a mechanic, who having stopped all the valves of an overheated engine should invent something to prevent this engine from bursting.

—LEO TOLSTOY

From the History of Science*

When Torricelli and Boyle in the middle of the 1600's first created vacuums through very simple but brilliant experimentation, a debate began as to whether they had really created complete vacuums or whether there was still a "subtle medium" existing in the evacuated receivers. Before discussing this debate which has a particular significance in the light of recent orgone energy experiments, let us review the well-known experiments in which they created their vacuums.

In order to test the hypothesis that air had weight and could act as a pressure on substances, Torricelli took a glass tube about a finger's width in diameter and about three feet long, sealed it off at one end, filled it completely with mercury, and, keeping a finger over the open end, inverted it in an open vessel of mercury. The mercury sank to a height of around 30 inches above the level of mercury in the vessel. The remaining six inches were "empty"; for the first time in the history of science a vacuum had been created as the pressure of the atmosphere (called "the spring of the air") could only support a column of mercury about 30 inches high. Boyle added to this work by having an air pump constructed which allowed him to evacuate a large glass vessel so arranged that he could introduce objects into it. He showed in one of his many valuable vacuum experiments that when a mercury barometer was set up within this vessel and the air withdrawn, the column sank. When the air was readmitted, the column rose to its original height.

But had they constructed complete vacuums? No, said "the plenists" (represented by Descartes and Hobbes among others), according to whom the world by definition was full and hence there could be no complete

*The background material is drawn largely from James B. Conant's *ON UNDERSTANDING SCIENCE*, Ch. 2, Yale University Press, 1948. The quotes from Boyle are from *CASE HISTORIES IN EXPERIMENTAL SCIENCE*, Harvard University Press, 1948, pp. 18-20 and p. 34.

vacuum. Yes, said the vacuists or atomists. Let us quote Boyle's pertinent remarks on the subject:

On the one side it appears that notwithstanding the exsuction of the air, our receiver may not be destitute of all bodies, since anything placed in it may be seen there; which would not be, if it were not pervious to those beams of light, which rebounding from the seen object to our eyes, affect us with the sense of it; and that either these beams are corporeal emanations from some lucid body, or else at least the light they convey doth result from the *brisk motion of some subtle matter*. . . . By the sixteenth experiment, it also appears that the closeness of our receiver hinders it not from admitting the effluvia of the loadstone [field of the magnet].

Thus, the idea that it was necessary to have some *medium* for light and for magnetic action, both of which were present within the vacuum, were powerful arguments against a complete empty space. But Boyle continues:

. . . As for the allegations above-mentioned, they seem to prove that the receiver devoid of air, may be replenished with some ethereal matter, but not that it *really* is so. And indeed to me it yet seems, that as to those spaces which the vacuists would have to be empty, because they are manifestly devoid of air and all grosser bodies; the plenists (if I may so call them) do not prove that such spaces are replenished with such a subtle matter as they speak of, by any sensible effects or operations of it . . . but only conclude that there must be such a body, because there cannot be a void. [Italics mine—M. S.]

Since no physical proofs of the "subtle medium" as distinct from air could be given, the debate degenerated into one of words and did not lead to any satisfactory conclusion.

Boyle—who always disliked metaphysical speculation—tried himself through experiments to determine if any "medium" existed in his vacuums. His experiments were based on the assumption that the medium would function as air did. For instance, he let a small paper windmill fall in an evacuated receiver to see if the medium would affect its flight as air does. In another experiment, he placed a small pipe in a receiver below the surface of the water to see whether, when the receiver was evacuated, anything would be expelled at the pipe that would produce bubbles in the water. In still a third experiment, he attempted to find out if suction action in the vacuum would impel the medium to move even slightly a very light feather

placed in the vacuum, as a small amount of air moves it when the same suction action was applied.

All these experiments were negative. No effect of the medium could be detected. Today, many regard these experiments of Boyle as strange and curious, almost comical. The whole notion of a "subtle medium" is considered a bit naive. But in the light of orgone physics, they appear as, within the framework of mechanistic thinking, quite logical attempts to discover something which very much needed to be discovered. The later, premature rejection of the whole question appears as the real scientific error. One can hardly blame Boyle for not knowing that the road to the medium or ether lay not through the use of mechanical concepts derived from the study of air, but through the application of biophysical concepts derived from the study of the emotions. Indeed, it is illustrative of what a careful thinker Boyle was that he did not, on the basis of a few negative experiments, declare that "there was no medium." He specifically took into consideration the fact that the medium might function in a way that his experiments did not allow for. The experiments only taught him "to have no confident expectations of easily making it [the medium—M.S.] sensible by mechanical experiments; and . . . we may also be informed that is really so subtle and yielding a matter that does not . . . sensibly resist as does the air itself, the motions of other bodies through it, and is able, without resistance, to make its passage through the pores of wood and leather, and also of closer bodies, which we find not that the air doth in its natural or wonted state penetrate."

Approximately 300 years later in 1948, Reich's vacuum experiments solved the problem by demonstrating the existence of orgone energy in a vacuum. The experiments are elsewhere described in detail. Here I would only like to emphasize what distinguishes Reich's successful demonstration of the medium from the negative results of Boyle and others: his *functional* approach. Reich assumed that the so-called medium was identical with the orgone. Knowing from a decade's work with the orgone that it responded only to functional and never to mechanical experiments, he did not attempt—as Boyle did—to demonstrate a *mechanical* effect of the medium. Instead, he built his experiment around the very quality that had made the medium so difficult to detect in the past and that Boyle had suggested was one of the reasons his own experiments failed: namely, the *pervasiveness* of the medium, the fact that it *permeated everything*. He simply allowed a vacuum tube to

soak for many weeks in an orgone accumulator. In this way, he increased the organotic charge of the tube by adding the concentrated orgone of the accumulator to the orgone already in the vacuum from the atmosphere. Then, to prove the existence of the orgone energy in the vacuum, it was necessary to bring into play another functional property of the orgone—its *lumination* when excited by another energy field. He found that the tube *lumined blue* when excited by a small amount of electrical voltage or—more significantly—by body orgone, e.g., from the hair. The medium in the vacuum had been demonstrated. Thus, functional thinking—this time through the application in an experiment of two specifically functional processes, organotic *soaking* and organotic *lumination*—succeeded in solving another basic problem in natural science which mechanistic experimentation and metaphysical argumentation had grappled with so long and so fruitlessly.

MYRON R. SHARAF

I learnt to restrain speculative tendencies and to follow the unforgotten advice of my master, Charcot—to look at the same things again and again until they themselves begin to speak.—FREUD

The Orgone Institute Diagnostic Clinic*

By ELSWORTH F. BAKER, M.D., Red Bank, N. J.†

In 1942 *THE FUNCTION OF THE ORGASM* and in 1945 *CHARACTER ANALYSIS* were published in English. The sale of these two books started a flow of people to orgonomy. At first slowly, then in increasingly greater numbers. Other publications followed and interest continued to mount. Emotional plague articles appeared which only resulted in a further spread of interest. Orgonomy was growing rapidly in this country. Inquiries came to the Orgone Institute from all over America and from all parts of the world. Letters pleaded for help; the telephone rang almost constantly. Physicians came in for training as did psychologists, educators, social workers and others. The people wanted relief from their misery, cranks offered advice or found fault. Each inquiry was acknowledged somehow. Wilhelm Reich saw even more than his heavy schedule would allow; others were given advice or names of the slowly increasing number of available medical orgonomists. This placed an undue burden on the already overworked Institute and advice or referral was not too satisfactory in cases that could not be seen. Facilities had to grow with the demand.

Long ago, Reich visualized a Diagnostic Clinic at the Institute where such problems could be studied carefully, students screened, the sick helped, the cranks and pests weeded out. For five more years, however, the burden remained on the Institute. We all knew that here everything would be taken care of and that was so convenient. In the meantime, orgonomists had developed both in number and experience and an Association was formed

* Read at the Second International Orgonomic Convention on August 21, 1950.

† Director of The Orgone Institute Diagnostic Clinic, Secretary of the Educational Committee of the Orgone Institute, and member of the Board of Trustees of the Wilhelm Reich Foundation.

with eighteen members. Administrative problems grew; Reich had appointed committees to handle some of these connected with the Institute.

With the organization of the Educational Committee in the fall of 1949, the Diagnostic Clinic became possible. The Secretary of this committee could handle inquiries and maintain a clinic where those who sought help could be studied before treatment or training was recommended. At the Institute when something is possible it soon becomes a reality. Under Reich's direction the Diagnostic Clinic was opened at the Orgone Institute on January 18, 1950 and held each Wednesday afternoon through June of this year. So far twenty-four clinics have been held.

The paramount purpose of the clinic is to give the public access to the knowledge and experience of orgonomy. This requires of the diagnostician an integrated knowledge of the biopathies, individual potentials, especially in the case of candidates for training; the experience and skill of the various orgonomists and their available time; also forms of therapy or care other than Medical Orgonomy where the candidate is not felt to be suitable for this therapy. In other words, each individual problem is studied on its own merits and disposed of intelligently after a careful history and biophysical examination. An attempt is made to refer patients to an orgonomist skilled in that particular biopathy with the request that he examine the patient referred and decide whether or not he wishes to accept the case. In either case the clinic is notified and where the decision is in the negative, further referral is made by the clinic. When the patient is accepted but later gives up therapy or is dropped, the clinic is again notified so that an accurate check can be kept of the patient's final disposition. In a few cases where referral has not been successful, the secretary has himself taken over the problem. Cases judged not suited for Medical Orgonomy are referred to other clinics in the city. A further function of the clinic is the examination of all patients before they are accepted by the candidate orgonomist, to screen out problems judged too difficult for his experience and thereby protecting both the patient and the young orgonomist.

Appointments are made through the Institute and usually seven patients are seen each day. These have ranged from simple problems usually arising out of ignorance, all types of the neuroses to severe psychotics and even an occasional plea as to how to persuade husband or wife to seek therapy.

A total of 126 patients have been examined; eight of these were candidates for training, four of them physicians, two psychologists, a social worker and

a nurse. One psychologist was screened. The remainder were referred for personal therapy prior to training and have either started or will start in the fall. Two applied for training without the necessary background and since they had little interest in therapy were not accepted. Of the remaining 116, six were referred to other clinics in the city because of psychoses and poor individual potential. One was persuaded to adjust to life without treatment and two were advised to wait several months before considering therapy as they were not yet prepared to accept it. The remainder were referred for Medical Orgonomy.

At first no fee was charged and patients donated what they wished to the Wilhelm Reich Foundation. It was soon found to be more satisfactory to have a set fee which was established at fifteen dollars, although no one is refused because he is unable to pay. All income from the clinic is turned over to the Wilhelm Reich Foundation. A total of \$981.00 was received.

We have been very gratified with the cooperation of all the orgonomists concerned and their understanding of the purposes to be served.

Three steps are planned for the future improvement of the clinic. First, a close correlation with the Orgone Energy Clinic so that each case may receive the benefits of the Reich Blood and other tests allowing a much more accurate estimation of the individual's status; second, an enlargement of the clinic with a second orgonomist handling additional cases; and third, therapy for worthy cases who cannot afford private treatment.

Orgonomic Work in Scandinavia*

By OLA RAKNES, Ph.D., Oslo, Norway

When speaking of orgonomic work in Scandinavia, I think I ought to make a distinction between sex-economy and orgonomy, in so far as I do not know if the Swedish workers accept the orgone theory as the basis of their work, although I know them to stand firmly on a sex-economic basis, accepting as they do the orgasm theory as fundamental for their work. In Sweden the principal workers have been Dr. Gustav Jonsson, the director of the Children's Village at Skå near Stockholm, and his collaborators. In Denmark sex-economic and orgonomic work has been carried on by Dr. Philipson, in spite of certain divergencies from Dr. Reich, divergencies that, according to recent letters from Dr. Philipson, seem to be fast diminishing; another worker in Denmark, on an absolutely orgonomic basis, has been Dr. Nic Waal, who after her return from America about New Year 1949 has had her chief work in Denmark. In Norway I have been working mostly quite alone, but with some backing in the lectures and courses that Dr. Waal has been giving in Norway.

Let me begin with Sweden, of which I know least. All, or almost all, sex-economic work there has been centered about the Children's Village. Owing chiefly to his sex-economic attitude, the director, Dr. Jonsson, had several conflicts with the municipal and state authorities; he was sharply attacked by several conservative papers and had to use much time to hit back. For some months in 1949, Dr. Waal took over his work while he was abroad on leave, and that helped much to stabilize the clear-cut sex-economic direction of the establishment. This I know from three Norwegian psychologists who were working at Skå at that time. One chief difficulty for Dr. Jonsson was

* Read at the Second International Orgonomic Convention at Orgonon, Rangeley, Maine, on August 22, 1950.

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to find collaborators, from cooks and house assistants to house-fathers and -mothers, who were willing to and capable of handling the children as he thought they should be handled. In the conflict with the authorities he had to sacrifice his two best collaborators, the psychologist Ingrid Klackenberg and her husband, the administrator and lawyer Sven Larsson. I am not sufficiently acquainted with the circumstances at Skå to form a founded opinion, but my personal impression is that Dr. Jonsson gave in to pressure rather too easily. Ingrid Klackenberg and Sven Larsson are now making efforts to come to the United States to study child guidance and child therapy at some research center in this country—they are especially trying to find some such institution that would be willing to welcome them.

Dr. Lotte Bernstein (formerly Lotte Liebeck) has, beside her therapeutic work, been organizing an Association for Practical Psychology, chiefly on a sex-economic basis. To some extent it has been collaborating with the "Riksförbundet för sexuell upplysning," the organization of Lisa Ottesen Jensen, and it seems to have been doing good work, though I am not very well informed about it.

In the last year Judith Bogen from Oslo has been studying at Erica-Stifhelsen in Stockholm, a school for the handling of problem children; it seems, from what I learn from various sources, that although a pupil at the Institute, she has, thanks to her rich experience with children and her thorough knowledge of sex-economy, exerted a great influence on the therapeutic work in the Institute.

In Denmark the principal workers in sex-economy and orgonomy have been, as I said, Dr. Philipson and Dr. Waal. Dr. Philipson wrote last year for the chief socialist paper of Denmark a series of articles on the development of psychotherapy from Charcot and Freud, ending with Reich and with what Philipson considers his own elaboration of Reich's character analysis. In some respects he misrepresents Reich, accusing him among other things of stressing sexuality too much to the detriment of love. But on the whole, his attitude is positive, and he is convinced of the existence of the specific biologic energy, orgone energy, as discovered by Reich. Philipson is now editing a great work of some 600 pages in quarto on *LOVE LIFE IN MAN AND WOMAN*. Some 200 pages have appeared so far. With the exception of what I find to be the misrepresentation of some aspects of Reich's work, it promises to become a very valuable book. I have myself contributed one chapter on the love problems specific to religious people.

Still more important I think is the orgonomic work done in Denmark by Dr. Nic Waal, who has been very active as a lecturer, both to scientific and to popular audiences, as a leader of seminars, and as training therapist to physicians and psychologists. I shall mention only the most important of her activities in Denmark.

Her daily regular work has been at the Child Department of the State Hospital in Copenhagen, where she got the professor of pediatrics, Plum, strongly interested in Reich's work, so that he has studied Reich's writings and has tried to introduce self-regulation in the Child Department.

Next she has had a number of physicians and psychologists in training for vegetotherapy.

Further, she has been conducting 3 seminars, 2 on play therapy for psychologists and for child psychiatrists, 1 for pediatricians on child psychiatry.

She gave quite a number of popular lectures to associations for social pedagogics, to parents' unions, to schools for kindergarten teachers, and in State radio, speaking chiefly on mental hygiene and on self-regulation.

Speaking to a more scientific public, she lectured on muscle tensions and respiration on the background of vegetotherapy as opposed to other schools working with relaxation from a mechanistic point of view. Such lectures were given to the Norwegian Association of Psychiatrists, and to similar associations in Sweden and Denmark, in which countries, however, also pediatricists, neurologists, psychoanalysts and psychologists were invited to attend.

Swedish medical authorities had arranged a course in Sweden on psychotherapy for Austrians and Germans, at which course Dr. Waal spoke of Reich's therapy as distinguished from psychoanalysis.

In Denmark the Psychiatric Association arranged a continuation course for specialists in psychiatry, and Dr. Waal was invited to be one of the 4 leading lecturers. She talked on child psychiatry, mental hygiene, self-regulation and functional understanding of the child as opposed to mechanistic handling. The discussions resulted in a clear-cut opposition between Dr. Waal on one side and the other invited lecturers, Kretschmer from Germany and Römke from Holland, on the other side. Of the leading Danish psychiatrists one, Strömberg, repudiated Dr. Waal and Reich, while two others, Reiter and Gert Jørgensen, asked Dr. Waal to settle in Denmark to train psychotherapists. She finds it difficult to decide what to do, as the relations

to the psychoanalytic association are unclear and the premises for her work thus will be unclear too.

Before speaking of the work in Norway, I would like to mention that Dr. Waal also spoke at the International Congress of Psychiatry in Zurich. Her theme was again tensions and respiration as treated in vegetotherapy. On her way through Germany, she lectured in Hamburg on "the Concept of Freedom in Education," and in Mainz on "Modern problems in the real liberation of women." In both cities she had great audiences and good contact and was asked to come back if possible on her way to or from the Psychiatric Congress in Paris this month. She had been asked to represent Norwegian Child Psychiatry at the Paris Congress and had accepted, thinking it important that Reich's views on self-regulation should be represented in such an assembly. But after that, it seems that both the Psychiatric Association and the Board of Health, which was to pay the expenses of the delegates, have been illoyal to their first promises, so that it is doubtful whether she will go or not. In her last letter she seems to regret that she did not choose to come to our Convention instead.

I now at last come to the orgonomic work in Norway, and there too I will start with Dr. Waal's activities. As she was living in Denmark and only once a month could come on a weekend trip to Norway, her work there mostly consisted in lecturing and in planning and conducting three courses: 1 for teachers, arranged by the School Board of Oslo, 1 for the summer courses of the National Union of Teachers; both had for their theme child development and psychopathologic disturbances and pedagogical problems bound up with self-regulation. She explained the orgonomic view and stressed as the main purpose of true mental hygiene giving the child the possibility for self-regulation and keeping free its capacity for love. Dr. Waal's third course of lectures in Norway was given to the Nurses' Training School and had for its subject mental hygiene and sexual hygiene, both on a basis of self-regulation.

Two separate lectures of Dr. Waal's I should like to mention apart as they may show the students' attitude toward our work. A group of students of medicine and of psychology had organized a series of 10 or 12 lectures on sex education, the lectures to be given by well-known physicians, psychologists and educationists. The introductory lecture was to be given by the Director of Public Health, Karl Evang, in the thirties a zealous propagandist for sex

education. When asked if he was willing to open the series, he said yes, but looking over the list of lecturers and finding my name there, he said that he would not speak in the series of lectures if I were to speak there too. The students' group had a meeting on the question and resolved to cancel my name from the list. I told Dr. Waal of this, and when the students approached her, she answered that if my name was cancelled they would have to cancel hers too. The students had a new meeting and this time found that they could better do without Evang's lecture than without Dr. Waal's and mine—and so she gave two lectures on sexual neuroses and I one on the sexual problems of puberty.

As I said, in these last years I have been the only therapist in Norway working regularly and consistently on an orgonomic basis, but there is no doubt that Dr. Nic Waal's lecturing activity, and more especially her lectures to psychiatrists on muscular tensions and respiration as a means of diagnoses has to some extent backed up my position. Since the series of University lectures on the "Development of a psychotherapy on a biophysical basis" in the second half of 1948, I have only occasionally given a lecture, in every case to some students' association. This, however, combined with my reputation as a therapist, seems to have been sufficient to provoke the opposition and hatred of a part of the medical profession, led by the neurologist Gabriel Langfeldt. In an article in the Journal of the Norwegian Medical Association in November 1949, an article widely quoted in the daily press, he warned physicians against trusting patients to a therapist with such a total lack of critical sense that he could go in for Reich's orgone therapy of which Langfeldt said that "every individual with some medical education must understand it is sheer nonsense." I replied, both in the Journal and in the daily papers, by giving a short account of orgone therapy and how much of it I practice, and also by quoting the letter from the American medical orgonomists to the American Medical Association. A few days after my answer had been printed in the Journal, the Medical Faculty of the University of Oslo, certainly on the instigation of Langfeldt, wrote to the Director of Public Health, asking that he cause my license as a therapist to be withdrawn because I was using so-called "orgones" in my therapy. The Board of Health did not tell me about this letter until 7 months later, and they were clearly at a loss what to do with it.

Shortly after my answer in the Journal, the president of the Medical Stu-

dents' Association addressed himself to me on behalf of the Association, asking me to give a lecture to the medical students on orgone therapy. I thought I could not well refuse, so I accepted, and the date of the lecture was fixed to the 24th of February of this year. Before the meeting I was interviewed by two of the editors of *Æsculap*, the monthly journal of the medical students, and it looked as if the interview had stimulated the interest of the students and the aggressiveness of the medical authorities. So the great hall of the Medical Association was full to the last seat, with a number of professors and other medical authorities in the front row.

In my introductory remarks, I quoted Herbert Spencer's saying:

There is a principle which is a bar against all information, which is proof against all arguments and which cannot fail to keep a man in everlasting ignorance—that principle is contempt prior to investigation.

—adding that if anybody were to participate in the discussion armed with that principle, I would think myself justified in not answering him.

In the first part of my lecture I gave a brief account of the various ways of stating the existence of orgone energy, the optical, the thermic, the electroscopic, by the Geiger-Muller counter, by lumination in vacuum tubes, by the orgone field meter, and by Xray photographs.

I then proceeded to enumerate some of the fundamental qualities of orgone energy, as far as they have been discovered hitherto: its ubiquity, like that of ether, its pulsation, that material objects, especially living organisms, act as orgonotic systems capable of influencing each other, and finally that a strong orgonotic system can draw energy from a weaker system. That an organism is healthy in terms of orgonomy means that through unhampered orgonotic pulsation it keeps up an orgonotic balance of its different parts. A disturbance of this orgonotic balance is equal to a biopathy, that is a disturbance of the fundamental vital functioning of the organism. A central symptom of such disturbance is the sexual stasis, which we find at the bottom of every neurosis or functional psychosis.

After a short survey of the principal biopathies and an excursion on orgastic potency, I gave a brief sketch of psychiatric orgone therapy and the restructuring it leads up to—closely following Reich's presentation in the chapter on orgone therapy in *THE CANCER BIOPATHY*.

Finally I gave a brief account of physical orgone therapy, its application,

its theoretical foundation, and a few of the published case histories, including orgone therapy of cancer.

The following discussion was opened by Langfeldt, who began by complaining that I had wasted his time by calling him to account for slanderous utterances about Reich and his work. He continued by quoting a few newspaper articles from the 1938 campaign in Norway, and concluded by sketching three different psychiatric explanations of Reich's and my own activities. The students whistled—as they did also to the following speaker, Langfeldt's next in command, Dr. Anchersen, who tried to make fun of the circumstances under which Reich had discovered the atmospheric orgone energy, and also of certain detached passages from *THE CANCER BIOPATHY* which must necessarily appear senseless to anybody with no knowledge whatever of the basic facts. Other speakers were Professor Dale, Xray specialist, who contended that such pictures as that of the space between the palms published by Reich in the *Orgone Energy Bulletin*, were well known to any Xray specialist, and Dr. Moxnes, a physicist who gave an evidently distorted report of an interview with Dr. Reich in 1937 or 1938. My last opponent was Kreyberg, who, he said, had convinced himself of the ignorance and unscientific procedures of Dr. Reich in his laboratory in Oslo. On my side spoke one student of psychology and a well-known skier and sports journalist, both of whom pointed out how none of the opponents spoke to the theme of the discussion, but only tried to discredit and to ridicule Dr. Reich and his followers without going into the facts laid before them. In my reply I pointed out that the only facts my opponents had mentioned were the Xray picture and the motor force in orgone energy, which they said to be well-known phenomena, but of which they had offered no explanation whatever. As for Dr. Anchersen, I regretted that he was not a contemporary of Newton's, then he might have had an opportunity to make fun of the observation of the falling apple which led to the discovery of the laws of gravitation. To Langfeldt I said I should not answer him as his basic principle so evidently was that of *contempt prior to investigation*.

After the meeting a commentator in the medical students' paper asked how it could be explained that in spite of the condemnation from the assembled medical men Dr. Raknes left the meeting with a moral victory; his answer was that Langfeldt had directed his blows below the belt.

A few days after the meeting in the Medical Students' Association, Langfeldt published a newspaper article on "Prayer Cures and Other Methods of

Suggestion," being chiefly an attack upon orgone therapy which he represented as a dangerous quackery pretending to be a scientific method of healing. His chief contention was that orgone therapy claimed to restore people to orgasmic potency by means of orgone accumulators. In a short reply, I pointed out how Langfeldt on former occasions had demonstrated his absolute ignorance about orgone therapy, that the claims he attributed to this therapy were set up by himself in order to repudiate them, and that I regarded all further discussion with him as useless.

In the same article Langfeldt told that the Medical Faculty had taken steps to have the law altered so that only fully educated physicians should be permitted to practice psychotherapy. I do not know if by that he refers to the letter already mentioned where the Medical Faculty asks the Director of Public Health to cause my license as a psychotherapist to be withdrawn. If that is the letter he refers to, his rendering of it is almost as distorted as his representation of orgone therapy. But as I said, I do not know—there may be another letter from the Medical Faculty of which I am ignorant.

Not knowing that the Faculty of Medicine had tried to have my license withdrawn, I continued peacefully my therapeutic work, and often heard testimonies of the interest taken in it both by the public, by the students of medicine and of psychology, and also by many physicians. From utterances by the professors in the discussion in the Medical Students' Association, it was clear to me that some of them were trying to prevent the medical profession from collaborating with me, and I was prepared that I might meet with difficulties in cases where such collaboration would be necessary. But a conversation with a prominent neurologist, who is also educated as a psychiatrist, allayed my fears in this respect—he declared that he at least was willing to collaborate whatever Langfeldt might say or do. Another psychiatrist said the same thing a few days later.

My work these years has almost exclusively been limited to psychiatric orgone therapy. I have had in treatment quite a number of students of psychology, and during the last months also a few physicians. The psychologists mostly intend to work as school psychologists, as social workers, in schools for problem children and in nursery schools, and some also as child therapists. A few of them had originally the intention to become orgone therapists, but owing to difficulties with licensing they have mostly turned to school work and other kinds of practical psychology. I hope it will be possible to gather these students into a group where they can discuss their

work problems and plan future work. As for the two physicians in treatment, one has psychotherapy as his chief interest—he is specializing as a psychiatrist—and he promises to become a good medical organomist. The other is more intent on setting up a general practice, and so far I am not sure how much he will be able to utilize orgone therapy there; that will depend on the success of his further treatment.

Owing to the opposition of the medical profession, I have so far been very cautious in recommending the use of the orgone energy accumulator. I have told patients about it, told them that I myself use one every day, said that I can have accumulators made for them, but have left it completely to themselves whether they would procure accumulators or not. Only in two or three cases have I directly recommended or even urged the use of the accumulators—in one of these cases I paid for the accumulator myself, in another I paid half the cost. There are now in use in Norway 14 accumulators. In every case where they have been in use as long as one month; the users have said they feel them to be of great help, with one exception: a woman of 50 said that she got so excited from sitting in it that she had to stop using it. When I offered to take it back, her brother had started using it, and he found it so helpful that he wished to keep it. This brother had been with me in vegetotherapy 12 years ago, which had enabled him to make his own living, of which he had been totally incapable before.

I should like to mention only one case history, although the results are still too new to permit of a final judgment. A foreigner, who had heard from a friend that I at the time was the only person in Europe practicing orgone therapy, wrote me from Italy and asked whether I could take him in treatment. I said yes, if he could get a physician to examine him first and then recommend orgone therapy; I proposed that on his way through Germany he see Dr. Kemper in Berlin, of whom I knew that he had learned much from Reich. When the patient came to Germany, Dr. Kemper had recently left for South America, where he had been appointed professor, I think in Rio de Janeiro. So the patient came to Oslo, where I at once suspected that he also suffered from some organic illness unknown to me. I sent him to an outstanding neurologist, whom I did not know personally, but who several times had sent me patients for examination. The neurologist found that the man suffered from an organic disease, the nature of which I cannot publish now. I wrote Wilhelm Reich about the case, and he dissuaded me from

taking the man in treatment—but if I did take him, he added, he must have an accumulator. To the neurologist I said I would rather not take the patient, but the neurologist persuaded me to take him all the same; I could help him mentally at least, he thought, and he, the neurologist, was curious to see if the orgone therapy could also do anything for the organic disease. I said I could not take the patient without having him use the accumulator, and the neurologist agreed. After a few weeks I also asked the patient to use the shooter for his neuralgic pains, especially in his legs. The patient, who came to me three times a week as it would be materially impossible for him to stay in Norway more than 6 months, made good progress both mentally and physically. After three months I sent him back to the neurologist for a new examination, and the neurologist found a marked amelioration, especially of the reflexes. He told the patient to apply the shooter not only where I had directed, but also to his neck and shoulders. The progress continued; the patient began to feel like a new man and planned a new way of arranging his life when he came home to his own country. He had already detached himself from his earlier religious background. It was my intention to send him back to the neurologist for a final examination before he left Norway, but owing to a misunderstanding, that could not be arranged. The patient intended to go on working on his own body and to use his accumulators when he came home, too; he felt stronger and freer than he ever had before. I tell this case history chiefly to show that some physicians at least are willing to collaborate with me in spite of the official condemnation of orgone therapy, and that they even may make suggestions of their own for the use of the accumulator.

Now that I know that some physicians are out after my scalp, I feel as though I shall be able to act with more assurance in the future, repudiating the authority in matters of orgone therapy both of the Medical Faculty and of anybody else who has not made a serious study of organomy, and also refusing to take patients from doctors who do not leave to me the choice of the methods of treatment.

In the few discussions I have had with Dr. Nic Waal on professional matters, there is one thing we both have wished could be more discussed in the publications of the Orgone Institute as well as at organomic conventions: The principles and the technique of orgone therapy. After the discovery of the orgone energy, the weight has shifted considerably from chiefly character-

analytic technique to more direct efforts at liberating the organismic orgone energy. For my own part I must confess to having made this transition more by intuition than by reasoned principles, but I think it would be helpful if such principles could be systematically elaborated, a thing which I myself have not hitherto felt capable of doing, and which Dr. Nic Waal also would like to signal to the attention of orgone therapists.

I am ashamed to think how easily we capitulate to badges and names, to large societies and dead institutions. We ought to go upright and vital, and speak the rude truth in all ways.—EMERSON

Report on Orgone Energy Accumulators in the U. S. A.*

By ILSE OLLENDORFF, Orgonon, Rangeley, Me.†

In giving this report, I would like to start with the orgone energy accumulator production over the past 9 years. We had 3 accumulators made in October 1941 for use in the laboratory at Forest Hills. Besides the workers in the laboratory, the accumulators were used by experimental patients who were coming to the laboratory and used the accumulators there. In 1942 some of the close co-workers expressed a desire for accumulators in their homes and 6 more accumulators were constructed, mainly for this purpose. During 1943 a number of experimental patients preferred to have the accumulators at their homes to avoid the daily journey back and forth to the laboratory, and it was decided to construct more accumulators. In 1943 the number constructed and ordered amounted to 20 accumulators. These were 1-fold accumulators which were built in Oquossoc, Maine, first by Mr. Templeton and later by his daughter in their workshop. The accumulators were at that time given only to people who were in close contact with the Orgone Institute Research Laboratories. They signed an affidavit which is substantially the same as we still require it now, and they started to pay the \$10 monthly rental. In the following 2 years during 1944 and 1945 only 21 new accumulators were ordered, which brings the total accumulators in our possession in 1945 to 50 accumulators.

Through experimentation at the laboratory, it was found that an increase in layers of the accumulator will bring about an increase of the orgone energy concentration although not proportionally. We, therefore, equipped

* Read at the Second International Orgonomic Convention, Orgonon, Maine, August 24, 1950.

† Administrative Director of the Orgone Institute Research Laboratories and member of the Board of Trustees of the Wilhelm Reich Foundation.

most of these 50 accumulators with additional layers which were added to the outside of the accumulator, thus bringing them up to 2-fold by adding these layers. Then in 1946 the demand for accumulators began to increase suddenly. Fifty-six new accumulators were ordered in 1946, bringing the total up to 106. These 56 accumulators were constructed as 2-fold accumulators with the middle layer consisting of a solid sheet of metal. The organic material used at that time was already rock wool or glass fiber. In the fall of 1946, we discovered that the use of steel wool for the 2nd layer rather than solid metal enhances the strength of the accumulator, and beginning with accumulator No. 98, all accumulators were now constructed with an inner layer of steel wool and rock wool. In 1947 the new orders amounted to 65, bringing the total up to 171. In 1948, the total number of accumulators ordered reached 91, bringing the total to 262.

During 1948, we decided to build 3-fold accumulators for general use and to have special 5-fold accumulators for cases which were under strict medical supervision, where a strong orgonotic effect was desired. Sixteen 5-fold accumulators were constructed and are being used wherever indicated. In 1948 the construction of accumulators was shifted from Maine to New York where a small carpentry firm in Forest Hills took over the building. In 1949 and the beginning of 1950, 100 more accumulators were ordered and built and the construction was shifted back to Maine where the firm of S. A. Collins & Son took over manufacturing. At the present time, we have 322 accumulators in use in the U. S. Twenty-seven of these accumulators are given out free of charge, 11 accumulators built by private people for their own use, and 20 accumulators are used at a reduced rate. All of these accumulators are still given out on an experimental basis. Every user has to sign an affidavit to that effect, and each affidavit has to be signed and the diagnosis filled in by either the treating medical organomist or, in cases where the patient is geographically too far removed, the affidavit has to be accompanied by a statement on the physical status of the patient by his own physician. In the New York area, persons who are not in treatment but would like to use the orgone accumulator are now being referred to the Orgone Energy Clinic before giving them an accumulator. Here I would like to add that we are, naturally, willing to let anybody in need of the use of an accumulator benefit from it; however, it has become increasingly frequent that people have asked for an accumulator without wanting to pay for it. We have, therefore, made it a principle in each such case to get a written statement

from the attending physician as to the absolute medical necessity of the use of the accumulator in that case and a detailed explanation of the financial situation to find out whether the reduced rate or accumulator free of charge is indicated. The fact that up till now, through the courtesy of Drs. Oscar and Simeon Tropp, the use of an accumulator free of charge was available to such patients and that in the future the use of accumulators at the Orgone Energy Clinic will be available to such persons will help to reduce this practice.

Most of the first 50 accumulators have been exchanged by this time for stronger ones. The material is being used over as far as possible in the building of new ones. Over the past 9 years, it can be safely assumed that more than a thousand people have been using the accumulator more or less regularly over periods ranging from 3 months to 9 years, since in most cases family members and friends have availed themselves of the use of the accumulator, together with the original signer of the affidavit. The average use is approximately 1 year 9 months.

I would like to mention how widely known the orgone energy accumulator has become recently. We know the role which the accumulator plays in all the slander stories. It has recently come to our attention that in a current novel the accumulator is mentioned as the "sexone box" and last winter a social and educational group in Greenwich Village announced a lecture and demonstration of the orgone accumulator. They called on us to provide an accumulator and lecturer, which was refused because of the clearly non-scientific character of that organization. They insisted that they would be able to provide an accumulator anyhow; whereupon, we immediately had our lawyer intervene and threaten them with removal of the accumulator through police interference if they showed it against our wishes. We learned that they not only did not show the accumulator or mention any word about organomy, but they also hastily had a new announcement of their lecture made, leaving out any mention of Reich, his work, and the accumulator. Almost the same experience was had with a pseudo-scientific radio program.

The income from the accumulators has risen in accordance with the rise in the demand from \$4,594 in 1946 to \$23,000 in 1950. The cost of the accumulators altogether from the beginning until now is \$20,400. I would like to stress at this point the fact that neither Wilhelm Reich nor any of the other physicians connected with the work on the orgone accumulators has earned any money in connection with that work. The income from the accumulators

was never sufficient to cover the expenses of the research work. The medical use of the Orgone accumulators has been donated by Reich to the Wilhelm Reich Foundation and is worth approximately \$25,000 a year.

Let me first say that the following figures about the income and the expenses of the Orgone Institute Research Laboratories are taken from the financial report ending with the fiscal year May 31, 1950. There is, therefore, a slight difference in the figures between those cited by Dr. Baker for the income from the Orgone Institute Diagnostic Clinic (*cf.* p. 41, this *Bulletin*) and my figures since they do not include the entire month of June. The expenses for the research work, the laboratories, maintenance of Orgonon, and the Forest Hills Laboratory, including the salaries, have likewise risen from \$9,000 in 1946 to \$21,800 in 1950. The income of the corporation during the period 1946 to 1950, aside from the income derived from the accumulators came from the following sources: Wilhelm Reich contributed \$29,214 toward the expenses apart from loans. He had also spent \$110,565.39 for the work in the course of 15 years. The professional co-workers, including the regular contribution from the American Association for Medical Orgonomy, contributed \$19,466.10. General contributions and donations amounted to \$6,898.30. When, in 1948, it was decided to construct the Orgone Energy Observatory, a special construction fund was set up and many of the co-workers donated money for this specific purpose. The construction fund was also the recipient of consultation fees which Reich designated for this specific purpose; other physicians did the same with certain of their consultation fees or monies received for blood tests and examinations. Money from the A. S. Neill lecture in 1948 likewise went into the construction fund which, by the end of the fiscal year May 31, 1950, amounted to \$23,947.30. In 1950, there was a net income from the Orgonomic Infant Research Center for fees of \$1839, and clinical consultations at the Orgone Institute Diagnostic Clinic brought in \$696. The assets of the corporation before depreciation included the following:

Orgonon, Laboratory and Observatory	\$75,255.99
Orgone energy accumulators	20,389.13
Apparatus and equipment	4,976.10
Office equipment and furniture	281.17
Total	\$100,902.39

ORGONE ENERGY ACCUMULATORS IN U. S. A.

This does not include the laboratory equipment which Wilhelm Reich brought to the U.S.A. in 1939 and which is worth about \$20,000.00.

The liabilities of the corporation include the following:

Loans payable	\$13,286.79
Accounts payable	3,949.99
Total	\$17,236.78

At the present time Wilhelm Reich holds the title for most of the land and the Orgone Energy Observatory in trust for the Wilhelm Reich Foundation, and these assets will gradually be transferred to the Foundation. At the present time 19 acres of land, plus approximately 3½ acres of land on which the Students' Laboratory is standing have been transferred to the Foundation, together with the following other assets and liabilities:

Liabilities transferred:

Loans payable	\$12,370.12
Accounts payable	3,519.87

Total \$15,889.99

Assets transferred:

Students' Laboratory with adjacent buildings	\$16,940.44
Depreciation as of May 31, 1950	2,473.98

Full value as of June 1, 1950	\$14,466.50
Apparatus, located in the Students' Laboratory	\$1,059.54
(Includes full laboratory equipment, lathe, vacuum cleaner, etc.)	
Depreciation as of May 31, 1950	296.67

Full value as of June 1, 1950	762.87
Accumulators	\$20,389.13
Depreciation as of May 31, 1950	4,756.66

Full value as of June 1, 1950

Total assets transferred \$30,861.84

The Orgone Research Fund is still in existence as a subsidiary of The Wilhelm Reich Foundation and is paying all of the overhead expenses while The Wilhelm Reich Foundation directly pays expenditures in connection

with the capital assets such as apparatus, construction, etc. Our overhead, according to last year's financial report, was approximately \$21,000, which was distributed as follows (figures are approximations):

Salaries and wages	\$10,500
Maintenance of Orgonon	\$2,200
Laboratory expenses	\$1,400

Great expenses in our work, especially with the high rates of electricity in Maine, are the items light, heat, and telephone, which last year amounted to over \$2,500.

Hospital Project last year	\$857
Legal and accounting expenses	\$1,000
Insurance	\$675
Real estate taxes	\$870
Maintenance of laboratory in Forest Hills	\$500
Stationery, travel, postage, etc.	\$1,000

We hope that through the planned sale of the accumulators this overhead will be amply covered and that those research centers which are already functioning will be able to cover their own expenses, thus relieving Wilhelm Reich from his annual loans and contributions.

The Charter of The Wilhelm Reich Foundation

STATE OF MAINE

CERTIFICATE OF ORGANIZATION OF A CORPORATION, UNDER CHAPTER FIFTY OF THE REVISED STATUTES, AND AMENDMENTS THERETO

The name of said corporation is The Wilhelm Reich Foundation.

The purposes of said corporation are

1. To conduct research and teaching in cosmic orgone energy (orgone physics, orgone biophysics), and natural science generally, its medical, technical, other and all future applications;
2. To establish, operate and maintain laboratories and observatories for scientific purposes;
3. To establish, operate and maintain clinics and hospitals for orgonomic medical research and medical orgone therapy;
4. To establish, operate and maintain educational institutions;
5. To establish, operate and maintain bioenergetic research in agriculture;
6. To acquire and preserve the instruments, library and archives of Wilhelm Reich;
7. To preserve the discoveries of Wilhelm Reich and secure them for posterity by the establishment of institutions of learning, maintenance of museums or otherwise;
8. To publish any material concerning the discoveries and work of Wilhelm Reich; and all future work of the corporation based on these discoveries;
9. To hold such real and personal property as shall be necessary for its purposes, to raise funds for said purposes, and to receive real and personal property by gift, devise or bequest, and to give and dedicate such property to public agencies and purposes, and to mortgage or pledge the assets of the corporation in order to carry on the work and purposes of the corporation, and generally, without limitation of the foregoing and in extension thereof,

to do all such acts and things as may be necessary to promote the purposes of this corporation;

10. To conduct its affairs so that no part of the net income of the corporation shall inure to the benefit of any private member or individual, and no member, officer, or employee of the corporation shall receive, or be lawfully entitled to receive, any pecuniary profit of any kind therefrom, except reasonable compensation for services in effecting one or more of its purposes or as a proper beneficiary of its eleemosynary purposes.

The members of the Board of Trustees of The Wilhelm Reich Foundation for the period 1950/51 are:

WILHELM REICH, M.D., President, Research and Administration.

ELSWORTH F. BAKER, M.D., Director of the Orgone Institute Diagnostic Clinic, Forest Hills, N. Y., Secretary of the Educational Committee of The Wilhelm Reich Foundation.

A. ALLAN COTT, M.D., Director of the Orgone Energy Clinic, Forest Hills, N. Y.

ILSE OLLENDORFF, Treasurer and Administrative Director, The Wilhelm Reich Foundation.

CHESTER M. RAPHAEL, M.D., Secretary of The Wilhelm Reich Foundation, Director of the Orgone Energy Clinic, Forest Hills, N. Y.

THEODORE P. WOLFE, M.D., Publications.

The Anti-Nuclear Radiation Effect of Cosmic Orgone Energy

September 6, 1950

To the Board of Trustees
of the Wilhelm Reich Foundation
Orgonon, Rangeley, Me.

Gentlemen:

I am referring to the discussion we had at the last annual meeting on August 30, 1950, concerning the responsibility involved in conveying the importance of our knowledge about the medical effects of orgone energy in case of a renewed strenuous war effort. It is, especially, the great danger of damage by nuclear radiation which constitutes the main worry in the United States. It has been known to me and some of our physicians for a long time that orgone energy counteracts nuclear radiation. I would like to summarize the hope which is entailed in the medical efficiency of the orgone energy in the following points which are especially concerned with possible application against nuclear radiation effects:

1. *Blood System.* It is to be expected that a bio-energetically strongly charged organism will resist the damage inflicted by nuclear radiation much better than a bio-energetically weak organism. The bio-energetic strength of an organism is, according to observations over a period of about 15 years now, especially reflected in the behavior of the blood system, particularly the red blood cell system. It has been established beyond any doubt that by means of the orgone energy accumulator, the blood system can be charged bio-energetically to a very high degree. Thus, the bio-energetic strength and resistance of the organism are heightened. Many physicians working with orgone energy have found invariably that such chronic conditions as chills, colds and so-called low resistance are alleviated if orgone energy is applied over long periods of time and regularly. Thus, understandably, also the disposition to pneumonia could be reduced. I omit here more details which can be submitted at any time.

2. *Tissues.* It has been established that orgone energy as applied by the orgone accumulator has a strong vagotonic effect, i.e., that blood supply and turgor of the tissues are greatly increased. From well-known medical principles it follows that well-charged tissues and organs will resist damage to a much greater extent than weak tissues.

3. *Wound Healing.* One of the most important effects of orgone energy application is a quick and nearly perfect healing of even severe wounds and burns by means of direct irradiation of the damaged region. For instance, severe damage due to 2nd and 3rd degree burns is alleviated, and the worst effects are prevented if the severely burned region is irradiated with orgone energy immediately after the accident occurs. Blisters do not occur and the pain is reduced after a few minutes. Wounds due to cuts are healed quickly and cleanly. Old resilient ulcers are healed under the influence of direct orgone energy radiation by means of an acute inflammation which sets in in the degenerating region and replaces dead tissue by new granulating tissue. This may suffice to indicate the direction in wound healing.

4. *Alleviation of Pain.* Orgone energy, if applied directly to an aching region, has the effect of at least greatly reducing acute pain. These effects have been studied in such cases as acute pain in cancer, rheumatism, migraine, neuritis, cuts, and similar conditions. It is therefore to be expected that immediate application of direct orgone energy irradiation would greatly help to alleviate pains in cases of severe wounds due to shells, bullets, fractures, etc.

5. *Shock.* It has been established that due to the strongly vagotonic effect of orgone energy, shock reactions are at least diminished, and recovery is speeded up by total irradiation of the organism with orgone energy, since shock is mainly due to a sudden severe sympatheticotonic contraction of the organism.

The above-mentioned points are far from giving a complete picture. However, they may suffice to indicate what tremendous benefits could be derived from a general application of orgone energy in cases of emergencies such as atomic warfare, epidemics, etc. Last, but not least, I would like to mention a point which, at present, is no more than a prospect, but a very helpful one. Lack of appropriate financial means has hitherto made it impossible to pursue the following line of research:

Nuclear radiation, for instance radium, is changed under the influence of concentrated orgone energy. The kind and the extent of such change is still

very obscure. However, it can be conscientiously stated that these effects of orgone energy upon nuclear radiation could be elaborated in a short time with the appropriate means. Here it may suffice to state that orgone energy represents cosmic energy *BEFORE MATTER*, in contradistinction to nuclear radiation which is radiation *after matter* as handled by the Atomic Energy Project. It is understandable why I restrict the communication concerning this point to a mere indication.

Would you be kind enough to transmit this communication to the appropriate authorities of the Atomic Energy Commission. I felt it my duty in these trying times to press toward awakening not only interest but also medical conscience regarding these matters in the responsible military and government circles. It would not take much money to elaborate the above-mentioned effects to the satisfaction of medicine and for the safety of our country. I would therefore appreciate it highly if you were kind enough to exert your influence and your position to carry these suggestions to their full realization.

Most sincerely yours,

for The Wilhelm Reich Foundation

WILHELM REICH, M.D.

President.

Rules to Follow in Basic Research

1. Your microscope should be as good as the car you dream of possessing.
2. When you start looking into a microscope or doing some experiment you are asking *nature* certain questions; therefore look and listen only to what *nature* has to tell you, and not what the head of your bacteriological department expects you to see. Forget for awhile what you have learned in school. It may be wrong. After having carefully looked and listened, then compare what you have seen with what you have learned.
3. Don't try to be smart and clever. Be *humble*!
4. Do not try being a scientific worker when you are afraid of what your neighbor might say to what you have seen. Forget your neighbor for awhile.
5. Do not try to "control" experiments. Understand them first, then perform them faithfully according to their exact description. Never alter an experimental setup before having understood it and having become capable of handling it well. Later on any change will be only fruitful, but not at the start.

6. Trust your senses fully if you are sure of yourself. But control the results of your sense impressions by devices which are independent of your senses. First rely on your *feeling* heat at the orgone energy accumulator's inner walls. Then use a *thermometer* to confirm the feeling.

7. Never try to develop ideas about something you have never seen.

8. Judge any thing or process from the standpoint of *its own* existence and functioning. Never try to judge an airplane by what you know about a pressure cooker. And don't forget: A steam locomotive is much more than a wheelbarrow. You won't believe it, but it is true that some "authorities" try to judge an alive earth bion from what they know about a Gram-stained staphylococcus, or to judge the cosmic orgone energy from what they know about "static," instead of the other way around.

9. If you learn of a new basic function in nature be ready to revise your well set ideas.

10. Do not try to hide your mistakes, speak about them frankly, and be proud of knowing your mistakes. Do not try to be perfect. Your mistakes are your most reliable signposts on your road.

11. In research it is of paramount importance to know exactly what you do *not* know.

12. An "authority" is the one who *knows* what he is dealing with, and not the one who never has learned what he thinks he already knows. A bacteriologist is no authority on bions unless he has diligently studied bions, and a cancer researcher is not an authority on organomic cancer research beyond his own field unless he has diligently learned to see the developments of protozoa from disintegrating tissue, T-Bacilli, etc.

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