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Editor: Wilhelm Reich

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

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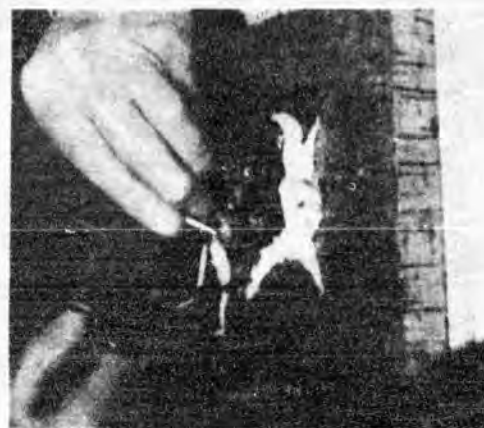
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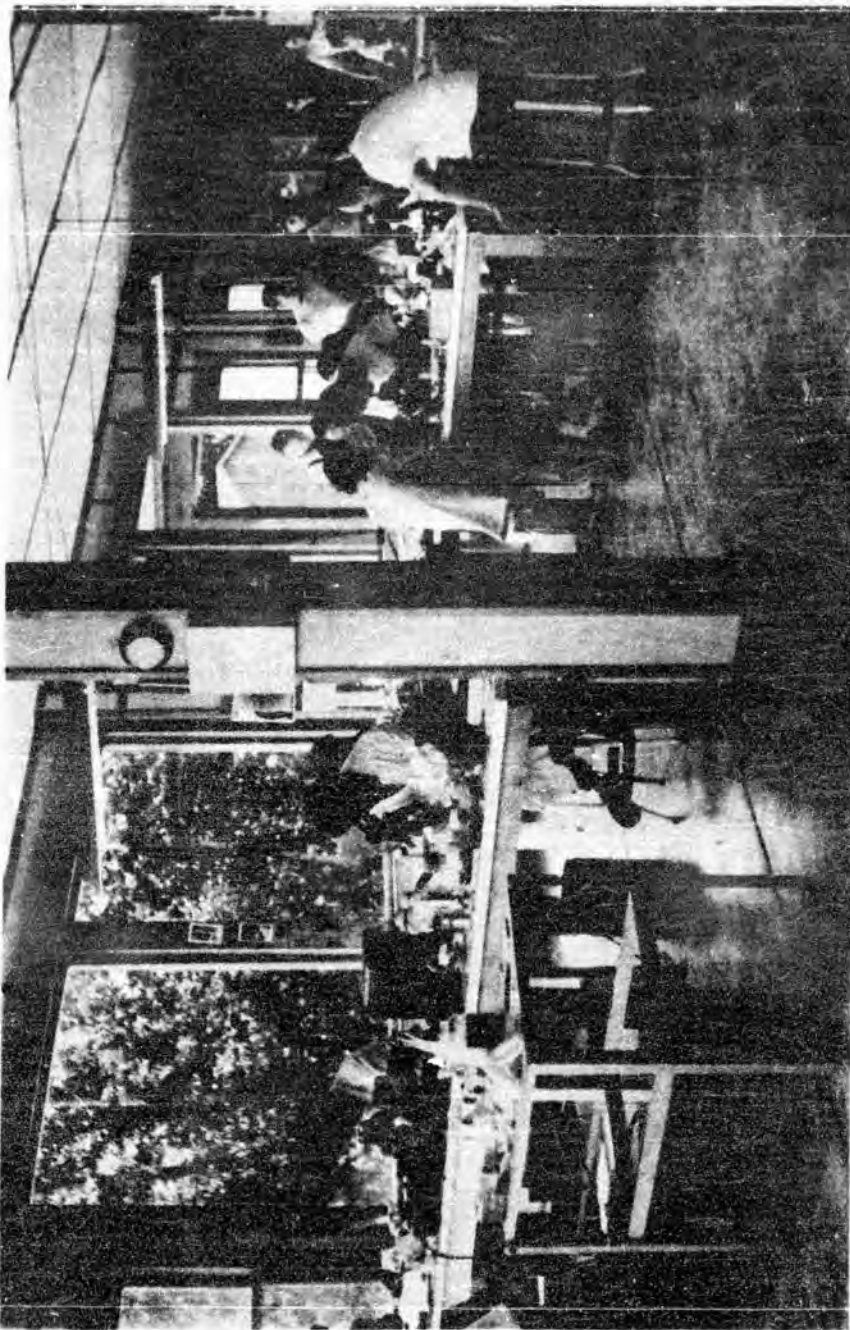
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AUTOPSY OF CANCER MICE



AT THE MICROSCOPES IN THE STUDENTS' LABORATORY

Orgone Energy Bulletin

VOL. 3, NO. 2

APRIL, 1951

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PRELIMINARY RESEARCH REPORTS

1. Complete Orgonometric Equations*

By WILHELM REICH

- 11. Complete orgonometric equations
- 12. Orgonometric setting of algebraic equations: "Suspended" equations
- 13. True and false equations

11. Complete orgonometric equations: $(A \neq x.y \neq a.b.c.d)$

In the orgonometric form (14),¹ the functional identity with respect to the *cfp* of two paired variations is symbolized by $f. a + b$ with respect to x , $c + d$ with respect of y , and $x + y$ with respect to A . We call this equation "*incomplete*" since, orgonometrically, it contains merely the qualitative variations from A . No *quantitative* relationships among the constituents have as yet entered into the equation.

We shall call an orgonometric equation "*complete*" when it describes both the qualitative *and* the quantitative properties or functions of a natural process or a well-defined realm of functioning. We designate the symbol $\neq$ to indicate orgonometric completeness. The orgonometric form (14), if complete, must accordingly be written

* This is the second in a series of articles on "Orgonometric Equations" by Wilhelm Reich. The first, "Orgonometric equations: I. General form," appeared in the *Orgone Energy Bulletin*, October, 1950, pp. 161-183. The numbering of the section titles follows consecutively from the first article.

¹ Cf. Reich: "Orgonometric equations: I. General form," *Orgone Energy Bulletin*, October, 1950, p. 173.

$$A \neq \begin{matrix} x \neq a \\ y \neq d \end{matrix} \quad (22)$$

This expression tells us that a, b, c and d are the numerical as well as the functional constituents of their CFP A .

It will be shown later that in certain instances the numerical value of their CFP A equals the numerical product of x and y , and, therefore, also the product of the numerical values of a, b, c and d . Instead of (22), we can also write:

$$A \neq x.y \neq a.b.c.d \quad (23)$$

In this functional operation we have integrated completely an *orgonometric* equation ($A \neq x.y \neq a.b.c.d$) with an *algebraic* equation ($A = x.y = a.b.c.d$). The symbol $\neq$ directly expresses this integration of $\neq$ and $=$.

The following example may help to clarify this operation:

An owner of horses makes an agreement with an owner of sheep to exchange horses for sheep. We can express this exchange in terms of functional *qualities* as well as numerical *quantities*.

Quantitatively the agreement may, say, stipulate that 10 horses should be exchanged for 100 sheep. Accordingly, if x designates horses and y sheep, $10x = 100y$ or $x = 10y$.

The quality of the objects of exchange did not enter the decisive operation. It is of no interest whatsoever to the farmer in what manner horses and sheep are related to each other qualitatively or functionally. It is solely a certain numerical value for horses and sheep which determines the ratio of exchange. Neither does it matter for what specific reason the one farmer needs sheep and the other horses. It may be that the horse owner prefers to eat mutton, or that the sheep owner needs horses to pull plows or carts. These are *functional* considerations which do not enter the actual exchange; they only *motivate* it.

Quantitatively, the two farmers are only interested that each horse be exchanged against 10 sheep. Scientifically, this is controlled either by subtraction: $x - 10y = 0$, or by division of $x/10y = 1$. Expressed differently, one whole sheep equals quantitatively one-tenth of a horse.

Functionally, however, a horse cannot be cut up into ten separate pieces nor can one-tenth of a cut-up horse, no matter how accurately divided, pull a plow or a cart. This *functional quality*, concealed in the exchange, already qualifies the deal between the two farmers. Here the *motive* of the exchange enters the operation. If the sheep owner needs 1 or 10 horses for pulling

plows, he must give away 10 or 100 sheep, respectively. Otherwise, the horse is of no use to him. If he is merely interested in getting a horse because he likes to eat horse meat and not mutton for a change, he is again bound to deliver 10 or 100 sheep, since the horse owner won't know what to do with a cut-up, dead, nine-tenths remainder of a formerly alive horse. Such an operation would be possible with *dead* matter which can, in most practical cases, be divided mechanically. It is meaningless in dealing with *living* things.

Thus, the functional, qualitative element entered the quantitative operation. The basic reason for the impossibility of exchanging one-tenth of a horse for 1 sheep is the *living functional quality*, in other words, the functional *totality* or indivisible *unity* of a horse or a sheep. Only in *one* case can the horse be cut up into pieces and be exchanged against sheep at the rate of one-tenth to 1, and that is if both farmers want *dead* animals to obtain their meat to eat. Here the functional quality of totality or integrated organismic unity disappears entirely.

But as long as functional, i.e., *work-producing integrated* systems are needed, the orgonomic principle of the integrated CFP rules; not only in the exchange of horses against sheep, but also in the exchange of any commodity which serves a specific total function such as a dynamo or an automobile. We could not with any apparent reason exchange the coil system from a dynamo for the detached steering assembly of an automobile. In this respect the non-living dynamo and the automobile are fully comparable to a horse or sheep as a total organism, integrated from a certain interplay of functional constituents.

The *qualitative* function of the *total* machine or animal is what distinguishes it from the merely quantitative numerical value. And it is this functional quality which is expressed in our symbol $\neq$. Here we do not, to begin with, equate a certain number of horses with a certain number of sheep. To begin with, we are not interested in numbers or in exchange of equal quantities. We are interested primarily in what a horse x , as a living being, has in common, no matter whether 10 or a 1000, with a sheep, y , no matter how many: $x \neq y$. The CFP of horses and sheep that interests us may be that both are capable of propagation or that both can perform useful jobs, the horse pulling a cart and the sheep grazing off a piece of hay-growing land.

There are other functions comprised in the CFP of horses and sheep: Both run on four legs, have a voice, two eyes, one mouth. These elements may be of some scientific interest as in classifying biology. These constituents unite or

integrate horses and sheep, no matter how many, into *one* functional realm whatever we may name it.

It is now this common functional quality (cfr) of two variations which we integrate with certain numerical values if we write the *complete* organometric equation: $A \neq x.y \neq a.b.c.d$. For example, we may, after having determined the cfr of horses and sheep and some of their variations, be interested in learning how many sheep weigh the same as 100 horses. In other words, we investigate quantitatively their common relation to the pull of gravity.

The complete organometric equation will prove its great value in future astrophysical studies. There, the numerical harmony and identity of certain functionally integrated systems, like the planets, will be of paramount importance. But first we have to build up the logical sequence of our thought operations. Several basic thought operations will be required to bridge, finally, the gap between the qualitative and the quantitative in natural-scientific thinking.

12. Organometric setting of algebraic equations: "Suspended" equations: $E \neq m.l^2.t^2 \neq m.l.l.t^{-1}.t^{-1}$

(23) represents the algebraic setting of a "*complete*" organometric equation. (22) represents one "*suspended*" form of the same equation. In its suspended form the organometric equation has not yet been dissolved algebraically; it is being kept "*pending*." The function of keeping equations pending is to define their *factual, qualitative* setting. In the algebraic setting of organometric equations, we prepare for the *numerical* solution of the equation. In the functional, suspended setting of algebraic equations we prepare for the determination of the functional interrelations of the constituents. There is only *one* final way of writing algebraic equations although we can shift the members from right to left and vice versa. There are *several* final ways of writing a suspended organometric equation. Form (23) can be set in the following ways:

$$A \neq \begin{matrix} x \neq a \\ y \neq c \end{matrix} \quad (23a)$$

$$A \neq \begin{matrix} x \neq a \\ y \neq b \end{matrix} \quad (23b)$$

$$A \neq \begin{matrix} x \neq b \\ y \neq a \end{matrix} \quad (23c)$$

$$A \neq \begin{matrix} x \neq a \\ y \neq c \end{matrix} \quad (23d)$$

These examples may suffice.

Let us now dissolve a well-known algebraic equation functionally and write it up organometrically. In consideration of the future solution of some concrete organometric problems, we choose the algebraic equation for mechanical energy, $E = m.l^2.t^{-2}$. This algebraic form does not tell us anything about the *kind* of energy in question. It describes the energy in the action of a lever just as it describes the energy in rotary motion. Neither does it reveal anything about the inner functional, qualitative meaning of the specific interrelation between the constituents of the equation. Nor does it contain any comprehensible relationship whatsoever between E , i.e. "motion," on the left side of the equation and its *quantitative transformation* into a product of mass, length (both are *static*!) and time on the right side. Yet the algebraic formula is somehow functional. We can build bridges and hoist heavy loads according to its numerical values. But in its algebraic form it contains nothing about its functioning and its alive practical validity. The functions remain hidden.

The functional meaning of algebraic equations, such as that of mechanical energy, can be made accessible if we write them up organometrically and keep them "*suspended*." The given practical example admits of the following possibilities which now are to be tested:

We suspend E into its constituents thus:

$$E \neq m.l^2.t^{-2} \neq m.l.l.t^{-1}.t^{-1} \quad (24)$$

and keep it suspended until the functional settings are accomplished.

In the process of the organometric formulation of the algebraic equation many problems arise which have remained hidden in the merely quantitative setting. We transform the rigid algebraic form into a fluid functional equation. This organometric form permits us to vary the settings according to *different* functional meanings *without changing the one numerical value*.

Mechanical energy, E , in the classical sense may be assumed to be the product of impulse, p , and velocity, c : $E = p.c$. The impulse, p , is defined as

mass, m , moving with a certain speed, c : $p = m.c$. Velocity, c , is defined as distance traversed, l , divided through time, t : $c = l.t^{-1}$. We write organometrically:

$$E = m.l.l.t^{-1}.t^{-1} \nleftrightarrow \begin{matrix} p = m.l.t^{-1} \\ c = l.t^{-1} \end{matrix} \nleftrightarrow \begin{matrix} m \\ c = l.t^{-1} \end{matrix} \quad (24a)$$

This form of suspension can be comprehensibly translated into words: An impulse is not given by resting or inert, but only by *moving* (c) mass (m): ($p = m.c$). ENERGY OR WORK is given if *moving mass* ($m.c$) is paired with a certain velocity (c). Thus, the *double* representation of velocity, i.e., *movement*, in the equation for work $\nleftrightarrow$ energy is well defined. In this special case the paired constituents of energy are *impulse* and *velocity*, in other words, MOVING IMPULSES ($E = p.c$).

13. True and false equations

The organometric form (24a) represents an actual, real function which can be visualized and comprehended: *Impulses* (p) *moving in space* (c) *in continuous sequence*. It is a *true* equation. (The closer the sequences of impulses, the more does the movement approach the form of continuous linear motion.)

Let us now change the organometric setting into

$$E = m.l.l.t^{-1}.t^{-1} \nleftrightarrow \begin{matrix} m.l \\ l.t^{-1}.t^{-1} \end{matrix} \nleftrightarrow \begin{matrix} m \\ l.t^{-1} \end{matrix} \quad (24b)$$

Here the function of energy or work is constituted first by *inert* mass (m) paired with length (l), and second by length (l) paired with the inverse ratio of time squared (t^{-2}).

This setting does not seem to divulge any actual, factual meaning. Resting, inert mass has no relationship whatsoever to length. There is no bridge of a comprehensible nature between inert mass and static length. Nevertheless, the algebraic equation of energy would correctly dissolve to zero if numerical values were given to its constituents. E would, in the mechanistic sense, lawfully be the numerical product of the factual values of m , l and t as in (24a). Yet there would be *no functional meaning* in this equation whatsoever.

From here onward we shall term equations which are lawful numerically, but are meaningless functionally: FALSE EQUATIONS.

The main difference between TRUE and FALSE equations is the presence or absence of a functional, factual, and comprehensible interrelation of the constituents.

These are strict requirements, endowed with the quality of *LAWFULNESS*, if organometry is to fulfill its task according to organometric form (19). It is required that quality and quantity, factual function and number, observer and observed, be identical in a CFF.

December, 1950

(To be continued)

If science is not to degenerate into a medley of ad hoc hypotheses, it must . . . enter upon a thorough criticism of its own foundations.

—A. N. WHITEHEAD

2. The Storm of November 25th and 26th, 1950

The observations made at Orgonon during the storm were the following:
Supply of electricity stopped at 1:15^h, Nov. 26th; no light or heat. Gusts were up to 60 to 70 MPH with an average of 30 to 40 MPH.

Wind blew from East, later East-Northeast.

Rain was driving from the East.

The main direction of the storm followed the typical path of Northern hurricanes, first Northward, then Northeast-ward (*cf.* weather chart). The direction of wind from the East-Northeast at Orgonon (45° north Latitude) indicates that the storm blew out Eastward toward the Atlantic. Orgonon was probably at the left fringe of the whirling storm (counter-clockwise spin). There were *two* distinct phases during the storm, charac-

MAIN COURSE OF STORM AND AREA AFFECTED



The New York Times

THE STORM OF NOVEMBER 25TH AND 26TH, 1950

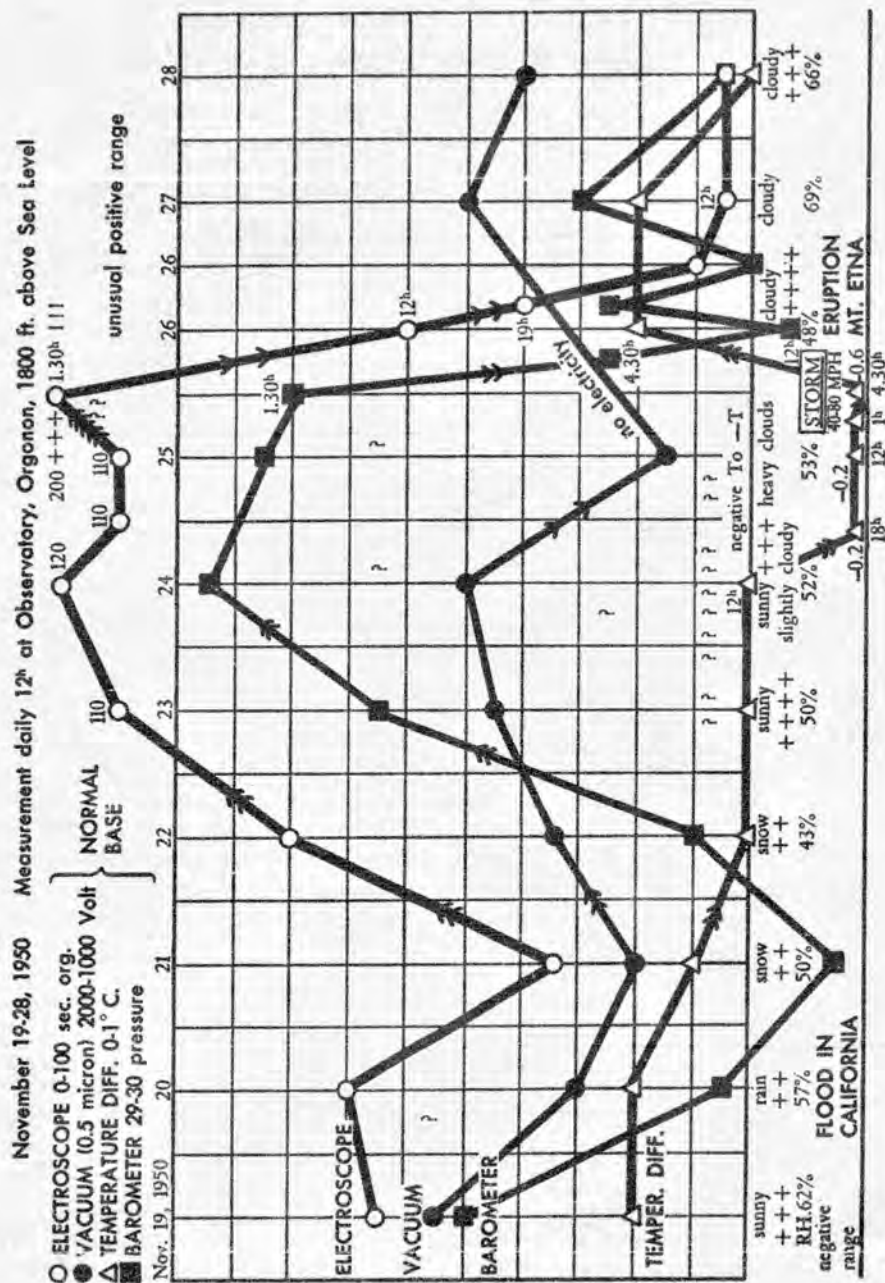
terized by sudden increase in intensity and velocity, one at about 3^h, the other at about 7^h, both during the early morning of Nov. 26th. Gusts reached velocity of approximately 75 MPH.

Several orgonomic measurements during the night of Nov. 25th-26th showed a sharp discrepancy between the atmospheric orgone tension (OP) and the temperature difference (To-T), *never seen before*, not even during the brief hurricane of June, 1944: Whereas the temperature difference had been around zero from November 22nd to November 27th, as is typical before and during severe weather conditions, the electroscope in a quite unusual, atypical manner slowed down considerably in its discharge to about one-half of its usual rate in dry, sunny weather (*cf.* Reich: *THE DISCOVERY OF THE ORGONE*, Vol. II, pp. 97-121). These are the actual details of the electroscopic reactions (gold leaf electroscope). The readings of the atmospheric tension (OP) and of the temperature difference (To-T), measured usually at 12^h noon, were the following from November 19th to November 27th, one day after the passing of the storm (the *abnormal* parallel readings are underscored):

Date	Atmospheric tension	Weather	To-T
11/19/1950	65 sec. orgs.	sunny	0.2°C
11/20/1950	70 sec. orgs.	rain	0.2°C
11/21/1950	35 sec. orgs.	sunny	0.1°C
11/22/1950	80 sec. orgs.	snow	0.0°C
11/23/1950	110 sec. orgs.	sunny	0.0°C
11/24/1950	120 sec. orgs.	sunny	0.0 to -0.2°C*
11/25/1950	110 sec. orgs.	heavy clouds	0.0 to -0.1°C
Night of			
25/26	120 (1.30 ^h)	hurricane, 40-60 MPH	-0.2°C
25/26	120 (4.30 ^h)	gusts, 75 MPH	-0.6°C (!!)
11/26/1950	60 (12 ^h)	rain, heavy clouds	-0.1°C
11/26/1950	40 (19 ^h)	cloudy, rainy	0.2°C
11/27/1950	10 (1 ^h)	cloudy	0.0°C
11/27/1950	5 (12 ^h)	cloudy, rainy	0.2°C

* The minus sign signifies a negative temperature difference.

The barometer behaved peculiarly. It rose quite abnormally, in harmony with the abnormal orgonotic tension in the atmosphere, to 29.95" on Nov.



24th at 12^h noon, *one day before the storm*; it held as high as 29.85" at 12^h noon on the day of the storm, Nov. 25th; and at 1:30^h during the night of the 26th, when the storm was already blowing strongly, the barometer still held 29.8"; it *dropped* during the first rise in storm intensity at 4:30^h in the morning to 29.3", and further to 28.7", AFTER the storm was over at 12^h noon on the 26th. It had not fallen either before or during the height of the storm, but, on the contrary, was unusually high as it otherwise is at this altitude only during sunny days. This possibly makes it understandable that the weather bureau failed to predict the storm. On Nov. 25th, 1950, the *New York Times* predicted: "Occasional rain and windy today; snow tonight. *Fair tomorrow.*" The day of the great storm cost many dozens of lives, hundreds of millions of dollars, and lasted for some 12 hours. Taken together with other irregularities of the barometer function, it becomes clear that the weather theory requires basic revision. Such revision is most urgent in the face of the new organomic facts, known since about 1941.

The chart drawn at the Orgone Energy Observatory at Orgonon had not predicted the storm either; we learned about its development only on the 25th of November through the radio reports from New York. However, and this is important, *many question marks were written on the chart when, since Nov. 21st, the temperature difference began to fail and continued to be at zero even during sunny and clear days, with at times even a negative temperature difference.* The problem of what was going on was accentuated by the fact that the organomic tension in the atmosphere kept rising above the usual upper limit on two consecutive, heavily clouded days preceding the storm. It was supposed to be low, in accordance with the local weather. Also the great discrepancy between the temperature at zero and the atmospheric tension as high as 120 sec. org. was very suspicious. Thus we had known for several days in advance that something had gone wrong in the atmosphere. This fact had even been discussed during staff meetings held *before* the storm occurred. But we, too, failed to predict "storm" because of the high OP and barometer readings. To pose this problem seems essential for further study of atmospheric energy conditions. During the minor storm on Dec. 8th, 1950, the same kind of displacement of readings occurred.

It is clear that the theory of "cold" and "warm air" currents is, to say the least, insufficient to cope with such weather problems. Should scientific conservatism not finally yield to *facts* in the face of such disasters?

November, 1950

3. The Leukemia Problem: Approach

It is of interest to the public at large as it is to scientific procedures in general to be kept informed on methods used in the achievement of final results. In the case of organomic cancer research it was felt as particularly disturbing that the results which were obtained so far in the elucidation of the origin of the cancer cell and the initial stages of the shrinking biopathy evoked so much astonishment mixed with incredulity. It seemed impossible to believe that what happened actually did happen. Hundreds of richly endowed and equipped cancer research laboratories had failed to detect the origin of the cancer cell, while an "outsider," somebody who did not "belong" to the circles of cancer pathology, a man coming from the still young science of clinical biopsychiatry should have succeeded in solving the cancer riddle.

The cancer process, heretofore inaccessible to the most refined techniques of modern science, yielded to the simple, almost ridiculous assumption that it was basically the result of a *decaying* or rotting process in the tissues and in the blood. Largely neglected common bacilli, *B. subtilis* and *B. proteus*, advanced to first-rank position in the cancerous process; common bacilli which had heretofore not drawn more attention in scientific circles than the routine effort of sterilization. Yet it is true that the common process of decay of proteins, in short, "rotting," was the key to the understanding of the cancer scourge. True, it was only a key, and not the whole story. A key that opens the locked entrance to a secret room full of all kinds of precious things is not in itself the room with the things in it. But without the key you cannot get into the room.

The idea of reporting on our approach to the solution of the problem of leukemia came up during a meeting of the scientific workers at Orgonon early in December, 1950. In the following report, the accent will rest on the *approach* rather than on the results so far achieved. The setup of the base of scientific research operations always requires infinitely more effort and time than the gathering of the final results. It took six years to set up the arrange-

ments for measuring the cosmic and bio-energetic orgone energy pulses. The measurements themselves only take a few minutes every day. It took several years to prepare the measurements of the changes in vacor tubes due to atmospheric orgone energy changes (*cf.* this *Bulletin*, Vol. 2, No. 4, 1950, pp. 184-193); it takes only five minutes to actually measure them. The formulation of equations, organometric or otherwise, takes only an hour. Its preparation takes years if not decades. One can easily judge a scientific accomplishment by the manner in which its *development* is presented. Here, an attempt will be made to give the description of the *development* as it runs its course, with all the uncertainties and doubts involved, and not *post factum* as it was done in the description of the Cancerous Shrinking Biopathy (1939-1948).¹

The project of organomic leukemia research was easier to approach than it was fourteen years ago to attack the cancer problem in general. Several well-tested facts and theories were already at hand this time, while in 1936 there was nothing there except a few observations in grass infusions; nothing was then known about T-bacilli, atmospheric or organismic orgone energy, the loss of bio-energy in the red blood cell system, characterological resignation, etc.

In the autumn of 1950 the following facts and methods were available right from the beginning of the undertaking:

1. Leukemia (from now onward briefly Lk) is known to be a special variation of cancer (Ca) in general. Lk has been recognized to be cancer of the *blood* and the *lymphatic* system, whereas Ca in its common meaning denotes wild cell proliferation in the tissues, usually resulting in a malignant tumor.

2. Classical cancer research distinguishes, not very sharply and with little agreement, different types of Lk. However, for our special task it was enough to distinguish Lk, manifested mainly in the blood by a great increase of white cells, and Lk without such increase in the white blood cells, but

¹ *Cf.* Reich: DIE BIONE, Oslo, 1938.

Reich: BION EXPERIMENTS ON THE CANCER PROBLEM, Oslo, 1939.

Reich: "The Carcinomatous Shrinking Biopathy," *International Journal of Sex-economy and Orgone Research*, 1, 1942, pp. 131-155.

Reich: "The Natural Organization of Protozoa," *Ibid.*, pp. 193-225.

Reich: "Organization of Plasmatic Matter from Free Orgone Energy," *Ibid.*, 4, 1945, pp. 133-141.

Reich: THE CANCER BIOPATHY, New York, 1948.

manifested in a malignant swelling and spreading of lymphatic cells in the lymphatic gland system.

3. In orgonomic Ca research it was found that the classical distinction between various Ca forms with respect to the tissue from which Ca originates has no bearing on orgonomic observations, since *all* Ca cells, no matter what their origin or location, look alike and behave in an identical manner. The distinction with regard to muscular, bone, fibrinous, glandular, epithelial, and other types of Ca, was replaced by definition of various *states of development* of the Ca cell in Ca I, Ca II, Ca III, Ca IV, and Ca V (*cf.* THE CANCER BIOPATHY, p. 220 ff.).

The old classical distinction was to some extent justified by the degree of malignancy attached to the various Ca forms. On the more benign end of the line we find the *scirrhus*; on the other, most malign end the small-cell *adenocarcinoma*, with the rest of the forms somewhere in between. The slight prognostic value of this distinction was more than undone by the fact that the *common background* of the various Ca forms had been found to consist in a *general loss of energy* in the total organism, followed by slow putrefaction which becomes visible sooner or later as the state of *cachexia* with death resulting. A similar common denominator was assumed to act behind the local Lk tumors. With regard to the specific concentration of the disease, it was sufficient to distinguish between Lk in blood, as "BLOOD LK" and Lk in the lymphatic glands, "GLAND LK."

4. It was further assumed that the Lk cell, though resembling white blood cells, has no more functional relation to a normal leucocyte or lymphocyte than a Ca cell in an adenocarcinoma has to a normal glandular cell. The microscopic study of the *ALIVE* Ca cells in various forms of Ca and various tissues did not warrant any meticulous distinctions with regard to tissue origin. The Ca cell was not simply a normal cell running wild with division and growth, but it was a *new cell*, a *protozoon*, which had come about through natural organization from bions which on their part were results of the bionous disintegration of previously healthy tissue. In a similar manner, the Lk cells were assumed to be biologically different from the original physiological white blood cell. It, too, it was assumed, is an entirely new protozoan organism, growing wildly in the blood, in lymph glands, or in both.

5. A further preliminary assumption replaced the concept that in Lk it was the *WHITE* cell system which was diseased by the idea that, *to begin with, it*

was the RED cell system which initiated the Lk process. This general assumption, sounding at this point rather strange, was justified by several clinical facts, which, it is true, had not been elaborated in great detail until 1950:

a. The fact of the existence of an "*aleukemic leukemia*," that is, a Lk *without* an appreciable increase in white cells, did not permit an overburdening of the white cell system with *all* of the responsibility.

b. In Ca it had been established beyond any shadow of a doubt that the formation of protozoal Ca cells in tissues was itself a *secondary* process, a *reaction*, as it were, to a deeper and more basic disease process. At the core of this primary disease process, orgonomic Ca research found a general *weakness of bio-energy*, a *low charge and continuous loss of bio-energy in the tissues and the RBC*, or most outspoken in certain localizations, usually where muscular armoring and blocking of movement of bio-energy had choked off normal tissue functioning and blood circulation. Before Ca cells developed, which usually happens late in the total Ca process, there was at work for many years, more often for *decades*, a slow dying process, a decay and putrefaction of tissues and blood due to characterological, bio-energetic withdrawal and resignation and to putrefaction. The so-called *T-bacillus*, which gained such overall importance in the understanding of the Ca process as the years passed by, can be obtained from any kind of tissue or protein through degeneration and putrefaction. It is now this "*T-REACTION*" which provokes the development of PA bions from which in turn Ca cells arise. Thus, in the last analysis, the *Ca cell itself is a RESULT rather than a cause of the Ca process*, though, it is also true that the Ca cells through rapid growth, infiltration of organs, and consecutive decay enhance the dying process.

In the light of these facts it was assumed that in the Lk process, too, the rapid proliferation of Lk cells in blood and lymph glands may be due to a *reactive* process. The real noxa would accordingly be somewhere in the background, unseen heretofore and unrecognized. This great unknown X would then be the factor that provoked the rapid development of mobile and malignant Lk cells which are similar to white blood cells.

Such reactive proliferation of white cells is well known in clinical pathology. Every local infection provokes increase in the number of white cells on the spot. The *macrophages* are more numerous in certain infectious diseases, and some Ca cells look very much like macrophages. It was logical, then, to assume that, to judge the other way around, a leucocytosis, lymphocytosis, or

phagocytosis, within benign limits, resulted in the same manner by way of provocation as, on a grand and malignant scale, the Ca and Lk cells are developed WITHIN the organism, *from its own bio-energetic system*, as a *reaction* to a much deeper, possibly *specific, chronic* disturbance. After the careful study of the Ca process had been accomplished, it was now easy to assume that it was again a *T-process* which was responsible for the increase and malignancy of the white cell system. Thus the Ca cell and the Lk cell, although entirely different from normal cells, different in function and origin, would nevertheless have some common features with normal body cells, such as phagocytes, leucocytes and lymphocytes.

c. Since Lk is distinguished from Ca in that it does not seem to affect the tissues themselves, but mainly the blood and the lymphatic system, it could be further assumed that it is *not* the white but the RED BLOOD system which becomes diseased and thus gives rise to the great proliferation of white cell forms. This assumption was, until 1950, supported by only one single factual clinical observation. In *THE CANCER BIOPATHY* (1948, first published in the *International Journal* 4, 1945) a case was reported (p. 310 ff.) which had been diagnosed by other physicians as a possible leukemia, and whose father had died of leukemia. There was an increase of white cells to about 14,000, but there were no glandular implications. The routine Reich Blood Test, however, yielded a picture which was different from what had always been seen in Ca processes. *The red cells seemed tremendously overcharged bio-energetically*. They had a strongly luminating rim and field. The centers in many of them were reddish, a typical symptom of overirradiation. They were also taut. In sharp contradistinction to this, they seemed *to fall apart through autoclavation as if they had no bio-energetic strength at all*. *The T-reaction was extreme*. How could the apparent bio-energetic strength on microscopic observation be reconciled with the bio-energetic extreme weakness on autoclavation? There seemed to be no answer. However, a possible answer to this riddle offered itself when the situation in the single sick red cell was compared with the situation in a total sick organism which reacts to general infection or sepsis with high temperature. In the latter case it is *one and the same system which is sick and apparently overactive bio-energetically at the same time*. This paradox could apply to the diseased single RED BLOOD CELL. It was *overexcited* because it was very *sick*, inwardly disintegrating.

This hypothesis had now to be tested in Lk mice.

December 1, 1950

Limited Surgery in Orgonomic Cancer Therapy

By SIMEON J. TROPP, M.D.

Prefatory note:

Any operative procedure must have an indication. The procedure must be rational; its motives must aim to further the well-being of the patient. These must be factual and not just formal. Under the usually prevailing conditions it has been found that a radical operation for cancer of the breast, whenever possible, is a justifiable procedure, and is accepted as such. There are few deviations from this rule although limited operations are at times performed when indicated. In this particular case, however, entirely different conditions warranted a procedure entirely different from the routine procedure, on the basis of the following facts:

1. The patient in question had been under orgone energy therapy for 3 months. The tumor in the right breast was reduced in size from 4 x 3 inches to about one-third its original size through daily orgone energy irradiations.
2. The general condition of the patient, that is, the organismic background of the local tumor, had been greatly improved. There was no loss of weight, no secondary anemia and no reduction in energy metabolism as is typical in such cases. In other words, the cancerous shrinking process of the total organism, as described by me (1942-1945), had been stopped and thus the probability of metastatic development had been greatly reduced, especially in the region of the axillary glands and the immediate neighborhood of the local tumor.

3. Repeated orgonomic blood tests (*cf.* *THE DISCOVERY OF THE ORGONE*, Vol. II, *THE CANCER BIOPATHY*) have proved conclusively to the satisfaction of our medical conscience that the general condition of the patient was nearly perfect which meant, in practice, according to ample previous experience, *that absence of future metastases could be expected*.

4. Thus not only was a radical operation *contraindicated*, but local excision of the remainder of the tumor was the only way to proceed under the given conditions. In case of a recurrence a radical operation would still have been possible. Furthermore, a radical operation at this time would have undoubtedly meant the infliction of a much too severe trauma which would have impeded the further recovery from the carcinomatous shrinking biopathy.

5. In no case had any harm been done. The situation was well under control, and, as we have said, a local excision was medically fully justified. Thus, changed conditions, brought about by the application of orgone energy, necessarily changed the surgical procedure. We may add that even the excision of the remaining tumor was not absolutely necessary since the tumor was constantly diminishing in size. The reason for our decision to perform a *limited* operation was made on the following consideration: Abundant experience with orgone energy treated cancer mice as well as orgone energy treated human cancer tumors had taught us that a major problem arises when large tumors dissolve due to orgone therapy. The resorption of the tumor debris taxes the excretory organs and we did not wish to tax the organism of the patient too much with the elimination of this detritus.

We hope very much that this brief summary of our reasons for changing the routine procedure will convince the reader that we were justified in our procedure and medical indication. The procedure looks quite different in the light of the above facts.

WILHELM REICH, M.D.

I was consulted by a 56-year-old woman with an advanced cancer of the right breast. She had first noticed a small lump in her breast seven years previously which had disappeared after some treatment by an osteopath. About four years later the lump reappeared. At that time she did not pay much attention to it. About fifteen months later it began to grow and by the time she consulted me, it was the size of a large fist. Her family physician advised her that the growth was most likely cancerous. However, she was determined not to undergo the usual radical treatment for cancer of the breast. About a year before she came to see me, she had read *THE CANCER BIOPATHY* by Wilhelm Reich and she felt that his teachings offered a rational solution to the cancer problem. However, a year had passed before she came to the Orgone Institute Research Laboratories to seek help.

She was the third of six children and, as far as she could remember, her relationship with her parents and siblings was very good. As a child and throughout the rest of her life, she suffered a great deal from *fatigue*, especially as a young girl. During this period she was subject to attacks of nervousness and crying and was taken out of school for long periods of rest. The feeling of *weakness* was always more prominent on the right side of her body and was most pronounced in the right arm. She was always subject to severe colds and sore throats accompanied by fever. She had a tonsillectomy when she was about thirty years old. In the last twenty-five years of her life she suffered from a tightening feeling in her hands and feet which had first begun soon after the birth of her first child. She was constantly going to doctors and was being treated for rheumatism because they could not find anything else wrong with her. She was constipated most of her life. In the fifty-fourth year of her life she began to suffer from a disabling arthritis of both knees. It was about this time that her doctor found that she had high blood pressure, and she noticed a puffiness in her ankles. There was no history of numbness with the exception of the pronounced weakness of the right side.

She began to menstruate at the age of thirteen; her periods came at very irregular intervals until long after she had had children. At the age of fifty-six she is still having menstrual periods. As a child she was always curious about sex but more in the form of snooping. As she grew older, her preoccupation with sex made her feel that she was doing something very wrong, and that she must be inferior because of that. Her early adolescence was dominated by a strong feeling of disgrace because of her interest in sex and for this reason she often felt "doomed." She began to masturbate as a young girl but soon gave it up because of strong guilt feelings. She married at the age of twenty-six. Her sex life with her husband seems to have been satisfactory to her but on a very placid level. Her husband was a very nervous and demanding person and it required little effort on her part to subdue her own anger and irritation, and to be a good wife and mother. Early in her married life she gave birth to two sons. She enjoyed nursing them but *does not remember experiencing any pleasurable sensations in her breast*. During the period of lactation with her second child she was overwhelmed by a feeling of extreme weakness, helplessness and frustration. At about the age of fifty years her husband withdrew from her sexually and although she suffered from it and did not like it, she accepted it. Throughout most of her

life, and in her relationship to her immediate family and her friends she always played a "sweet" and *passive* role. She was even-tempered, smiled all the time, *was never able to get angry* and prided herself on the fact that she always got along so well with other women.

When first seen she gave the impression of an eager, active, and very pleasant person. However, when examined about an hour later, this picture had changed completely. She looked haggard, anxious and pale in spite of her ruddy complexion. The spirited expression on her face had collapsed. There was now an air of *resignation* behind a fixed smile. Her jaw was tight, her eyes were dull and anxious, her face was flushed. The upper part of her body was cool, the torso was yellowish. She breathed with her teeth clenched. Her chest was in inspiratory position and did not partake in respiration spontaneously. Her abdomen was soft, the pelvis was rigid and retracted. The lower extremities were somewhat overextended and stiff. Her whole being expressed resignation. When asked to accentuate her smile, her face became red and her eyes showed anxiety. When asked to show anger, she responded only with a helpless smile. Her muscular armor ranged from tenseness in the upper part of her body to flabbiness in the lower part. The muscles were very tender to touch. Particularly striking was the armor in the jaw and shoulder girdle. The trapezii and the pectorales were very spastic and tender to touch. The adductors were flabby and the lower extremities showed spiderweb varicosities. Her pulse was 96, her blood pressure 195/135. The gag reflex was almost absent. The pupillary reflexes were slow and uneven.

Both breasts were not pendulous, nipples were erectile, areola regions were free. There was a blue discoloration of the skin just above the prominence of the tumor. There was a *large mass in the right breast* situated in the outer upper aspect. It had a hard nodular consistency. The outer and lateral margins were sharply circumscribed. The medial and lower margins melted into the breast tissue. The anterior surface showed beginning infiltration in the deeper layer of the skin. Posteriorly the tumor appeared freely movable. It covered an area approximately 4 x 3 inches and 2 inches in thickness. There was some pain on palpation. There were no palpable axillary glands.

The Reich Blood Test at this time showed a disintegration in physiologic saline which began after five minutes and proceeded slowly. It was not complete after thirty minutes. The frame was narrow and uneven, of moderate

blue color, the field was good. The disintegrated RBCs showed a tendency to *spiking* and unevenness of structure, with small- to medium-sized bions.

The *autoclavation tests* showed macroscopically a turbid fluid and a brown sediment consisting mostly of small flakes. The supernatant fluid showed a green overcast. Microscopically there were many *T-bodies*, many chain formations and considerable debris. The bions were mostly small and moderately blue, 40% T-reaction.

The culture was negative after forty-eight hours. Examination of the vaginal secretion showed numerous rot bacteria, a moderate leukocytosis and a few RBCs. The epithelial cells were multiformed and showed strong striation and granulation. There were occasional plasma cells, *cancer III formations*, occasional cancer V formations,* and some epithelial cells in the process of organization.

Hemoglobin was 13½ grams (92%), RBC 4½ million, WBC 6,100, polys 65, lymphs 35, mono. 9, EOS. 1, sedimentation rate (Wintrobe) 15 mm/1 hour.

Blood alkaline phosphatase was 1.3 Bodansky Units (normal 1-4). Xrays revealed no signs of metastatic disease.

Weight was about 180 lbs.

The patient used the orgone energy accumulator twice daily for half-hour periods. She reacted to the accumulator from the very first day. She would get warm and perspire. After about a week's time she noticed that she could breathe more easily, take deeper breaths and experienced a marked feeling of relaxation while in the accumulator. Oftentimes she felt pinching and twitching in the right breast and at other times she felt a dull pain as though something were "going on in there." She became more aware of a feeling of deadness on the whole right side and on occasion she experienced a feeling of freedom and aliveness which had been foreign to her. She was able to rest more comfortably at night and on the whole was not as restless as she had been. She began to experience a feeling of well-being the like of which she had never known before. Although her blood pressure fluctuated from day to day, the average level went down to between 130 to 170 systolic and from 90 to 100 diastolic.

Two weeks after she had begun to use the accumulator she awoke one night with a sharp pain in the right breast which continued for about twenty-four hours. An examination at that time revealed an *acute inflam-*

* Cf. Wilhelm Reich: *THE CANCER BIOPATHY*, p. 220 ff.

matory area of the skin of about two inches in diameter just below the tumor. The whole breast was painful to touch and the tumor had increased in size. This condition subsided after a few days, after which the tumor showed a marked *decrease* in its original size.

During the first three months of treatment several similar episodes occurred but were of lesser intensity. In addition to that, there was an almost constant state of fluctuation in the size of the tumor with noticeable changes in size occurring sometimes within the same day. At the end of two months there was a noticeable shift in the location of the tumor. The whole mass had sagged about two inches. The central part of the mass remained hard but the periphery would soften, so that in time it could not be distinguished from the healthy breast tissue. The Reich Blood Test taken at intervals reflected the signs of improvement which were outwardly visible.

At the end of three months of treatment the tumor had diminished to about one-third its original size. Her general condition showed remarkable improvement. Throughout the treatment there was a great deal of activity in the right breast which manifested itself in pulling and drawing sensations. She experienced a constant feeling of glowing and warmth in the right breast and a feeling of freedom and aliveness alternating with a feeling of deadness in the whole right side of the body. Although she had hardly ever perspired before using the accumulator, she began to perspire more and more profusely. It is interesting to note that while in the accumulator she perspired much more on the left side than on the right. She often experienced hot and cold chills and feelings of relaxation, aliveness and glowing in the skin which lasted for hours after the use of the accumulator. Throughout the whole course of treatment she developed a strong need to take deep breaths, the breathing felt good and free instead of an effort. As she began to improve, she began to yawn a great deal, which was not common with her. There were frequent attacks of pain in the breast and in the right arm which would last from a few seconds to a whole day.

Biopsychiatric exploration revealed that the main armor of the patient presented itself in the eyes, face, jaw, neck and shoulder girdle including the whole chest. The eyes were shifty, suspicious, scared and pleading. The face showed a built-in smile. The jaw was set and no matter what the patient said or experienced, the smile was always there. The awareness of her condition and her relationship to her environment were almost entirely devoid of affect. One was constantly impressed by the deep-seated resignation which

presented itself in all situations where the patient was called upon, or forced, to face the facts of existence. The impression she made upon her environment was always of a sweet, helpful, cooperative, and understanding person. Beneath this mask of goodness was a hatefulness which went very deep. She always tried very hard to be good, even in her relationship to the demands of the therapy. However, her resignation manifested itself all the more when seen in contrast to her intellectual insight. The resignation was subtle and well rationalized. The emotions of real joy or sorrow or anger were foreign to her. Her whole being was geared to a low energy level, and as a consequence one soon became aware that the language she used to express her emotions had to be re-evaluated to a much lower level of perception.

As one continued to attack her armor—and it had to be attacked vigorously—she would react at first with a good deal of anxiety, later followed by a sense of well-being which she had never before experienced. However, she was able to maintain this state only for short periods and would soon sink back into a state of depression and frustration. I concentrated most of my efforts on bringing her hatefulness to expression but was not very successful. It never led beyond tears on a more or less superficial level and although it brought her some feeling of relief and seemed to help her general condition the effects were only transitory.

At the end of three months of therapy with the orgone energy accumulator, the patient showed continuous and marked improvement. The tumor had diminished to one-third its original size, there was no loss of weight and no secondary anemia. The Reich Blood Test showed the elimination of the T-reaction. In general the patient presented a picture which was quite in contrast to her condition when she first came to us. The whole course of therapy was remarkable in that no medications, such as sedatives, etc., were used and the patient was not exposed to the devastating effects of X-ray irradiation, etc. Let us keep in mind that in the case of such a large and rapidly growing tumor the prognosis without orgone energy treatment is very poor.

In view of the above findings and because we did not want to continue to tax the bodily resources of the patient, we felt it advisable at this time to have the remaining mass excised without the removal of the breast. A simple excision of the tumor was then made. We insisted that the operative site be irradiated for about five minutes with the orgone energy funnel accumulator. The operating staff of the hospital at first objected to this unheard-of-pro-

cedure but finally allowed it when we convinced them that it would not interfere with sound operative procedure.

Macroscopically the tumor was scirrhous in type and showed poor vascularization. The microscopic examination of the tumor which had not been treated or altered in any way was made in physiologic saline immediately after the operation. It showed an upgrade cancer III type with some occasional cancer V cells. A complete Xray examination soon after the operation failed to reveal any signs of metastases.

The patient was re-examined about four months later. Her general condition was very good. She had gained ten pounds. She had been quite active; the arthritic condition of the knees from which she had been suffering for the past few years had greatly improved. She had continued to use the accumulator regularly. *She had gained some insight into her biopathy and did not feel as lost and helpless as she did when she first came to us.* The occasional attacks of pain in the neck, right arm, axilla and chest responded well to local orgone energy application. On one occasion when she had been feeling pain in her right arm, the pain disappeared after she had been able to release her anger, for the first time in her life, in an argument with a member of the immediate family. Following this release she experienced a great sense of bodily freedom and relaxation.

The patient appeared more serious although somewhat sad. She did not smile so much. The skin of the neck, chest and breasts was cool. The palms of the hands, which were always pale, had become pink. The skin below the diaphragm was warm. The deep and superficial muscles of the neck, the trapezii and the pectorales were less tense and much less tender to touch. Her respiration was greatly improved. The gag reflex was easily elicited but incomplete. Both breasts were soft. The right breast was barely deformed with the exception of a linear scar. There was no pain on palpation. There were no axillary glands palpable. The liver was not enlarged. The abdomen was soft with some pressure pain in the epigastric region.

The Reich Blood Test taken at this time showed considerable improvement.

The RBCs showed a moderately wide frame of bright blue color with reddish centers. The frame showed an evenness not found in previous tests. The field was strong. Most of the RBCs were larger than usual. The rest were smaller with a very wide frame and small red centers, indicative of over-irradiation. Disintegration began after seven minutes and was not complete

after thirty-five minutes. The RBCs disintegrated mostly into small bions. The disintegration continued slowly with marked regularity and with no tendency to T-spikes. The white blood cell count was within normal limits.

The autoclavation test showed macroscopically a clear fluid with a reddish-brown sediment. After shaking, the sediment disintegrated into small-to medium-sized flakes which settled quickly.

Microscopically the specimen showed moderately good cohesiveness, some single RBCs, some chain formations, some free T. The bions were mostly small and pale, 65% B-reaction.

The culture was negative for T after forty-eight hours.

The vaginal secretion showed numerous rot bacteria, some debris and some free T. The epithelial cells showed a T-structure, moderate striation and rounded edges. There were occasional spindle forms. There were no plasmatic cells.

Xray examination at this time of the skull, pelvis, lumbar vertebrae and chest showed no evidence of metastases.

This case marks a milestone in the treatment of an advanced cancer of the breast with orgone energy irradiation. In this particular case the carcinomatous shrinking process was arrested. The tumor was reduced to one-third its original size. The remaining mass was removed by a simple excision without deforming radical surgery. The patient was spared the discomfort and damage of Xray irradiation, sterilization and the biologically distorting effects caused by the use of male sex hormones. At the same time the physical and emotional well-being of the patient has increased considerably.

December 11, 1950

First of all a man must see, before he can say . . . See not with the eye of science, which is barren, nor of youthful poetry, which is impotent. But taste the world and digest it . . . At first blush, a man is not capable of reporting truth; he must be drenched and saturated with it first.

—THOREAU

Orgone Treatment During Labor

A Preliminary Report of Two Cases

By CHESTER M. RAPHAEL, M.D.*

In studying the prevention of biopathic diseases, it is essential to consider every phase of child development—intrauterine as well as postnatal. Critical periods such as the first formative years and child and adolescent puberty require particular study. There is one period, however, very short in duration, which has been neglected and yet which must have important consequences in the future development of the child. It is the period just before birth—known as labor. This is the time when the oneness with the maternal organism is being severed. What happens in those hours and minutes may have a decisive influence upon the newly born child.

Undoubtedly, certain conditions during the period immediately preceding labor may produce subtle ill effects which later hinder the natural development of the child. It has always been assumed that asphyxia at birth may cause nervous disease later in life. The shock accompanying operative procedures may have a similar effect. A rigid perineum, obstructing the delivery of the head of the infant, or prolonged labor for any reason, must also influence adversely the biophysical state of the infant organism. With each contraction there is some retardation of the maternal blood circulating through the placenta. When labor is protracted, this must have a profound effect on the infant.

My attention was recently drawn to the pathological character of the usual course of labor. It is reasonable to think that, for a healthy organism, labor should be a natural process, "labor" to be sure, but not necessarily so protracted or unbearably painful. This appears to be the pattern among primi-

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tive people. In support of this impression, J. B. DeLee in *PRINCIPLES AND PRACTICE OF OBSTETRICS*, writes:

It is said that some Indian women while the tribe is on the march, feeling the pains of labor coming on, go off to the side in the underbrush, bear the child, and after expressing the after-birth, hurry to catch up with the rest of the train.

Whether or not this is accurate, there is a deep conviction that this should be approximately the case.

In the first of the two cases I am reporting here, labor was abnormally prolonged. In the second, labor appeared to be accelerated. The assistance given both mothers was stimulated by the spontaneous appreciation of the armoring process, which, under these circumstances, represented an acute armoring in response to fear and pain—an appreciation which I have gained from organonmy and the orgone therapy of chronically armored states.

The first case is that of a twenty-seven-year-old primipara who had been unable to conceive during a period of four years. The studies of the reason for her sterility, including tubal insufflation, semen analysis, vaginal smear study and endometrial biopsy disclosed no positive findings except an endocervical secretion of the type found in chronic endocervicitis. This was felt to be sufficiently severe to block the upward migration of the sperm into the endometrial cavity. For this reason, intrauterine insemination of the husband's semen was attempted but the procedure was not successful. The examining physician found her to be "tense and anxious out of proportion to the situation."

Finally, she conceived. In a letter to me she wrote: "After several attempts at artificial insemination, we decided to take a respite from doctors, thermometers, daily temperature charts, Rubin tests, and regulated intercourse. Result—conception."

Her friends and relatives were oversolicitous because she had had such difficulty in conceiving. She was very tense and unstable during the first months of her pregnancy. She had a few severe attacks of vomiting but then her pregnancy proceeded uneventfully. There was no history of serious illness prior to her conception, and she had the reputation of being a rather stoical person.

The expected date of delivery passed. There was talk of interference, although the mother expressed the feeling that there was no need to meddle. However, when she visited her obstetrician he recommended that labor be

induced. No complications had been anticipated. Her pelvis was ample, there was no undue gain in weight, and her physical condition appeared to be good. A dose of castor oil and an enema were prescribed. Several hours after receiving the castor oil she had a few contractions and was rushed to the hospital. She herself objected that it seemed too early.

Some comments made by the patient on her experiences in the hospital throw some light on the factors which contribute so often to the fear of childbirth. "Until I was admitted to the hospital, I was in excellent spirits. I wasn't particularly afraid. I knew that I would have some pain, but I certainly felt that I would not find it intolerable. When I was taken to the labor room, however, my attitude changed with a suddenness that was startling. I was greeted with blood-curdling screams and pleas for assistance which were coldly disregarded. While speaking to the admitting nurse on the floor, there were two deliveries in progress, every detail of which I heard. Then, while still there, I saw two doctors emerge from the delivery rooms in blood-stained uniforms. The room I was taken to was barren—two beds, a chair and a window that contained mesh wire within the panes of glass, giving the impression of a barren cell. I slowly gained the impression of being in a medieval torture chamber."

For the first five hours she continued to have contractions and then received an intramuscular injection of demerol. She fell asleep. When she awoke a few hours later, the contractions had practically disappeared. She was examined by a resident physician and her obstetrician was notified that the cervix was not dilating. That same afternoon she was still feeling quite well, although somewhat shaken by the tortured screams all around her. That evening contractions resumed and it was suggested to her that she continue to move about to help the process of dilation. In her words: "That night I must have covered about ten miles." Toward morning of the second hospital day, following another sleepless night, the contractions became very strong. No medication was administered at this time for fear that it might again cause an interruption of labor.

Again I should like to return to her description of the proceedings. "I had no idea that I could scream so loudly. When a pain came, I would seek something to press down on until it subsided, a radiator if I happened to be near one, or a table in the hall, anything that I could press down on with all my strength. I was ashamed of myself for screaming so loudly, and when I felt a pain coming on I would head for the bathroom, where I could scream

by myself. I remember apologizing to the girl who shared my room for screaming so much. My room, by the way, was directly across the hall from a sort of supply room and laboratory, and next to the delivery room so that I could hear everything that was going on. During the night, or it must have been Saturday morning, one woman had a stillbirth and I saw the nurses carry a bundle which I presume was a baby, into a room across the hall. All the nurses gathered around and spoke in hushed voices. I was quite disturbed about this. I remember telling my obstetrician that I felt I would go slowly mad, that I couldn't take it much longer and that I had heard of a stillbirth during the night."

At this point, she received another enema and the contractions continued to be severely painful. Then she received three injections of obstetrical pituitrin. The pain became unbearable. The obstetrician, continuing his efforts to hasten matters, ruptured the membranes. Meconium was found in the fluid and the nurses were cautioned to stand by and follow the fetal heart carefully.

At this time I was called and heard that things were going badly. The fetal heart rate was 164 and thready. When I arrived at the hospital the patient had been in labor for more than 40 hours. Her condition seemed desperate. I found her sitting up, supporting herself with her arms held rigidly against the sides of the bed, her face was ashen, her lips cyanotic, her pulse thready, her hands cold and clammy, her shoulders hunched up acutely. With each contraction, occurring at five-minute intervals, she screamed that she could not endure it any longer and wanted to die. Between contractions, her eyes rolled up into her head and her distress was extreme with each contraction. She held her breath and her body stiffened. The picture was one of acute contraction of the entire organism.

It took considerable effort to make her lower her shoulders. Succeeding in this, I asked her to breathe more deeply, to prolong her expiration. In less than two minutes her body grew tremulous, clonic movements appeared in the lower extremities and extended upward to her lower jaw and teeth, which began to chatter uncontrollably. She clenched her jaws, but I discouraged it immediately and helped her to let her jaw drop. The spasm in her shoulders and intercostal muscles—which were exquisitely tender—was gradually overcome. Her respiration improved. Then she, herself, complained of a block in the region of the diaphragm. Fibrillations appeared in her thighs, strong sensations of current appeared in her hands and fingers.

The severity of the pain of uterine contractions definitely began to subside.

The color returned to her face, her pulse grew fuller and slower, and her respiratory movements now proceeded with an involuntary rhythm. She then began to belch and with this the discomfort in the region of the diaphragm subsided. She grew quieter and began to smile. Very quickly the contractions began to occur at two-minute intervals. There appeared to be relatively little discomfort with each contraction and she was able to rest between them. Despite more than forty hours in labor, a good part of it agonizingly painful, she began to look comfortable and pleased. An important quality of her reaction to pain was a distinct withdrawal in her eyes. When she did this, she appeared to lose all contact. She did not hear me, seemed confused, and it was difficult to bring her back.

"When you arrived," she told me later, "I remember telling you that I could not go on and that I simply could not stand much more. You told me to bend my legs and while pressing down on my chest, told me to breathe regularly and exhale all the way down. You established a rhythm of breathing, while pressing down on my chest, that I tried to keep, but the pains were strong and once again I cried I could not go on. But you persevered and I tried awfully hard until finally we seemed to be having some results. My extremities began to tingle and feel numb. Slowly a drowsy numbness began to envelop me, my legs felt heavy, my gaze would wander. Only when you called me back would I, with a very definite effort, bring my gaze back. It was so easy to go off that I believe you had to call me back quite often. By this time, I was tingling all over. I began to feel warm and relaxed, whereas previously I was chilled and tense. Once when you left the room, the nurse who was standing by commented that she thought you had hypnotized me. The pains were certainly bearable now. You told me that they were coming more frequently although to me it did not seem that way, for in the interval between pains I was able to rest. I can't quite understand it myself. I only know that it helped me tremendously."

I had been with her for about two hours by this time. The fetal heart rate was 179 and it was obvious that something was wrong. The obstetrician was called; he arrived a few minutes later, examined her and found the cervix to be completely dilated although the head was still high. He found the fetus to be in the right occiput posterior position. This position, coupled with the infant's distress, made him decide to deliver the infant immediately with forceps. Working quickly, the mother was now under an anesthetic,

the head was rotated and then delivered, the infant exhibiting three loops of cord around its neck. It was flaccid and pallid; the throat was aspirated immediately, artificial respiration was applied and oxygen administered. The infant responded quickly and was placed immediately in an incubator. Again the mother: "When I finally realized what had happened, I had a feeling of great euphoria and exhilaration, my recuperation was very rapid, I felt well immediately and had no post-delivery despondency which I had been told could be expected."

The second case was that of a twenty-three year old primipara who had been studied during her pregnancy by the Orgonomic Infant Research Center of the Wilhelm Reich Foundation. The period of gestation had been entirely uneventful and she, in general, appeared to fulfil the criteria for relatively healthy functioning. In this instance the hospital situation was much more favorable. The obstetrician had agreed to refrain from the routine use of medications, anesthesia and routine episiotomy, and even the premonitory spank with which the infant is frequently greeted had been carefully discussed with him and he had agreed to refrain from it as a routine gesture. Plans for immediate contact of the infant with its mother after delivery were made. The entire hospital situation was as favorable as possible, so as to reduce to the minimum the pathological atmosphere and emotional contagion of the labor room.

The patient experienced her first faint contractions at approximately 8 A. M. and continued at about twenty-minute intervals. She arrived at the hospital at 10:30 A. M. Shortly thereafter the contractions practically stopped and she was dubious that she would proceed. The occasional contraction she likened to a menstrual cramp. Her obstetrician estimated that she would not deliver before midnight.

I arrived at the hospital at 4:45 P. M. Contractions were mild, of short duration, and approximately seven to ten minutes apart. She was calm, with a somewhat exaggerated attitude of unconcern. She complained of slight discomfort in her lower back, her face was placid, her jaws relaxed. However, the shoulders and upper chest were held somewhat and breathing was moderately restricted. She complained of some pain in the left groin. The thigh adductors were moderately spastic and while the thighs were held initially, they could be moved easily. I proceeded to help her establish fuller respiration. The almost immediate effect of this was to induce a state of

sleepiness. I encouraged her to rest. About fifteen minutes elapsed when she suddenly experienced a strong and much prolonged contraction. She reacted to this with an inhibition of her breathing for the moment, a facial grimace, a tightening of the abdominal and thigh muscles. I encouraged her and helped her reestablish fuller respiration. The entire organism relaxed again. Within a few minutes, another contraction occurred with the same contraction of the organism in response to pain. Thereafter, the contractions occurred regularly and intensely at two-to-three-minute intervals. What appeared most prominently with each contraction was a reaction of withdrawal, particularly noticeable in the eyes. This required almost constant attention until delivery. She felt disinclined to breathe deeply, complaining that it increased the pain. At first, with strong contractions, she felt dizzy and appeared restless and slightly confused. This could be mitigated to a considerable extent by insisting that she "come back" every time she showed any sign of withdrawal. At first, she was reluctant to do so, but as time went on she appreciated its advantage. The pain was less severe when she could achieve it and progress appeared more orderly and effective. Sensations of current appeared in the upper part of the body and to some extent in the lower extremities.

At the spot in the left groin where she complained of pain, a hard, tender cord, running longitudinally, could be palpated. I was not able to overcome this in spite of my efforts. It was not until the cervix had dilated completely and the head of the fetus had passed through the birth canal to the pelvic floor that this painfully tender spot disappeared. Now she began to experience sensations of current in her abdomen and pelvis. She began to belch and finally felt much more comfortable. Then the sensations of pressure on the rectum began to increase and she grew more apprehensive and restless and slightly confused. She felt she wanted to have a bowel movement and wanted to walk to the bathroom, but then decided against this. Her face became flushed and she complained of a feeling of heat throughout her body. Then coldness, a clammy sweat and marked dryness of the mouth occurred. She grew far less cooperative. Her jaws and legs were held stiffly and much more effort had to be exerted to overcome this holding. I had to proceed more energetically to get her to "come back" in her eyes. The vegetative sensations were now very intense. As they began to subside, the process became simply one of voluntary effort with rest, and at times, sleepiness between contractions. The entire process became more rhythmical. Her

respirations increased in amplitude and she was able to bring herself back; at times she was actually able to prevent the withdrawal.

At 6:30 P. M., approximately one and a half hours after my arrival, a slight bulging was observed. The membranes then appeared at the introitus and passed through without rupturing. The obstetrician was called and the patient was removed to the delivery room. At 7:15 P. M. she began to deliver the head of the infant. And now, again, an acute contraction set in. It was more marked than at any time before. I could pry her jaws apart only with the greatest effort and her breathing required considerable attention. She began to tremble, and exclaimed with an expression of terror that it felt like something terrible might happen. She later said that she had the feeling she wanted to push but was afraid she might burst. The infant was delivered at 7:20 P. M., appeared moderately cyanotic but responded immediately, cried lustily and became healthily pink. Two and one quarter hours appeared to be the span of really active labor. A moderate first-degree laceration of the perineum occurred in the delivery of the head and required suturing under an anesthetic.

I have gained the impression from both cases that with the establishment of full respiration, the dissolving of the acute armoring, the overcoming and prevention of the tendency to withdraw and the acute contraction of the total organism, the process of labor and delivery is, in general, very much accelerated. Knowledge of the orgasm reflex and the segmental arrangement of the armoring as discovered and described by Wilhelm Reich excites an immediate appreciation of the problem and technique to be used in rendering assistance during labor. Without this knowledge, the physician must view the problem with bewilderment, helplessness and dismay. His only recourse is to drugs with its attendant danger to both mother and infant; more or less ineffective persuasion to relax; calloused indifference; or meddling interference of one sort or another as, for example, the so-called prophylactic forceps, routine episiotomy, etc. What Reich has said concerning the bodily attitude of the armored organism and the dissolution of this attitude is readily applicable to the acutely contracted organism. Active assistance is necessary for overcoming this "holding back." It is expressed automatically and the individual is unable to comprehend or respond to exhortations to relax, or other such persuasion. The holding back process is so acutely manifest that the obstetrician cannot fail, now and then, to in-

instinctively suggest to the patient to stop holding her breath or to take a deep breath, but he is generally unable to help actively. His assistance is, at best, abortive. He is unable to proceed systematically or consistently. Without the knowledge of the function of pulsation and the armoring process, he is unable to formulate his therapeutic task.

Knowledge of the function of biological pulsation and the armoring process simplifies the task remarkably. It goes without saying that the amount of assistance required in labor is dependent upon the previous state of the organism. The prevention or effective treatment of chronic armoring—prior to pregnancy or before delivery—would facilitate the process of labor. In a primipara, to whom childbirth is new and who approaches it with superstition and trepidation, the shock of the experience can be allayed to some extent by correct education regarding the mechanism of labor. The setting—as was apparent from the first case presented—plays a significant part.

From this preliminary study, it would appear that there are very practical preventive and therapeutic measures, the application of which would alleviate much of the discomfort of labor and many of its dangers. The most important result of such a facilitated process of labor would be the reduction of the danger of injury to the child to the very minimum. It is this result which interests us in this study and encourages its continuation.

When may we expect peace? . . . Peace will come when there is no more murder in the womb.—RONALD BOTTRALL

Great Men in Conflict with the Emotional Plague*

By WALTER HOPPE, M.D.

Schopenhauer's *THE WORLD AS WILL AND IDEA* did not arouse any attention for a long time. Sixteen years after publication his publisher informed him that the larger part of it had to be sold as wastepaper. Much later he received ten free copies of his most popular book as a "royalty." Schopenhauer lectured at the University of Berlin before empty desks. The Universities did not take notice of him or his works. Only two years before his death was he recognized.

Richard Wagner was vehemently attacked in his native city, Leipzig. The overture to "Tannhäuser" was derided. It was regarded as a bad example for other composers. The critics said that there was no style at all in the music of "Lohengrin." The "Meistersinger" was performed before empty houses. It was sarcastically remarked that he had transformed "Rhinegold" into "Rhinepoison." He himself was called the representative of dilettantism. In Paris he was so unknown that Lohengrin and Tannhäuser were thought to be composers. Where Wagner succeeded, his enemies claimed that this was the result of the claque and of generously distributed free tickets. Wagner, too, suffered from great material need.

Bizet was bitterly accused of being a follower of Wagner. Paris, knowing little of Wagner's music, then condemned that of Bizet's, which it did not like, and thus put it hopelessly beyond the pale of discussion.

Ivan Turgenev was sentenced to a month in the police prison and exiled for two years because of "disobedience and violation of the censorship laws." He had written a eulogy of the late Gogol in a Moscow paper with the permission of the highest official of the Moscow censorship bureau, but against

* This is the concluding section of Dr. Hoppe's article, begun in the *Orgone Energy Bulletin*, January, 1951, pp. 4-22.

the interdict of the censor in St. Petersburg. His greatest work, *FATHERS AND SONS*, was called an unworthy pamphlet because he supposedly had slandered the youth. Actually he was completely misunderstood.

Fyodor Dostoevski languished four months in a cell of the St. Paul's fortress without having the least idea of what the charge was against him, namely, of having participated in discussions with some friends which were exaggeratedly called the conspiracy of Petraschewski. One morning he was led from the prison, covered with a shroud, blindfolded, and tied to a pole; the death sentence was read to him. Then the official raised his hand and read the pardon decree by which the death sentence was commuted into a prison term to be spent in Siberia. There he had to shovel snow and to carry bricks. The Bible was the only book which he was allowed to read. As a forgotten man he returned to St. Petersburg where his literary patrons meanwhile had dropped him.

Walt Whitman died in a shabby little house in Camden, N. J., in 1893 practically unknown to reading circles. Where he was known he had the reputation of being a disreputable and rather dirty old man. Actually he was immaculately clean as all his friends bear testimony to. When he published his collection of poems, not a single copy was sold. Most of the critics either ignored it, or pulled it to pieces. They wrote: "A confused muddle of bombast, vulgarity, and nonsense . . . He knows of art as much as a hog does of mathematics . . . We cannot think of a more appropriate reward for it than the whip . . ." In his book were all kinds of leaves except fig leaves. John Greenleaf Whittier threw his book out of the window. This was the reception which the United States gave her foremost national poet. His crime was to speak frankly and candidly of the relation of the sexes, without witticism or equivocation. James Harlan, then Secretary of the Interior, a bigoted man who had become secretary through the influence of the Methodists, upon a denunciation of Whitman, searched Walt's desk and was so shocked by reading his poems that he had to send his employee away.

Ariss White introduced in New York in 1881 the first schools to teach shorthand to women. The women's clubs protested, claiming that the female constitution would not permit such strenuous work.

Thomas Edison produced in 1879 the first commercially practical incandescent lamp. But the copper industry went about its usual daily routine, unaware that its future history was being written in a little laboratory in New Jersey.

Finsen, a Danish physician, found a remedy against tuberculosis of the skin in the invention of an ultraviolet lamp. He was laughed at by the professors in Copenhagen.

Madame Curie discovered radium. The special properties of polonium and radium upset fundamental theories which scientists had believed in for centuries. The discovery threw over a world of acquired knowledge and contradicted the most firmly established ideas on the composition of matter. Thus the physicists remained reserved. In order to show polonium and radium to the incredulous, Pierre and Marie Curie had to labor for four years in a shed. They had no money, no laboratory and no help in the carrying-on of this important and difficult task. In 1898 a chair of physical chemistry fell vacant at the Sorbonne and Pierre Curie decided to ask for it. But the discoveries the Curies had published for the past 15 years were not "exactly" in the realm of physical chemistry, certain captious professors asserted. His candidature was rejected. He was what they call a "wretchedly bad candidate." Henri Poincaré in writing about the incident declared: "What can be done against a normal school and against the prejudice of mathematicians?"

Louis Lumière, the pioneer of French film production, showed fifty years ago the first film of a train entering a station. The spectators believed it was magic and left the theater panic-stricken.

Oscar Wilde was sentenced in London to two years in prison as a corrupter of youth and as an immoral man. He did not take back a single word of what he had written and preferred to enter the darkness of captivity which destroyed him. Once he was taken to another prison. Some merchants, walking back and forth on the platform of a small railroad station, recognized him and spit in his face. Everyone seemed to enjoy being able to show him contempt. When his plays were performed, his name did not appear on the announcements. Even before the jury trial every good Englishman who knew Wilde avoided him in public.

Émile Zola, who hurled his "J'accuse" against the old France under Napoleon III, was called by his enemies a man without shame and decency. Zola had to fight hard against debts and unemployment. Frequently, he had to stay in bed because he had pawned his clothes and his last suit of underwear. Sometimes he lived on sparrows which he caught at the window and then fried.

Robert Koch, the discoverer of the tuberculosis bacillus, experienced many

disappointments. Professor Cohn, botanist at the University of Breslau, sent out invitations to the most eminent medicos of the school to come to the first night of Koch's demonstration. "I tell you and you will see for yourselves. It is the most marvelous discovery in the realm of microbes." But all of them, including Paul Ehrlich, had disappeared through the door. Koch was left alone. Koch went to the famous Professor Rudolf Virchow. But Virchow was unimpressed; he made a sardonic remark, and was very sniffish and cold to Koch. On the 24th of March in 1882 in Berlin there was a meeting of the Physiological Society attended by the most brilliant men of science in Germany. After his lecture, Koch sat down to wait for the discussion. But no man rose to his feet. All eyes turned to Virchow, but Virchow got up and left the room; he had not a word to say.

Metchnikoff had to fight not only against cholera, but also against the German bacteriologist, Pfeiffer, who refused to believe in Metchnikoff's theory of the phagocytes. Moralists—and there were many physicians among these—raised a great clamor against the experiments of Metchnikoff. He took two apes and inoculated them with the syphilitic virus from a human being. The moralists exclaimed: "It will remove the penalty of immorality to spread abroad such an easy and perfect means of prevention!"

Rudolf Diesel published the work: *THEORY AND CONSTRUCTION OF AN ECONOMIC HEAT MOTOR*, a thin volume which belongs to the books which have changed the world. Diesel knew that only very few men would grasp the significance of the book and was prepared to be misunderstood and mocked. Both happened. Spoofers spoke of a paper motor which existed only in a book. Diesel crossed the English Channel a few months before the outbreak of World War I and disappeared in his cabin. The rumor circulated that he had been murdered by his own countrymen so that he could not reveal any technical secrets. Diesel's disappearance remained unexplained.

Jack London was arrested in his youth as a vagrant and sentenced to 30 days at hard labor. When he one day made a speech in a park, he was once more arrested. Several previously friendly homes were closed to him. London's house, which cost him \$80,000, was ignited and burnt to the ground. His debts mounted after that to \$100,000. He wrote to hundreds of men and women to whom he had loaned money and who had given him the utmost assurance that they would repay the loans, asking them to pay back every cent. He received about fifty dollars. For the first time he asked

himself whether or not his friends had had a good time with him and had considered him a sucker the whole while.

Schaudinn, in 1905, found the counteracting agent against syphilis. When he advanced his discovery in the Berlin Medical Society, a scientist declared that in the last 25 years 25 counteracting agents of syphilis had been discovered, and president Professor Bergmann said: "We adjourn the discussion now until the next syphilitic agent will claim our attention."

Havelock Ellis's book *SEXUAL INVERSION* was declared by an English court to be a "lewd, wicked, bawdy, scandalous and obscene libel" and the court ordered its seizure and destruction.

Sigmund Freud described his difficulties with his environment as follows:

"I appeared without prior notice as a speaker in the Viennese Psychological Society under the presidency of Krafft-Ebing. I treated my discoveries as routine contributions in science and hoped that others would do the same. Only the silence after my lectures, the negative space that began to form around my person, the insinuations which were brought to my attention, made me gradually realize that my claims about the importance of sexuality in the etiology of neurosis could not expect to be treated like other communications. I understood that I had disturbed the sleep of the world and that I could not count on impartiality and indulgence. Meanwhile my writings were not reviewed in the medical magazines, or, when this did occur on rare occasions, they were rejected with sneers or pitying superiority. Occasionally a colleague in one of his publications would remark about me in not very flattering terms, as 'cranky, extreme, or very peculiar.' Nobody can expect that I developed a special respect for the judgment of the world during these years when I alone represented psychoanalysis."

Carl Ludwig Schleich, the inventor of local anesthesia, writes in his autobiography: "Every period regards itself as being at the peak of human efficiency and at no time were even medicine and its representatives free of that dangerous double of knowledge, dogma. The naked fact is monstrous that a physician is ejected from the temple for discovering a benefit for suffering people that is later acknowledged. And this before a forum of 800 surgeons, all specialized colleagues! Unfortunately, this is the rule when the question is the innocent collision between a harmless discoverer and the well-protected iron wall of the academic castle, this fortress of reaction of all kind, this dragon-cave of monopolies. President Bardeleben asked the gathering after my lecture: 'Is anybody convinced of the truth of what has just been hurled

at us? Then, please, raise your hands.' What madness to put to a vote the question of whether a new discovery is true or not! Nobody raised a hand. I stepped in front of the platform. I wanted to say: 'Please, examine the facts. I can prove to you at any time that the claims are true.' I asked permission to speak. 'No!' thundered the president. Then I shrugged my shoulders and left. 'The offended one left the hall in humiliation,' the newspapers reported. Again and again the same struggle for life or death repeats itself. Don't let anyone get ahead of you, rather suppress him than give him a chance to skip you! A competition as hot as a horse race, only so much more contemptible since the welfare of the people is in question the care of which is said to be the highest goal of the administrators of the medical power bloc. All the best for the people—but not at the expense of our hard-won glory and of the methods which are the backbone of our existence!"

Paul Ehrlich discovered salvarsan. The chemists muttered that he was an idiot.

Christian Huelsmeyer 45 years ago discovered radar which has become so famous today. He obtained a patent in 1904. Huelsmeyer tried at that time to utilize his discovery but nobody was interested in it. They did not know what to do with it. Huelsmeyer, disappointed, turned to other things. Today, the Frenchman Barthelemy is considered the discoverer of radar.

Friedrich Nietzsche went beyond all his friends and acquaintances and was finally no longer understood. Nowhere was he able to find an echo, and when glory finally came to him, it was too late. He became afflicted with progressive paralysis and went insane.

A. V. Hardy discovered in Iowa scores of people afflicted with undulant fever. He was laughed at, not so much by the dairy cooperatives as by those who did not want to have the milk pasteurized. De Kruif writes that even in 1927 Hardy's discovery could be mentioned only under one's breath in medical circles.

Bertrand Russell was discharged from the University of Cambridge because of pacifism.

D. H. Lawrence tried several times to have his well-known novel *LADY CHATTERLY'S LOVER* published without the omission of passages from the book. Three times he changed the manuscript without seeing his wish fulfilled. His positive attitude toward genital sexuality was "intolerable" to the society of his day. Only after his death an unabridged edition was finally published in Paris.

Thomas Wolfe, the man, the friend and brother of all mankind, often brought upon himself violent reactions, including threats against his life for what Wolfe, the writer, had written. People vented their feeling by denouncing him in bitter letters. They wrote that he was a monster against life. Others threatened to ride him out of town on a rail if he ever came home again. It was 1929 when the book *LOOK HOMEWARD, ANGEL* came out. Its sale was disappointing. And today, after twenty years, while most books of the period are dead and forgotten, this book is still being reprinted and its total sales have far exceeded those of most bestsellers.

Sister Kenny invented a nurse's system for treating children stricken with infantile paralysis. In June 1944 startling news emerged from the convention of the American Medical Association in Chicago. A committee of orthopedic surgeons had declared that the famed Kenny treatment of infantile paralysis was (1) not new, (2) ineffective, and (3) detrimental. The same issue of the *Journal of the American Medical Association* reported from Los Angeles: "The Kenny concept of poliomyelitis has given a new approach to the diagnosis as well as the treatment of the disease." (This *Journal* carried in 1949 a slander against the orgone accumulator in order to protect the interests of pharmacology.) Officially the American profession appeared to have rejected the Kenny treatment, offering nothing in its place. The story of Sister Kenny's long struggle against stubborn elements began over thirty years ago in Australia.

We did not wish to enumerate here the victims of political oppression and persecutions during the last decades.

He asked himself with horror: what is this impulse toward dirtiness, which is in the majority of human beings—this desire to besmirch the purity of themselves and others,—these swinish souls who take a delight in rolling in filth, and are happy when not one inch of their skins is left clean!—ROMAIN ROLLAND

Mathematical Questions Without Answers*

Mathematics can be said to have begun when men realized that five apples, five trees and five men all have a common property—their “quantity-property”—what we call the *number* five.

This abstraction of the number from the counted object is a typical step in the development of mathematics. It has been repeated over and over again in the history of the subject, and encourages the belief that the ability for abstract thought is the characteristic of a highly developed living organism.

The evolution of mankind can, to a large extent, be watched by the evolution of mathematics, and many will agree that it is the foremost intellectual exercise.

This is not to imply a moral: that men *ought* to study mathematics; for there are no morals among the enlightened. Mature and happy human beings study what is in their bones.

Young children love to exercise their bodies and take delight in the most elementary sensations, and as they grow up the natural force of evolution is expressed in the joy of exercising their minds. There is no divorce of function in this, no separation of “mind” and “body,” for the mental development is a natural blossoming of the total organism.

It is, I think, inevitable that mankind's future will be largely an intellectual future, and it is therefore essential that children should grow up to the natural state of maturity long before the present norm of forty or fifty years of age.

It is worth remembering this when one is discussing flesh and blood with any one of the many artist-psychologists who hang around the centers of psychiatric research. They really long for a chance of exercising their bodies while their eager young minds are in a chaotic fervor of rationalization.

Like millions of others their cry is: “Give us a chance to grow up.”

* Read at the Second International Ergonomic Convention at Orgonon, Rangeley, Me., on August 22, 1950.

Having grown up they will then reason effectively, economically, mathematically.

I say mathematically because mathematics has made an especial study of reasoning, and the techniques of abstraction which it has developed are, in effect, models of the art.

The powers of abstraction, and therefore of mathematics, can only properly flourish in a state of health as defined by Reich. We all hope that one day this mutation will have swamped all others, but until then poets and mathematicians are two of the leading vehicles of the mutatory influence.

The experimental scientist is comparatively new. His ambition is to discover what he calls the Laws of Nature. These laws are interpreted as those behavior-properties common to different objects. They are the abstraction of behavior-properties, just as number is the abstraction of quantity-properties.

It is not surprising, therefore, that mathematics and physics should have been so closely related. The method of mathematical thinking has been applied all over again in the field of physical observation.

That most remarkable of mathematicians, Isaac Newton, laid the foundations of a vast field of applied mathematics and physics.

The history of science is the history of the abstractions of behavior-properties.

The history of mathematics is the history of successive abstractions.

Naturally enough, the boundaries between the two are very often confused. Let us look at a few of the simpler developments of mathematics.

Having abstracted the idea of number as a quantity-property, the next step forward was the abstraction of the idea of number. This notion gave birth to the algebra known to any schoolboy. In place of 123, 39, 27, etc., we can write, say, n , and the laws of algebra are then expressible in this new symbolism as generalizations of the elementary laws of numbers.

By this step the concept of number was further widened to include first, positive and negative numbers, and then what are called irrational numbers. The latter had themselves arisen out of the manipulation of algebraic quantities. (For example, the irrational number $\sqrt{2}$ is the value of x which satisfies the algebraic equation $x^2 = 2$.)

A similar development took place in the subject of geometry, which was presumably initiated as the abstraction of point and line from the physical basis of position and length.

It was with the coming of Descartes in the 17th century that the symbolism

of algebra was applied to the solution of geometrical problems. This analytical geometry has since developed until, in modern geometry, a further abstraction appears.

Whereas in the early geometry after Descartes a point in a plane was represented by three numbers (an ordered triplet), in the modern approach an ordered triplet is taken as defining a point in a plane. Thus, a set of three numbers in a given order is now the starting point of the geometry. The ordered-triplet-property has been abstracted from the old geometry to create a new geometry.

The concept of number had meanwhile been further widened to include what are called "complex numbers." These had cropped up in the early algebra as those quantities involving the square root of minus one ($\sqrt{-1}$).

Thus in this modern geometry an ordered triplet might involve complex numbers and yet still define a point in the plane, even though such points could not be represented on the same diagram as points defined by real numbers.

To demonstrate this more forcibly, imagine a circle and a straight line. In the old geometry, these might intersect two points, two coincident points (touch), or no points. In the new geometry, they will always intersect in two points (which can still be coincident). If, when you draw the given circle and the given straight line, they do not cut physically, then you have the case, in modern geometry, of them intersecting in two points which are given by ordered triplets involving complex numbers.

The complex number $\sqrt{-1}$ can be interpreted as an operational symbol rather than as a quantity, and on this basis a whole mathematical field of complex algebra has flourished.

Relative to some origin a complex number ($a + b\sqrt{-1}$) will therefore define a line, not only of given length, but also in a given direction. This idea of magnitude and direction is one fundamental to physics and applied mathematics.

The concepts of physics are based upon the recognition of two separate entities, *scalars* and *vectors*.

A scalar possesses magnitude only. Mass, length, time, temperature, potential, energy are all scalars.

A vector possesses both magnitude and direction. Velocity, acceleration, force, electric intensity, a couple, are all vectors.

The laws of physics, when expressed mathematically, become functional relations between appropriate sets of these scalars and vectors.

There is one question, which has probably been asked before, but which ought to be asked again.

Are there any entities in our field of observation which cannot be properly described in terms of scalar-properties or vector-properties? (If, for one fleeting moment, there did happen to be any, then it is quite clear that physics would have either ignored them or else misrepresented them.)

In connection with this it is worth remembering one fundamental fact about the mathematical sciences.

That fact is that such sciences are mechanistic.

Physics has studied the external world and produced its abstractions of behavior-properties from the behavior of inanimate objects. This is not to say that such laws are not in some degree descriptive of the behavior of animate objects.

If you fall from a high building your progress will be as calculable, and as sure, as that of a block of wood doing the same thing; but that is due to the fact that you are both subject to the same vector, the acceleration due to the force of gravity. This vector is, to put it wryly, an "inanimate vector"—by which I mean that it describes a relationship between inanimate things. It will necessarily describe the relationship between animate things when these things are not orientated in a characteristically animate way.

When you fall from on high, you may be alive and kicking and you may have special properties and powers which physics has not discovered, but the solid earth beneath is unaffected by these things—you fall like a stone.

When (which God forbid) you sit in the electric chair and are subject to electric shocks you are demonstrating that living organisms have special properties, viz., those properties of hostility to electric current (generated from inanimate inter-relationships) which result in death. Physics and the executioner, and most of all the electric current, regard you as of no more interest than a high resistance.

But what, for example, is the "vector" that repels the two halves of a unicellular amoeba?

It may be said that the process of repulsion involved can be interpreted by reference to forces and velocities, but it must be remembered that the forces involved have been generated by the living organism. Is the act of decision,

the direction of intention, peculiar to the living organism? The vector generated is merely the instrument of will.

Is it nonsense to say that the spermatozoa are drawn toward the ovum by Newton's law of gravitational attraction? Where are the animate vectors?

What is the "vector" that we call the mutual attraction between the appropriate male and female of a species?

The methods of mathematical abstraction and then the appropriate symbolism must eventually be brought to the solution of such problems; but will the concepts of physics and chemistry be adequate for a proper description of life-properties?

R. H. ATKIN, Mathematical Physicist, London

Physical Orgone Therapy of Diabetes

1. *On Wound Healing:* For 12 years before using the accumulator, the following was the process in the healing of wounds and abrasions in this patient: infection, inflammation with oozing of pus for about a week, and followed in the next two weeks by a drying and crusting. This crust would eventually peel off, leaving a smooth surface. In the period when the patient was undergoing treatment with the accumulator, the patient ripped off a triangular piece of skin of about $1\frac{1}{2}$ sq. inches from the left calf muscle. Without the application of any ointment or bandages, and using the shooter while in the accumulator, the wound healed completely within ten days without *festering and without crusting*.

2. *On Cold Sores on the Lips and on the Nares:* Before using the accumulator the patient used to get cold sores on the lips and inside the nares. These sores used to go through a process of itching, blister formation with drying up and crusting. This would be very painful and last for about two weeks. During the use of the accumulator the process would be only one of itching and reddening without pain and especially noteworthy, without blister formation.

3. *On Sinusitis:* Patient, before using the accumulator, would get frequent attacks of "sinus trouble" with blocking of both nostrils. During these attacks, the patient had to use nose drops every two hours during the night. While

using the accumulator, the patient did not have a single attack of a blocked nose or sinusitis.

4. *On Burns:* Patient burned his hand with hot water, and the pain was intense. He then immediately put his hand before a shooter for 15 minutes. The pain disappeared and there was no blistering.

5. *On Fatigue:* Patient would get tired about 4 o'clock in the afternoon. Fifteen minutes of use of the accumulator would be sufficient to freshen him up.

6. *On Insomnia:* Before using the accumulator, the patient habitually took $1\frac{1}{2}$ grains of barbiturates to induce sleep. Now, before retiring, he sits in the accumulator for about 20 minutes when he becomes drowsy and sleepy. He then sleeps restfully throughout the night.

7. *On Diabetic Neuritis:* Before using the orgone energy accumulator, the patient would have drawing pains in the limbs, especially on humid days. Now, since he is using the accumulator, these pains have largely disappeared.

8. *On the Response of the Patient to Sudden Drops of Temperature:* Before the patient began sitting in the accumulator, he found that on walking out of a warm house to an outside temperature of zero or less (Fahrenheit), he would experience pressure in the chest with difficulty in breathing. During periods of the use of the accumulator, these pressure symptoms were much less and less frequent.

9. *On Spasms of the Pylorus:* For 10 years before use of the accumulator, patient suffered post-prandial gastric distention, especially if emotionally upset. X-ray examinations revealed a delay in the emptying time and a spastic pylorus. Now, after using the accumulator for about 6 months, the patient finds that any gastric distention is readily relieved by sitting for 5 minutes in the accumulator. The sequence of events is described by the patient as follows: post-prandial pressure in the epigastric region is reduced after 5 minutes sitting in the accumulator, followed by gurgling sounds in the epigastrium and a feeling of "opening up in the stomach." After 15 minutes, the pressure and distention completely disappears.

10. *On Frequency of Colds:* Before using the accumulator, the patient would have about 2 or 3 colds during the winter months. These would involve confinement of the patient to the house with high temperature, sore throat, and muscular pains, coughing, expectoration, and an increased insulin requirement. In the winter of 1949-50 when the accumulator was used, the patient was not laid up for a single day. On one occasion, when he felt a

cold coming on, he used the accumulator for 15 minutes every 3 hours. This aborted the cold completely.

11. *In the Insulin Requirement:* Before the use of the orgone energy accumulator, the patient would find that emotional stress would be followed by a feeling of a thick and sticky saliva in the mouth and sugar in the urine. To control this a higher amount of insulin was usually taken. During the six months of using the accumulator, the patient is more relaxed, less apprehensive, and has a lower insulin requirement.

12. *On the Craving for Orgone Energy:* After using the accumulator for 1 month, the patient developed a craving for using the accumulator. He says that the craving is similar to the craving for sweets and food during an insulin reaction.

N. WEVRICK, M.D., Montreal, Canada

ON THE RECORD

"Discovery of Life" in Russia

We received many inquiries regarding the alleged "discovery of the origin of cells" in the USSR, by Lepishinskaya. Since no original reports are available in English, nothing can be said about what has really happened. We read a report reprinted from *Pravda* in *The Current Digest of the Soviet Press* of October 28, 1950, consisting of seven two-column pages. In this report we could find nothing factual to substantiate the claim of the discovery of the origin of cells, as we know of biogenetic functions from orgonomic research in natural organization of cells from bions or orgone energy vesicles. Neither facts nor procedures of observation, nor theoretical elaborations of phenomena are even mentioned in this report of *Pravda*. A sound judgment is furthermore blurred by the great amount of political propaganda and hailing of the "coryphaeus of science" as well as by the slandering and cursing of such old

pioneers in biology as Virchow and others. In the report we saw, only the claim is made, but no scientific proof is given for the claim. Neither does it contain any hint to the effect that the *functions of biogenesis—concretely:* the development of protozoa and cancer cells (1936-42) from bions in disintegrating plant and animal tissue, and the results of orgonomic Experiment XX (1945)—have been known to Lepishinskaya. Since the origin of single-celled life from orgone energy vesicles (bions) has been discovered 15 years ago in Norway by Wilhelm Reich, it is obvious that *no claim to an original discovery of such kind can be made any longer by anyone*. It can only be either rediscovered or elaborated, if the most basic rules of scientific conduct and proof are maintained.

We are informed about the fact that THE CANCER BIOPATHY has long ago been ordered from Russia. We have also received reports that the orgone energy accumulator has been seen somewhere in the Urals.

Information on Cancer Research

December 22, 1950

Dr. Virginia Wuerthele-Caspe
Bureau of Biological Research
Rutgers University
New Brunswick, New Jersey

Dear Dr. Wuerthele-Caspe:

An article was brought to our attention which appeared in the *San Diego Union* newspaper on December 10, 1950, written by Alton L. Blakeslee, Associated Press Science Reporter. In this report we find a *rediscovery* and thus a *confirmation* of Wilhelm Reich's original discovery of the so-called *T-bacilli* in cancer tissue and blood. From the report it appears that you were not aware of the discovery of the *T-bacilli* by Wilhelm Reich; at least this discovery has not been quoted by you. In the publications of the Orgone Institute from 1939 ("Bion Experiments on the Cancer Problem") until 1945 in papers first published in the *International Journal of Sex-economy and Orgone Research* (1942-45), later collected and published as a volume in 1948 under the title, THE CANCER BIOPATHY, you will find—particularly in chapters II, VI, VII and VIII of THE CANCER BIOPATHY—the characteristics

and microphotographs of the tiny bodies to be found in every single case of cancer and leukemia. The world of cancer research has been fully informed on these specific discoveries.

You will further find in these publications a description of how to produce artificial cancer in mice through injection of nearly pure cultures of the T-bacilli. There, you will also find a description of the bio-energetic functions which counteract these T-bacilli. It would be in the interest of the many people dying from cancer who are in part victims of human reluctance to see what can easily be seen in every good microscope, if you would care to pay attention to the medical possibilities which opened up when the orgone energy was discovered (1936-39). The whole problem of the T-bacilli and their relation to cancer and leukemia became accessible through Reich's theory of the "bions" or "orgone energy vesicles."

We are sure that, as scientists, you will pay attention to these facts.

Sincerely yours,

Simeon J. Tropp, M.D.
Medical Director

N.B. This letter will be printed in the *Orgone Energy Bulletin*, April, 1951.

cc. to the other members of Dr. Wuerthele-Caspe's research team:

Roy M. Allen, D.Sc.

James Hillier, Ph.D.

John A. Anderson, Ph.D.

Eleanor Alexander Jackson, Ph.D.

Lawrence W. Smith, M.D.

and to Alton L. Blakeslee, Associated Press Science Reporter

A Few Directives in Stormy Social Weather

A Reminder on Scientific "Control"

It happens again and again that painstakingly elaborated and carefully presented organomic findings are met by mere "opinions" without any basis in observations or experiments. If such opinions are proclaimed by a chemist

or a physician, the layman accepts them as an "authoritative" judgment, no matter whether the opinion is based on observation or not. Thus a *wrong* kind of "public opinion" develops.

Since authority is thus being misused in the interest of unfair business practices or politics, we must insist that whoever utters an opinion on the medical or other applications of the orgone energy first demonstrates that he followed the rules laid down for the observation of organotic functions. He must be able to answer the following questions satisfactorily:

1. Did he ever make observations in a metal-lined darkroom?
2. Did he ever see an orgone accumulator, or ever sit in one?
3. Did he ever observe disintegrating grass and moss under the microscope above 1000X magnification?
4. Did he ever observe boiled humus under the microscope above 1000X magnification?
5. Did he ever observe cancer cells and cancer tissue in an alive state?
6. Did he ever make T-bacilli cultures of living cancer tissue?
7. Did he ever repeat Experiment XX?
8. Did he ever perform an experiment with an orgone energy field meter?
9. Did he ever look through a telescope at the orgone movement on mountaintops?

Any and every opinion uttered in regard to the validity of organology should and must be tested by the answers to the various "critics," "authorities," "specialists," "physicists," "M.D.'s," etc. can or cannot provide to these specific questions. We must—by all means—keep off the empty blabberer and gossip. To be fully aware of the great responsibilities involved is a part of the job to be done.

Two Children with Soap Bubbles

The other day P., a self-regulated boy of 6, was blowing soap bubbles on the main street of the small town in which he lives. He took great delight in the slow and graceful movement of the bubbles as they rose in the air against the blue sky and in the delicate colors which the light formed within them. He was glad to let others blow bubbles with his set. Another child, F., about the same age but not self-regulated, whom P. knew from school, came along and started blowing bubbles with him. But F. wanted to break the bubbles as soon as they formed; *his* delight was in chasing them and smashing them as quickly as he could. P. said with concern: "Don't break them!"

Let them rise as high as they can. I want to watch them." F. went right on breaking them, shouting: "I smashed one, I smashed another."

Here, in a small example, two entirely different worlds were sharply revealed—the worlds that Reich has described as *unarmored* and *armored*. The one rejoices in and wants to protect the free stream of moving, slow and delicate things—be it the orgone energy in his own and others' bodies, be it the same energy in the atmosphere, be it free, fluid social relations, or be it—just soap bubbles. The other can't tolerate for long, soon hates, and must eventually "smash" life movements—the movements of an infant, a spontaneous energy, happy, direct work relations or the movements of—just soap bubbles.

All over the world the real social line-up is taking place, not in terms of "left" or "right" but in terms of: "Let it be; don't hurt it," or: "I smashed one, I smashed another."

New Goals on the Horizon

1. Use the principle of work against the malady of politics.
2. The paramount goal of free men is to reproduce free men: through a total revolution in the education of newborn infants; through burdening every single man and woman with all the responsibility for work and love they can carry.
3. The new type of Man is the positive goal of our fight.
4. The interest in the child's welfare and future will distract all interest in mad men's politics and war.
5. Understand the hate of love and kindness on the part of Little Men.
6. In order to avoid the traps set by the pestilential politicians, always ask positive, concrete questions and insist on concrete answers regarding Love, Work and Knowledge.
7. Learn to read the expression in the faces of foxes, thieves, dried-out lemons, cruel haters of love and life in human disguise, and treat them accordingly. Don't trust them.

Quotes from Wilhelm Reich's The Mass Psychology of Fascism

What is "Work Democracy"? Work democracy is the natural process of love, work and knowledge which has always governed economy and the social and cultural life of man and always will, as long as there is a human society. (It is not an ideological system nor a political system.) It depends on the consciousness on

the part of the working people in all professions of their responsibility for the social process. The growth of this consciousness of social responsibility is the most important prerequisite for the prevention of the cancer-like growth of political systems in the social organism.—p. 264.

Natural work democracy is politically neither "left" nor "right." It embraces anyone who does vital work; for this reason, its orientation is only and alone *forward*. Basically, work democracy is not "*against*," as is the rule with politics, but "*for*"; for the formulation and solution of concrete tasks.—p. 267.

The ones to represent these natural life functions are the best workers in all of the vitally necessary professions. They function in a work-democratic manner not on the strength of any personal political inclinations, but simply on the strength of their activity as industrial workers, farmers, teachers, physicians, writers, administrators, technicians, scientists, etc.—p. 267.

What is *new* in work democracy is: that for the first time in the history of sociology a possible future order of human society is deduced not from ideologies or from conditions yet to be created, but from processes which are naturally given and which have always been in operation. What is new in it is the renunciation and rejection of any kind of politics and demagoguery. New is that, instead of the working masses of people being relieved of social responsibility, they are being *burdened* with it. Further, that the work democrats have no political ambitions nor are allowed to develop any.—p. 268.

The fascist dictators declare the masses to be biologically inferior and craving authority, that is, slaves *by nature*. . . . The leaders of formal democracy, on the other hand, believed, in an illusory way, in the masses' capacity for freedom; thus they relinquished any possibility of ever *bringing about* the capacity for freedom and self-responsibility in the masses. . . . Our answer to the problem is *scientifically rational*. It is based on the recognition of people's incapacity for freedom. This fact, however, is not conceived of as absolute, as biologically, naturally determined . . . but as the result of old social conditions, and therefore as *alterable*.—p. 277.

The sum total of all natural work relationships we call *work democracy*. These work relationships are *functional* and not mechanical. They cannot be arbitrarily established or organized; they can only develop spontaneously from the work process itself.—p. 303.

"Wanderings in the Radiesthetic Field." By A. T. Westlake. *The Journal of the British Society of Dowsters*, Vol. IX, No. 67, March, 1950.

In an address given to the British Society of Dowsters on December 14, 1949, A. T. Westlake included an extensive and very sympathetic report on Wilhelm Reich's work with cosmic orgone energy. He came to the conclusion that the empirical practice of finding water wells with the "divining rod" now "has at last an objective scientific reality." (An attempt at an organomic explanation of the undoubtedly objective function of finding water by means of the dowser's tool will be published in a future issue of the *Orgone Energy Bulletin*.)

The following remarks are not meant to diminish the great importance of such observations as Reichenbach's or the old Indian philosophers' or the dowsters'. On the contrary, these remarks are brought forth to help along the rational and objective observations on the manifestations of life energy in the various fields, including "dowsing."

1. We believe that life energy (organismic orgone energy, bio-energy) is too important an issue to be confused with the *mystical* interpretation of the natural functions involved. The life energy is a *real, objectively demonstrable* and scientifically comprehensible natural force. To call this force "*psychical*" does not help; on the contrary, it confuses and discredits the issue. Life energy DETERMINES PSYCHIC phenomena. The psychological mechanisms are subjective perceptions, thus *secondary* functions dependent on the natural functions of the orgone energy. What comes *first* is the objective orgone energy function in the organism and in nature. The psyche is a secondary, late development from this primordial natural function. Any other approach leads inevitably into mystical thinking and with this into nebulousness.

2. Natural-scientific, that is, logical, theoretical comprehension of such phenomena as Reichenbach observed requires the demonstration of the *rooting* in and the *development* from general natural principles of the bio-energetic functions. Reichenbach's work was a very essential step in the direction of the discovery of the primordial cosmic energy, the orgone energy, but his work was based mainly on the subjective impressions of his experi-

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