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Orgonomic Diagnosis of Cancer Biopathy

Based on a course on cancer given by Wilhelm Reich, M.D., at Orgonon Rangeley, Maine, during July and August, 1950. Compiled by Chester M. Raphael, M.D., and Helen E. MacDonald, Ph.D.

CONTENTS

I. Introduction

Rules to Follow in Basic Research

1. Your microscope should be as good as the car you dream of possessing.

2. When you start looking into a microscope or doing some experiment you are asking *nature* certain questions; therefore look and listen only to what *nature* has to tell you, and not what the head of your bacteriological department expects you to see. Forget for awhile what you have learned in school. It may be wrong. After having carefully looked and listened, then compare what you have seen with what you have learned.

3. Don't try to be smart and clever. Be *humble!*

4. Do not try being a scientific worker when you are afraid of what your neighbor might say to what you have seen. Forget your neighbor for awhile.

5. Do not try to "control" experiments. Understand them first, then perform them faithfully according to their exact description. Never alter an experimental setup before having understood it and having become capable of handling it well. Later on any change will be only fruitful, but not at the start.

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

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

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

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

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

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

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

The laboratory procedures presented here are only a part of the whole approach to the understanding of the biopathies, particularly the cancer biopathy. For the complete approach it is essential that the medical orgonomist:

1. Make a complete physical examination of the patient, including a pelvic examination.

2. Obtain the sex-economic history—that of genital functioning.

3. Perform the Reich Blood Test.

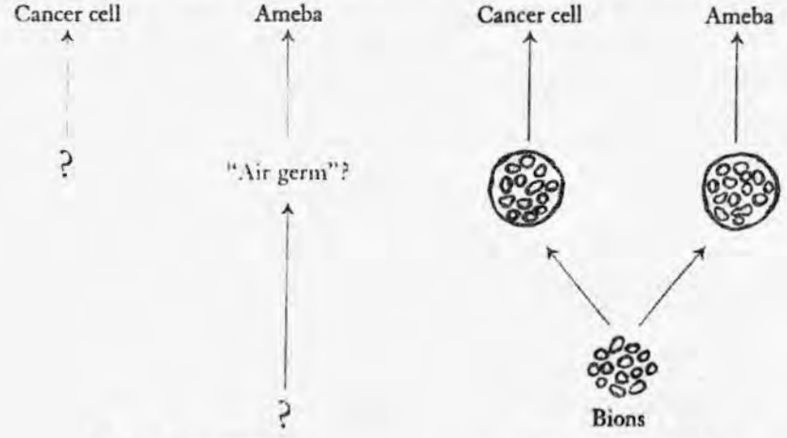
4. Examine the vaginal (or other) secretion microscopically in the *living* state.

The details of the procedure for the last two steps, that of the Reich Blood Test and microscopic examination of living tissue, form the greater part of the material of this paper. The physician who acquires skill in these tests must inevitably also acquire the perspective of a research biologist. For this

reason no clear-cut separation is made between those steps which are diagnostic and lead to correct prognosis and proper treatment of the patient, and those observations which reveal the more inclusive processes of the functioning of *bio-energy,* of transitions between living forms, of biogenesis, of life and death. For the biologist, therefore, sections are included describing the culturing of T-bacilli, the injection of T-bacilli into mice to produce cancer, and other laboratory procedures.

Wilhelm Reich was the first to seek the solution of the mystery of the origin of the cancer cell by direct examination of blood and tissues in the living state. His success in this led to his elaboration of the useful criteria to be described here. The essential material covered in this article in laboratory manual form can be found in its full orgone-physical as well as biopsychiatric context in Reich's THE DISCOVERY OF THE ORGONE, Vol. 2: THE CANCER BIOPATHY, 1948, Orgone Institute Press. The serious student is referred to a careful study of that text in addition to laboratory work on the cancer biopathy. But no text alone will give a mastery of this subject; such mastery can only come from long-continued observation of the many pertinent phenomena and functions, *studied within the framework of functional, orgonomic theory.* Supervised laboratory instruction in the beginning is recommended.

There exists a functional identity between the origin of protozoal forms of living matter and the origin of cancer cells. This functional identity has



been established by the discovery that both originate from the products of bionous disintegration of living matter. It is this functional relationship which these laboratory studies, described herein, aim to establish. Successful in this, the student will shed classical medicine's recourse to air germs, and begin to understand the true nature of the cancer biopathy. He will learn that the cancer disease does not begin with the tumor, but has existed long before the appearance of the latter. He will understand why it is erroneous to state or to assume that Reich implies that a cure for the cancer disease has been found; but he will also understand how the use of the orgone energy accumulator can retard, or reverse the development of a cancer tumor.

Healthy cells show an orderliness and regularity in structure. Few vesicles are seen. The protoplasm is bluish and hyaline, or it may show fine striations.

In cancer tissue, on the other hand, the cells show blue vesicles or tiny black bodies. Wherever one finds this vesicular (bionous) structure, it is evidence of tissue degeneration. The typical club-shaped, caudate form of the cancer cell is the end phase of a series of changes in the tissues, changes which are the result, in human beings, of long-continued local spasm of the musculature, and stasis of bio-energy. Diagrammatically the transition takes place as follows:

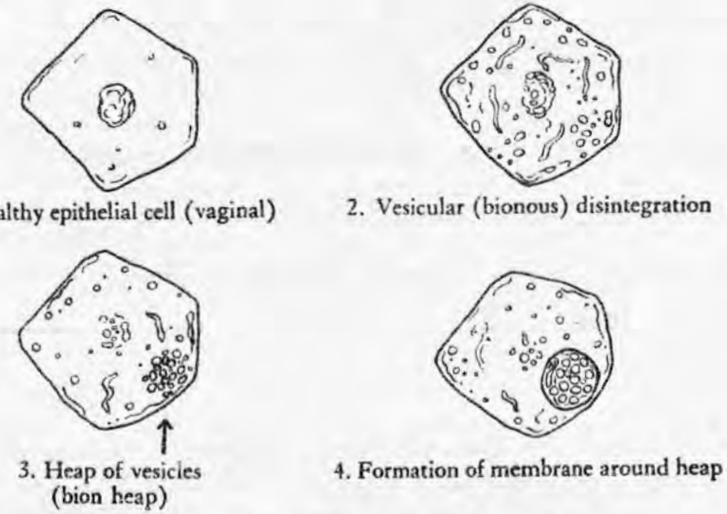
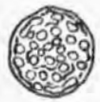


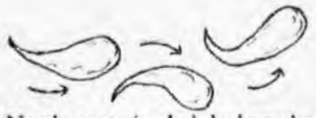
FIG. 2. TRANSITION FROM HEALTHY TISSUE TO CANCER CELLS



5. Independent growth of new bionous unit with membrane

6. Elongation into club-shaped cell, still showing bionous structure

7. Club-shaped cell with homogeneous plasmatic structure



8. Newly organized club-shaped cell develops motility

FIG. 2.—*(Continued)*

In a similar manner, healthy red blood cells (RBC) show an even structure, with a taut, wide blue frame, and regular centers, and a strong orgone energy field. RBC as well as tissue cells undergo disintegration into blue vesicles or bions, or, when the energy of the cell is low, into smaller bions, even into T-spikes.[1] The latter is indicative of a cancerous process taking place within the organism.

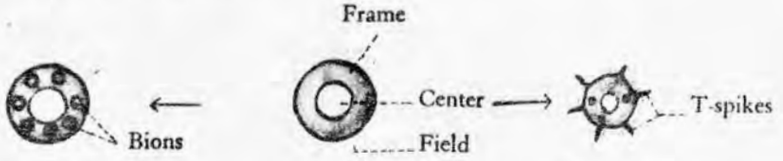


FIG. 3. THE RED BLOOD CELL

T-bacilli are the end stage of tissue disintegration. Cells, at first, degenerate into bions, and these in turn degenerate into smaller and smaller forms, finally into T-bacilli. All living tissues disintegrate ultimately into bions and finally into T-bacilli.

This universal disintegration can be reversed, although not in a true sense. Thus T-bacilli, by the use of a nutrient serum, will form blue PA bions,[2] and bions can reorganize into protozoal cells.

[1] T = *Tod* (German for *death*). *Cf.* THE CANCER BIOPATHY, p. 26.

[2] PA = Term originally applied to sand bions which grew in packets, and were energetically strong. Now used generally to describe large vigorous bions. (*Cf.* photos 7-9.)

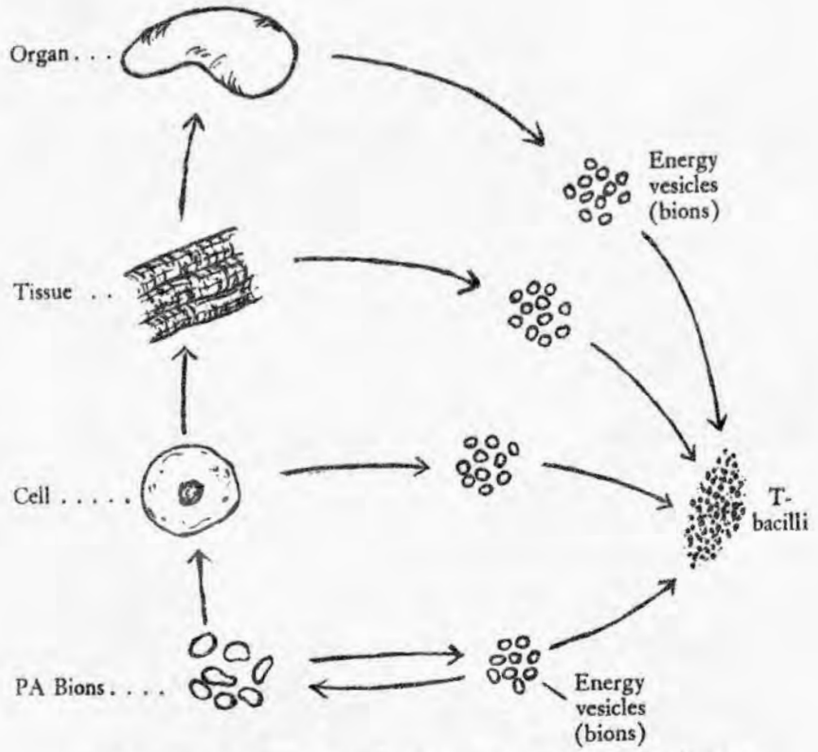


FIG. 4. DISINTEGRATION OF LIVING MATTER INTO BIONS AND T-BACILLI

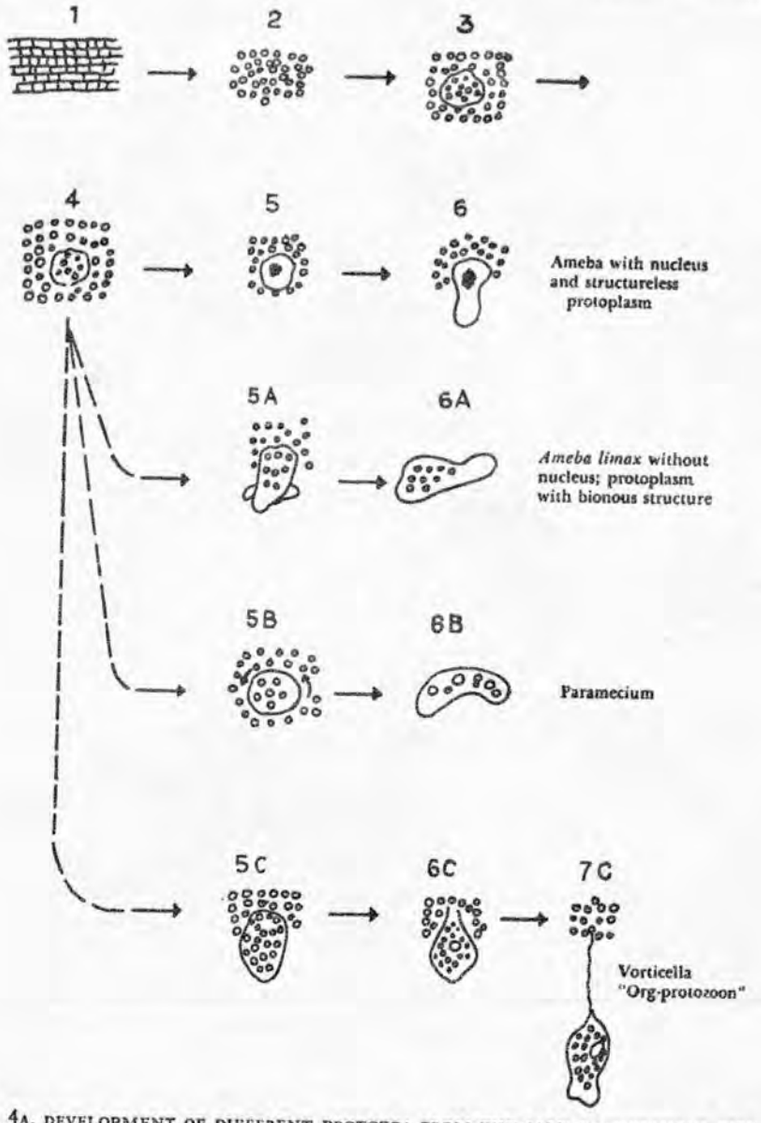


FIG. 4A. DEVELOPMENT OF DIFFERENT PROTOZOA FROM THE SAME MEMBRANOUS BION HEAP. (1-4 = COMMON STAGES OF DEVELOPMENT; 5-7 = DIFFERENTIATION)

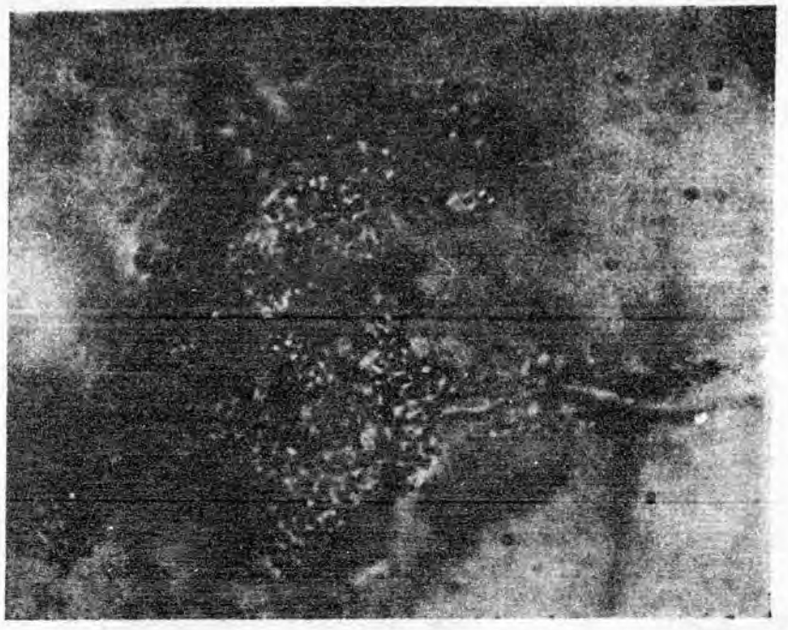


PHOTO 1. GRASS IN A STATE OF BIONOUS-VESICULAR DISINTEGRATION. FROM AN INFUSION. ABOUT 700x

PHOTO 2. HEAP OF BION VESICLES IN AN ADVANCED STAGE OF ORGANIZATION

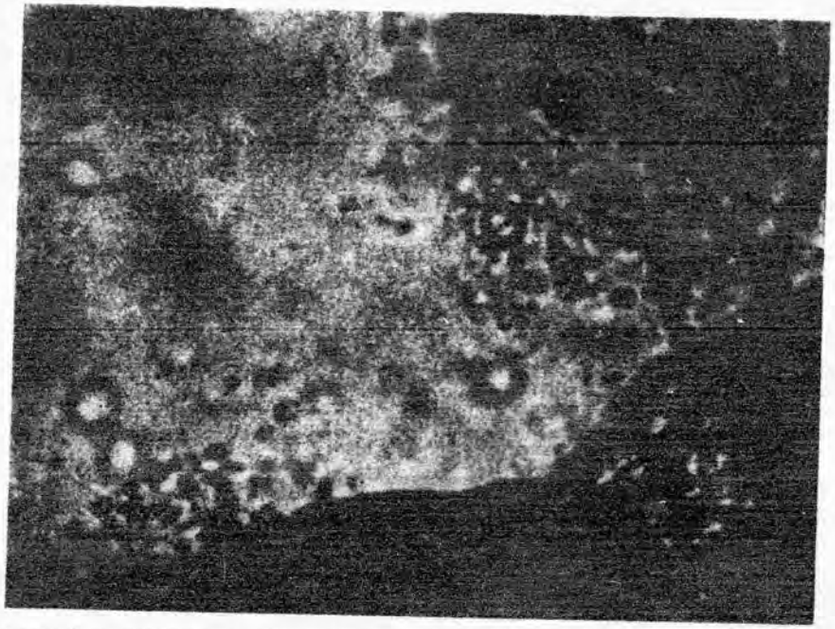


PHOTO 3. A PHASE IN THE DEVELOPMENT OF AMEBA LIMAX. THE PROTOZOAL GERMS AT THE UPPER RIGHT DERIVE FROM GRASS WHICH UNDERWENT SWELLING; EACH OF THEM IS DEVELOPING INTO AN AMEBA. AT THE LOWER LEFT ANOTHER PROTOZOON IS FORMING. ABOUT 1000X. PHOTOGRAPHED WITH ACCELERATED MOTION DEVICE

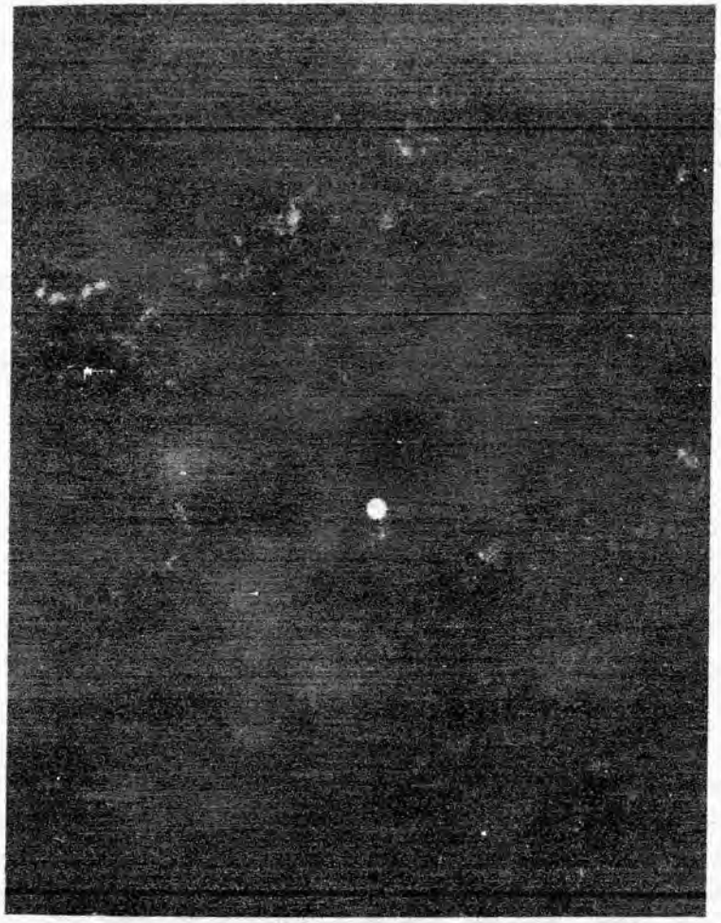


PHOTO 4. DISSOLVING PROTOZOAL GERMS (AT THE RIGHT MARGIN OF THE HEAPS OF DISINTEGRATED GRASS). AMEBAE WHICH ARE DETACHING THEMSELVES (AT THE LEFT AND TOP)

PHOTO 5. A PHASE IN THE DEVELOPMENT OF A PROTOZOON FROM MOSS

PHOTO 6. MARGINAL FORMATION IN THE PROCESS OF ORGANIZATION, IN BIONOUSLY DISINTEGRATING GRASS. APPROXIMATELY 700x

PHOTO 6A. ORGANIZED HEAP OF BION VESICLES. APPROXIMATELY 1500x

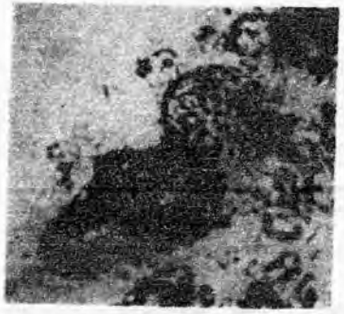


PHOTO 6B. PROTOZOAL (BIONOUS) MARGINAL VESICLE IN DISINTEGRATED GRASS (DARK)

PHOTOS 7 AND 8. CULTURES OF SAPA BIONS IN WHICH THE ORGONE ENERGY WAS DISCOVERED

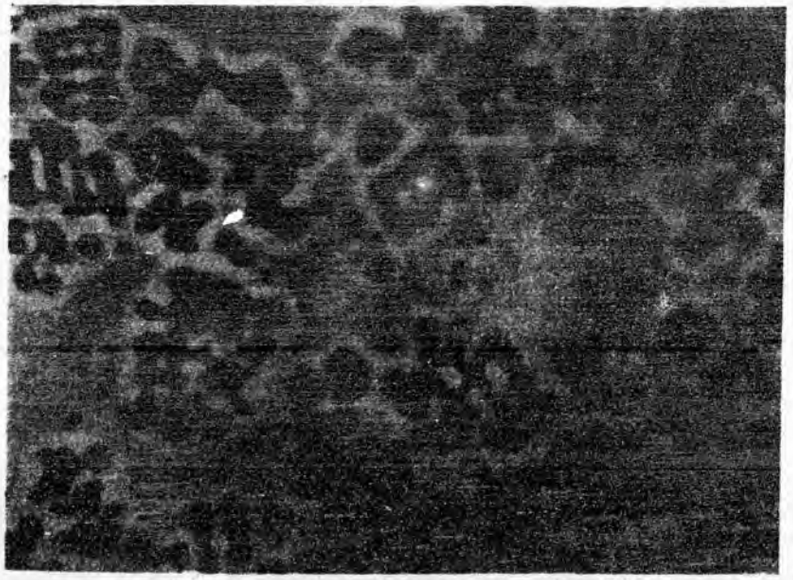


PHOTO 9. CULTURE OF PA BIONS. APPROXIMATELY 3000x

II. The Reich Blood Test

The Reich Blood Test is a method for the determination of the health of the individual, the onset and progress of a cancerous process at work within the organism, and the improvement in health derived from the use of the orgone energy accumulator. First published in 1942 (*cf.* Reich: "The Carcinomatous Shrinking Biopathy," *International Journal of Sex-economy and Orgone Research* 1, 1942, p. 141ff.) and again in 1948 in Reich's THE DISCOVERY OF THE ORGONE, Vol. 2: THE CANCER BIOPATHY, pp. 144-145, the Reich Blood Test has been in continuous use by those trained in medical orgonomy, and has proved itself to be of inestimable value.

A prerequisite for the proper evaluation of the Reich Blood Test consists in the rearrangement of one's thinking with regard to the basic unit of living things. It is understood in mechanistic science that this basic unit is the cell *(cellular theory)*. Now, in observing the disintegration of RBC in physiological saline, it is immediately apparent that this theory is insufficient, for as the cell disintegrates a more primitive unit makes its appearance. This basic unit is the *bion,* or energy vesicle. We may define the *bion* as a microscopically visible vesicle of functioning energy, i.e., a unit of energy consisting of a membrane, liquid content, and an amount of *orgone (life) energy.*

There are three parts to the Reich Blood Test, all based upon a ***functional*** approach to the understanding of the bio-energy (orgone energy) contained in living matter, and the knowledge that the *bion* is the basic unit of structure of living things.

1. THE DISINTEGRATION OF THE RBC IN PHYSIOLOGICAL SALINE (THE MICROSCOPIC TEST)

Preparations for the test

1. Sterile Ringer's solution or physiological saline in a dropper bottle, warmed to body temperature.
2. A slide with one or two concavities, which is washed, then dipped in alcohol to remove any oily substance, and thoroughly dried. Quick flaming removes any excess alcohol.
3. A bunsen burner, or alcohol lamp.
4. Stylette, flamed and allowed to cool.
5. Absorbent cotton.
6. Micropipettes, flamed and allowed to cool.

7. A good binocular microscope, equipped with apochromatic lenses and compensating eyepieces, and dark field. (Those used in the laboratory at Orgonon, Rangeley, Maine are made by Reichert or Leitz, and have a 1.5 factor of magnification in the angle of inclination.) A magnification of 250x to 300x is routine for watching the field in which the disintegration of RBC takes place. This may be secured by using 16x eyepieces, and 12x objective (plus the built-in factor of magnification).

Procedure

1. The finger of the patient is cleansed with water and dried with a bit of sterile absorbent cotton. (Alcohol is ***not*** used, since if it is not completely removed, the red cells will disintegrate too rapidly and give an erroneous picture.)
2. A drop of warm physiological saline is placed on the warm slide and spread to cover the concave area.
3. The tip of the finger is now punctured with the stylette. At this point note the macroscopic appearance of the blood, its color and cohesive properties.
4. The second drop of blood is aspirated with the micropipette and a very small quantity of it transferred to the slide, and spread gently but evenly in the saline. (The tip of the unbroken pipette may serve to transfer a sufficient amount of blood.) Only practice will enable the person making the test to secure a field that is neither too dense nor too sparse. The RBC should cover the field evenly, with a space the approximate width of one cell between each cell and its neighbors.
5. Note the time at which the blood was drawn from the finger, and begin observation at once. The test period lasts for 20 to 30 minutes.
6. After a half minute or so, the cells (bi-concave discs) will have settled. (Note any unusual delay in settling, as this would represent a deviation.)
7. Select a field near the center of the concavity (avoid the sides, or edge, where the field could be distorted, and drying might begin before the end of the observational period).

Observations to make and record

1. The uniformity in size and shape of the RBC in the field.
2. The *frame:* its evenness or regularity, width, and color.
3. *The orgone energy field:* its width, evenness, brightness (*cf.* figs. 3, 5 and 6).
4. *Centers:* are they large or small; round or eccentric? Is the color faintly blue, pink, or reddish to violet?

5. The outer and inner *margins* of the frame: are they sharply delineated? Is there blurring of the inner margin?

Disintegration of RBC, its beginning, progress and pattern

By disintegration is meant the appearance of bions within the frame of the cells. For purposes of the test it is considered to have begun when two or three cells in the field under observation show bion formation. Bions here are highly luminous concentrations of energy, and look like pearls set in a ring. Their color is a deeper blue than that of the frame.

1. In healthy blood, disintegration begins in three or four minutes, or longer. In a patient with low energy level, some of the cells may already show disintegration when the test starts. Record the time when disintegration begins, or the fact that disintegration has already started by the time the first microscopic observation is made.

2. Note the size of the bions, whether large, medium or small; the number in the frame, whether few or many, and their distribution in the frame.

3. The frames: do they retain a regularity of form, or do they shrink and become distorted? If distorted, are there

a) T-spikes (*cf.* figs. 6 and 7)
b) Sulfa forms (*cf.* fig. 6)
c) Other unusual forms (*cf.* discussion)

4. Note the rate of disintegration of the RBC. Is it slow or rapid?

5. Note the rapidity with which the blue color of the frame changes.

6. At the end of the twenty minute period, what proportion of cells have disintegrated, or become distorted?

The white blood corpuscles

The leucocytes are slightly larger, the lymphocytes slightly smaller than the RBC, are brightly luminous, and are very resistant to disintegration. They are easily distinguished, after settling has been completed, by focusing upward with the fine adjuster, thus throwing the disc-shaped RBC out of focus, while the more spherical white cells now gleam brightly. In healthy blood there are one to three per field (under the conditions of the test). More than this number indicates a leucocytosis.

Use of dark field and high magnifications

With the *dark field,* examine the test area for the presence of *tiny moving points of light* that would indicate the presence of *T-bacilli.* Look for T-structure in the frame of the cell. (Magnification 250-300x.)

High magnifications up to 5000x are obtained in the following way:

1. Use an inclined binocular research microscope, preferably the Reichert "Z" microscope.

2. Use a 150x apochromatic objective and a 25x ocular with compensating lenses. Magnification: 150 x 25 = 3750. 3750 plus 1875 (50%) = 5625.

3. The same objective in the same microscope, but with a 16x instead of a 25x ocular yields a magnification of 3600x, which with certain objects is preferable to the maximum magnification of 5625x.

4. The 150x objective is rare and difficult to obtain. Therefore the following combination will suffice: a 100x objective with a 25x ocular gives a magnification of 2500x plus 50%, i.e., 3750x, which is a very satisfactory setting for high-power microscopy with directly immersed objective.

Higher magnifications (2000-5000x) are used to study the pulsatory activity of the RBC, the formation of the bions and the T-spikes within the RBC. T-bacilli when present can also be seen in the light field at this magnification. T-spikes have been observed to break off, and become T-bacilli, thus confirming directly their origin in the blood.

It should be remembered that for routine purposes a magnification of 250-300x is used.

CHARACTERISTICS OF BIO-ENERGETICALLY VIGOROUS BLOOD

Macroscopic appearance:

1. *Color:* dark red, toward purple (in contradistinction to the bright red of oxyhemoglobin, or to the paleness of anemic blood).

2. *Viscosity:* blood is thick, and forms a drop which tends to be spherical, not dripping too freely, when the tip of the finger is punctured.

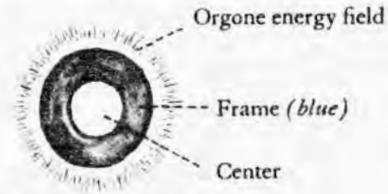


FIG. 5. HEALTHY RED BLOOD CELL

Microscopic appearance of the RBC

1. They are *taut,* maintaining an almost circular outline.

2. The membranes are *strong* and *well delineated.*

3. The frames are *sharp* and *wide,* and have a *blue* color which tends to darker blue at the outer membrane.

4. The fields are *strong*, and about the width of the frames.

5. The centers are of moderate size (in contradistinction to blood with less orgone energy in which the frame is narrow and the center large). They are *circular* in outline, and the color is *slightly pink to violet* (in contradistinction to the paleness of anemic blood, or the redness of leukemic or of over-irradiated blood).[3]

Disintegration

1. Disintegration does not begin until *after three or four minutes.*

2. Disintegration is into *large bions,* sharply delineated, with a deeper blue color than that of the frames.

3. As disintegration proceeds, the *blue color* of the frames gives way to a *paler blue.*

4. The cells maintain a *uniformity* as they disintegrate into *bions,* not forming T-spikes, shrunken sulfa or prickle forms, or other unusual forms.

5. Disintegration proceeds *slowly,* and at the end of the test period will not be complete, i.e., there will be some cells in which no bions have yet formed.

White cell count

1. Leucocytes, one to three per field.

2. No macrophages, or tumor cells, are present.

Other considerations

1. There will be no bacteria.

2. There will be no T-bacilli.

3. Free bions may be present, since the RBC are replaced every thirty to eighty days, and disintegration of the old cells is constantly taking place. Food carried by the blood stream may also be present as bions. For this same reason—the replacement of the RBC—the occasional presence in healthy blood of irregular types of disintegration is of no consequence diagnostically. It is the overall picture—*the functional, bio-energetic picture* —which is important.

Discussion

The estimation of the criteria for healthy or sick blood requires much experience. Many samples of blood from different sources must first be examined, and compared with each other. It means long and patient hours

[3] *Cf.* Reich: "The Leukemia Problem, I: Approach." *Orgone Energy Bulletin,* April. 1951. pp. 76-80. A paper by Reich on the further study of leukemia is in preparation.

at the microscope. For the acquiring of this skill, it is important that the same microscope and the same magnifications, the same centering of the light, and the same intensity of the light source be used by the observer.

One should not lose sight of the fact that the examination of the blood cells (and tissues) OUTSIDE the living organism brings about a rapid modification of these cells. In order to gain the closest approximation to the true, physiological appearance of the cells, *the blood must be examined immediately.*

The appearance of bions within the frame of the RBC is due to the fact that the even distribution of the orgone energy has been modified; there is a gradual loss of orgone energy so that there is not enough to maintain the *tautness characteristic of the healthy cell.* The energy present *shrinks,* or is concentrated, in the single vesicles, the bions, which represent a more primitive level of living functioning. The decay and death of the RBC thus takes place, and we find fewer and fewer recognizable cells, and more and more cell fragments—*large bions* (from the *bio-energetically stronger* blood), *small bions and T-bacilli* (from the *bio-energetically weaker* or cancerous blood).

In both the healthy and the sick blood, the process is the same, but the bionous disintegration in the case of the healthy blood begins at a *much higher level of energy.* In both instances shrinking occurs, but in the case of the weaker blood, the power of expansion necessary to keep the membranes stretched is reduced. In other words, the tautness, the *"life"* of the weaker cell is not as great as that of the stronger. From this observation, a logical deduction can be made as to the original energy content of the cell.

The two different varieties of disintegration, the healthy and the sick are referred to as *B* or *PA* (healthy) and *T* (shrinking or sick) reactions, respectively. In diseases such as cancer, where the biological debility of the cell is extreme, the disintegration is almost 100 per cent in a T-direction. The cell which disintegrates in the PA or B manner has a greater amount of *orgone energy* from which the bions are formed, and as a consequence these bions are larger, a deeper blue, and more sharply delineated. In the cells which disintegrate in the T-manner, due to their lower energy content, only small bions or T-spikes will be formed. The T-type of disintegration, while always found in cancer, may be found also in other *biopathic* conditions, i.e., diseases arising from a disturbance in bio-energetic pulsation.

Types of disintegration are shown in fig. 6.

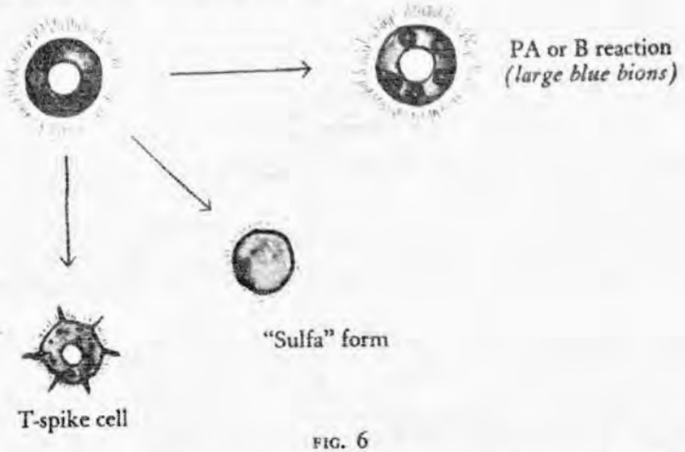


FIG. 6

Another type of variation of the sick RBC is that of a much smaller cell showing virtually no division into frame and center, but with an even distribution of plasm, and with a deeper bluish-green color. It is as if the energy in the cell has *contracted* (sympatheticotonia) in order to approximate its original vigor. This can be observed following the use of such chemicals as the "sulfa" drugs.

Variations in the pattern of T-disintegration of RBC may be studied in cancerous mice, and skill in diagnosis acquired in this way.

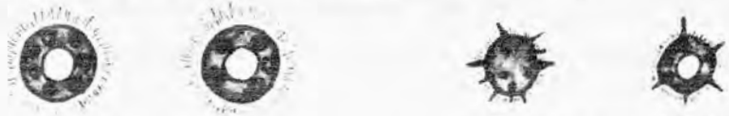


FIG. 7. DISINTEGRATION OF RBC

In healthy blood, the process of disintegration in physiological saline requires thirty minutes or longer for completion. In debilitated blood, decomposition occurs much more rapidly.

In this test we also observe the original width of the frame and its evenness. The narrower and more uneven the frame is initially, the more likelihood there is of a T-reaction.

The orgone energy field in healthy cells is approximately as wide as the

frame. In bio-energetically weak cells it is *narrower and not as bright.* As the cell dies, *the blue color fades and the field decreases.*

In addition to the RBC and leucocytes, occasionally larger white cells are present which have an ameboid appearance, and sometimes show hyaline pseudopodial formations. These white cells may actually be tumor cells, as in advanced cases of cancer. These tumor cells show all the variations in size and structure which are characteristic of cells found in the tumors themselves. They will be described in another section of this article. Mobile Ca IV cells are sometimes found in the blood stream.

With the rapid disintegration of the RBC into bions, and T (in terminal cases of cancer, whether in human beings or mice), the free bions in the plasm begin to agglutinate, or form heaps. A membrane develops, and the new Ca V cell is formed.

It should be emphasized that the above-described test is a *bio-energetic* one, as contrasted with the usual tests of traditional medicine. The hemoglobin test, for example, may be normal and the blood still be very sick. The hemoglobin test tells us about the iron content of the cell, *but not its bio-energetic strength.* In this disintegration test, we test solely the *energy strength* of the RBC.

Note: Sometimes the picture presented under the microscope is not a true physiological condition, but an artifact, e.g., as when one finds *all* the RBC completely disintegrated, or shrunken with heavy outer membranes. Look for the source of the difficulty: the saline may *not* have been isotonic; the pipette may have been overheated. Were there impurities in the solution, or uncleanliness of the skin, or the slide? Were the materials used warmed to body temperature? It is advisable to repeat the test, under more exact conditions, in which case the error will generally be corrected.

2. THE AUTOCLAVATION TEST

The principle of the *autoclavation test is simply that healthy RBC withstand the autoclavation better than biologically devitalized blood.* It is a *cohesion* test.

1. Prepare test tubes containing five or six cc. of a mixture of 50 per cent bouillon* and 50 per cent 0.1n KCl.

2. Draw five or six large drops of blood from the finger of the patient. If

* Difco Heart bouillon (25 grams in 1000 cc. of distilled water).

the arm is lowered and gently massaged downward to the finger tip, there is no difficulty in getting the desired quantity of blood from the original small puncture.

3. Using the same technique as in the previous test, transfer the blood to the broth + KCl.

4. Autoclave immediately at 15 lbs. pressure for 15 to 20 minutes. (Should there be any delay in starting the autoclavation, the test tube must first be shaken before it is placed in the autoclave, to break up the clot.)

Macroscopic examination of the autoclaved blood

After removal from the autoclave, the preparation is first viewed without shaking, and the following points noted:

1. The fluid: is it clear or turbid? The color of the fluid: is it still brown, i.e., toward the PA or B-reaction, or greenish, toward the T-reaction?

2. The size of the flakes, whether large, medium or small.

3. The color of the flakes, whether reddish brown, or greenish. (It must be emphasized that the evaluation is *not* a mechanical one and that there are transitions and intergradations.)

Now the test tube is shaken gently. This breaks up the large flakes into smaller units. Note the following points:

1. Size of the flakes (large, medium, or small).

2. Color of the flakes (reddish brown, dark brown, yellowish, or with a greenish tinge).

3. The speed with which the agitated flakes settle (rapid, moderate, or slow).

4. Appearance of the fluid (clear between the flakes, or turbid).

To the extent that the test shows a T-reaction of the blood one finds a *transition from a brownish to a greenish discoloration, and increasingly smaller flakes, up to a complete T-reaction in which there are no flakes, but only a muddy fluid.* In the healthy blood, on the other hand, the greater amount of orgone energy is expressed in the *cohesiveness of the large bions* and the *formation of large flakes,* i.e., resistance to falling apart.

Microscopic examination of the autoclaved blood

A small drop of the preparation which has been shaken gently is now examined in the light field at 250 to 300x. *Note:*

1. The size and density of the flakes.

2. Color of the flakes.

3. The size of the bions, and their color.

4. Are most of the bions contained in the flakes, or are many of them free in the fluid?

5. Is the fluid between the flakes relatively clear or filled with bions, T, or other particles uniformly distributed?

6. Note the presence of leucocytes, and of RBC which have remained intact; also the presence of fragments of RBC as strep-like chains, or diplococci.

A dark-field examination is now made in order to determine the presence or absence of free T. In the dark field T-bacilli can be seen at this same magnification *as tiny dots or points of light moving rapidly in the fluid in a zigzag manner.* In addition to the single T's there may be diplo or strep forms.

A percentage estimate is made of the resistance of the blood to autoclavation. Thus, if a field contains mostly large or medium-sized flakes with large blue bions, a 90 per cent to 95 per cent B-reaction and 5 to 10 per cent T-reaction is recorded. When the flakes are small and the bions are small, a lower per cent B-reaction, and a higher per cent T-reaction is recorded. This percentage evaluation, which is an approximate one, requires much experience.

We may summarize the points on which the evaluation is made as follows:

APPEARANCE OF A B-REACTION	APPEARANCE OF A T-REACTION
Macroscopic picture	
1. Clear fluid.	1. Turbid fluid.
2. Large brown flakes.	2. Small, greenish-brown flakes.
3. Rapid settling after shaking.	3. Slow settling after shaking.
4. No discoloration of fluid.	4. Greenish discoloration of fluid.
Microscopic picture	
1. Bions are large, blue, and are mostly contained in large flakes.	1. Bions are small, pale, and only part of them are contained in the small flakes.
2. Fluid is clear.	2. Fluid contains debris, small bions and T.
Change after standing several weeks	
1. Degeneration proceeds slowly.	1. Degeneration proceeds rapidly.

Cf. photos 10 and 11.

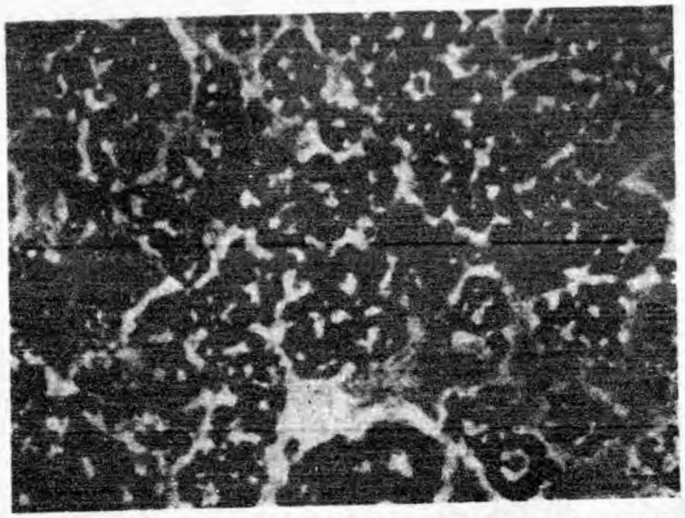


PHOTO 10. BLUE PA BIONS FROM AUTOCLAVED HUMAN BLOOD. LIVING. ABOUT 2000x. "B-REACTION"

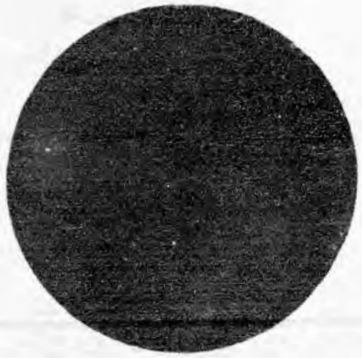


PHOTO 11. T-BACILLI FROM SARCOMA. APPROXIMATELY 5000x. "T-REACTION"

The observations which have just been made on the cohesive properties of the blood can be applied to other tissues, in fact to the entire organism. The fragility of the bones increases as we become older. Dying organisms fall apart and decay. This may be illustrated by the following experiment. Boil cancer tissue, and note that it falls apart and disintegrates predominantly into T-bacilli. Ca cells are very weak living systems and are destroyed very easily. This points to a low orgonotic charge in the cells of the tissue. Now boil healthy tissue, and compare the two. Note the formation of large, blue vigorous bions. *Orgone energy provides the force that keeps cells and tissues together, determining their firmness.*

To what extent is the autoclavation test diagnostic for cancer? One should *not* expect a mechanically clear-cut picture. There are all degrees of gradation, and many factors must be taken into consideration. The picture of the blood reactions of one and the same individual may fluctuate greatly within short periods of time. Thus, any human being in a state of depression will have a slight T-reaction. This does not imply that such a person has cancer. But if that person has other symptoms; if there are T-spikes on the RBC; if the autoclavation test shows a muddy fluid and small bions, and if the culture test is positive, then a diagnosis of cancer can be made. *A diagnosis of cancer biopathy is not made on one test alone, but is established by a number of tests which are positive.* IT IS THE COMBINED, INTEGRATED PICTURE WHICH IS IMPORTANT.

3. THE BLOOD CULTURE TEST

In actual practice, blood for this test is usually taken immediately after that for the microscopic examination. Blood for the autoclavation test is taken last of all.

A single large drop of blood is taken up into the micropipette by the same careful aseptic technique as described in the first test. A test tube containing 5 to 6 cc. of Difco's heart infusion broth (made in the proportion of 25 grams to 1000 cc. of distilled water, and then autoclaved in the test tubes at 15 lbs. pressure for 20 minutes) is prepared in advance. The cotton plug is carefully removed from the test tube, and held by its top between the fingers, while the mouth of the test tube is flamed. The drop of blood is carefully inoculated into the broth, the flaming is repeated, and the cotton plug quickly replaced. The culture is then incubated for one or two days at 37°C.

When the blood is healthy, *the fluid remains clear*. With debilitated blood, *the fluid becomes turbid after 24 to 48 hours*, and after longer standing develops a *greenish* discoloration, and a characteristic *putrid odor*. This means that T-bacilli were already present in the blood, and have now multiplied. This is confirmed by microscopic examination of a drop of the fluid, taken from near the top. This avoids the confusion of adding the sediment from the bottom of the tube to the slide. T-bacilli distribute themselves uniformly throughout the fluid. Use the dark field, with a magnification of about 300x, or the light field with a magnification of 2000 to 3000x.

If, on macroscopic examination, there is uncertainty about the turbidity or greenish discoloration, the culture may be incubated for a few more days.

Should the turbidity be due to the presence of bacteria, these may have been present in the blood (as in terminal cases of cancer) or have been introduced accidentally. These will flocculate out in a few days, and the color of the fluid can then be noted, and the microscopic examination made for T-bacilli.

An additional technique may be used, and that is to transfer a drop of the culture from the test tube after about 48 hours of incubation, to an agar plate.* After this has been incubated for 24 to 48 hours, the growth on the agar plate is then examined microscopically. *(See Section III on the culturing of T-bacilli.)*

III. The T-bacilli

Methods of determining the presence of T-bacilli:

1. By microscopic examination of the fresh material in physiological saline.
2. By culturing in broth or on agar.
3. By the conventional method of fixing and staining.

1. MICROSCOPIC EXAMINATION OF THE FRESH MATERIAL

Secretions such as the sputum or vaginal secretion; blood from the finger tip; biopsy material aspirated from a tumor; or tissue from the tumor itself removed by operation, provide the observational material from human beings. When a laboratory animal is sacrificed, heart blood, as well as tissue from tumors or from any organ, is readily obtained. The tissue must be examined *immediately* since after removal from the body all tissue from whatever source begins to disintegrate.

* Two per cent Difco's Bacto-Agar is added to the broth prepared as earlier described.

A slide with a concavity is used, and in the concavity is placed a drop of warm Ringer's solution or physiological saline. A small amount of material to be examined is added and spread thinly and evenly. No cover slip is used, and the high power objective (water immersion or oil immersion) is lowered into the fluid until the proper focus is obtained. At magnifications of 2000x and above, T-bacilli may be recognized as *very small, black, comma-shaped, oval or round, mostly single, rapidly moving bodies*. The black appearance of the T-bacilli is due to the fact that these rapidly moving tiny bodies are seldom seen clearly in perfect focus. When, at high magnifications, one is seen in perfect focus, the center has the clear light blue color characteristic of larger bions, and of protoplasm in general. Sometimes the T-bacilli are found in diploid state, which represents a step in the process of division, and some diploids will always be found in even a pure culture of T-bacilli. *The activity of the T-bacilli is enormous*. With the use of the dark field, this activity makes it possible to detect the presence of these tiny bodies at lower magnifications (about 300x) as tiny points of light showing zigzag movements.

In addition to the presence of T-bacilli in the fluid of the tissue examined (free T's, as we speak of them), the cells themselves should be examined for the presence of T-bacilli. Occasionally, when the cancerous process is far advanced, *rounded-up cells will be found in which the degenerative process has taken place within the cell membrane, and the entire contents are a seething mass of T-bacilli, moving constantly with their characteristic zigzag manner*.

The presence of T-bacilli, when it coincides with other diagnostic criteria, leads to a diagnosis of at least *Ca I*. If such an unhealthy state is the result of a temporary acute disorder, a subsequent examination will reveal a return to a healthy physiological condition of the blood and tissues.

2. THE CULTURING OF T-BACILLI

The culturing of T-bacilli in broth or on agar may be undertaken for the following reasons:

a. As a diagnostic procedure, e.g., the Reich Blood Test, when the T-bacilli may be present in such small numbers that they are difficult to recognize by direct microscopic examination.

b. To show that T-bacilli originate from *degeneration* and *putrid disintegration* of living or nonliving protein, as a part of *the process of dying*,

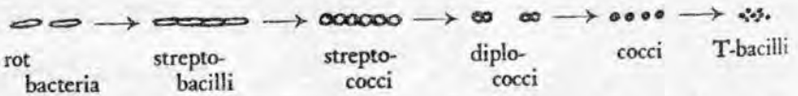
whether locally within the still living organism (as in cancer), or terminally.

c. To show that the presence of T-bacilli cannot be accounted for by recourse to the "air germ" theory, but only as the end product of an endogenous, downward series of changes, as described above. T-bacilli of identical form and reaction have been cultivated by Reich from 15 different sources (*cf.* THE CANCER BIOPATHY, p. 26ff).

d. To secure pure cultures of T-bacilli in sufficient quantity that they may be injected into young healthy mice, and to study the effect of these deadly organisms, first in the acute inflammatory process which takes place immediately, and which may cause death; later in the formation of an ulcerated area at the site of injection; and still later, after a year or longer, in the development of cancer tumors.

One never obtains T-bacilli directly from the air. When agar plates are exposed to the air, one always obtains a *mixed* culture of rot bacteria, staphylococci, streptococci, small cocci, and sometimes molds. Now, however, if *such an infected plate is allowed to stand for a long time, degeneration of the cultures begins to take place. The outer margins of the growth areas will become greenish, and against the light show a bluish glimmer. A transplant is made from this margin to a fresh area on the agar, or to a new agar plate.* This process is repeated again and again, each time taking the transplant from the margin.

At each stage, the growth is examined microscopically. It will be seen that with repeated divisions, the elongated rod shape of the rot bacteria or fusiforms, gives place to shorter forms, then to streptococci, diplococci, and cocci, which in turn become smaller and smaller with each successive division, until finally we have the T-bacilli. When they reach a size of 0.2 to 0.25 microns, are mostly single comma-shaped, round or oval black dots, with only a few diplococci or longer strep forms, and when they show the characteristic zigzag turmoil of activity, the culture is mature. Such cultures have a putrid odor that is as characteristic and unmistakable as it is offensive.



When the culturing is done as a diagnostic procedure to determine whether T-bacilli are already present in the tissue or in the blood, the sample is first inoculated into broth. The same procedure is followed as was

described in the Reich Blood Test. The sample is then taken up into the pipette, and transferred to a test tube containing five or six cc. of broth autoclaved at 15 lbs. pressure for 20 minutes. The mouth of the test tube is flamed, and the sterile cotton plug quickly replaced. It is then incubated at 37°C.

Healthy blood shows no growth in broth. The culture is observed after 24 or 48 hours. If there is cloudiness unevenly distributed with flocculation occurring at the surface of the liquid, this is due to bacteria which may have been present in the specimen (as in terminal cancer blood) or which may have been accidentally introduced. Such cultures will clear after a few days. If the blood is T-positive, the translucent brown of the broth begins to show a greenish discoloration. Microscopic examination now confirms the presence of the T-bacilli.

If it is desired to carry the process further, after the first few days the test tube may be removed from the incubator and kept at room temperature. During the ensuing weeks the cultures become progressively more greenish and cloudy, and develop the characteristic putrid odor of the T-bacilli. Microscopic examination now shows the presence of T-bacilli evenly distributed in the fluid. No agglutination of T-bacilli takes place (at least, not until after months or years). More sterile broth may be added from time to time to replace that lost by evaporation, and the culture maintained almost indefinitely.

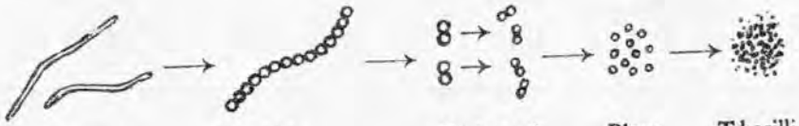
At any time after the greenish discoloration has taken place, and the putrid odor has developed, a small drop of the fluid may be transferred to an agar slant, or directly to an agar plate, and streaked lightly on the surface of the agar with the tip of the pipette. From there on the procedure is the same as that described above for the obtaining of a pure culture of T-bacilli from degenerating bacteria. The usual sterile techniques of laboratory procedure are used throughout.

When the blood to be tested is that of a laboratory animal, e.g., the mouse, a few drops of blood may be taken from the tip of the tail which has first been cleansed and then snipped with sterile scissors. If the animal is sacrificed, then heart blood is used, and this is aspirated by means of the micropipette. Tissue from any organ may be tested in the same manner.

When the aim is to produce large amounts of T-bacilli quickly as for purposes of inoculation, then blood is taken from a cancerous mouse, or the tumor tissue itself is taken and cultured in broth. The greenish discolora-

tion and putrid odor are allowed to develop, and this may take from a few days to several weeks. A drop of the culture is then inoculated on agar, and successive transfers are made to fresh agar until a uniform growth of mature T-bacilli in sufficient amount is obtained. *Again there are no set mechanical rules about the number of transfers necessary, or regarding the time interval between transfers.* This is determined in a *functional* way by following the changes taking place, both macroscopically and microscopically.

In cancerous tissue, rot bacteria also form. These, as well, will degenerate into T, in the following fashion:



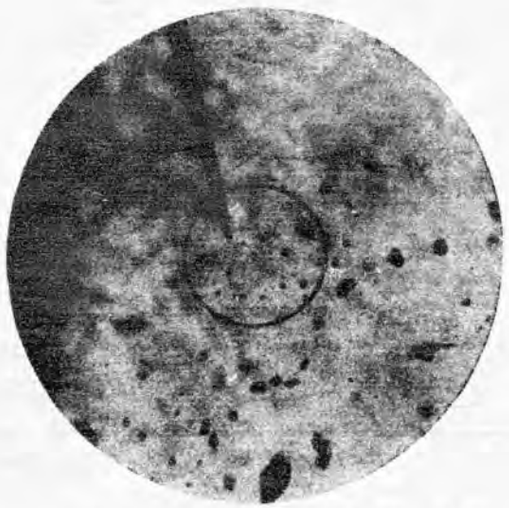


PHOTO 12. THREE T-BACILLI (ARROW). GRAM STAINED (RED). PRESENT IMMEDIATELY AFTER MAKING A CHARCOAL PREPARTION. APPARENT SIZE AT ABOUT 5000x; ACTUAL SIZE LESS THAN 0.25 μ. THE LARGE BLACK SPOTS ARE FINE COAL DUST

PHOTO 13. FOR COMPARISON: BACILLI OBTAINED THROUGH AIR INFECTION. MAGNIFICATION THE SAME AS PHOTO 12

3. STAINING OF T-BACILLI FOR PERMANENT MOUNTS

Sections may be made from advanced fixed cancerous tumors prepared by the usual laboratory and hospital techniques. These sections, stained with hematoxylin and eosin, frequently show, if the tumor was far advanced, an area in the center of the tumor filled with tiny red dots. These are T-bacilli. Classical pathology has taken no notice of them, has not even recognized them for what they are, and has no idea as to their significance.

Fresh material for staining may be aspirated from the decaying center of a large tumor of a mouse, and used immediately, as it contains great numbers of T-bacilli.

For a more concentrated specimen, a drop may be taken from an old broth culture which has become greenish in color and has the characteristic putrid odor. The best source of all is to take the *T-bacilli from the greenish translucent margin of the final transplant of a series of cultures on agar,* as described in the previous section. For this, the first staining method will be sufficient.

Mature T-bacilli (the end product of the degenerative process) are *Gram-negative* and stain red with carbol fuchsin or with eosin, in contrast to PA bions, bacteria, and tissue cells, which are *Gram-positive,* and stain blue or purple with gentian violet or hematoxylin.

Staining T-bacilli (method for pure cultures)

1. Use a flat slide. Wash thoroughly, then dip in alcohol to remove any oily substances. Dry thoroughly.
2. Put a drop of T-culture in the center and spread thinly over the central area.
3. Allow to dry. Then draw through flame three times, to fix to slide.
4. Stain with carbol fuchsin, three minutes.
5. Wash thoroughly in running water.
6. Add acetone (or 95 per cent alcohol plus 3 per cent HCl) for five seconds.
7. Rinse thoroughly and allow to dry.
8. Add Canada balsam and mount the cover glass.

Gram stain of T-bacilli (method for differential diagnosis)

1. First make a smear, dry in the air, and fix by passing over flame.
2. Cover slide with gentian violet for one or two minutes.
3. Rinse with water.
4. Cover slide with Gram's iodine for one minute.
5. Rinse with water.
6. Use acetone (or 95 per cent alcohol plus 3 per cent HCl) for five seconds to remove surplus stain.
7. Rinse with water.
8. Cover slide with carbol fuchsin for one or two minutes.
9. Wash with water.
10. Allow to dry.
11. Add Canada balsam and mount the cover glass.
12. Examine under the microscope.

Bacteria are Gram-positive and stain blue.

The T-bacilli are Gram-negative and stain red.

4. THE INJECTION OF T-BACILLI INTO MICE TO PRODUCE CANCER

Cancer is a disease based on a disturbance in bio-energetic pulsation; a steady loss in the level of energy, and a loss in the capacity to replace it from the food ingested, or to absorb the physical orgone energy from the atmosphere. (*Cf.* THE CANCER BIOPATHY, pp. 128-181, for the biopsychiatric background of this disturbed energy condition.) We have seen, through the study of the blood and the tissues, that as the bio-energy decreases the tissues disintegrate into bions and T-bacilli. In the healthy individual, some disintegration of tissue constantly takes place, but the T-bacilli are few in

number and are eliminated as fast as they are formed. *In the sick individual, however, the disintegration proceeds so rapidly that the tissues and the RBC with their lower energy level cannot cope with the process.* A vicious circle is set up. In the fight against the T-bacilli, energy is used up, and the RBC themselves disintegrate into still more T-bacilli. Thus, the T-bacilli are not only end products of tissue disintegration, but have also a *causal role* in its etiology.

There is an experimental way of showing this causal role of the T-bacilli in the development of cancer, and that is by injecting them in large numbers into healthy young mice (*cf.* THE CANCER BIOPATHY, p. 208 and p. 217f.).

For this experiment, T-bacilli are obtained from the culturing of blood from a cancer mouse (or human patient) or from cancerous tumor tissue itself. The directions for this have already been given. When the T-bacilli are fully mature and a sufficient quantity of them are growing on the agar plate, a solution is made of the T-bacilli in physiological saline in the proportion of 3 loopfuls to 6 cc. of physiological saline. A platinum wire is used, and the loop made is of medium size. It is flamed and cooled before the T-bacilli are taken up with it. Care is taken to obtain the T-bacilli from the surface of the bluish-green *margin* of the growth, and not to dig deeply into the agar. The T-bacilli are dissolved in the saline, and this process is facilitated by stirring with the platinum loop, and by pressing and macerating any undissolved matter against the sides of the dish until the fluid has a uniform turbidity.

The solution is now taken up into a hypodermic syringe (with No. 22 needle) and ½ cc. injected into each mouse. An assistant holds the mouse firmly by the back of the neck and the tail, so that the skin of the back is loose while the subcutaneous injection is made. The site of the injection is rubbed with cotton so that the injected fluid will spread.

The above proportions may be altered by varying the size of the loop; by the proportion of physiological saline used, or by the amount injected. There are no hard and fast rules. There is also the variable factor of the deadliness of the T-bacilli themselves. It is well to inject a few mice and observe their reactions before proceeding with the rest.

If the dosage is adequate for the experiment, all the injected mice will react within a few minutes with marked contraction (*sympatheticotonia*) and shock. They show acute bending, their backs become hunched, the fur rough, the breathing becomes rapid, and the eyes bulged. They may be restless, tending to burrow into the shavings for a time, but later remain quiet

and hunched, with a loss of interest in food. Partial paralysis may be noted in some, especially in the posterior extremities.

If too large a dose has been given, the mice may die within 24 hours to two weeks, with acute T-reactions, and a smaller dose must be given to the rest of the experimental mice.

Autopsy of those that die early reveals an acute inflammatory process, septicemia, and cyanosis. The organism reacts to the damage done by the T-bacilli with hyperemia, concentration of white blood cells, and formation of granulation tissue.

Among the animals which survive several weeks, an ulcer may develop at the site of injection. This usually heals after a short time.

After 11 to 18 months, a high proportion of the mice injected with T-bacilli will have developed cancer tumors, or show on autopsy, a carcinomatosis. However, it is important to note not only the *final* result of cancer tumor, but also, and more significantly, the *functional developmental processes* which were set in motion.

The flooding of the organism with T-bacilli leads to a gradual ***contraction and shrinking of the tissues as well as the individual cells,*** and this may end simply in putrefaction. The cancer disease itself requires a very long time for maturation. This entire process can be studied in the T-injected mice, from the acute inflammatory reaction through the tendency to more rapid vesicular disintegration of tissues, and formation of more T-bacilli; through the spread of the granulation tissue, and later, to the formation of spindle and club-shaped cells, no longer characteristic of inflammatory tissue, but of cancer. (*Cf.* photos 14a-e and 15a-c.)

The tissues of the T-injected mice sacrificed for study of the process are *examined in the* LIVING *state*. The injected T-bacilli are responsible only for the precancerous stage; they bring about the vesicular disintegration of the previously normal cells. From there on, the process is *autonomous*. It has long been recognized (by one school of thinking) that cancer is often preceded by atypical epithelial growths comparable to those of chronic inflammation. Sometimes such growths remain non-malignant, but in other cases there are fluid transitions from the epithelial growths, regenerative or hyperplastic tissue, to carcinoma. ***From the bions of the vesicularly disintegrated tissues there develop spindle and caudate cells, true cancer cells, which are now capable of infiltration of the surrounding tissue as this tissue also undergoes degeneration.*** Rapid multiplication and tumor formation now follow simply as the final step in maturation.

The recognition of spindle and caudate cells as cancer cells thus makes it possible to diagnose cancer from the living preparation at a time when such a diagnosis is still impossible from the dead stained specimen.

The process taking place in the tissues is paralleled by that in the blood, as already described. Tissue cells present in secretions also show the same transitional forms with the development of spindle and caudate cells. Thus knowledge and understanding derived from the study of the tissues of the T-mice in the living state find further application in the orgonomic examination of body secretions.

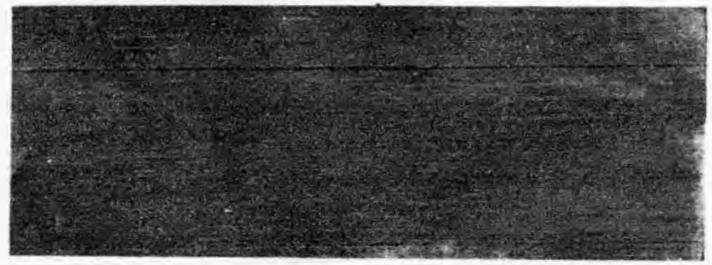


PHOTO 14A. CANCER OF THE GLUTEAL MUSCLE IN MOUSE, DEVELOPED AFTER INJECTION OF T-BACILLI FROM DISINTEGRATED BLOOD OF HEALTHY HUMAN (10 GE T)

PHOTO 14B. THE SAME TUMOR, REMOVED

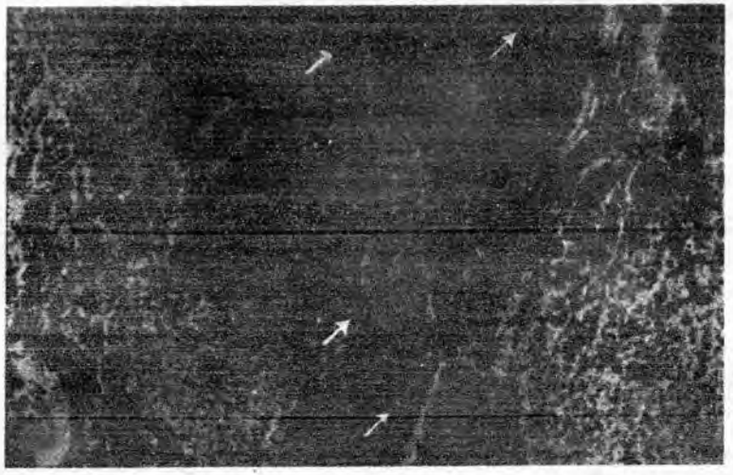


PHOTO 14C. STAINED SECTION OF SAME TUMOR, FROM THE BOUNDARY BETWEEN HEALTHY MUSCLE AND TISSUE SHOWING CHRONIC INFLAMMATION. THE ARROWS POINT TO INDIVIDUAL LARGE, STRONGLY STAINED CANCER CELLS

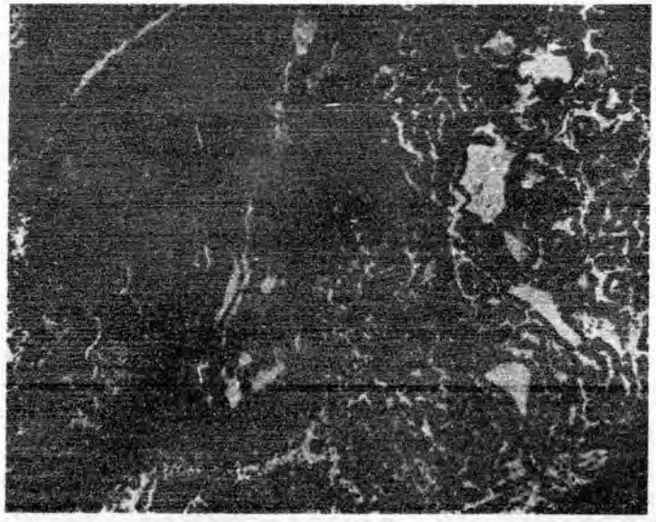


PHOTO 14D. ANOTHER SECTION OF THE SAME TUMOR, SHOWING FORMATION OF CYSTS. ARROW POINTS TO INFLAMMATION TISSUE AT THE BORDERLINE BETWEEN MUSCULATURE AND ADENOCARCINOMA

PHOTO 14E. ANOTHER SECTION OF THE SAME TUMOR. FULLY DEVELOPED ADENOCARCINOMA IN THE MUSCLE

PHOTO 15A. CANCER CELL METASTASES IN THE LUNG OF A T-MOUSE. HEMATOXYLIN-EOSIN. APPROXIMATELY 300x

PHOTO 15B. CANCER CELL METASTASES IN THE SUBCUTANEOUS TISSUE OF A CANCER MOUSE. INDIVIDUAL SPINDLE CELLS (ARROW). HEMATOXYLIN-EOSIN. APPROXIMATELY 300X

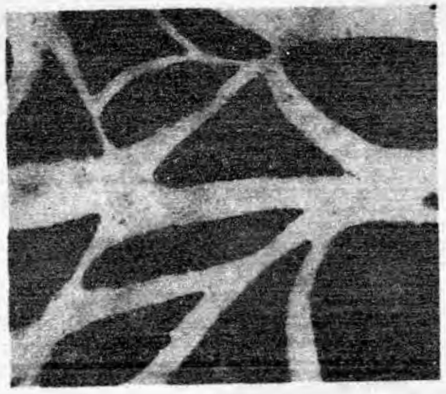


PHOTO 15C. THE SAME METASTATIC CELLS IN MASSES, FREE, IN THE PERITONEUM OF A T-MOUSE. HEMATOXYLIN-EOSIN. APPROXIMATELY 300X

PHOTOS 14A-E, AND PHOTOS 15A-C. EXPERIMENTAL T-BACILLI CANCER IN MICE

IV. Orgonomic Examination of Body Secretions

The changes which take place in the RBC as shown by the Reich Blood Test are not isolated phenomena. *What is happening in the blood mirrors what is happening elsewhere.* This can be verified by the microscopic examination of other bodily secretions, such as the sputum in suspected cases of lung carcinoma, or the vaginal secretion in women.

When a stasis of energy exists in the pelvis, and the uterus has contracted or is spastic, then changes in the tissues of the genital, and all other pelvic organs inevitably take place. An examination of the vaginal secretion can reveal healthy functioning, or the changes which would lead to cancer if allowed to continue for long periods of time. It is possible to diagnose a uterine cancer biopathy years, even decades, before the appearance of the classical picture. And it is also possible to determine when the changes in the direction of cancer are so far advanced that operative removal of the uterus is indicated, even before there is a palpable tumor that could be diagnosed as cancer by the methods of classical pathology.

THE HEALTHY SECRETION

Let us first become familiar with the appearance of the healthy vaginal secretion. Macroscopically, this is *translucent,* has a certain *characteristic viscosity,* and *healthy odor.* It mixes readily with the warm physiological saline in which it is immediately placed.

1. Clear 2. Slightly granulated

FIG. 10. HEALTHY CELLS FROM THE VAGINAL EPITHELIUM

A drop of this solution is now placed on a concave slide and examined *at once,* at a magnification of 250-300x. This *immediate examination* is important in obtaining a true evaluation of the state of the tissue, since *deterioration* outside the body takes place rapidly.

Microscopically, the fluid itself is clear, and there is practically no debris (e.g., cell fragments, bions, T-bacilli, bacteria, or new organizational units).

The epithelial cells have the following characteristics:

1. The cells are sharply delineated, are irregularly polygonal in form, usually pentagonal, with sharp corners.

2. The cytoplasm is clear or hyaline, and has a transparent quality, with occasionally a few bions, or some granulation.

3. The nucleus is large, located near the center, and slightly irregular in outline, and is denser than the cytoplasm.

4. There is regularity in the size and shape of the epithelial cells, and these will be found singly, or in groups in a pavement arrangement characteristic of the tissue.

When menstrual blood is present, the RBC will be observed to disintegrate in the healthy manner, predominantly into medium to large bions. (If no RBC are present the pattern of disintegration is determined by the Reich Blood Test.)

When the secretion is allowed to stand for an hour or so, and then re-examined, it will be found that degenerative changes are taking place, but that these occur slowly.

When cultured in broth, the vaginal secretion produces cloudiness due to the degenerative processes, but this will flocculate out (i.e., this is not a T-picture.)

VAGINAL SECRETION INDICATIVE OF A CANCER BIOPATHY

Macroscopically, the secretion is of a more *opaque white, tending toward yellow*. The viscosity may vary in either direction. There may be a *disagreeable odor*.

Microscopically, at the first glance it can be seen that the whole appearance is *darker* and *less orderly*. We find the following:

1. The epithelial cells show less of the polygonal form and have rounded corners. This tendency to *round up* is due to contraction.

2. The fluid is *no longer clear,* but contains cell fragments, bions, rot bacteria, T-bacilli, bion heaps, and new forms.

3. Many of the epithelial cells are *darker,* due to the presence of fine granulations, *the T-bodies;* disintegration is taking place in the T-direction. Some cells may contain motile T-bacilli (visible in the dark field, or at high magnifications).

4. Some of the epithelial cells show *disintegration* into larger blue bions, or have fine striations.

5. Still other cells show *new organizational forms* within the framework of the old cells, or growing out of them.

6. There are *new cells,* resulting from the preceding changes, which are caudate, round, oval, spindle, or of irregular shapes, with variation in size. These are *true cancer cells,* but do not form a cancer tumor vaginally, since they are eliminated with the secretion.

7. Protozoa may be present. *Trichomonas is also a true cancer cell,* i.e., a protozoon organized from bionous, disintegrated epithelium.

8. White cells, somewhat larger than leucocytes, may be present in varying numbers.

9. When menstrual blood is present, some of the RBC will show a more *rapid disintegration,* T-spikes may be observed, or other variations from the healthy pattern.

10. When allowed to stand, *disintegration proceeds rapidly, and in the T-direction.* A disagreeable odor becomes rapidly more pronounced.

Only in advanced cases will all the above criteria, in all the stages, be simultaneously present. Just what are the transitions? Many hours of microscopic examination of vaginal secretions are necessary in order to become familiar with the sequence and to be able to recognize and evaluate the significance of certain variations in cell structure, as well as the presence of new cancer cells. Such study should be supplemented by the microscopic examination of fresh tissue from the tumors of mice in various stages of development, since the sequence is the same, no matter what the tissue of origin.

FIG. 11

CA I. EPITHELIAL CELL BECOMING GRANULATED, WITH BOTH BIONS AND T-BACILLI

EPITHELIAL CELL WHICH HAS ROUNDED UP AND SHOWS T-BACILLI ONLY

PHOTO 16. PRECANCEROUS CHANGES (X) IN THE EPITHELIAL CELLS OF A WART; IN KCL

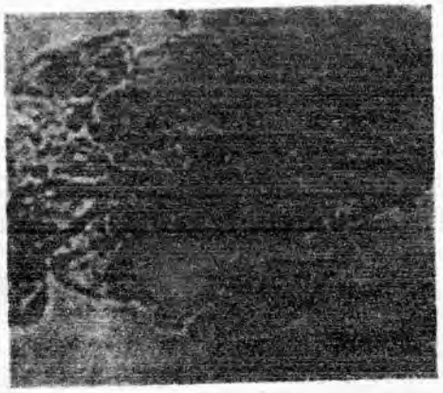


PHOTO 17A. PRECANCEROUS CERVIX EPITHELIUM CELLS, WITH T-BODIES AND INTENSELY BLUE VESICLES

PHOTO 17B. A PRECANCEROUS SPINDLE FORMATION (X) IN CANCEROUS CERVIX EPITHELIUM

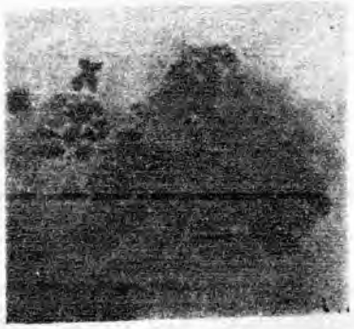


PHOTO 17C. MATURING CANCER CELLS (X) IN CANCEROUS CERVIX EPITHELIUM

THE TRANSITION OF HEALTHY TISSUE CELLS INTO CANCER CELLS

Orgonomy, for descriptive purposes, recognizes *five stages in the cancer biopathy*, from the pre-cancerous to the formation of the tumor, and including the breakdown of the tumor itself. While there are no sharp boundaries between them, these may be delineated as follows:

The cells of various body secretions, instead of showing a clear plasm, become *granulated*, the granules ranging from large blue bions, to T. A cell may show a few large bions, and many small T; it may be almost entirely bionous, or it may be entirely granulated into T-bodies. Whenever T-bodies or T-bacilli are found within the cell, they are also present in the fluid. The cell, no matter what the tissue or origin, tends to round up, due to *contraction*. In epithelial cells this is clearly recognizable by the rounded corners, and gradual loss of pentagonal shape.

When, simultaneously, the Reich Blood Test shows disintegration of the RBC in the T-direction, a diagnosis of *Ca I* is made. In classical pathology, on the other hand, no cancer exists at this stage, since no tumor is found.

FIG. 12. CA II. NEW ORGANIZATIONAL DEVELOPMENTS WITHIN THE FRAMEWORK OF THE DISINTEGRATING EPITHELIAL CELLS

The presence of cells disintegrating in the T-direction continues. They are found in every stage. These do not of themselves develop further. However, their presence is deadly to the tissues, and bring about more rapid disintegration. Now we see cells in which the energy is concentrated into bions and striations which are still a part of the original cell; these organize a new cell which develops at the expense of the old. Spindle, oval and caudate shapes, more or less sharply delineated, are now found within and growing out of the epithelial cells, while the remainder of the original cell breaks up into fragments, or small bions in the T-direction. *This is Ca II.*

In the next stage we find new cells which have grown out of the original tissue cells, or have completed their organization when the remainder of the epithelial cell, from which energy was withdrawn, fell apart. At first, these

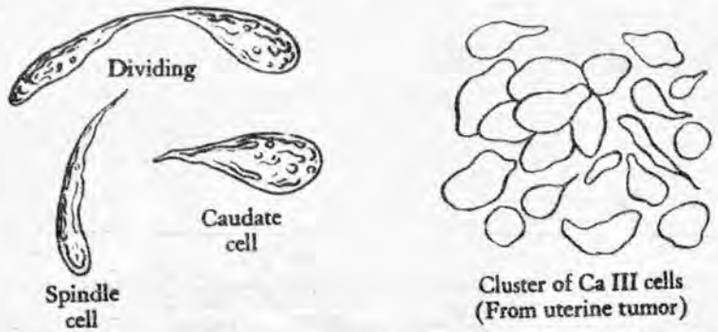
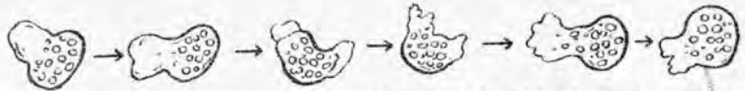


FIG. 13. CA III. TYPICAL NON-MOTILE CANCER CELLS WHICH NOW LEAD AN INDEPENDENT EXISTENCE AND MULTIPLY RAPIDLY

new cells show a highly *bionous* and *striated* structure, and are *brightly luminous*. They have caudate, spindle, oval or round shapes, and show *great variation in size*. They multiply rapidly, and dividing forms may be found. In the vaginal secretion, these new forms are eliminated with the secretion. But they are indicative of the same process taking place simultaneously in the uterus or other pelvic organs. When found in other organs, these cells form *dense clusters, the cancer tumor*, and they also infiltrate the surrounding tissue as it begins to disintegrate. *This is Ca III*.

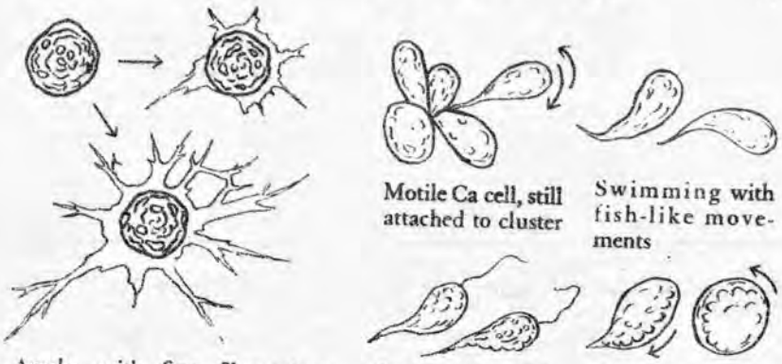


1. Habit sketches of a Ca IV cell (ameba) (430X) found in the tumor of a cancer mouse. The mobility is shown in the pseudopodia formation. The ameba contained large bions which were also mobile. No nucleus

2. Amebae found in mesenteric node of mouse with glandular leukemia (430X)

3. Very motile flagellated protozoa found in lymph node on jejunum of mouse with glandular leukemia (900X)

FIG. 14. CA IV. MOBILE AND MOTILE PROTOZOA



4. Ameba with fine filamentous pseudopodia, from leukemic cervical gland of mouse (430X)

5. Motile protozoa from tumor of Ca mouse (430X)

FIG. 14.—*(Continued)*

As the Ca III cells mature, their bionous and striated structure gives way to a more unified, hyaline, strongly light-breaking appearance. Some of these caudate cells develop *motility*, even *flagellae*. In other instances, round cells elongate and become mobile, through the formation of broad clear pseudopodia which are extended and retracted; or the pseudopodia may be fine and filamentous. Protozoa may also develop from a heap of bions which

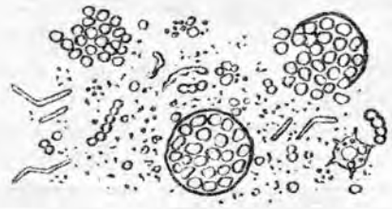


FIG. 15

Ca V. Tissue and cancer cells break down rapidly, and there is much debris, many bions and T-bacilli, and even bacteria. The bions form heaps, and from these new Ca V cells, surrounded by a membrane, develop

forms a membrane. *This is Ca IV*. Cancer is well advanced when mobile and motile cancer cells are found.

Ca V is characterized by necrosis. Not only is there the continued breakdown of the original tissue, but now the cancer cells too begin to die and disintegrate into T *en masse*. The microscopic picture presents much *debris* —cell fragments, bions, bacteria, and *T-bacilli*. The clumps of Ca III cells

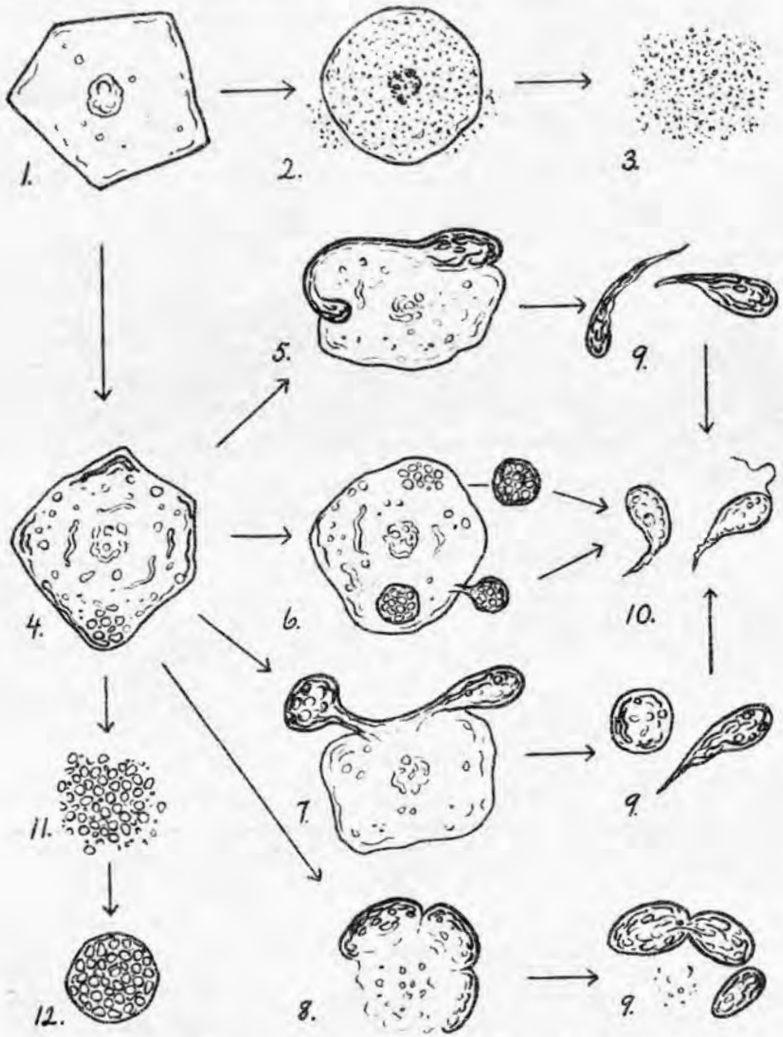


FIG. 16. SCHEMATIC SUMMARY OF DEVELOPMENT OF CA CELLS

(See legend bottom opposite page)

still present show dark granulation. The bions in the fluid tend to coalesce, form heaps, and develop membranes. These are spherical in outline and are the Ca V cells. These, too, may acquire mobility through pseudopodia formation.

When this stage is reached, the death of the patient is imminent; there is choking (the center for this effect appears to be in the medulla oblongata), cyanosis, and cold sweating. The excretory organs are unable to cope with the elimination of these products of decay. There are often secondary complications, such as uremic poisoning and liver degeneration. The spleen and kidneys may be greatly enlarged. These secondary complications result from the T-intoxication of the organism which has occurred.

FIG. 16. SCHEMATIC SUMMARY OF DEVELOPMENT OF CA CELLS

1. Vaginal epithelial cell.
2. Disintegration into small downgrade bions, the T-bacilli. This moribund cell has rounded up.
3. The T-bacilli, free in the secretion, highly motile.
4. Disintegration into large PA bions. Ca I.
5, 6, 7, and 8. Characteristic types of reorganization of the bionous matter within, and growing out of, the disintegrating epithelial cells. Ca II.
9. Cancer cells: spindle, caudate, round and oval. Ca III.
10. Motile cancer cells (protozoa). Ca IV.
11. Bion heap, organized from PA bions, from the breakdown of tissue, RBC and cancer cells.
12. Formation of a membrane around the bions, resulting in a new cell, Ca V.

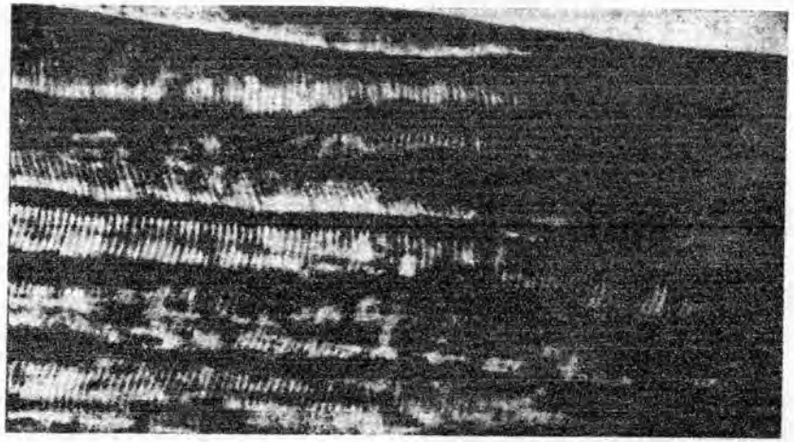


PHOTO 18. HEALTHY MUSCLE TISSUE (HUMAN). STRIATED, REGULAR STRUCTURE; NO VESICLES. ALIVE, IN PHYSIOLOGICAL NACL SOLUTION. APPROXIMATELY 1000X

PHOTO 19. CANCEROUS MUSCLE TISSUE (HUMAN UTERUS; HYSTERECTOMY). VESICULAR (BIONOUS) STRUCTURE. AT THE RIGHT MARGIN, PROTOZOAL ORGANIZATION. ALIVE, IN PHYSIOLOGICAL NACL SOLUTION. APPROXIMATELY 1000X

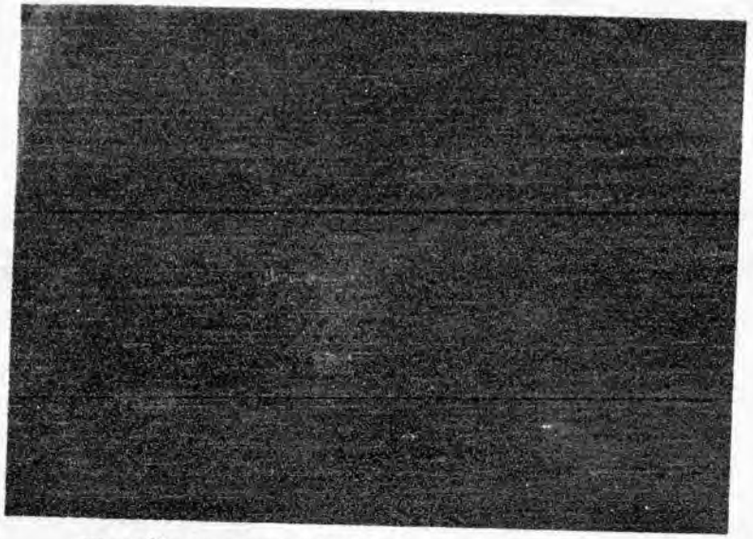


PHOTO 20A. HEALTHY EPITHELIUM, GASTRIC GLANDS, MOUSE.

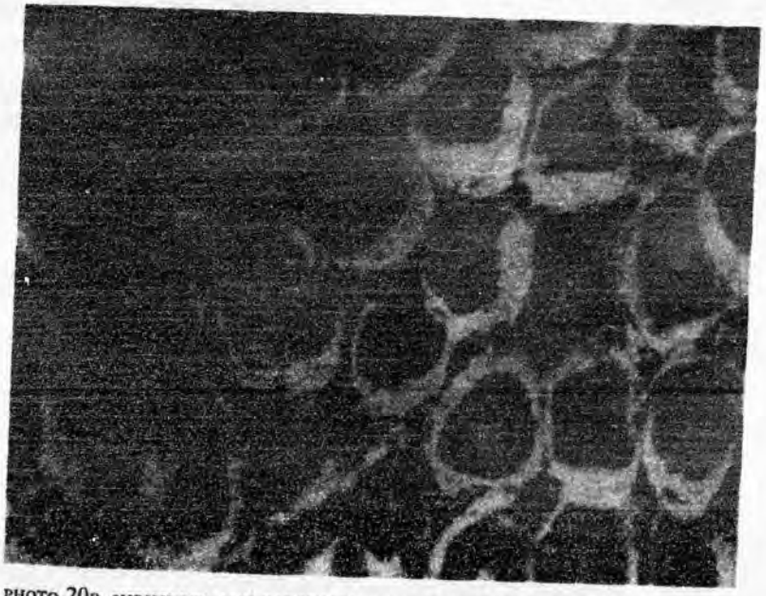


PHOTO 20B. SHRINKING AND CARCINOMATOUS DEGENERATION OF GASTRIC EPITHELIUM (CA II AND III). T-MOUSE. (CROSS SECTION)

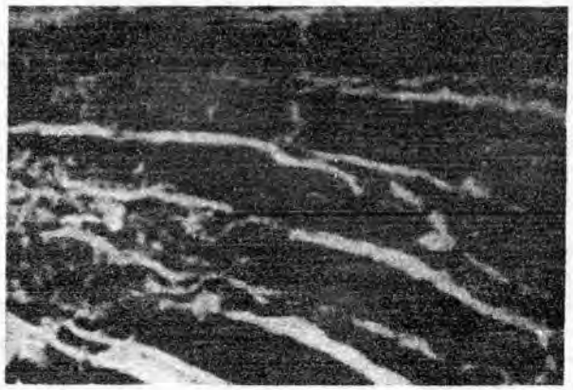


PHOTO 20C. CARCINOMATOUS CHANGES (DARK PARTS) IN THE INTESTINAL GLAND CELLS IN T-MOUSE, CORRESPONDING TO THE CLUB-SHAPED FORMATIONS IN THE LIVING TISSUE (CA II AND III). HEMATOXYLIN-EOSIN. (LONGITUDINAL SECTION)

PHOTO 20D. PUTRID DISINTEGRATION OF GASTRIC MUCOSA (CAV). T-MOUSE

PHOTOS 20 A-D. DIFFERENT STAGES IN THE FORMATION OF CANCEROUS GROWTH (CA I TO V)

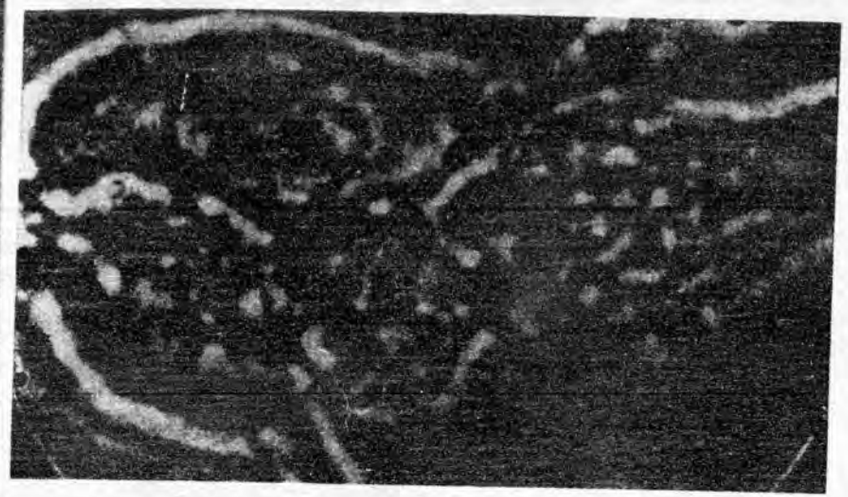


PHOTO 21. THREE MATURE CANCER CELLS FROM HUMAN TUMOR. FILMED ON 16 MM FILM AT ABOUT 2300X, THEN ENLARGED. THE CLUB SHAPE IS TYPICAL, AND AN IMPORTANT CHARACTERISTIC OF LIVING CANCER CELLS

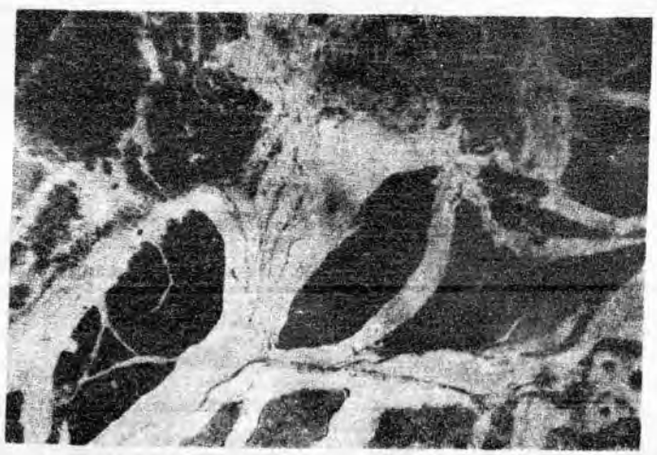


PHOTO 22. METASTASES IN THE SUBCUTANEOUS TISSUE OF THE NECK. T-MOUSE (CA III)

V. Indications for the Use of the Orgone Energy Accumulator

In the individual with a high energy level disintegration is also taking place constantly, though more slowly, as old tissue is replaced by new. But in this case the products of disintegration are eliminated as rapidly as they are formed.

In the patient with low energy level, we see a different picture. In Ca I and Ca II we find the beginning of a process of shrinking and more rapid disintegration, which if allowed to continue, *acquires momentum*. During these two stages, the use of the orgone energy accumulator is indicated, and the process is reversible. The use of the orgone energy accumulator brings about an *expansion* (parasympathetic reaction) which counteracts the shrinking. The T-reaction is gradually changed to a B-reaction. (The medical orgonomist also works directly to release bio-energy bound in the patient's characterological and muscular armorings, and this treatment is advised in cases of cancer, in addition to the use of the accumulator. *Cf.* Bibliography Nos. 33, 34, and 35.)

In Ca III (upgrade tumors before necrosis has set in), the use of the orgone energy accumulator is also indicated. In Ca IV and V, however, the process is irreversible from the viewpoint of recovery. Nevertheless, the expansion brought about by the use of the accumulator even in these stages reduces pain and may prolong life; the patient is more able to cope with the disease.

VI. The Medical Efficacy of the Orgone Energy Accumulator

When a patient uses the orgone energy accumulator, changes take place in the entire organism. There is a more alive appearance, less fatigue, and a subjective feeling of greater well being. What is happening in the tissues which explains this overall effect?

The biophysical basis of orgone energy treatment can be reduced to a simple biological formula: ***It furthers the B-reaction of the organism and decreases or eliminates the T-reaction.*** The following is a schematic presentation of the two antagonistic reactions:

	B-REACTION	T-REACTION
1. Total organism	Elastically erect. Tonus good.	Shrunken. Flaccid or hypertonic.
	Absence of spasms and clonisms.	Spasms and clonisms.
	Feeling of strength.	Feeling of weakness.
	Capacity for pleasure.	Incapacity for pleasure; pleasure anxiety.
2. Skin	Warm, ample blood supply; good turgor; rosy or tanned; capable of producing warm sweat.	Cold and clammy; poor blood supply; poor turgor; pale or livid; cold sweat.
3. Musculature	Relaxed, capable of alternating tension and relaxation; strong.	Chronically tense or flaccid and atrophic. Often excessive fat.
	No muscular armor.	General muscular armor.
	Lively peristalsis, no constipation or hemorrhoids.	Constipation, hemorrhoids, etc.
3a. Facial expression	Lively, variable.	Rigid, masklike. Expression of dying.
4. Blood	B-reaction on autoclavation. Erythrocytes taut, pulsating; showing strong, wide orgone margin; slow disintegration in NaCl solution.	T-reaction on autoclavation. Erythrocytes small or shrunken, not pulsating, showing T-spikes; weak, narrow orgone margin; rapid disintegration in NaCl solution.
	No T-bacilli in culture.	Culture shows staphylococci, streptococci or T-bacilli.
5. Cardiovascular system	Pulse regular, quiet and strong.	Pulse irregular, abnormally fast or slow, weak, small.
	Blood pressure normal.	Blood pressure abnormally high or low.

	B-REACTION	T-REACTION
6. *Tissues (epithelial cells, tissues obtained by biopsy, etc.)*	Vigorous turgor. No bion formation in KCl.	Poor turgor, shrinking. Bionous structure or rapid bionous disintegration in KCl.
7. *Eyes*	Bright. Lively pupillary reaction. Eyeballs neither protruding nor sunken.	Dull, "far away." Pupillary reaction sluggish, often mydriasis. Eyeballs protruding or sunken.
8. *Respiration*	*Full* expiration with pause after expiration; free pulsation of thorax; genital pleasure sensations after each expiration.	*Inhibited* and incomplete expiration, with pause after inspiration; fixation in a chronic attitude of inspiration (anxiety); no genital pleasure sensation after expiration.
9. *Orgasm*	Regularly occurring, full body convulsion. No sexual stasis.	Absent or disturbed. Chronic sexual stasis.
10. *Orgone field around organism*	Wide and variable.	Narrow or absent.

The crux of the orgone therapy of the cancer biopathy may be studied in a laboratory experiment: the reaction of the red blood cells to cancer cells.

REACTION OF RBC TO CANCER CELLS

Prepare a slide by placing a drop of warm physiological saline in the concavity. Add a small amount of healthy blood, and spread it evenly and thinly, as in the Reich Blood Test. Now add a *few* cancer cells *(motile Ca IV)* from the tumor of a mouse. They should be carefully added with a micropipette to one edge of the field, while the field is under continuous observation.

RBC and cancer cells are basically antagonistic. When brought together, we can observe that the RBC previously quiet, become excited, and begin to luminate strongly, particularly in the center of the cell. The field becomes

broader. Between the RBC and the cancer cell a luminating bridge appears, and the cancer cell appears to become "caught" within the field of the RBC. The cancer cell may circle around, but soon becomes immobilized. If the observation is followed long enough, it will be seen that the *cancer cell rounds up, then dies,* and *finally disintegrates into T.*

In this process, however, the RBC directly concerned *uses up its own energy, and also disintegrates, eventually into T.*

When rot bacteria, or T-bacilli come into contact with energetically strong red blood corpuscles, the same process as was observed with the cancer cells, is repeated. Rot bacteria, for example, become irritated or excited, and at first move faster in circles, but then finally become immobilized and die. T-bacilli can be observed to agglutinate.

Let us consider this apparent enigma for a moment. In the destruction of cancer cells, bacteria or T-bacilli, the RBC also lose energy, die and disintegrate into T-bacilli. These must be eliminated. The problem is how to counteract the T-process. A new, bio-energetically strong supply of RBC must replace those which have disintegrated. For a successful outcome, i.e., the eventual elimination of the T-reaction, the maintenance of a high level of bio-energy in the entire organism is essential. The use of the orgone energy accumulator is instrumental in accomplishing this, especially in the charging of the RBC.

The process just observed under the microscope is taking place on a larger scale within the organism, with the invasion of the tumor by the blood stream. We may summarize the steps in the destruction of cancer tissue, in accordance with the description given above, as follows:

1. *Excitation of the RBC* when tumor cells (Ca III) are approached.
2. The appearance of a *luminating bridge* between the RBC and the cancer cell.
3. *The withdrawal of energy* in accordance with the principle of the *reversed orgonomic potential.*
4. *Devitalization of the Ca cells,* and the penetration of the tumor by the RBC.
5. The using up of the energy of the RBC directly concerned so that *both the cancer cells and these RBC degenerate into T.*

In terminal cases of cancer *(Ca V)* where the disintegration of the RBC and the cancer cells into T is most marked, the organism becomes flooded with T, and is unable to cope with it.

From the standpoint of energetic (orgonomic) functionalism, the destruction of the cancer cell is a process in which energy is withdrawn from the weaker to the stronger orgonotic system. When the blood is energetically weak, this withdrawal of energy from the cancer tumor is insufficient to destroy it.

This may be demonstrated by another experiment.

EARTH (PA) BIONS IN COMBINATION WITH CA BLOOD

We study similar phenomena, microscopically, when we bring earth bions together with blood of a mouse which has a large cancer tumor. Use a slide with two concavities.

Earth bions are prepared by boiling ordinary sifted garden soil with water for about an hour. The water is then filtered off. The bionous earth which remains is examined microscopically in physiological saline. Care must be taken not to have the field too dense. Observe the *activity* and *luminating characteristics* of the earth bions.

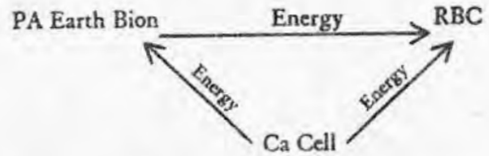
On the other end of the slide, make a very dilute solution of the cancerous blood, as described in the Reich Blood Test. Then, with a micropipette transfer a small amount of the earth bion preparation to the field with the RBC.

Select a certain area of the field in which there are RBC with T-spikes, and watch these continuously.

Note the formation of the radiating bridge between the earth bion and the RBC.

Soon the RBC changes from a form with T-spikes to a form with bions. The RBC has withdrawn energy from the earth bion. This can only be understood in terms of the orgonomic potential, in which the stronger orgonotic system withdraws energy from the weaker.

Schematically, we may picture the direction of the flow of energy, as we have observed it in these two experiments, in the following way:



Injection of bions (earth, SAPA, etc.) into cancerous mice was the mode

of orgone energy application before the atmospheric orgone energy was discovered. The effect was the same as that which is now more conveniently secured by irradiation in an orgone energy accumulator. There is inhibition of tumorous growth, replacement of the tumor tissue by strongly radiating blood, and the killing of T-bacilli.

In present-day orgone therapy of the cancer biopathy, the patient sits in the orgone energy accumulator. We quote now from Reich's THE ORGONE ENERGY ACCUMULATOR, *Its Scientific and Medical Use*, p. 27:

"In relation to the accumulator, the organism is the *stronger* energy system. Accordingly, a potential is created from the outside toward the inside by the enclosed body. Biophysically speaking, the living organism constitutes the first, and the enclosing accumulator the second, enveloping, orgonotic radiating system. The energy fields of the two systems make contact and after some time, dependent on the bio-energetic strength of the organism within, both the living organism and the energy field of the accumulator begin to 'luminate,' i.e., they become excited, and, making contact, drive each other to higher levels of excitation."

Thus, the orgone energy (bio-energy) level of the organism rises, i.e., *expansion occurs*. The RBC especially become *more vigorously charged*. The daily use of the accumulator brings about a definite improvement in the blood system which can be followed by the Reich Blood Test:

1. After 8 to 10 days, the culture test will no longer be T-positive, but *negative*.

2. The appearance of the RBC in the microscopic examination will improve and the *disintegration of the RBC will occur more slowly*.

3. A reversal from the T-pattern of disintegration to a B-reaction will require at least two months.

The individual will still suffer from cancer despite this reversal, but the *background* for the struggle against the disease is gradually improved.

In conclusion, it should be emphasized that we are not so much concerned with the cancer tumor as with the *background of functions which lead to the tumor, i.e., with the shrinking biopathy. From this* BASIC *point of view, there is no real cure for cancer; there is only prevention.* This becomes all the more evident the more one studies the biopathic process. *Prevention of cancer is mainly a problem of prevention of armoring in the human animal.* Thus, it is basically a SOCIAL problem.

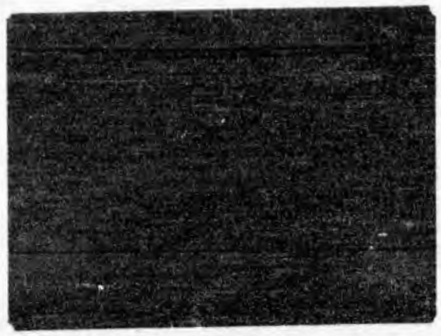
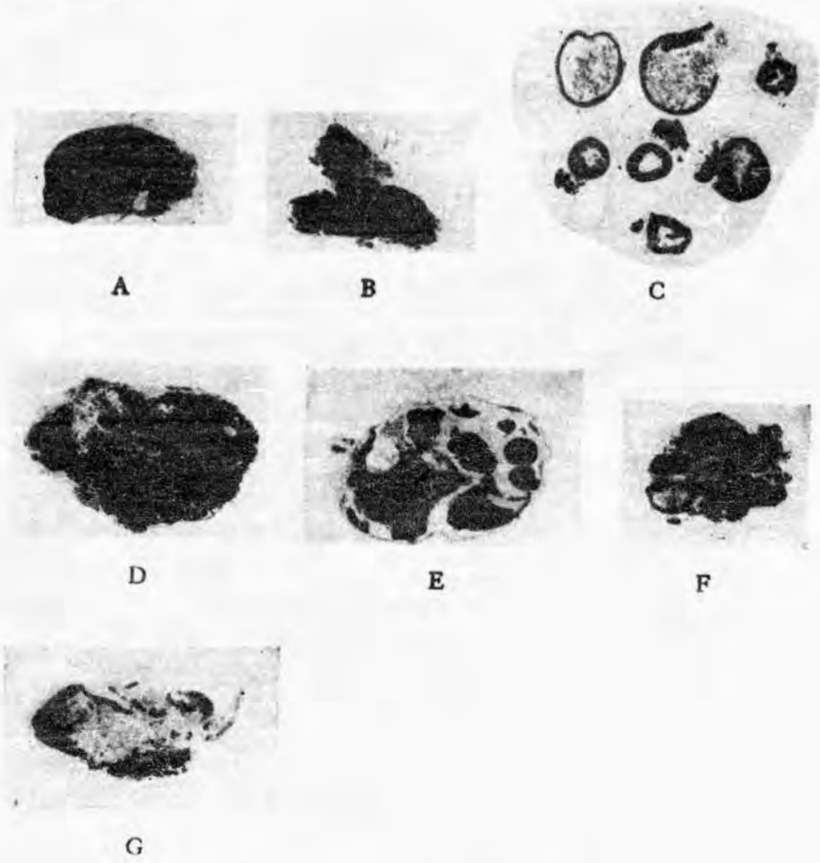


PHOTO 23. A SPINDLE-SHAPED PRECANCEROUS CELL-FORMATION (ARROW) FROM VAGINAL SECRETION AND A SAPA BION (UPPER RIGHT)

PHOTO 24. CANCER OF THE FIBULA. TISSUE WITH VESICULAR STRUCTURE, CONTAINING A HEAP OF CANCER CELLS IN AN ADVANCED STAGE OF ORGANIZATION. APPROXIMATELY 1000X



PHOTOS 25A-G. CANCER TUMORS IN MICE, TREATED AND UNTREATED. HEMATOXYLIN-EOSIN, 2X NATURAL SIZE

A and B: Compact, hard, breast tumors from two untreated mice.

C: Sections from stomach and duodenum of a T-mouse (artificial cancer). Atrophic gastric mucosa; polypous cancerous growths; cancerous cell masses in the peritoneum.

D: Tumor from an untreated mouse, in the process of putrid disintegration.

E: Tumor from an orgone-treated mouse. Large, empty cavities, previously filled with blood. Detritus, consisting of dead T-bacilli (left). Substitution by connective tissue (center). Residual cancer masses (center and right).

F: Tumor from an orgone-treated mouse. Large, empty cavities, previously filled with blood; now partly filled with cancer tissue, partly with detritus consisting of T-bacilli.

G: Tumor from an orgone-treated, cured mouse. Only little cancer tissue, disintegrated. Formation of connective tissue (lower part); sterile detritus (center).

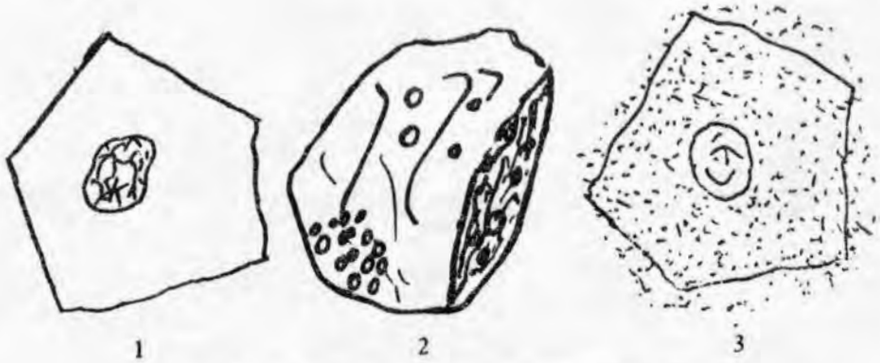


FIG. 17. HEALTHY AND PRECANCEROUS EPITHELIAL CELLS

1. Healthy epithelial cell (no structure).
2. Epithelial cell disintegrating into blue bions; spindle formation with intense blue glimmer at the right margin: *precancerous stage* (Ca I).
3. Epithelial cell disintegrating into T-bacilli which are also seen outside of the cell (Ca I).

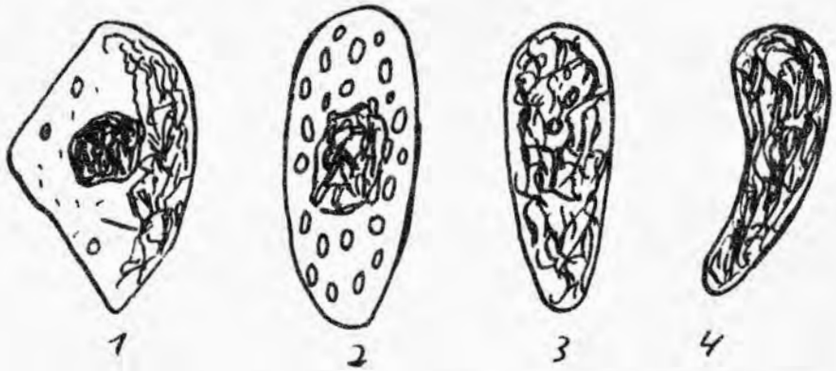
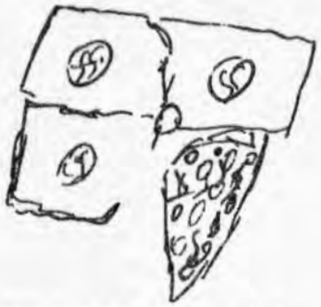


FIG. 18. STAGES IN THE TRANSFORMATION OF AN EPITHELIAL CELL INTO A CANCER CELL (CA II)

1. Part of the cell shows a blue striated structure.
2. The cell assumes an oblong shape; blue bions develop.
3. The blue bions flow together and form a dense, striated structure.
4. The cell assumes club shape.

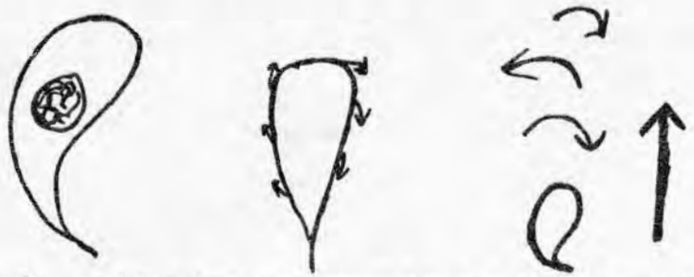
A typical form of precancerous epithelial cells



Four epithelial cells, one of them cancerous. From the renal tubule of a T-mouse. Drawn from life

Various forms of cancer cells, as found in mice with spontaneous tumors and with tumors produced by the injection of T-bacilli.

FIG. 19. CANCER CELLS IN THE STAGE OF MATURING (CA III)



Alive. The arrows indicate the jerk-like movements of the plasm. The large arrow indicates the direction of movement of the total cell.

Dead. Assumption of spherical shape and disintegration.

FIG. 20. FORMS OF MATURE, AMEBOID CANCER CELLS FROM T-MICE (CA IV)

FIGS. 17-20. TYPICAL PRECANCEROUS AND CANCEROUS CELL FORMATIONS

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All the microphotographs printed in "Orgonomic Diagnosis of Cancer Biopathy" have been taken from Wilhelm Reich's The Discovery of the Orgone, *Vol. II:* The Cancer Biopathy, *1948. Most of these photographs were originally published in Reich's* Bion Experiments on the Cancer Problem, *1939.*

Figures 2-4 and 5-16 were drawn by Helen E. MacDonald, Ph.D., according to orgonomic principles of microscopic observation of living material as outlined by Wilhelm Reich. Figures 4a and 17-20 were taken from The Cancer Biopathy.

Projeto Arte Org
Redescobrindo e reinterpretando W. Reich

Caro Leitor
Infelizmente, no que se refere a orgonomia, seguir os passos de Wilhelm Reich e de sua equipe de investigadores é uma questão bastante difícil, polêmica e contraditória, cheia de diferentes interpretações que mais confundem do que ajudam.
Por isto, nós decidimos trabalhar com o material bibliográfico presente nos microfilmes (Wilhelm Reich Collected Works Microfilms) em forma de PDF, disponibilizados por Eva Reich que já se encontra circulado pela internet, e que abarca o desenvolvimento da orgonomia de 1941 a 1957.

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Assim, cada qual pode seguir o rumo de suas leituras de acordo com os temas de seu interesse.
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Quanto ao caminho e as postulações de cada um destes colaboradores depois da morte de Reich, já é uma questão que extrapola nossas possibilidades e nossos interesses. Sendo que aqui somente podemos ser responsáveis por nós mesmos e com muitas restrições.

Alguns destes artigos, de acordo com nossas possiblidades e interesse, já estamos traduzindo.
Não somos tradutores especializados e, portanto, pedimos a sua compreensão para possíveis erros que venham a encontrar.

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