

EARLY DIAGNOSIS OF CANCER OF THE UTERUS (Ca V) (Case No. 13)

Compiled by: EVA REICH, M.D.

On December 3, 1942, Mrs. X, a 41 year old married woman, mother of two children, first consulted Dr. Wilhelm Reich at the "Bion, Cancer and Orgone Research Laboratory."

The patient's mother had died of cancer. The bio-sexual history revealed an unsatisfactory sexual life, genital withdrawal had been practiced throughout 20 years of married life.

The first bloodtest showed a positive T-bacilli culture in bouillon. Autoclavation in 50% broth and 50% 0.1 N. KCl solution yielded a 30% T-reaction. Microscopically the blood disintegrated completely in 1/2 minute. Though the erythrocytes were a strong blue color, they showed some T-protuberances (later called T-spikes). No T-bacilli were visible under high dark field magnifications. The *vaginal secretion* at this time yielded positive T-growth in bouillon culture. Microscopically most of the epithelial cells showed a T-structure, but no spindle formations were seen. Many red and white blood cells were present. Some formations were reported as "doubtful".

In view of the suspicious findings it was decided to repeat the tests, and the patient was referred to a gynecological specialist for evaluation. She was at the same time also advised to undergo Bio-Psychiatric Orgone Therapy (then called "Vegetotherapy") with one of the Medical Organomists, and she began such treatment.

The gynecologist reported to WR on 12/21/1942 that Mrs. X "has an asymptomatic fibroid which enlarges the uterus to about twice its normal size. The cervix is lacerated, contains a large Ovulum Nabothi and shows an old inflammatory erosion, in different stages of healing,

No treatment is necessary at the present time, but the patient should be re-examined in about three months.”

On 2/5/1943 WR wrote the following letter to the gynecologist and transmitted its contents by phone:

“Dear Dr. S.:

. . . I have examined the blood and excretion of Mrs. X for possible signs of cancer on 12/3/1942 as a first test. They indicated only a slight suspicion of a cancerous process (Ca I). I repeated the test on February 3, 1943, during menstruation, in order to reach the discharge from the uterus. This time my suspicion was confirmed, and the existence of cancerous cell formations, which we term Ca III, has been secured. It is possible that these things do not mean much to you because the methods have not yet been published and will not appear until April of this year.* But I felt it as my duty to inform you of the fact that *clear-cut cancerous formations are in the uterus*. I could not see, of course, how far the process of change from benign to malign cell growth has advanced, *i.e.* how great a part of the tumor has become cancerous. I do not think that any of the traditional ways of cancer diagnosis will confirm my statement. The biopsy may just hit upon a part of the tumor which has not changed into the malign direction. Unfortunately, I do not think there is any way to determine whether metastases have developed or not. As you probably know, her mother died of cancer.

Mrs. X is under experimental Orgone treatment which has already built up her bloodsystem to a great extent. I thought that a *radical operation of the uterus should be considered thoroughly*. According to your diagnosis the tumor in the uterus has become rather large and it may change rather rapidly into cancer and decay quickly. I had to tell you the above facts and would appreciate your advice as to my suggestion . . .

Sincerely yours,
(Signed) WR.”

The patient began the daily use of the Orgone Energy Accumulator on 2/1/1943, when she had been in Bio-psychiatric Orgone Therapy for six weeks. After one month (3/3/1943) she related that she had a *dark brown* vaginal secretion for four days before the onset of menstruation. At this time the Reich Bloodtest showed very strong organotic blue red blood cells, with large orgone frames. Disintegration was complete after 30 minutes; there were no T-spikes. The vaginal secretion showed, microscopically, strongly radiating, blue bionous cell formations of Ca III character, of various sizes and forms. Various formations in process of division were visible. The epithelial cells disintegrated strongly into T, but (in the darkfield) no free T-bodies were seen in the secretion. The culture of both blood and vaginal secretion was negative and resulted in no growth. Due to these findings the diagnosis of Ca III was now definitely secured.

After two months of treatment with the Orgone Energy Accumulator (3/31/1943), the patient related that her strength and biological

* International Journal of Sex Economy and Orgone Research, Vol. 2, 1943.

resistance had increased. She felt the radiation in the accumulator immediately when she shut the door. Respiration functioned visibly better, her chest was moving. She stated that she had occasional burning pains in the womb, which tended to radiate into the left side; these pains were stronger during the menstrual interval. The bloodtest (3 31/1943) showed strongly radiating erythrocytes, which disintegrated after 20 minutes into blue bions, no T-spikes or free T were seen (dark-field). The vaginal secretion at the same time, taken during menstruation, also showed strongly radiating blood. No longer could any T-bodies or disintegrated epithelial cells be seen; however, several heaps of immobilized cancer cells (Ca III) were seen—altogether fewer than one month before. The culture of the vaginal secretion in bouillon resulted in a weakly positive, mixed bacterial growth, but *not* any longer in T-bacilli.

Repeated further examinations of both blood and vaginal secretions (see Figure 1.) during 1943 continued to show improvement: The blood T-reaction became negative and the time of blood disintegration increased up to one-half hour. Also the vaginal secretion no longer gave a positive T-culture, but resulted in the normally obtained types of mixed growth of bacteriae. The epithelial cells after half a year of Orgone Energy irradiation became much clearer and smoother, and the field was free of cancerous formations for the first time (6/7/1943). The weight of the patient remained constant between 102-104 lbs. during 1943. After 10 months use of the Orgone Energy Accumulator the patient still had occasional burning pains in the womb. Her menses were now regular, lasting three days. She reported an occasional whitish vaginal secretion.

However, even though the blood picture continued to be good the vaginal secretion showed a process of malignant development, until in November 1945 clearcut cancerous spindle formations and large plasmatic Ca IV cell formations appeared in the menstrual discharge. The vaginal culture which had originally cleared of T now became strongly T-positive, while the blood culture remained negative. (In 1945 the patient gained six pounds in two months.)

The husband of the patient, as well as the patient herself, was repeatedly urged during 1945 to remove the uterus, since the diagnosis of uterine cancer was beyond any doubt. *The operation was not recommended by the attending gynecologist, who, from his standpoint of classical diagnosis, would not agree with the diagnosis made by the Orgone Institute.* Since furthermore, the process of bionous disintegra-

tion and cancerous cell organization was not known or understood in medical circles, no mutual understanding was possible.

The patient continued to use the Orgone Energy Accumulator for years, since it enhanced her general wellbeing. In 1946 for instance, in order to continue irradiation during travel, she designed (for the first time) a portable Orgone Energy Accumulator blanket. She also applied Orgone Energy locally over the area of the uterus by means of the shooter tube, and by means of an earthbion pad (made by cooking black earth, sewn into a small bag, under 15 pounds pressure for 45 minutes). She reported on 6/26/1946 that "the pains (of the uterus), which had lasted all day, stopped after a few minutes (of irradiation) . . . the bleeding became markedly stronger, then receded that night not to return until the following menstrual period . . . I am now using this daily . . ."

In the beginning of 1947, the bleeding from the uterus increased and on 4/7/1947 (*four and one half years after the initial diagnosis of cancer was made by WR on the basis of the original cancer tests*), the patient suffered a severe uterine hemorrhage during the night. She was referred to the same gynecologist, who had refused to operate in 1943, for operation now as an emergency case. *At operation on 4/11/1947 a carcinoma of the cervix was found but the uterus could not be extirpated* since, according to the gynecologist, *the tissue was too brittle for suture*. The patient died of cancer on December 25, 1947, five years after she was first diagnosed by WR, and five years after he had advised operation on the basis of this organomic diagnosis, and five years after she was told that "no treatment is necessary" by a physician who used classical criteria of cancer diagnosis.

Commenting on this early diagnosis of cancer WR stated in 1948: "This case shows clearly that the organomic cancer diagnosis of 1942 was correct. It shows, furthermore, that with the state of medical affairs in cancer research at that time, an understanding with the gynecologist could not have possibly been reached, since the early indications of the cancer biopathy in blood and excretions were not recognized as specific (by him). This case is an example for many such cases. A certain advance in early diagnosis of cancer has been made since the examination of excretions for cancer has been adopted in some medical institutions. But it should be emphasized that the examination of blood and excretions in their *natural* state (as used by this institution since 1942) is to be preferred to those techniques which use smears. Whether or not this patient could have been saved by total extirpation of uterus

and adnexae in early 1943, as advised by our research laboratory, is difficult to say.”

EPICRISIS

By WILHELM REICH, M.D.

January 27, 1954, at Little Organon, Tucson, Arizona: Expedition Orop Desert Ea.

Since 1947 when the case reported above had died due to lack of knowledge of the preliminary developmental phases of cancer of the uterus, my attention naturally had turned more acutely upon similar cases. From then onward every case with the diagnosis “*Benign Fibroma of the Uterus*” was carefully examined during menstruation. When T-bacilli, caudated Ca III cells or an abundance of detritus material was found in the excretion, extirpation of the uterus to various extents, in agreement with the specialist treating the case, was recommended. The routine pathological findings were always the same: *No malignancy*. However, the stained material taken from the extirpated portion regularly revealed to the eye that knew what to look for: gigantic, strangely stained (“chromatin-rich”) cells or groups of cells amidst benign fibroid or muscular tissue; softened spot in fibroid with clear cut areas of T-bacilli; caudated cells interspersed with healthy or fibroid benign tissue. These facts require careful elaboration. They deserve acute attention by every gynecologist, general practitioner and research biologist. There can be little doubt but that innumerable lives could and certainly would be saved if the clear cut signs of early cancer of the uterus would be carefully and generally observed:

Brownish menstrual discharge

T-bacilli in discharge

Debris and caudate organizational Ca forms in discharge, not found in healthy menstrual blood

Mobile ameboid cells

Large, nucleated or plasmatic cells.

It is not the Organomic physician who obstructs or disadvises as some have so falsely and irresponsibly accused him of doing. It is the physician practicing an outdated routine examination who *fails* to operate early enough on the basis of the diagnosis in alive and stained tissue of transitional stages in cell development.

FIGURE 1 — EXAMINATION OF FRESH VAGINAL EXCRETION

No.	Date	Epithelial Cells	Cancer Cells	Culture Bouillon	Remarks
1.	12/3/1942	T-structure	Some doubtful forms	+++T	
2.	2/3/1943	Macroscopic: Bloody intermenstrual secretion Microscopic: Bionous plasm (reacts strongly to Methylene blue). Strong T-degeneration	Ca IV formations of different size and shape clubforms	+T	"Definitely cancerous. WR: "Shall I write to Dr. S.? He would not understand! Should radical operation be made? Naturally!" Corroborated 1947"
3.	3/3/1943	Strong T-degeneration of epithelium	Strongly radiating blue bionous formations of Ca III character, various sizes and forms, some in process of division	—T	
4.	3/31/1943	No disintegration of epithelial cells. Strongly radiating blood (menstruation)	Heaps of immobilized Ca III	—T	Weak mixed bacterial growth
5.	4/26/1943	Bloodcells same as finger (menstruation)	Only few Ca III. Mostly disintegrations	—T	Weak mixed bacterial growth
6.	5/22/1943	Still much bionous structure of epithelium	Only a few Ca III plus single organizational structures	—T	Weak mixed bacterial growth
7.	6/7/1943	Only a few leukocytes, nearly completely cleared up	No Ca forms seen. No T seen in darkfield	—T	Weak mixed bacterial growth
8.	9/25/1943	Cells clearer, smoother. No T-structure. Some disintegration into big bions. No RBC	No Ca III	—T	Weak mixed bacterial growth
9.	1/26/1944	Epithelial cells partly without structure; partly disintegrated into large bions. Almost free of bacteriae	Poorly developed germ vesicles. No ameboid forms. No Ca III seen	—T	
10.	10/21/1944	Normal epithelial cells			

AND REICH BLOOD TEST RESULTS — CASE 13

Red Blood Cells	Time	Disintegration Kind	Culture Bouillon	Autoclavation 50% Broth + KCl
Strong Blue No free T in darkfield seen	½ min.	Some T-spikes	+++T	30% T-reaction
	20 min.	No T-spikes	+T	60% T-reaction
Strong orgonotic blue, orgone frame large	30 min.	No T-spikes	—T	
Strongly radiating	20 min.	Blue bions. No T-spikes		
Full, strong reddish center	25 min.	No T-spikes Many platelets	—T	
	Starts 4 min. Comp. 30 min.	Large blue bions	—T	
Broad on frames, medi- um radiation	Starts 5 min. Comp. 30 min.	No T-spikes Prickly pear forms Bions formed	—T	40% T-reaction. Brown colloid Small flakes Small bions
	Begin 1 min.	Large and medi- um bions	—T	80% B-reaction

ORGONE ENERGY AND WEATHER

By CHARLES R. KELLEY*

[*Editor's Note:*] *Once a new realm of nature has been disclosed, the corresponding quest for understanding the strange facts must be given utter freedom of movement. In other words, Basic Natural Scientific Research must be completely free, uninspected and unmolested by established knowledge. It must be free to make its own inevitable mistakes; it must also be skilled enough to correct them sooner or later.*

It is in this sense only that CORE brings to its readers the following paper on the relationship between OR energy and weather. Its merits are based on safe experimental evidence obtained with the "Cloudbuster" and published in CORE VI—1954. Where disagreement appears, it is due to the still highly theoretical concept of "Galactic OR Streams" (see Reich, Cosmic Superimposition). However, it seems certain that the astrophysical realm of inquiry, opened by the Oranur Experiment, already is bearing fruits in the form of coherent hypotheses, worthy of consideration and debate.

The meteorologist has traditionally studied the distribution of a number of measurable functions in the atmosphere. Chief among these are temperature, pressure, humidity, and winds. From these and their derivatives he attempts to grasp the course of processes responsible for the weather, and makes his predictions. The discoveries of Wilhelm Reich make it clear that these quantities the weatherman studies are the consequences of more fundamental kinds of natural events. These

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