Public Responsibility in the Early Diagnosis of Cancer*

Case No. 13, 1942, female, married, 2 children, age 41 years. Mother of patient died of cancer. Result of routine medical examination on 12/21/42: "Patient 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 December 3, 1942, a first cancer test in blood and excretions was made at the Orgone Institute, and a report was given to the patient's physician, a well-known gynecologist, on February 5, 1943.

The tests indicated only a slight cancerous process (Ca I). The test was repeated on February 3, 1943, during menstruation in order to examine the discharge from the uterus. This time the suspicion of cancer was confirmed; the existence of cancerous cell formations, which we termed Ca III, was established. It was felt to be a duty to inform the physician of the fact that clear-cut cancerous formations were in the uterus. It could not be determined, of course, how far the change in the tumor from benign to malignant cell growth had advanced, i.e., how large a part of the tumor had become cancerous. None of the traditional means of cancer diagnosis could have confirmed the orgonomic finding. A biopsy might have hit just that part of the tumor which had not changed in the direction of malignancy. Also, the patient was under experimental orgone treatment which had already built up her blood system to a great extent. *It was felt that a radical extirpation of the uterus should be performed.* According to the diagnosis of the physician, the tumor in the uterus had become rather large and it was to be expected that it would change rather rapidly into cancer and decay quickly.

* From the Archives of the Orgone Institute.

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The tests of December 3, 1942, had shown: Culture in bouillon, *positive;* autoclavation test, *30% T-reaction;* red blood cell disintegration microscopically, *30 seconds with T-spikes;* vaginal secretion and culture thereof, *strongly T-positive; most epithelial cells with T-structure and some suspicious formations.*

During 1943 six cancer tests were made: in March, 1943, the examination of intermenstrual bleeding from the uterus showed clearly Ca IV cell formations. The blood picture improved continuously during 1943. The T-reaction became *negative,* and the time of disintegration of the red blood cells increased to 25 minutes. The patient used the orgone accumulator regularly. The blood picture continued to be good. But the *vaginal secretion showed clearly a local process of malignant development, until, in November, 1945, clear-cut cancerous spindle formations and large, plasmatic Ca IV cell formation appeared in the menstrual discharge.* (*Cf.* W. Reich, THE CANCER BIOPATHY.) The vaginal secretion culture was strongly *T-positive,* while the blood tests remained negative. The weight remained constant between 102-104 lbs. during 1943. In 1945, the patient had gained six lbs. within two months due to orgone therapy. This improvement in the general status was apt to conceal from the physician in charge the malignant process rather than support our statement of the necessity for a radical operation of the uterus and adnexae.

The husband of the patient, as well as the patient herself, *was urged repeatedly during 1945 to have the uterus removed, since the diagnosis "cancer of the uterus" was beyond any doubt.* The operation was *not* recommended by the attending gynecologist who, from his standpoint of classical diagnosis, could not agree with the diagnosis made by the Orgone Institute. Since, furthermore, the process of bionous disintegration and cancerous cell organization was unknown in routine medicine, no mutual understanding was possible.

In the beginning of 1947, intermenstrual bleeding from the uterus increased and on April 7, 1947, we received information that the patient had suffered a severe hemorrhage of the womb. On April 11, an operation was performed. A carcinoma of the cervix was found, but the uterus could not be extirpated since, according to the report of the operating gynecologist, the tissue was too brittle for sutures. The patient died of cancer of the uterus in December, 1947.

This short report shows clearly that the orgonomic cancer diagnosis of

1942 had been correct. It shows, furthermore, that due to the state of medical affairs in cancer research an understanding with the gynecologist could not possibly have been reached at that time, since the early indications of the cancer biopathy in blood and excretions are not recognized as specific for cancer. This case is one example of many such cases. A certain advance in early diagnosis of cancer has been made since the *examination of blood and excretions, for cancer, advocated by Reich in 1939 and again in 1942,* was adopted in some medical institutions. But it should be emphasized that the examination of blood and excretions in their natural state are to be preferred to those techniques which use smears; smears are of little value since they do not reveal the *living* process of putrefaction. Whether or not this patient could have been saved by total extirpation of the uterus and adnexae in early 1943, as advised by our research laboratory, is difficult to say.

This research laboratory has been accused by habitual promoters of "promoting a cancer cure." It has also been said that we act criminally in preventing cancer patients from being properly treated with surgery or Xrays. The abovementioned cancer case has been chosen in this connection to illustrate our basic attitude toward cancer prevention and cancer therapy:

1. The report proves that it is the researcher in this laboratory who insists on the application of the available means of early diagnosis and treatment of malignancy if they are indicated.

2. It proves, furthermore, that it is *we* who occasionally had to remind the physician in charge that a radical operation should be performed lest the patient die unnecessarily.

3. It shows, finally, that it is *we* who try hard to uncover the OBSTACLES in the way of a recognition of the great depth where the cancer biopathy has its roots.

To uncover obstacles in the way of therapy of cancer is a very thankless job. The deeper one digs, the deeper the roots of the disease appear. One finds, for instance, that destruction of the local malignant growth, which has finally become possible in many cases, leads often to a new insoluble problem: the elimination of the detritus of the destroyed mass. If, now, one finds in a few cases that proper handling of the case can overcome *this* obstacle; if the organism, as revealed by Xrays, shows no trace of the local tumor or metastasis and yet the patients still die sooner or later, then it *was not the local tumor that was the killer,* but something else, something *beyond* the tumor, something in the depth of the biosystem. We must now concentrate on this "some-

thing else" and not on the local tumor, if we are to understand cancer. We give this something a name, "SHRINKING CANCER BIOPATHY," and a whole new field of research opens up. It leads us farther and farther back into the patient's history, into his emotional life, into his total development as a LIVING, EMOTIONAL ORGANISM, and, furthermore, into his *intrauterine life*.

In addition to these tremendous difficulties, one meets the *perfect fool,* who earns his living as the public fool of the market place. He tells everybody that you have constructed a "box" where people can "get aroused sexually"; and from then on, you may try as hard as you can to show up the fool, everybody tells everybody else what the *fool* had said; the "party" dispatched the fool with a message to the market place; the policeman heard it and told it to the commission on foods and drugs; from here it got into several newspapers, from there into a psychiatric periodical and the district attorney's office, and, finally, to a Council on Pharmacy; the latter does not know what it is talking about, since orgone energy is neither food nor drug and has, in its natural state, nothing to do with chemicals. A truly foolish trick!

In the meantime, the problem has grown and has reached immense dimensions. It is *we,* in this Research Institute, who have been working at the real problem continuously since 1937.

In addition to the abovementioned attitudes toward the classical methods of cancer treatment, the following rules are at present followed in experimental orgone therapy of cancer:

1. Cancer of the breast which is operable and shows no metastases in the axillae or in the bones is submitted to orgone therapy for a period of from 4 to 6 weeks. If the tumor mass does not begin to yield to orgone therapy after about 10 days and does not disappear completely within 6 weeks, we advise the patient to have a radical operation of the breast performed.

2. In every case where the tumor has not infiltrated the surrounding tissue, where it appears freely movable or encapsulated so that surgical removal is not likely to induce major hardships, surgical removal is always advised. However, the patient is told with great emphasis *that the cancer disease is not confined to the local tumor, that it is a general systemic disease,* that the removal of the local tumor will, therefore, not alleviate the general condition and that, at present, the *only way known to medicine of attacking the general biopathic background is the regular application of orgone energy by means of the orgone accumulator,* for a long period after the local operation has been performed.

3. In cases such as cancer of the lung, liver, etc., the relatives of the patient are told explicitly that orgone therapy is not likely to prevent death, although it might succeed in reducing the tumor mass. However, the danger of clogging of the excretory pathways will most probably complicate the picture. The patient's relatives are advised to apply orgone energy to the patient nevertheless, since, according to experience, it will reduce pain to a certain extent; also, the general condition will be improved and, again according to experience, even cachexia might be beneficially affected.

4. We do not accept cases who are under Xray treatment, since the latter counteracts the effects of orgone therapy. Wherever a local tumor can be removed by radium, we advise to do so.

5. In many cases, we are bound to advise the attending physician that a cancerous condition is present, where all known classical tests fail to secure a cancer diagnosis. We warn of the danger as soon as we see general resignation, lack of emotion, pallor or lividness of skin, numbness in certain organs, especially in the legs, and when we see the well-known degenerative symptoms in the blood and excretions. The diagnosis of cancer on the basis of these general symptoms is secured even if no local tumor is visible, palpable or detectable by means of Xrays. In all such cases we advise the use of the orgone accumulator as a *preventive* measure. In the course of about 8 years, since the orgone accumulator has been introduced into medicine, we have neither seen nor heard of any case where a malignant tumor developed among approximately 400 past and present users of the accumulator. However, this last observation will have to be corroborated by a much greater number of observations as to the preventive efficacy of orgone energy.

6. Since we have no hospital at our disposal, we do not accept cases who are bedridden.

A few or all of these methods may have to be changed in accordance with further experimental progress. Our advice to the medical profession is this: Do not listen to people, physicians or laymen, who utter opinions without having made certain by experiment or clinical practice whether their statements are true or false. *The only possible way of settling the question of the efficacy of the orgone energy in cancer therapy is to start, finally, in the hospitals, putting cancer patients into strong, 5- or 10-fold accumulators regularly; to check the results by clinical examination and by blood tests; and to find out in what type of cancer cases and to what extent orgone energy can or can not check the disease or even prevent it.* It must be kept well in mind that

the cancer work of the Orgone Institute is still in its initial experimental stage, and that no final statements as to cure or possibility of prevention have been made by this Institute.

To listen to the type of "critic" who has an opinion before having examined diligently, over a long period, how the accumulator functions, amounts to criminal neglect of medical duties in the face of a scourge which ravages the health and life of millions of people. Such a crime must not be permitted to be inflicted upon the people. Interests which have nothing to do with the problem of cancer therapy but only with economic gain, should be exposed as saboteurs of human health.

A new, hopeful way of getting at the cancer scourge has been opened up, and what remains to be done is to study carefully how great or how small this hope is.

The first requirement for fulfilling whatever hope there is in the orgone therapy of the cancer biopathy will be the recognition of the cancerous process as a process of slow organismic *disintegration* and *putrefaction*. It should not be too difficult to convince the medical world that this process of organismic putrefaction is entirely *within,* and not without the domain of classical medicine since Semmelweis and Pasteur. If ever sterilization were a first-rate medical requirement, it is in the cancer biopathy. Orgone energy stops the degenerative process in the organism; this can easily be checked with blood tests. It appears most peculiar that the process of putrefaction is continuously overlooked in this age of sterilization, and in a disease where it is one of the most striking pathological symptoms.

The responsibility for the fight against the cancer scourge rests squarely on the shoulders of the public at large. We quote from the Preface to Wilhelm Reich's THE CANCER BIOPATHY:

> It is customary, when one has made a discovery, to have it confirmed by certain "authorities," to ask for such recognition, and to use all kinds of tactics to get it. It is also customary to try to get into the daily papers as soon as possible. All this does not become us who work with deadly serious things. If we work honestly and conscientiously, stick to the facts, and do not give in to any temptation to compromise on central findings, such as the function of the orgasm, then we will sooner or later gain general confidence. There are few things in the world which it needs more urgently than a knowledge of the orgone functions within and without the organism.
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> We must not concede authority where there is no objective authority in ques-

tions of the orgone. But *we must delegate responsibility.* Undoubtedly, it is the responsibility of every individual physician who has observed the therapeutic effects of the orgone to advocate these facts professionally, instead of avoiding them or waiting for the opinion of "authorities." It is the responsibility of every individual who enjoys the therapeutic effect of the orgone to help his fellows where possible. It is the responsibility of a writer not to impede the life-saving effect of the orgone by scandalous and sensational writeups in the daily press. He must know that indirectly he kills people when he agitates against us. Finally, it is the responsibility of the government of this or that country whether and how soon the orgone energy is made available to the general public, economically and administratively. We do our duty in every way and as best we can. We work hard, over decades; we sacrifice money and leisure; we act as decently and honestly as we can. We publish our findings in a responsible manner. More we cannot do. *The rest is up to the public.* If the public tolerates defamatory articles, lies and distortions, it is really *the public* which is hurt and not this or that orgone therapist. I wish I did not have to say these things, but it is my duty not to pass them over in silence. . . .

I do not publish this book without a great deal of concern. The core of this concern is the expectation of so many readers of our literature that now a cure-all for cancer has been found. This I must strictly refute. It is true that the riddle of the cancer disease has been made fully accessible by the discovery of the orgone. But it would be erroneous to believe that now every cancer patient can be saved. It will take long, hard cooperative work before we will know how much the orgone energy can do in this or that case of cancer. But a beginning has certainly been made.

The educated men have degenerated into the foes of education for they will deny the universal sickness and hinder the physician.—Nietzsche.

its interpretation over that of the rest of the material, *the essential premise for Reich's argument,* we owe to Karl Abraham. His classic observation was published under the unassuming title: "On a Particular Kind of Resistance Against the Psychoanalytic Method" as early as 1919. (Italics the editor's.)

This statement needs to be refuted and corrected:

1. Reich's technique of character-analysis does not rest on the suggestion "to give preference to character resistance over the rest of the material." It rests clearly on the concept of the *character armor,* which was developed during the 1920's to cope with the difficulties which were encountered in the establishment of "orgastic potency" in the patient. Giving preference to the character resistance is a CONSEQUENCE and not a premise of the technique of character-analysis based on character armor.

2. Neither the clinical function of the character armor nor that of orgastic potency was ever observed or described before Reich began to study these functions around 1920.

3. Karl Abraham's observation of a "particular kind of resistance" becomes understandable only in retrospect and in the light of Reich's concept of the character armor, and not vice-versa.

From the Orgone Institute

No scientific worker connected with the Orgone Institute earns money from publications, books and articles, or from the orgone accumulator. Physicians do their research work unpaid.

Questions and Answers Regarding the Orgone Accumulator

Q. Can the orgone accumulator be used more than once a day?

A. The orgone accumulator can be used several times daily. In fact, it has been found very helpful to use the accumulator about every two hours in cases of oncoming colds, sinus trouble, etc.

Q. Is it less effective to turn the accumulator on its side and lie down in it?

A. In lying down in the accumulator, the greater part of the body would

touch the wall, and it is preferable to have a small air space between walls and body.

Q. Can the accumulator or the tube box be bought?
A. For the time being, orgone accumulators are given out on an experimental basis only, and remain the property of the Orgone Institute Research Laboratories, Inc.

Q. Does the accumulator lose some of its strength if it is dismantled and then put together again?
A. The dismantling of the accumulator does not have any effect on its strength. Once the 6 walls are put together again, the field is re-established and the accumulator has the same strength as before.

Q. Are accumulators built to size, that is, can a child use an accumulator beneficially?
A. We are building small accumulators for children on special request. A small child using a large accumulator by himself will not get the full benefit from the accumulator. However, if a small child uses a large accumulator sitting on an adult's lap, he will profit from the accumulator just as much as if he were using a small accumulator.

Q. Does orgone accumulate in the room in which the accumulator is located?
A. Yes; that is the reason why we recommend frequent and thorough airing of the room in which the accumulator is located.

Q. Does it matter, and if so how much, whether or not clothes are worn in the accumulator?
A. The less clothing the better, since the clothing will absorb some of the accumulated orgone energy.

Q. Can Xray treatment be combined with physical orgone therapy?
A. NO. We do not accept cancer patients for orgone therapy who are under Xray treatment, since the latter, while destroying tumor tissue, does to the blood system exactly the opposite of what is to be achieved with orgone therapy: *high bio-energetic charge of the blood cells.* It is mainly

the high content of bio-energy (orgone energy) in the blood which constitutes the curative factor in orgone therapy.

Q. Is sheet iron or steel the best metal lining?
Does the thickness of the metal sheets have any effect?

A. We have found that on living organisms only sheet iron or steel should be used. Experiments with other metals on living organisms have given negative results. The thickness of the metal does not seem to have any influence on the effect; however, we have not carried out experiments with regard to the thickness of the metal sheets and can, therefore, not give a conclusive answer to this question.

Q. Has metallic foil been tried, i.e., aluminum foil or metallic paint, such as aluminum paint?

A. Yes. Both metallic (aluminum and copper) foil have been tried in animal experiments, also aluminum paint. The results of these experiments make it advisable to use only iron in experiments with living organisms. However, for purely physical experiments, metallic foils can be used, although we found that an accumulator made of about 25 layers of aluminum-painted paper did not have the same strength as a single-layer accumulator made in the usual way.

Q. What is preferable, wood or any particular vegetable fiber building board?

A. We have found any kind of fiber material to be superior to wood because it absorbs orgone energy faster. Cardboard also is a better organic material to use than wood.

Q. Is there a minimum or maximum thickness for the non-metallic material used in the accumulator?

A. No experiments have been made to determine minimum or maximum thickness of this material. We have found a thickness of between ¼ to ¾ inches generally effective.

Q. Has dry sawdust ever been tried to fill in space between metallic sheets?

A. No, since it would necessitate the use of more than one metal sheet in a multiple-layer accumulator, to hold the sawdust in place. For the past few

years, the multiple-layer accumulators have been constructed with alternating layers of steelwool and rockwool or glassfiber, each layer about ½ inch thick. This arrangement proved to be very effective and is easy to put down and to keep in place with the aid of thin wooden strips.

Q. Does an increase of layers mean an increase of orgone concentration?
A. Yes, but the increase of the orgone concentration is not proportional to the increase in layers. Thus, a three-fold accumulator may have double the strength of a single-layer one, and a five-fold accumulator may be three times as strong.