Medical Effects of Orgone Energy*

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This is a report on a number of observations made over the past five years during which time I have used an Orgone Energy Accumulator. Orgone Energy was discovered by Wilhelm Reich, M.D., between 1936-39; in certain bion cultures in 1939, and in the atmosphere and soil in 1940, and also in sun radiation, and in the living organism. The accumulator was invented by Reich in 1940, and he was the first to use it in the treatment of patients. The accumulator is an enclosure measuring approximately 4 x 2½ x 2 feet, inside of which the patient seats himself during treatments. The walls, ceiling, and flooring are constructed of an organic and an inorganic layer. The organic materials found to be effective are wool, cotton, celotex, plastics, and others. The inorganic material used in medical work is a fine-gauge sheet iron, or a fine-mesh iron screening. The diagram on the board illustrates the construction, the shading representing organic matter, and the inner solid line, the metallic layer.

The atmospheric orgone radiation is attracted to and absorbed by organic material, and both attracted to and repelled by the inorganic material, thus setting up a direction of movement of orgone from the atmosphere toward the interior of the enclosure. This accumulated energy within the enclosure is then attracted to the organic matter which constitutes the patient's body. In this diagram on the blackboard, M is a small amount of tinfoil (metallic) and O is a piece of cork (organic) suspended on strings so that they hang close to this metal sphere. If this polysterene rod is brought near the tinfoil, and the rod is not "charged," there will be no reaction. If the rod is "charged"

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by rubbing it over one's body, or hair, it picks up energy from the body, and when then brought near the tinfoil, the latter is attracted and clings to the rod. The rest of this diagram shows a wiring from the metal sphere to the electroscope. If a "charged" polysterene rod touches the post of the electroscope, this charge of energy, derived from the body, is transmitted and deflects the aluminum leaf, and sets up an Orgone Field around the metal sphere. The organic cork is attracted to the metal sphere, and the inorganic tinfoil is first attracted, and immediately repelled away from the metal sphere. In the diagram of the accumulator, atmospheric orgone energy is attracted to the outer organic layer and absorbed, then is transmitted to the inorganic sheet iron to which it is attracted and in some way, still unknown, travels through this metal. Once it is inside, it is repelled from all metallic walls, and travels back and forth in all directions. It thus tends to be accumulated inside, and a direction of movement of orgone is established from atmosphere to the interior of the accumulator. When a person sits inside the accumulator the atmospheric energy is attracted to the organic matter of the person, and the orgonotic fields of the person and the atmospheric accumulation interact.

The amount of radiation a person receives can be increased by adding more organic and inorganic layers to the enclosure. Thus, 5 layerings would make a 5-fold accumulator, although this orgone concentration does not increase in exactly linear proportions. Utilizing this principle of attraction-absorption to organic and attraction-repulsion to inorganic material, other forms of accumulators have been invented. A bed-ridden person can be treated with an Orgone Blanket constructed of fabrikoid, wool and pliable iron-screening placed in layers over the bed sheet, and under the drawsheet. Or, local applications may be provided by a sheet-metal funnel covered with wool. A one-foot cubic box to which a hollow metal cable with a metal funnel is attached, can be directed at a local area, such as the heart. Cardboard cartons, such as are used for coffee-containers, are made of organic material, and when filled correctly with layers of Pliofilm, and window-screening, constitute a "Pocket Shooter" for local irradiation.

The walls of the accumulator are always cold to the touch, whether this is on the hottest day of summer, or the coldest day of winter. Yet, 10 cms. from the wall on the inside, heat is felt at the hand. Kinetic energy when stopped is converted into heat. The atmospheric orgone energy moving in-

ward meets the hand and is stopped, or it is stopped by the opposite metallic wall, and heat is generated. Heat rises and is measurable in its greatest amount at thermometer T_0 above the metal plate. There is a constant temperature difference as compared with the thermometer reading T in the outside air. The temperature difference varies from 0.3 to 1 degree centigrade.

There is no electrical connection; the only source of energy is the surrounding atmosphere. Atmospheric conditions are variable, and have their influence upon the amount of radiation a patient receives in the accumulator. It is a common observation that on sunny days, stretched out on the sandy beach we feel relaxed; and that on humid days we feel uncomfortable. The arthritic patient can rather accurately foretell the coming of rain by the increase in pain. At full moon, each month, institutionalized patients go to their windows at night and give voice to melodious lamentations and beautiful singing. Orgone tension in the body, and in the atmosphere and accumulator can be measured by thermometer, barometer, and electroscope and correlated with physiological changes. Patients' oral temperatures rise while in the accumulator from 0.3 degrees to 1½ degrees centigrade. I have measured the temperatures inside and outside of the accumulator, and the rate of discharge of an electroscope, and made daily records of the barometric variations, correlating these with observations of the weather. There is a constant temperature difference which is greatest in good weather; and there is a faster rate of electroscopic discharge in bad weather than in good weather. The barometer readings show a drop in bad weather. I cannot discuss this fully as there are many gaps in my own knowledge in the pertinent fields of physics, astronomy, meteorology, etc.

The frequency of patients' observations that they feel warmth, comfort, relaxation and sleepiness within the accumulator, and my observations of the reddening of their skin, palpable warming of the skin, constriction of their pupils, slowing of their pulse rates, sighing and yawning, increased tympany of their abdomens from expansion of intestinal gases are all indications of a vagotonic reaction, as first described by Wilhelm Reich.

Before proceeding with a few case histories of patients treated during the past two years, I would like to mention the effects I have observed of the accumulator used upon a plant, a dog, a turtle, and a fish. The leaves of this plant had lost their shine, and looked dull and felt dry to the touch, despite routine watering. After standing in the accumulator for 24 hours, the leaves

became bright and glistening, and felt like satin. The dog had been boarded at an animal hospital during my 6-day vacation. It suffered from loneliness and strange surroundings, refusing food. Upon its return home the dog was weak, regurgitated mucus, had spells of gasping for breath, and when she tried to walk, extended her legs in a rigid manner, dragging the hind limbs, and shaking all over. Some characteristics resembled epileptiform seizures. After two days of affectionate care from members of my family, she showed no improvement, and therefore an accumulator with only two walls was rigged beneath a bed. Although this was not her customary resting place, she sought this out, and used it for periods varying from ½ hour to 2 hours, during the next two days. After her first treatment she was still slow in her gait; after a lengthy second treatment she revived her usual interest in her surroundings, and with further treatments on the next day she had a return of appetite, and even romped on the lawn without any more seizures. When she had become well, she no longer sought this accumulator.

A small mud turtle, a household pet, was thought to be dead, as it showed no sign of life when prodded, and had a distinctly putrid odor. Some of the coloring had gone out of its shell, and the shell felt somewhat mushy when I picked it up. I was on the point of incinerating it, when I thought of placing it in the large accumulator instead, and after 12 hours in the accumulator it revived and continued an active existence for another 6 months.

A goldfish which had been accidentally spilled from its bowl was found approximately 10 minutes later making gasping motions when picked up, but it was unable to thrash around. Returned to its bowl it was very languid until ½ hour later when a "pocket shooter" was directed at it. It promptly began to make lively motions, and swam toward the irradiating "shooter" no matter where this was placed.

I have found confirmation of the observation, initially Reich's, that the healing process is observable and accelerated by the use of orgone: a blister developed on my foot, and the dome-shaped epidermis ballooned out with no break in the skin. This and the underlying base of the blister were dead-white in color. After three minutes of irradiation with a "pocket shooter" the color changed to a soft red hue. Fluid which was palpable before treatment, gradually disappeared as the process of flattening out occurred. Healing was complete in one day. Previously when such blisters were left untreated a wrinkled, white epidermal layer lingered for several days, even-

tually peeling off and exposing a sensitive, delicate new growth of epidermis, which usually required additional protection against trauma.

I participated in a unique test for the effects of concentrated orgone energy in the soil: freshly dug earth was boiled with water, and filtered when cool. The mud and filter paper were placed in a cloth. When I held this against my wrist the initially cool, damp feeling changed in 60 seconds into a pronounced burning sensation, and upon removing the mud and cloth a red area was seen which did not immediately blanch.

Turning to some case histories:

Case 1.—(8/19/52):

A 35-year-old man severely contused his left 4th finger when he caught a baseball on the tip of it. Pain was severe, and the resultant swelling was made worse by his wearing a tightly-fitting, wide and thick wedding-band which interfered with the return of circulation. The first treatment in the 5-fold accumulator was seven hours later, at which time the ring could not be removed. While in the accumulator he was seated on the 1-foot cubic tube-box and directed its cable and funnel at the injured finger for 15 minutes. The relief was so great that he neglected to use other remedies suggested (use of a sling, and warm, saline soaks), and he slept well the entire night. In the morning swelling was somewhat decreased, but he was without pain, and went to work doing his usual manual labor. By mid-afternoon pain had become severe again, and was accompanied by slight nausea. The redness had turned to a cold blue over the extensor surface distal to the ring. On the flexor surface there was an areola of red surrounding a grayish-white center. There was circumoral pallor, and acceleration of the pulse. He used the accumulator and tube-box again for 15 minutes, with prompt relief from pain and nausea. He was reluctant to bother with a warm saline soak for 10 minutes later in the evening, but did so, and then kept a social engagement, and subsequently slept throughout the night without pain. After another day of work, he came to the office; the ring was looser, swelling had almost gone, the extensor surface was a healthy pink color, and there was slight redness where the gray-white area had been on the extensor surface.

Case 2. Trigem. Neuralgia—(6/10/51):

The second case is that of a 27-year-old man who complained of sudden attacks of severe, stabbing pain in the right upper jaw, right temple, and

locking of the jaws with inability to move his lips, swallow or speak. This was not an actual paralytic inability, but more an inhibition due to the pain movement induced. This is typical of trigeminal neuralgia, a condition concerning the etiology of which neurologists are divided: some believe that there is organic pathology, and others consider the cause to be idiopathic, or unknown. After tooth extraction had failed to relieve the excruciating pain, he tore the telephone off the wall, and smashed a picture, and kicked a television set. He was taken to a hospital accident room for observation. Later the removal of all teeth was recommended by a dentist. At this point he came to my office. His pain was brought on by scratching his upper lip lightly, or by putting cold water on his face, or by eating. He experienced intermittent precordial pains, and also chronic constipation. His face was expressionless below the eyes, lips moving not at all in speaking, and the face was strikingly pale, and mask-like. Moderate relief from pain was obtained after the first 20-minute treatment in a 5-fold accumulator, during which he also irradiated his affected cheek with the tube-box funnel. After the 4th day of such treatment he experienced great relief. The time of the 6th treatment was decreased to 10 minutes. Progress continued; the pallor turned into redness of the affected cheek; attacks became less severe and less frequent; and he ate slowly again, without the necessity of gulping his food. Constipation was corrected; and the precordial pains did not recur. He spoke volubly and his face became expressive.

Case 3.—(2/27/52):

A 58-year-old lady injured her left ankle one slippery day when she twisted her foot and fell on her left leg and hip. She felt nauseated and faint from the severe pain. She used a 3-fold accumulator twice, 2 and 8 hours after the injury, for 15 minutes each time, while irradiating the ankle with the cable and funnel attached to the smaller accumulator upon which she sat. She was able to perform household chores between treatments. By the following morning, 16 hours later, she had no pain, and the swelling was nearly gone, and the ankle functioning fully. Discoloration also disappeared in the next few days more rapidly than would otherwise be expected.

Among other things noticed by this patient, in the course of daily use of the accumulator for 2 years, were: the rapid and painless healing of minor burns, better digestion, less constipation, disappearance of cardiac palpitation,

slowing of the pulse, regrowth of normal hair, increased vitality, improvement in varicose veins.

At this point I would like to emphasize that although various conditions have been favorably influenced by use of the accumulator, it is not a "miracle," or a "cure-all"; it is a healing instrument, and its contra-indications will be mentioned later.

Case 4. Gingivectomy—(6/8/52):

A 36-year-old man developed subacute gingival pyorrhea (or chronic trench mouth). The gums were sore, and would bleed when touched. The affected gums were retracted from the teeth. The patient experimented using a plastic straw filled with steel wool, and attached to the tube of a one-foot cubic accumulator box. Although this caused a sharp burning sensation, it relieved the constancy of the sensation of soreness. Thereafter he irradiated his gums with only the tube attached to the accumulator box without feeling the burn, and with continued relief from soreness. Irradiation was for 1 or 2 minutes daily. In addition, he had frequently used a 3-fold accumulator for 5-15 minutes a day during the previous 21 months. His dentist referred him to a specialist in peridontia for gingivectomy, a surgical procedure to re-contour the gums. Pre-operatively he regularly used the 3-fold accumulator for 10-20 minutes a day. The operation was done under a local anesthesia, and a packing consisting of a metallic mixture and an anesthetic agent was used for dressing the wound. Post-operatively, pain and discomfort were considerable, and he used the tube-box at one, two, and five hours after the operation, irradiating the area locally for 15 minutes each time. There was no more pain. The ensuing days of very clear weather were also pain-free and he felt that he had had enough irradiation in 5 minutes in the 3-fold accumulator. Seven days post-operatively the packing was removed from the gum incision by the peridontist, who commented that "Healing was very fine; and I usually do not see it like this until two weeks after surgery." Further surgery was done on the gums adjacent to four more teeth of the lower jaw one week after the original procedure. Less anesthesia was used. The orgone tube-box "shooter" was used after it for 5 minutes, with alleviation of pain one hour later.

Four months later, a similar gingivectomy involving the gums of 6 front teeth of the upper jaw was done. A short-acting anesthetic (lidocaine hydro-

chloride) was injected into the surgical site, and had worn off a half-hour later. The peridontist had become interested in the effects of orgone and as a test of the efficacy of orgone had asked the patient to remove the anesthetic packing on the 2nd day instead of the customary 7th day post-operatively. An orgone tube-box "shooter" was used at one, two and three hours post-operatively for 15 minutes each time. At the end of this time, the pain, which had been severe enough to induce crying, had disappeared. When he removed the packing on the 2nd day, instead of pain, he experienced only a mild smarting sensation. Upon re-examining him on the 4th post-operative day the peridontist said that healing again was "amazing; something not usually seen until the 10th day," and added: "there must *be* something to the orgone."

This patient, in the two-year period of using the 3-fold accumulator, has found that the common cold once it develops, is relieved in one or two days of additional treatments; that, if the accumulator is used at the very first sign of a cold, it never develops into the usual cold; and that colds have become very rare with him. Also, during an attack of painful external hemorrhoids a few minutes' irradiation locally with the tube-box funnel relieved the pain somewhat, and this condition, which had occurred twice before accumulator treatments had begun, has not recurred. Increased peristalsis could be heard and accumulator treatments were often followed by a bowel movement. A long-standing, alternate constipation and diarrhea have been corrected.

Case 5. Rheumatic Heart:

This lady, at age 44, and looking several years older than that, had had several attacks of rheumatic fever with heart involvement: at puberty, and in her late 20's, and late 30's, followed more frequently by bouts of cardiac failure. The disorderly, rapid rhythm of auricular fibrillation had persisted over the past 2½ years. At 43, a cerebral embolus produced transitory paralysis of the left side of her face, right forearm, wrist and hand, and the right ankle and foot. She also encountered difficulty in the correct selection of words. Upon my examination a residual weakness of wrist and ankle remained. Recently she had been hospitalized four times in seven months as edema fluid re-accumulated when the work of the heart, with its four damaged valves, failed. A cardiologist had employed customary medical measures. He reported that the multiple valve defects made her unsuitable for the newly-publicized commissurotomy operation, of which she had read. De-

pressed and anxious, she had returned for the 4th hospitalization requiring thoracentesis to drain off the fluid pressing uncomfortably against her lung.

Reverting to her previous history, briefly: Her first marriage at 20 terminated 8 years later after a miscarriage subsequent to a quarrel with her husband. Her second marriage was also unsatisfactory, and then unpleasant divorce proceedings, her mother's death, and the patient's gall-bladder removal, and the menopause followed one another in uncomfortably close succession. She made several visits to a psychiatrist, for chest pains assumed to be unrelated to her cardiac condition. Soon after stopping treatment with the psychiatrist, she was disappointed in a courtship with a man whose alcoholic sprees finally determined her decision to stop seeing him—and with this, her recent accelerated decline in health began.

My consultation at the hospital related to several things: her nervous depression and anxiety over her belief that she was too sick to be helped even by the most modern, heart-operation technique; her grief over relatives neglecting to visit her; and a baffling sense of futility felt consequent to her three unfortunate experiences with men.

Difficulty in breathing and the need to get air at an open window to avoid suffocating, by day and night, weakened her and disrupted her restless sleep by making the sitting-up position necessary. Food eaten was often vomited, more so after any "needles" for treatment or diagnosis (mercurial diuretics three times a week, or blood test). "Blackouts," or impending ones, precipitated hospitalizations.

She was reluctant to leave in this unsettled mental and semi-ambulatory physical condition, still plagued with incessant feelings of "snakes eating other snakes," "grapes jiggling" and "knives twisting" inside her chest, to find out what the accumulator might do for her. She arrived at my office assisted by her taxi-driver, moved slowly, expending her breath in halting phrases. In the lower right chest posteriorly breath sounds were absent, resonance dulled and vocal vibration was not transmitted. Gentle percussion of the right upper abdominal quadrant induced pain; liver enlargement extended three fingers below the costal margin. The abdomen was distended and tympanitic. A cardiac thrill, full blowing, systolic and pre-systolic Grade III valve murmurs transmitted even to her back were present. There was a grossly irregular rhythm and an apical rate of 140 with a pulse deficit, only half of the heart beats reaching the radial artery at the wrist. The right

forearm, dusky red and edematous, was held loosely against the chest with elbow flexed and wrist drooping. The grip was moderately firm, but only briefly sustained. The right leg was flushed and edematous with marked indenting on pressure at the ankle, and fluid palpable to the knee. Breathing was so difficult lying down that she immediately required propping with three pillows for relief.

Medication consisted of Digoxin,* 0.25 mgm., taken at noon and night during the first week, and only one dose daily during the second week; or more accurately: 0.50 mgm. on the first 4 days, 0.25 mgm. on the 5th and 6th days, 0.50 mgm. on the 7th, 8th, and 9th days, and 0.25 mgm. thereafter, excepting the 17th and 22nd days which required the 0.50 mgm. dose. Comparing the 21-day period *before* with that *during* use of the accumulator, there was a reduction in total dosage of mercurial diuretic from 9 to 1½ units injected. After her first eleven treatments she omitted for 2-3 days at a time her one or two ½-grain doses of a barbiturate, and a similar reduction in mild analgesics occurred.

As irradiation within a 5-fold accumulator was increased in daily sessions of 16-50 minutes, charging of the body occurred and her heart rate slowed gradually. She devotedly took one panel of the orgone blanket home on the 8th day to relieve her attacks of chest discomfort. By the 10th day the apical rate had decreased from 140 to as low as 83. In the second and third weeks two panels of the orgone blanket were used while she sat in the accumulator, and the tube-box attachment was directed at heart and solar plexis.

From being restricted to short strolls in a hospital, she progressed by stages through the necessity to use a taxi to get to the office, then the ability to travel by bus, which entailed a 3-block walk, onward to a shopping trip, and a visit to a hospital laboratory. Meals were less frequently served in bed, requiring her to do stair-climbing. The numbness of a deadened right arm gave place to returning sensation in the form of painful pulling and tearing for a few days, a trend exactly reversing that previously noted at the onset of her paralysis. Oil painting was resumed when she found added strength in her hands a year after her cerebral embolism. Both hands took part in ordinary daily activities which she could not formerly perform.

As her heart improved and the rate decreased she was less bothered by the chaotic rhythm in her chest. Although auricular fibrillation persisted, it presumably was not accompanied by those arterial muscle spasms and other

* B. W. & Co.: a more rapidly-eliminated form of digitalis.

tissue tensions of varying intensities in and around the great blood vessels entering and leaving the heart, which, I presume, might have accounted for her expressions of "eating," "jiggling," and "twisting" in the upper anterior chest and left side of the neck. Relief from these torturing symptoms made her enthusiasm for the treatment increase. Within the accumulator she perspired freely, her color reddened, she became drowsy; and her heart sounds assumed a quieter quality on stethoscopic examination. On one occasion she arrived at the office with a heart rate of 140 and a pulse deficit of 50 beats per minute; yet, within the accumulator the rate dropped to 94, the radial pulse waves once again uniformly following the cardiac impulse! With three brief exceptions the correction of the pulse deficit was even maintained between treatment sessions during the last 11 days of my observation of her.

The vomiting of food ceased; appetite became ravenous hunger; and she ate accordingly. She could discontinue the use of three pillows, and sleep on her abdomen once more. Expansion of intestinal gases occurred, and flatus was soon passed. The abdomen, tender and tympanitic before her first accumulator treatment, became soft and flat during the second week. Liver enlargement diminished and the tenderness disappeared. Transmission of breath sounds and vocal vibration returned in the chest. Edema of the forearm and leg diminished. Some fluid was lost in her copious perspiring and in, as she termed it, her "blubbering like a baby" during tearful release from pent-up depression and anxiety. Diarrhea accounted for further dehydration. Best of all, bladder functioning returned, accompanied by feeling "natural" in voiding fully and freely. In all, weight loss of fluid amounted to 8 pounds by the 12th day of treatment.

Most important for the patient was her ability to breathe better. She no longer spoke of gasping for air at an open window. Instead of her usual "closed-in" or suffocating feeling, which one might expect would increase inside an enclosure as small as the accumulator, she experienced tremendous relief within a few minutes. Quite appropriately, she called it her "Inhalator." She could take her "first long breath in years without the knife sticking me." She felt that she "had been snatched from the jaws of death." And: "If my house caught afire, the first thing I would grab would be the orgone blanket."

On her 12th day, her cardiologist re-examining her, said he was "amazed at her improvement, and especially in finding, in her chronic condition, a correction of the pulse deficit."

On the 16th day, consistent with her progress, a laboratory reported her sedimentation rate as 10 mm., a drop of 7 mm. Her red cell count rose to 5,300,000—an increase of 1,320,000. Hemoglobin content went up to 14.8 grams, from its previous 12 grams. Albumen in the urine decreased from 2 plus to a "trace." This is tabulated on the blackboard:

	Sediment. Rate	*Red Cells*	*Hemoglobin*	*Albuminuria*
4/30/52	17 mm.	3,980,000	12 grams (78%)	2 plus
5/21/52	10 mm.	5,300,000	14.8 grams (101%)	a trace

As her physical condition improved she became more interested in returning to work, developing her hobbies, and reviving her love affair. Counselling her to be cautious regarding her hopes which were so dependent upon the whims of her unreliable, alcoholic, former suitor, and working on her ambivalent attitudes were ineffectual in the presence of her resurgent bio-energy. With relatives still ignoring her, and the anticipated "date" failing to materialize as planned, she became frantic and dyspneic. She called another physician who had treated her several years ago and received conflicting advice. Her housekeeper recommended a religious cult and osteopathy. The patient called a mental hospital seeking private accommodations, which were not available.

On the following day her pulse deficit had returned, and in my office while relating her disappointments of the previous day she was reduced to a teeth-gnashing fury. Later that day, however, she made a shopping trip, and in the evening, upon an unexpected visit from relatives, she quite surprised them by her good spirits and physical stamina. Her pulse deficit continued for another day, and edema of the limbs returned but did not extend to her lungs. A second visit from her relatives brought out old jealousies. On the next day she refused her 23rd treatment, and at a late afternoon house-call she still had not taken even her single dose of digoxin, but she had no pulse deficit.

On the blackboard there is a graphic representation of the daily apical and radial pulse rates taken prior to each accumulator treatment, the number of minutes spent in the 5-fold accumulator with letters to indicate the weather on each day, the two doses of the mercurial diuretic given, and the daily digoxin dose. Two accumulator treatments were given on the 10th and 12th days. The accumulator was used at 11 A.M.; the digoxin was taken at noon and supper time. Therefore, the elimination of a pulse deficit of 50 on the

17th day between the time she entered the accumulator with a pulse of 140, and the time she left the accumulator with pulses synchronous at 90, could not have been influenced by the added dose of digoxin taken subsequently. In determining the amount of irradiation she was to receive, a rough estimation of the weather on that day, and therefore of the orgone concentration was made, and the length of treatment was varied in accordance with this and her symptoms and signs.

This other tabulation indicates a few of the pulse readings Before and During each Accumulator treatment:

	Before Rx		*During Rx*	
Rx day	*Apical Rate*	*Radial Rate*	*Apical Rate*	*Radial Rate*
1st	140	90	110	90
2nd	115	72	96	72
10th	83	83	82	82
13th	88	88	85	85
17th	140	90	97	94
20th	93	93	91	91

In conclusion, concerning this case: a pulse deficit was eliminated, a secondary anemia was corrected, and the sedimentation rate returned to normal. The subjective sensations of relief from pain and shortness of breath are noted. The effectiveness of the accumulator in slowing the pulse between the time of her entering and the time of her leaving the accumulator is of considerable significance. Paralleling her subjective sense of improvement, and the objective findings of tangible progress runs the patient's enthusiasm for this therapy.

As there is insufficient time left for presenting more cases, I want to conclude by listing some contra-indications for the use of the accumulator. These are: Coronary sclerosis, cerebral arteriosclerosis, brain tumor, poison ivy with bleb formation, high blood pressure of over 180 systolic. (I have used the accumulator in one case in which the elevation of blood pressure was fluctuant, between 160-190 systolic, and 90-110 diastolic, with relief from the associated "head noises," headaches, and dizziness.)

Finally, no one should attempt to treat patients with an accumulator of more than one layer without having a complete orientation in the manner prescribed by Reich: this to include reading the literature and performing some of the many experiments he has worked out in orgone physics, as a minimum.

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