A SEX-ECONOMIC NOTE ON ACADEMIC SEXOLOGY

By Theodore P. Wolfe, M.D.

The following remarks refer to a roundtable discussion at an annual meeting of the American Psychiatric Association. The moderator, S. Bernard Wortis, pointed out that he had arranged to have representatives of many fields of thought present, endocrinologist, gynecologist, urologist, anthropologist, marriage counsellor and psychiatrist.

The endocrinologist, A. T. Kenyon, agreed that endocrinological defects are "not the sole" cause of deficiency in sexual desire and potency in the male. This statement, however, was based not on the realization of the actual causes of impotence, but on the observation that eunuchoids often have "an active and apparently satisfactory sex life." He pointed out that "the question of real importance here is whether endocrine defect has anything at all to do with that vast group of men who appear perfectly normal and yet fail in sexual performance." He believes this point "insufficiently explored," and suggests assays of urine for androgenic materials as the next step in research. He found that in the eunuchoid, testosterone propionate has often a powerful effect in increasing sexual desire and frequency of erections. The degree of the latter responses seems to be greatly qualified by individual differences in threshold which "we may assume are partly determined by the individual nervous system." He would expect that "granted a suitably sensitive nervous system" even endocrinologically sound men may respond to added androgens by increased sexual desire and potency and that certain psychological handicaps to healthy sexual function may be overborne.

To this, the sex-economist would say the following: In sex-economy, the question as to "whether endocrine defect has anything at all to do with that vast group of men who appear perfectly normal and yet fail in sexual performance" has a different significance. For one thing, an individual who "fails in sexual performance" does not appear perfectly normal to us. Perhaps the speaker means "endocrinologically normal." Whether or not further research (like assays of urine for androgenic materials) will reveal aberrations seems quite immaterial. For, in a sexually disturbed individual, the whole sex-economy, i.e., household of biological energy, is disturbed. Hormones are nothing but part of this total energy; it is thus more than likely that the hormone energy is also disturbed. But such a finding has no more than academic interest. It is not causal, but only one of the many expressions of a disturbed vegetative equilibrium. For this reason, the hope that administration of hormones will cure the sexual disturbance is a false hope. It may, of course, as the speaker says, have a "powerful effect in increasing sexual desire and frequency of erections." But that does not solve the problem; on the contrary, it is likely to create a new one. The important factor in the maintenance of the vegetative equilibrium is not sexual desire and frequency of erections, but orgastic potency, i.e., the ability to reach full genital satisfaction. The orgastically impotent individual, being given hormones which increase his sexual desire and the frequency of erections, is confronted with the task of dis-

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1 Unsuccessful Sex Adjustment in Marriage. Moderator Dr. S. Bernard Wortis. Am. J. Psychiat. 96, 1940, 1413-1427.
charging not only his own dammed-up sexual energy, but, in addition, that introduced from the outside. Thus, the administration of hormones will certainly not "overcome psychological handicaps to healthy sexual function"; but it may well increase them.

Earl T. Engle, endocrinologist and research worker in sterility and fertility, emphasized the need of further research in this field "as we are totally and absolutely ignorant of the role of estrogens and androgens and their effects on the personality structure. All we know is that hormones are essential to reproduction."

Robert L. Dickinson, famous gynecologist and author of the Atlas of Human Sex Anatomy, emphasized the necessity of careful physical study in any research program of sex. "It goes without saying," he concluded, "that physical findings are so easily brought out that undue stress is likely to be laid on mere structure. The complicated and difficult analysis of psychological factors is of major import in almost any problem. But avoidance of complete study is not excusable."

This statement is an excellent illustration of the hopeless dilemma of the usual psychosomatic research. On the one hand, there is "anatomical structure," on the other hand, there are "psychological factors." I have attended meetings where this dissociation gave rise to a battle royal between the "somaticists" and the "psychologists." In vegetotherapy, we experience every day how "psychological factors" are anchored in physiological, or, if you will, anatomical attitudes. For example, the pelvis of a woman will be tilted backward to such a degree that it makes coitus difficult or unpleasant. This is generally considered an anatomical fact, a "normal lordosis." In the course of vegetotherapy, the woman will become aware of the fact that she is chronically holding her pelvis in a retracted position. She does this for fear of the genital sensations which would occur if she would let her pelvis move freely. In other words, she does it because of genital anxiety, a "psychological factor."

To the sex-economist, the "anatomical" fact of the lordosis and the "psychological" fact of the genital anxiety, are one and the same thing. As the woman overcomes her genital anxiety, the pelvis becomes mobile and the pathological lordosis disappears. Then, as I saw it happen recently, a roentgenologist may find that "the normal lordosis is absent." In this process, she will experience—if she did not do so before—the well-known "lower back pains," an indication of the antagonistic struggle between the muscles which try to overcome the fixation and those which try to maintain it. Dickinson's emphasis on the necessity for careful physical study is, of course, in itself entirely correct. But two facts should be kept in mind:

1) Anatomical variations are often considered the pathogenic factor when in reality they have nothing to do with the patient's complaint. For example, a retroflexed uterus will be considered the cause of dysmenorrhea; the elimination of spasms in the pelvic floor and the uterus will eliminate the dysmenorrhea, while the retroflexion persists as a harmless anatomical variation.

2) The artificial, scientifically and clinically untenable distinction between "functional" and "organic," "psychic" and "somatic" will always lead to errors in diagnosis and treatment.

Dr. R. Hotchkiss, urologist, pointed out that "the otherwise well adjusted male who develops impotence is most apt to consult first his family physician or a urologist." This points again to the importance of sex-economic training in medical school. As is evident from the urological literature, the urologist is particularly inclined to consider anomalies of the genital apparatus the causal factor of the genital disturbance when, in fact, these disturbances are either immaterial, or—more frequently
—the result of a disturbed genital function (in particular, of muscular spasms, disturbance in blood flow, and, as we have learned only recently, basically a disturbance of orgonotic charge, i.e., charge with biological energy).

In conclusion, Hotchkiss said: “As a urologist I ask whether a psychiatrist may do harm by unfolding or disclosing a complex mental disturbance to an otherwise well adjusted man complaining only of impotence; and finally, do too many consultants destroy the confidential relationship between patient and physician?”

To that the sex-economist would answer: Undoubtedly the psychiatrist can, and often does do harm in this manner, unless his therapy results in an actual improvement of the genital function and thus in an improvement in the patient’s energy equilibrium. “Otherwise well adjusted” is a dangerous term to use. A man can be impotent and perfectly well “adjusted,” but he cannot be healthy. He may complain “only of impotence”; but impotence is not one symptom among many others, it is—in the sense of orgasmic impotence—the key to the neurosis.

Dr. Ernest W. Burgess, sociologist, referred to Terman’s study of “Psychological Factors in Marital Adjustment.” The most important factors were 1) conflicts in childhood; 2) over-attachment to a parent; 3) discipline in childhood; 4) cultural differences between the married partners. “These factors all loom larger than the actual sexual adjustment itself.”

These statements illustrate, among other things, several errors in concept and methodology: 1) Such factors as enumerated are considered as one set of factors, and the “sexual adjustment” as another, independent factor, while in fact they cause each other; 2) The fact is overlooked that the childhood factors become unimportant if for one reason or another the individual succeeds in establishing a satisfactory sexual relationship; only dammed-up sexual energy re-activates an infantile situation such as an “over-attachment to a parent.”

In addition, these statements show something else: All such studies, whatever their differences in detail may be, converge in one and the same finding: other factors are more important than sexuality. The function of all these statistical and sociological studies is this: to prove that the cause of this or that is not a sexual disturbance, but something else. By peculiar statistical and logical manipulation, the simple fact is obliterated that all these “other factors” are a result of the genital disturbance, of the inability of the average human to regulate his energies in a biological manner.

Burgess mentions one finding of Terman’s which confirms this view: “The part played by economics is a relative one—not the amount of money, but the attitude toward money which the couple has is most important.” This relativity of “other factors” is the decisive point; it applies not only to money. We know that the attitude toward money, toward religion, work, society, etc., is relative to an individual’s bisexual functioning.

Of Burgess’ own findings, two are particularly revealing: 1. “The more closely young people were attached to their parents, the more likely they were to have success in marriage later in life”; and 2. “Those couples who were married in church or in synagogue had a greater success than those who were married without religious ritual.” Here is an illustration of what I just called “logical manipulation.” Both findings are undoubtedly correct. But they do not refer to happiness in marriage, sexual or otherwise, but to “success” in marriage. On this little substitution hinges the whole problem. Undoubtedly, individuals who have an infantile attachment—to the family or the church—will make a greater “success” of marriage. That is, they will carry their
infantile attachment into the marriage; the relationship will have the character of a sticky transference; they will take “marital duty” for granted; that is, the husband will insist on his “right” and the wife will not refuse it, whether she loves the husband and is sexually aroused and satisfied or not; they will cover up the inevitably resulting hostilities with a false, sugary affection; they will adjust their lives to the whim of the mother-in-law instead of the requirements of their own individualities; they will seek their satisfaction in the church or synagogue instead of in real life. Finally, even if the situation has become intolerable, rather than terminate it by a divorce, they will “make the best of it” because the relatives would object to a divorce, because it is against certain dogmata, because it involves “scandal,” etc. And this is what the academic sociologist and psychologist call “success.”

A discussion of the contributions of Jacob Conn, psychiatrist, and Sandor Lorand, psychoanalyst, would take up too much space. The last group to be heard from was that of the marriage counsellors.

Dr. Alexandra Adler started out with a highly pertinent statement: “To begin with, it is rather difficult to make a definite statement whether two people are well or poorly adjusted sexually.” She told the story of an impotent young transvestite married perfectly happily to a woman fifteen years his senior. They slept in the same bed, kissed each other, but never came to sexual intercourse. “They were,” Dr. Adler comments, “adjusted to each other though not to the community.”

This passage made the writer pause for quite a while. My first reaction was: this is an unfair, extreme example; after all, what role do the relatively few outspoken perverts play compared to the millions and millions who are otherwise sexually disturbed? On second thought, I realized that the example is not at all as extreme as it seems. It happens that the husband is a transvestite, but the basic situation is that of an impotent man and a frigid woman “adjusting to each other.” A very common situation which comes about not only by mutual adjustment, but by the fact that impotent men and frigid women automatically drift together. Incapable of a normal sexual relationship, they establish a parent-child relationship of one kind or another; they are “adjusted,” but they are sick.

In other words, the very term “adjustment” is an evasion of the real issue. As the majority of our social, legal, and ethical institutions are antisexual, “adjustment” to these institutions means inevitably biosexual sickness. The question, therefore, should not be: “Are people sexually adjusted?” but “Are they sexually healthy?”

Adler then pointed out a procedure she frequently encounters in her practice, that of advising marriage (i.e., sexual intercourse) or masturbation in psychoses and neuroses. She related the case of a frigid woman suffering from a compulsion neurosis, whose psychotherapist “threatened that he would not see her any more unless she masturbated. Faithfully she did, but her neurosis did not improve upon this advice and her relations with her husband became unbearable. The same advice is still being given to sexual perverts. I have seen at the best no effects and frequently a change to the worse.”

The fact that this advice is still so frequently given has two obvious reasons. One is the knowledge of the fact that people are sick because they lack genital gratification; the other is ignorance of orgastic impotence. It is the eternal confusion of “sexual activity” and “sexual gratification.” It is the helplessness of the average therapist confronted with orgastic impotence; thus, his therapeutic impotence may even make him threaten a patient into masturbation. That masturbatory activity in a genitally inhibited individual
not only does not help, but makes matters worse by increasing the guilt feelings and resulting in genital stimulation in a patient who is incapable of discharging the genital energy, should be obvious. To advise, or even to urge or threaten such patients into masturbation is not only stupid, but criminal.  

Dr. Beatrice Berle expressed the hope that today—after a phase of innocence, where learning the facts of life seemed sufficient, and after a phase of Freud, “where all our ills were due to a father fixation, and quarreling at breakfast was a symptom of lack of orgasm”—we are approaching closer to the age of reason, realizing “the fact that sex problems cannot be considered apart from problems of the total personality.” Her reference to “the truth of many of Terman’s statements” makes clear the implication of this statement, namely, that besides, or rather, instead of, sex, other factors should be considered.

We sex-economists entertain the hope that the age of “reason,” which is the age of rationalization and facetious sophistica-
tion, the age of academic discussions and evasions, will give place to the age of knowledge, a simple, honest knowledge which is the same for the professor and the “man in the street,” because it is the knowledge of simple biological facts which apply to everyone.

Dr. Grace Barker pointed out that it would “appear that a marriage counselor should be able to correlate, integrate and utilize the contributions from the fields of endocrinology, anthropology, the social sciences, psychology, psychiatry, psychoanalisis, religion, philosophy, urology and gynecology. Since it is obvious that no one human being can be a specialist in all these fields, it would seem that the marriage counselor’s special contribution might be one of integration.”  

She concluded by saying that she would like to call attention to the importance of the counsellor’s own emotional adjustment.

Sex-economic experience in sex counselling—based on an enormous material—leaves no doubt that the most important qualification of the counsellor is his own sexual health. “Emotional adjustment” may mean anything; if it is adjustment to authoritarian mores, it precludes sexual health and, with that, sex counselling which is capable of leading toward health.

Dr. Theodore Watters, Associate Professor of Psychiatry, concluded his discussion by saying: “As a last word to the psychiatrist, however, let me emphasize that sex in our civilization, in our scientific textbooks, as well as in our advertising has been oversold.” The implication of this statement would seem to be that we should talk less about sex, and more about other things that Watters mentioned, such as “old-fashioned selfishness,” ignorance of finances, “religious differences,” “the whole attitude toward life and the standard of values,” “minor matters such as halitosis.”

The question is not, however, one of sex or any of these other things, but, how does the disturbance of the sexual function influence all these other things? Could it be that a person who cannot give himself, in love and work, shows traits of “old-fashioned selfishness”? Could it be that orgastic impotence and sexual guilt feel-

ings lead to religious ideologies, and with that, to “religious differences”? Could it be that “the whole attitude toward life and the standard of values” is determined by whether an individual is capable of sex-economic self-regulation or whether he has to develop a compulsive moral char-
acter in order to inhibit the secondary antisocial impulses which owe their existence to the suppression of his natural

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1 Cf., e.g., the case cited by Martin, supra, p. 236.

1 Vide infra, and “A note on Integration in Science.” This Journal, July 1942, p. 171.
sexuality? And are things like halitosis really "minor matters"? On the other
hand, will a biosexually normally functioning organism develop such things as
halitosis?

A recent experience from my practice may serve as an interesting illustration
here. It shows the role of biosexual functioning in the matter of body odor and
the soil on which a considerable part of our cosmetic industry thrives. In the case
of a woman patient who was severely inhibited sexually, I was struck by a peculiar
body odor which I could describe only as "dead" or "musty." The patient became
quite angry when I mentioned this, because she was extremely "dainty" in the
care of her body as well as her clothes. Much later, after having established her
sexual functioning to some extent, she related one day that a friend had told her:
"You know, you always used to have such a peculiar odor about you, sort of 'musty';
I never dared to mention it for fear of offending you. But now you don't have it
any more."

Why, finally, as Watters says, is sex "oversold"? It is, in our civilization, be-
cause our civilization is essentially sex-negative. For this reason, the sexual
function, instead of being a natural function, becomes an ever-present problem. As
to our scientific textbooks, they can hardly be accused of an over-emphasis of sexual-
ity; it is, rather, a matter of a wrong emphasis. That is, the textbooks, to the
extent to which they treat sexuality at all, deal only with sexual aberrations, but give
no idea of normal sexual functioning.

And as to advertising, it is true that there is hardly any commodity that the
advertising industry does not try to sell on the basis of "sex-appeal." Why? Because
the advertising business knows as well as anybody else that the one need that is
more burning than any other and is less gratified than any other, is the sexual need.
By clever advertising, they make people feel—not consciously, necessarily—that this
or that article (for which they may not have the slightest use or need) will give
them some sort of sexual satisfaction. In the more outspoken examples, the formula
is, without any disguise, "Use this or that soap, pill, hairwash, perfume, etc., and
you'll get your man (or girl)." For this, the advertising business cannot be blamed;
this kind of procedure is one of the many logical and inevitable results of the general
social suppression of natural love life.

Closing remarks by Dr. Wortis: "This
meeting has emphasized the necessity for
a pluralistic viewpoint in studying sexual
behavior and sexual problems. The
sexologist must be qualified and willing
to integrate advances in endocrinologic,
gynecologic, urologic, physiologic, socio-
logic, anthropologic and psychologic
knowledge. Disturbance in sexual func-
tion may arise from one or several causes.
As regards the role of the marriage
counsellor, he or she must be a good
listener and himself or herself have no
problems or pet ideas to work off on the
patient seeking advice. . . .

"The physician dealing with these prob-
lems . . . must mix with his scientific
knowledge the essential quality of human
sympathetic understanding. In this field,
especially, the patient's confidence in his
physician is the most important therapeutic
instrument."

The writer would say that this meet-
ing showed, first, that the pluralistic view-
point is the prevalent one, and second, it
demonstrated the fallacy and untenability
of this viewpoint. It is based on the con-
cept that an understanding of sexual prob-
lems can be achieved by an integration of
endocrinological, gynecological, urological,
physiological, sociological, anthropological
and psychological knowledge. If one really
tries to do this, one soon finds that the
findings of these various branches of in-
vestigation are usually contradictory and
incapable of being coordinated. Theoret-
ically, there would seem to exist a con-
sensus of opinion that the whole cannot be understood from a study of its parts. In practice, however, this is not only what is constantly being tried, but even justified by the “necessity for a pluralistic viewpoint.”

The contradictoriness and incompatibility of the findings within the various specialties derive from the fact that these findings, by themselves, and their relationship to the sexual process, cannot be understood without an understanding of the sexual process itself and the part these findings play in it. The sexual process itself is a biological process, and only a study of this biological process and its disturbance can lead to an understanding of its manifestations—normal and pathological—in the various fields of investigation. It is incredible but true that the natural sexual process is unknown in medical and sexological literature, that it never was studied before Reich’s “Die Funktion des Orgasmus” (1927), and that there is still not a single branch of science which would concern itself with it except sex-economy.

The counsellor, Dr. Wortis continues, should be “ever mindful that there are no dogmatic laws of sexual behavior. People’s methods for obtaining sexual satisfaction vary. Any happily, mutually acceptable, satisfaction-giving method is a good one.”

We would say that the counsellor should be fully conscious of the fact that there are dogmatic laws of sexual behavior, such as taboo of masturbation, pre-marital abstinence, “marital duty,” that, in fact, the sexual behavior of the majority of people takes place according to these laws. The counsellor should know, in addition, that there are other laws of sexual behavior, namely, biological laws; that everything in the dogmatic laws is at variance with the biological laws of the sexual process, and that this conflict is the basis of the neuroses and general human unhappiness. It is true that “people’s methods for obtaining sexual satisfaction vary.”

But one should realize that these variations are pathological and a result of such “dogmatic laws” as the ones mentioned above, and that real satisfaction can be obtained only if there is no interference with the biological process of orgasmic satisfaction. From the sex-economic point of view, one cannot agree with the statement that any mutually acceptable satisfaction-giving method is a good one. It may be “good” from a subjective point of view, that is, the individual may not be aware of any sexual dissatisfaction. A marriage, for example, in which the husband maintains an infantile-dependent attitude toward his wife, who, on the other hand, is a domineering mother type, may be “mutually satisfactory.” But the satisfaction is based on the fulfilment of infantile, neurotic needs, and this very fact—the neurotic basis—makes real genital gratification impossible. The individual may not be aware of the connection between his lack of orgasmic satisfaction and his palpitations, “indigestion,” “rheumatism” or back pain. Objectively, i.e., from the biological point of view of the regulation of vegetative energy, such a relationship is not a “good” one, because it results in a damming-up of biological energy in the organism with all its pathological results, psychic and somatic.

And finally, as to the patient’s confidence in his physician being the most important therapeutic instrument especially in this field, therapeutic experience with patients who have gone from physician to physician shows clearly one thing: that patients, quite generally, have very little confidence in their physicians, and that this lack of confidence has one basic reason: patients feel that the average physician does not understand either their normal sexual needs or the disturbances of their sexual functioning. This will inevitably be so until sex-economic knowledge becomes an integral part of the medical curriculum.
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.

Dividimos este “material” de acordo com as revistas publicadas pelo instituto de orgonomia do qual o Reich era o diretor.
01- International Journal of Sex Economy and Orgone Research (1942-1945).
02- Orgone Energy Bulletin (1949-1953)
03- CORE Cosmic Orgone Engineering (1954-1956)

E logo dividimos estas revistas de acordo com seus artigos, apresentando-os de forma separada (em PDF), o que facilita a organizá-los por assunto ou temas. Assim, cada qual pode seguir o rumo de suas leituras de acordo com os temas de seu interesse. Todo o material estará disponível em inglês na nuvem e poderá ser acessado a partir de nossas páginas Web.

Sendo que nosso intuito aqui é simplesmente divulgar a orgonomia, e as questões que a ela se refere, de acordo com o próprio Reich e seus colaboradores diretos relativos e restritos ao tempo e momento do próprio Reich. 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 possibilidades e interesse, já estamos traduzindo. Não somos tradutores especializados e, portanto, pedimos a sua compreensão para possíveis erros que venham a encontrar.
Em nome da comunidade Arte Org.
Textos da área da Orgonomia Bifísica.
Texts from the area of Biphysical Orgonomy

International Journal of Sex Economy and Orgone Research

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03 Wilhelm Reich. The Carcinomatous Shrinking Biopathy 1942
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