

MEDICAL DIANETICS

A lecture given on
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Review of Embryology

The field of Medical Dianetics covers Preventive Dianetics to a large extent. All a doctor has to do to work Medical Dianetics is to keep silence around unconscious people, and emergency cases when they come in should have immediate attention with Dianetics. First Aid Dianetics should be applied so that shock won't register. This field is tremendously large and well integrated, but Medical Dianetics also includes, of course, the field of embryology.

What you most need to know at this moment is something about embryology. First there is a germ cell in the male. This cell divides several times, and each division is a separate entity. There are eight of these generations, but only the last one becomes a sperm. These are the generations which create a sperm from the central plasm that goes through a central germ cell. The sperm differs from other cells in this respect: It has no cytoplasm and cannot simply by dividing create itself again. The cell just before the sperm could. It created a sperm.

Now, in order for that sperm to go on with the life cycle, it has to contact an ovum. The ovum is ejected from an ovary and the ovum itself rolls down the Fallopian tube, right or left side. There are little hairs, you might say, that pick it up and boost it along. The sperm can contact this ovum, and usually does, fairly high up, and then the little feelers roll it down. It has normally been fertilized in the process of rolling down, and it finally plants itself somewhere in the womb. Usually the child will sooner or later occupy a position in the center. However this may be, it is only important to you that the child, as he hangs in there in the first stages, has his back toward the mouth of the womb. So, the preponderance of sharp instruments and so forth thrown into the cervix generally enter the child's back.

This is a very rapid review of this information. If you want to know more, you can look it up in a medical text on embryology and you will find many fascinating and wonderful things, such as the fact that in the sixth week the embryo is one-sixth of an inch long. That might be of interest that something one-sixth of an inch can record an engram. But these things are microscopic.

So, there is this sequence. A cell has this strange characteristic: Cell A, for instance, is hurt. It divides and becomes cell A'. Cell A' has the same personal identity as cell A. It knows about that hurt and can register on that basis. Cell A' divides and cell A'' now has the same personal identity as cell A' and cell A, and it knows all about this injury and will react to it and contains it. And so it goes, all the way along the line. Every cell, in subdividing, translates what this previous cell has known. A cell then, by division, can retain its personal identity down an unlimited number of generations. The memory in that cell is interrupted, evidently, by death alone.

Therefore, we have the phenomena, and biological experiments can be made confirming these things. Korzybski has quite a bit of data on this. It is very interesting material. Also, there is the sentience of a cell and its apparent rationality. Actually, all a cell knows is that it must avoid pain and gain pleasure. Out of that, with the cell as a basic building block, human beings, wildcats and Sequoia trees get made.

There are eight generations of cells in the male prior to the sperm. Then there is the ovum which may be there some days before it is fertilized.

Any injury belonging to any one of these eight generations in the male cells will be recorded finally in the sperm. What is recorded in the sperm will be recorded in the sperm/ovum, which becomes the zygote. What is recorded in the zygote is recorded in the embryo. What is

recorded in the embryo is recorded in the fetus. What is recorded in the fetus is recorded in the infant is recorded in the man.

Here you have a chain of information which is coming straight forward and it goes forward on an A=A=A=A basis. What cell A knows becomes the knowledge of its immediate descendent and so on along the scale until it pervades the whole organism. This is not standard bank material. This is not gained through the perceptics. This is recorded right by the cells. They have their own central nervous system, as do the zygote and embryo.

In the work of Hooker, he states that an embryo 5 weeks of age, when stroked on the back by a hair, straightened and genuflected into the original position in one-half of one second. In other words, there is stimulus-response reaction not only in the cells, which can be tested, but also in the embryo. In order to have such a stimulus-response coordinating all the muscles, there certainly must be a muscular and nervous latch-up. Back in 1935-36 I did not know that a cell recorded. I had to synthesize the information. That has been true of a lot of things in Dianetics. Then I would look around for evidence. If I had examined the field of evidence, it was so enormously broad that I would have had to have lived eight or nine hundred years to have covered it. So the best way to cover the whole thing was just to synthesize what was right, and then test it out to find if it was right and then look around to see if anybody had checked it.

This is a rapid method of study in which you depend on the body of knowledge to check you, rather than depending on the body of knowledge to tell you what to think—a very vast difference. It is an inductive approach rather than deductive. Probably the sloppiest method of thinking in the world is deduction. Scientific deduction has been responsible for a great deal of halt in the field of science.

The proposition of finding cause, examining effect, and then looking around rapidly into the world to find out if that effect is confirmed, will get you more information, tested and accurate, in less time than all the deductions down through the years. You could take 50 million monkeys and put them over 50 million test tubes, and have them get 50 million data, and by the time you finished up you would have 50 million data. But a datum is only as valid as it has been evaluated, and is only as valuable as it is related to other data. There is the inductive versus deductive approach.

In the field of biology, some splendid work has gone on over the last 25 years, and as soon as the Handbook was published, this alerted practically every biologist in the country who had contacted the subject, and I received an avalanche of data confirming it!

So, the ovum pops out of the ovary and goes into the Fallopian tube, and the sperm comes up. It takes a pretty good navigator to be able to navigate this far. The alkalinity concentrations in the area of the cervix, of course, are very important in guiding the sperm, but it is like a salmon going upstream. He can measure the currents and temperatures, and that is evidently how he knows it is his own stream. In such a way, a sperm seems to pilot itself along this course. It is an extremely long distance for a sperm. After all, it is microscopic. He goes a very long way—from the testes, down the urethra, into the vagina, up through the cervix, clear up into one of these tubes. Of course it is all on a gunshot principle. It has been said that to guarantee fertility in a man there would have to be 381 million sperms per cc. That is a lot of sperm, but, of all these sperm, some of them get through by a natural selection process.

The ovum's first moment of pain is sometimes when it moves out of the ovary; also, the tentacles grabbing it down the line are sometimes painful to it. Occasionally you can run that out as an engram. It has been found in a few people.

It is quite interesting that the sperm sequence can actually go back for about 15 days before conception. I picked up some data on that. It seemed like Papa wasn't faithful. We got a recording where somebody got very angry with him and he became injured. There was a lot of conversation, but it was not Mama.

Probably 20 percent of the cases you run will have something occurring before the sperm.

This is the generative sequence. Let's divide this down to the nomenclature of the sperm sequence, the ovum sequence and conception. The sperm and ovum finally merge, and occasionally another engram occurs at that moment. So, for an erasure, you normally take the sperm sequence from the moment of ejaculation forward, and if it starts to hang up you will find material earlier. Then you take the ovum sequence and see if you can find the moment the ovum broke forth from the ovary. (You don't have to suggest it. Say, "Is there an earlier moment of pain?" and work the person back to it.) And then you get fertilization, which is occasionally an engram. Over 50 percent of the time these things don't have any pain in them at all. Maybe they have a yawn. Sometimes the sperm gets tired and you have tiredness as one of the characteristics of the engram. Chronic weariness can be caused by either this sequence or birth. Of course, later on, Mama can say a lot about being tired, but there is actually weariness present in this and birth.

There is mitosis as the zygote separates. Sixty hours after fertilization, it was found by a recent series of experiments, the zygote consisted of just two cells. The splitting which occurs in mitosis is sometimes painful and sometimes you even get a case that has pain every time it splits. It is only necessary to pick up the first few divisions in order for all the rest of them to come off as a chain.

The zygote is round, and pressure on it is perforce an overall somatic. It specializes in overall somatics. There are no selective somatics at this point. Don't ever be fooled by somebody telling you that he is running a basic area engram which makes his arm hurt. He hasn't got an arm in the basic area. He won't have an arm until after the first missed period. There are overall somatics until after the first missed period. However, I have found a sperm running his nose into something and getting a pain which registers with the human being as something on the top of the head. That is interesting data. Also, a sperm, when it bangs into the wall of the ovum sometimes hits head-on, and you get a localized somatic. But that is the only one.

Hallucination sometimes takes place during the sperm and ovum sequences. This is unmistakable. It is something on the order of "Here I am and ten thousand angels are coming down, and there's someone sitting over here playing a harp." That is a sperm dream, and you shouldn't run that sperm dream as a hallucination. There is an actual engram there. So, try to reduce it down to the actual engram of conception.

The sperm could be cat-eyed. You are liable to find a little bit of visio in this which is not to be classified as a level of hallucination, because it may be that following the course of alkalinity gives the illusion to the sperm that it sees. Of course, there is no light and it can't really see, but when your preclear says this, don't accuse him of dub-in. Never invalidate a preclear's data. That he occasionally thinks he is looking at something is standard for the sperm and ovum sequence.

Sometime after the first missed period we go into the embryo stage. Look up pictures of embryos and you will find some very interesting things. For instance, the mouth formation is such that if it were struck in some fashion, it would get a peculiar type of injury. The roof of the mouth is on the outside of the face; a blow in that area would actually be against the outside of the face of the early fetus. But afterwards, by evolution, these cells go inside the mouth, so it is as though the person had been hit on the roof of his mouth. That is the somatic he will get. Or, he may be hit on the side of his head and get two eye somatics, because the eyes, at one stage, are over on the sides of the head. I have even found a hat pin going through both eyes. But how could one hat pin on one thrust go through two eyes simultaneously? This caused me a little bit of worry until I saw a picture of an embryo, and found there is nothing easier.

We are interested in the fact that, upside down and with his back out, the child is very much exposed to anything that comes into the cervix during this short period. That's why we get these peculiar back somatics—they are very early AAs. This goes on into the time when Mama has discovered that she is pregnant, and we get the engram that says "I can't tell, it's too early to tell," "You'll have to come back and see me again," "I don't know whether it is or not," "I really don't believe that I am." We are of course after the first missed period when Mama has suddenly found out that she has missed a beat. At this moment she generally says, "I am caught." And she sometimes says, "I have got to be sick; if I could only be sick I would be all right," which is a lovely engram, because it's behind basic on a hypochondriac.

Very often there is a vaginal discharge when a woman is pregnant and Mama, through a guilty conscience or reading something, may mistake this for venereal disease. Then she goes around saying "Oh, I will never be able to face anybody again. I have just sunken lower and lower and lower. I'm old and I will never be any good again." Then, perhaps, she has a big fight with Papa about it and she accuses him of going around with loose women, and we get this whole mass of engrams just out of this single misunderstanding. It is a pathetic thing, because we get syphilophobia, and that type of psychosis, from this incident which women don't understand. Very often Papa doesn't understand it either and he makes accusations, because the discharge is often quite heavy.

Don't think that that period of non-discovery around conception is not sometimes very tough on the child, because the child is very fragile and intrauterine pressure causes considerable pain to it at that stage. You get engrams very easily in this basic area, and they are very tough engrams because they are overall somatics. These cells, each one of them, multiplied out, become all the cells of the body. So, these early engrams are laid down in every cell of the human being, and they are very aberrative. They may only say, "I have caught a cold again," but thereafter the person can have chronic colds.

Then, we get up to the first missed period, to the point of Mama's discovery or the doctor's examination of her, and you can count on finding a discovery there. The next stage which you will occasionally find is the first AA. It may be a douche, it may be quinine, a sharp instrument, or anything like that, if there is going to be an AA chain in this case. So the first AA demarks a point sometime after the first missed period. If a person is an AA, this is added in, but there is always conception and discovery. And if there are AAs in the case, there is always the first AA and it follows shortly after the first missed period. Here one may also find somebody worried about economics. A conclusion could almost be drawn there that it is probably an AA with parents who can't afford to have the child, with a lot of talk about "We can't afford to bring it up, we couldn't feed it. You know how money is these days. I will probably never get ahead. Here you are pregnant; I don't want a house full of squealing kids." That is probably the basic of the "poor man orientation," a terrible piece of contagion.

These are standard things I am giving you about this track. If you have Mama's lover appearing at all, he probably appears early in the case. That is to say, you shouldn't assume that this whole drama happened after conception, because it probably didn't.

There is a whole list of chains in the Handbook, representative of the serious case. One type of chain which was not noted is the non-coitus chain; that is the bouncer chain which normally keeps people out of the prenatal area. If either Papa or Mama were frigid sexually, you get this. Ordinarily, coitus practically stops, and we get "I don't want it now. I don't feel like it. I hate sex anyway." She may be a perfectly normal person about sex, but at this time perhaps she chooses, because she is pregnant, to abhor sex and we get our major blockages on the second dynamic in that area. It is well up into the third month usually, when she becomes acutely and uncomfortably aware of her pregnancy.

Overall somatics stop and you start to get selective somatics not long after the first missed period. But if you get highly selective ones, such as somebody feeling like a pin has gone through him or something of that sort, you can count on that probably having occurred around the second or third month. There has to be that much of the child to have anything

like that. Early AAs are sometimes just a smash. A needle, to a child, would be enormous. A knitting needle is gigantic. That is a real smasher, and it is a smashing somatic more than anything else. Of course, you will occasionally find AAs being performed right up into the sixth month. The amount of repair of which the embryo and fetus are capable is excellent unless something like a limb bud is snipped off.

The blueprint is right there, the organism is swimming in proteins in the amniotic fluid. There is all the repair material in the world, so the organism can put itself together without much injury. This has evidently been a footer to people. They thought that because the organism could put itself together it was obvious the organism wasn't injured, so therefore the organism hadn't been touched—as sloppy a piece of logic as one could want.

Coming forward up the line, sometimes Mama will wait until the third or fourth month before she tells Papa.

Then we get up to birth as an inevitable engram. Everybody gets born! If someone tries to tell you that he had a Caesarean so therefore he doesn't have a birth engram, you just go right on and run birth, because a Caesarean is quite often much more severe than a normal birth. A Caesarean is always under a general anesthetic where Mama is unconscious. It affects the child and it is generally performed only after natural delivery has been attempted and failed. In one case the child had had his head stuck in too narrow a pelvis opening for 36 hours before they decided to perform the Caesarean. The child was pulled out after almost four days, about the color of litmus paper. He was in bad shape; he was knocked completely out.

So we have birth, and up above birth, for three or four days subsequent to it, we have an injured person. There is pain present; there are headaches and so forth. Usually it is noisy and nurses come around and say "Coochycoochy-coo," or "Dirty little brats!" What the engrams in that period are depends on the general temperament and the aberration of the nurses. You can find almost anything there. But the three or four days after birth should be inspected very closely.