



BEYOND THE PLEASURE PRINCIPLE

towards a body without organs

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FIGURE 1-5 (archival). Supreme vulnerographic magnification of classical San Sebastiano puncture trauma, as recorded by Andrea Mantegna (Isola di cartura 1431 - Mantova 1506). For comparative perspective on Word / Wound interpretation, see relic represented in Figure 7-5. FIGURE 1-27a. Blunt trauma, first post-operative day. Subject (male) suffered a crushed member inflected by the sudden tumble of a low-silica ossification, range and caliber unknown. FIGURE 2-5b. Lateral view of the false aneurysm. Notice again the defect in the radial artery, continued perfusion of the artery despite injury, and the blushing of the epiphyseal plates at both radius and vulva. FIGURE 2-10. Rare archival angiogram, (female) subject unknown; deep perforations inflame liminal regions of the sub-uterine wall. FIGURE 2-11. Magification of inflamed area in Figure 2-10; multiple surface abrasions have precipitated the formation of hetero-labial pili incarnati, producing the distinct impression of a feigned papillomic eruption. FIGURE 2-12e (rare). The structurally pathological implications of these partially occluded surface lacerations amply demonstrate that *as a result of the ceaseless impact of external stimuli on the surface of the vesicle, its substance to a certain depth may have become permanently modified*. FIGURE 2-13. Compound head trauma resulting from an explosion in a shingle factory. Except for palsy of the left abducent nerve, subject remained neurologically intact during the first day after trauma. Shortly after admission, he developed ptosis of the left eye followed by right hemiparesis, with gradual deterioration at base of skull (marked). FIGURE 3-3. Abstract Lacrymosa (duplicate). FIGURE 3-12. Direct impalation of the trachea has left a wide area of syntagmatic destruction transecting the extreme ulterior corniculates and depositing an abnormally occluded and hemotrophic paralipsis in the post-glottal corpus compulsion. FIGURE 3-17 (revised). Detail of scout film on third post-trauma day. Multiple magmatic gas bubbles in descending gutter and in Gerota's fascia, representing imbric fat necrosis due to the surprise spillage of papillomic lava through duodenal perforations. FIGURE 3-22b (out of sequence). Impenetrable auto-castration; the only entry into the whole family of human wounds that simply can't be re-membered. FIGURE 3-29. Widespread intrapelvic trauma compounded by rare sublingual

contusions. Note the unusually pitched lacrymosa; but the common gluteals are roughly the same diameter as the inferior femorals! From this, we can infer significant and obsessive surface display directly prior to impact penetration. FIGURE 3-37. High power magnification of left index digit puncture trauma; dactylosis spontanea provokes the unusual signature of phantom defluvium across residual wound tract. FIGURE 4-8. Admission chest film: an expanding apical hemotoma speaks against prompt esophageal catheterization. Observe arterial bleeding between the internal mammary artery and the metallic end of the chest tube adjacent to it—traumatic fillial attachment? FIGURE 4-11. MEDUSA'S HEAD (pseudonymous). FIGURE 4-14. No surprises here; a post-mortem autopsy revealed profound multiple ruptures of the superior undulatus delectae. Compare the bloated tissues enveloping the residual wound tract to a standard tissue sample slide—the subject (male) quite literally drowned in a sudden massive release of his own excess body fluids. FIGURE 4-15. Blunt trauma shatter dispersion of vagus nerve (L. vagus, -wandering); subject left utterly speechless. FIGURE 4-23. Handgun, 0.38, extreme close range, direction undetermined. Shatter expansion of the left porus acusticus internus resulting from rapid projectile gyrations is partially obscured by the utter dematerialization of the superior cerebral corpus flagellanti. And where is the residual wound tract? FIGURE 4-29a. Blunt trauma, subject unknown. Note well the crushed parasympathetic ganglia distal to the rectal magnificat—might this be an occasion for exploratory tympanic lip transplant? FIGURE 4-31 (archival). Head wound suffered by a German footsoldier on the first day of the Battle of Verdun. Comparison to the shatter expansion in Figure 4-23 provides historical perspective on woundscape development. FIGURE 4-41. Aerial photograph of woundscape following BOMBARDIMENTO DI ADRIANOPOLI: *tumb-tumb-tumb-tumb 2000 granate protese strappare con schianti schianti schianti schianti schianti ...* FIGURE V, ii. HORATIO: *Now cracks a noble heart. Good night, sweet prince, and flights of angels sing thee to thy rest.* FIGURE 5-8. Head wound, magnified fractal tomograph of the perforated induseum griseum. Upon admission, patient was critically athetotic and displayed signs of having suffered a prolonged retrograde conduction avalanche deep inside the hypothalamus, crushing the right distal 'tweenbrain ganglia. FIGURE 5-9. Tomashevskii effect: The subject was severely wounded by lacerations along the tracheal rim, inducing repetitive intradiaphragmatic avulsions to the nascent epiglottis, gravely impairing the hole of the speech apparatus. FIGURE 5-18a. Puncture wound, left hand. Note the halo of arterioles and the radiant capillary blush around the partially occluded remission. Given the densely clotted hermeneutic partial to the expanding hemotoma, subject should be

treated with extreme unction. FIGURE 5-18b. Same subject, right hand. Severe bone decalcification at center left producing a striking resemblance between the partially amputated princeps principi artery (on the ventral aspect of the thumb) and the total unstretched rima glottidis reproduced in Figure 5-9. FIGURE 5-34 (diminuendo) TOTENKLAGE. FIGURE 6-6b. This is an earlier film from the same study, showing discontinuation of the radial artery after a stab wound of the cubital fossa. Although there is no bleeding, the large hemotoma must be evacuated if the subject is to remain complete *in all the parts of a man*. FIGURE 6-10. Puncture trauma victim (female), object of penetration unknown. Hypertrophic lacerations along interior surface of inflamed labial lacuna compounded by widespread eruption of infectious low-silica lava. No known surgical treatment; subject recommended for prolonged uteroscopic scrutiny. FIGURE 6-21a. Selective left testicular arteriogram; arrow marks direction of penetration. The short distance between the point of bone collision and the termination of the residual wound tract, together with the absence of a wide scatter of metallic fragments, indicates that at the moment of climax very little energy was left in the bullet. FIGURE 6-32 (archival). Textbook case of "Railway Spine," dating from mid-19th century. See William Camps, RAILWAY ACCIDENTS OR COLLISIONS: THEIR EFFECTS, IMMEDIATE AND REMOTE, UPON THE BRAIN AND SPINAL CORD (London, 1866), p. 47. FIGURE 7-5 (relic). How to construe the deeper meaning of the Word inscribed by His Handwriting into the Flesh of His Son: *genitum, non factum, consubstantialem Patri*? FIGURE 7-21. Puncture trauma, caliber and range unknown. Anterior entry with skin-to-skin penetration. Note the change in position of the entry wound on the labial occlipsis; this could create a distorted impression of the true position and direction of the residual wound tract. FIGURE 7-21a. Blunt trauma, head: frontal magnification. Crushed Broca's area compounded by sustained ganglionic decussation. Upon admission, subject exhibited early symptoms of translimbic glossolallia—but note the untouched cava delecta! FIGURE 7-21b. Same subject, fifth post-traumatic day. Mandibular ganglions have deteriorated, as evidenced by widespread sublingual Ruffini nodule deposits. Atrophied Broca's area partially obscures the still untouched (!) cava delecta. FIGURE 7-21c. Blunt trauma, head. Do not be misled by the biomechanical resemblance to the human larynx; this wound is irretrievably aphasic. FIGURE 7-31. Self-inflicted, 0.22 Handgun, close range, direction caudad. Right paramedian entry, 6 cm. below the level of the umbilicus. The residual wound tract is through the groin. Laparotomy revealed an entirely extrapudendal residual wound tract despite widespread fat necrosis in the adjacent monastery. Intimal flap of dissection or accumulation of in-

traluminal clot? FIGURE 7-36. Hunting rifle injury, close range. Transection and thrombosis of the superficial femoral artery are present. Compare the extensive soft tissue injury with that of the puncture wound patient in Figure 7-21; note well the opacified distal disfiguration. FIGURE 7-48. Pyroscopic vulneroglyph (see text) inscribing typically hypertrophic laval perforations. The so-called Rim of Fire is a virtual factory of similar contributions to the geodermic woundscape. FIGURE 7-49. Selective right pulmonary angiogram (50 ml at 18 ml/sec), showing effects of widespread blunt trauma suffered after the climax but prior to the application of extreme unction. The entire heart displayed poor contractility; the right ventricular myocardium was cyonic but not infarcted. FIGURE 8-1b. Traumatic displacement of undular entrails anticipates the genesis of a total stimulus shield: material at last, *a body without organs!* FIGURE 8-14. Injury by shotgun slug, self-inflicted, close range. Notice the wide destruction of bones and soft tissue. The arteriogram shows traumatic displacement of both fallopian tubes compounded by ancillary sub-intimate womb inversion. FIGURE 8-22 (undated and unsigned). THE SCAR OF ODYSSEUS. Despite uncertain authentication, convincing demonstration that the interpretation of oral wounds need not depend entirely on faulty manducation techniques. Compare to Figure 4-41. FIGURE 9-1. Following bullet train collision, subject (female) suffered acute amnesia. Note well the utter dislocation of procreative organs; storing the fate of future generations, the memory of wounds is strictly involuntary. FIGURE 9-13a. Fractal genetigram, first generation; subject suffered prolonged exposure to radioactive waste. Signs of emphatic chromosomal paralipsis mark well the path of future mutation. FIGURE 9-13b. Fractal genetigram, simulated second generation. Surface punctures signify utter structural depravity viz. DNA matrix; subject's real body surface at this stage becomes waxy and viscous: DO NOT TOUCH! FIGURE 9-13c. The crisis of the Third Generation. FIGURE 9-13d. Fourth Generation simulation. Genetic wound mnemonic automatism propels the subject right out of the species—real body surface displays course protective ridges with frequent slime secretions parallel to the pit. FIGURE 9-13e. By the Fifth Generation, the chromosomal matrix has passed from the genetic to the geologic. FIGURE 11-4 (see text). FIGURE 11-30 (revived). NICK: *You ...you swing wild, don't you?* MARTHA: *Hah!* NICK: *Just ... anywhere.* MARTHA: *Hah! I'm a Gatling gun. Hahahahahahahahahahahah!* NICK: *Aimless ... butchery. Pointless.* FIGURE 12-2b. Aerial photograph of multiple spinal contusions suffered by the Angel of History following a high-speed collision against oblivion. FIGURE 12-18. Deep thoracic puncture provides living and final proof that the wound is the only hole into the human body out of which nothing comes but itself.