

daniel falb
genealogy of the halcyon™



20190726

I.

There is I guess a DIY
experimental dimension to
technological culture
where [the] first
generation of devices
is typically
ah you know you know
produced in someone's garage
And ahm I like the idea

rrrhmm that also with the
medical sciences and
treatment technologies
this this holds true
And I-I would like to
expand on this
and somehow
articulate
the evolution of
ahm radi-radiation-
thera-the-therapeutic
devices

in their ambivalence

ahm ah in their

ambivalence of radiation

both causing cancer

and [thus] harming cancerous

tissue and reframe that

history in DIY terms

This has

the implication

on the one hand

that due to like ahm

bad medical services

in in in big parts of the
world still

you need ah DIY treatment
to somehow ahm ah-treat
your own cancer

you have to find methods

And what are these methods
with-ahm regards to

radiation – like

recycling [re-use] of old

[radiation] machines and

stuff like that

and its historic impact –
perhaps even just like
radiating stones or
something like that
and we get really
cynical
here –

Ahm

on the other hand

an experimentation
with devices
that are *state of the art*

(and 'experimentation'
here along the lines of
using for example ahm
testosterone)

So ah

this is äh-about

the affirmation of cancer

and ahm the affirmation

of dying from it basically

and the affirmation

of in the process of dying

experimenting with

radiation

and the things

it does ahm

to your body and to your

mind

So at this point

the whole level

of symptoms and side-effects

from using irradiation

comes into play

the whole

phenomenological kind of

dimension

II.

[But there is another
phenomenological dimension
in play here
a collective one]

Then I guess there has to be
a series of personal
portraits
of radiation devices
through history

in the description of their
bodily characteristics
with an emphasis on their
finitude
you know where they are not
in use any more
they are dead in this sense
dismantled
but also the people they
have treated
how many devices there have
existed

and ah how many years these
people survived:
counting years
survived
through cancer treatment
in the 20th century
Most of most of
these people
are already dead
rrrrm ah hh ah even
the successfully treated
ones

{*co-finite* state of
affairs}

And ah I like the counts
of years

that are saved

and stuff like this –

There is this count

I believe

in ahm the *Enlightenment Now*

kind of thing

in terms of

how many *lives*

are being saved

["The researchers [...] calculated that more than *five billion* lives have been saved (so far) by the hundred or so scientists they selected"

(Stephen Pinker,

Enlightenment Now

New York 2018, 64)]

And I think this ah

ah this "5/80 cancer

disequilibrium" –

does this not say like

80% of all years lost through

cancer

are lost in the

developing world or Global

South

while only 5% of

global cancer treatment

resources

are spent there?

[Global Task Force on
Expanded Access to Cancer
Care and Control in
Developing Countries.

Summary (2010)

Again this abstract figure
of ahm of years lost
by by cancer
especially against the
potential years people could
have lived
given

proper treatment –

OK

I am totally aware that
the length of a life
is an *absolute* fact

{laughs}

and that this

is pure metaphysics

I am talking here

Ahm it's a metaphysical
speculation of course

Ahm there is
no reality
to this 'years lost'
and stuff like this
in the sense
that there is
no negativity attached
to the length of life
actually lived
So this is a purely
metaphysical speculation
but I think it is

somehow

very effective

or very moving

ah

And

it somehow measures

or quantifies

this notion of the

Erscheinungsraum

Ah it gives a number

to this like you measure

a house

or the proportions of a room
or something like this
of the *Erscheinungsraum*
and potential

Erscheinungsraum

and the change of

Erscheinungsraum

through time through

generations

Because obviously

statistically people *gain*

years

[while their demography is
still vastly modulated by
class and region...]

And in a metaphysical
perspective

you *can* of course

measure the

Erscheinungsraum

of average livelihoods

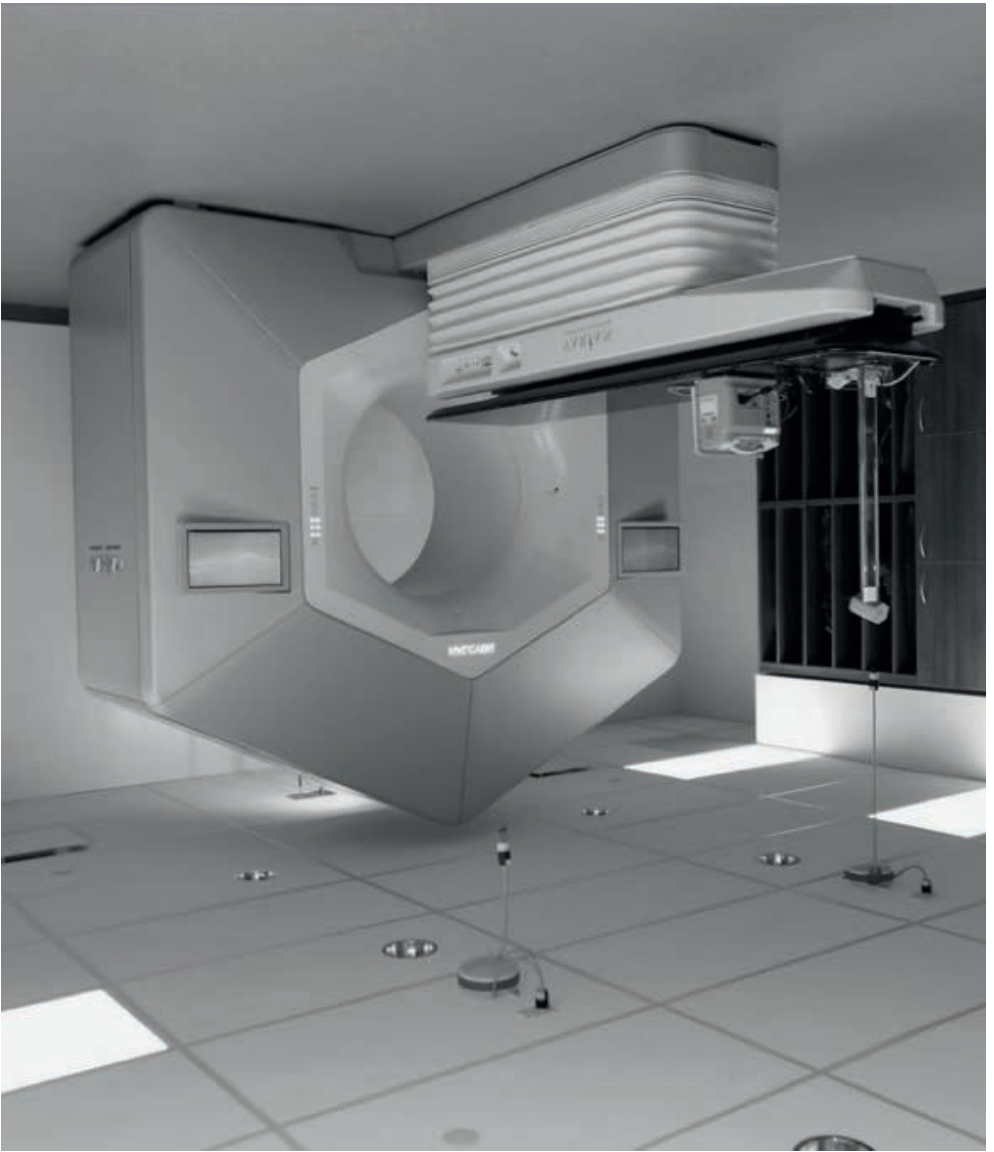
life-ah

life-spans

and

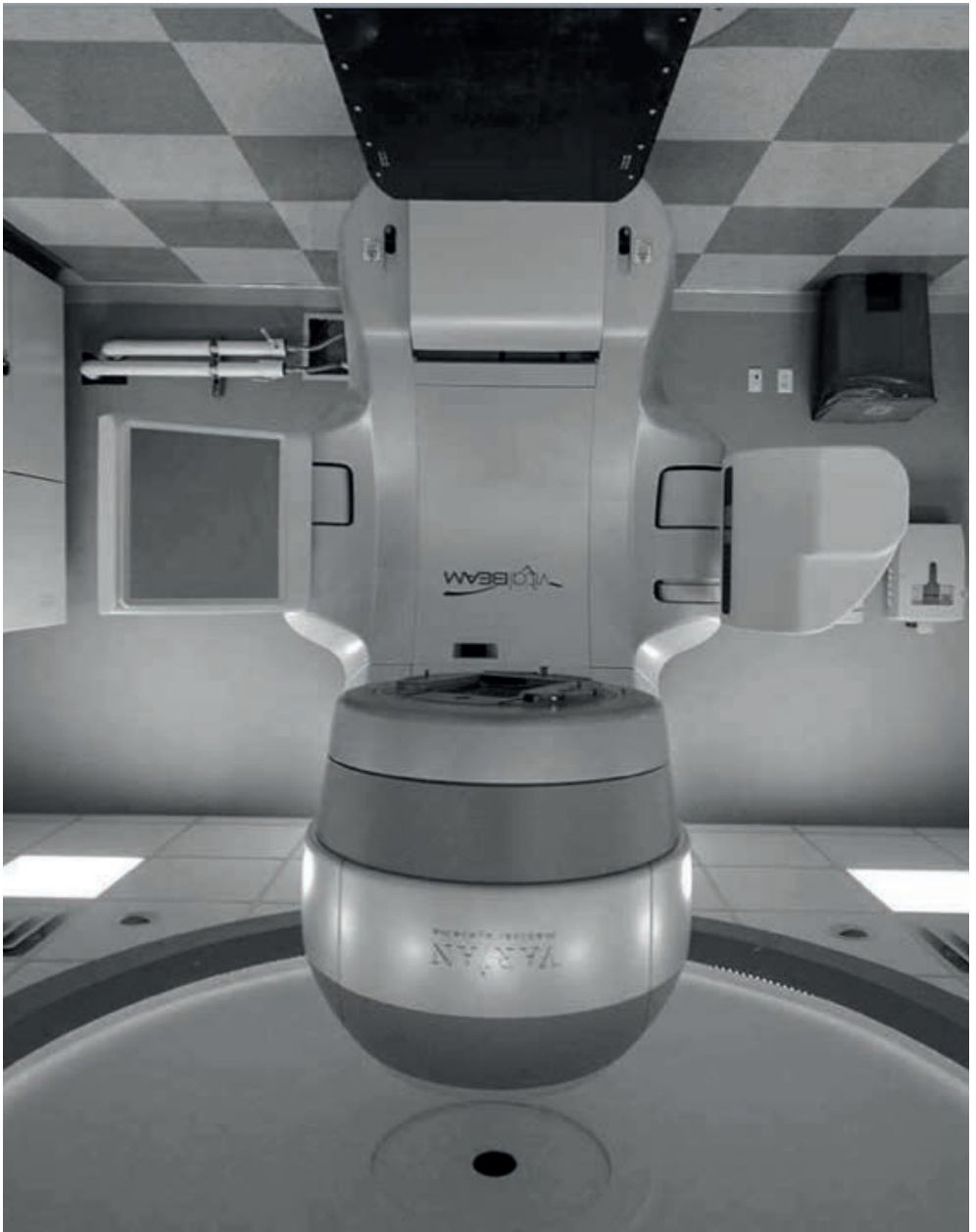


make historical and regional



comparisons

and they have / can



introduce a negativity:

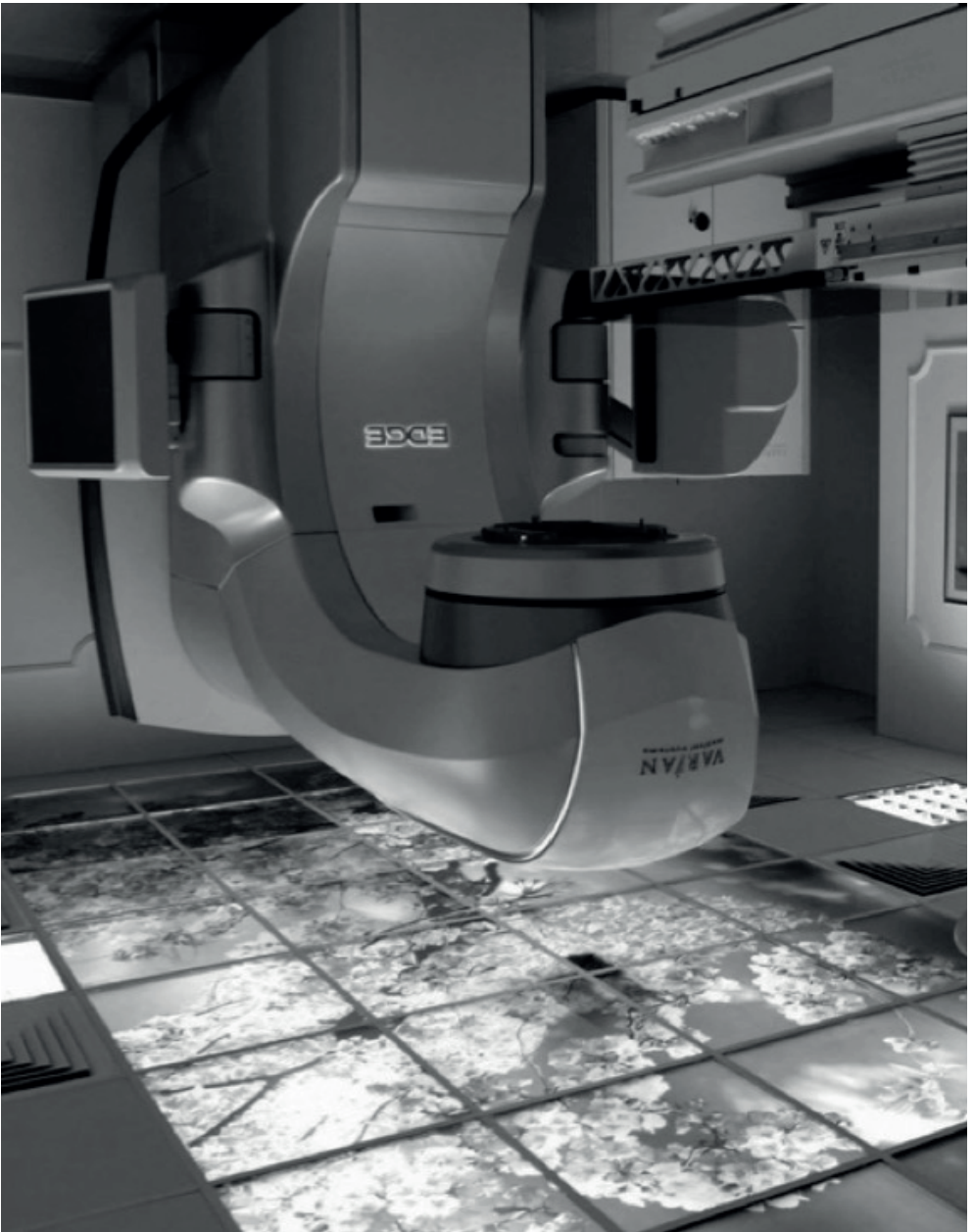


Of course you can say

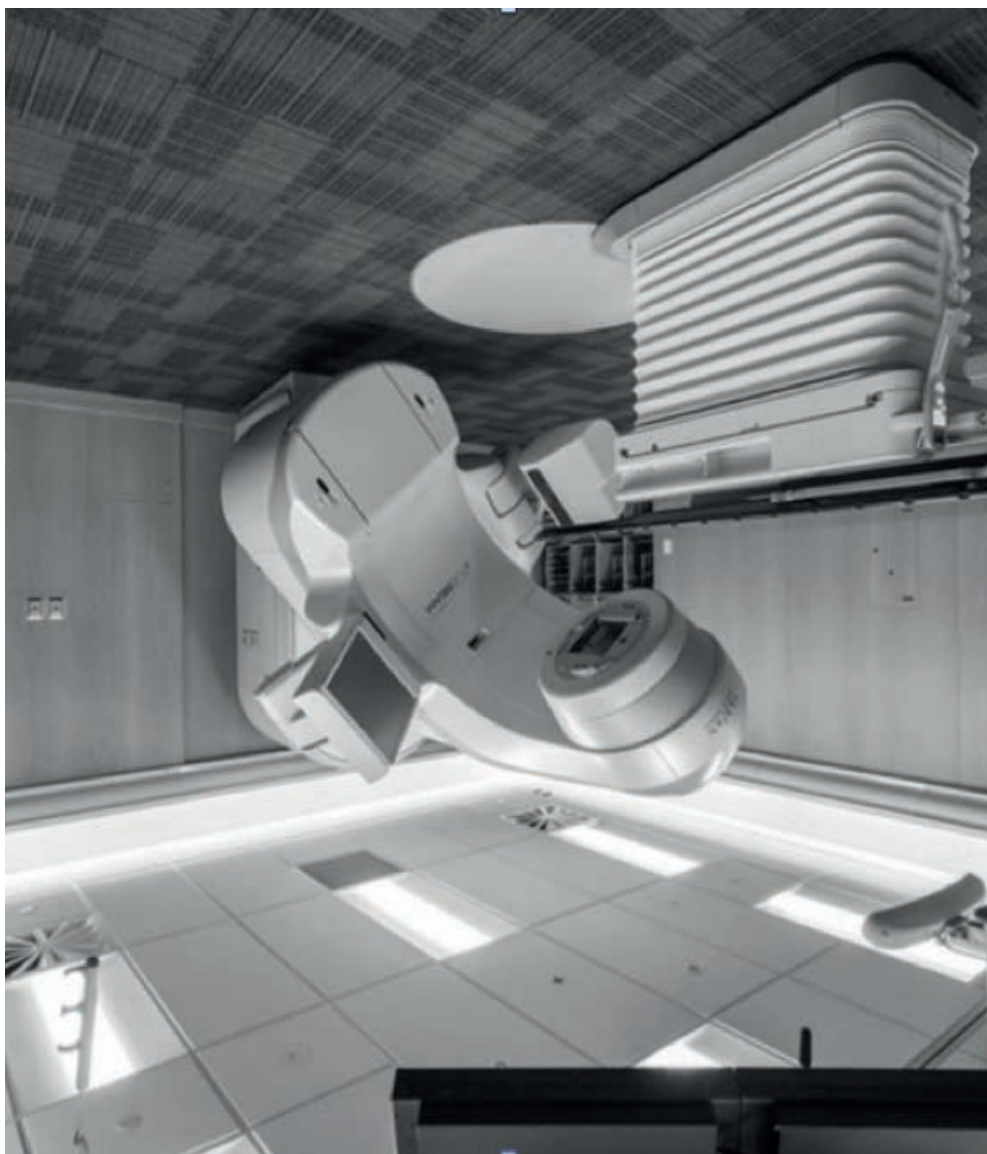
"People are *loosing*

80.000.000.000 years"





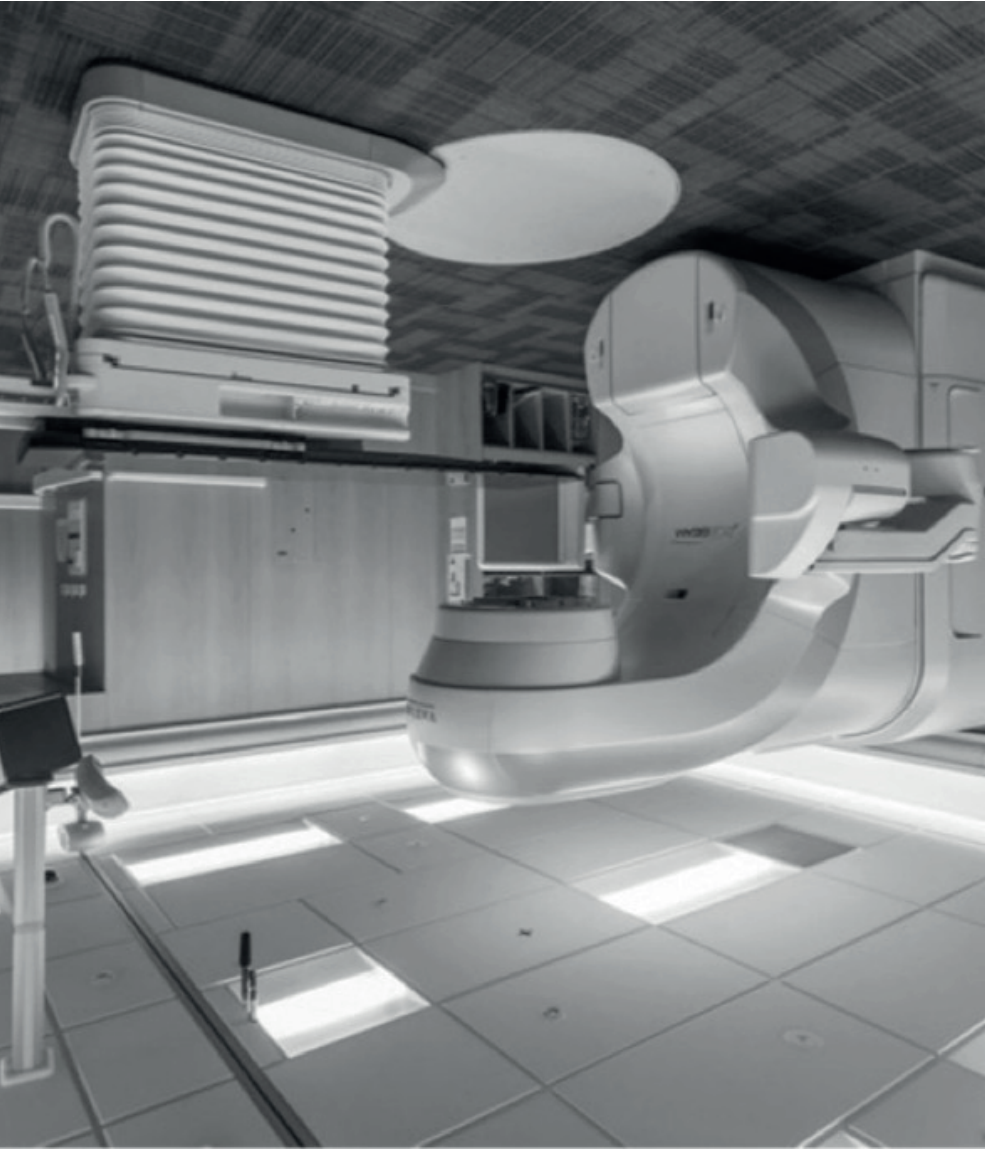
ah sorry 18.000.000 years



or whatever
through ah bad



treatment



[*Erscheinungsraum*

played a crucial role



in my notes to

Kanker Quartett



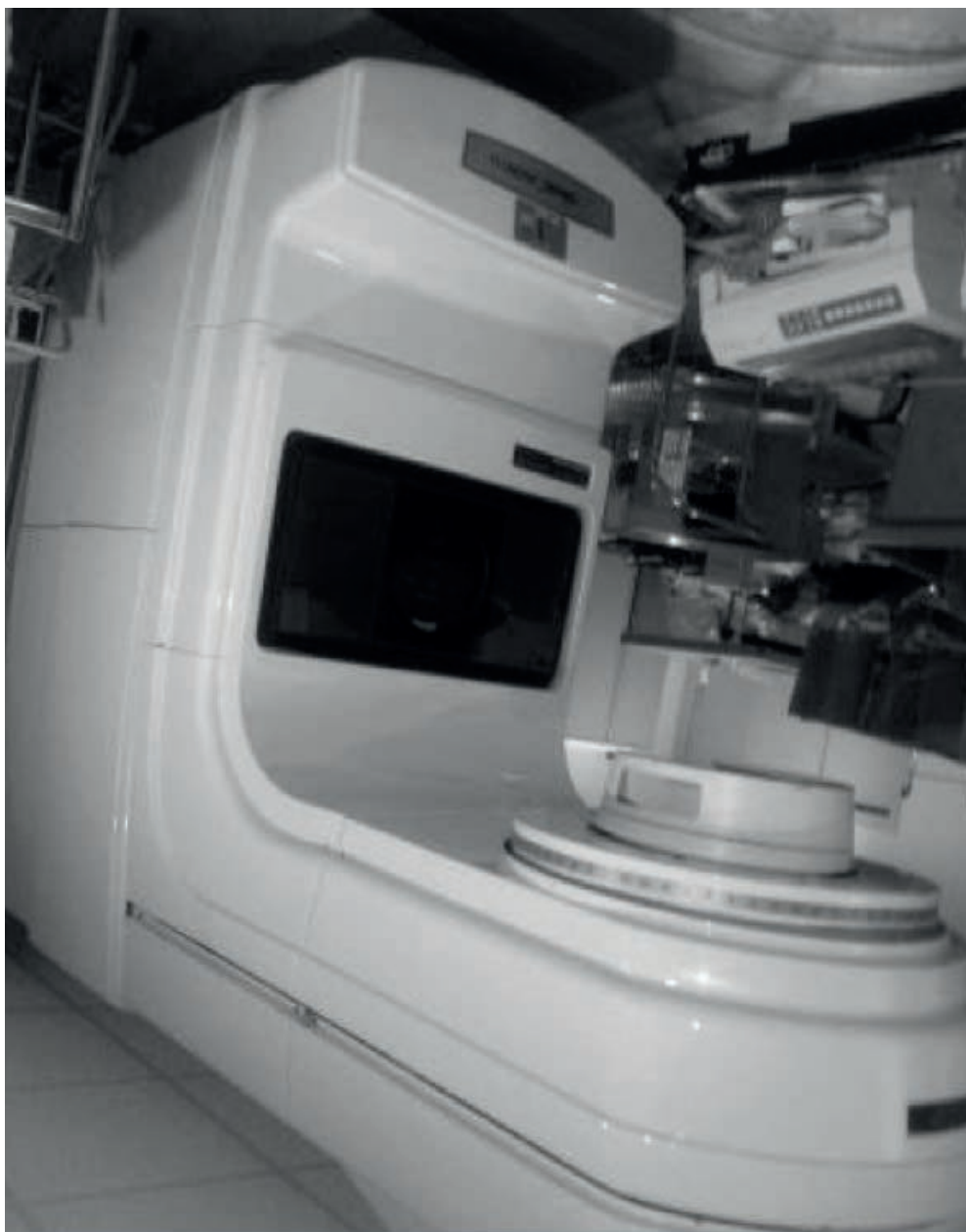
@Orchidee

und Technofossil

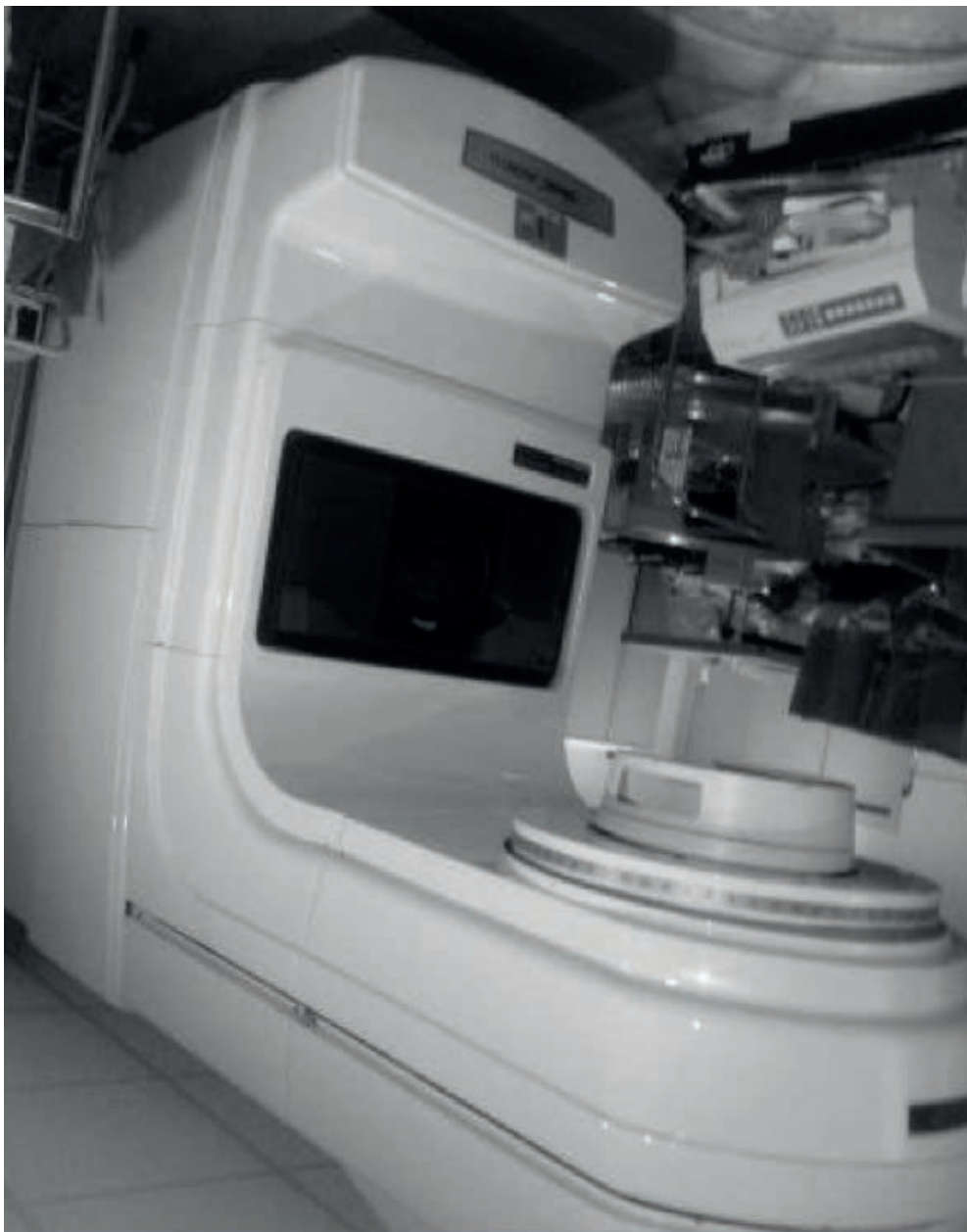


where I wrote

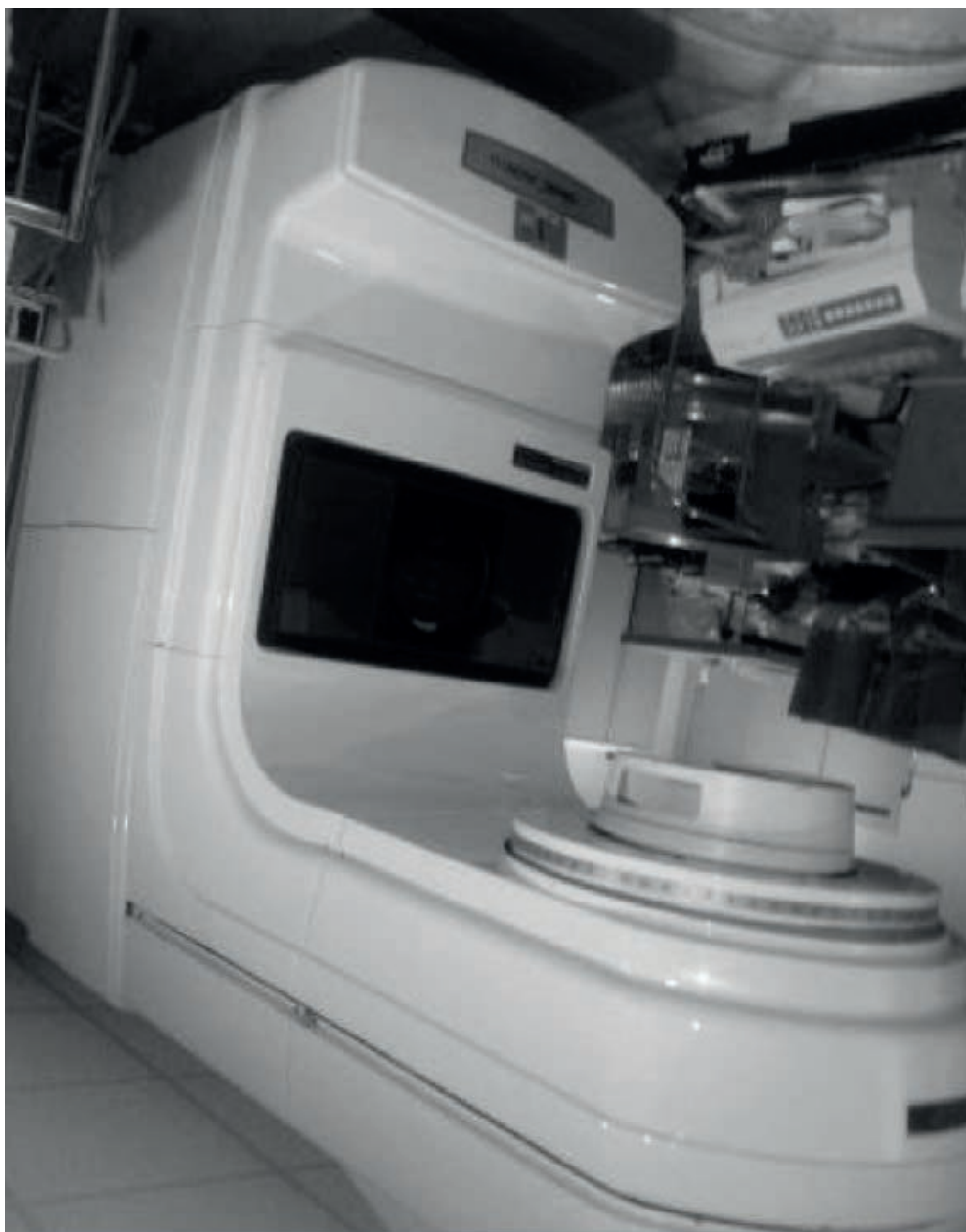
ultimately deleted



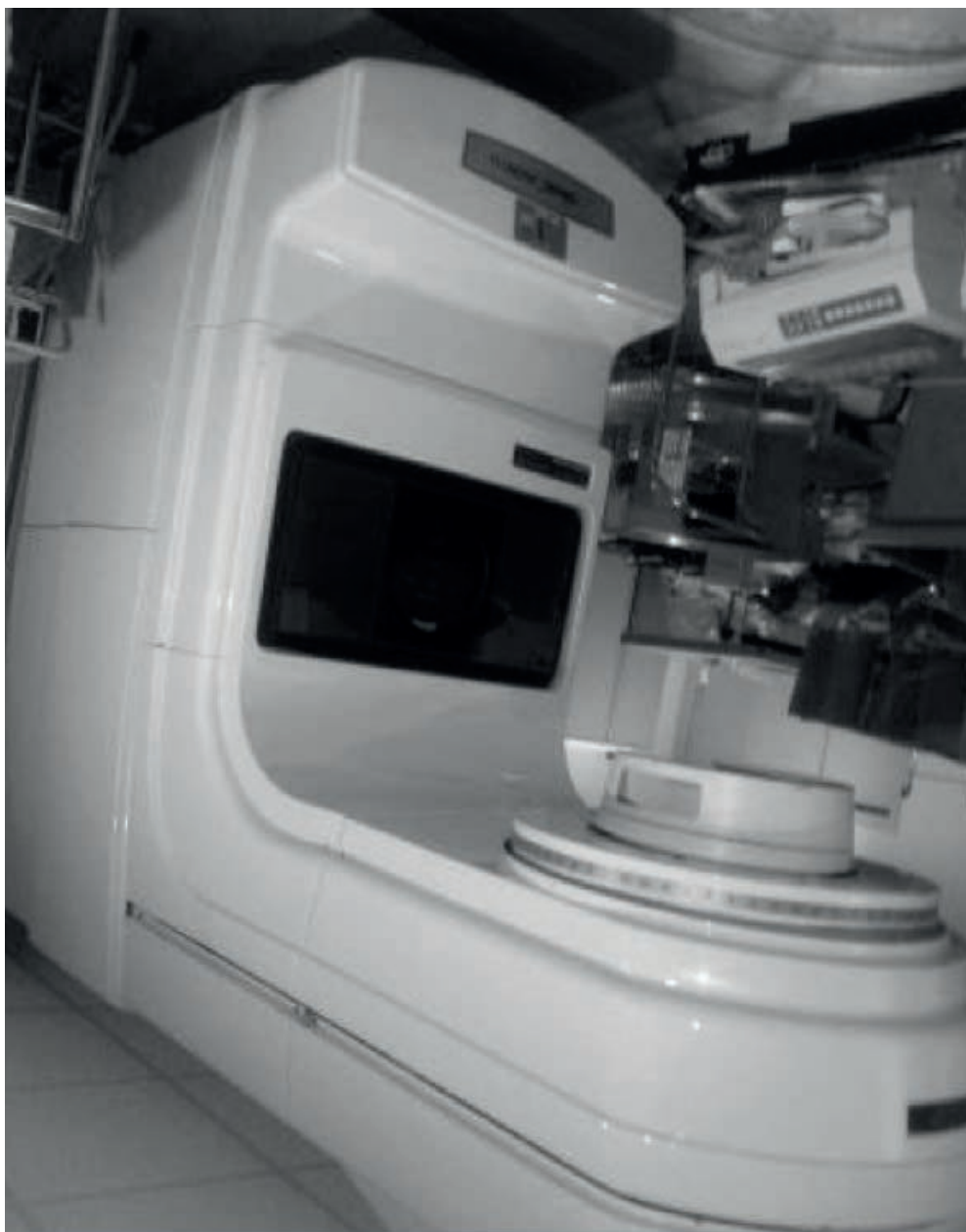
verses like



"In den indischen Hochebenen



liegt ein Erscheinungsraum



(von Innenwelten)

wie Hochnebel sich

umwälzend"

and "eine sich generational

umwälzende und umwendende

Wolke

aus Licht und Bewußtsein

und Wahrnehmung und

Erscheinung und Strahlung

über den Ebenen der

unbelebten Erde

in die du gehüllt liegst"

and THIS CLOUD

is the arcane territory
where I
finally
lose track
of the genealogy
of the Halcyon™]

III.

And I think that generally
with this thinking
on the one hand

I deepen my thinking about

about ah ahm death

and finitude

on the other hand I

get into the territory of

atheist pastoral care

[this text is nothing but

a propaedeutic of atheist

pastoral care]

So into the question

of an atheist ethics for

situations

in which you are terminally

ill

Although

Although speaking about
atheist care and stuff like
this it's

– Atheist pastoral care –
it *is* the question

I guess this is like the
ethical question

here

to what degree do you base

this ethics on a on a

thorough critique of

metaphysics

of metaphysical entities

or to what extent do you

allow

metaphysical entities

like this quantita- this

quantum

"X years lost by missing

treatment"

to enter?

Because of course

cognitively they are there

you can also let them

touch your affect and they

produce something

and ah that's

of course its *bogus*

this affect produces

bogus

in some sense

it relates to *nothing*

to no thing

to no *empirical* thing

But [...] *once you are post-critical*

you can do all kinds of things

BUT

tize the way we implement the metaphysical

in ethics of care

has to be figured out from a purely atheist standpoint

ahhhhm

From a standpoint

that is purely
orientated upon
[co-
finitude]





Varian Medical Systems:

Halcyon™ (2017)
VitalBeam™ (2015)
Edge™ (2013)
TrueBeam® (2010)
Clinac® iX (2004)
Trilogy™ (2003)
Clinac® EX series (1997)
Clinac® 600SR (1994)
Clinac® C series (1989)
Clinac® 2500 (1981)
Clinac® 18 (1972)

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