

THE BÖNNINGHAUSEN REPERTORY

*the reasons behind the new English translation and re-formation of
Bönninghausen's Therapeutisches Taschenbuch**

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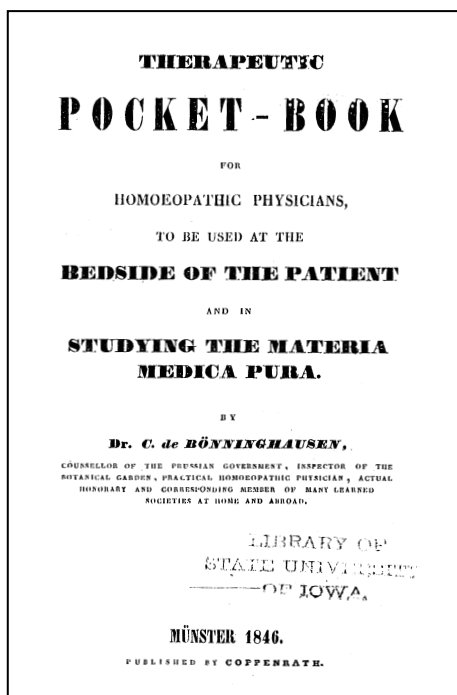
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This article is offered in response to the question “how does *The Bönninghausen Repertory* [TBR][†] differ from Allen’s edition of the *Therapeutic Pocketbook*?” In the Preface to TBR, we have briefly mentioned the reasons which lead us to undertake the necessary task of a complete re-translation and re-formation of Bönninghausen’s unique *Therapeutisches Taschenbuch* (TT), but we trust this more detailed account may better portray the advantages of TBR over previous English language editions of Bönninghausen’s *Therapeutic Pocketbook*.

The following is a list of known English language editions of TT, along with our standard abbreviations:¹

- TPi** **Therapeutic Pocketbook**..., (*innominate*),² Münster, 1846
TPO Therapeutic Pocketbook..., A.H.Okie (Ed.), Boston, 1847
TPH Therapeutic Pocketbook..., C.J.Hempel (Ed.), New York & London, 1847
TPL Manual of Homœopathic Therapeutics..., J.Laurie (Ed.), London, 1847
TPA Bönninghausen’s Therapeutic Pocketbook..., T.F.Allen (Ed.), Philadelphia, 1891
TBR **THE BÖNNINGHAUSEN REPERTORY**..., G.Dimitriadis (Ed.), Sydney, 2000

Let us now examine each of these editions individually, before proffering our conclusions in overview:



TPi copy courtesy Iowa State University Library

TPi (*innominate*)

This work stands as a credit to its (anonymous) translator, as can be seen by the labour involved for the single purpose of making it available to the English speaking homœopathic world.³ Yet TPi holds numerous impediments to a modern-day use, not least of which are the unfamiliar terms of an older English,⁴ as well as its numerous translation difficulties and other errors, including rubric omissions;⁵ when considered together, these proved a significant obstacle to the study and use of this work.

TPO (*A.H.Okie*)

Okie’s main objective in publishing his edition seems to have been to reduce its physical size (to around ¾ of the original [TPi] page dimensions) in order to make it truly a ‘pocket’ book (Preface, p.iv):

“In the form now presented every practitioner may carry the book with him as a reference, and this to the country practitioner will prove a matter of no small importance.”

In actual fact, Okie otherwise knew so little about Bönninghausen’s work, that he simply left out the entire (last) chapter on remedy concordances, brazenly (ignorantly) stating (Preface, p.iv):

“As this is a subject upon which, at the present, we have but little experience, and as the author’s concordances seemed to offer nothing new or of a really practical nature upon this subject, I have omitted it...”

* Therapeutisches Taschenbuch für homœopathische Aerzte, zum Gebrauche am Krankenbette und beim Studium der reinen Arzneimittellehre, Copenrath, Münster, 1846. The complete English (TPi) title is *Therapeutic Pocketbook for Homœopathic Physicians, to be used at the Bedside and in Studying the Materia Medica Pura*.

† Dimitriadis, G. (Ed.): *THE BÖNNINGHAUSEN REPERTORY – Therapeutic Pocketbook Method*, Hahnemann Institute Sydney, 2000

Adolph Lippe gives his opinion regarding this omission of Okie, saying:⁶

“Dr. Okie no doubt left this part out because he did not comprehend it.”

From his own words, Okie did not offer a new translation of TT into English, rather a re-wording of the English TPi rubric terms. He writes (Preface, p.v):

“The original of the present work was published in Germany, in the English language;⁷ of course, many glaring errors, both in style and orthography existed; these it has been my duty to correct in the American edition.”

The ‘many glaring errors’ to which Okie refers (but does not specify) can be seen as an exaggeration, since, aside from the orthographic errors which are admittedly plainly visible (yet which offer no real impediment to the use of TPi), it is clear that Okie himself was not familiar with either the construction nor the use of the *Therapeutic Pocketbook*, and thus not in any position to conclude that there be errors in “style”.⁸ For the same reasons, Okie was equally unqualified to offer the following positive opinion on the work (Preface, p.vi):

“In conclusion – in offering this work to the American public, I do so with the conviction that if properly used, it will greatly facilitate the selection of the proper homœopathic remedy and consequently prove a valuable aid to the practitioner in curing disease.”

It has to be asked how Okie could have held such confidence in this work without any real knowledge of its method or experience in its use?

TPH (*C.J.Hempel*)

This edition of Hempel is unacceptable for many reasons, not least of which is the fact Hempel used (as did Okie) the English edition TPi as a basis for his rendition – actually merely a re-wording of the existing English rubric terms found in the TPi. That Hempel did not go back to the original TT is evident especially by the fact that errors within TPi which are not present in TT are reproduced in TPH.⁹ For example, the following TT rubrics, among others, were omitted in both TPi and TPH:

Fallsucht mit Konvulsionen..... Epilepsy with convulsion (TBR1261)
Gefühl von Vorfallen, in inneren Theilen.. Falling down (prolapse) sensation, inner parts (TBR1268)
Fressen in der Haut..... Gnawing (corroding, eroding) in the skin (TBR1678)

Hempel's edition also introduced its very own mistakes,¹⁰ as for example its omission of the rubric “Consolation aggravates” [*Verschlimmerung, von götlichem Zureden* (TBR2120)], its rendering of the rubric “Impressions, deep, of instruments” to “Impressions, deep, from musical instruments”. It would thus appear Hempel's main purpose in producing this edition was to supply the American market keen to receive Bönninghausen's work.

TPL (*J.Laurie*)

Laurie used the 1847 French edition of D. Roth, “Manuel de thérapeutique homœopathique...”¹¹ for his translation into English, thereby adding to the errors of Roth's edition, and even further compounding language differences without adding clarity. Laurie, in his single page Preface, writes:

“I have preferred Dr. Roth's to the original version, chiefly in consequence of the improvement he has effected in the arrangement of the work.”

Laurie's few (ten) lines of ‘preface’ added no value to the very work for which he assumed sufficient expertise to edit, simply referring the reader to Bönninghausen's Preface for further instruction. The question here arises as to why Laurie actually undertook this (London) edition, as even a cursory look at his edition evidences an even greater obscurity in language (*e.g.*, Cephalonosis, Obnubilation) than was the case with TPi! The only conceivable reason we can offer for Laurie wishing to undertake such edition was for his own sake (fame or finance).

TPA (*T.F.Allen*)

Unlike his above named predecessors, T.F.Allen was himself thoroughly versed in both the conceptual basis, and the use of Bönninghausen's *Therapeutic Pocketbook*. He writes:¹²

“I submit that of all plans which have ever been adopted, that of Bönninghausen is the best. It consists essentially of considering all symptoms to consist of three elements, namely, *locality*, *sensation* and *condition*.¹³ In my daily work I am constantly in want of knowledge of a condition of aggravation or amelioration, I find it in a moment, and as my eye glances over the list of drugs, one or two impress me and I refer to the *Materia Medica* for confirmation; or, I turn to a locality or sensation, or endeavour to combine all three, and study a drug or drugs found under every heading.”

T.F.Allen's proper understanding of the 'complete symptom' concept as comprising three elements (triad),¹⁴ coupled with his following statement indeed evidence his qualification to undertake a republication of Bönninghausen's TT:¹⁵

"The chief discussion hinges, therefore (according to my view), on the possibility of taking the three elements of all symptomatology (outside of variations of function) and grouping the drugs under them, and then for use re-grouping a symptomatology to correspond to that of the patient. Such a method is simple, compact, and has, I am bound to say, stood the test of large experience. I have worn out four bindings to Bönninghausen's pocket book,¹⁶ purchased in 1861, and have always found it convenient and reliable; I could not work without it;..."

Let us now examine TPA in more detail. In contrast to the abovementioned editions, it seems T.F.Allen did use the TT original as a basis for re-translation into English, thereby eliminating a level of possible error.¹⁷ During his 30 years of constant use of the TP (which thus required re-binding four times), it would have seemed natural for Allen to make additions as they became known; in rubric after rubric, and of remedy after remedy, in piecemeal fashion. In this way, he had added greatly¹⁸ to the volume of the TP, both in terms of rubrics and remedy number. He writes (TPA Preface):

"Bönninghausen's Pocket-Book has proved so invaluable to all conscientious homœopathists, that every edition is exhausted and the need of a new one is pressing. In preparing this, new remedies have been added, to bring the book up to the present time... The additions surpass in number the remedies contained in the original... In making these additions, clinical experience has been consulted freely and our symptomatologies have been scrutinized by the light of this experience..."

Therein lies the greatest error of Allen – he had not apprehended the *process* used by Bönninghausen in first constructing and subsequently populating his TT *unitively* – each remedy was 'plotted' as it were, *placed in its entirety within TT, not piece by piece*.¹⁹ This unitive process resulted in a functional integration unseen in any other repertory, a delicate balance of structure and function which does not lend itself to such piecemeal additions as made by Allen.

Moreover, by raising the grade of a remedy within a single, isolated rubric, Allen further shows his misapprehension of Bönninghausen's TT grading criteria – we have elsewhere²⁰ shown that since TT requires the use of a *combination of rubrics* for any given case, any grade increase could only be made *simultaneously across a group of rubrics*, used in that combination, in a number of cases, *i.e.*, a remedy grade could not be increased within a single rubric, as was admittedly done by Allen (TPA Preface):

"The lists of drugs, under the various rubrics of the original, have not been altered, except in some cases to elevate the rank of some remedies, a proceeding amply justified by their increased usefulness. For example, under "Orbits," Rhus has been elevated to the very highest rank."

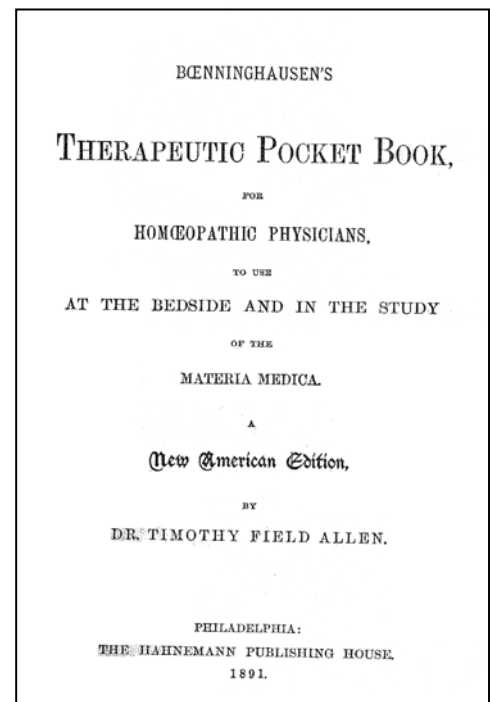
Allen's changing of remedy grades in this way thus served as a serious degradation of the original information painstakingly recorded by Bönninghausen. The fact that such changes were not individually and specifically marked as to make them obvious for the purpose of scrutiny²¹ detracts further from this work.²²

Lastly, what should not be overlooked, and it is a mistake which even modern authors continue to make, Allen wrongly stated the following (TPA Preface):

"In this edition, the drugs are divided, as in Bönninghausen's Original, into five ranks;"

As we have established elsewhere,²³ what should be understood is that Bönninghausen listed only *four* remedy grades, plus a marker of 'uncertainty' in TT. In short, every grade (1,2,3,4) within TT indicates a *characteristic* (consistency) for that remedy; those remedies enclosed in parentheses showed Bönninghausen's uncertainty as to whether they, in their provings, produced such symptom characteristically (consistently).²⁴ Hering himself understood this when he wrote (Guiding Symptoms, Preface):

"To facilitate the study of the relative value of symptoms, four marks of distinction have been adopted... which correspond to the four degrees in Bönninghausen's Repertory."



TPA copy courtesy Robert Bosch IGM

TPA+RW (+ introductory essay by Roberts & Wilson)

TPA went through four more 'editions' (1907, 1912, 1925, 1931, 1935 – these were actually un-edited *reprints* of TPA), the last of which (5th) included a previously published introductory essay written by H.A.Roberts and A.C.Wilson, entitled "The Principles and Practicability of Bönninghausen's Therapeutic Pocketbook".

The first thing that strikes our attention in this work is the casualty and seeming lack of concern for accuracy which Roberts/Wilson²⁵ display in their error-filled *Introduction*, as may be seen from the following examples:

- The original TT remedy count is given as 126 – whereas it is 125
- Roberts/Wilson state that the first English translation was published a *couple of years after* the German TT, and that the *Hempel* edition was published *only a short time afterward* – whereas, in fact, first English translation (TPi) was published in the same year as TT (1846), and the *Hempel* edition the following year (1847)
- the criteria given for remedy grading is incorrect; Roberts/Wilson say the lowest (parenthesised) grades indicate either a rare occurrence in the provings, or pure clinical removal – whereas TT comprised only provings-based characteristics, the bracketed entries being uncertain as to their 'characteristic' status, with clinical verification forming the basis for an increase in remedy grade
- Roberts/Wilson suggest that Bönninghausen used the terms *primary & secondary* in reference *not* to a time-sequence of symptoms, but to their "*relation to the case,*" i.e., "*those symptoms which seem to have a direct bearing on the complaint, and those others of almost equal importance, the concomitant symptoms*" – whereas Bönninghausen used these terms clearly and specifically as per the definition of Hahnemann, i.e., in reference to the *time-sequence* of symptoms, as for example, we read (*Experience and the High Potencies*, NAHH 1846:3;3,25, in T.L.Bradford, *Bönninghausen's Lesser Writings*, p.244):

"Although Homœopathy has not fared so badly in this respect as allopathy, which has new and insurmountable difficulties from its practice of mixing together various medicines which causes an ignorance as to the primary effects and the after effects of remedies, ...".

Roberts/Wilson then criticise Allen's edition, saying it "suffered from faulty translation to a marked degree", which opinion is reached by comparing TPA with TPH (*Hempel*), and, wherever necessary, with "other available editions";²⁶ they then proceed to list their own suggestions for corrections to many rubric terms within TPA, but what is indeed remarkable, is that Roberts/Wilson (by their own admission) without examining the original TT, ventured to offer a decided opinion on rubric meaning – it must be evident that any serious determination on rubric exegesis, to be done properly, requires a comparison of each rubric with its *Materia Medicæ* source (proving symptoms), in their original language (in this case, German).²⁷

TPA+RW, *Indian reprint*²⁸

This unacceptably poor quality reprint adds a further level of difficulty, especially with respect to remedy grades (indicated by variation in typestyle), particularly when trying to distinguish plain type (1-grade) from bold type (3-grade). One often has to look very closely before such distinction can be made, and even so, sometimes it is not possible. This is the main problem with this Indian edition – one which renders the final product at the very least frustrating, at worst unreliable. Despite these clear and significant problems, in the English speaking world, this Indian edition remained, until the publication of our own TBR, the only available edition – is it any wonder that, for the most part, Bönninghausen's Therapeutic Pocketbook remains unused, buried deep and collecting dust within the homœopathic library.

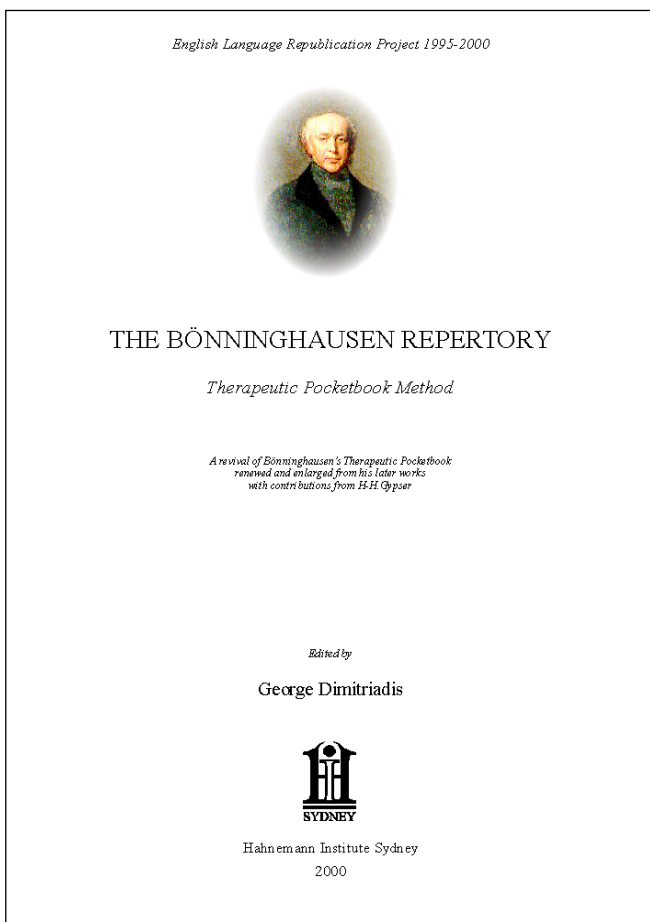
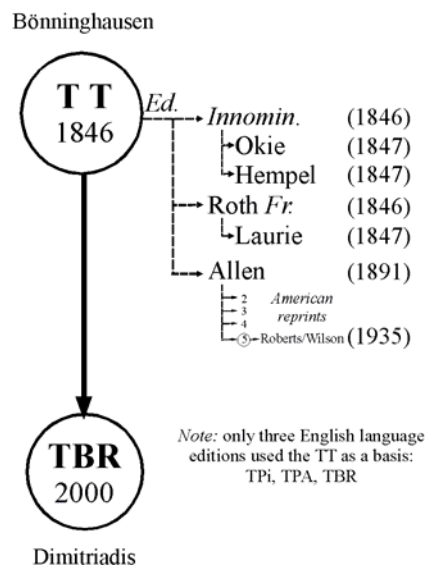
Previous English language editions – review

When we consider the publication dates of TPO/TPH/TPL, it perhaps comes as no surprise that all three editions were left lacking. Bönninghausen's TT was published (simultaneously in German, French, English) in 1846, hence we realise there was no time for these editors to gain more than a cursory acquaintance.^{29,30} Their reliance on previous translations rather than using the original German (TT) as a basis for translation, itself added a level of interpretation upon previous interpretation. As we have come to learn in the process of editing TBR, the original German rubric terms can only be fully comprehended via recourse to their source *Materia Medicæ*, largely due to the fact that rubrics are no more than very brief representations which must be understood in context of their original provings before any attempt to render them into a more modern or otherwise reader-specific translation.³¹ Moreover, that TPO/TPH/TPL/TPA editions were further complicated with additions of new remedies and rubrics, and even the alteration of remedy gradings, is in itself, a matter of concern – aside from the (more or less significant) problems introduced by each of these editions, we also herein note the more disturbing lack of proper research method, with no regard for full disclosure or adequate referencing for the sake of future scrutiny;³² that each such change was not individually marked has resulted both in a dilution and degradation of the original data within TT, and without improvement.

The adjacent schematic diagram illustrates the lineage of these English language editions, commencing with the original German (TT).

The need for a new English edition of Bönninghausen’s TT

We hope, through this exposition, the reader will also see the pressing necessity for a new English language edition of Bönninghausen’s *Therapeutisches Taschenbuch*, one which would accurately & clearly reflect the original, without any loss of meaning. Having realised this need (1995), we committed ourselves to such task, initiating the TT–*English Language Republication Project*³³ which resulted in our publication of *The Bönninghausen Repertory – Therapeutic Pocketbook Method* (TBR).³⁴ This five-year long project which required continued focus also meant we came to better understand and appreciate the unique conceptual model of repertory encapsulated within the structure of TT. This then allowed us, with the utmost care, to safely re-construct this work into its final TBR form, without loss of information. Each rubric, individually numbered, was translated from its TT counterpart,³⁵ with specific reference to its (German) MM sources,³⁶ and an exegesis was appended in the endnote.



TBR - Titlepage

During the process of editing we also discovered the problems were more extensive than had at first been anticipated. It was not uncommon to find duplications of symptoms under slightly different rubric headings yet with identical remedy entries; identical rubrics were also found in multiple placings (both within and across various sections), and there were even examples where these contained minor differences in their remedy lists, including inconsistencies in remedy grade. These and other difficulties were methodically addressed, with particular care taken to ensure the retention and clarification of Bönninghausen’s meaning. In each case changes made were noted in the rubric endnote, both for the sake of scrutiny and to allow us to retrace our steps.

Lastly, in response to the repeated requests of our colleagues, we have published our most recent work, *Homœopathic Diagnosis – Hahnemann through Bönninghausen* (DHD), being an instructional manual on homœopathic diagnosis in general, with workable cases illustrating the application of Bönninghausen’s TT repertorial method in general, and TBR in particular.

Nothing more now remains than to confidently recommend our TBR to the profession, and to welcome any constructive criticism, for the benefit of our science and its artful application.

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Acknowledgement

Our thanks to M.Dinges of the *Institute for the History of Medicine of the Robert Bosch Foundation*, Stuttgart, and J.Winston, Wellington, for making the original works in their possession readily available.

¹ We have herein limited this discussion to English language editions of the *Therapeutisches Taschenbuch* (TT), referred to by the abbreviation ‘TP’ (*Therapeutic Pocketbook*) plus a suffix letter representing the surname initial of the editor, except in the case of the ‘innominate’ edition, where a non-capital suffix letter ‘i’ is used. Note that ‘TT’ without suffix refers to the 1846 original German edition *Therapeutisches Taschenbuch*.

² Bönninghausen writes (TPi Preface, p.X):

“The English translation I owe to one of the most eminent German homœopathic physicians, who is perfectly acquainted with the English language and literature, but who does not wish to be named.”

As was stated already in G.Dimitriadis, *Homœopathic Diagnosis – Hahnemann through Bönninghausen* (DHD), Hahnemann Institute Sydney, 2004, DHD (page 49, footnote 59) K.-H. Gypser (direct personal communication, 1998) has given the translator as J.E.Staff, but as, even after repeated requests, he provided no evidence in support of this conclusion, we make no assumptions in this regard, and refer to this edition as *innominate* (‘TPi’).

³ Bönninghausen writes: (TPi Preface, p.X):

“... I had at the same time an English and a French translation prepared, so that wherever the alphabetical order and the stock of types permitted it, only the rubric words were taken away and changed ...”

⁴ As for example the terms: Empyreumatic; Humecting; Mollification; Paralysis of the optic nerve; Rooting sensation; Sugillation; Tetter; etc.

⁵ The following few examples suffice:

TPi omitted the following 18 rubrics which have been noted and placed into our TBR (number = TBR rubric number):

1214, 1261, 1268, 1309, 1372, 1391, 1392, 1416, 1482, 154, 1678, 1693, 1773, 1777, 1931, 1938, 2538, 2685

TPi wrongly translated the rubric “Vorder-(Haar-) Kopf” [Sinciput (TBR15)], as “Top of Head”

TPi wrongly translated the rubric “Bindehaut” [Conjunctiva (TBR34)], as “Sclera”

TPi mixed the remedy entries under “Athem, seufzend” [Respiration, sighing (TBR710)] with those for “Athem, keichend” [Respiration, panting].

TPi mixed the entries under “Frost, mit Zittern (Zitterfrost)” [Chill with trembling (TBR926)] with those of “Frost, mit Schütteln (Schüttelfrost)” [Chill with shaking (rigor) (TBR927)]

TPi wrongly lists Ang. in place of Arg. (as found in TT), in the rubric “Zusammenschnüren (zusammenziehen), äusserer Theile” [Constriction (& contraction) outer parts (TBR1226)]. TPA (p.149) correctly lists Arg.

TPi wrongly lists Bor. in place of Bov. (as found in TT), in the rubric “Zwicken” [nipping (sharp pinching, as with finger-nails) (TBR1280)]. TPA (p.193) lists this rubric as “Twingings” and correctly lists Bov.

TPi wrongly lists Bar. in place of Par. (as found in TT), in the rubric “Festsitzen der Haut” [Sticking (adhesion) of the skin to underlying structures (TBR1729)]. TPA (“Skin, Adherent”, p.204) correctly lists Par.

TPi wrongly lists Ant-t. in place of Ant-c. (as found in TT), in the rubric “Geschwüre, schwarz werdende” [Ulcers, becoming black (TBR1975)]. TPA (p.231) also wrongly lists Ant-t.

⁶ Discussion on A. Lippe’s paper *The Classification of Remedies*, Hahnemannian Monthly, 1867, in *The Homœopathic Heritage*, 1983:8;12,551-61

⁷ How is it possible that Okie was unaware that the *original* work was in the German language (TT), and that the English edition to which he referred was a translation (TPi) by a respected colleague of Bönninghausen?

⁸ Whatever that means!

⁹ Further evidence of the lineage of each edition TP is seen by comparing Bönninghausen’s Preface as it there appears: In the original TT Preface, Bönninghausen, in speaking on the value of high potencies, refers the reader (p.xxiii) to the *Neues Archiv*.... But, in TPi, this reference is replaced by examples of the high potencies used by “physicians of the highest order” – this is understandable, as there is no point providing German literature reference to an intended English (UK) readership. That TPO and TPH both include the TPi translated version of this Preface, evidences they did not go back to the original German. The table below shows this text difference:

TT	TPi + TPO, TPH	TPA
Es ist hier der Ort nicht, über die Grösse und Wiederholung der Gaben, worüber ausserdem die Akten noch nicht geschlossen sind, ausführlich zu reden. Dennoch kann ich mich nicht enthalten, mit Hinweisung auf dasjenige, was ich darüber im “Neuen Archiv für homöopathische Heilkunst” gesagt habe, die Versicherung zu geben, dass meine Erfahrungen sich fortwährend aufs Entschiedenste für die “Hochpotenzen”, für sehr langes Wirkenlassen und gegen die Wiederholungen ohne Zwischenmittel aussprechen.	This is not the place to speak about the quantity and the repetition of the doses, a subject, on which, moreover, opinions are still divided. I think it, however, necessary to direct the attention of the English homœopathic physicians to what we have experienced in this respect within the last two years. Several practical physicians of the highest order have found by a number of the most careful experiments, that not only the high dynamisations, such as 200, 400, 800, far from being inefficacious, continue to operate with a force, sufficient to cure every kind of disease, but that also the totality of the power of the medicines and the extent of their peculiarities develop themselves by this means in a more perfect manner, and that very often a disease is cured with high dynamisations, which had been attacked in vain with the lower dilutions of the same remedy.	This is not the place to say anything about the size of the dose, concerning which opinions do not yet coincide. However, I cannot refrain from calling attention to what I have already said in the <i>New Archivs</i> for homœopathy, and from giving the assurance that my experience has been most pronounced for the high potencies, of long continued action and against the repetition of the dose, without intercurrent remedies...

For those who do not read German, the above table shows TPA offers a faithful translation of the original TT, whilst TPO & TPH repeat what was stated in the TPi version. Whilst we have not examined TPO to the same degree as TPH, it seems likely it would also contain the same errors of omission etc., seen in TPH and its predecessor TPi.

¹⁰ Whosoever has involved themselves in such work will know that mistakes are not entirely avoidable, even with the most conscientious of effort, but we herein must provide the simple facts contributing towards making TPH entirely unacceptable to the serious homœopath.

¹¹ Roth (1846) edited a new French translation from the German TT, even though Bönninghausen had himself already translated this work into French (*Manuel Thérapeutique*... [MT]), he writes (TPi Preface, p.X):

“The French translation I made myself, and if particularly in the latter there should be found any mistakes with regard to the genius of the language, which is not a very copious one, I, as a foreigner, hope to meet with indulgence.”

¹² T.F.Allen: Indexes and Repertories, *North American Journal Of Homœopathy*, August 1891, 6:8, p.539.

¹³ By “condition” is meant condition of amelioration or aggravation.

¹⁴ This concept has been misunderstood and is still being mistaught by so-called Bönninghausen ‘authorities’, as comprising a fourth component of ‘concomitants’; but the consequent *tetrad* in fact applies to a ‘complete case’, not a complete symptom. We refer the reader to the detailed comments on this subject in DHD, pp.11-15

¹⁵ Indexes and Repertories, op.cit., p.539.

¹⁶ We have not yet discovered which (most probably English) edition was used by Allen in his daily practice.

¹⁷ Allen included the rubrics omitted in TPi, and translated the Preface of Bönninghausen afresh.

¹⁸ The exact number of additions is not stated, but H.A.Roberts, in his essay “The Principles and Practicability of Bönninghausen’s Therapeutic Pocketbook”, prefacing the 1935 re-edition of TPA, gives the total number of remedies at 342.

¹⁹ By unitively I mean as a single complete (whole) unit, *i.e.*, not incrementally, one piece after another (with the whole remaining incomplete). Refer DHD under *Characteristics Mapping*, p.55, for a detailed description of this process. Refer also article “Bönninghausens Therapeutisches Taschenbuch – eine Fundgrube seiner klinischen Erfahrungen,” *Zeitschrift für Klassische Homöopathie* (ZKH), 2001, 45:6;223-237.

²⁰ Refer DHD, under *Remedy Grading*, pp.54-55.

²¹ Our TBR specifically marks and lists all changes from the original, thereby allowing for scrutiny and future rectification should that be necessary.

²² TPA also introduced its own errors, for example, “Athem, seufzend” (Respiration, sighing [TBR710]) was wrongly given as “Respiration, sobbing”; Allen also removed all reference to *Angustura* and the three magnets (*Magnetis polus*: ambo, australis, arcticus).

²³ G.Dimitriadis has already shown (ZKH 2001:45:3,96-115), the bracketed entries indicate ‘uncertainty’ as to whether or not the symptom (represented by that rubric) is *characteristic* (consistent) for that remedy – all other entries indicate characteristics, and therefore, the grades of clinical frequency may only apply to the non-bracketed entries, from 1-grade (lowest) to 4-grade (highest). This 4-tier grading system is consistently maintained from Bönninghausen's first repertory (SRA) to his last (TT). Refer also DHD, pp.54-55

²⁴ For a detailed explanation of our view that *characteristic* = *consistency*, we refer the reader to DHD.

²⁵ Whilst this ‘edition’ includes a half-page Preface dated August 1935 from *Derby, Connecticut* (the residence of H.A.Roberts), the essay itself does not state which author contributed which particular part – this is particularly pertinent here, since we find many serious conceptual discrepancies between the comments in one part when compared to the other. This is not the place to elaborate, but we recommend the reader to their own investigation of this essay.

²⁶ From Roberts' own pen we read (*Introduction*, p.44):

“Unfortunately, it has been impossible to secure an original German copy of the *Pocket Book*, therefore comparisons have been made by the tedious method of comparing the text in Allen's edition, rubric by rubric, with those in Hempel's translation, and where there has been any question, these have been compared with other available editions...”

²⁷ This most difficult and demanding work of rubric exegesis has been the object of our work over the past few years, as is evident in the extensive explanatory notes in TBR, to which we refer the reader.

²⁸ The copy in our possession is a reproduction by B.Jain publishers (1980 reprint), of the 5th American edition (reprint) TPA.

²⁹ Given TPO, TPH and TPL were published in 1847, it is clear these editors had insufficient time to study and use Bönninghausen's work prior to attempting any worthwhile re-publication.

³⁰ How could anyone, without a considerable period for study and clinical trial, possibly comprehend and assimilate the unique and strikingly distinct repertorial method of TT, which indeed took Bönninghausen himself several years to conceive, develop, and capture within the framework of TT?

³¹ Attempting to re-word existing rubric terms, via their *apparent* meaning (without recourse to the source MM), into a more readable form is itself a serious procedural error, which must, at best, threaten the accuracy and usefulness of the resultant work.

³² In our view, all changes made to original works must be marked for full transparency, as was done in TBR; references should be clear and complete, and when the works referenced are poorly accessible or rare, the entire text in context should be appended – there is no use in providing a mere reference to a work which is inaccessible to the reader. We should herein re-iterate, as stated in our DHD (p.65, note 53), that our decision to include those additions from Bönninghausen's latter works (as well as the so-called “Dunham-copy” [to which we refer as I-copy (*innominate-copy*)], as contributed by K-H Gypser, was taken with much reservation – in contrast to Gypser in his TT2000 edition, we decided to clearly and precisely mark each and every such change, in sufficient detail to allow their retracing from the original. For reasons touched upon elsewhere (refer DHD as above), our next edition of TBR will remove these additions.

³³ We acquired a photocopy of the complete original TPi from the Iowa State University Library, and a facsimile reproduction, published by B. von der Lieth, Hamburg, of the original TT.

³⁴ The title for this publication was initially conceived as *Bönninghausen's Therapeutic Pocketbook, English Language Edition 2000*, but the final distinctive title of *The Bönninghausen Repertory – Therapeutic Pocketbook Method* (published June 2000), was settled upon for the following reasons:

Firstly, the present edition is no longer the size of a pocket-book.

Secondly, the term “pocketbook” implies a less significant depth of information than in a more ‘substantial’ and bulky desktop reference, and such term is therefore inadequate for this work, which can be seen to embrace the therapeutic method of Bönninghausen in its entirety, without compromise.

Thirdly, the title should reflect the fact that this condensed work represents a clear *method* of prescribing, not a simple collection of scattered facts.

More detailed information on TBR may be found in an introductory article at our website www.hahnemann-institute.com to which we refer the reader.

³⁵ The authors of this present article closely collaborated in the following manner: B.Deutinger (native German speaker) served as the source language (German) editor; G.Dimitriadis (native English speaker) served as target language (English) editor. Such collaboration (of native source-target language editors) has proven invaluable when trying to comprehend not only the meaning, but also the ‘flavour’ of the German originals, as well when trying to render them into descriptive and readily comprehensible modern terms.

³⁶ By ‘sources’ I refer specifically to primary sources wherein we find listed the results of provings. With respect to Bönninghausen's TT, this necessitates an examination of original provings, from the following main works (among others):

Hahnemann

Reine Arzneimittellehre (RA) + its English translation = *Materia Medica Pura* (MMP) – R.E.Dudgeon translation

Die Chronischen Krankheiten (CK) + its English translation = *The Chronic Diseases* (CD) – L.H.Tafel translation

Hartlaub & Trinks

Reine Arzneimittellehre (HTRA)

Journals:

Allgemeine Homöopathische Zeitung (AHZ)

Archiv für die homöopathische Heilkunst (AHH)

Neues Archiv für die homöopathische Heilkunst (NAHH)

Practische Mittheilungen der homöopathischen Gesellschaft (PMG)

Annalen der homöopathischen Klinik (AHK)

The reference and study of original sources is a matter of primary importance, and yet it is too often overlooked or inadequately treated. On this very subject of reference to the sources, Hahnemann writes (*Organon*, 6th edition, §148, footnote):

“But this laborious, sometimes very laborious, search for and selection of the homœopathic remedy most suitable in every respect to each morbid state, is an operation which, notwithstanding all the admirable books for facilitating it, still demands the study of the original sources themselves, and at the same time a great amount of circumspection and serious deliberation, which have their best reward in the consciousness of having faithfully discharged our duty.”

Bönninghausen writes (*Three Precautionary Rules of Hahnemann*, NAHH 1844:1;1, in T.L.Bradford, *Bönninghausen's Lesser Writings*, 194-5):

“With great *conscientiousness*, ...the homœopath ...should first note down the whole condition of the patient... and then endeavour to discover in the book of “Chronic Diseases” and in the “Materia Medica Pura” the medicine covering *all* these momenta, or *at least* the *most striking* and *peculiar*; for this purpose he should not content himself with the repertories that have been prepared, a very *frequent carelessness*, for these books contain only *slight hints* as to one or the other remedy that might be selected, but can never take the place of the careful reading up of the *fountain sources*.”

M.L.Tyler writes (*British Homœopathic Journal*, 1927:17,123-24):

“I really want to know why we take everything from secondary and tertiary sources only? Why do we go back so little to the original sources? How many Homœopaths in our days have really studied the *Materia Medica Pura* of Hahnemann?”