

# ‘BOGUS’ BÖNNINGHAUSEN

*the fundamental flaw in ‘Boger’s Bönninghausen’*

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## Abstract

We herein describe the basic conceptual flaw in Boger’s attempted integration of Bönninghausen’s disparate works into a single volume, *Bönninghausen’s Characteristics and Repertory*, and how this work confuses the application and mis-represents the intentions of Bönninghausen. We further illustrate the many discrepancies and even translation problems which together add to render this work both ill-conceived, and unreliable.

## *Bönninghausen’s Characteristics and Repertory*

Cyrus Maxwell Boger’s *Bönninghausen’s Characteristics and Repertory*,<sup>1</sup> generally referred to within our profession as ‘Boger’s Bönninghausen’ (BB), is today generally considered as fully and faithfully representing the therapeutic works of Bönninghausen in the English language – to the point that reference to Bönninghausen most often brings to mind BB.<sup>2</sup>

Boger sought to “present the essentials of the masterpieces of Bönninghausen, condensed into one volume”<sup>3</sup> including all Bönninghausen’s major works spanning more than thirty years. These were (in order of their publication):

- TFR —
- SRA Systematisch-alphabetisches Repertorium der Homöopathischen Arzneien, Erster Theil enthaltend die antipsorischen, antisyphilitischen und antisycotischen Arzneien, 2<sup>nd</sup> edition, Münster, 1833. (*Systematic-Alphabetic Repertory of Homœopathic Medicines, First Part containing the antipsoric, antisyphilitic and antisycotic medicines*)<sup>4</sup>
  - SRN Systematisch-alphabetisches Repertorium der Homöopathischen Arzneien. Zweiter Theil enthaltend die (sogenannten) nicht-antipsorischen Arzneien, Münster, 1835. (*Systematic-Alphabetic Repertory of Homœopathic Medicines, Second Part, containing the (so-called) non-antipsoric medicines*)
  - BVE Versuch über die Verwandtschaften der homöopathischen Arzneien nebst einer abgekürzten Uebersicht ihrer Eigenthümlichkeiten und Hauptwirkungen, Münster, 1836. (*In search (findings) of the Relationships of homœopathic Medicines with a brief Overview of their Singularities and Main-Effects*)<sup>5</sup>
  - TT Therapeutisches Taschenbuch für homöopathische Aerzte, zum Gebrauche am Krankenbette und beim Studium der reinen Arzneimittellehre, Münster, 1846. (*Therapeutic Pocketbook for homœopathic Physicians for use at the Sickbed and in the Study of Pure Materia Medica [TPi]*)<sup>6</sup>
  - BHA Der homöopathische Hausarzt, Münster, 1853. (*The Homœopathic Domestic Physician*)
  - BKV Die Körperseiten und Verwandtschaften, Münster, 1853. (*The Sides of the Body and [remedy] Relationships*)
  - BKH Die Homöopathische Behandlung des Keuchhustens in seinen verschiedenen Formen, Münster, 1860. (*The Homœopathic Treatment of Whooping Cough in its various forms*)
  - BAH Die Aphorismen des Hippokrates nebst den Glossen eines Homöopathen, Leipzig, 1863.<sup>7</sup> (*The Aphorisms of Hippocrates with comments from a Homœopath*)
  - BWF Versuch einer Homöopathischen Therapie der Wechsel- und anderer Fieber, 2<sup>nd</sup> Edition, Leipzig, 1864.<sup>8</sup> (*In search (findings) of the homœopathic therapy of Intermittent and other Fever*).

Boger also included “hints” gleaned from articles contributed by Bönninghausen to various journals of that time (he does not list these articles specifically),<sup>9</sup> added 17 remedies,<sup>10</sup> and marked<sup>11</sup> his clinical experiences (but did not add any purely clinical symptoms).<sup>12</sup>

## 1. Incompatibilities

Whilst Boger’s efforts to condense Bönninghausen’s works into a single volume<sup>13</sup> were doubtless well intentioned and required a significant effort in both collecting and even translating original works, he did not realise that most were so *fundamentally different* in both concept and structure, that their integration was not intended (nor attempted) by Bönninghausen, and could only confuse the application of each work.<sup>14</sup> Let us examine these incompatibilities.

### 1. *Of Repertories*

Of the abovenamed works, only SRA, SRN, and TT are broad-spectrum (non-regional) repertories. As detailed elsewhere,<sup>15</sup> SRA & SRN are each parts of a single repertory to which we refer as *The First Repertory* (TFR), and which forms the basic *structural model*<sup>16</sup> upon which all other repertories,<sup>17</sup> *except TT*, are based.<sup>18</sup>

How TT differs fundamentally in concept and construct to TFR requires a careful examination of both works,<sup>19</sup> but the extent of such difference may be readily seen in the fact that, whilst TT fully represents both the pure materia medica and Bönninghausen's experience,<sup>20</sup> it yet contains only a fraction of the number (around 20%) of symptoms of TFR.<sup>21</sup> Moreover, since TT represents a *distillation* of all the information already contained in TFR, Boger's re-combination of these works serves to *duplicate* and further *confuse* their entries.<sup>22</sup>

Considering Boger's latter expressed view (1932)<sup>23</sup> for the need to stick to one repertorial method, we suggest the only reason Boger did not see the *methodological differences* between TFR and TT and hence the inappropriateness of their integration, was that he had *not studied* and thus *not understood* either.<sup>24</sup>

### 2. *Of Grades*

As is the case with TFR and TT, each of the other works incorporated by Boger differ sufficiently in their concept as to render their proper integration both ill-conceived and impossible.<sup>25</sup> That such conceptual differences also impact on the remedy gradings may be seen in the significant disparity found when comparing rubrics in TT with their equivalents in TFR<sup>26</sup> – which fact can only be understood by seeing TT as an independent work (though emerged from TFR) which differs significantly in the way it assigns remedy grades. Then again we have the problem that three of the works incorporated<sup>27</sup> into BB were not intended to indicate a differential system of grading, and are consequently misrepresented in any effort at integration.

Boger did not realise this fundamental difference between such works, as is made clear from his own words in an essay (1925) on this very topic, wherein he does not distinguish the *system of grading*<sup>28</sup> between one repertory and another.<sup>29</sup> It is therefore unsurprising he did not realise that the integration of grades from these disparate works would seriously undermine their *meaningfulness*.

## 2. *Discrepancies*

Now we pass from these fundamental incompatibilities to discrepancies arising from problems with both construct and translation.

### 1. *Of Construct*

There are inevitably in any such work mistakes attributable to human error, and BB proves to be no exception. To begin with, Boger writes that *every* addition from the "exigencies of daily practice" has been "properly designated"<sup>30</sup> (via an apostrophe),<sup>31</sup> but whilst we do find some such additions marked, we find many instances where such additions are not marked.<sup>32</sup> We have further found a surprising number of discrepancies, almost wherever we looked,<sup>33</sup> both the nature and frequency of which have been further extended in the most commonly available BB Indian editions (refer note 1). Lastly under this heading, we must not neglect to mention the additions from the so-called 'Dunham copy' of the *Therapeutic Pocketbook*, marked by means of an asterisk (\*),<sup>34</sup> which additions differ significantly (both in remedy inclusions and gradings) from those accepted from a supposed *bona fide* copy<sup>35</sup> of the 'Dunham copy' by Gypser et al.<sup>36</sup>

These discrepancies, in themselves, affect the accuracy and thereby the reliability of BB to such a degree, that its exclusive use in the clinical situation should be avoided,<sup>37</sup> especially by those unfamiliar with such discrepancies.

### 2. *Of Translation*

Next we may mention the problems discovered with Boger's translation of terms from the German of Bönninghausen's day, into the English of half a century later. From our own work with TFR over the past few years, we have found many examples where Boger's translations for SRA were inadequate

(meaningless), or incorrect,<sup>38</sup> and this is, to a lesser degree, also seen in BB.<sup>39</sup> But most of these mistakes could have been avoided if Boger had traced the rubric terms back to the source MM for a contextual understanding, instead, he seems to have translated according to his comprehension of the rubrics as they appeared on the page.

### Overview and conclusion

We have described the fundamental differences between the various works of Bönninghausen condensed into a single volume by Boger, but such difference is most evident with Bönninghausen’s *two distinct repertorial methods* embodied in TFR and TT, which works are themselves so distinct, when understood in concept and construct, as to prohibit any thought of their integration.<sup>40</sup> Consequently, Boger’s *Bönninghausen’s Characteristics and Repertory*, whilst generally seen as representing Bönninghausen’s ‘method’, does on the contrary, serve to confuse and mis-represent both the methods and intentions of Bönninghausen.

Finally, let us abandon our search for an all-inclusive ‘universal repertory’ in the hope it may contain everything<sup>41</sup> that is possibly of use in all clinical situations, but which is built upon a piecemeal gathering of completely independent works with different inclusion and grading criteria<sup>42</sup> (i.e. *mixing the unmixable*) – their integration has served to dilute their content and reduce their accuracy.

### Bibliography

- BB..... Boger, C.M. (Ed.): Bönninghausen’s Characteristics and Repertory, Parkersburg, 1905.  
 BCW ..... Bannan, R: C.M.Boger, Collected Writings, Churchill Livingstone, 1994  
 BLW ..... Tafel, L.H. (Ed.): The Lesser Writings of CMF von Bönninghausen, compiled by T.L.Bradford, translated by L.H.Tafel, 1908, reprint, Jain, Delhi, 1979.  
 BSRA..... Boger, C.M (Tr.): A Systematic Alphabetic Repertory of Homœopathic Remedies, part first, embracing the antipsoric, antisiphilitic, and antisycotic remedies, Parkersburg, W. Va., 1899. [Translation of SRA]  
 DHD..... Dimitriadis, G.: Homœopathic Diagnosis – Hahnemann through Bönninghausen, Hahnemann Institute Sydney, 2004.  
 HJM..... Hering, C. (Ed.): G.H.G. Jahr’s Manual of Homœopathic Medicine, translated from the German, with improvements and additions by 1838. This work was translated into English by several native speaking American, English and German contributors (of the *North American Academy of Homœopathic Medicine*), under the editorship of C.Hering, commissioned by J.G.Wesselhœft.  
 JHR ..... Jahr, G.H.G.: Handbuch der Haupt-Anzeigen für die richtige Wahl der Homöopathischen Heilmittel: oder: Sämmtliche zur Zeit näher gekannte Homöopathische Arzneien in ihren Haupt- und Eigenwirkungen; nach den bisherigen Erfahrungen am Krankenbette bearbeitet und mit einem systematisch-alphabetischen Repertorium versehen [*Handbook (Manual) of Main-indications for the correct Selection of Homœopathic remedies: or: all presently better known Homœopathic Medicines in their Main- and Singular effects; according to the experiences derived at the sickbed, including a systematic-alphabetic Repertory*], 2<sup>nd</sup> re-designed, revised and extended edition, Düsseldorf, 1835 (1<sup>st</sup> ed., 1834). This second edition was translated by Hering (HJM)  
 KBF ..... Korndörfer, A. (Tr.): Bönninghausen’s Homœopathic Therapeia of Intermittent and Other Fevers, Bœricke & Tafel, New York & Philadelphia, 1873. This is a translation (with additions) of BWF.  
 KR..... Kent, J.T.: Repertory of the Homœopathic Materia Medica, Examiner Printing House, Lancaster, 2 volumes, 1897-1899.  
 LRC ..... Lee, E.J.: Repertory of the Characteristic Symptoms, Clinical and Pathogenetic, of the Homœopathic Materia Medica (covering Mind, Head, Vertigo), published as a Supplement to *The Homœopathic Physician*, Philadelphia, 1889.  
 LRMC..... Lippe, C.: Repertory to the More Characteristic Symptoms of the Materia Medica, Bedell Brothers, New York, 1879.  
 SHB ..... Stahl, M.: Der Briefwechsel zwischen Samuel Hahnemann und Clemens von Bönninghausen – Quellen und Studien zur Homöopathieggeschichte [The correspondence between Samuel Hahnemann and Clemens von Bönninghausen...], vol 3, published by Institut für Geschichte der Medizin der Robert Bosch Stiftung, Haug, Heidelberg, 1997 (also: Dissertation [Med.], Göttingen, Univ., 1995).  
 TBR ..... Dimitriadis, G. (Ed.): The Bönninghausen Repertory – *Therapeutic Pocketbook Method*, Hahnemann Institute Sydney, June 2000. This work represents a rearranged English retranslation of Bönninghausen’s *Therapeutisches Taschenbuch* (TT), of 1846, and therefore assumes all its characteristics.  
 TPi ..... Therapeutic Pocketbook *innominate* (translator wished anonymity), English translation of TT, Münster, 1846.

### Journals

- AHH..... Archiv für die homöopathische Heilkunst  
 NAHH..... Neues Archiv für die homöopathische Heilkunst  
 THR ..... The Homeopathic Recorder, a publication of the International Hahnemannian Association  
 ZKH..... Zeitschrift für Klassische Homöopathie

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## Notes

<sup>1</sup> For this article we refer only to the original edition BB of 1905. The later (Indian) reprints (BBInd), first from Roy & Co. (1937, who held the rights) all have introduced frequent and obvious errors of their own, for example:

having omitted all the magnets (although retained in the MM section), as in:

BBInd241 Vertigo, swaying to and fro;

BBInd249 Vertigo, concomitants, swaying;

BBInd590 Sensations & Complaints in General, Lightness (of limbs);

having omitted whole remedies, as in:

BBInd940 Bones, Broken, pain as if – Hep. omitted (BB614/TT in grade-1 [TBR1526]);

BBInd943 Bones, Scraping – Ph-ac., Rhus-t. both in grade-4 (BB615/TT in grade-2 and 3 respectively [TBR1550])

Such mistakes must not be attributed to Boger, but their number is so great as to render these generally used Indian editions seriously untrustworthy and unreliable.

<sup>2</sup> It is interesting to note that BB was once considered as actually stemming from TT. In his article *Repertories and Dr. Boger’s Boenninghausen* (Homœopathy, 1940, pp.261-264), H.A.Roberts writes:

“In the March 1940 issue of Homœopathy, page vii, I find a comment on Boger’s *Boenninghausen* which reveals an error commonly held among homœopathic students, namely, that Boger’s *Boenninghausen* stems from the *Therapeutic Pocketbook*.”

Today there exist the following two contradictory (yet still erroneous) views:

1. that the ‘sizeable’ BB represents the ‘method’ of Bönninghausen, and that the smaller, pocket-sized TT is merely an abridged, ready-reference, itself subordinate to the more voluminous BB
2. that ‘The Bönninghausen method’ is represented by TT\*

\* This shift in view has followed our own work here at the Hahnemann Institute in reviving TT, through our publication of TBR, as well as our subsequent lectures and articles showing TT fully represents Bönninghausen’s (final) repertorial method.

It must be understood that there are *two repertorial methods* of Bönninghausen, the first of which is embodied in TFR, and the last, in TT, and it is thus insufficient to speak of ‘The Bönninghausen method’ without specific reference to one or other work.

<sup>3</sup> BB Preface, V, first sentence.

<sup>4</sup> This second edition SRA (first edition published 1832) was first translated into English by C.M.Boger in 1899 (BSRA).

<sup>5</sup> The second part of BVE (*Eigenthümlichkeiten*) forms the ‘characteristics’ (Materia Medica) portion at the front of BB.

<sup>6</sup> Regarding the TT translation into English, 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 stated in DHD (page 49, note 59) the translator is widely held to be *J.E.Stapf*, but as there is no evidence in support of this conclusion, we make no unnecessary assumption and accept the anonymity of this translator (according to his wish), and therefore refer to this edition as the *Therapeutic Pocketbook innominate* (TPi).

<sup>7</sup> Boger incorporated “a large number of paragraphs” from this work (BB Preface, V).

<sup>8</sup> The first edition of 1833 was translated into English (and edited) by C.J.Hempel, in 1845. The second edition was translated by A. Korndorfer in 1873 (KBF), and later the repertory section was translated afresh by P.P.Wells (being unaware of Korndorfer’s earlier translation) who incorporated it into his own treatise entitled *Intermittent Fever with Repertory of Bönninghausen* (1891).

<sup>9</sup> Boger writes (BB Preface, V):

“The periodic homœopathic literature of Bönninghausen’s time contains many communications from him and large numbers of hints from this source have been incorporated in the text.”

<sup>10</sup>“Aloes, Apis, Argentum nitricum, Borax, Bromium, Calcarea phosphorica, Fluoricum acidum, Gelsemium, Glonoinum, Kali bichromicum, Kreosotum, Mercurius corrosivus, Natrum sulphuricum, Phytolacca, Podophyllum, Psorinum, Tabacum.” These are incorporated into both the materia medica and repertory sections.

<sup>11</sup>The first edition of BB (1905) includes markings for each such addition, and for this reason we herein refer to this first edition. The publishing house Roy & Co. versions from 1937, and its subsequent Indian reprints have removed all such special markings, making it impossible to identify every change introduced by Boger.

<sup>12</sup>Boger writes (BB Preface, V):

“Properly designated additions have been made from the experiences of daily practice, but no clinical symptoms have been admitted.”

<sup>13</sup>Boger had sometimes to re-arrange much of the original works in order to ‘fit them together’ so to speak. An example may be seen with the rubric *Augenbeschwerden, Kälte* (Eye complaints, coldness) which BB relocates under the Fever chapter.

<sup>14</sup>It should be remembered that this compilation of Boger, albeit labour-intensive, and whilst perhaps increasing his familiarity, did not thereby make him an expert in the *methods* of Bönninghausen. In the discussion to a paper presented by Julia M. Green, entitled *Repertory Making, Repertory Uses* (*The Homœopathic Recorder* [THR], 1932), Boger states (p.737):

“The Post-Graduate School in Boston hopes to have me teach Bönninghausen and Kent principally. I am free to say I can’t work their methods as well as I can my own, and I think the same is true of other men... I have never been able to follow Kent literally at all, but Kent’s less than Bönninghausen.”

<sup>15</sup>Refer chapter on *Repertory Lineage* in DHD, pp.39-50.

<sup>16</sup>TFR itself forms the *first* true repertorial method of Bönninghausen, quite distinct from his *second* (final) repertorial method of his *Therapeutic Pocketbook* (TT).

<sup>17</sup>We here refer to all repertorial works which use abbreviated terms (rubrics) to represent the actual symptoms of materia medica, as well as a system of *grading* to indicate clinical verification.

<sup>18</sup>This very point must herein be emphasised: TT represents a unique structure which is wholly incompatible with other repertorial works. Refer DHD, *Repertory Lineage*, p.39.

<sup>19</sup>Refer DHD, *Repertory Lineage* (pp.39-50), and *Therapeutisches Taschenbuch* (p.51-66), for a detailed review.

<sup>20</sup>Bönninghausen, on the matter of his TT, writes (NAHH, 1844; in BLW217):

“Many years’ use of the Repertory, which I introduced in the year 1832 [SRA] and which others have since appropriated for themselves, has enabled me to fully recognise its defects, which seem inseparable from its present form... I finally discovered a form which corresponded with my intentions and which found the fullest approval of the late Hahnemann... May my work which required almost three years’ application, and which besides contains the result of all my practice, find a friendly reception and a just judgement.”

<sup>21</sup>Central to the TT construct is that, by abstracting the *symptom elements* from their original position within the provings (e.g. modalities removed from the regions in which they originally appeared, and placed within a stand-alone chapter\*), it allows the user to ‘complete’ symptoms by *analogy*, whereby the application of our (often imperfect) materia medica is thus extended via the re-combination of significant (proving) symptom elements into a case-specific, even new, variety. This unique feature of TT not only greatly increased its scope (applicable to cases with symptom *combinations* not before seen in the provings) but allowed a real condensation of information into a much smaller volume, without loss of meaning.

\* This *grouping* of symptom elements has been misunderstood as *generalising* and thereby greatly misrepresented to the profession, even to the present day, by those inadequately studied in Bönninghausen’s works, yet wishing nevertheless to pass comment. We refer the reader to DHD wherein this subject is detailed with specific case examples for illustration.

<sup>22</sup>TFR contains the rubric *Tongue coated*, with a number of sub-rubrics, whilst the design of TT allows these to be condensed (*grouped*, not ‘generalised’) into a single, all-inclusive, *Tongue coated* rubric (TT relies on combinations of broader symptoms across multiple locations – a sort of *triangulation*)\*. The consequence of this can be seen in the following comparative example:

§ TFR (SRA in this example) does not list Anac. under *Tongue coated*, but lists it (grade-1) under the sub-rubric *Tongue coated, white*. According to the schema of TFR, this tells us that Anac. *only* produces a white coating of the tongue, as seen by the only symptom to mention coated tongue in the original record, under AHH (1823) 2:1;170 sympt.142 “Weiße und rauhe Zunge, wie ein Pelz oder Reibeisen” [White and rough tongue, like fur or a grater], and which symptom is reproduced in Anac.CD195 “The tongue is white and rough, like a grater.”

§ TT as above stated, *condensed* all the information on tongue coatings into a single *Tongue, coated* rubric, wherein we find Anac. (grade-1) listed without further distinction as to the type or colour of coating.

§ BB Boger re-combined these rubrics in his BB, listing both the all-inclusive TT rubric of *Tongue coated* as well as those individual sub-rubrics of TFR, and we now see Anac. (grade-1) listed in both places (*Tongue coated* + *Tongue coated white*) which wrongly infers that Anac. produces both a general coating of the tongue, as well as a white coating – and this is not at all a reflection of the provings, but the result of mixing the unmixable.

\* TT thus essentially altered the *representative meaning* of such rubrics, in this case, from what was (TFR) a listing of remedies producing a coated tongue without a *particular* character, to (TT) a *grouping* of remedies with disparate types and colours of tongue coating, but without inferring the remedies therein produce all manner of coatings generally. This fundamental shift in rubric meaning must be recognised and never overlooked, and prohibits the assemblage of TFR/TT.

<sup>23</sup>Grimmer, speaking in the discussion to Julia Green’s paper, *Repertory Making, Repertory Uses*, says (THR738):

“It is a question, as Dr. Boger said, of getting used to one method or one system or one author’s idea about repertories. If you attempt to use Kent’s *Repertory*, and Dr. Boger’s, for instance, it would only lead to confusion. If you follow Dr. Boger’s method of repertory, or Bönninghausen, you must conform to their construction of the book. If you follow Kent, to be successful, you must know how the repertory was built and follow that method of construction.”

<sup>24</sup>Whilst we do not wish to sound overly harsh, it is nonetheless imperative to highlight Boger’s lack of familiarity with the various early repertories. This is most evident from Boger’s following words (THR737):

“... you will see that Jahr’s *Handbook* with its repertory [JHR], and Bönninghausen’s *Antipsorics* [SRA] came out within two years of each other.

It is an impossibility for two men to construct repertories practically identical in the rubrics within two years of each other. I can’t prove this, but I take it that they have their common origin in the regional repertories, scattered through the lexicons. There are repertories scattered all through them and they are almost identical with the repertories of Jahr and Bönninghausen...”

But Bönninghausen was quite clear on this in NAHH, 1844:1;2,39 (also in BLW217) with the following words:

“Many years’ use of the Repertory, which I introduced in the year 1832 and which others have since appropriated for themselves,...

Had Boger even read the Preface to TT (or its English translation *Therapeutic Pocketbook*), he would have come across the following statement of Bönninghausen:

“It is now more than fifteen years since I first introduced the form of a “Repertory” of the homœopathic remedies, which either through my original editions, or the Manuals of our indefatigable Jahr, by whom it has been adopted without any material alteration, has been widely spread and thereby proved its undoubted usefulness.”

Here Bönninghausen is both clear and accurate in describing that *he* first introduced the *form* of a repertory which was then adopted *without any material alteration* by Jahr. We would here re-emphasise that this *form of repertory* is that adopted by all subsequent repertories (e.g., Jahr, Hering, Lee, Lippe, Kent, Synthetic, Synthesis, Complete, etc.), which

are all therefore to be acknowledged as following Bönninghausen’s *first repertorial model* – the completely distinct *second* (and final) being his *Therapeutisches Taschenbuch* (TT) *model*.

Boger had thus not understood that Jahr’s *Handbook* was a copy of the structure developed by Bönninghausen for his SRA, and he was even unaware that previous works had a completely different structure to these. In conclusion, it must be admitted that Boger never researched the matter thoroughly, and he was therefore unable to realise the unsuitability of combining the disparate works of Bönninghausen into a single volume for his BB.

Boger’s lack of familiarity with TT is clearly expressed in his own prefatory comments in BSRA (1899), wherein he writes:

“Every repertory is useful. Unfortunately not one is complete. This one [SRA] offers the best guide for the selection of the most suitable remedy in chronic diseases, hence its translation.”

Almost seventy years earlier, Bönninghausen himself had abandoned his SRA repertory structure for that of TT (refer BLW217), and this above statement of Boger shows either he was, at that time (1899), unaware of TT, or had not comprehended its construction or use.

<sup>25</sup>It is not herein our intention to provide a detailed examination of each of the works included in BB, but brief account of the main works shall suffice:

BVE (1836) represents two works in one – the *second part* being a materia medica listing the principal and singular effects of remedies therein, and which forms the basis (expanded by Boger) for the ‘Characteristics’ in BB, and, given that it remains perfectly separate (not integrated) and does not impact on the application of the other works, it is therefore not unsuited to being placed within BB. The *first part* of BVE which comprises Bönninghausen’s knowledge on the relationships of remedies (as he had discerned until 1836) was not included in BB, instead, Boger incorporated Bönninghausen’s last, most developed remedy relationships list in BKV (1853), attaching it to the ‘Characteristics’ chapter under the heading of *Allied remedies*. The problem here is that Boger also incorporates (at the end of BB), the 1846 remedy relationships (concordances) of TT, without explanation as to how or when one or other list should be utilised, and thus serving to confuse rather than assist the repertorian.

BHA (1853) was purpose written for the home prescriber, with a structure completely different from that of TFR or TT, and is better described as an *index* to symptoms – a key term or heading is followed by a listing of remedies each with a symptom description (not dissimilar to (though more succinct than) the abovementioned works of Hartlaub, Schweikert, etc.).

BKH (1860) a work in which, remarkably, Bönninghausen does not indicate any ‘grading’ of remedies,\* and yet, Boger mixes\*\* this into a 4-tier grading system fundamental to Bönninghausen’s other works.

\* This is indeed remarkable given that BKH was published in 1860, and it is the *only one* of Bönninghausen’s works (meant for the professional prescriber) which does not indicate a remedy’s proven clinical usefulness via means of differentiating typestyle. All other works of Bönninghausen, from SRA (and even some prior) show a 4-tier grading system. Unfortunately, Bönninghausen makes no mention about this, and we are not yet in a position to make any determination as to his reasoning.

\*\* Boger never details this process.

BAH (1863) was intended as a *philosophical* commentary from the perspective of a homœopath, on the aphorisms of Hippocrates, wherein Bönninghausen, in an informal manner, lists remedies for various illnesses – but such listings are not at all able to be equated with, say, TT whose remedies are integrated within the structure of the whole, and for a very different purpose.

BWF (1864) is a specialised and elaborate treatise on *disorders of thermoregulation*, wherein Bönninghausen details all known symptoms (of proving) of the defined stages of fever (Circulation, Chill, Heat, Sweat) along with their associated (concomitant) symptoms. This work itself forms an integral unit which closely correlates symptoms revolving around any changes of thermoregulation, and which information cannot be again disassociated into its component parts and integrated within TFR without negatively affecting the original interdependence of the remedy grades. Having ourselves (at the Hahnemann Institute Sydney) examined and trialled in our clinics our own re-translation of BWF over the past few years, we are in a better position to offer such comparison, and to contrast this work with both TFR and TT.

<sup>26</sup>Let us compare, for example, only a few remedy entries (a-d) in one equivalent rubric of SRN-TT (grade differences indicated in superscript are SRN-TT values).

*Verschlimmerung, nach dem Essen* (aggravation after eating) [SRN279–TT314]

Acon.<sup>3-1</sup> Ambr.<sup>3-2</sup> Amm-m.<sup>2-3</sup> Ang.<sup>2-1</sup> Ant-c.<sup>4-2</sup> Ant-t.<sup>2-1</sup> Arg.<sup>2-1</sup> Arn.<sup>3-2</sup> Asaf.<sup>3-2</sup> Asar.<sup>2-1</sup> Bism.<sup>3-1</sup> Bry.<sup>4-4</sup> Calad.<sup>1-1</sup> Camph.<sup>1-1</sup>  
Cann-s.<sup>2-1</sup> Canth.<sup>4-1</sup> Caps.<sup>4-2</sup> Cham.<sup>4-3</sup> Chel.<sup>4-1</sup> Chin.<sup>4-3</sup> Cic.<sup>3-1</sup> Cina.<sup>2-1</sup> Cocc.<sup>4-2</sup> Coff.<sup>2-1</sup> Colch.<sup>2-1</sup> Croc.<sup>2-1</sup> Cycl.<sup>3-3</sup> Dros.<sup>2-1</sup>

SRN (1835) represents Bönninghausen’s last work using that repertorial structure, with the grades therein representing, in larger measure than SRA (1833), his own clinical experience. As we have reasoned elsewhere, the grade of a remedy cannot be reduced once sufficient observations have been made to warrant it in the first place, and this example therefore demonstrates the uniqueness of TT wherein the assigning of an individual remedy grade for a particular rubric is dependent upon other grades for that remedy in other rubrics within TT. In this way, unlike any other work, this interdependence of grades reflects the clinical frequency of application of rubric *combinations*, rather than that of individual rubrics. We refer the reader to DHD (*Remedy Grading*, p.54) for more detail on this subject.

<sup>27</sup>BHA (1853) and BAH (1863), by their nature, were never intended to indicate a relative grading of remedies as to clinical effectiveness. BKH (1860) also did not indicate any grading of remedies, but Bönninghausen’s reasons for this divergence from his other works remains (at present) unknown to us.

<sup>28</sup>By *system of grading* we refer to the initial inclusion criteria, the methodology for grading changes according to experience, and the interrelation of grades for single remedies across a number of rubric combinations. This was a subject not sufficiently considered by Boger, hence his inability to differentiate one repertorial construct over another, and this lead directly to his idea of “condensing” the works of Bönninghausen into a single volume (BB).

<sup>29</sup>Boger writes (Proceedings of the 46<sup>th</sup> Annual Session of the International Homeopathic Association, 1925, in BCW93-94):

“The over large rubrics of our repertories are likely to be useful for occasional confirmatory reference than for the running down of the final remedy. By eliminating all but the two highest grades of remedies in the large, general [rubrics] and including all the confirmed ones in the smaller rubrics, we bring to the fore the largest possible number of characteristics.”

Boger here makes no distinction of the grading systems of one repertory over another, and did thus not understand the fundamental difference in construction of TFR (and its subsequent emulators), and the TT – which subject has been fully detailed in DHD, to which we refer the reader.

<sup>30</sup> BB Preface, V.

<sup>31</sup> BB Preface, XI.

<sup>32</sup> Some examples:

BB225 Vertigo, aggravation, head, turning – added Calc-c.’ (grade-3, clearly marked as an addition by the apostrophe)

BB225 Vertigo, aggravation, turning over in bed – added Con. (grade-3) without being marked as an addition.

BB224 Vertigo, aggravation, ascending steps, when – added Ferr. (grade-1) without being marked as an addition.

BB224 Vertigo, aggravation, Awakening, on – added Phos., Stann. (both grade-1) without being marked as an addition.

Whether these discrepancies stemmed from Boger’s unintentional omission or from his failure to notice the printer’s typographic error is not known.

<sup>33</sup> We did not need to look very long for such mistakes to be evident, as the following examples will serve to illustrate:

BB226 Vertigo, aggravation, Walking in the open air – M-aust. listed in place of M-arct. (SRN in grade-2)

BB226 Vertigo, concomitant complaints, Eyelids, involuntary closure of – Sabin. omitted (SRN in grade-1)

BB585 Sensations & Complaints in General, Furry feeling – Cocc., Merc. in grade-1 (TT in grade-2)

BB614 Bones, Band about – Chin. in grade-1 (TT in grade-2 [TBR1532])

BB672 Fever, Partial coldness, eyes – M-arct. in grade-1 (SRN in grade-3)

BB713 Sweat, musky odour – Mosch. in grade-2 (BWF175 in grade-1)

BB713 Sweat, Musty – Merc. in grade-2 (BWF175 in grade-1)

BB714 Sweat, urinous odor – Canth. in grade-3 (BWF175 in grade-4)

We could add many more such examples, but given our stated position that BB is ill-conceived and inconsistent with Bönninghausen’s methodology, we have not set ourselves the task of a thorough examination for the purposes of correction of this work, which may, of course, be undertaken by those who are so inclined.

<sup>34</sup> BB Preface, X. This is, in itself, a major topic on which we have previously expressed our views in detail,\* but simply put, this is supposed to be the copy into which Dunham, during his second visit to Bönninghausen in 1855, transcribed the annotations from Bönninghausen’s own TT working copy. However, we have now *no doubt* that the actual copy presented to Dunham was a *German* edition TT (1846).\*\* Boger’s “Pocket Book” additions cannot therefore be held to faithfully represent the intention of Bönninghausen.

Moreover, whilst Boger states he marked only those paragraphs of the Therapeutic Pocketbook altered by this ‘Dunham copy’, we readily find these asterisks attached to unaltered rubrics from the original TPi.

\* TBR, Preface, pp.7-10; also our article *Die Sicherheit der Methode des Therapeutischen Taschenbuchs von Bönninghausen*, ZKH2001 45:3;96-116.

\*\* Thus Gypser et al. also wrongly accepted the annotated English language (Hempel) edition (which we refer to as the I-copy) as being that given to Dunham by Bönninghausen, incorporating the many changes without marking them for notice, into their revised TT of 2000 (TTG). Our reservations at that time, detailed in TBR Preface, were such that induced us to mark each such change – all of which changes shall be entirely removed from the second edition of TBR.

<sup>35</sup> We refer to this as the I-copy (for *innominate* copy – refer TBR p.7), which work contained over 1500 annotations, with many noted discrepancies and inconsistencies which we have detailed in TBR.

<sup>36</sup> K-H.Gypser, Bönninghausens Therapeutisches Taschenbuch, Revidierte Ausgabe 2000, Sonntag, Stuttgart.

<sup>37</sup> Boger himself used many repertories, including those of Possart, Field, Welsh, as well as his own (BB, Synoptic Key, General Analysis, and his Card Repertory).

<sup>38</sup> For example, as pointed out by K.Holzappel (ZKH2006 50:2;60-70), BSRA224 gave *Hypertrophy* for *Gliedschwamm* (SRA234) which in the old English terminology translated as *Fungus articularis* (usually a tuberculous condition affecting usually the knee joint; osteosarcoma of joints).

<sup>39</sup> For example, BWF174 Schweiss, faul riechender, wie faule Eier [*Sweat, foul odour, as of rotten Eggs*] has been wrongly given as BB713 *Sweat, sulphuric acid, odor like* – sulphuric acid does *not* smell like rotten eggs, and this rubric should read “Sweat, odour, rotten eggs (hydrogen sulfide), like.”

<sup>40</sup> Boger would have done a great service had he simply brought all these works together, without integration, into a single volume – as a repository of these works of Bönninghausen. This would have ensured their accessibility without affecting their intended purpose or application.

<sup>41</sup> This, in greater or smaller measure, is precisely what has also been done in repertories right through to the present day, including Kent’s *Repertory* (via its predecessors [Hering, Lippe, Lee]).

<sup>42</sup> Consequently, apart from Bönninghausen’s SRA, SRN, and TT, no other repertorial work can claim a grading system which accurately and consistently represents the information of both provings data and their clinical verification – all subsequent works (apart from our own TBR) have indiscriminately mixed and altered the gradings according to their desire to make an inclusive and enlarged volume.