

PROTOLOGUE ¹

Our continued research over the years has confirmed many of our previous findings, but more importantly, has uncovered the error of views trustingly inherited from our predecessors² and so-called collaborators,³ and firmly implanted our position that *all decisions taken for this present work be based solely on evidence with specific reference to primary source literature.*⁴ This has meant a complete review of the entire work, which allowed us to consolidate our understanding and gain the authority to make necessary changes in both re-forming and re-naming a number of rubrics in order to clarify their meaning and to better reflect the provings data from which they derive.⁵

1. Changes from the first edition

1 Removal of additions from I-copy TT

An annotated Hempel (English language) edition of TT, obtained and supposed⁶ to be Carroll Dunham's own copy⁷ into which he transcribed all additions from Bönninghausen's personal working copy of TT. But for a number of reasons,⁸ we have since determined this was not the original Dunham copy, and instead refer to it as the *Innominate copy* (I-copy). Our concerns over these additions from I-copy were made clear in our first edition TBR Preface,⁹ But the most significant sticking point relates to the changes in remedy grade indicated by a system of underlinings. As we ourselves discovered during a close examination of Bönninghausen's own manuscripts, he used a system of underlinings to indicate grade. Throughout his works, from his early unpublished manuscripts of 1830, to his 1846 TTm, Bönninghausen uses a system of underlinings to indicate remedy grade: no underlining indicates grade 1; one underlining, grade 2; two underlinings, grade 3; three underlinings, grade 4. In this way, Bönninghausen would write down the remedy, and choose the numbers of lines according the

grade he wished to indicate to the typesetter (who would translate this into a particular type-style). Bönninghausen never used more than 3 underlinings in any of his numerous manuscripts. This however, is not the case with the I-copy – there are numerous examples where even rubric titles are underlined, as well as instances where 3 and 4 grade remedies have been given numerous underlinings which would raise these much higher than 4-grade (refer *image 1*).¹⁰ This fact alone is sufficient to dismiss the I-copy as stemming from Bönninghausen.¹¹ It is for these reasons that all changes and additions from I-copy have been expunged from this edition TBR.

Image 1

Page out of annotated Hempel edition
Therapeutic Pocketbook (I-copy).

SITUATION AND CIRCUMSTANCES. 301

On drawing one's self up. (See Rising and stretching.)

From eructations.

AGAR. alum. amm. ant-crud. bar. bell. bry. calad. CANN. caps.
CHAM. cocc. cycl. hep. kali. LACH. n-vom. par. PHOSPH. plumb.
puls. rhodod. RHUS. sabin. SEP. sil. spong. stann. staph. sulph.
VERB. ZINC. *nutr. mur. nitix*

From exertion of the body.

Acon. agar. alum. ambr. amm. amm-mur. ant-crud. ARN.
ARS. asaf. asar. aur. bar. bov. BRY. calc. CANN. caust. chin.
cic. cina. cocc. coff. colch. con. creos. croc. euphr. ferr. graph.
hell. hep. ignat. jod. ipcc. lach. led. LYC. merc. mur-ac. natr. NATR-
MUR. nitr. nitr-ac. n-mosch. n-vom. oleand. phosph. plat. puls.
RHEUM. rhodod. RHUS. RUTA. sabad. SABIN. sassap. scill. sec-
corn. sep. SIL. spig. spong. stann. staph. SULPH. sulph-ac. thuj.
veratr. ZINC.

— of the memory.

Mgs.

— of the mind.

Agar. ambr. amm. ANAC. ang. arg. arn. ars. asar. aur. bell. *hum-ac*
bor. calad. CALC. carb-veg. cham. chin. cina. cocc. coff. COLCH.
cupr. dig. hell. IGNAT. jod. kali. lach. laur. LYC. mgs. m-arct. *graph*
m-austr. magn. magn-mur. mang. ment. natr. NATR-MUR. n-mosch. *hyes*
N-VOM. OLEAND. par. petr. phosph. ph-ac. plat. puls. ran-bulb. *spum*
SABAD. selen. SEP. SIL. stann. staph. sulph. tar. vit. zinc. *fram. nitix*

Eyes, from opening one's.

Acon. arn. aur. bell. bor. BRY. CALC. canth. chin. cic. CLEM.
coff. con. CROC. euphorb. IGNAT. LYC. mgs. magn-mur. N-VOM.
phosph. plat. spig. zinc.

2 Removal of additions from later works

It was during this extended process wherein we came to realise that *all* additions to TT, which we had accepted¹² into TBR,¹³ not only misrepresented the intention of Bönninghausen, but further, by incorporating information from various works with differing inclusion & grading criteria, acted to undermine the integrity of his TT, and thereby reduce its certainty.¹⁴ All these additions have been herein removed for this second edition TBR,¹⁵ for example:

Aggr. Injuries, head [Verschlimmerung, von Verletzung, Kopf]:

This rubric, added from AHP531, removed for this second edition.

Tongue coated (or furred) [Zungen-Belegtheit]:

Verat., added from I-copy, removed for this second edition

This process involved the reversal of around 1,700 remedy entry and grading changes which we had incorporated into the first edition TBR, but the fact we had individually marked each such change made this a relatively simple exercise.

3 Removal of duplicates/synonymous rubrics

Bönninghausen's inclusion of duplicate rubrics also increased the likelihood of inconsistency, as is evidenced by numerous discrepancies (of grade and remedy) between duplicates, both within TT itself, and across TTm/TT. For this edition we have removed a number of duplicates not previously noticed,¹⁶ including synonymous rubrics using different (dialectic)¹⁷ terms to say the same thing, and which, in their primary (German) pharmacography, were indistinguishable¹⁸ – whenever these were quite different in their medicine listings, we combined them into a single rubric.¹⁹ Some notable examples:

Sweat, coloured, red (bloody; hæmathidrosis)

Schweiss, färbender roth [TTm339] (sweat colour red) + blutiger [TTm162,260,339, triplicates] (sweat bloody). We have combined these rubrics because

they are indistinguishable clinically, and contained identical remedy entries (except for Dulc. which was not under bloody sweat).

Excrescences, Horny

This rubric appeared in quadruplicate as:

TTm251 Ausschlag [Eruption], hornartiger

TTm258 Auswüchse [Excrescences], hornartige

TTm285 Hühneraugen [Corns], hornartige

TTm301 Warzen [Warts], hornartige

These four rubrics listed the same remedies in differing grades, and we have (according to our policy in such cases to favour repertorial notice) herein accepted the higher grades.

Flatus, odour, offensive

This rubric [Blähungen stinkende] has been combined with the smaller *Flatus, foul odour* [Blähungen faulriechende], since these two terms cannot be separated in a practical sense – as may be clearly seen from the fact that the smell of rotten eggs is described as stinking [stinken] under *Calc.*1473, and as foul [fauler] under *Mur-ac.*176. Moreover, the identical rubric *Evacuation, offensive odour* [Stuhlausleerung, Uebelriechende], with 7 minor grading discrepancies, has been removed.

Amel. half asleep, during

The rubric *amel. in slumber* (im Schlummer) listed only Hell., and from its single proving symptom (Hell.24 [RA6]) we see it refers to an amelioration during a half-sleep (im Halbschlaf), when the prover becomes completely relaxed (but still aware), and that there is therefore no distinction between the two rubrics (*amel. in half-sleep/in slumber*).

The skin section proved amongst the most difficult, many of the obsolete terms having required much scrutiny in order to define them sufficiently for our purpose, and consequently, this section has received a most thorough review for this edition,²⁰ – we may mention for example, our integration of the rubrics under *Tetters (Flechten)* with their synonymous entries under *Eruptions (Ausschlag)*, or our clarification of *lack of reactivity* of the skin, of *Varicella, Erysipelous*, etc., the details of which will be found in their respective endnotes.

4 Reduction of rubric numbers

As we can see, this process has seen a reduction of rubric numbers for this edition. The reader will not find any other repertorial work

boasting such reduction – a total of 444 rubrics less,²¹ from 2694 in the first edition, to 2250 in this second edition TBR – this represents a milestone in homœopathic literature, by seeking *quality* over quantity, *certainty* over reservation,²² and by removing anything superfluous or confounding, and at the same time correcting any errors and retaining the intention of its originator.

We remind the reader that no changes have been undertaken without, in each case, documented supporting evidence from primary sources. Before closing on this point, there is one noteworthy exception to the reduction of rubric numbers, namely, the single addition of the following rubric:

Evacuation, yellow

TT inexplicably omitted this rubric which is found in both its SRA and SRN precursors [Stuhlausleerung, Gelbe].²³ The clinical significance of this symptom has induced its addition, but it should be noted that the SRA/SRN remedy gradings are generally not precisely consistent with those of TT, and this must be kept in mind when considering the grading consistency across rubrics (described in our DHD, p.54) in using this TBR.

5 *Concordances un-reciprocated*

Having determined to replace the TT Concordances with BKV, we further noted that the lack of perfect reciprocity in the remedies listed in both these works,²⁴ and we provided argument in support of our decision to reciprocate all such entries for our first edition TBR.²⁵

But after a further 10 years of constant study and almost exclusive application of this repertorial method, we are now in a position to offer the following comment:

The relationships listings were formed and re-formed from Bönninghausen's clinical experience, and it makes perfect sense that, in his experience, *Agaricus*, given in a particular case, may have (even frequently) produced a

response which indicated Sulfur as the next remedy, whilst the converse was never seen, i.e. that a patient given *Sulfur* did never, in his experience, produce a response to indicate *Agaricus* as the subsequent remedy.²⁶

In this way, Bönninghausen's relationships listing not only provides a *correlation* of medicines evidenced in a practical sense (following their homœopathic application), but it further provides an indication of their clinical *sequencing*,²⁷ and with the added marker for the observed *frequency* of such correlation (via the grading).

We therefore now accept the error of our previous action in reciprocating this work,²⁸ and have, for this edition, returned this Concordances list back to its original form, as Bönninghausen intended it.

2. *TT manuscript (TTm)*

Following the publication of TBR we obtained a copy of the TT manuscript (TTm),²⁹ and from our initial comparison with the printed TT, and with other manuscripts in our possession,³⁰ soon recognised it was written by Bönninghausen himself, to send to the printer for typesetting.³¹ The initial excitement was soon tempered by our realisation of the task ahead – to undertake a three way comparison between TTm/TT/TBR,³² rubric by rubric, remedy by remedy, which process extended over more than 2 years.³³

In short, TTm has proven a most valuable reference source and afforded a degree of certainty which was otherwise not possible. The following observations, drawn from our thorough examination of TTm, from first page to last, may help the reader to appreciate its importance in improving this second edition TBR.

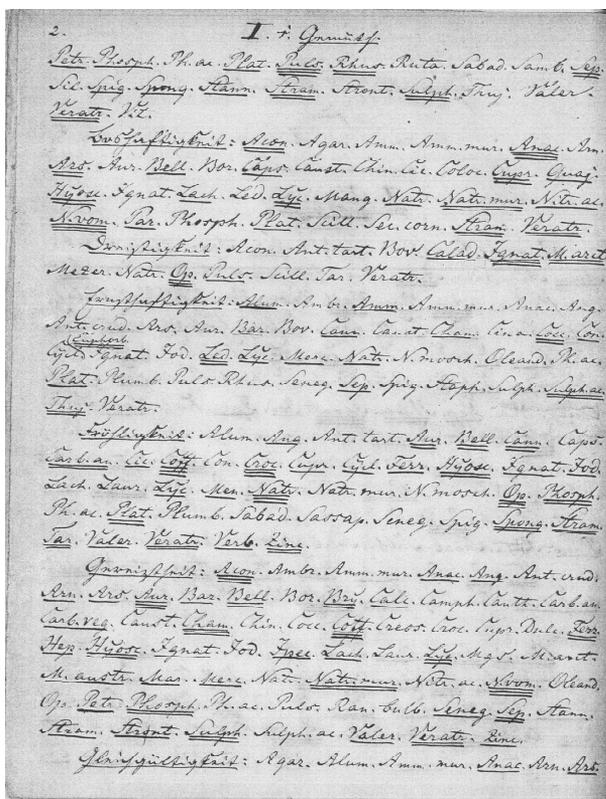
1 *TTm carefully transcribed for typesetter*

TTm was the *final printer manuscript*, most carefully written by Bönninghausen for the

purpose of giving it to the printer for typesetting the TT for publication,³⁴ *not compiled* from a number of precursors, but rather neatly *copied*, from a pre-existing single *working* manuscript (TTmw) with a similar structure.³⁵ A number of errors and their corrections by Bönninghausen found in TTm can only be explained in this way.³⁶

Image 2
(reproduced courtesy IGM R.Bosch)

TTm2, *Gemüth* (Mind). Note the neatness of handwriting and alignment, and the use of underlinings to indicate grade.



2 Bönninghausen took great care with TTm

As we would expect from such a work we do see mistakes and corrections, but that Bönninghausen took great care to ensure both the *accuracy* and *readability* (for the sake of the printer) may be seen from the following observations:

i With respect to readability, we see his efforts with such corrections as where a rubric has been

crossed-out and completely re-written because it was out of correct sequence,³⁷ or where the necessary corrections rendered the rubric (in Bönninghausen's mind) insufficiently clear for the sake of the printer.³⁸ We also see examples where the mistakes are sufficiently numerous within a single rubric, that he again crossed-out the whole paragraph and super-added, in the form of a leaf insert, the entire rubric afresh.³⁹ Such examples serve to remove any doubt of Bönninghausen's earnest efforts to ensure the readability of TTm.

ii With respect to *accuracy*, we see many examples of mistakes which Bönninghausen realised and corrected during the transcription process.⁴⁰ There are many examples demonstrating the care with which Bönninghausen undertook this process of correction, sometimes squeezing-in or super-adding one or more remedies erroneously omitted,⁴¹ and even crossing-out single underlinings whenever he discovered a grading (underlining) error.⁴²

Added to these observations we also note the extended period of time taken by Bönninghausen for proof-reading the printer's sheets prior to final publication. In a letter to Stapf (1844),⁴³ Bönninghausen writes that TT has already begun printing⁴⁴ and that it would be available shortly,⁴⁵ but several months later, in a subsequent letter (20 Feb. 1845), he says that his spare time is taken up by his work in proof-reading.⁴⁶ The TT was not published until early 1846,⁴⁷ and whatever the reasons for the long delay (around 18 months), it is clear that the process of checking the printer's proofs was much more extensive than first anticipated, and Bönninghausen even mentions his difficulty in this proof-reading process, with an example of the sixth section of proofs, assigned to another person to check, which resulted in a number of errors finding their way through to TT. We read:⁴⁸

"What a difficult task, moreover, it was, to correct the proof-sheets, the sixth may serve as a specimen, which on account of an indispensable journey I gave to another person to correct and wherein especially many misplaced letters will be found, which, however, leave no doubt as to

the sense. The few misleading printing faults and omissions of entire words are given at the end of the book.”

Only three of these errors introduced to TT in this way were significant enough to require mention in the TT errata (*Druckfehler*),⁴⁹ the other relatively minor mistakes did not affect meaning.⁵⁰ As Bönninghausen himself writes, he spared no effort to ensure TT was as error free as possible:⁵¹

“...I may be allowed to say, that no assiduity, no care, no circumspection has been wanting on my part, to avoid errors as much as possible...”

This helps to explain the 18 months required for Bönninghausen to be satisfied that the final work was ready for publication.⁵²

3. *Discrepancies & Errors*

Despite Bönninghausen’s greatest care in the proof-reading process, we do, unsurprisingly,⁵³ find a relatively small number of mistakes,⁵⁴ namely, those which Bönninghausen:

- 1 *detected after sending* TTm to printer, prior to printing of TT.⁵⁵
- 2 *detected after printing*, before binding of TT.⁵⁶
- 3 *did not detect*, even after extensive efforts at proof-reading.⁵⁷

In total, we detected over 300 TTm-TT discrepancies, the majority of which were very minor grading differences (which mostly needed no correction),⁵⁸ and in others, an inconsistency amongst duplicate rubrics, whilst only a very small number were what could be termed *significant* – of remedy omission, and of wrong remedy listed, and for which we have been able to show these stemmed either from printer error, or from Bönninghausen himself in transcribing his TTm, but in either case these were not discovered by Bönninghausen during his extensive proof-reading. We provide the following few examples:

i. *Grading Discrepancies*

Delusions [Einbildungen]: Note discrepancy TTm6/TT5 list Thuj. in grade 2-1 respectively.

ii. *Inconsistencies amongst duplicates*

Aggr. Flatulent foods (cabbage, Sauerkraut, peas, beans, etc.). This rubric quadruplicated [Blähende Speisen (flatulent foods), Kohl (Cabbage), Hülsenfrüchte (peas & beans), and Sauerkraut] with minor discrepancies, evidencing Bönninghausen’s difficulty in maintaining consistency across such duplicates. In such cases, the higher grades have been accepted in favour of repertorial notice.

iii. *Omission of Medicine*

Flatus, hot [Blähungen, heisse, TTm80]. TTm80 omitted Zinc listed in TT67. Support for Zinc is seen in the equivalent rubric under SRA110 which clearly lists Zinc. This demonstrates Zinc was mistakenly omitted by Bönninghausen when writing his TTm (perhaps due to “Zinc” appearing prominently in the margin of the rubric above, which may have caught Bönninghausen’s eye and he thought he had already written it in) – there are many corrections in this rubric by Bönninghausen, showing he was somewhat distracted at that moment – he realised this omission during proof-reading of the printer’s sheets, and issued the printer with a correction (which correction of course did not appear in the TTm).

iv. *Wrong Medicine listed*

Dull (obtuse) pain [Dumpfer Schmerz, TTm169]. Note discrepancy TT147 lists Creos. in place of Croc. in TTm169 – close inspection shows TTm having first written Creos. but with the ‘s’ crossed-out and the ‘eo’ overwritten with an ‘oc’, resulting in “Croc.” Evidence for support of Croc. is seen in SRN220 wherein we find it listed in grade 2 (Creos. is not there listed). This shows the printer missed “seeing” this correction, and Bönninghausen did not detect this during his proof-reading process.

In all, the number of significant errors is around 80 in 100,000 total medicine/rubric entries, or 0.08% - a remarkable figure in a work of this kind. This, by far, confirms TT as *the most accurate repertory*,⁵⁹ passed into TBR, and further improved in this edition.

1 Approach to TTm/TT Discrepancies

Having ourselves thoroughly checked TT against TTm, from beginning to end, we were then in the position to develop a strategy in deciding how to approach any discrepancies. What is clear is that TT was subjected to an extended period of most careful proof-reading, as well, that during the subsequent 18 years of his life following the publication of TT (i.e. 1846-64), Bönninghausen nowhere issued any further errata for TT.⁶⁰ Moreover, TTm was a manuscript carefully copied (from a precursor *working manuscript* [TTmw]) for the printer, but it was not again used by Bönninghausen to check against the printer's proofs (he instead checked against his own TTmw), which means therefore that TTm was not subjected to the same degree of prolonged scrutiny as TT. These facts, taken together, provide us with only one possible conclusion in dealing with TTm/TT discrepancies: *Wherever a discrepancy is found between TTm and TT, and where no other evidence is available, then TT must be accepted as the correct representation of Bönninghausen's intention.*

4. Endnote References

TBR was the first repertory to append notes to each rubric – this served two purposes: *firstly*, to refer each rubric to its original German TT counterpart to allow easy scrutiny and further research; *secondly*, to offer, as far as was possible, an attempt at rubric clarification through specific reference to their primary provings sources.

For this second edition, instead of giving only the symptom number in the endnote reference (as was too often done in our first edition TBR), we have also reproduced the entire symptom. Not only does this provide a convenient ready reference for the practitioner who no longer requires to further examine the MM in order to read that symptom,⁶¹ it further affords us the opportunity to correct

many numbering⁶² and translation (or other)⁶³ errors we found in our pharmacographic record over the past few years,⁶⁴ and which error we wished neither to replicate nor perpetuate. Consequently, the reader must keep in mind that a symptom cited in our endnotes refers to our own pharmacographic republication project [MMH],⁶⁵ and it may differ somewhat, both in symptom number,⁶⁶ and content,⁶⁷ to that same symptom as it appears in the currently available RA/MMP and CK/CD publications. Moreover, our endnote referencing uses two differentiating types to indicate pharmacographic source:

Arn. (plain type) = Reine Arzneimittellehre [RA]/
Materia Medica Pura [MMP], e.g.:

Bell.686 “Anxious heat in the abdomen, in the chest, and in the face, with stuffed nose. [Wsl]”

Cocc.299 “Painful cracking of the cervical vertebrae when moving the head.”

Ars. (*italic type*) = Die Chronischen Krankheiten [CK]/
The Chronic Diseases [CD], e.g.:

Mag-c.482 “Urine cannot be retained, on rising from a seat and on walking.”

Kali-c.118 “Squeezing pain in the left temple in paroxysms; also tearing. [Gff]”

For those unfamiliar with Hahnemann's pharmacographies,⁶⁸ we must also mention the structural differences in these works which impact on the numbering between the German originals (RA/CK) and their English counterparts (MMP/CD) respectively:

RA Hahnemann's symptoms listed separately (first) to those of other contributors

CK lists all symptoms intermixed (but still in the same head-foot schema)

This arrangement as seen in CK (replicated in MMP & CD) was introduced by Hahnemann for his CK (1st ed., 1828-30), and was also used in his first 2 volumes of RA (the only volumes to go through to a 3rd edition, 1830 & 1833 respectively), and for three medicines

in volume 6 RA (1827), i.e. Ambra., Carb-a., Carb-v.

This means that medicines listed in RA volumes 3-6 (excepting Ambra., Carb-a., Carb-v.), do not correlate in their symptom numberings with those of their MMP counterparts. Therefore, whenever we cite these medicines,⁶⁹ for those able and interested in checking against the original German, we also indicate the specific RA equivalent symptom number, as for example:

Cham.463 [RA434]

“The child can only be quieted by carrying it in the arms.”

Chin.83 [RA24]

“Headache when walking in the wind, compounded of bruised and sore pain.”

Cic.229 [RA198]

“Anxiety; he was violently affected by sad stories.”

The reader will also note our use of standardised contributor abbreviations in the symptoms reproduced in our notes – these have been introduced for the sake of consistency⁷⁰ and improved readability⁷¹ in the case of homœopathic and old school contributors respectively. Furthermore, for those symptoms where Hahnemann appends the paired names of *Hartlaub & Trinks*,⁷² or *Nenning & Hartlaub*,⁷³ we have instead given HTRA, and AHK respectively, as a more accurate representation of their source.

5. *Rubric Exegesis*

We are of the firm view that a repertorial work must contain sufficient definition for the user to clearly apprehend the applicability and limitation of each rubric. Yet, it remained until 168 years after SRA for us to introduce such definition by way of a system of explanatory endnotes appended to each rubric in our TBR, and over the ensuing years we have continued this process to add further clarity, definition,

and remove uncertainty, always with reference to original sources, both homœopathic,⁷⁴ and otherwise.⁷⁵

We also realised some of the terms used in TT are Bönninghausen’s own *representative summaries*, which, in themselves, are not always completely comprehensible, and which terms may not even be found in our provings record – for these especially we turned to the TT precursor, TFR, wherein we could sometimes find a differently worded or more expanded version of the same rubric, and in this way alone could we determine the actual meaning.⁷⁶

This present edition therefore contains a significant review of, and extension to many endnotes, some of which have required a very lengthy, detailed, and fully referenced explanation in support of our major conclusions. This may be appreciated by our treatment of the rubric *amaurosis*, which obsolete term was, after much searching through old medical literature, understood to mean any non-structural affection of vision, and which has herein been renamed as *Vision, Affected in general (amaurosis; neurogenic deficit)*, to which we have appended a full explanation with over 1800 words in an extended endnote.

In this way, the volume of text within the endnotes in this edition TBR has grown to exceed that of the body of the repertory itself – more than 140,000 words (endnotes), compared with 120,000 (repertory). Yet we would stress it is not the quantity which is important, but the quality of these explanatory notes which we have taken such effort to ensure and to express for the repertorian.⁷⁷ The reader will search in vain to find another work which even considers let alone undertakes such clarification of repertorial terms, and yet it is readily apprehended that these terms must be precisely understood for a proper use of repertory.

6. Acknowledgements & Closing Remarks

First and foremost, our thanks to Bernhard Deutinger, with whom I have personally had the privilege of working closely since our first meeting in 1998, and who has given his invaluable and continued input in every aspect of our research, and without whom the certainty of our position in comprehending the German language sources for this edition TBR would not have been possible. Thanks also to our other colleagues at the *Hahnemann Institute* Sydney, together with whom we have progressed in this path over the past few years – to Philip Johnstone, Greg Wellington, Ken D’Aran, Joanna Kelly, each of whom has contributed both to content and corrections for this edition. Our thanks to K.Holzzapfel (Stuttgart) for his scholarly treatment of this topic in ZKH wherein he first brought our attention to Bönninghausen’s TT manuscript, and pointed to a number of TT errors and clarifications, all of which has served to improve this edition. We also extend our thanks to I.Kritzenberger (Altdorf) for pointing out a number of corrections to our TBR, and for her continued input to this present edition, as well to M.Dinges (IGM *Robert Bosch*, Stuttgart), to whom we are most grateful for making TTm and other primary sources available to us. Particularly for their efforts towards our first edition, we restate our thanks to Greg Oosterbaan (Hamilton, NZ) for his very useful observations and suggestions, as well

to Simon for his support from the beginning, and to Zheng Xiong for his technical assistance towards publication. Of course we could not fail to mention our wives and families, for whose endurance we (again) offer our apologies, and for their understanding and support, our thanks. Lastly, to my wife and colleague Jacqueline, whose observations have made a significant contribution to this edition.

This unique work, which has consumed much of our available time over these many years, has been a labour of responsibility, yet the rewards are immeasurable, the results undeniable, our satisfaction great, and we have gained an appreciation of our inheritance, from Hahnemann through Bönninghausen, to a degree not possible by a cursory or rushed undertaking.

In closing, we are very pleased to offer this work to the profession, which represents the *most accurate repertorial work* available,⁷⁸ both for their use, and scrutiny, for the sake of our patients. We have taken great care to avoid mistakes of any kind within this edition, yet are not so bold or inexperienced as to state this work is error free, nor shall we be unhappy to learn (for that is the way of progress) that some small mistake had, despite repeated checks by a number of colleagues, escaped our notice, and we most openly welcome and encourage those who would seek to, and do, find any such omission or error, to communicate it, and for which we shall be grateful.

Notes

¹ *Protologue*, from the Greek πρότο (proto = first) + λόγος (logos = word), as distinct from the more familiar *prologue* (Greek πρό (pro = before)). I thus use this term to mean ‘*first words*’ of the text proper, as an *introduction*.

² We refer the reader to our article entitled *The Bönninghausen Repertory – the reasons behind the new English translation and re-formation of Therapeutisches Taschenbuch*, in AJHM, 2005, 98:3;163-171, also available from www.hahnemanninstitute.com.

³ We here specifically refer to K.H.Gypser heading his Bö-AG (Bönninghausen work group), in Germany, to whom we supplied our own TT database for their use in a German language (only) republication of TT. At a late stage (early 2000, when our TBR was being prepared for the printer), having found a number of errors in our database, we discovered these so-called collaborators, had already found and corrected them but without informing us – even though we had, as part of our commitment to collaboration, meticulously communicated each previous

error found via lengthy correspondences directly to K.H.Gypser himself. We leave the reader to form their own conclusions from these facts. Further, as detailed in our DHD (p.57), the integrity of TT does not allow for the integration of information from Bönninghausen's later works, and for this reason, among others,* all additions and contributions from K.H.Gypser have been removed from this second edition TBR. Whilst this event is both serious and unfortunate for those of us who seek an openness in information-sharing for the sake of Homœopathy, it nevertheless opened our path to self-reliance. In Sydney, Australia, working in a small group, we had no alternative but to search for answers and for the facts ourselves. We had no-one to guide us, but we also had no-one to mislead us. Consequently, we must, and gladly do, accept full responsibility for each and all decisions taken in the re-formation of this second edition, for which work we have spared no effort, and laboured relentlessly over the smallest detail, rubric by rubric, in order to ensure, as far as we are able, that the work remains faithful to Bönninghausen's intention, and accurately represents the provings sources.

* we must also mention, as we have previously shown in our various published articles (and in our DHD), that K.H.Gypser was incorrect in a number of his conclusions with respect to Bönninghausen, more particularly:

- that only the highest grades (3-4) in TT represent characteristics
 - we have shown all grades represent characteristics (refer our DHD, *remedy grading*, pp.54-55)
 - that the *complete symptom* comprises 4 components (Location, Complaint, Modality, Concomitant)
 - Bönninghausen himself, restating Hahnemann's teachings, describes the concept of a complete symptom comprising only three components (Complaint, Location, Modality)
- 4 We have hence refrained from perpetuating opinions, irrespective of their supposed authority, which could not be confirmed in fact, and for the sake of proper (welcomed) scrutiny, attach all observations in support of our own conclusions – for example, in this edition, we have not attached the name of J.E.Stapf to the original 1846 English translation TT, since the absence of any evidence prohibits written support for the suggestion (as by Hering, HRM, p.16) that Stapf was the translator.
- 5 The purpose of repertory is to point towards *materia medica*, and the language of repertory must therefore serve to facilitate this purpose, and in this edition TBR, we sought to select the most simple terms to be readily comprehensible and which reflect the true meaning, both with respect to the TT and to the provings from which it derived. This required our constant reference to the provings sources in order to clarify the meaning of the representative short-hand phrases (rubrics) used by Bönninghausen – this foundation gave us the liberty to select the most appropriate terminology for the present-day English language usage, of both practitioner and patient.

6 K.H.Gypser held the view that this work, to which he referred as the *N.N. Kopie* (*nomen nescio* = *name unknown*), was Dunham's own annotated copy, and he therefore indicated additions made into his own TT republication (TTG) from this source as BD (*Bönninghausen via Dunham*).

7 Presented to Dunham during his second visit to Bönninghausen in 1855.

8 The sheer number of such annotations (we counted around 1700 changes to nearly 600 rubrics) in itself suggests they were not from Bönninghausen, since he would, with so many changes, most likely have issued a new, updated and *corrected* edition. But errors which we ourselves discovered in TT were not corrected in this annotated I-copy (e.g. the printer's mistaken listing of Cann. in place of Calc. under *Taste, flat*). Moreover, the rubric *Epileptiform attacks, with convulsions*, present in TT but missing in the English TPi (missing also in the Hempel copy, evidencing Hempel simply re-worded the TPi), has been added by hand in this I-copy – clearly Bönninghausen would not have added a rubric which was already present in his own TT. The fact that Dunham makes no mention of copying TT, and that Bönninghausen also makes no mention of Dunham's copying any annotations, suggests that this gift from Bönninghausen to Dunham was personal, and this leads us to the view that this copy was a printed German TT, which was later, after his return to America, lent to Hering (HRM, Introduction, p.16):

“Dr.Dunham with his well known liberality left his copy long enough in Philadelphia to be compared and faithfully copied.”

But we must ask “compared and faithfully copied” to what? The fact is there is *no evidence of any annotations* in the copy given to Dunham, and Hering is here most likely referring to comparing the TT (German) with the available English edition (Hempel, TPH), to thereby check Hempel's rendition against the original German, before, as Hering puts it, “faithfully copying” it. In short, the evidence shows I-copy does not represent annotations from Bönninghausen.

9 Amongst these we noted:

- 1 Misspellings of abbreviations
- 2 Inconsistency of abbreviations
- 3 Careless additions of remedies already in rubric
- 4 Inconsistency of underlinings (grading) with those seen in Bönninghausen's authentic manuscripts
- 5 Multiple handwriting styles indicating multiple annotators

Point 1 shows a lack of attention to detail on the part of those making the additions, whilst point 2 likely demonstrates different people making the additions – most of us would settle on a style of remedy abbreviation, and then stick to it – especially whilst in the process of such an important task as the faithful transcription of Bönninghausen's TT updates. Point 3 seems inexplicable – except perhaps that different observers were adding their own emphases for those remedies in the column.

- 10 The most likely explanation is that such multiple underlinings within the I-copy are no more than an *emphasis* (of others), rather than a structured grade increase using the same criteria that Bönninghausen speaks of in his original TT *Foreword*, just as one may emphasise a sentence or a written word with an underline or two, or with a double exclamation mark!! Such emphases are not seen in Bönninghausen works, since he uses the specific grading system for that purpose, as a measured form of emphasis.
- 11 We should also mention, to paint the picture for the reader, the remarkable untidiness of some annotations (which you would not expect from a person specifically setting out to make a faithful transcription of an important work), the clear variations in hand-writing (style & thickness of stroke), as well as an occasional failure to maintain a correct alphabetical sequence (e.g. pp.20,309,311,317,323,331) all of which evidence the I-copy annotations were made non-contiguously, by more than one person, and/or with a (at times) carelessness in transcribing. Moreover, nowhere in his (later) writings does Dunham himself mention copying the TT annotations. Indeed, throughout the collection of his homœopathic writings (DST, 1852-1870), he mentions Bönninghausen on only 6 occasions – in one of these he states (p.250):
- “Passing from England to Westphalia, I enjoyed free and full and long opportunities to observe the practice of Dr. von Bönninghausen ...”
- Bönninghausen also makes no mention of Dunham’s copying his TT annotations, and this suggests that the actual copying was casual, neither formal nor fundamental to Dunham’s visit to Bönninghausen in 1855, and it would explain why such an important task as the faithful transcription of Bönninghausen’s annotations received no mention in the later writings of both men.
- 12 At that time, K.H.Gypser, to whom we were indebted for first turning our own focus towards TT, was regarded as an authority on Bönninghausen, and we put aside our own reservations (noted in our first edition TBR Preface) in accepting these additions.
- 13 As stated in our TBR Preface, and again re-iterated in our DHD (p.65, note 53), our decision to include those additions from Bönninghausen’s later works (*Eigenthümlichkeiten und Hauptwirkungen...* [BEH], *Homöopathischer Hausarzt* [BHA], *Aphorismen des Hippokrates ...* [BAH], *Keuchhusten...* [BKH], *Wechselfieber* [BWF], *Körperseiten und Verwandtschaften...* [BKV]), as well as those from the I-copy, was taken with great reservation. Thankfully, we had marked every such change in TBR, making them relatively easy to identify and remove for this edition.
- 14 Refer our article *Bogus’ Bönninghausen*, AJHM (2007), 100:1;50 (also at www.hahnemanninstitute.com), wherein we detail and highlight Boger’s unforeseen error in integrating these later works of Bönninghausen, each of which comprises a structural (grading) integrity that prohibits their integration with TT.
- 15 All rubrics and remedy entries not originally appearing in TT, including the nine extra medicines from Bönninghausen’s later works (Ap., Brom., Gins., Merc-c., Mill., Fl-ac., Tabac., Symph., Psor.) have been removed. Here we may also mention the section on *Pathological Names of Fevers*, added to TBR from BWF, has been removed for this second edition, as all the entries therein may themselves be generated through the combination of symptoms using other TBR rubrics.
- 16 For example:
- 1 *Taste offensive* [Geschmack, Widrig (*offensive*) + faul (*foul*)]. These two synonymous rubrics combined.
 - 2 *Sweat, oily* [Schweiss, fettiger]. The synonymous rubric *Skin, oily* [Fettige Haut] which listed identical remedy entries (with minor grade discrepancies) has been removed.
 - 3 TT listed rubrics for “sides of the body” only under *Internal Head* and *Generals*, and we found these rubrics were indeed duplicates – that Bönninghausen had reproduced these under *Internal Head* for the sake of convenience (it is the section covering headaches), to avoid having to fumble from one section to another in urgent headache cases. We have therefore removed these duplicates, and the repertorian will, as is the plan of this repertory, use the *sides of the body* entries in the section on *Generals* whenever they wish to specify a sidedness to an internal head symptom.
- 17 From our work in examining the original source provings, we find many different terms used interchangeably – reflecting more the dialectic expressions of the prover (or proving master) rather than a difference in meaning.
- 18 An excellent example here is the following rubric: *Sensorium, Dullness* (cloudiness, stupefaction, etc.) [Beneblung + Eingenommenheit + Betäubung]. These three rubrics have been combined as there is no practical separation possible. A good example may be seen with *Bar-c.* and *Cupr.*, which two remedies appear only under *Betäubung* (stupefaction) yet which list a number of symptoms of Eingenommenheit (dullness) in their provings (RA/CK). Whilst *Beneblung* and *Eingenommenheit* are synonymous, the term *Betäubung* suggests a greater degree of dysfunction, however, we also find examples where it has been used in a manner synonymous with a mild dazedness. Moreover, it is the character of a symptom, not its degree or intensity which must be considered towards a homœopathic diagnosis. For these reasons, we have combined these rubrics into this present form.
- 19 For example:
- 1 *Tugging (plucking, pulling) sensation* [Zerren + Zupfen, Gefühl von]. The rubric *Zupfen (tugging)* which listed *Chin. Cic.*, is seen, through the provings, to be synonymous with that of *Zerren (pulling)*, and it has therefore been incorporated herein.
 - 2 *Paralysis, inner parts* [Lähmungen, innerer Theile]. The original smaller, yet synonymous rubric *Paralysis, sensation*

- of, *inner parts* [Lähmigeitsgefühl, innerer Theile] which listed 10 remedies, 8 of which were already present within this present rubric, has been removed. From the MM we learn that the difference between actual paralysis and sensation of paralysis of the internal parts was merely one of terminology, as may be seen under *Ars.* and *Rhus.*
- 20 We must keep in mind that the *dermatology* of Bönninghausen's day was in its' infancy, and many of the terms used then have different implications today, and especially in treating of skin disorders, we must remain uncommitted to diagnostic labels and apply the terms in this section quite liberally, especially on the basis of their observable phenomenology. A good example may be seen with the rubric *Flechten, Ring*, which translates to *Ringworm*, but which could also refer to any circumscribed lesion, even where only marked by loss of hair in that area, as with *Alopecia areata* (also termed *ringworm* at that time) and for this reason we have renamed this rubric as *Eruptions, circinate*.
- 21 This number represents a removal of 445 rubrics, plus the addition of 1 rubric – *Evacuation, yellow* which rubric was inexplicably omitted from TT, even though present in both its (SRA/SRN) precursors. The clinical significance of this symptom has induced its addition.
- 22 This is in stark contrast to those numerous modern works littering our profession, which shall herein remain nameless in order to avoid their recognition, readily compiled by those either unable or unwilling to examine any original primary source literature, instead (often without clinical experience, theoretically at their desk) simply choosing to make baseless addition upon addition, adding error upon error, and thus diluting any real factual data which may have been present from their predecessor. In this way, we see these works replete with mistakes, and yet, nicely bound, and termed modern, they proliferate and attach themselves to the trusting, unsuspecting student. We can readily demonstrate errors on almost every page we turn of these popular works.
- 23 Refer SRA113 + SRN143 respectively. The rubric *Stuhlausleerung, Galligte* (Evacuation, bilious), according to K-H Gypser, meant *evacuation yellow*. As we clearly see from the following pharmacographic references, the bilious stool may, and most often is, green in colour:
- Merc.569 Dark green, bilious, frothy stools.
Puls.453 Diarrhoea as green as bile once or twice at night: before each stool a working about in the bowels (aft. 4d).
- 24 For example, under:
Aconite we find *Ars.* listed in grade 3, but under *Arsenicum*, *Acon.* is listed in grade 2
Agaricus lists *Sulf.* in grade 2, but *Sulfur* does not list *Agar.*
Bryonia lists *Phos.* in grade 2, but *Phosphorus* does not list *Bry.*
- 25 The following argument was noted in our first edition TBR:
- 1 Total of 255 inconsistencies (non-reciprocations) out of 1585 entries in the lists of remedy relationships.
- 2 Camphor, which showed almost no correlation in the TT Concordances, showed perfect reciprocity in BKV, indicating that Bönninghausen improved upon specific entries with the passage of time
- 3 The only alternative to a perfectly reciprocal relationship list, is a precise differential relationship list, which itself would require an inordinate attention to detail over a large number of clinical observations – a most improbable accomplishment for any single person. This, coupled with the fact that Bönninghausen's "latter" remedies showed a near perfect reciprocity, together provide sufficient evidence that the relationships list was intended to be, and now should be reciprocated.
- 26 Thus we see *Agaricus* lists *Sulf.* in grade 2, but *Sulfur* does not include *Agar.* in its relationship list.
- 27 For this reason Bönninghausen states (TT Foreword):
"... these Concordances have been of the most decided importance, as they not only led me to understand the Genius of the medicines, but also to secure the choice of the different remedies and to fix their order, particularly in chronic diseases."
- 28 This mistake has impressed upon us the necessity to refrain from *any* alteration to *any* original primary source, no matter how well intentioned, or how logical it may seem, unless, and until, sufficient *evidence* is seen to require it.
- 29 Our thanks to K.Holzapfel (Editor, ZKH), for having brought TTm to our attention (*Clemens von Bönninghausen and the Secure Remedy Prescription, 155 years of Therapeutic Pocketbook*, ZKH 2000, vol.4), and also to the IGM Robert Bosch Institute (Stuttgart) for making the original available to us.
- 30 We have in our possession photocopies of numerous other manuscripts in Bönninghausen's own handwriting, and with which we could compare and verify TTm to have been written by Bönninghausen himself..
- 31 This 436 page manuscript starts with the section on mind, and ends with ameliorations. It does not include the *Vorrede* (Foreword) or *Konkordanzen* (Concordances) chapter.
- 32 Our comparison involved checking each entry in TTm against our TBR. Whenever a discrepancy was found, we then checked TT in order to determine if the discrepancy existed also in TT, or was an error introduced by our TBR. When the error was found also in TT, we then sought to determine whether the mistake was in TTm, or in TT – this involved, in each case, reference back to primary sources, wherever possible, including TT precursors (SRA/SRN), and especially to our primary pharmacographic records (e.g. *Hahnemann's RA/CK; Hartlaub & Trink's RA; AHH, AHK, etc.*).
- 33 This most tedious process of checking over 100,000 TBR entries against those in the handwritten TTm, involved myself and my close colleague Bernhard Deutinger (a native German speaker), and consumed much of our

available time over this period. For the sake of scrutiny and to assist those wishing to undertake their own comparison, we have noted the corresponding TTm page number for each rubric in their endnote.

- 34 That TTm was not Bönninghausen's own *working manuscript* is readily seen by comparing it with his other manuscripts, many of which we have in our possession, themselves showing a degree of untidiness as is to be expected in such *works in progress* – by contrast, TTm is remarkably neat in its presentation, and moreover, it contains the marks of the printsetter.
- 35 Bönninghausen himself mentions the earliest such precursor (confined to the polychrest remedies) in his TT Vorrede (VIII, 2nd paragraph).
- 36 TTm22 (*Unterlider* [lower eyelid]) shows that Bönninghausen had, during transcription of an existing *working manuscript* (TTmw), simply *copied* the remedies from the rubric directly below it (*Lidränänder* [Lid margins] – see last line of TTm22) into the wrong place above it. He realised this only after having written the

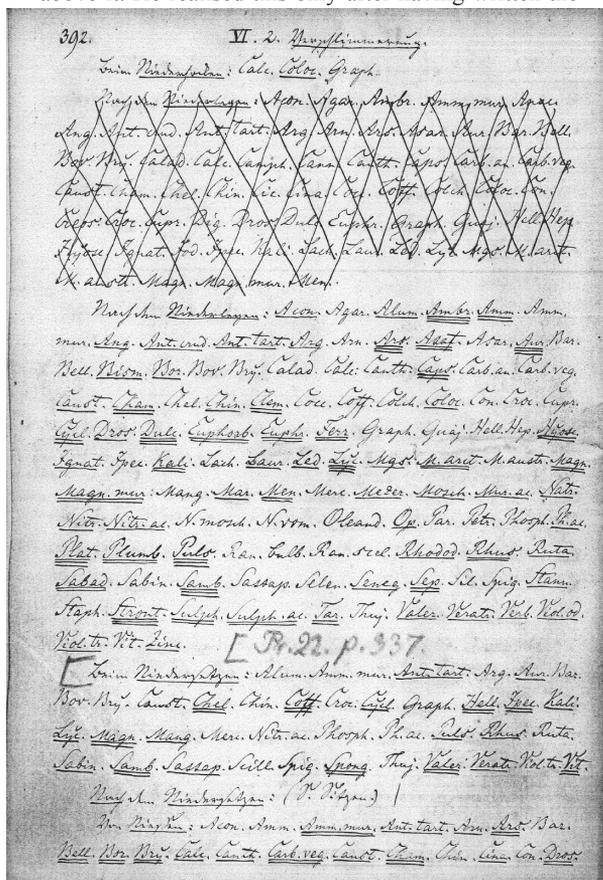


Image 3

(reproduced courtesy IGM R.Bosch)

TTm392, *Verschlimmerung nach dem Niederlegen* [aggr. after lying down]. Note half the medicines had been written down (but not yet graded) before the rubric was crossed out and re-written below. Note also printer's pagination marks indicating the page numbers in the printed TT

remedies down, and whilst he was underlining them to indicate their grading. In this example, we see that he only realised his mistake when he got to the underlining of Sulph. (as the previous remedies had been underlined already), at which point he crossed-out the wrong remedies, as well as the underlining for Sil. (we see similar examples under TTm5 and TTm116). There is clear evidence to show that Bönninghausen underlined (graded) each medicine in a rubric only after having written down the entire rubric, an excellent example being in TTm392 (Image 3), *Verschlimmerung nach dem Niederlegen* [aggr. after lying down], wherein we see half the rubric was already written down (without underlinings), before being crossed-out and re-commenced below [due to too many errors in transcribing].

Further, Bönninghausen is seen to realise a number of his errors of transcribing TTmw to TTm, at various stages in the process, e.g.:

- 1 whilst writing down the medicines of a rubric, as in TTm41 *Ausschlag, um die Augen* [eruptions, about the eyes], wherein he writes Staph., Spong. (out of alphabetic sequence), then notices his mistake, crosses out the Staph., and re-writes it straight after the Spong., before continuing on and finishing the rubric (see Image 4, next page)
- 2 after writing down all medicines of a rubric, whilst then underlining each medicine, as in TTm387, *Verschlimmerung, im Liegen auf der Seite* [aggr. lying on the side], where, having written the entire rubric and whilst in the process of underlining, he crosses out the rubric and re-writes it directly below (see Image 5, next page)
- 3 after having written and graded an entire rubric, as in TTm100, *Männliche Geschlechtstheile, im Allgemeinen* [Male genitalia, in general], wherein we see he has completed writing and grading for the entire rubric, and having written down the first 3 medicines of the subsequent rubric, realised his mistakes for the first rubric (omitted multiple medicines), then crossed out both rubrics, and re-wrote them from the beginning (see Image 6, next page)

Yet, despite his remarkable carefulness in this transcription process, a number of errors (mostly minor) escaped his attention, as can be seen in his errata list, and as we have ourselves uncovered, and rectified, for this edition TBR.

- 37 TTm52,289, etc.
- 38 TTm387
- 39 TTm162 (*Blut-Mangel*).
- 40 TTm41 *Ausschlag in den Augenbrauen* (eruptions, eyebrows) – this rubric is seen *squeezed into the space* between the rubrics *Ausschlag um die Augen* (above) and *Ausschlag auf den Backen* (below), evidencing it was initially omitted, and Bönninghausen realised it only after he had completed writing the subsequent rubric.
- 41 TTm26 (*Doppelsehen* [Diplopia]), TTm36 (*Nasen-Spitze* [Nose-tip]), TTm47 (*Sommersprossen* [Freckles]), etc.

42 TTm47 (*Sommersprossen* [Freckles]), TTm55 (*Schlund* [Pharynx]), TTm70 (*Erbrechen im Allgemeinen* [Vomiting]), etc.

43 *Neues Archiv*, 1844, vol.1, no.2, p.39

44 "... der Druck eben begonnen hat..."

45 "nächstens". The time frame for the writing of this letter is most likely somewhere in March-April 1844, as calculated from the various letters to the Editors in this abovementioned 1844 issue (both *Archiv* and *Neues Archiv* do not unfortunately provide the publication dates other than the year).

46 *Neues Archiv*, 1845, vol.2, no.1, p.89.

47 G.W. Groß had received a pre-release copy for the purpose of review,* but he makes only a brief announcement (pre-review, 20 Dec.1845) stating it needs sufficient time for a proper review (*Neues Archiv*, 1846, vol.2, no.3, p.179).

* TT was likely printed in November 1845, and copies given for review *prior* to general release which awaited the French and English versions to be printed for the purpose of a simultaneous release in all three languages (early 1846).

48 TT Vorrede, XI, 1st paragraph.

49 TT86 (wrong page reference); TT89 (*Kali*. [grade-3] wrongly omitted); TT93 (Calc. wrongly listed in grade-1 instead of grade-3)

50 Looking through these pages reveals the following such typographic errors:

page	Entry	to read
TT81	Cann.	Cann.
TT82	iZnc.	Zinc.
TT84	N. vom.	N. vom.
TT89	Chin:	Chin.
TT93	Sulph. ac.	Sulph. ac.
TT95	C r n c.	C r o c.
TT95	F r r r.	F e r r.
TT95	S a l p h.	S u l p h.

51 TPi Preface, X.

52 It seems also likely there were problems with the publishing house, plus the added delay for a simultaneous three-language release.

53 As anyone who has undertaken such work will readily attest.

54 Many of these were traceable to printer (typesetting) error, for example: TTm397 (*Verschlimmerung, beim Schlingen* [aggr. Swallowing]) clearly lists Sulph. but TT341 had wrongly given it as Staph.— this error was detected by Bönninghausen after printing but prior to binding of TT, and mentioned in his TT *Druckfehler* (errata).

55 This fact is evidenced in the following examples:

1 TTm80 (Blähungen, heisse [flatus, hot]) omitted Zinc. which remedy is yet listed for this rubric in TT67. SRA110 clearly lists Zinc. for this same rubric, demonstrating Bönninghausen had mistakenly omitted it *whilst transcribing* TTm* and that he *realised this omission during proof-reading* of the printer's sheets, and issued the printer with a correction** (which correction of course did not appear in the TTm).

* "Zinc." appears prominently in the margin of the rubric directly above it in TTm, which may have caught Bönninghausen's eye and he perhaps thought he had already written it in; there are also many corrections by Bönninghausen in this TTm rubric, suggesting he was somewhat distracted at this time during transcribing.

** This would have been communicated in writing to the printer, most likely in the form as per TT *Druckfehler* [printer's error] indicating the precise page number, line, and changes to be made..

56 The following few examples will suffice to evidence mistakes discovered by Bönninghausen* in time to be mentioned in his TT *Druckfehler* (errata), namely:

1 TTm74/TT62 (*Magen* [Stomach]) lists Ip. in grade-2, but Bönninghausen directs it be changed to grade-4 in TT *Druckfehler*.

2 TTm85/TT72 (*Stuhlausleerung, Graue (aschfarbige, weissliche)* [Evacuation, Grey (ash-coloured, whitish)]) does not list Sep., but Bönninghausen (TT *Druckfehler*) directs it be inserted in grade-3.

3 TTm99/TT86 – in a footnote to the rubric *Harnröhre* [Urethra], Bönninghausen wrongly refers the reader to page 75 for *Innerer Bauch* [Inner abdomen]. But this rubric is actually on TT page 63 – Bönninghausen issues the correction in his TT *Druckfehler*.

4 TTm104/TT89 (*Eierstöcke* [Ovaries]) does not list Kali-c., but Bönninghausen (TT *Druckfehler*) directs it be inserted in grade-3.

5 TTm108/TT93 (*Monatlichen, zu langdauernd* [Menses, flow prolonged]) lists Calc. in grade-1, but Bönninghausen directs it be changed to grade-3 in TT *Druckfehler*.

6 TTm348/TT300 (*Verschlimmerung, Abends* [aggr. Evening]) lists Arg. in grade-1, but Bönninghausen directs it be changed to grade-3 in TT *Druckfehler*.

7 TTm388/TT333 (*Verschlimmerung, Liegen, tief, mit dem Kopfe* [aggr. Lying with the head low]) does not list Arg., but Bönninghausen (TT *Druckfehler*) directs it be inserted in grade-3.

8 TTm411/TT353 (*Verschlimmerung, im Winter*) does not list Arg., but Bönninghausen (TT *Druckfehler*) directs it be inserted in grade-3.

57 The following few examples will suffice:

1 TTm57 (*Mund-Gestank* [Bad odour from the mouth]) lists Bov. but TT48 wrongly lists Bor.

2 TTm42 (*Ausschlag, um den Mund* [Eruptions around the mouth]) lists *Mur-ac.*, omitted in TT35, support found in *Mur-ac.*131.

3 TTm64 (Taste, bland [*Geschmack, Fade*]) superadds Calc., but printed as Cann. in TT53. Support for Calc. is seen from: SRN99 (*Geschmack, fader*) *does not list* Cann. and *no* supporting symptoms are found in RA. SRA80 (*Geschmack, fader*) *does not list* Calc. but *four* supporting symptoms are found in CK:

CK546 Der Geschmack ist abgestumpft.

CK547 Es schmeckt ihr Alles ungesalzen.

CK548 — Das Essen hat ihm zu wenig Geschmack, namentlich das Fleisch [*Frz*]

CK549 Fader, wässerichter Mund-Geschmack, bei allzu empfindlich erhöhtem Geschmacke der Speisen.

- Calc. was not included in the SRA rubric since the only symptom in Hahnemann's RA at that time (SRA second edition 1833) was that represented by CK548. Hahnemann's CK, which listed 3 further symptoms only appeared, in its second edition, vol.2, 1835. All this supports the conclusion that the superaddition of Calc. was indeed Bönninghausen's intention, and that the typesetter mistakenly placed Cann., which Bönninghausen did not see during his proof-reading.
- 58 Most such grading discrepancies could not be altered since the grading indicates Bönninghausen's own clinical verification at that time, and this was evidently different, as seen by comparing the grades for the same remedies in equivalent rubrics under their SRA/SRN precursors. We have therefore only noted these discrepancies, without making any adjustment.
- 59 The same cannot be said of other ('popular') repertoires, which are replete with many and serious errors, not only of content, but also of their very process of construction and inclusion criteria. These works, which seem to spring up like weeds in a unprotected soil, lack reference to primary source literature, and are instead built upon information from manifold previous repertorial (non-primary) sources – thereby forming opinion upon opinion, and adding error upon error, whilst at the same time diluting any useful data which may have been present.
- 60 Bönninghausen never saw the need for a second edition TT, even though it was the tool of his busy daily practice. He was no foreigner to the process of authoring and publication (he wrote a number of works after TT), and yet we find no letter, no remark, no article, no book, wherein he makes any comment regarding any significant errors he may have discovered in the subsequent years of daily reliance on TT.
- 61 Except in order to verify for themselves the accuracy of our reference.
- 62 We find multiple misnumberings in the original German RA/CK and even more in the English translations MMP/CD.
- 63 For example:
Dig. CD597 "Feeling of great tightness [Leichtigkeits-Gefühl = lightness feeling] in the body."
Con. CD796 "Nervous asthma [Nerven-Schwäche = Nervous weakness]."
Nat-m. CD293 "Burning of [Auslaufen = Discharge from] the ear, for many days.
- 64 We found it necessary to correct a significant number of the symptoms, which, either by mistranslations, misunderstandings, or errors in editing, had rendered their meaning inadequate or confusing, even in their original German form.
- 65 The preliminary working title for this work is *Materia Medica Hahnemannica* [MMH]
- 66 Although the actual symptom will be located nearby.
- 67 Occasionally a term which was poorly translated, or incorrectly typeset, has been corrected.
- 68 It is today a rarity to find a practitioner, student, or teacher, who is familiar or uses these works of Hahnemann.
- 69 These 28 medicines are: Ang., Asar., Bism., Camph., Caps., Cham., Chel., Chin., Cic., Cycl., Euphr., Hell., Hyos., Ipec., Led., Meny., Ruta., Samb., Scill., Spig., Spong., Staph., Stram., Tarx., Thuj., Verat., Verba.
- 70 The fact that Hahnemann's RA and CK were developed over a number of years, also meant that the abbreviations used by Hahnemann were inconsistent. For example, *Gss* or *Gr* for *Gross*; *Htb* or *Hb* for *Hartlaub*; *Hrr* or *Hrm* for *Herrmann*; *Lhr* or *Lgh* or *Lr* for *Langhammer*; *Ts* or *Tr* or *Tks* for *Trinks*; etc.
- 71 Especially in Hahnemann's earlier provings, we find symptoms comprising only one or two words, followed by numerous and prolonged references to multiple old-school sources which, for those seeking to study the symptoms themselves, serve as an obstruction to visibility. We have replaced these references with specific abbreviated codes, each of which is then indexed at the end of our MMH to the precise reference given by Hahnemann. This has allowed a much more streamlined view of the actual symptoms, whilst still providing full reference to the sources (at the end of the book) for those who wish to examine these more carefully themselves.
- 72 The symptoms of 10 medicines in Hahnemann's RA (Ars., Cann-s., Carb-a., Cocc.; Dulc., Euphor., Ign., Iod., Phos., Rhus.) appended with the names of "Hartlaub & Trinks" were taken from their *Reine Arzneimittelehre* (HTRA) – but neither *Hartlaub* nor *Trinks* themselves participated (or conducted) these particular provings – their role was simply as Editors of HTRA, wherein they were reproduced (often without any specific reference as to their origin). All other symptoms append the names of the *prover* or *proving master*, and for this reason, we have replaced the joint name abbreviation of "*Htb&Tks*" with the abbreviation of the publication "HTRA", thus removing any misconception that such symptoms resulted from provings by Hartlaub & Trinks themselves.
- 73 The symptoms of *Ammonium muriaticum* of *Nenning* and *Hartlaub* appeared in the *Annalen* (AHK, 1833, vol.4, pp. 217-46) wherein it was simply stated in the remedy preamble that the symptoms were contributed by N-g (Nenning) and Hartlaub, but without any indication as to who supplied which symptom. Therefore, in his CK (2nd ed.), Hahnemann appends both names to each of the 289 symptoms taken from that source – not as an indication of a *joint* contribution, but simply that he could not ascribe a particular symptom to one or other contributor – except for CK66 wherein, mistakenly, we find only the initials "Ng." (Nenning) appended (AHK gives no such appendage). Curiously, 40 of these symptoms were appended with (*Ng. u. Hb.*), whilst 248 were given as (*Hb.*

u. Ng.). Furthermore, given that two names appended to a symptom may infer a *joint* contribution and an over-estimation of their value, we have referenced these 289 symptoms directly to AHK.

74 The reader should keep in mind that not all rubrics in this edition TBR have been able to be traced back to their source symptoms, this is largely due to the fact that Bönninghausen had access to more sources, including correspondence with Hahnemann himself, but the instances where we could not find these sources are relatively few. It should also be remembered that many symptoms were recorded outside of Hahnemann's pharmacographies, i.e. not in RA or CK [MMP or CD], appearing in other works, both in book and periodical form, which are unavailable in the English today, e.g. AHH, AHK, AHZ, PMG, HH, HTRA, etc., and therefore, one must not judge this work amiss when a symptom cannot be located in an English language work such as MMP or CD. However, what opinion is to be entertained regarding the profusion of other repertorial works which list no sources at all for any original information they have inherited, and the 'sources' they provide for newly listed entries are very often unqualified, unverified, inadequate, or even completely improper.

For example, you will find no source symptom attached to any rubric in *Kent's Repertory*; in *Synthesis* we find 'h' provided as a reference for additions, but checking their list of author abbreviations, we find h refers to "Hahnemann, Samuel: German Homœopathic Physician (1755-1843). Founder of Homœopathy." But this is no reference at all, since the information could not have come directly from Hahnemann's grave in Paris, and it therefore must have come from one of his writings to which they have not at all referred to the reader; a third and final example to drive home our point, may again be seen with *Synthesis*, wherein we find that many of the additions in reference to *Bismuth*, are indicated as being from the *sub-nitrate* (bism-sn) or the *oxide* (bism-o). However, these are one and the same preparation – even though Hahnemann called it the oxide, his directions for its preparation actually yield the sub-nitrate,* so when editors of *Synthesis* incorporated these additions, they failed to investigate the matter, and simply assigned the name of the medicine according to their source

designation, i.e., "bism-sn" for entries from Scholten's *Homeopathie en Mineralen*, and "Bism-o" for those stemming from Allen's *Encyclopædia*. Remarkably, the editors of *Synthesis* did not even realise that in Kent's Repertory (the basis of *Synthesis*) 'bism' refers to the oxide (as stated in Kent's list of remedies), and that additions from Allen's *Encyclopædia* should not therefore be given a different designation to those in Kent.

* Hughes (1886) writes (CDP, p.579):

"Hahnemann calls his preparation the oxide; but the directions he gives for making it are those now considered to result in a sub-nitrate"

A. Teste (1814) states (TMM, pp.249-250):

"I believe Hahnemann is mistaken, when he speaks of the praises which Odier, Carminati and Bonnat, have lavished on the *oxyde of Bismuth*; it is the sub-nitrate of bismuth (*calx bismuthi alba*) that was used by these physicians. I suppose, however, the greatest analogy exists between these two drugs..."

Otto Leeser (1932) also comments (LeMM, p.533):

"Hahnemann calls his preparation bismuth oxide but according to the preparation cited it is bismuth subnitrate."

75 The reader will note our extensive reference to old school sources cited in our pharmacographies, especially in clarification of meaning for diagnostic terms used at that time – to *A. Addington* on Scurvy, *G.J. Beer* on Amaurosis, *T. Bateman* on Ringworm & Varicella, *B. Bell* on Corns, *W. Cullen* on Miliaria alba & Metrorrhagia, *G. Gregory* on Erysipelas, and to *J.J. Wepfer* on Gangrene, to name a few.

76 A good example is seen with TBR76 *Unrichtigsehen* (inaccurate vision), which term will not be found in our pharmacographic (provings) record, but which, through reference to TFR, was understood to mean that objects appear distorted.

77 A good example may be seen in our note to TBR1380 (Gangrene, dry), wherein our research of the old school literature (*J.J. Wepfer, Historia Cicutæ Aquaticæ, 1716*) revealed a typographic error in TTm/TT which, for the first time within our literature, we have been able to correct for this TBR second edition.

78 Not only is this present edition TBR the most accurate version of TT, it also represents the most accurate repertory to date.