The development and formation of the repertory.

By James Tyler Kent

Presented by Sylvain Cazalet

THE EARLY REPERTORIES.

Not so many years after I was first a homœopath, there fell into my hands the first Bœnninghausen's Repertory, Lippe's "Repertory, Biegler's Diary, Minton's Diseases of Women, and Jahr's Repertory, which in form was very good. And Lippe's Repertory, in characteristics and form was very good.

I carried Lippe's Repertory with me for a number of years, until it was not only interleaved but doubly and trebly interleaved, the pages so closely written upon that it was impossible to find what I had written into it; so that ended in confusion. But this was the one upon which my earlier reliance rested.

Then came the time, when I began to teach Materia Medica, in 1883, when I could readily see that we ought to have more.

The Symptom-Register (Allen's great Encyclopædia), was so limited that it lacked half of the symptoms.

Jahr's Repertory was placed next in importance because it was a repertory of the grand old remedies, it was very good for these, but our pathogenesis had increased so much that it was no longer a satisfactory
work; it did not fill the requirements of my practice. So I began taking up these works and effecting a compilation.

Eventually I had a large manuscript of most of the repertory. I talked with Lee, of Philadelphia, as Lippe's abridged form of a new repertory was in his hands and Lippe desired me to enter upon the work of helping or uniting with Lee to produce a complete repertory.

At that time I had completed a Repertory of the Urinary Organs, of Chill, Fever and Sweat, with other sections partly complete.

Lee went to work and got out Mind, and later I helped him to get out Head, but they were very incongruous. The modalities in each rubric in Mind were given at the end of the book, and later the modalities of Head and the Generalities were placed at the end of the book. This was done in accordance with the understanding of Bœnninghausen's ideas of Generals.

**BŒNNINGHAUSEN'S REPERTORY.**

The chief difficulty with Bœnninghausen's Repertory was that the modalities of the parts and those of the patient himself were all mixed together, so that the book was very unsatisfactory. I did not use it successfully. It was the best thing that we had given to us, but it was not equal to Jahr's old repertory.

Bœnninghausen's first idea was that the modalities were satisfactorily arranged in connection with the symptoms to which they belonged. He finally, put out that condensed form, the
Pocket-Book. This, to my mind, was not properly Homœopathy; but some of the doctors were able to use it. They would grasp the idea, and of course the book was better than no repertory. I always used it, for there were times when I could find something in it from which to work out, when I could not find the modalities belonging to the symptom itself, separate from the Generals.

We found it to be very unwise for us to think of a patient worse from lying down confounded with the modality of all the particulars throughout the book, whether headache, pain in the eyes, pain in the back, difficulty in breathing, pain in the stomach after eating, not specifying whether the modality referred to this, that or the other thing, or whether it was the patient himself. When we really stop to think it over, we know we ought to have the general aggravation or amelioration by lying down set in one place with its causes, apart from all else. The entire Bœnninghausen book is arranged with modalities, general and particular, all together. Those of us who have used better things see how it was as it fell into my hands; yet with many good things in it.

Bœnninghausen was a grand old man, but that was simply his idea and it was defective for my method of practice; because I soon grasped the idea that Hahnemann considered the mental symptoms and the physical symptoms. He (Bœnninghausen) took the patient himself; because he said, the patient has modalities that are related to the patient himself and other modalities that are related to each of his individual part by itself—put them together, and let them come out as they will.

In a short time I saw that the plan started upon by Lee was not what I had expected it to be; I told him so, and abandoned my effort to help him improve the repertory. Then he became nearly blind, of both eyes, and said that his health was nearly ruined, that he could not go on with the work, and would have to give it up.

Taking up what had been started, I then revised it thoroughly and formed it according to my own plan, which you now have in my repertory.
A COMPILATION.

This is a compilation of all the repertories, so far as I was able to make it, upon the plan which I arranged and adopted. The plan followed chiefly Lippe's as shown in his small Hand-Book of Characteristics, gradually enlarging upon that work until it became what it was when the first fascicles were completed.

After that, I took up the clinical symptoms which I had recorded, and compared them with the provings as I had them; very many of them were contradictory, of the provings, and so were rejected. Those that were consistent with the provings I admitted to the repertory, setting them into the various passages where they belonged.

A section in typewritten form was by that time several inches in thickness. That typewritten form was gone over many-many times; so many times, because as the compilation continued, things kept coming up that were bound to be more and more effective, and we were constantly modifying the provings, including in the provings such symptoms as were found verified.

At one time Dr. Biegler, of Rochester, was in, my office, looking over the pages, and some of the Boston doctors conning to me in Philadelphia wanted to look it over; they said: "Why can't we have this repertory?" I said, "Because it will cost too much money". I have not made it for publication, but for myself, for my own use. It was made because of the demands of my business, and is the outgrowth simply of my own personal requirements. But I am willing that everybody should have it.

PUBLICATION AND COST.

Then they insisted upon my making some plan for the publication of it, and Drs. Kimball, Thurston and Biegler sent out circulars to see,
if they could secure enough subscribers to justify the publication. I consulted Dr. Boericke, president of Boericke and Tafel, and showed him the manuscript. He said: "It is a great and useful thing. I wish we had it; but it will cost too much money to publish, and we could not undertake it". The first figure that I obtained was about $9,000 for the mere printing. I did not feel like throwing away so much money. As I had talked it over with several other doctors, I did not believe there were more than three or four hundred, at the outside, who would have use for the work, or would want it.

The circulars brought in a subscription list of between one hundred and ninety and two hundred, not more than two hundred, at $30 per copy. So I concluded that I would meet the rest of the expense and get it out, with hope that it might prove useful to the world.

So it was issued, section by section. When the second section was out, I was notified by all except ninety of the original subscribers that, as the book was not what they expected to have, I might cancel their subscriptions. Ninety stuck to their pledges and their signatures and took the repertory.

Well, things went on from bad to better—not to worse—and the Repertory was born, with much suffering in eyes and heads and bodies of both myself and my wife—but of this you need not hear at length.

The book is now very extensively used, to the number of about 1,600 copies, throughout the world, in India, England, the United States, a few in Germany, quite a number in France and also in Australia.

It is, of course, a compilation; I did not manufacture the symptoms, but wrote them the best way I knew.

I do not know how there will ever be a third edition; neither myself nor my wife could read the proof, and I do not know who would. There are still over four hundred copies of the second edition unsold, and I am quite well satisfied that at least 60 per cent of those who use this repertory will never wear theirs out and need to replace them.
Dr. Thacher; I have the proud distinction of being the possessor of the first signed copy of the Repertory, of the first edition. I went over to Dr. Kent's office by chance one night, when some of the copies had just come in from the printer, and he asked me what I thought of it. I said it was great; I should like to have one; how much was it? "Thirty dollars" made me hold my breath, but when I looked through it again I thought I could not do without it for thirty times that sum, and said: "I will take that". The doctor said "George, that is the first one that has been sold". "All right" said I, "put your signature on it. I will take it right with me". No one can buy that Repertory.

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Source: Homœopathicians, July-August, 1914.
Dr. J.T. Kent, the author of the most popular repertory of nineteenth and twentieth century, started his professional career at St. Louis as a physician of the eclectic school. He was a great scholar and a voracious reader. When his wife fell ill in 1878, she did not respond either to eclectic or allopathic modes of treatment, but was completely cured with homoeopathic medicine. This converted him to homoeopathy, and he took up its study. He accepted the philosophy and principles of the system and thus turned out to be a true student of Hahnemann's Organon. Consequently, within a short space of time he became a famous teacher as well as a practitioner through keen interest, hard work and unceasing enthusiasm.

During his time, repertories of Boenninghausen and Lippe were commonly used for working out cases. He carefully went through
both of them and also Biegler's Diary, Minton's Diseases of Women and Jahr's Repertory. He liked the form and characteristics in Lippe's Repertory, but he was not satisfied with the rubrics and the number of medicines used. Noticing the lacunae in the existing repertories, he took up the task of producing an exhaustive repertory. His repertory, published in 1897, was enriched with a large number of new rubrics and medicines. He likewise altered the presentation, thereby enhancing its use for the practitioner.

He was a great advocate of the use of important generals and individualization in treatment of the patients. His repertory, which is full of generals, helps us to work out cases based on his principles. Dr. Barthel and Dr. Will Klunker, who authored Synthetic Repertory, viewed Kent's repertory as, 'The most appropriate, most complete and most reliable of all'. This view is again and again confirmed by those who frequently use it.

### 3.2 HISTORY OF KENT'S REPERTORY

Dr. Kent used Lippe's Repertory for a number of years, until it was not only interleaved once but thrice. He noted his own observations and experiences not only on the margins but also in between the lines. After he took up teaching materia medica in 1883, he became more and more aware of the vastness of the subject, and keenly felt the need for a better index (repertory). His clinical experience also convinced him about this.

Even the Symptom Register, and Allen's Great Encyclopedia were so incomplete that they lacked half of the symptoms. Jahr's Repertory was placed next in importance because it was a repertory of the grand old remedies. But the pathogenesis of medicines went on increasing so much, that it became outdated. Dr. Kent was dissatisfied with all these works and found them unsuitable in his practice. In order to compile a comprehensive repertory, Kent got hold of the manuscripts of most of the other repertories. He talked to Lee of Philadelphia as Lippe's abridged form of a new repertory was with Lee. Lippe had desired that Dr. Kent should work jointly with Lee in producing a comprehensive repertory. At that time, Dr. Kent had completed a repertory of the urinary organs, chill, fever and sweat, with other sections partly done.

Taking help from Dr. Kent, Lee started working and compiled the Mind and Head sections. But the compilation was not proper as it was based on Boenninghausen's idea of generals and the modalities were given at the end of the book. Lee's work was not upto the expectations of Dr. Kent. Later, when Lee became blind, Dr. Kent took it up, revised and arranged it according to his own plan.

The plan that Dr. Kent followed was chiefly that of Lippe, which was outlined in Lippe's Handbook of Characteristics. Dr. Kent also added his clinical notes, especially those, which did not contradict proving. After completion of the work, Dr. Kent started using it for his own purpose. Dr. Beigler of Rochester, who visited Dr. Kent, browsed through the work and asked, "Why can't we have this repertory?" Dr. Kent expressed the difficulty of publishing it on account of exorbitant cost. At last, Dr. Kimball, Thurston and Beigler helped him to get enough subscribers to justify the publication. Dr. Boericke, president of Boericke and Tafel, while referring its publication, said, "It is a great and useful thing. I wish we had it, but it will cost too much money to publish and we could not undertake it." However, some how it was published part by part. Kent exclaimed, "Well things went on from bad to better, not to worse - and the repertory was born with much suffering in eyes and heads and bodies of both myself and my wife." His work became very popular, and its second edition was extensively used.
Dr. Kent was not sure whether his work would undergo the third edition, and he wrote, "I do not know how there will ever be a third edition; neither myself nor my wife could read the proof and I do not know who would." He left behind a handwritten corrected copy for the third edition before his death in 1916. Dr. Ethhart, with the assistance of Dr. F. E. Gladwin and Dr. J. S. Pugh, published the third edition in 1924.

The third edition was again revised, compared and corrected with the hand written corrected copy of Kent. The successive fourth and fifth editions were published with the help of Dr. Gladwin, Dr. Clare Louise Kent and Dr. Pierre Schmidt in 1935 and 1945.

The sixth American edition was published in 1957 while the Indian edition came out in 1961. The latter edition became most popular and was circulated widely. At present most of the practitioners possess this particular edition.

A revised version of Kent was published in May 1974 under certain unusual circumstances. Dr. Pierre Schmidt took the pain of going through it, word by word and detected many mistakes in the form of omissions, grading of medicines and arrangement of rubrics in both Indian and American editions. He corrected it with the help of the original work of Kent. Unfortunately when the book was ready for publication it was stolen. Dr. Diwan Harishchand, an eminent homoeopath of India, succeeded in salvaging the manuscripts, which was in a mutilated form. This is supposed to be the seventh edition, but it is generally called the revised first edition or Final General Repertory of Kent.

3.3 PHILOSOPHIC BACKGROUND

Dr. Kent was not satisfied with the utility of the repertories available in his time. In the repertories he found that the logic of homoeopathic system was not properly followed in finding out a simillimum. He severely criticised the faulty method of giving importance to parts and over-generalizing the symptoms, and favored the selection of medicines on the basis of generals. A master of materia medica, he noticed that particulars do not fall in line with generals in all cases, and hence he emphasized the importance of generals. In order to understand a person, his expression at the level of generals must be noticed and relied upon. The symptoms noticeable at the level of parts come next in the order of importance. He said, "Man is prior to the organs . . . Man is the will and the understanding, and the house which he lives in, is his body." What is expressed on the part is always preceded by a deviation in the state of health of a person. Such deviations can be known through expressions at the level of generals.

Kent's repertory is based on the philosophy of deductive logic, i.e., from general to particular. Generals are dealt with in depth followed by particulars and minute particulars. Under chapter Mind, mental generals are given. The physical generals are mostly listed under chapter Generalities and a few in other chapters. Both these chapters are full of generals and these alone can be useful in finding out simillimum in some cases.

Kent made use of the earlier materia medica and clinical observations but rejected numerous symptoms and drugs, which were insufficiently confirmed. Thus his repertory contains only 648 drugs, though other drugs were also known in his time. He has used three varieties of typography to indicate the gradation of remedies unlike five gradations of Boenninghausen. Hence his repertory is easier in practical use.
He did not entertain probationary remedies (fourth or fifth grade), which required demonstration by reproving and clinical confirmation.

First grade symptoms are felt strongly by all the provers or majority of provers. There can be no doubt about such symptoms. They are frequently confirmed by curing those states extensively whenever administered. They have been recorded, confirmed and verified. Second grade symptoms have been brought out by a few provers, which are not confirmed but occasionally verified. Third grade symptoms are brought out by provers now and then and are not confirmed by reproving. But they have been verified by curing patients and hence accepted as clinical symptoms.

3.4 PLAN AND CONSTRUCTION

In Kent's repertory, the plan followed throughout is from generals to particulars. It starts with Mind chapter, which has been given prime importance. The last chapter is Generalities, which contains physical modalities. The rest of the chapters are based on anatomical divisions followed by function or discharges. There are altogether thirty three chapters, out of which one is on urinary organs. This particular chapter has five divisions.

Anatomical Parts:

Head: It contains rubrics on all the parts of head, i.e., forehead, occiput, temples, vertex, brain and meninges.

Throat: It contains oesophagus, pharynx, tonsils and uvula.

External throat: It contains rubrics pertaining to anterior neck, such as goiter, glands, torticollis.

Chest: It contains rubrics on lungs, heart, aorta, sternum, mammae, axilla, diaphragm and clavicle.

Back: It contains rubrics on cervical, dorsal (posterior chest), lumbar, sacral, coccyx, spine.

Abdomen: It contains rubrics on hypochondria, hypogastrium, iliac, ilium, inguinal region, liver, spleen, umbilicus.

Rectum: It contains rubrics on anus and perineum.

Other chapters like Ear, Eyes, Face, Nose, Stomach, Extremities, Skin, Larynx and Trachea, Mouth, Teeth, Genitalia and Urinary organs, contain rubrics relating to these parts.

Discharges such as Stool, Perspiration, Urine, Expectoration, are given as separate chapters. Generals are found under Mind, Sleep and Generalities. Some conditions like – Vertigo, Cough, Chill, Fever, Vision and Hearing are given as separate chapters. In the repertory, systems are not given separately, but symptoms related to them are given under the parts. Rubrics have been arranged alphabetically in all chapters.

The chapters in Kent's repertory are given in the following order.

1) Mind
2) Vertigo
3) Head
4) Eye
5) Vision
6) Ear
7) Hearing
8) Nose
9) Face
10) Mouth
11) Teeth
12) Throat
13) External throat
14) Stomach
15) Abdomen
16) Rectum
17) Stool
18) Urinary organs
   a) Bladder
   b) Kidney
   c) Prostate gland
   d) Urethra
   e) Urine
19) Genitalia - male
20) Genitalia - Female
21) Larynx and trachea
22) Respiration
23) Cough
24) Expectoration
25) Chest
26) Back
27) Extremities
28) Sleep
29) Chill
30) Fever
31) Perspiration
32) Skin
33) Generalities

Note: Some count the sub-chapters of urinary organs as separate chapters. Hence the total number might come to 38.

3.5 ARRANGEMENT OF RUBRICS

To find out a rubric at its appropriate place, it is imperative to know the arrangement followed in the repertory. All rubrics are arranged alphabetically in all the chapters. Rubrics are arranged from generals to particulars.

A rubric starts with a general symptom or a state with a list of a large group of medicines. This is followed by side, time, modalities and extension. This arrangement has not been strictly followed in all the chapters. A general rubric is followed again by sub-rubrics.

Wherever rubrics can be divided into sides, the general rubric is followed immediately by side, firstly right side, then left. In rubrics under Head - pain, sides are not given immediately after the general rubric. It is a separate sub-rubric that comes after the parts like occiput, forehead and temples.
Some rubrics where side cannot be given or is not given, time immediately follows the general rubric.

Time: Here also Kent follows the logic of general to particulars.

Day-time (fraction of day)
Morning (fraction)
Forenoon (fraction)
Noon (fraction)
Afternoon (fraction)
Evening (fraction)
Twilight (fraction)
Night (fraction)
Midnight (fraction)
After midnight (fraction)

If one division of time (as listed above) is not given, the next division follows. For example, the rubric ‘Anxiety’ is followed by sub-rubric ‘Day time’, whereas ‘Anger’ is followed by ‘Morning’, because ‘Day time’ as a sub-rubric is not given under ‘Anger’ (‘Morning’ follows ‘Day time’).

Modalities: These include different factors, which influence the symptoms. They are arranged as follows:

Ailments from

Alternating with

Modifying factors, agg. and amel. (including concomitants, before, during, after).

Kent’s Repertory of the Homoeopathic Mat. Medica

Extension: This is the last sub-rubric and found mainly under ‘Pain’ rubric.

The above order—side, time, modalities and extension—is generally followed in each rubric and sub-rubrics. Since Generalities chapter deals mostly with agg., amel., and certain states of the person, this order is not possible in this chapter. This order has been slightly modified according to the rubrics here and there. Skin, Fever, Perspiration, Sleep, do not follow this arrangement, but in these chapters also we find an alphabetical arrangement from generals to minute particulars.

For the rubric ‘Pain’ the following arrangement is given under different chapters except in generalities:

PAIN - General rubric:

Type of pain:

Under each type, parts:

Kent’s Repertory of the Homoeopathic Mat. Medica 277
History of Kent’s Repertory and Kent’s Own Corrections

Ahmed Nooruddin Currim, M.D., Ph.D.

Introduction

The author had realized as a medical student already in 1972 that Kent’s Repertory III American and later edition had many printing mistakes, and it was surprising that these errors had not been rectified by Dr. Kent. However, on closer examination it was realized that the publication of the Third Edition appeared after 6/6/1916 (the date of Dr. Kent’s death) and it occurred to the author that Dr. Kent never had the chance to correct these errors.

Logically, therefore, I tried to locate the second edition of the Repertory. I had spoken to Mr. Roger Ehrhart (the last of the Ehrhart family that owned the famous Homeopathic Pharmacy of Ehrhart and Karl - original publishers of Kent’s Repertory Third, Fourth, Fifth, Sixth American Editions) in 1972 when he was still alive but he could not give me much help. It was not clear if the library of Ehrhart and Karl had this second edition (of Kent’s) own repertory or an uncovered one).

A paper in the January-February 1963 AIH Journal by Dr. K.C. Mittal was the first clue to the existence of Kent’s own personal repertory and this repertory was in the possession of Dr. Schmidt of Geneva, Switzerland.

In June, 1972 I had the opportunity to be in Geneva, Switzerland and spoke to Dr. Pierre Schmidt about the errors I had observed in Kent’s Repertory, the paper of Dr. Mittal, and asked for him to shed light on the matter. He informed me that Dr. Mittal had come to Geneva and diligently worked with Kent’s own personal copy of the second edition of the repertory (abbreviated as “Treasure” from here on) and had copied carefully every correction from the Treasure into his copy. In addition, Dr. Mittal had also copied every correction from the two chapters “Mind and Generalities” into a copy of an Indian edition belonging to Dr. Pierre Schmidt which he showed me. This was a specially bound book (I believe this book had a green cover with special “spring” action separators between the various chapters). In it were very neatly copied corrections in a very symmetrical handwriting. A facsimile of one such page (Chapter of Mind) is printed in the so-called Kent’s Finale General Repertory. It is to be noted that the handwriting on this facsimile is completely different from Kent’s signature also appearing in this book in the preface. The handwriting is probably Dr. Mittal’s.

Dr. Pierre Schmidt informed me that, after carefully doing this work, Dr. Mittal had run away from Switzerland taking the Treasure with him as well as, of course, his own copy in which he had made the corrections, and that if this copy could be traced it would be as good as the Treasure. Dr. Mittal’s copy will be referred to as MKR in what follows.

In addition, I made the acquaintance of Mme. Dora Schmidt Nagel, wife of Dr. Pierre Schmidt, Homeopathic pharmacist and owner of Laboratoire Homeopathique de Mme.Schmidt. This noble and gracious lady was the one who later on was to make
possible the finding of the Treasure.

The Search

In 1973 the author wound up his duties at the university in the USA to start the study of medicine at the University of Brussels. His motivation for giving up a previous profession as a mathematician lay in the inspiration he had received in the study of Kent’s incredible Lectures in Homeopathic Philosophy, Materia Medica and Repertory. It was a dream and a deep intuitive feeling that Homeopathy could perhaps again triumph on the earth and regain its past glory in the healing of the nations; and that using the techniques of mathematics and computers the author may play some role in the solution of medical problems. He was further inspired and encouraged by two wonderful friends, Mrs. Audrey Winthers (daughter of Dr. A. H. Grimmer, who had entrusted him with her father’s original manuscripts - a work which will appear soon as The Collected Works of Dr. A. H. Grimmer) and Joseph L. Kaplowe, M.D., of New Haven, Connecticut, also a homeopathic doctor.

During my years as a medical student I had many occasions to speak of the problem of Kent’s repertory with Mme. Schmidt whose gracious help and encouragement in my days as a medical student really were instrumental in my success at completing my M.D.

In 1978 Mme. Schmidt wrote a letter to Dr. Mittal and gave it to me to present to him personally when I went for a 3 week vacation to India.

Mme. Schmidt told me that it was Dr. Eugene Alonzo Austin, beloved student of Kent who had passed on the Treasure to Dr. Pierre Schmidt in 1939, when the latter physician, had traveled to the U.S. to learn homeopathy with one of Kent’s best students. However, these corrections, which Dr. Austin had earnestly urged be incorporated, were never incorporated in the post-war editions of the repertory (Fifth and Sixth American Editions).

The problem in finding Dr. Mittal was hard as he rarely stayed in one place, but after zig-zagging from Delhi to Lucknow to Delhi to Amrisar I finally located him and presented him with the letter from Mme Schmidt. This opened the doors of my search.

I spent one whole evening talking with Dr. Mittal. He told me that indeed he had taken the Treasure for many reasons. This author has heard several of them but since they are not of immediate bearing in this discussion they need not be entertained for now. This author has a 45 minute tape of part of this conversation with Dr. Mittal. It was agreed that every effort would be made by Dr. Mittal and myself to have these corrections incorporated. However I did not see either the Treasure or Dr. Mittal’s repertory (MKR).

Dr. Mittal informed me that he had been pursued by Dr. Schmidt and Dr. Chand who had called for the services of Interpol to retrieve the Treasure. He said that he had been constantly harassed and threatened and was fleeing from these people. However, the Treasure was never found and in fact Dr. Mittal had cut up the
A. N. Currim's History of Kent’s Repertory and Kent’s Own Corrections

Treasure into bits and pieces, some of which he currently carried on his person and some of which were hidden in a village.

Dr. Mittal informed me that his copy as well as the bits and pieces of the Treasure were kept in another town of which he would tell me at another occasion when I returned.

During this visit to India the author also met with Dr. D. H. Chand at his home in Delhi, saw the Indian edition belonging to Dr. Pierre Schmidt mentioned in the introduction and also several hundred bits of the Treasure and some pages of the Treasure.

The Return

After this first visit in February 1978 there was sporadic correspondence between Dr. Mittal and myself.

In 1980 I had occasion to return to India for vacation and again after considerable effort I was able to locate Dr. Mittal. Together we traveled to a small village, Rampur, where he had told me he had hidden his copy of the repertory together with the remains of the Treasure. I endured the discomforts of a slow long train journey. At Rampur the head of the family and Dr. Mittal conferred by themselves and then told me that I would have to return another time as the books were hidden in a small wood hut in the fields and the 14 mile trip by motorcycle was not possible at this time. In vain I explained that I had limited time, that I had come so far from the U.S.A. However, after much persuasion they asked me to return in 7 days. It was with great discouragement I returned to my home in Bombay. Despite my discouragement I vowed to try once more before returning to the U.S.A. I left Bombay and met Dr. Mittal in Delhi. We again journeyed to Rampur. This time Dr. Mittal asked the man to produce his books and after a lot of argument a large bundle wrapped in a large dirty cloth was produced and the contents dumped out on the ground. Among them was Dr. Mittal’s copy of the repertory, another Indian edition of the repertory, a copy of the First Edition of Kent’s Repertory published in 1899 and two volumes of Lectures on Materia Medica given by Kent and typed by his students. These Dr. Mittal bade me take with me to the U.S.A. In addition he entrusted me with thousands of pieces of the Treasure that had been cut up.

With this I departed for Delhi and from thence my flight to the U.S.A. At the stopover in Frankfurt I phoned Mme. Schmidt and with joy told her of the recovered treasures: 1) the MKR, 2) the several thousand pieces of the Treasure, 3) a copy of the First American Edition of Kent’s Repertory, 4) a set of 2 volume lecture notes on Materia Medica belong to Mary Florence Taft with an inscription inside as being presented to Betty Prescott Dolbease and Louis Prescott Dolbease, 5) a typed paper written by Dr. K. C. Mittal entitled The Importance of Kent’s Repertory in the Clinic and Practice delivered at the International Congress for Homeopathic Medicine, Germany, Sept., 1962.
Examining

Since 1980 the author has reviewed the material entrusted to him by Dr. Mittal. There are several thousand pieces of the Treasure (in Kent’s own handwriting) that are cut up.

The author has spent several hundred hours identifying several hundreds of these to see where they fit in the Third and later American Editions and then compared these with the MKR. He found that the MKR had the exact corrections of these several hundred bits. (A slide of several of these bits is shown.)

There are also 44 almost complete pages (22 double sided sheets) of the Treasure, easily identifiable as being from the Chapter on Extremities (a few slides are shown). One easily recognizes the handwriting of Dr. J. T. Kent and it is clear that this is quite different from that appearing in the 1980 Indian Edition. The handwriting therein seems to be that of Dr. Mittal (slides from facsimile and MKR are shown).

The agreement of the bits of the Treasure as well as of the 44 almost complete pages with MKR therefore leads to the conclusion that the MKR (Dr. K. C. Mittal’s copy of the repertory) is a true and correct version of the Treasure (Dr. Kent’s personal copy of the Second Revised Edition).

The identification of the bits of the Treasure is difficult not only because only a part of the rubric is visible but because the bits of the treasure are from the Second Edition while the comparison is made with a Third Edition, (with different pagination). It is of course clear that the back of each Second Edition bit will be either 1 or 3 consecutive columns ahead or behind where it appears in the Third Edition.

A new means of identifying these bits is possible today by means of the recent computer program RADAR developed by Professor Fichefet of Belgium. I hope to secure his help in identifying each bit of the Treasure. While this may not really be necessary in view of the almost certainty of the accuracy of the MKR, it is nevertheless satisfying to reconstruct as much of Treasure as possible.

Conclusion

Since 1980 there has been quite some correspondence between the author and Dr. Mittal. The author is indeed very indebted to Dr. Mittal for making these works available to him to enable the repertory of Kent to be completed as Dr. Kent had himself envisioned.

In 1980 was published, in India a revision of Kent’s repertory under a new title, “Kent’s Final General Repertory” instead of the original title. “Repertory of the Homeopathic Materia Medica.” This book was “Revised, corrected, Augmented and Edited” by Dr. Pierre Schmidt and Dr. Diwan Harish Chand.

Several errors are inherently present in this version of the repertory. 1) The book that Dr. D. H. Chand used to publish his edited version was a copy of another person, Mr. Shindoo. Apparently Dr. Mittal often visited this person for a few days at a time, when Mr. Shindoo would copy the MKR into his copy. It is not clear whether
Mr. Shindoo really carefully copied all of the MKR. Dr. D. H. Chand had purchased this copy. A repertory shows errors from the MKR. It is highly probable that many inaccuracies crept up in such transcribing, done under such conditions. 2) In addition, MKR contained not only the corrections from the Treasure but also Dr. Mittal had added remedies from Kent’s own copy of Hering’s 10 volumes of Guiding Symptoms. These remedies he had however marked separately with the initials KHG (Kent’s Hering Guiding Symptoms). These Mr. Shindoo copied without noting their origin. Therefore remedies not in the Treasure have in this way been added into this new repertory. (It is of course possible that Dr. Kent would have agreed they belonged there since he had written them in the Hering Guiding Symptoms). Slides of examples of this are shown, together with a slide of a letter from Dr. Mittal. 3) The “purchase of the mutilated copy of the treasure” as mentioned in the preface (pg. Xiv) by Dr. D. H. Chand is only partial and has not been compared with the Shindoo copy in the manner that the author has compared the MKR copy with the bits and almost complete pages of the Treasure.

In late 1984 Mrs. D. H. Chand visited her daughter in Norwalk, Ct. and joined the author and his family in Fairfield, Ct. for a pleasant evening. The author discussed with Mrs. D. H. Chand about his findings. In view of the difficulty of communicating with Dr. Mittal in India some discussion was entertained about bringing the information (that this author had strived to uncover) before the Homeopathic profession.

In 1985 before the Washington meeting of the National Center of Homeopathy Dr. D. H. Chand was in the home of this author and took with him a xerox copy of the MKR with the promise that he and I would work together to bring out a true version of the repertory. Perhaps because of the distance between India and the U.S. this author never heard from Dr. D. H. Chand regarding the matter; despite several reminders. (It is now 2 years.)

Because this author has spent many hundreds of hours, much energy and love in this task he stands before you to tell you this story.

A xerox copy of the MKR is with me at this meeting for examination by those interested. The original MKR copy is kept secure. It is clear from the evidence presented that the Final version of Kent’s Repertory is not yet published.

I wish to appeal to you, ladies and gentlemen. Let us unite in this noble task to bring to our profession this incredible work of the immortal Dr. Kent in the form he intended. Today with the aid of modern computers this can be accomplished with perfect accuracy.

We should republish this work:
1) Just as Dr. Kent had wished;
3) With a title as he had originally given and with his name appearing on the cover, spine and title page;
5) With only his photograph;
7) With all credits for revisions, corrections, etc. mentioned on a separate page.
A. N. Currim's History of Kent’s Repertory and Kent’s Own Corrections

All this was done in the Third and later American Editions.

“Things will grow brighter as minds are brought together and men think harmoniously. The more we keep together the better, and the more we think as one the better. It is a pity that differences should arise among us when we have so perfect a truth to bind us together.” So said Dr. Kent in the first paragraph of his last lecture of his inspiring “Lectures on Homeopathic Philosophy.”
Dr. Currim notices errors
Early in 1972, Dr. Ahmed Currim noticed something odd – Kent's Repertory, already in its third American edition, still had many printing mistakes. Dr. Currim was surprised that Kent had not rectified these errors.

After some investigation, he discovered that Kent had died on June 6, 1916, before the third edition was printed. He never had the chance to correct these errors.

Dr. Currim then began his search for the second edition of the repertory. He contacted Roger Ehrhart – the last of the Ehrhart family who owned the famous Homeopathic Pharmacy of Ehrhart and Karl, and who published the third, fourth, fifth, and sixth American editions of Kent's Repertory. But even Roger did not have any information about the location of this second edition of Kent's own personal copy of his repertory.

His first clue to the existence of Kent's own personal repertory was an article in the January-February 1963 AIH Journal by Dr. K.C. Mittal. Here Dr. Currim learned that this repertory was in the possession of Dr. Schmidt of Geneva, Switzerland.

In June, 1972 Ahmed Currim went to Geneva, and there he spoke to Pierre Schmidt about this paper and the errors in Kent's Repertory.

A mysterious story
Pierre Schmidt told Dr. Currim that Dr. Mittal had come to Geneva and worked diligently with Kent's own personal copy of the second edition of the repertory. Dr. Mittal carefully copied every correction from this original Kent into his own copy.

In addition, Schmidt related that Dr. Mittal copied every correction from the two chapters Mind and Generalities into Schmidt’s own copy of an Indian edition of the book. Indeed, Schmidt’s book now contains very neatly copied corrections in a very symmetrical handwriting.

This is probably identical to a facsimile of one such page printed in the so-called Kent's Final General Repertory. It is noteworthy that the handwriting on this facsimile is completely different from Kent's signature, and that the same hand also appears in the preface of the book. It seems most likely that the handwriting on this facsimile also belongs to Dr. Mittal.
Pierre Schmidt said that after carefully doing this work, Dr Mittal had run away from Switzerland and taken the 'Treasure' (Kent’s personal repertory) with him – as well as his own 'copy', in which he had made all the corrections.

This copy made by Mittal would be as good as the original. When below we speak about the ‘copy’, we mean Dr. Mittal's copy.

Later Ahmed Currim learned from Mme. Dora Schmidt-Nagel (wife of Dr. Pierre Schmidt) how her husband had acquired the 'Treasure'.

Dr. Eugene Alonzo Austin, beloved student of Kent, had passed on the Treasure to Pierre Schmidt during his 1939 trip to the USA to learn homeopathy with one of Kent's best students. Plans had already been made at that point to incorporate the corrections into a future edition, but this was never done.

Unfortunately, all further editions of the repertory still lacked these corrections.

**The Search for the Treasure**

In 1973 Ahmed Currim wound up his university duties in the USA to start the study of medicine at the University of Brussels.

Inspired by Kent’s publications, he was driven to homeopathy, with a hope he could perhaps put to use his knowledge of mathematics and computers. During these years as a medical student, he had regular contact with Mme. Schmidt-Nagel.

In 1978, Ahmed Currim travelled to India and took with him a letter from Mrs. Schmidt-Nagel addressed to Dr. Mittal. It was, however, very difficult to find Dr. Mittal because he rarely stayed in one place very long. But after travelling back and forth across India, Dr. Currim finally located Dr. Mittal and presented him with the letter from Mme. Schmidt.

That event opened all the doors. Dr. Mittal openly admitted that he had taken the Treasure from the house of Pierre Schmidt. After a long conversation, it was agreed that both would join forces so that Kent’s corrections would become available to the world.

However, Dr. Currim was shown neither the Treasure nor Dr. Mittal's copy.

Dr. Mittal explained that he had been pursued by Dr. Schmidt, who had called for the services of Interpol to retrieve the Treasure. He said that he had been constantly harassed and threatened, and that he was fleeing from these people.

However the Treasure was never found, and in fact Mittal had cut up the Treasure into bits (imagine this !!!). Some of those bits he currently carried on his person, and some were hidden in another town, along with his own copy – a town that Mittal would reveal at a later date.
During this visit to India, Ahmid Currim also met with Dr. D.H. Chand at his home in Delhi. There he saw the Indian edition that belonged to Dr. Pierre Schmidt – the same edition that is mentioned in the introduction to this article where the corrections were added in Mind and Generals only.

Dr. Chand also showed Dr. Currim several hundred bits of the Treasure, as well as a few whole pages.

**Second Visit: Finding the Treasure**

In 1980 Ahmid Currim once again travelled again to India, having kept in sporadic contact with Dr. Mittal. And again it was difficult to locate Dr. Mittal.

But eventually he did, and travelled with him to a small village, Rampur, where he said he had hidden his copy of the repertory together with the remains of the Treasure.

At a house in Rampur the head of the family and Dr. Mittal conferred privately. They then told Dr. Currim that he would have to return another time – the books were hidden in a small wooden hut in the fields, and the required 20 km motorcycle trip was not possible at this time.

In vain, Dr. Currim explained that he had limited time and that he had come so far from the United States. After much persuasion, they finally asked him to return in 7 days.

Dr. Currim was very discouraged when he returned to Bombay. Despite his discouragement he vowed to try once more before returning to the U.S.

He left Bombay and met Dr. Mittal in Delhi and then journeyed together to Rampur. This time Dr. Mittal asked the man to produce his books.

After a lot of argument, a large bundle wrapped in a large dirty cloth was produced and the contents were dumped on the ground. Among them was Dr. Mittal's copy of the repertory, another Indian edition of the repertory, a copy of the First Edition of Kent’s Repertory published in 1899, and two volumes of Lectures on Materia Medica – given by Kent and typed by his students.

Dr. Mittal told Ahmed Currim that he should take all material with him to the U.S. In addition he entrusted him with thousands of pieces of the Treasure that had been cut up. At the stopover in Frankfurt, Dr. Currim phoned Mme. Schmidt to tell her the joyful news – the Treasure was recovered!

**Meticulous detective work**

Since 1980 Dr. Currim has reviewed the material entrusted to him by Dr. Mittal.

There are several thousand pieces of the Treasure that were cut up. Ahmed Currim spent several hundred hours identifying several hundreds of these pieces to see where they fit in the Third, and later American Editions.
Next he compared them with Dr. Mittal's copy. He found that Mittal's copy had the exact same corrections found on these several hundred bits.

In addition, there were 44 almost complete pages of the original Treasure, easily identifiable as being from the Chapter of Extremities. The handwriting of Dr. J.T. Kent on these pages is also easily recognized – clearly quite different from the hand that appears on the facsimile page of the 1980 Indian Edition. That handwriting seems to be that of Dr. Mittal (slides from facsimile and Mittal's copy are shown).

The information in the bits of the Treasure duplicates exactly the data in the 44 almost complete pages of the MKR (Mittal's copy). This leads to the conclusion that Dr. Mittal’s copy of the repertory is a true and correct version of the Treasure (Dr. Kent’s personal copy of the Second Revised Edition).

The identifying and comparison work was also aided by the Homeopathic computer program RADAR. Dr. Currim finally succeeded in identifying each bit of the Treasure.

**Conclusion**

As was previously mentioned, in 1980 a revision of Kent's repertory was published in India under a new title – "Kent’s Final General Repertory" instead of the original title, "Repertory of the Homeopathic Materia Medica".

This book was "Revised, Corrected, Augmented and Edited" by Dr. Pierre Schmidt and Dr. Diwan Harish Chand. According to both the history described above and careful examination of this book, it is clear that Dr. Mittal’s copy was not used for this new edition, but rather the source was a copy from a Mr. Shindoo.

In the past, Mr. Shindoo had visited Dr. Mittal for a few days. He had hurriedly copied the corrections from the Mittal copy into his own repertory. Dr. D.H. Chand had then purchased this copy.

A comparison of several pages of the Mittal copy with the newly titled repertory shows errors in this ‘Final General Repertory’. It is probable that many other inaccuracies crept up in such transcribing, done under such hurried conditions by Mr. Shindoo.

In addition, the Mittal copy contained not only the corrections from the Treasure, but also remedies that Dr. Mittal added from Kent’s own copy of Hering's Guiding Symptoms.

Unfortunately Dr. Mittal did not stay in contact with Dr. Currim. Dr. Currim eventually did all the work himself, in cooperation with Archibel and Dr. Frederik Schroyens, and with additional help from the German Hahnemannian International Institute for Homeopathic Documentation.

To summarise, we can say that finally it is now possible to bring you the corrections of Kent repertory. These corrections are inserted into ‘The Treasure Edition’ of the Synthesis Repertory – the edition that follows after Synthesis 9.1. It includes all of Kent’s corrections and additions, plus many other sources.
The history of our homeopathic literature can sometimes be a detective story. The original Treasure of Kent’s personal repertory is transported to Pierre Schmidt in Switzerland, where it is stolen and brought to India where it gets cut to pieces. It ends up in a dirty cloth, hidden for years in a small cabin. Finally, in the hand of the dogged, and tireless ex-mathematician, Ahmed Currim, the information is made available to the world.

Our grateful thanks to Dr. Ahmed Nooruddin Currim, M.D., Ph.D., Norwalk, Connecticut for finding this Treasure.

11,398 additions and corrections have been inserted into the ‘Synthesis Treasure Edition’, as noted by Kent in his personal copies of the different editions of his Repertory, including 333 handwritten additions from his copy of “Guiding Symptoms” by Hering.

In the new computer version of “Synthesis, The Treasure Edition”, available with RADAR 10, these additions and corrections are abbreviated as follows: “k1b1”, “k1b2”, “k1a1” and “k9”.

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Shortly before his death in 1916, Kent said about his Repertory manuscript, "This... completes my life work. I have brought it up to date. I have rearranged and made numerous corrections in addition to adding many new remedies. I have verified every symptom in the book. You will find all remedies of any value contained therein. The book is complete.” The full extent of this colossal work can only be grasped when it is realised that all the numerous remedies in a rubric were verified from a number of standard materia medicas, ‘source books’ as they are sometimes called, before being put there. It is a pity that the book was subsequently printed with numerous mistakes which could not be fully rectified in later editions. In the preparation of this Revised Edition, no effort has been spared in the endeavour that it fulfills the dying wish of Kent, and that the profession receives the complete and correct version of his Repertory, which has been fully corrected, edited and augmented according to his directions for its revision. Imagine that it should have taken sixty three years to do so!

The Homoeopathic Materia Medica has some hundreds of remedies that have been more or less well 'proven'. These have produced upon the 'provers' many times their number of symptoms, and many of these symptoms have been produced with several modifications, in some cases the several have been increased to many. Nor is this all, for there are symptoms, and especially modifications of symptoms, in our 'provings' that have not yet been brought out by the 'provers', but which may be produced by the patient. Imagine the consternation of the physician when he encounters this macrocosm of symptomatology while searching for the like remedy for a particular patient. It is then that the need to systematize this huge storehouse of symptoms, for the sake of easy reference, becomes increasingly clear. That is why Kent was prompted to write in the Preface to his 'Lectures on Materia Medica', "It can be understood but not memorised. All who would memorize the materia medica must ignominiously fail......(It's) continuous study with the aid of a full repertory for comparison is the only means of continuing in a good working knowledge." Dr. J.H. Clarke says in his 'Dictionary of Practical Materia Medica', "It is impossible to practice homoeopathy as it should be practised without the aid of repertories, and the best repertory is the fullest."

When the Repertory of Dr. J.T. Kent appeared on the scene in 1897, it was rightly upheld as the best, and it has retained that special position ever since.

The story of Kent's Final General Repertory goes back almost to the early part of this century. At the time of his death Dr. Kent left three copies of his unprinted manuscript for the third edition of his Repertory. One copy was with Ehrhart and Karl-Chicago, who published the third edition in 1924, eight years after his death. The other two, which were for the purpose of proof correction, were with Dr. F.E. Gladwin and Dr. J.S. Pugh. Dr. Gladwin noticed errors in the printed third edition and began the work of comparing and correcting it with the manuscript in her possession.
Dr. Pierre Schmidt assisted Dr. Clara Louise Kent and Dr. Gladwin in revising the third, fourth and fifth editions. The publishers acknowledged the assistance received from Dr. Gladwin and Dr. Schmidt in their preface to the fourth edition published in 1935.

Dr. Gladwin gave her copy of Kent’s manuscript to Dr. Austin, who in turn passed it on to Dr. Schmidt along with a golden diamond ring which Kent wore during his lifetime.

Time passed on, and the sixth American edition (published 1957) being exhausted, three publishing houses in India made three Indian editions in 1961. Subsequently, two other publishers in India have also produced it in reduced sizes.

Dr. Schmidt discovered many serious mistakes in all the American and Indian editions. There were omissions, wrong insertions, mistakes in alphabetic order and spellings, incorrect placing of rubrics and sub-rubrics, and errors in grading and punctuation (made apparent by referring to the appended facsimile of a corrected page). Dr. Schmidt then went, word by word, through the original manuscript left unprinted by Kent before his death, and found that these mistakes were so numerous that it was necessary to publish a Revised Edition. For reasons too painful to recount or detail, the completely corrected Repertory, which was ready for printing about twenty years ago, could not see the light of day. It got stolen and was mishandled in some ways. It took Dr. Diwan Harish Chand several years of coaxing, persuasion and offer of money before he was finally able to purchase the book back in whatever mutilated from it was then. This was in May, 1974, and he sent the following telegram to Dr. Schmidt, “Finally secured corrected Repertory—Harish Chand”. At the end of that month, this important news was announced through leaflets distributed at the International Homoeopathic Congress in Washington, D.C. (U.S.A.). Although it was initially announced as the 7th Edition, it is now more appropriately being called the Revised Edition.

It was then optimistically expected that the book would be ready in a few months. However, there were insuperable difficulties and the discovery of fresh mistakes delayed its publication. To discuss some of these difficulties, the undersigned met several times in the last few years. In 1975, Dr. Schmidt gave Dr. Harish Chand a copy of the Repertory in which were duplicated most of the corrections from the original which had been stolen. This precious copy he said he could not have sent by post for fear of its loss. This has been extremely useful as a cross check, as also in deciphering whatever could not be read on the mutilated pages.

In “A Study of the Kent’s Repertory”, Dr. Margaret Tyler has written, “When one thinks of the bewilderment and despair of the uninitiated, engaged in the first tussle with Kent’s stupendous Repertory, one is haunted by the old-time story of the man of great authority from Ethiopia, sitting in his chariot, reading as he journeyed, to whom a stranger joined himself with the pertinent question, “Understandest thou what thou readest?” and the prompt reply, “How can I, except some man should guide me?”
We thought it best that such guidance should come from some of the illustrious students of Kent, who collaborated with him in the compilation of the Repertory. At the International Homoeopathic Congress of 1927, Dr. F.E. Gladwin said, "In the Kent's Repertory, the *mental generals* or controlling symptoms are in the first chapter; the *physical generals* or controlling symptoms, those that can be predicated of the patient as a whole, are found in the chapters on sleep, chill, fever, and generalities. The symptoms of the part run through the other chapters in the order that Hahnemann followed in his materia medica. Each chapter containing all of the symptoms of that part. The *general symptoms* are found in the five chapters, but the *symptoms in general* are found in every chapter in the book.

According to Dr. Kent's idea, *symptoms in general* are those symptoms which the prover gave without modification, leaving the physician to infer that the symptoms came at any or all times and under any or all circumstances. They are also those symptoms that have been produced or modified by several circumstances. Because of this you will note that a symptom may have a remedy under the symptom in general and in several of the modifications of that symptom, or it may have it in the symptom in general only, or in one of the modifications only". This would clarify an oft repeated question as to why a remedy appears in a subrubric when it is missing from the 'bigger' initial rubric of the symptom in general (general rubric). It is to be particularly noted that a remedy that has only one modification appears in that subrubric but not in the general rubric.

"What 'general symptoms' and 'symptoms in general' are, must be remembered in the analysis of the case, so that the patient's general symptom or symptom in general may be checked at the corresponding place in the repertory. For instance, if the patient has headache worse in the morning on rising, if his nausea and his rheumatism are worse when he gets out of bed and his catarrhal symptoms are worse at the same time, then he has a general aggravation in the morning on rising and it should be looked for in the chapter of generalities, but each symptom which shows this aggravation may be looked for as a symptom in general, a modified symptom, as the case may be, under the part in which it demonstrates itself. If headache should have appeared during several periods of the day, then it would become symptom in general in regard to time and should be looked for under that rubric in the chapter on head.

In each chapter throughout the book the symptoms are arranged in alphabetical order. The symptom in general of the whole part stands first. This is followed by its modifications. If there are two of the part as the eye, or if the part as the forehead is divided into parts, the first modification of the symptom is side, viz., right side, left side, and the second modification is time; but if there is only one of the part and the part is not divided, then the modification by time comes first. These are followed in alphabetical order by the condition, circumstances which have produced aggravation or amelioration.
In looking over the repertory exercises of students, it is found that properly understanding this framework helps greatly in finding the very precise rubric for a particular symptom and in greatly shortening the time taken in such work. Dr. Harish Chand, therefore has often said that the mantra (repetitive incantation) of the repertory is STME (Sides, Time, Modification, Extending) four times, and this makes it possible to work with the repertory without tears.

"The position of the symptoms in the column is often puzzling to the student until he notes that the column is divided by imaginary lines. The key word of the symptom is always close to the marginal line and is printed in capital letters. The modifications of this are placed two spaces to the right and the modifications of the modification and the remedy lines placed four spaces to the right of the marginal lines. The symptom as a whole reads from top of the page down or the bottom up, as the case may be: for instance, see Face, Page. The chapter name, FACE, is modified by ‘Discoloration’ which is in capitals at the marginal line. This in turn is modified by ‘red’ two spaces to the right, and all are modified the word ‘right’, and should read—FACE, right, red, Discoloration. In several chapters modification of the part is printed in bold type. These are always two spaces to the right the marginal line”.

Regarding the grading of remedies in relation to symptom rubrics, Kent explains in ‘Lectures on Homoeopathic Philosophy’ as follows:

1st grade (Bold type):

Remedy/remedies that brought out the symptom “in all or a majority” of the provers. These have been confirmed by reprovings and have been extensively verified clinically by “cure upon the sick”.

2nd grade (Italics type):

Remedy/remedies that brought out the symptom in “a few” provers. These have been confirmed by reprovings and occasionally verified clinically by “cure upon the sick”.

3rd grade (Ordinary type):

Remedy/remedies that brought out the symptom “now and then” in provers. These have not yet been confirmed by reprovings, but “stand out pretty strong”, or have been verified clinically by “cure upon the sick”. In the third grade are also included those remedies that did not cause the symptom in provers but have cured the symptom in patients (clinical proving).

A proper understanding of this background should clear a wrong impression that the types represent the intensity of the symptom.
When the symptom is modified by extending somewhere, the extension, instead of being placed in its alphabetical order, is placed after all of the other modifications...."

"After all of the modifications of the part as a whole have been considered, the parts of the part are taken up in like manner. The symptom in general is followed by its modifications by sides, time, circumstances, conditions and extension as far as applicable. For illustration, let us take the symptom, "pain in the head". The symptom is presented in the repertory first as pain in general of the whole head, as there is only one head, the first modification of 'sides' cannot exist. This is followed by all of its modifications by time, and these are followed, in alphabetical order, by the circumstances which modify it, and then comes the extension."

During his repertory lessons from Dr. Julia Minerva Green, Dr. Harish Chandra received the following on a gummed slip to be pasted on the inside cover of the repertory as a constant guide. It sums up the construction of this work in a tabulated form and is the key to the understanding of it's framework.

Framework of Kent's Repertory

As an example: Pain in the head P-132

- Sides
- Time
- Modification (first alphabet P-135)
- Extending
- Parts of the head
  - Sides
  - Time
  - Modification
  - Extending
- Kind of pain (second alphabet P-173)
  - Sides
  - Time
  - Modification
  - Extending
- Parts of the head
  - Sides
  - Time
  - Modification
  - Extending
It is said that once the famous American humorist, Mark Twain, sent an article for publication without any punctuation. Underneath it, he put all the punctuation marks together, and a note to the editor, “distribute them in the above paper as you like”. Whether or may be the views of different people on the subject, for a correct interpretation of the repertory, the proper placement of the rubrics and subrubrics and punctuation marks is absolutely necessary. In the process of revision, it was found that not only were changes made in the original American editions, but even more mistakes had crept into Indian editions. Every care has been taken to thoroughly correct these to make the meaning more explicit. An error which was noticed in some editions and had to be corrected, was the wrong shifting inwards or outwards of certain rubrics and subrubrics, thus nullifying their original value.

Spelling mistakes have been removed. Some of these mistakes were so grievous as to completely alter the meaning of the rubrics, e.g. “on waking” had been wrongly changed to “in walking” at some places.

Special effort has been made not to alter the page numbers from the original American editions, so that books connected with Kent’s Repertory that have already been published may retain their value. Minor alterations in this were, however, necessary because the sections on Ear; Teeth; Stool; Kidneys; Prostate; Urine; Genitalia-Female and Respirations start from a new page unlike previously. Besides, two new sections have been carved out. The section on “Nose” has been subdivided into separate sections of “Nose” and “Smell”. “Larynx” has been taken out of the section on “Larynx and Trachea” and made into a separate section. There are also minor changes in page numbers where much additional material had to be added or deleted from a page.

Beginners used to have difficulty in finding symptoms pertaining to what is commonly called the neck, in its anterior and lateral aspects. In the repertory, these appeared under “External Throat”. To make it more explicit, “Throat” has been changed to “Throat-Internal” and “External Throat” is put as “Throat-External”. Even though alphabetically the latter should appear first, the original position of the sections has been maintained to avoid change in page numbers. Similar is the case with “Genitalia” which had been left unqualified, and though now it has been specified as “Genitalia-Male”, it continues to appear before “Genitalia-Female”.

Where there is a cross reference to another section or rubric, it is shown within inverted commas and the use of bold letters, capital first letter or lower type indicate another section, another main rubric in the same section or a subrubric respectively. Where a rubric carried over from a previous page or previous column, then a colon is used to show the continuity, in place of a fullstop or comma used previously.
There has been a change in the placing of the rubrics previously appearing on pages 166 and 167 to bring them in uniformity with the pattern elsewhere and in conformity with the framework of the repertory.

Several new symptoms have been added especially in the sections of Mind, Stomach and Generalities.

Contents have been given both serially and alphabetically. Serially, they follow the standard schema followed in homoeopathy.

Discrepancies were discovered between the abbreviations as in the list of remedies and in the repertorial text. These have been rectified. Certain remedies have been added in the list of "Remedies and Their Abbreviations". These appeared in the text but were previously missing from the list. Many many mistakes that appeared in the alphabetical order of this list have been carefully corrected. The correct order follows the full name of the remedy as it appears in the list of remedies. In places this may seem not to be in conformity, when looking superficially at the abbreviations e.g. Sulph. (Sulphur) appears before Sul-ac. (Sulphuricum acidum); Mag-c. (Magnesia carbonica) before Mag-arct. (Magnesia poli arcticus); Pulx. (Pulex irritans) before Puls. (Pulsatilla) and Pul-n. (Pulsatilla nuttaliana) after it. An example of the corrections made in the order based on this pattern is Sal-ac. (Salicylicum acidum) which previously appeared before Salam. (Salamandra) and has now been put after it, with due consideration to the alphabets in their full name.

However, to avoid too many changes in the arrangement of some remedies through numerous rubrics, a few exceptions to this general rule had to be tolerated. An example of this is the wrong order of the following in the list of remedies as well as in the repertorial text:

- Carb-ac. (Carbolicum acidum).
- Carb-an. (Carbo animalis).
- Carb-h. (Carboneum hydrogenisatum).
- Carb-o. (Carboneum oxygenisatum).
- Carb-s. (Carboneum sulphuratum).
- Carb-v. (Carbo vegetabilis).

Though wrongly made on the basis of the alphabetic order of the abbreviations and not of the full names of the remedies, this order appears on P. 548 in the rubric "Flatulence". The correct order would have been Carbo animalis, Carbo vegetabilis, Carbolicum acidum followed by the different Carboneums.

In other places, if adding the specific name to the generic name disturbs the alphabetic arrangement, then the specific part of the name has been put in brackets and the remedy retained at its original position e.g. Cuprum (metallicum) appears before Cuprum acetici. Many synonyms have also been given for ease in reference and to make the list more complete.
Even though the overall size of this book is the same as the American editions, larger type has been used to make it more easily readable.

In this edition, different methods of printing have been employed with much skill to get good results. For this, our special gratitude to the publishers and the printers for their resourcefulness and full co-operation. We also express our thanks to Dr. Diwan Vijay Chand and Mrs. Swaraj Harish Chand for inestimable help in the difficult task of proof reading.

The completion of a work gives satisfaction. Completion of a difficult task gives more satisfaction. When it comes to the final publication of such a difficult book of lasting benefit to the profession, the presentation of this fully Revised Edition of Kent's monumental work, fills us with joy that knows no bounds.

D: P. Schmidt
29th May 1979

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KENT’S REPERTORIUM GENERALE-Jost Kunzli Von Fimmelsberg

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ADDITIONS TO KENT REPERTORY

Synthetic Repertory- Dr. Barthel & Klunker
Kent’s Expanded Repertory- Dr. P. Sivaraman
Homoeopathic Medical Repertory- Dr. Robin Murphy
Synthesis Repertory- Dr. Schroyens
Kent’s Final General Repertory- Dr. P. Schmidt & Dr. Diwan H. Chand
Kent’s Repertorium Generale- Dr. J. Kunzli
Additions to Kent’s Repertory- Dr. C. M. Boger
Additions to Kent’s Repertory- Dr. G. Vithoulkas
The Complete Repertory- Dr. Roger V. Zandvoort

ABOUT THE AUTHOR:
Dr. Jost Kunzli was born in 1915 and practiced in Switzerland at St. Galen. He was an ardent pupil of Dr. Pierre Schmidt of Geneva. Just like his teacher, he too had a roaring practice, attained vast knowledge in homoeopathy, and gained commendable respect not only among his fellow physicians but has great influence over the doctors in Germany and Europe. Kunzli, even though is engrossed in his practice, he has spared sufficient time to know the developments in homoeopathy, and has collected the observations made by leading homoeopathic authorities and has added them to the Kent’s repertory and has given us an enriched repertory - "Kent’s Repertorium Generale".

NEED FOR THIS REPERTORY:
Among the repertories published, Kent’s Repertory is considered to be most comprehensive and authoritative source available even today. After Kent’s death, many important therapeutic observations have been made by leading homoeopathic physicians. These reports were not available to the physicians as most of the time they are hidden in the literature. Dr. Jost Kunzli has made an attempt in enriching Repertory by incorporating all the observations of important stalwarts and brought vital information to the limelight. Apart from this, he added his own observations to Kent’s repertory.

SOURCE:
λ Various therapeutic observations made by eminent physicians from 72 reputable sources including H.C. Allen, T.F. Allen, Boericke, Boger, Boenninghausen, Burnett, Clarke, Guernsey, Hahnemann, Herring, Jahr, Knerr, Nash, and Pulford. [40 years of untiring effort].
λ Kunzli also added his own observations
λ Kunzli added many of Hahnemann’s observations from his chronic disease as well as Materia medica pura even though they were not clinically verified.
λ Kent’s personal handwritten corrections were also available for first time.

This book was compiled and edited by Michael Barthel M.D., with assistance Charlotte Barthel and Iise Seider, M.D.

Kent’s Repertorium Generale was first published in German language in 1987 by Barthel. In the same year first Indian edition was printed by B. Jain Publishers.
Kunzli’s new Repertory takes off from Kent’s Repertory, 3rd edition, the one in general circulation which preceded the Final General Repertory of Kent revised by Dr. Pierre Schmidt and Dr. D. Harish Chand. All entries found in the 3rd edition are also found in Kunzli’s Repertory.

First of all, Kunzli has included symptoms from Kent’s Lectures, which are not found in the 3rd edition. Very carefully he has included a numbered annotation above every remedy taken from Kent’s Lectures. This allows the user to realize that although a remedy has been included in the new Repertory, it was Kunzli, not Kent, who included it.

Beginning in 1950, Kunzli, a careful student of homeopathy, began to make additions to his own 3rd edition of Kent’s Repertory. These he penciled in. Kunzli began by including certain symptoms from Hering’s Guiding Symptoms. Asked how he determined which symptoms to include, he said, "I chose Symptoms which I had verified clinically in my own practice plus strange, rare, and peculiar symptoms which seemed important to me."

In 1981, after more than 30 years of penciling in additions to his copy of Kent’s Repertory, Kunzli decided to share his additions and invited a small group of classical homeopaths together.

"We came together for a week at a time for a total of about six weeks," said Kunzli. "From 8 a.m. until 6 p.m. I read from my additions and they copied." Later, said Kunzli, Will Klunker, editor of the Synthetic Repertory, suggested publishing a separate volume of Kunzli’s additions but omitting the symptoms taken from Hahnemann.

"I could not agree with this idea," said Kunzli. "I think all the additions from Hahnemann are very important. Also, the idea of a separate volume of additions didn't appeal to me. I felt it wouldn’t be used. I felt these additions had to be interpolated into the general text of Kent’s Repertory if they were to become useful to the average homeopath."

PLAN, CONSTRUCTION AND WORKING METHOD
The plan, construction & working method of this repertory is just like Kent. Many new rubrics are added to each section. Many sub rubrics were also added. Many therapeutic verifications of the author are added which are printed as black points in this book, originally these are known as “red points”.

In each section we come across these black points. e.g.,
(a) If entered behind a drug - Therapeutic efficiency of that remedy had been frequently proven.
   e.g., face - expression - foolish - Bufo *
   besotted - Bapt *, Gels *, Lach * etc
(b) If entered behind the symptom - indicating that particular rubric is used in a case the curative remedy is certainly contained within the rubric.
   It underscores therapeutic importance of the rubric and often points to the remedy in question or at least to general area etc.
   FACE – EXCORIATED- Mouth, corners of *
   EXPRESSION, ANXIOUS
   Cradle when child lifted from *: Calc.
   Downward moving driving * Bor1st Gels.

The sources of the observations collected are given with respective foot marks e.g.,
(i) Section Head rubric-Nodes - headache during K.lod12 (12 stands for Clarke dictionary of practical materia medica, The homeopathic publishing company, London 1947)
(ii) Head - Nausea - COCC.49 (Tyler ML - Homoeo Drug pictures, The homoeopathic publishing company, London 1952)
(iii) Mind - Confusion - epilepsy before Lach34 (herring guiding symptoms)
(iv) Mind - Confusion - arouse himself completed to - CV, Sulph1. (J.T.Kent.lectures on homoeopathic MM and his handwritten corrections of last American edition of repertory).

REPRESENTATION OF VARIOUS CHAPTERS WITH RUBRICS ADDED TO KENTS REPERTORY

MIND - 27 RUBRICS
Agoraphobia (Fear of crowd, of public), Awkward, Bad temper, morning, Bliss, feeling of, Clothed improperly etc.
VERTIGO - 10 RUBRICS
Feet sensation as if rouse, Palpitation during, Pushed forward as if etc.
HEAD - 16 RUBRICS
Anxiety in head, atheroma, Blood vessels, temples, Distended, Body hot in forehead, Brittle sensation etc.
EYE - 13 RUBRICS
Cramp (See Spasms), Dermoid Swelling, Drops before eyes, Fat sensation in eye, Gerotoxon (See Opacity) etc.
VISION - 16 RUBRICS
Brighter Objects seen, Circle objects move in a circle enclosing eyes, Field of vision sees object beside, Halo around light, Hemaralopia (loss of vision night)
NOSE - 14 RUBRICS
Blisters burning sensation, Contraction, Cramps, Distension, Drawn up or rose by string etc.
EAR - 10 RUBRICS
Body hard before sensation, Excoriation behind ears, Foreign body, Hammering, Lipoma (See tumours) etc.
FACE - 16 RUBRICS
Acridity Upper lip, Clucking lower jaw, Dislocation of jaws, Fur like in Hemiplegia, Humming sensation lower jaw etc.
MOUTH - 16 RUBRICS
Astringent sensation, Chorea, tongue, Desquamation check inside, Furry gums, Thrush (soor) etc.
TEETH - 9 RUBRICS
Abscess root of, Discharge from caries tooth, Smooth feeling, Stiff from cold, Twitching in teeth etc.
THROAT - 17 RUBRICS
Adenoid, Biting sensation in back pains of fauceous Drawn out sensations, Gluey, Puts finger in throat etc.
EXTERNAL THROAT - 16 RUBRICS
Excoriation from rubbing of clothes, Presses throat with both hands, Trembling, Heat, Node etc.
STOMACH - 23 RUBRICS
Acridity, Aerophagia, Bitter as if in stomach, Falling out sensation, Food lodges at cardia etc.
ABDOMEN - 22 RUBRICS
Blood from umbilicus, Cobweb sensation, Hands support the abd. during urination with, Ileus, Noises, etc.
RECTUM - 5 RUBRICS
Congestion, Dropping of some thing cold out d anus, sensation, Intertrigo, Nausea, Standing, stool passes better on.
STOOL - 14 RUBRICS
Earlier every day, Intestines like, like, Rice grains like etc.
BLADDER- 1 RUBRIC- Agonizing dysuria
KIDNEY, PROSTATE GLAND- No Additions
URETHRA- 6 RUBRICS
Blue spot meatus, Carbuncle, Raw sensation etc. Filaments (see sediment thready), Hot (see burning) Urobilin (see bile)
GENITALIA MALE- 6 rubrics
Kryptorchism, Mucous glans, Quivering scrotum, etc.
GENITALIA FEMALE- 5 Rubrics
Anesthesia Vagina during coition, Sexual minded, Squeezed sensation by a hand, uterus, Weight sensation, uterus etc.
LARYNX AND TRACHEA- 6 Rubrics
Air rose through trachea in waves as if, Numbness trachea, Purring on coughing etc.
RESPIRATION- 1 Rubric
Chyne Stokes (see irregular).
COUGH – 12 Rubrics
Abdomen seems to come from, Constipation during, Highly seasoned food from, Solid food from, twitching in hip etc.
CHEST- 30 Rubrics
Broncheactiiasis, Conscious of heart action, Injuries to mammae, Inverted nipples, Mealy coating nipples etc.
BACK- 15 Rubrics
Decubitus (skin sore), Lameness cervical, Paralytic sensation, Spina bifida (see bifida), Sondylitis (see caries) etc.
EXTREMITIES- 32 Rubrics
Amputated stump painful, Catalepsy, Curvature of bones, Elevation shoulders, Falling nails etc.
SLEEP- 3 RUBRICS- Interrupter, Long to, Sitting up and retching
CHILL- 9 RUBRICS- Anterior part of body, Riding on horseback, Starting from sleep, Vomiting before etc.
FEVER- 11 RUBRICS- Catheter fever, Convulsions after, Dengue fever, Dentition during, Traumatic fever etc.
PERSPIRATION- 9 RUBRICS- Debilitating, luminous, Salty deposits after perspiration, Scratch must, Thighs except etc.
SKIN- 6 RUBRICS- Decubitus (see sore), Keloid (see cicatrices), Varicosities, Withered etc.
GENERALITIES- 44 RUBRICS- Anesthesia, Auburn air, Blondes, Brunets, iod. abuse after, lying in women (child bed) etc.
Rubrics are not added in following chapter- Hearing, kidneys, prostate, expectoration.
Total no of rubrics added – 446.

List of Medicines Added in Kunzli Repertory
ADEPS- Adeps suis
AGAVA- Agave Americana
AGRA- Agraphis nutans
ARAI - Aralia hispida
AVEN- Avena sativa
BAC- Bacilinium burnet
CADM.MET- Cadmium. Met
CARC- Carcinosinum
CER-OX- Cerium oxalicum
CHAP- Chaparro amargosa
CHIN.b - China boliviana
CHINCH.b - Cincona boliviana
CHROM.K.S - Chromicum Kali. Sulph
COFFIN - Coffinium
CORTICO - Cortico tropinum
DICT - Dictannus abus
DIPH - Diphtherinum
DYSCO - Dysentroico Comp. (Bach - Nosode)
E PHIP - Epiphugus. Vir.
EUPH - Pi - Euphorbia Pillifera
GLAND.GLANDRINE - Hippozaenum
HEIM - Helminthortos
JANOS - Janosia
JUST - Justia Adhatoda
LINUM - Linum Usitatismum
LOL - loleum temultum
MERC - Mere. Sol
MERC P.A - Mere. Paracipirus albus
MERC P.F - Mere. Paracipirus lavus
MUC. U - Mucuna urens
NAT-Ch - Natrum Chrolenicum
NAT-I - Natrum iodatum
PIIO - Pilocarpinum
PIX - Pixliguida
PROT - Baceilus proteus
QUASS - Quassia
ROS.d - Rosadamascena
SKOOK - Skookum Chuck
TAT - T etradymile'
THIOSIN - Thiosinaminum
TITAN - Titanium Met
TUB.K - Tubercalinum Koch
VANAD - Vanadium Met
VICHY - G - Vichy aqua - grande
X-RAY - X - Ray
ZINC.CHR - Zincum chronicum
ZINC. I - Zincum iodatum

The Drugs Omitted By Kunzli Which Are There In Kent's Repertory
Arundo donax, Cainca, Chenopodium glauci aphis, Chininum brom, Ingluvin, Magnetis poliumbo, Merc vivus.

TOTAL NO OF SECTIONS ARE 27
This number reduced by placing the anatomical parts and their function in one section. E.g Eye & Vision. All sections of urinary organs under 1 heading. Chill, fever and perspiration one heading.

GRADATION
Medicines are graded like Kent's repertory in to- BOLD, ITALICS, ROMAN.

SPECIAL FEATURES
1. It is an enriched edition of Kent’s Repertory.
2. The additions are fully authenticated by showing the source.
3. The drugs mentioned under rubrics are verified by author himself.
4. Number of drugs with their abbreviations and sources are given.
5. Number of drugs mentioned are 689-6=683.
6. Some errors in Kent’s Repertory are corrected (Printing Mistakes).
   E.g. Head - Bond (KR) Corrected to Band
   EYES - Wind look (KR) Corrected to Wild look
   STOOL State Colored Corrected to Slate colored

The user of Kunzli’s Repertory will find the miasmatic remedies better represented as many symptoms from H.C. Allen's Materia Medica of the Nosodes have been included.

“If I read something in Clarke which interested me and which was not in Kent's Repertory, I added it to my repertory,” he said. "Some symptoms were verified by me personally, others were not. I added unverified symptoms if they were strange, rare, and peculiar."

Of particular importance are the additions from Hahnemann himself. "I took the last edition of Chronic Diseases and the last edition of Materia Medica Pura," said Kunzli. "I compared symptoms in these two works with Kent’s Repertory. If they were not in Kent, I added them. From Hahnemann I added everything."

CRITICISM
1. Number of drugs are very few - 689
2. Hahnemann’s observation were straight away taken and placed in this book without verification.
3. Under Ear, Rubrics like Wen behind ear, wind sensitive to, worm sensation of, are missing which are there in Kent.
Rubrics in Boenninghausen not in Kent

By Elizabeth Wright Hubbard, MD, New York City, NY


This list was compiled by Elizabeth Wright-Hubbard, MD, and was printed in the August, 1956, Journal of the American Institute of Homoeopathy. It was supposed to be included in Homeopathy as Art and Science, published by Beaconsfield, but it was inadvertently left out.

These rubrics are found in Boenninghausen's Therapeutic Pocket Book. The numbers refer to the pages in the book. All the rubrics from 268 to 310 are aggravations, and all the rubrics from 311 to the end are ameliorations. — JW

To the Kentian Clan and the Boenninghausen Band, Greetings and News! The Mouse may help the Lion. In Boenninghausen's 482 small pages are 335 rubrics which are not to be found in Kent's 1423 large pages.

The homoeopathic student is taught both methods of repertorization— by Kent and by Boenninghausen— and is warned not to mix the methods, not only because the remedy grading is different, but because the ideology is so disparate. These repertories, like most of life, are full of paradoxes. The Kent repertory claims to be based on Generals yet is a maze of Particulars; Boenninghausen's is most factual and classified: every symptom that refers to a part may be predicated of the whole. The interrelationship of symptoms and of remedies and the sequence of remedies are brought out. It opens a way into the wide fields of combinations. For Boenninghausen, the totality is made up of the general characteristics of the particular symptoms plus the condition, under the four general categories of locality, sensation, modality (aggravations or ameliorations) and concomitants. Roberts in his brilliant Principles and Practicability of Boenninghausen's Therapeutic Pocket Book says it is based on the doctrine of concomitants, a concomitant being an attendant circumstance existing or occurring with other symptoms, having always a relation in time. The concomitant is the differentiating factor. Hahnemann says that "the characteristic symptoms represent that which is curable in each case of disease," in other words the common symptoms of the diagnosis do not point the way to cure. Boenninghausen called chronic symptoms concomitants in acute ailments and often prescribed exclusively on them, although a drug should be findable covering both acute and chronic.

The Boenninghausen method shines in cases without many mental symptoms; without rare, strange and peculiar symptoms; with few particulars; in cases where modalities predominate and concomitants are marked; cases showing pathological symptoms and objective symptoms. Roberts used to say that it was as good as Sensations As If, though in larger terms.

Some of the features of Boenninghausen are unique, such as the use of sides of the body throughout; rubrics of troubles associated with stool, urination, etc.; accompanying symptoms of nose, leucorrhoea, respiration, cough, menses, stool, fever, etc.; sleep and waking; and aggravations and ameliorations before, during and after cough, vertigo, fever, menses, stool, urine, sleep, sweat, and so forth.

The last section on Relationships of Remedies, pages 322 to 482, is the most difficult for the novice
and the most unusual part of the book, but discussion of it is outside the scope of this paper.

The whole repertory is built on Generals, yet there is no section for Generals, as there is in Kent, and certain general rubrics are interspersed, with quite hilarious, unintentional humor. For instance: under "Aggravations" is the rubric "for Children," and that "for Women" (What is worse for Women? or Women are worse for what? or are the remedies worse for the Women?)

There are few "Ameliorated by" rubrics in Kent, but there are 58 in Boenninghausen which are not in Kent.

Certain symptoms crop up frequently in casetaking which are baffling or impossible to find in Kent, except by combining rubrics or taking the nearest, but not the exact, symptom. Boenninghausen uses common sense rubrics, such as "falling asleep late," "can't get to sleep again after waking," "becomes chilled easily"; and rubrics of anatomical parts—often obscure ones—such as Loins, Groins, Perineum, Inner Gum, Tendo Achilles, Nape and the elusive Antrum are to be easily alphabetically found.

Among the gems are the rubrics on the moon phases which are not in the 5th Edition of Kent; the wind rubrics, the "blondes" and "brunettes," the pregnancy rubric and the puerperal state, and such a frequent complaint as sebaceous cysts.

Although Boenninghausen has but 342 remedies as against Kent's 591, it often has a much larger rubric than the Kent. On the other hand it has none of the enormous and useless rubrics such as unmodified "Vomiting."

Even if you never repertorize by the full Boenninghausen method, you can save yourself much time and trouble with specific rubrics for shortcutting and office or bedside work by the use of these unusual sections. When a remedy does not appear in certain definite rubrics in Kent, check the equivalent one in Boenninghausen; you may find it there. Put a copy of this reprint in your Kent. Let us use the best of both methods in arriving at the Simillimum.

Part II

2: Disposition generally affected
18: Amativeness
20: Intellect: Activity
20: Intellect:Befogged
23: Drugs which have Concomitants of Mental Symptoms
26: Internal Head: One-sided in General
27: External Head: Dark Hair External Head: Light Hair
28: External Head: Beard
29: External Head: Scalp of Occiput External Head: Hairy Sinciput
29: External Head: Scalp of Vertex Internal Head: Left side Internal Head: Right side
30: External Head: Left side External Head: Right side Eyes: Aqueous Humor
32: Eyes: Vitreous
32: Eyes: White of eye (sclerotic)
34: Eyes: Orbits
34: Eyes: Inner surface of lids
37: Vision : Illusions of Form
41: Ears: Lobules
42: Ears: Left
42: Ears: Right
44: Ears: Stopped feeling
45: Nose: Back
46: Nose: Odor from Nose
47: Nose: Stopped Coryza
49: Nose: Accompanying Symptoms of Nasal Discharge
50: (All objective symptoms of face together)
57: Face: Malar Bone (Antrum)
57: Face: Upper Jaw
57: Face: Lower Jaw
57: Face: Articulation of Jaws
59: Face Left Side
59: Face: Right Side
61: Teeth: Inner Gum
77: Diaphragm
79: Epigastrium
80: Loins
80: Groins (Caecum, Ilio-Caecal Region, Poupart's Ligament)
81: Pit of Stomach Rings Externally Mons Veneris
81: Abdomen: Left Side
82: Abdomen: Right Side
84: Flatulent Pain
85: Incarceration of Flatus
90: Troubles Before Stool
91: Troubles During Stool Troubles After Stool
92: Ineffectual Tenesmus
93: Perineum
100: Troubles Before Micturition
101: Troubles at Beginning of Micturition; Troubles During Micturition; Troubles At Close of Micturition; Troubles After Micturition
102: Male Organs in General Foreskin
103: Female Organs in General External Female Organs
108: Menstruation: Gushing
111: Accompanying Troubles of Leucorrhoea
114: Accompanying Troubles of Respiration
116: Cough: Evening with, and Morning without Expectoration
116: Cough: Morning with, and Evening without Expectoration
116: Cough: Night with, Day without Expectoration
116: Cough: Day with, Night without Expectoration
120: Troubles Associated with Cough Before and After Coughing and After Expectoration (cf. Agg. p. 276 & 281)
123: Neck: Nape
124: Thyroid Gland.
124: Neck and Nape of Neck: Left Side Neck and Nape of Neck: Right Side
125: Sternum and Region
126: Heart's Action Intermittent External Chest (Ribs and Muscles)
132: Back of Hand
135: Loins (Region of Hips) Nates
136: Thigh: Anterior Part
136: Thigh: Posterior Part
136: Thigh: Outer Side
136: Thigh: Inner Side
138: Tendo Achilles
138: Back of Foot (Dorsum)
139: Great Toe
139: Balls of Toes
141: Knee, Hollow of
141: Bones of Lower Extremities in General
143: Asleep Feeling in Single Parts
144: Benumbing Pain
149: Constriction of Orifices (Sensations of)
153: Crepitation, Sensation of
155: Dislocations
157: Dust, Internal, Sensation of
159: Flabby Feeling
159: Forcings
162: Hardened (Muscles)
163: Immobility of Affected Parts
165: Jerking Muscles
167: Mobility Increased
167: Motion Difficult
168: Mucous Secretions Increased
181: Splinters, Feeling of
194: Vibrations
196: Whiteness (of Parts usually Red)
200: Glands: Ulcers, Cancerous
215: Cysts, Sebaceous
216: Hair of Head Falls Out: Occiput
216: Hair of Head Falls Out: Beard
217: Hair Feels Pulled
223: Nails Generally Affected
223: (All Nail Rubrics together)
239: Wounds: with Injuries of Bones
239: Wounds: with Injuries of Glands
240: Falling Asleep Late
240: Sleep Prevented by Various Symptoms
241: Waking in Distress
241: Associated Symptoms (See Aggravations Waking, p. 306)
242: Sleepiness During the Day
243: Associated Symptoms of Sleepiness Sleepiness caused by Various Things
246: Symptoms Causing Sleeplessness
248: Dreams with Indifference
248: Dreams Indifferent (Incident) to the Day's Business
250: Dreams Waking (day dreaming)
253: Pulse Unchanged (with Various Symptoms)
254: Chilliness in Certain Parts
255: Becomes chilled easily Chill with Thirst Chill without Thirst
256: Symptoms during Chill
257: Heat in Special Parts Heat in Special Parts Externally
258: Heat (in Special Parts Internally)
259: Heat: Associated Symptoms
260: Coldness of Special Parts
261: Shivering of Special Parts Shivering of One Side
262: Sweat, Special Parts
263: Sweat without Thirst
264: Sweat, Easy
264: Sweat, Odorous: Acrid Sweat, Odorous: Of Camphor
265: Sweat, Odorous: Of Onions Sweat, Odorous: Of Rhubarb
265: Sweat, Odorous: Sweetish-Sour Sweat with Associated Symptoms
265: Compound Fever in General
268: < Before Fever
268: < During Fever
268: < After Fever
272: < Bending or Turning
272: < Bending or Turning Affected Part Bent, Holding the Part
272: < Biting Teeth Together
273: < Blowing Nose
273: < Breathing:When Not
273: < Breathing:Holding Breath
273: < Bruises
273: < Brushing Teeth
274: < Chewing, When
274: < Closing Eyes
274: < Closing Mouth
274: < Clutching Anything
276: < Combing Hair
276: < Combing Hair Backward
276: < Conscious, When Half
276: < Dancing, When
277: < Drawing Off Boots
277: < Drawing the limb back
277: < Drinkers, for Hard
277: < Drinking, When
277: < Drinking, After
278: < Drinking fast
279: < Elevation, When On
281: < Expanding Abdomen
281: < Expectoration
281: < Expectoration after
281: < Expiration
281: < Fainting, After
281: < Fatigue
283: < Crumbs
283: < Garlic, Odor of
284: < Oil
284: < Thought of Food She Would Like
285: < Water, Cold
285: < Wine Containing Lead
285: < Wine Containing Sulphur
285: < Gargling
285: < Grasping Anything Tightly
285: < Heated by the Fire
286: < Hiccough
286: < Holding Together Parts
286: < House, In the
286: < Idleness
286: < Injuries, Bleeding Profusely
286: < Inspiration
287: < Inspiration of Cold Air
287: < Intoxication, After
287: < Jar
287: < Jumping
287: < Labor, Manual
287: < Leaning, After
287: < Leaning (Against Anything)
287: < Leaning, Backward
287: < Leaning against a Sharp Point
287: < Leaning To One Side
287: < Licking Lips
288: < Looking around
288: < Looking Straight Forward
291: < Lying in Women (The Puerperal State)
291: < Moon, New
291: < Moon, Full
291: < Moon, Waning
292: < Motion After
292: < Motion False
292: < Motion of Head
292: < Motion of Eyes
292: < Motion of Eyelids
292: < Motion of Arms
293: < Music
293: < Narrating Her Symptoms
293: < Odor of Wood
294: < Opening Eyes
294: < Opening Mouth
294: < Organ, Playing the
294: < Persuasion
294: < Piano, Playing the
294: < Picking Teeth
294: < Pregnancy
295: < Putting out the Tongue
295: < Raising Arms
296: < Retching
296: < Retracting Abdomen
296: < Riding One Leg over the Other
296: < Ringing of Bell
298: < Sewing
298: < Shipboard, On
298: < Shooting
298: < Shrugging Shoulders
298: < Singing, When
298: < Singing, After
299: < Sitting Bent Over
299: < Sitting Upright
300: < Sneezing
301: < Splinters
301: < Squatting Down
301: < Stepping Hard
301: < Stooping
302: < Stooping Prolonged
302: < Stretching of Limbs
302: < Sunburn
302: < Sunrise, After
302: < Sunset, After
302: < Supporting a Limb
303: < Swinging (Rocking)
304: < Turning Around Turning Over in Bed
305: < Turning Head
305: < Turning Eyes
305: < Turning Neck
305: < Unnatural Position
305: < Vertigo, During
310: < Violin, Playing the Being Awake at Night
307: < Walking Bent Over
307: < Walking on Level
307: < Walking on a Narrow Bridge
307: < Walking Sideways
307: < Walking on a Stone Pavement
307: < Walking Over Water
309: < Wind, any dry
309: < Wind, North
310: < Women, For
310: < Writing
310: < Yawning
310: < Yawning, after
311: > Bending or Turning Affected Part
311: > Bending Backward
311: > Bending Inward
311: > Bending Sideways
311: > Bending Head Backward
311: > Holding Part Bent
311: > Bending Head Sideways
311: > Biting
311: > Blinking Eyes
311: > Blowing Nose
311: > Boring in with the Finger (Ear or Nose)
311: > Breath, Holding the
311: > Carrying the Child in the Arms
311: > Chewing
312: > Crossing Limbs
312: > Dancing
312: > Darkness
312: > Drawing in the Affected Part
312: > Drinking, After
313: > Expiration
313: > Fasting (Before Breakfast)
313: > Food, Bread
314: > Food, Meat
314: > Food, Salt
314: > Grasping
314: > Haemorrhage
314: > Hand, Laying, On Part
314: > Kneeling
314: > Knitting
314: > Leaning Against Anything
314: > Leaning Against Anything Hard
314: > Leaning Head on Anything
314: > Leaning Head on One Side
314: > Leaning Head on Table
314: > Licking with the Tongue
315: > Looking Downward
315: > Looking Sideways
316: > Lying on Hard Bed
316: > Lying Bent Up
316: > Lying Horizontally
317: > Retracting Abdomen
317: > Rising from Bed
317: > Rising from a Seat
318: > Rising from a Seat, After Shrugging Shoulders
319: > Sneezing
319: > Stepping Hard
319: > Stool, After
319: > Stooping
320: > Sucking with Tongue
320: > Talking
320: > Turning at a Lathe
320: > Twilight, In the
320: > Tying up the Hair
321: > Walking Bent Over
321: > Wiping with the Hand
321: > Writing
321: > Yawning