



Soldner / Stellmann

Individual Paediatrics

Physical, emotional and spiritual aspects
of diagnosis and counselling
Anthroposophic-homoeopathic therapy



CRC Press
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Disclaimer

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By Georg Soldner and Hermann Michael Stellmann[†].

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Foreword

The ideal of complete health is only of interest from a scientific perspective. Illness is part of being an individual.

Novalis

The positive response to the first three editions of this book was gratifying and encouraged the authors to produce a thoroughly updated and enhanced new edition. For many colleagues this book has become a consultative resource, both for the treatment of children and the support of parents. An individualized approach to paediatrics is dependent on dialogue between parents and physician, with the child at the centre. In this way the child and, later, the adolescent can be recognized in his or her developmental potential as a unique individuality. In encountering both physical illness and psychological crises, this potential is particularly challenged; however, overcoming illness may also support the development of the child's individualization.

For this reason, it is of considerable consequence whether one approaches paediatric medicine in purely technological terms, aiming to restore complete and permanent health, or whether children are encouraged to actively overcome their health crises through providing them with sustained support in their capacity for self-regulation. The latter approach, combined with accompanying paediatric expertise, enables the child and parents to experience that they themselves can contribute to achieving the condition of health. In this process their skills are strengthened and their trust in – and familiarity with – their own capacity to overcome crises is enhanced. Health, particularly during childhood, is not a given state that only needs to be protected and maintained by means of medical intervention: health has to be permanently striven for and stabilized – even the success of an operation relies on the body's inherent capacity to self-heal. Research in recent years has shown that children's experiences and initiative in early childhood make a significant contribution to the development of health, on both physical and on psychological levels. Against this background, anthroposophic medicines and homoeopathic remedies can be understood as offering regulating impulses that encourage the child to overcome the pathological one-sidedness of the disease, thereby utilizing their own strength, and establishing a new, healthy equilibrium. It is evident that if this form of treatment is to be successfully practiced, it does not only require familiarity with the pathology but also a willingness to assess each patient on an individual basis with respect to their available bodily and psychological resources. Such an approach certainly does not ignore the general contributions and specific medical interventions of conventional medicine, as and when these are considered to be necessary by the physician and parents. Indeed, the doctor-parent-child relationship is supported and encouraged as and when the therapeutic approach is jointly affirmed and reviewed at suitable intervals in the light of all the available options.

The present new edition of this book has been thoroughly updated. All new material is based, as before, on the clinical experience of the authors. Parents and children feel a growing need to be acknowledged as individuals, enter a dialogue, and to be understood and involved themselves in decisions on prophylaxis and treatment. The present volume attempts to outline the foundations that can support and facilitate such a dialogue in daily practice, based on current knowledge and experience. Medical prescribing is supported

by a comprehensive index and detailed table of contents, enabling quick access to specific themes and treatment options. However, to appreciate the context of individual therapeutic interventions, reading a whole chapter or subject area remains indispensable. In this respect, the book can be used both as a practical guide that can quickly be consulted, and also as a resource for a more in depth study and discussion among colleagues.

The authors would like to thank Dr. Tim Kersebohm for the agreement of the Wissenschaftliche Verlagsgesellschaft Stuttgart to publish a thoroughly revised new edition and Ms. Luise Keller for her careful editing. Many suggestions were incorporated, arising from various discussions with colleagues. The authors are indebted to René Madeleyn, Jan Vagedes, Matthias Girke, Markus Sommer and Friedwart Husemann for valuable suggestion regarding the text as a whole, and to Thomas Fuchs (Introduction), Martin Hirte (Vaccination), Till Reckert (Vitamin D), Franziska Roemer (Allergic diseases, Atopic dermatitis, Acne), Bernd Ulrich, Dieter Ecker and Bernhard Wingeier (Bronchial asthma), Karl-Reinhard Kummer, Lüder Jachens and Christoph Schempp (Atopic dermatitis, Allergies), Reinhard Schwarz (Anthroposophic medicines), and Johannes Lorentz (Rheumatology) with regard to individual chapters. We would also like to use this opportunity to thank the many other colleagues, not mentioned specifically by name, for their suggestions and critiques.

The present book has grown out of dialogue between the authors. In this context the “leading thought”, expressed in the words of Novalis, have stood before us like a guiding star. The death of Michael Stellmann on 2 April 2010 represented a profound caesura, although in my experience, this dialogue continues to provide the foundation from which the form of this book derives. Very warm thanks are due to Michael Stellmann’s family for allowing full access to his medical estate. This new edition is accordingly dedicated to the memory of H. Michael Stellmann, one of the great pioneers of anthroposophic and homeopathic paediatrics.

Georg Soldner

Foreword to the first German language edition

The original stimulus for writing this book arose in response to conversations with colleagues. Nowadays, many paediatricians have the desire to extend the paradigms of their practice beyond treatment protocols that are based exclusively on conventional guidelines, derived from a so-called evidence-based science. Although, substantial and detailed documentation also exists concerning the empirical efficacy of medicines used in both homoeopathic and naturopathic practice, in the absence of an extension of corresponding disease-specific diagnostic paradigms, suggestions for possible therapeutic interventions in these fields of practice remain unsatisfactory. Such an extension, moreover, would require an integrative understanding of both physical and soul-spiritual aspects of child development. When assessed within this broader context, the potential treatment options and their associated risk factors for a specific disease thereby acquire a different perspective. A re-evaluation of risks and treatment options then becomes possible, which also takes the particular character and possible developmental role of the illness under consideration. Such a comprehensive diagnostic evaluation then provides a sound basis for assessing which therapeutic direction would be appropriate for a specific illness, and in a particular situation.

In the author's experience, descriptions of the human being and of outer nature that underlie the practice of anthroposophic medicine offer a highly differentiated lens, through which physical, soul and spiritual aspects of child development may be perceived and interpreted and possible pathologies in each of these spheres integrated into a comprehensive diagnostic picture. Not only will the rationale underlying a proposed therapeutic intervention then be evidence-based in the empirical sense, but it will also include such an individualized assessment. In the clinical setting, a comprehensive approach of this kind to diagnosis encourages the creation of a correspondingly differentiated treatment plan, in which the child can be fully honoured in every aspect of his or her individuality. Such an approach does not replace conventional paediatric training, nor will it underestimate the value of conventional scientific research and its resultant 'state of the art' treatment protocols; it rather seeks to extend the depth and scope of physicians' perceptual diagnostic ability and to enhance their capacity to differentiate between the several components or levels through which human individuality is manifested at a bodily level.

This book aims to offer suggestions for such an individualized therapeutic approach, based on the practical experience gained by the authors in their clinical practice. The path towards this goal begins during the clinical consultation with the direct perception of the child and its environment, enhanced through attentive and unprejudiced listening. The essential aspects of the pathological process under consideration will then reveal themselves. To this end, suggestions are included at the beginning of each chapter. Their aim is to extend the general diagnostic concepts in use today (e.g. pneumonia, sinusitis, asthma) so that the individual background relevant to each case of illness is included; for example, why has this particular child developed pneumonia or asthma at this particular time? In their suggestions for treatment, the authors can only – and only intend to – indicate possible interventions, even when a particular treatment has indeed shown itself to have general validity. The authors intend no more than to help prepare and offer support to paediatricians, when deciding which potential therapeutic option may be appropriate in the given case. Their intention is essentially to stimulate therapeutic

tic skills rather than to advocate particular therapeutic measures or to offer universally valid prescriptions.

The respective limits and risks of the specified treatment proposals are indicated. The authors have consciously decided to refrain from discussing pathological conditions of which they have no personal experience or where additional therapeutic interventions cannot be suggested (e. g. as in bacterial meningitis).

This book makes use of established paediatric classifications and terminology. In so far as these were considered too restrictive, the attempt has been made to extend the boundaries of the familiar terminology in such a way that medically trained readers will find the author's thinking comprehensible. By engaging with this text, readers may simply gain a broader perspective, relevance for daily practice, of their patients and their families; their relational and communication skills may thereby be extended. They will also encounter descriptions of the art of extending medicine, based on the content and methodology of homoeopathic and anthroposophic practice. We would invite the reader to engage further in this dialogue, which will inevitably take on a different character for each individual. In this connection, the authors consider a living interest in the enhancement of skill within paediatric diagnosis and therapy to be the most important prerequisite, rather than the reader's level of previous knowledge. By approaching the text in this spirit, it should be possible to test its contents in practice. With respect to epistemological questions, we refer the reader to the established cognitive methodologies underlying the respective disciplines of natural science, humanities and anthroposophy. Homoeopathy itself arises from the spirit of the Enlightenment¹ and in that respect it embodies a clear methodology, albeit one that is restricted to an empirical approach. Anthroposophy needs to be understood as a spiritual scientific approach, whose epistemological foundations have been published, and whose relevant literature is generally available for consultation. In the final analysis, however, the contents of this book should be evaluated in the context the reader's encounter with the individual patient; their relevance and effectiveness can only be meaningfully assessed on the touchstone of clinical practice. In this spirit, the authors welcome criticism and suggestions from colleagues.

First and foremost, we would like to thank our patients who, through placing their confidence in us, have made this work possible. We would also like to extend thanks all teachers and colleagues who educated and supported us, listened to us and debated with us. The warmth engendered through such reciprocal giving and receiving has greatly strengthened our confidence.

We would also like to express particular thanks to two colleagues; to Markus Sommer, who has always made his extensive knowledge freely available to us and to Andreas Korselt. Without their committed support, it would not have been possible to write this book.

Particularly thanks are extended to Dr. Muth from the Wissenschaftliche Verlagsgesellschaft Stuttgart, who, with understanding and generosity translated our ideas and intentions into reality.

1 "Enlightenment was a desire for human affairs to be guided by rationality rather than by faith, superstition, or revelation; a belief in the power of human reason to change society and liberate the individual from the restraints of custom or arbitrary authority; all backed up by a world view increasingly validated by science rather than by religion or tradition." Dorinda Outram: *The Enlightenment*. Cambridge University Press, Cambridge 1995, Page 3.

In conclusion, our gratitude extends not the least to our wives for their willingness to engage with our thoughts and ideas in a warm and creative dialogue, and for the enthusiasm they have shown in doing this.

Munich/Bad Aibling,
March 2001

Georg Soldner
H. Michael Stellmann

Translator's notes and welcome to the English edition

A personal note about the author

Georg Soldner began treating patients under the late H. Michael Stellmann's mentorship as a medical student. He continued doing so throughout his eight years of paediatric hospital work in Munich, including three years of neonatal and intensive care. He is an anthroposophic doctor with a strong connection to homoeopathic and anthroposophic preparations, hence these aspects are emphasized in this book. I have experienced him as a highly dedicated, powerful person with encyclopaedic knowledge – not only of medicine. He really takes on responsibility for his patients, enabling them and their parents to feel secure in his care. I was surprised to hear that many of them have his mobile phone number and can call him at any time, night or day. He guides them so well that they rarely need to call him out of office hours: "This should work in such and such a way by such time, please call me at such time to tell me how the treatment is working." By demanding brief feedback from his patients, Georg continually assesses how his prescriptions are working, which is why his book is growing and changing from one edition to the next. Anyone acquainted with the complexities of everyday paediatrics knows that decades of such individual experience supported by a sound memory and digested by a keen mind can only partially be substituted by the results of scientific studies. In fact, our present reliance on guidelines and study data, together with the costs and hurdles of clinical studies, have slowed down the pace of relevant drug discoveries and undermine our art of practicing individualized medicine. Kienle and Kiene have portrayed this as follows:

"After the golden ages between 1930 and 1965, when seminal discoveries irrevocably changed medicine, the rate of remedial innovation has continuously declined despite billions of dollars invested. The great discoveries were made by ingenious pioneering individuals who combined basic science and passionate clinical work: driven by the desire to cure patients, guided by scientific thinking; open to the unexpected, and little hampered by bureaucracy and costs. For their discoveries, clinical judgement was indispensable. Relying on small sample sizes and discarding therapies unless there were obvious effects in 10–20 patients, they found spectacular results and thus expedited innovation. Effects that could only be seen in large trials were regarded as not worth bothering about. The spectacular, ground-breaking discoveries such as sulphonamides, penicillin, cephalosporins, neuroleptics, antidepressants, steroids, etc. would possibly not have been made within the requirements of modern research bureaucracy.

[...] As long as the doctors are, in principle, considered incapable of judging whether they help their individual patient or not, they will need strict external guidance. Clinical judgement, and its further development, is therefore a key issue for the future destiny of the medical profession. An advancement of clinical judgement could grant a renewed cognitive basis for medical expertise and medical professionalism, and could increase both the intellectual and practical autonomy of the doctor."¹

Georg was sharpening his clinical skills and developing his habits of gathering feedback and forming clinical judgments at a transition phase, experiencing the benefits of the new developments (e.g. surfactant and 3rd generation cephalosporins) while guidelines and so-called evidence-based medicine were in the making. And while he always strives to

1 Kienle GS, Kiene H. Clinical Judgement and the Medical Profession. *J Eval Clin Pract* 2010;17(4):621–7

speak out of personal experience, the hundreds of references at the end of each chapter provide testimony to his appreciation for what other scientists and clinicians have contributed to modern medicine.

Georg is also the initiator of the Vademecum of Anthroposophic Medicines, a large compendium built on the experience reports of doctors around the world. So if you experience any of the indications in this book as helpful (or not helpful), please take 5 minutes to fill in this feedback form: www.merkurstab.de/Dateien/Vademecum/EN-Form-Feedback.pdf.

Useful Addresses, links and resources for Anthroposophic Medicine

- **Medical Section, School for Spiritual Science, Goetheanum:**
www.goetheanum-medizin.ch
 The international centre for anthroposophic medicine.
- **International Federation of Anthroposophic Medical Associations:**
www.ivaa.info
English-language website. To find the Anthroposophic medical associations in your country, see: www.ivaa.info/about-ivaa/ivaa-member-organizations
- **Anthromed Library:** www.anthromed.org
 Offers many articles and resources in English also includes many links to suppliers etc. on www.anthromed.org/Links.aspx
- The Journal of Anthroposophic Medicine: www.merkurstab.de
- The Vademecum of Anthroposophic Medicine: www.vademecum.org

Note on vocabulary

Anthroposophy differentiates four main levels of human existence: physical, life (etheric body, which plants and animals also have), soul (with its astral body, which animals also have) and spirit (I, or Ego). When dealing with anthroposophic terminology, it is important to be aware that that words and ideas are invitations to pursue an experiential path, not substitutes for experience. This will help to avoid confusion and difficulties with words. The word ego (also referred to as Ego, I or spirit), for example, is used in anthroposophy in a manner that sometimes differs to its use in some other branches of spirituality or psychology. The term ego here refers to the self as a spiritual, creative entity, which has evolved throughout world history together with the evolving human body, thus creating bodies capable of manifesting individual spirits (hence, human bodies have an Ego-organization – also called I-organization – that lifts the astral, etheric and physical to a “higher” organizational level).

To develop a living and useful relationship to these concepts and be able to use them to extend and differentiate perception in everyday life and in relation to modern-day thinking and medicine, reading the first chapter of this book (1. Introduction) is recommendable, as well as Rudolf Steiner's basic works (e. g. “Theosophy”) – where further differentiations can be found. Anthroposophically oriented doctors and therapists strive to pay attention to these four levels of being, thereby making use of modern diagnostic and therapeutic technology as well as working towards deeper insights through various meditative and observational practices and study of sources of higher wisdom.

Body, soul and spirit each have a lower and a higher aspect to themselves. Thus, our everyday thoughts and intellect are related to our spirit, but rather like a shadow is related to the form that casts it. Our feelings and emotions are related to our soul in a similar way.

Notes on the Medicines

Medicine names

1. Generally, the **German registered medicine names** and formulations have been kept in the translation because different countries use different names. Many medicines available in other countries carry the same name as the German medicines e.g. Anaemodoron, Aconitum Napellus etc, and that which is available may differ strongly per region/country.
2. Some medicines have a different corresponding English name (e.g. Onopordon comp.). Many English names can be quickly accessed through the general **Index of Medicines** of the Vademecum of Anthroposophic Medicine (www.merkurstab.de/index.php5?page=123). This Index of Medicines can also be used to find anthroposophic medicines carrying different names in other countries such as Great Britain (GB), Switzerland (CH) and Austria (AT) or to source similar medicinal compositions which have different manufacturers and different names.
3. The Country of manufacture is Germany unless otherwise specified. Information regarding availability of a medicine outside of the country of manufacture is not included. See manufacturer contact information below.

Procuring medicines

1. International pharmacies

Medicines from an international pharmacy can be ordered in the country of manufacture or through a pharmacy willing to dispatch products internationally. Manufacturers and the international professional pharmaceutical associations, the IAAP and its member organizations can be consulted for further information in this regard (see Appendix I for a list of addresses).

The situation on organ preparations is particularly difficult: Weleda UK, for example, has ceased trading most of these (mainly Wala) preparations. Especially all central nervous system ones are only obtainable through the German 'international pharmacies'

2. Special preparations

Not all the medicines included in this book are available in 'ready-to-use' form and may need to be specially prepared (see also "prescribing medicines" below). In such cases, the basic formula is given and where relevant, the particular pharmacy experienced in preparing the medicine at the reported level of quality. The Gesellschaft Anthroposophischer Pharmazeuten in Deutschland (GAPiD, www.gapid.de) [Association of Anthroposophic Pharmacists] is actively involved in further education and certification in the field of anthroposophic pharmacy and could be of valuable assistance in this regard.

Prescribing medicines

In this book two kinds of prescriptions are used: **noncompounded** and **compounded**.

A **noncompounded** (or precompounded) order consists of a drug or a mixture of drugs supplied by a pharmaceutical company by its official or proprietary name and, if it contains more than one substance, the specific ingredients do not have to be listed.

A **compounded prescription**, also called *formula magistralis* (from Latin word magister – teacher) or *extemporaneous prescription* is an order that requires mixing of one or more ingredients (active medicaments) with one or more pharmaceutical necessities (vehicle, suspending agent). The physician selects the drugs, doses, and pharmaceutical

form that he or she desires and the pharmacist prepares the medication accordingly. The name of each drug is placed on a separate line under the preceding one. The order of ingredients is as follows:

Remedium cardinale (basis). The basis is the principal drug and gives the prescription its chief action.

Remedium adjuvans (adjuvant). As the name suggests, the adjuvant is a drug that aids or increases the action of the principal ingredient.

Remedium corrigens (corrective). The corrective modifies or corrects undesirable effects of the basic or adjuvant.

Remedium constituens (vehicle). The vehicle is the agent used as a solvent in the solution, to increase the size and volume, or to dilute the mixture. The most potent or principal drug is written first, the other ingredient second, and the vehicle last, as shown in the example.

Example: Rp./

Spanish fly (pulvis)	1.57 g
Yellow wax	3.07 g
Peanut oil	0.77 g
Turpentine	0.77 g
Mix and put on textile (misce fiat emplastrum) 9 x 12 cm	

There is a long list of (mainly latin) abbreviations used for compound prescriptions (see the list below and en.wikipedia.org/wiki/List_of_abbreviations_used_in_medical_prescriptions). However, such abbreviations are increasingly discouraged since they can lead to confusion (see also “conventions for avoiding ambiguity in en.wikipedia.org/wiki/Medical_prescription).

Side effects and contraindications

Manufacturer prescribing and patient information concerning side effects and contraindications is not included and is only mentioned if considered particularly relevant. This vast subject cannot be explored here at any depth. Suffice to say that the obligatory prescribing and patient information fulfils official requirements and partly reflects an inadequate level of knowledge (e. g. absence of child studies) and is therefore of varying significance for practicing physicians. Much of the information provided is more the result of a lack of knowledge rather than positively confirmed knowledge.

The official prescribing information should be consulted regarding pharmaceutical additives such as wheat starch in tablets or cetylstearyl alcohol and lanolin in ointment vehicles. The field of medicine production is continually developing and therefore changes in the medicine ranges, names, additives, and dosage forms are unavoidable. Please refer to the official prescribing information.

Note on homoeopathic potency symbols

The commonly used German symbols denoting potency strengths have been kept throughout the text, rather than using English (or other) conventions. Below is a guide to equivalency.

Potency Ratio (dilution)	German usage	German example	English usage	English example
1 to 10	D	D5	x	5x
1 to 100	C	C6	c	6c
1 to 1000	M	M7	M	7M
1 to 50,000	LM or Q	LM8 or Q8	LM	8LM

Thank you notes

My co-translators (Christian von Arnim, Susan Nurmi-Schomers, David McGregor, Jonathan Bruton, Anna Meus and Paul Motley) and the following people and institutions are warmly thanked for their involvement in this translation project: The Mahle Stiftung, Vidarstiftelsen, Hausserstiftung, the Medizinisches Seminar Bad Boll, the Medical Section at the Goetheanum, Physicians’ Association for Anthroposophic Medicine (USA), New Zealand Anthroposophic Medical Association, Anthroposophic Medical Association (United Kingdom), Läkarsförening För Anthroposofiskt Orienterad Medicin (Sweden), Canadian Anthroposophic Medical Association, Alicia Landman-Reiner MD, Frank Mulder MD, Stefan Geider MD, Simon Bednarek MD, Ursula Flatters MD, Nedi Eckler MD, Kenneth McAlister MD, Renee Meyer MD, Nancy Spates MD, Steven Johnson MD, Mark Kamsler MD, Michael Allen MD, Nicole Shorrock MD, David Gershan MD, James Dyson MD, Judith Klahre-Parker, Judith Soleil and Elia Gilbert from Rudolf Steiner Library, New York, and last but definitely not least the team at the Wissenschaftliche Verlagsgesellschaft Stuttgart (above all Dr. Tim Kersebohm). Please address any comments regarding the translation to Priv.-Doz. Dr. med. David Martin, Die Filderklinik, Im Haberschlag 7, 70794 Filderstadt, Germany.

Tübingen, Spring 2014

David Martin