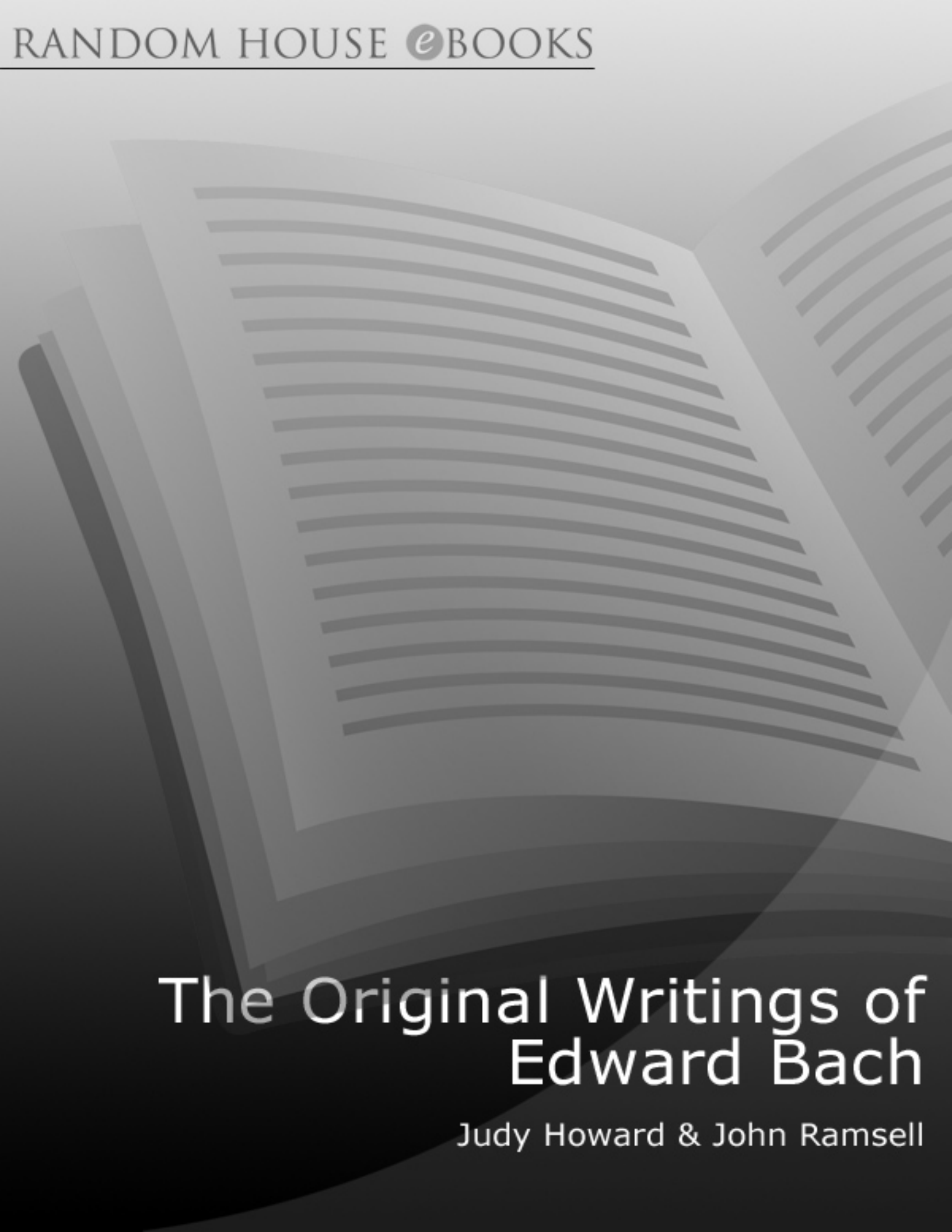


RANDOM HOUSE  BOOKS



The Original Writings of Edward Bach

Judy Howard & John Ramsell

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THE
ORIGINAL WRITINGS OF

Edward Bach.

Compiled from the Archives of the
Dr Edward Bach Healing Trust, Mount Vernon, Sotwell.

By Judy Howard and John Ramsell
Curators and Trustees.

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FOREWORD

It is our great pleasure to present this book, a compilation of Dr. Bach's original writings, in order to share with you some of his most inspirational teachings.

Edward Bach devoted his entire life to healing, and after nearly twenty exhausting years of research, he eventually discovered a new method of healing using trees, plants and flowers, each specifically selected for their ability to treat the emotional outlook and personality of the sufferer. The Bach Flower Remedies are now used by millions of people all over the world, their successful growth having been established and firmly anchored by their efficacy alone.

It was always Dr. Bach's policy to publish his findings without delay, and to replace these publications with a new account as each milestone was reached. He wanted this system of healing to be as simple to understand as possible so that self-treatment with the remedies would be within reach of people of all walks of life. His booklet "The Twelve Healers & Other Remedies" is the definitive record of his life's work, and is therefore the most authoritative text as it contains all the information necessary to select the remedies for oneself. This booklet and "Heal Thyself", Dr. Bach's philosophy, are available individually and will be familiar to most of you, so to avoid unnecessary repetition, they have not been re-printed in this volume. Neither have we included the earlier publications in the "Twelve Healers" series, namely "The Twelve Healers and the Four Helpers" and "The Twelve Healers and the Seven Helpers", nor Chapter 12 of Free Thyself as this too made reference

to his first recordings. Dr Bach referred to these as the “scaffolding” of his final and completed work, and because some of the descriptive states were re-written during the natural development of his discovery, and may therefore become misleading for future readers, it was Dr. Bach’s express wish that these old descriptions should not be re-published ([see here](#)). We do, however, present to you many of Dr. Bach’s most stimulating philosophical compositions, letters and lecture notes, and a collection of many other papers which reflect his personality, thoughts and intentions. Together they provide a most wonderful insight and appreciation of a man whose humility and compassion are a blessing to us all.

We feel sure you will enjoy this collection of writings, re-printed from the originals kept in our archives at Mount Vernon, and we hope it will bring to you as much pleasure as it has given us.

John Ramsell and Judy Howard,
Curators and Trustees of:
The Dr. Edward Bach Healing Trust and Centre,
Mount Vernon, Sotwell, Wallingford, Oxon.
OX10 0PZ, England.



Introduction

We have introduced and explained each chapter of this book separately to guide you through the various stages of Dr. Bach's career, but as a general introduction, we have selected a resumé of his life and work, written by Nora Weeks who was his closest helper, companion and chosen successor, and who therefore knew his work intimately. The doctor's full life story is told in her biography *The Medical Discoveries of Edward Bach Physician*.

**EDWARD BACH, PHYSICIAN,
BACTERIOLOGIST - DISCOVERER of the
HEALING ESSENCE in FLOWERS.**

by Nora Weeks

Born, in 1886, not poor but hesitated to put his father to the expense of a medical training.

Eventually his father learned of his son's strong urge towards healing and readily provided the means for him to enter Birmingham University in 1906. From there he went to London to finish his training at University College, where he qualified in 1912.

Only his intense enthusiasm for the art of healing kept him in London, for city life was a misery to his nature. His gratitude to his father prevented him from asking for money and he spent more on books than would allow to feed himself adequately.

Though he applied himself to his books he spent more time on the close study of every patient and proved to himself many interesting facts about diseases. One conclusion he arrived at was that the same treatment did not cure the same disease. He decided that the personality of the patient was of more importance than the bodily condition, although, of course, this could not be ignored. Years of recording of his studies of individuals, together with his extensive knowledge of an original research into bacteriology, led him 20 years later to discover a new system of medicine.

Like many another genius he placed all his learning in the background and followed his own intuition. This reliance on his inner conviction quickly developed to

become a constant attitude which he held and followed implicitly.

Ill health in 1913 caused him to give up the post of Casualty House Surgeon. When he recovered he took consulting rooms in Harley Street. Then he became interested in the immunity school and took a post as assistant bacteriologist. During this work he produced new vaccines which were successful in many cases of arthritis.

During the 1914 war he worked himself to death and collapsed. Skilful surgery brought him to life, but he was told he had only three months to live. In spite of, or rather, in view of this dire news he returned in a very weak state to take charge of the laboratories. After some months forgetting his disabilities in the pressure of work he grew stronger. Friends who saw him later were astonished to see him alive. He himself concluded that it was the awareness of a purpose in his life that brought him back to health.

His successful findings in intestinal toxæmia were published in the Proceedings of the Royal Society of Medicine for the year 1920. But he was still not satisfied. He therefore fitted up a lab. of his own. Later he obtained the post of Pathologist and Bacteriologist at the London Homoeopathic Hospital. There he read Hahnemann's great work and felt that he was now on the scent of what he was looking for. However, he felt that there was something beyond Homoeopathy and that he would find it in the plants and trees.

He did nothing by halves. In 1930 he gave up his £5,000 a year occupation and devoted all his time to seeking for herbal remedies. Intuitively he knew that these remedies had to be non-poisonous. In fact from now he discarded his scientific knowledge and the methods of Science and trusted entirely to his sensitive intuitional faculties. For six years he proceeded on these lines, finding a few remedies each Summer and healing sick people in the Winter. He

used only the flowers of the plants and trees having found a way of potentising the flowers by the rays of the Sun.

His equally revolutionary discovery, worked out in great detail by close observing of individuals, was that it was not the disease that needed treating, but the moods and characteristics of the personality of the patient.

Having found 38 remedies and cured hundreds of people; and having written two booklets stating his scheme simply and clearly, he died peacefully in 1936.

His work is being carried on by a group of his friends, whose address is:

The Dr. Edward Bach Healing Centre,
Mount Vernon,
SOTWELL,
Wallingford,
Berks.

CHAPTER I

THE EARLY YEARS

EDWARD BACH HAS become most well-known and revered for his discovery of the Flower Remedies, but during the course of his medical career, he accomplished a great deal of important and highly respected work in relation to intestinal toxæmia which eventually formed the basis of the Homoeopathic Bowel Nosodes which he developed with John Paterson M.B.

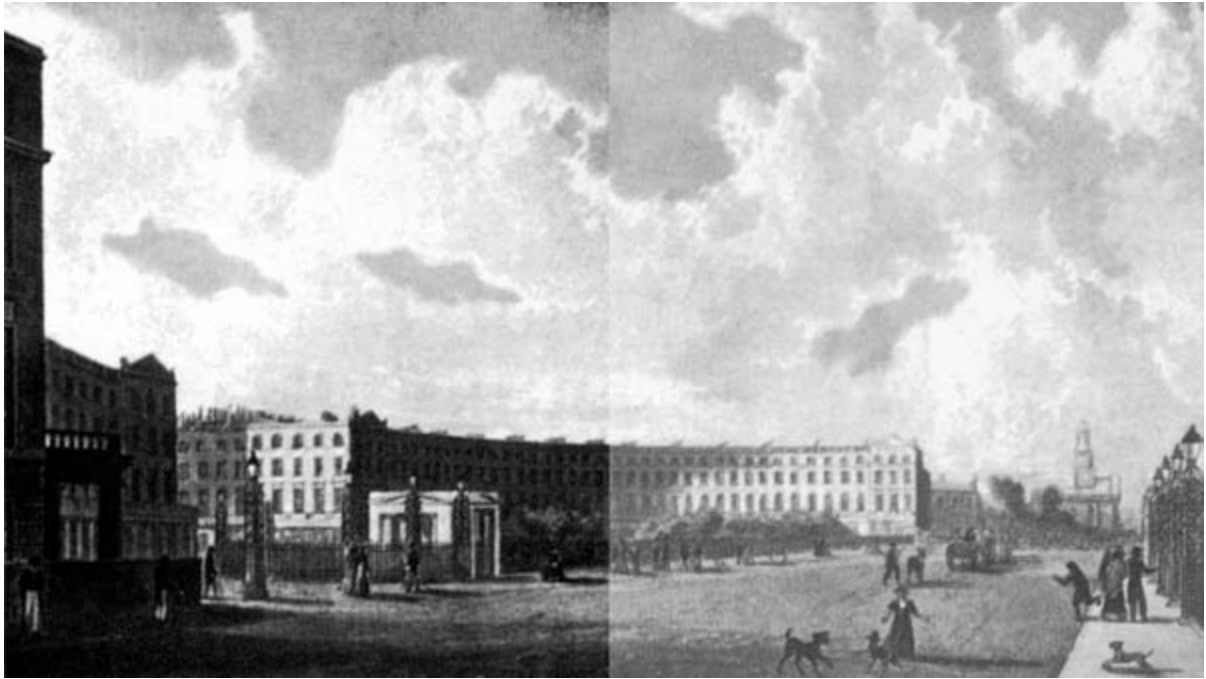
*“On the staff of the University College Hospital.
Lecturer to London University.
Chief bacteriologist to the London Homoeopathic Hospital.
Own consulting practice in Harley Street. Own research laboratories in Park Crescent, London, where he had a permanent staff of four doctors.
Very large practice, over 700 doctors from all parts of the world sought his advice, many came to be trained by him in his laboratories.
He made many discoveries, both in general medicine and homoeopathy, all of which have been published in medical journals and books, and are being used by doctors all over the world.”*

Nora Weeks.

This early work represented a major milestone in Dr. Bach's medical discoveries because it became the platform from which his ideas of healing with the flowers of the countryside evolved.

Dr. Bach wrote many papers and books, some in association with his colleagues, Dr. Charles E. Wheeler, Dr. T. M. Dishington and Dr. Paterson, but only those most relevant to his future discoveries have been chosen to be included herein because it is the Flower Remedies upon which we wish to concentrate. That was the result of his life's work and therefore superseded in importance all that he had previously achieved.

The following papers do, however, illustrate how his work matured. The third paper entitled "The Discovery of Psora" will be of particular interest as it takes us to the very brink of his search for the healing flowers.



Park Crescent, London W1 where Dr. Bach had his laboratory.

The Problem of Chronic Disease.

BY EDWARD BACH, M.B., B.S., D.P.H.

FROM the earliest records of medical history we find evidence that what we know to-day as intestinal toxæmia was consciously or unconsciously recognized, as evidenced by the drugs and remedies used by the earliest physicians, many of which were laxative and liver stimulating and hence intestinal cleansing in their effect. Throughout the ages of medical science similar efforts by different methods have been attempted, and even today much of modern treatment by diet, drugs, and even surgery is based on similar conceptions.

The alimentary canal must of necessity be of the utmost importance. Its superficial area is greater than that of the skin surface of our bodies; moreover, it has the power of absorbing from that in which it is bathed - a property not possessed by our external surface in any similar degree; you may sit in a bath of potassium cyanide with no ill-effects, a very small amount of which would be fatal in the stomach; you may wash in water loaded with typhoid or diphtheria or other bacilli without harm, but if a microscopical amount enters the mouth the result may be serious or fatal.

The content of the tract is the fluid in which we live; from which we obtain our fluid and our food; it is to us similar to the water in which the unicellular amœbæ moves. It is essential that it should be pure and contain the necessaries of life, and free from any substances which if

absorbed may be harmful to the body and against which there is no protective mechanism.

It is surely one of the marvels of Nature that she has been able to cope with such diversity of intestinal content as that with which different races have tested her powers of adaptation. Consider the varying diets of different countries; think of the vastly varied composition of the intestinal content as a result; and yet the races, generally speaking, survive. As yet the penalty is not death - merely disease; not extinction - merely degeneration.

In all probability the human race was originally intended to live on raw material, the fruits and foods of the tropics, and the human alimentary canal was evolved to deal with such a diet; yet offshoots of that race have migrated to temperate climes and many nations live almost entirely on food which has been cooked, completely altering the intestinal content - and yet the race survives; but humanity does not escape entirely. It may live, but it suffers; it suffers from a hundred and one diseases, from a lowered standard of health and strength and a loss of physical vitality.

It is against all probability that human nature will for some time if ever retrace its steps and return to a primitive condition, and even if that ultimately is the result it does not concern us; we are interested in those countless millions of this, our age, and the age of the near future, who will demand to live as we do today and yet cry aloud for health and relief from suffering. We have to meet present needs, not stand idly waiting for an ideal future.

When a race lives on unnatural food, the intestinal content changes chemically, physically and bacteriologically. All these factors matter, but in people such as those with which we are dealing the bacteriological change matters most.

The chemical and physical characters can be brought somewhat within range of normal by a diet not too far removed from that of civilization by the addition of fruit,

salad, &c., and by such means the extreme variance from the normal in both the chemical and physical condition can be remedied even within the limits of diets which are not incompatible with the modern possibilities of private home and public restaurants. I mean that it is possible to lunch and dine daily at many restaurants and select such food as will keep the intestine reasonably clean without being considered mentally deranged or even very exceptional. But although this may be accomplished it does not of necessity follow that it is in itself sufficient to cure disease.

In a few cases it may be so, but where there has been an infection of long standing, or where the infection is deeply seated, the bacterial element will resist for at any rate a long time the improvement in the intestinal content, and other methods have to be devised to hasten its removal; hence the greater importance of the bacterial infection as opposed to the abnormal chemical and physical state, owing to the greater difficulty in correction.

Has it ever occurred to you what difference there is between the content of the large intestine of an individual living on raw food and one living on cooked food?

In the latter instance such as is met with in civilized people the content is foul in odour, dark in colour, alkaline in reaction; containing many products of putrefaction such as indol, and the bacterial content is composed of *Bacillus coli*, streptococci and spore-bearing organisms. Contrast this with the healthy individual who lives on raw material.

The large intestinal content is of no odour, light in colour, acid in reaction; free from putrefactive products, and the bacterial content consists of the lactic acid bacilli together with some *Bacillus coli*.

To any conversant with this contrast it is in itself grounds for serious thought.

In many cases cure can be accomplished without alteration of even an unnatural diet, where no amount of

dieting would give marked benefit, though I do not deny that the combination would be better and more lasting.

The essential point about a suitable diet is that whilst supplying the needs of the body it should tend to keep the reaction of the large intestine slightly acid - instead of alkaline, as is much more usual in western civilization. The acidity depends on the growth of the lactic acid bacillus, and this organism, again, needs the presence of starch to ensure its multiplication. Ordinary forms of starch are converted to sugar long before the colon is reached, but uncooked oatmeal, or better still, crushed nuts, are convenient means of supplying a starch that remains largely unconverted to sugar in the upper part of the bowel.

I do not feel that it is yet proven that the class of bacteria which is the subject of this paper are the cause of disease. I am not certain. They may be the result, but I do maintain that this group of organisms of which I am about to speak are persistent in patients; that they are associated with chronic disease, and that by the use of preparations made from these bacteria themselves we have a most powerful weapon in the fight against chronic disease of all types.

I turn now to the consideration of these organisms, indicators of potential, if not of present, disease whenever they are found, and found they can be in the vast majority of our fellow citizens. It may be asked why, if they are so deadly, is disease not always demonstrable? The answer is that their immediate virulence is small, and bodies that start with a reasonable measure of health can face their toxins for years without apparent inconvenience. But as life advances with all its various stresses the strain of keeping back these organisms, or possibly the conditions which give rise to them, begins to tell, and presently there is a breach in the defences and obvious illness declares itself. It is because a breakdown can normally be deferred until

middle age, when the next generation is launched, that resistance to these organisms is not a very active power, for it remains often true that Nature, if careful of the type, is careless of the single life. In a similar way the long latent period of tuberculosis led to the belief held for many years that it was not infective.

The germs of which I speak are bacilli - Gram-negative, of the great coli typhoid group; the important point being that they are incapable of fermenting lactose - a point which distinguishes them from the *Bacillus coli* itself.

They are not pathogenic in the ordinary sense, as are the typhoid or dysentery or paratyphoid bacilli, and have in the past been mostly regarded as of no importance. They are not identical with but closely allied to these organisms, and belong to their class.

Their number is probably enormous, possibly infinite. It is possible to investigate a hundred without obtaining two identical strains.

We can, however, put them into groups, though even this is relatively a crude classification, as it must be understood that each group contains a host of varieties, differing from one another in some minute detail.

For the purpose of this work these non-lactose fermenting bacilli have been attached to one of six groups, namely:-

Dysentery.

Gaertner.

Faecalis alkaligenes.

Morgan.

Proteus.

Coli mutabile.

They are grouped according to their powers of fermenting certain sugars, and only a few sugars have been used so as to keep the number of groups small. If an

autogenous vaccine is used the exact definition of the organism is of no importance for treatment, and the polyvalent throws a very wide net and contains many representatives of each class.

These, then, are the bacilli which for the most part are considered harmless, but which are really the indication and, if properly used, a means of cure of chronic disease.

The clinical evidence of the power to cure is too well established to admit of doubt, and will be referred to presently, but the laboratory is accumulating evidence of a non-clinical nature which demonstrates the connection between these organisms and disease.

By daily examinations of the fæces of a patient it is possible, by recording the percentage of organisms present in the form of a chart, to show the relation between the condition of the patient and the percentage found.

By percentage I mean the ratio between the abnormal non-lactose-fermenting organisms and the number of *Bacillus coli* present. Generally speaking, it is considered normal for coli alone to be present, but these abnormal bacilli may be found in anything from 1 to 100 per cent. of the total colonies obtained.

From the alteration in percentage during treatment it can be ascertained to a certain degree how well a patient is likely to respond.

As a general rule the organisms found remain true to type for any given case. That is to say, Gaertner does not seem to change to a Morgan or a proteus.

If a patient's fæces are plated daily and the percentage of abnormal bacilli charted, it will be found that these are not uniformly present, but that they occur in cycles. Perhaps for a period the specimens are free, and then the organisms appear, rapidly rise in numbers, remain at the highest point for some time, and then diminish until they disappear.

The intervals of freedom from them, the periods of the positive phase of their presence, the highest percentage of them reached, vary in different cases, but the clinical condition of the patient bears a certain relationship to the curve of organisms present in the specimens.

This relationship is not yet sufficiently worked out to lay down definite laws, as more than one type of curve exists; but I can assure you there is a definite relation between clinical conditions and bacterial percentage, and as an example of this the most brilliant result after vaccine treatment occurs when there is a short negative phase followed by a higher and more prolonged positive phase than that which is the patient's usual routine. Generally speaking, those cases where there is little or no alteration from their usual type of course do not do so well.

Much work has still to be done on these lines and it will lead to a profitable result.

It is extraordinary how rapidly the bacterial content may alter. Perhaps after weeks of negative plating, within thirty-six hours the specimens may contain as high as 100 per cent. of these abnormal bacilli.

What happens to produce this result we do not yet know; whether these organisms kill off the normal coli, whether the coli become altered to the abnormal type, whether it is a changed condition of the intestinal content or of the patient himself that causes this change gives room for much research, and when that problem is solved we shall have made a great advance towards the knowledge of the cause of disease.

But whatever may be the explanation, it is already established that the percentage of these bacilli in the specimens bears a direct relation towards the condition of the patient in his varying phases from a clinical point of view.

Another curious feature is the stability of a particular type of bacillus in a given subject, to which I have already

alluded. Over several years, no matter how often examinations be made and whatever the condition or disease of the patient, the particular type remains true. Moreover, it is rare to find more than one type in the same case, although this may happen in a small percentage.

There are certain symptoms which occur more frequently with one type than with another, and it is not improbable, when further observations are made, that it will be found there is a close relationship between certain disease symptoms and definite types of these organisms.

Whether these organisms be the cause or result, they are associated with chronic disease, and an enormous amount of benefit can be obtained by the use of vaccine made from them. This has certainly been proven conclusively during the last twelve years.

I have previously referred to the fact that the clinical evidence of the value of this method of treatment is sufficient to leave no room for doubt. That statement must be justified.

Hundreds and thousands of patients have been treated on these lines, by a considerable number of practitioners; by both hypodermic and potentized preparations. Eighty per cent. of those patients have shown improvement (to place it at a moderate figure), some only a little benefit, the majority very definite relief, a good many brilliant results and about 10 per cent. practically miracles.

It is not without years of experience and experiments, not without the observation of thousands of cases, that I place this proposition before you; not without the co-operation and observation and experience of practitioners throughout the British Isles, who will support this evidence.

Patients may be treated with vaccines of these organisms given by hypodermic injection, as has been done now for a considerable number of years. This does not concern us to-day, but I may refer you to our book, "Chronic Disease," for details.