

Diseases of Men: Sexual Health and Medical Expertise in Advertising Medical  
Institutes, 1900-1930

A DISSERTATION  
SUBMITTED TO THE FACULTY OF THE GRADUATE SCHOOL  
OF THE UNIVERSITY OF MINNESOTA

BY

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IN PARTIAL FULFILLMENT OF THE REQUIREMENTS  
FOR THE DEGREE OF  
DOCTOR OF PHILOSOPHY

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August, 2009

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## Acknowledgements

Many thanks to my advisor, Sally Gregory Kohlstedt and the members of my committee for their assistance. Thanks also to Susan Jones, Mike Sappol and others who provided guidance. Many archivists and librarians assisted my research, including Christopher Hoolihan at the Miner Medical Library, Elaine Challacombe and Jim Curley at the Wangensteen Historical Library, Elizabeth Ihrig at the Bakken, and the staff of the Archives of the American Medical Association. Many thanks to my father and to my late mother. Members of DAWGs, the Dissertation and Writers Group, including Susan Rensing, Margot Iverson, Juliet Burba, Don Opitz, Hyung Wook Park, Gina Rumore, Rachel Mason Dentinger, Erika Dirkse, Amy Fisher and Mike Ziemko provided helpful commentary. Many friends, including Katherine Blauvelt, Micah Ludeke, Mary Tasillo, Megan Kocher, Meghan Lafferty, Cari Anderson, Christine Manganaro and Josh Guttmacher provided support and dinner. And endless gratitude to my greatest Friend.

## **Dedication**

This dissertation is dedicated to the memory of my mother, Barbara Fischer.

## **Abstract**

This dissertation uses a once-ubiquitous medical institution, the men's specialist or advertising medical institute, to show how many different groups staked out ground around medical expertise in the early twentieth century Midwest. Regular doctors, the advertising doctors themselves, newspaper editors, reformers, legislators, patients and others saw the arguments over the legitimacy of medical institutes as places to take a stand on how medical expertise was constructed. In particular, this dissertation investigates how the practice of advertising defined practitioners as quacks, and how advertising for the new discoveries in scientific medicine implicated men's doctors in questions of authority, authenticity, and medical views on sexuality. The process by which irregular practitioners were othered also highlights the disparities in access to health care for "men's diseases," such as sexually transmitted infections, in the early twentieth century. The Reinhardt brothers of St. Paul, proprietors of a chain of Midwest medical institutes in the early twentieth-century, provide a lens onto men's specialist practice.

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## Introduction: Practitioners and Patients on the Fringes of Medicine

“When the veil of mystery is torn from the medical faker, the naked sordidness and inherent worthlessness that remains suffices to make quackery its own greatest condemnation.”<sup>1</sup>

Arthur Cramp, M.D., 1921

In his 1921 book *Nostrums and Quackery*, Arthur Cramp, director of the American Medical Association’s Bureau of Investigation, denounced medical quacks. The book, lively and packaged for a popular audience, was an anthology of investigations into quackery and patent medicine claims from the pages of the *Journal of the American Medical Association (JAMA)* and newspapers from around the country. It featured detailed stories on the inner workings of questionable medical businesses, with a tone verging on mockery at the audacity and blatant frauds of some practitioners.

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<sup>1</sup> Arthur Cramp, *Nostrums and Quackery* Vol. 1, 2nd ed. (Chicago: American Medical Association, 1921), 6.

Removing “the veil of mystery” from underground medical businesses, as Cramp suggested, might sell books to the public at large, but proving that the businesses were unethical, immoral, or quacks to the satisfaction of the law took more than a book. Nor did *JAMA* or newspaper exposés necessarily lead to arrests, convictions or the shuttering of the targeted medical businesses. The line between a ‘faker’ and a ‘real doctor’ might have been self-evident to Cramp and other anti-quackery crusaders. Throughout the nineteenth and early twentieth century, however, the meanings of quackery, and on the converse, legitimate medical practice remained contested.

This dissertation uses a once-ubiquitous medical institution, the men’s specialist or advertising medical institute, to show how many different groups staked out ground around medical expertise in the early twentieth century Midwest. Regular doctors, the advertising doctors themselves, newspaper editors, reformers, legislators, patients and others saw the arguments over the legitimacy of medical institutes as places to take a stand on how medical expertise was constructed. In particular, this dissertation investigates how the practice of advertising defined practitioners as quacks, and how advertising for the new discoveries in scientific medicine implicated men’s doctors in questions of authority, authenticity, and medical views on sexuality. Though a regular practitioner like Dr. Cramp could thunder about the distinct line between regular and irregular medical practice, in the early twentieth century these lines were continually

being drawn and redrawn and blurred. The process by which irregular practitioners were othered also highlights the disparities in access to health care for “men’s diseases,” such as sexually transmitted infections, in the early twentieth century. In this introduction, I will consider themes, sources, antecedents and key literature in the story of men’s doctors.

### ***Building Medical Expertise***

In early twentieth century America, medical practitioners of all kinds, patients, legislators, and reformers debated definitions of “physician” and of “legitimate medical practice.” The familiar twenty-first century model of medical organization was partly formed through these negotiations. In the nascent twentieth century vital professional questions needed new and certain answers. Who was a doctor? Who was a good doctor, and who was a quack? How could you tell? If a practitioner advertised his services, was he a quack? If a practitioner specialized in venereal diseases, was he a quack? If a practitioner used the latest scientific equipment, could he be a quack? If advertising was a characteristic of a quack doctor, what were the characteristics of “real doctors”? What was the role of government in regulating quackery? Though a regular doctor might affirm the premises of most of these questions, in practice they were hard to answer positively.

At the heart of these contestations was a progressive consideration of medical expertise. At stake was the larger American cultural question of who counted as an expert and who could produce and use expert knowledge. A growing number of proponents of expertise in the progressive era assigned value to specialized knowledge, training, and certification in all areas of society, including medicine.<sup>2</sup> In medicine, however, with a proliferation of practitioners and schools, it was unclear what constituted legitimate knowledge, and who was qualified to decide. Mainstream “regular” doctors increasingly set themselves up as both the keepers of expert medical knowledge and the gatekeepers into the profession. In the context of the increasing professionalization of American society, it became increasingly important for professionals to distance themselves from more questionable workers, and to set clear boundaries between experts and quacks. Indeed, in the early twentieth century, medical expertise was constructed oppositionally: real doctors were those who were not quacks.

This othering process begged the question of who the quacks were. Men’s specialists here serve as exemplars of irregular practice. These specialists and their clinics, called “advertising medical institutes” by both supporters and opponents, were often identified as quacks and became fulcrums in this contestation of medical

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<sup>2</sup>See, for instance, Rebecca Edwards, *New Spirits: Americans in the Gilded Age, 1865-1905* (New York: Oxford University Press, 2005); Michael McGerr, *A Fierce Discontent: The Rise and Fall of the Progressive Movement In America, 1870-1920* (New York: Simon and Schuster, 2003); Paul Starr, *The Social Transformation of American Medicine* (New York: Basic, 1982).

expertise. Both their business model and their specialty, “diseases of men,” invited accusations of quackery. Successful men’s specialists Willis, Wallace and Frank Reinhardt of St. Paul, for instance, owned a chain of over thirty Midwest institutes stretching from Davenport to Peoria. From storefront offices including a wax museum and operating rooms, the Reinhardts and other proprietors advertised and widely disseminated their claims to be specialists in curing “diseases of men,” which included venereal diseases, “lost manhood,” and the effects of masturbation, as well as other chronic genito-urinary diseases. They served a population of young, urban, working class and often immigrant men, who they attracted with low-cost services, guaranteed cures, sensational advertising and museum exhibits. Their institutions had roots in medicine shows. In short, men’s specialists were a perfect example of the kind of medicine regulars repudiated in the early twentieth century.

Language choices helped label and define the limits of medical expertise. The specific words used in the discussion of medical practice and the right to claim medical expertise continue to be inflammatory. “Quackery,” in particular, is a universally condemnatory term denoting willful and even evil fakery and fraud for the purpose of monetary gain, in 1910 as much as today. Though originally used to describe nostrums, potions and their peddlers, the definition had broadened over the centuries to denote any

questionable practitioner.<sup>3</sup> While anti-quackery crusaders like Dr. Cramp never hesitated to call a practitioner a quack, the heated nature of the debates over medical expertise makes careful observers hesitate to identify and thus condemn any practitioner as a quack. Legitimate and illegitimate also became a way to denote a galaxy of medical practices. This dissertation uses the words “quack” and “legitimate” with care in part because many of the source materials extant regarding medical institutes were generated by opponents and were strongly slanted against the specialists.

There were many differences in style and techniques among physicians, however, and there were clearly at least two kinds of practitioners involved in the battles discussed here. The first, generally physicians who belonged to the AMA or their local medical society and shunned advertising, this dissertation refers to as ‘regular’ doctors. The other, generally doctors who advertised, are indicated as ‘irregular.’ The irregular physicians were those against whom regular doctors defined themselves. Importantly, “regular” and “irregular” denote practitioners’ position in regards to organized medicine, literally in relation to “regula” or professional rules defined in a code. “Advertising medical institute” was a moniker used by both proprietors and opponents to describe the genre of irregular practitioners that treated men’s diseases, especially sexual diseases, from storefront clinics, and used advertising

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<sup>3</sup> Stephen Barrett, “Quackery: How should it be defined?” *Quackwatch*, <http://www.quackwatch.com/01QuackeryRelatedTopics/quackdef.html> (Ret. August 21, 2009).

in their practices.<sup>4</sup> This phrase was used descriptively by proprietors and pejoratively by opponents, indicating the differing views on the legitimacy of medical advertising. Terms also used were, more simply, “medical institute,” as well as “health institute,” “men’s specialist,” or “men’s doctor,” which I use interchangeably. Practitioners who ran these institutes are referred to as “proprietors” or “men’s specialists.” I also use the terms “doctor,” “physician,” and “practitioner” synonymously.

Regular doctors did not need to make specific claims about the quality and legitimacy of their own practices, which were assumed to be models of professionalism. Instead, regulars claimed a monopoly on medical expertise which distinguished them from other practitioners. They generally promoted their own expertise by attacking the business practices and advertising claims made by medical institute practitioners and other irregulars. (It is clear, however, that protecting patients from malpractice was also an objective of early twentieth-century anti-quack campaigns.)

Three practices of men’s specialists came under particular attack from regulars. Firstly, the medium of advertising was considered immediately suspect. A legitimate doctor should not need to advertise to patients and should instead forge a good reputation among other physicians. Secondly, proprietors’ specialization in “secret

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<sup>4</sup> Hinz Medical Institute, “Men Treated and Cured” ad, *St. Paul Dispatch*, April 13, 1901, 9. This is the earliest I found the term in print, but it seems to have been in use in the late nineteenth century as well.

diseases,” sexual diseases and dysfunctions associated with immorality, was a guarantor of quackery. Lastly, men’s doctors’ broad claims for sure and guaranteed cures were suspect. Thus regular doctors could define their practices oppositionally: “real” physicians were those who did not advertise, specialize in prurient conditions, or promise sure cures.

Advertising medical institutes and their proprietors were also actively working to shape the debate over medical expertise. For these othered practitioners, it became increasingly important for business to advertise not only their equivalence to, but their exceptionalism and excellence in relationship to other physicians. Through advertisements and associations, they promoted their idea that a scientific doctor, a specialist, would treat secret diseases better than any other practitioner. As the century progressed, men’s specialists advertised stronger and stronger claims to expertise and scientific knowledge. For men’s doctors, medical expertise could be defined and displayed in advertising pamphlets, newspaper ads, and storefront displays. In the battle to define medical expertise, they targeted patients as the most important decision makers.

Also literally at stake in the debate over medical expertise was the health of millions of urban Americans with inadequate health care access. While regular doctors fought to shut down “quack” institutes on the grounds of malpractice and lack of

efficacy, they failed to propose models of practice to replace these inner-city men's doctors. Advertising medical institutes were not popular only because of their advertising and their prurient wax figures. Though their ethics and the efficacy of their treatments were often in question, they clearly served underserved patient populations. Through advertising, they told patients that medical clinics existed in their communities. They spoke to immigrants in their native languages by hiring employees from immigrant communities and publishing books and pamphlets in dozens of languages. They catered to working class men who had little money for medical care by offering examinations for free. They promised full confidentiality to patients with "shameful" sexually transmitted diseases and expanded public knowledge of these diseases through advertising. Both regular and irregular doctors failed to provide patients with viable, visible, low-cost medical care for venereal diseases; the medical expertise turf war ultimately reduced patient choices, leaving patients vulnerable to unethical practitioners.

### ***Men's Doctors and the History of Quackery***

Due to the kinds of sources available on medical institutes, a caveat is in order. Highly polarized and polemical, the extant sources on men's doctors and medical institutes fall into two camps, both of which elide patient stories. The agendas of the

producers of these materials, though not explicit, are often legible to modern readers. On the one hand, materials from newspaper exposés of “quack medicine” and from the American Medical Association’s Bureau of Investigation were produced to condemn irregular practitioners. On the other hand, most of the extant materials created by men’s doctors are in the form of advertisements, including newspaper ads, pamphlets and books, all produced to draw patients. Additionally, the scarcity of extant materials requires careful attention to avoid drawing large conclusions from inadequate sample sizes. Medical institute people did business with real people, thousands upon thousands of them.<sup>5</sup> These real patients, in all their illnesses and insecurities, are hardly accessible to historians. The only evidence remaining of their presence is in the letters they wrote dejectedly to the newspapers and suits they brought to court against men’s specialists. Institute proprietors printed reams of patient testimonials, but their veracity is highly questionable. Historians cannot determine if indeed institutes produced satisfied customers or cured patients. No neutral sources exist on the polarizing topic of irregular medicine, from any era.

The distinguished historian James Harvey Young pioneered the field of history of quackery with the zeal of the crusader. His books *The Toadstool Millionaires* and *The Medical Messiahs*, as well as his essay collections, stand as exemplars for the kind

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<sup>5</sup> Arthur Cramp, “Medical Institutes,” Box 207, Folder 207-1, HHF.

of research necessary to uncover personally obscure but well advertised people and products, and his lively storytelling, render his books still readable and relevant. Young never hesitated to call a practitioner a quack, and assumed that he, any reader, and historical contemporaries agreed on what quackery meant. He worked to understand quackery and its resurgences, writing of quackery as a “chameleon-like creature,” which despite medical advances, despite regulatory laws, despite cultural changes, mutated and found new niches and new people to defraud. The history of quackery was a moral duty for Young: “The common good requires that such a major hazard to health be given public comment.”<sup>6</sup>

Young set a tone for the historiography. His gentle satire of quack practitioners, combined with the basic assumption that quackery is obvious to observers and his focus on nostrums, has done a disservice to historians of irregular medicine. Young used the federal regulation of drugs, the Pure Food and Drug Act of 1906 and its later amendments, to frame his work. Indeed, the subtitle of *The Toadstool Millionaires* was “a social history of patent medicines in America before federal regulation.” Though Young’s work discusses quackery in general, his specific research focused on therapeutics and the purveyors of remedies. Thus, quackery has become elided with

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<sup>6</sup> James Harvey Young, *The Toadstool Millionaires: A Social History of Patent Medicines in America Before Federal Regulation* (Princeton: Princeton University Press, 1961); Young, *The Medical Messiahs: A Social History of Health Quackery in Twentieth Century America* (Princeton: Princeton University Press, 1966).

discussions of therapeutic efficacy. Although there is much more to the practice of medicine than dosing, Young's work has set the mold for evaluation of products to be used as evaluation of practitioners. Efficacy has been used as a method for evaluating fringe practices called quackery, whereas the entire concept is usually blackboxed, that is, left unexplored, in the historiography of other medical or scientific practices.

Historians may certainly criticize practitioners for various unsavory business practices, such as robbing a patient on the table, but efficacy should not be used as a tool for evaluating the morality or immorality or legitimacy or illegitimacy of practitioners of the past.

Indeed, partly due to Young's work, "quack" has become an overdetermined word. The quack chameleon model erases the individual practitioners and entrepreneurs who started fringe medical businesses. Any nontraditional medical business genre discussed by Young has been automatically assumed to be quackery, including, of course, practitioners treating "diseases of men." We are generally skeptical about miracle cures and miracle drugs and rightly so. But as historians, our skepticism should be ecumenical. We need to understand and contextualize the motives and aspirations of all of our characters, not just the ones who had successful private practices or who worked in "reputable" or "legitimate" laboratories or universities. This dissertation seeks to understand men's specialists on their own terms, as medical

businessmen, not as the latest head of the quack hydra, leaving readers to draw their own conclusions as to the moral status of medical businesses and refocusing debates over quackery in the early twentieth century on business practices and legitimacy.

Negotiations and contestation over who can create and use medical knowledge began far before the twentieth century. Men's specialists descend from a long line of irregular medical businesses sometimes condemned by regular practitioners. Though many kinds of practitioners were called "quacks" in the late nineteenth and early twentieth centuries, historians have rehabilitated some sectarian practitioners such as homeopaths and placed their work in a historical medical context.<sup>7</sup> However, medical businesses which were transparent about their money-making desires have been inadequately studied. How did these practitioners really fit into the context of American medicine? Contextualizing even the unapologetically moneymaking practitioners, exploring who they were and what they actually did, can deepen our knowledge of this extremely popular and visible form of medical practice.

An often-maligned medical business, the medicine show, shares a line of ancestry with men's doctors. The medicine show combined traveling tent theater with a

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<sup>7</sup> For instance, see Robert Jütte, Guether B. Risse, and John Woodward, eds., *Culture, Knowledge, and Healing: Historical Perspectives of Homeopathic Medicine in Europe and North America* (European Association for the History of Health and Medicine, 1998); John Harley Warner, "Medical Sectarianism, Therapeutic Conflict, and the Shaping of Orthodox Professional Identity in Antebellum American Medicine," in W. F. Bynum and Roy Porter, eds., *Medical Fringe and Medical Orthodoxy, 1750-1850* (Croom Helm, 1987): 234-260.

sales pitch for tonics, herbs, salves, anti-worm medicines, and pills. An alternate form of circus and an important genre of rural entertainment, the medicine show used the language of health and the desire for health care in underserved communities to support a business. The entertainment, including vaudeville repertoire such as music, dancing, acrobatics, magic, animal acts, feats of strength and comedy, was free and was calculated to put audiences in the mood to buy medicines. Between acts an experienced pitchman, a fast-talking salesman often trained as a physician, would discourse on diseases and the secrets of health, ending always with an injunction to buy medicine. The cures sold by medicine shows were often widely-advertised patent medicines, and the traveling troupes were often hired by pharmaceutical companies. Other medicine show troupes included a doctor (self-styled or not), selling his own personal remedy. Medicine shows also sold candy, soap and other sundries, and gave away prizes such as silver tea services and Indian blankets.

Medicine shows crisscrossed the United States and Canada, bringing free entertainment and medical consultation to populations with little access to either. The troupes often stayed several months in each town, giving nightly shows in a vacant lot, a park, or the town opera house, and cultivating a relationship with townspeople. Most towns charged a license fee for medicine show performers, and the medicine show 'advance man' would 'fix' these fees, sometimes with a bribe, and book the site for the

show. A less elaborate version of medicine show troupes were traveling pitchmen, giving the “high pitch” from a wagon, or a ‘low pitch’ using only a suitcase of medicines on a tripod (a “tripes and keister”). Areas of the South, West and Midwest were visited by several kinds of medicine sellers each summer.

Medicine show business strategies often included consultations and office visits. The ‘docs’ who gave the pitches would usually open a medical office near the show location, perhaps in a hotel, and offer free consultations to visitors with a ticket stub from the show.<sup>8</sup> Medicine shows and traveling pitchmen often stayed in towns for up to two months, depending on the size of the town and the inhabitants’ enthusiasm for a free variety show, so audience members had plenty of opportunity to see the traveling doctor. A visit to the medicine show doctor offered a number of things which patients feared a visit to local doctors could not: private and confidential treatment for ‘shameful’ conditions such as syphilis; skills a local physician might not have, such as surgery or dentistry; and a willingness to take every case very seriously.

Medicine shows remain relatively unstudied among American popular entertainments, and especially by historians of medicine. *Step Right Up* by Brooks McNamara, a theater historian, first published in 1975, remains unmatched as a source

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<sup>8</sup> See Violet McNeal, *Four White Horses and a Brass Band* (Garden City, NY: Doubleday and Company, Inc., 1947); Owen Tully Stratton, *Medicine Man*, ed. Owen S. Stratton (Norman: University of Oklahoma Press, 1989).

of medicine show tactics, techniques, pitches, and ‘bits’ (comedy skits).<sup>9</sup> McNamara’s focus on the ‘Indian’ shows such as the Kickapoo Medicine Show helps illuminate the racial politics of an entertainment form which often appealed to the other: besides Native Americans, Chinese people and Quakers were often cited as a source of medicinal wisdom. When historians of medical quackery discuss medicine shows, many often use a tone of excessive condemnation in evaluating their exploits. Popular books on medical quackery are filled with nostalgia and mockery, and are often based on anecdotal evidence, do not include references, or simply rehearse the secondary literature.<sup>10</sup> The several memoirs by medicine show performers, though often anecdotal and vague on dates and places, are invaluable for understanding the material culture of medicine shows, as performers often describe the unpleasant or luxurious conditions in which they worked.<sup>11</sup>

Medical institutes are part of the story of medicine shows, and have received some attention in the medicine show literature. Brooks McNamara describes men’s medical institutes as “a combination of the traditional pitchman’s case-taking parlor and the so-called dime museums much favored by nineteenth- and early twentieth-century

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<sup>9</sup> Brooks McNamara, *Step Right Up* (Jackson: University Press of Mississippi, 1995).

<sup>10</sup> For instance: Stewart Holbrook, *The Golden Age of Quackery* (New York: Macmillan, 1951); Ann Anderson, *Snake Oil, Hustlers and Hambones: The American Medicine Show* (Jefferson, NC: McFarland and Company, Inc, 2000).

<sup>11</sup> See Myron Matlow, ed., *American Popular Entertainment: Papers and Proceedings of the Conference on the History of American Popular Entertainment* (Westport, CT: Greenwood Press, 1979); McNeal *Four White Horses and a Brass Band*; Stratton, *Medicine Man*.

tourists”<sup>12</sup> and another writer describes them simply as “stationary medicine shows.”<sup>13</sup>

Instead of the vaudeville-type entertainment favored by medicine shows, medical institutes used stationary exhibits, waxworks or other models, which did not have to be fed or housed. Though medical institutes do appear in this literature, many of these works rely on the same few sources, some of which in turn can be traced to the 1913 *Chicago Tribune* exposé of medical quackery discussed in Chapter 3.<sup>14</sup>

Museum scholars and historians who have analyzed medical institutes generally do not mention this medicine show connection, focusing instead on another institute ancestor, the popular anatomy museum. Recent work on medical institutes has been focused on the mid-nineteenth century self-improvement popular anatomy museum model, with a view toward rehabilitating them from the unflattering pictures painted in histories of quackery, as Rene Burmeister suggests.<sup>15</sup> Perhaps this inattention to medicine shows is part of an effort to rehabilitate anatomy museums from the label of ‘obscene quackery’ and place them back in the mainstream of museum history by demonstrating their distance from the purveyors of cures for lost manhood. Medical

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<sup>12</sup> McNamara, *Step Right Up*, 38.

<sup>13</sup> Anderson, *Snake Oil, Hustlers and Hambones*, 53

<sup>14</sup> For instance, Anderson, *Snake Oil, Hustlers and Hambones*, cites McNamara, *Step Right Up*, who cites Holbrook, *Golden Age of Quackery*. Holbrook has no citations, but is actually quoting “Quacks’ aids tell inside story of horror chambers,” *Chicago Tribune*, Oct. 31, 1913, 1.

<sup>15</sup> Rene Burmeister, *Popular Anatomy Museums in Nineteenth Century England* (PhD diss, Rutgers, 2000), Introduction.

institutes, however, constitute not a degeneration or corruption of the original high-minded anatomy museum culture, but a related institutional genre with its own history.

Despite specializing in the treatment of sexually transmitted diseases, men's specialists have not found a place in the historiography of sexuality. The major historical work on venereal disease in America, Allan Brandt's *No Magic Bullet*, features only one paragraph on VD quackery in general.<sup>16</sup> Men's specialists have been inadequately situated in the context of the early twentieth century's anxieties around sexual health.

### ***Anatomy in Wax***

Museums of anatomical waxworks offered the technological template for medical institute museums as well as illuminating an enduring tension between comfort and unease, instruction and titillation. The tradition of elaborate and realistic anatomical waxworks dates from 1780s Florence, where the Duke ordered wax models made to facilitate medical instruction. The waxes, made by such sculptors as Clemente Susini and Anna Morandi, depict with an eerie realism the insides of human bodies, ideal and pathological. Some of the most famous include models of women's bodies in which the torso can be opened to reveal viscera and a growing embryo. Exquisitely

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<sup>16</sup> Allan Brandt, *No Magic Bullet: A Social History of Venereal Disease in American Since 1880* (Oxford: 1987), 133.

detailed, these female models are wearing pearls and have real head and pubic hair.

The models were designed for courtly gazing as much as for medical instruction, and the erotic or prurient element persisted through the association with royalty in Italy and later in Austria and France.<sup>17</sup>

Marie Tussaud, perhaps the most famous wax sculptor in history, was trained by her uncle Phillippe Curtius, a Swiss producer of anatomical waxworks. Tussaud's wax museum of figures from history and politics was extremely popular in prerevolutionary Paris, but her royalist sympathies and eye for business took her to England in the 1790s. Tussaud's London museum, with its wax celebrities, political figures, criminals, and horrors of the Terror, skirted the border between bourgeois aspirational display (royalty) and prurience (criminals on the rack). Into the nineteenth century, anatomical and clothed waxes take different historical trajectories, the Tussaud-like museums distancing themselves from the increasingly sexual and pathological content of their cousins.<sup>18</sup>

In America, anatomical waxes enjoyed a period of enthusiastic self-help popularity before becoming the emblems of the embattled popular medical institutes. The first waxes in North America were displayed in Philadelphia in the 1790s. Wax

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<sup>17</sup> On anatomical waxworks in Italy and France, see Michel Lemire. *Artistes et Mortels* (Paris: Chabaud, 1994).

<sup>18</sup> On Tussaud see the well-researched new biography, Pamela Pilbeam. *Madame Tussaud and the History of Waxworks* (London: Hambledon and London, 2003).

anatomical models took pride of place in many early American cabinets of curiosity. In the middle of the nineteenth century institutions called popular anatomy museums flourished in American cities. The self-help aesthetic of the day promoted these museums, full of ideal and pathological waxes, as tools for people to learn about their bodies in order to improve themselves. Popular anatomy museums in this mid-nineteenth century joined in a period of anatomical optimism, a craze for anatomy as a tool for self-improvement, as Michael Sappol notes.<sup>19</sup> Popular anatomical museums also provided a place for the dissemination of medical knowledge to a population cut off from access to it, offering course of instruction of the working classes and to women.

The wax models used in American popular anatomy museums were generally imported from France and Germany: an American wax industry did not exist until the twentieth century. Anatomical waxes were sometimes even ‘published,’ what Nick Hopwood calls ‘plastic publishing,’ in support of embryological theories.<sup>20</sup> The models of the French sculptor Louis Azoux, made of papier mache, cheaper and more

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<sup>19</sup> Michael Sappol, *A Traffic of Dead Bodies: Anatomy and Embodied Social Identity in Nineteenth-Century America* (Princeton: Princeton University Press, 2002). For popular anatomy museums in the British context, see Burmeister, *Popular Anatomical Museums in Nineteenth Century England*.

<sup>20</sup> Nick Hopwood, *Embryos in Wax: Models from the Ziegler Studio* (Cambridge: Whipple Museum of the History of Science and Bern: Institute for the History of Medicine, 2002).

durable than wax, often made their way into American museums.<sup>21</sup> A parallel tradition of representative wax figures and tableaux of celebrities, politicians and moral fables continued in Tussaud-like waxworks in England, France, Scandinavia, and major American cities.<sup>22</sup> The Reinhardt brothers, it seems unusual among proprietors, employed a wax sculptor, a mysterious Frenchman named Brouillard.

American waxworks displays were often located in dime museums. The dime museum, a third ancestor of medical institutes, provided a variety of entertainments in the museum format. With ten-cent or less admission, dime museums offered natural curiosities, variety and freak show performers, morally uplifting theater, and waxworks to a mixed-class, mixed-gender and mixed-age audience throughout the nineteenth century. A dime museum, New York's Eden Musée, was one of the first American locations to show films.<sup>23</sup>

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<sup>21</sup> The medicine show performer Tully Stratton testifies to the ingeniousness of Azoux's models: "[In 1903] we went to Chicago...and...paid three hundred dollars for the outfit of a phrenologist....We threw away his cranial charts but hung onto several skeletons, many skulls, the mounted cadaver of a child, and a papier mache manikin made by a Frenchman named Azouizi. When new, the manikin must have cost a couple of thousand dollars, as one lateral half could be completely dissected. It surely paid its way until Dr. Gregg lost it in a freight shipment that went astray." Stratton, *Medicine Man*, 94.

<sup>22</sup> On European waxworks, see Kathryn A. Hoffmann, "Sleeping Beauties in the Fairground: The Spitzner, Pedley and Chemisé Exhibits," *Early Popular and Visual Culture* 4 (2006): 139-159; Mark Sandberg, *Living Bodies, Missing Persons: Mannequins, Museums and Modernity* (Princeton, 2003); Vanessa Schwartz, *Spectacular Realities: Early Mass Culture in Fin-de-Siècle France* (Berkeley: University of California Press, 1998).

<sup>23</sup> Andrea Dennett, *Weird and Wonderful: The Dime Museum in America* (New York: University Press, 1997) is the only book on American dime museums. Because of the connection between wax and film, cinema historians have written extensively on waxworks; see Sandberg, *Living Pictures, Missing Persons*; and Schwartz, *Spectacular Realities*.

P.T. Barnum's American Museum on Broadway in New York was a dime museum writ large. The American Museum, established when Barnum bought the collection of John Scudder and the Tammany Society in 1841, brought together natural historical specimens, natural and medical curiosities, a menagerie, a theater (called a lecture room, as the theater was seen as immoral), and various other items in a huge five-story building on Broadway. The American Museum was enormously popular and promulgated an interesting view of display and science which Neil Harris terms the "operational aesthetic."<sup>24</sup> The audience, men, women and children of all classes, though predominantly the working classes, were invited to make up their own minds about exhibits. 'Who is to decide when doctors disagree?' asked an ad for the Feejee Mermaid. Audiences were given authority to decide on the truth or authenticity of an exhibit, allowing skepticism about science and personal autonomy.<sup>25</sup> Anyone could take a stand on scientific questions at Barnum's museum.

Medical institutes used a popular and professional medical vogue for scientific medicine to their advantage. James Harvey Young calls this the paradox of "the

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<sup>24</sup> Neil Harris, *Humbug: The Art of P. T. Barnum* (Chicago: University of Chicago Press, 1973).

<sup>25</sup> Bluford Adams, *E Pluribus Barnum: The Great Showman and the Making of U. S. Popular Culture* (Minneapolis: University of Minnesota Press, 1997); James Cook, *The Arts of Deception: Playing with Fraud in the Age of Barnum* (Cambridge: Harvard University Press, 2001); A. H. Saxon, *P. T. Barnum: The Legend and the Man* (New York: Columbia University Press, 1989); Elizabeth Stewart, *Who Shall Decide When Doctors Disagree? Hoaxes and American Men of Science in the Nineteenth Century* (PhD diss, American University, 2003).

concurrent rise in 20th-century America of modern medical science and of pseudo-medical nonsense.”<sup>26</sup> In a time when bacteriology began to pinpoint microbes as carriers of disease; and specific remedies, serums and antitoxins were developed against diseases, medical institute claims of a sure cure seemed almost unexceptionable. The increasing cultural authority of science was key to advertising medical institute success.

The germ theory of disease, the idea that microorganisms were causal agents of diseases, and its corollary, that specific medicines could be produced to cure each disease, changed medicine irrevocably in the late nineteenth century. These ideas came from Europe, from the laboratories of microbiologists, physiologists, pathologists and biochemists such as Robert Koch and Louis Pasteur, and elite American physicians brought these ideas back home.<sup>27</sup> The organisms responsible for anthrax, tuberculosis, and others were isolated in the mid-1800s, and vaccines and radical new therapies were developed for many of these diseases. Sensational coverage of medical topics in the popular press began around 1885; “the public usually raced ahead of the profession in

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<sup>26</sup> Young, *The Medical Messiahs*, <http://www.quackwatch.org/13Hx/MM/00p.html> (ret. Sep. 12, 2008).

<sup>27</sup> John Harley Warner, *Against the Spirit of System: The French Impulse in Nineteenth-Century American Medicine* (Baltimore: Johns Hopkins University Press, 2003). On scientific medicine in America, see W. F. Bynum, *Science in the Practice of Medicine in the Nineteenth Century* (Cambridge, UK: Cambridge University Press, 1994); Bruce Fye, *The Development of American Physiology: Scientific Medicine in the Nineteenth Century* (Baltimore: Johns Hopkins University Press, 1987); Russell Maulitz, “Physician vs. Bacteriologist,” in Vogel, Morris and Charles Rosenberg, eds., *The Therapeutic Revolution: Essays in the Social History of American Medicine* (Philadelphia: University of Pennsylvania Press, 1979).

embracing the novelties;” and this coverage “helped to establish in mass culture two new intertwined notions: ‘medicine is science’ and ‘medicine makes progress.’”<sup>28</sup>

The image of the laboratory physician began to gain importance in America in the end of the century. This image replaced an earlier archetype of the doctor as bumbling, inept, too ready to let blood and dose with noxious chemicals, remaking the figure of the physician in the model of the laboratory scientist, like Pasteur, a gentle hero. “It was only during the closing decades of the [19th] century that America’s daily newspapers and weekly magazines began to give high visibility to medical discoveries...[which] quickly prompted significant public interest and enthusiasm for major therapeutic achievements....This wide acclaim stands in contrast to the minimal, muted, and mixed receptions granted in earlier decades of the nineteenth century to advances that scholars have usually regarded as significant: the stethoscope, anesthesia, antiseptics, and the identification of microbial agents of disease.”<sup>29</sup>

In the crowded medical marketplace of turn-of-the-century America, images and rhetoric were important, and scientific medicine, or the appearance thereof, could give doctors an edge. Medical schools proliferated wildly and medical degrees and state licenses were easy to get and almost impossible to revoke. The American Medical

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<sup>28</sup> Bert Hansen, “New Images of a new Medicine: Visual Evidence for the Widespread Popularity of Therapeutic Discoveries in America after 1885,” *Bulletin of the History of Medicine* 73 (1999): 633, 630.

<sup>29</sup> Hansen, “New Images of a New Medicine,” 629.

Association had not yet fully consolidated its hold on the profession, and state regulation of physicians was spotty and in places nonexistent. Standing out from the crowd of doctors required strong claims and bold type. One advertising medical institute trumpeted that **“we absolutely and positively employ scientific treatment only, such as is acknowledged to have the greatest merit and advised and prescribed by the most celebrated medical scientists, authors, lecturers and genito-urinary specialists the world over.”**<sup>30</sup> This appeal to science and expertise was a common trope in men's specialist advertising.

The chapters of this dissertation track and analyze the ways medical expertise was built and negotiated in the early twentieth century urban Midwest. Chapter 1, “Manliness, Vigor, Health”: Patients, Diseases and Spaces in the Advertising Medical Institute,” provides an overview of men’s doctors, their institutes, and their practices. “War against the Advertising M.D.s,” the second chapter, examines a battle over medical advertising in Milwaukee. In Chapter 3, “We Never Cure Anyone Here,” a close analysis of the *Chicago Tribune’s* 1913 quackery exposé reveals the strategies regular physicians and reformers used to condemn medical institutes and attempt to have them shut down. The new syphilis drug Salvarsan, probably used and advertised

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<sup>30</sup> National Medical Institute, *A Pocket Note Book* (Philadelphia: National Medical Institute, 1910-11): 32, Atwater Collection of Popular Medicine, Miner Medical Library, University of Rochester (henceforth AC). Emphasis in original.

extensively by men's specialists, provides a window onto the symbolic and totemic ways medical institutes used the trope of scientific medicine to promote their businesses, as discussed in Chapter 4, "606 Will Save You." In conclusion, we consider the career of men's specialists after World War II and assess the outcomes of these fights over medical expertise.

These contestations over medicine, business and authority took place in newspapers, courts and legislatures, but, in this story, these fights were rooted in what happened in specific physical places: the men's specialist storefront clinics found across the country in large and small cities, near ports and train stations. In a storefront clinic and medical institute, then, in St. Paul, Minnesota, at the end of the nineteenth century, where the Reinhardt brothers established their medical institute empire, we will begin our discussion.

**Chapter 1**

**“Manliness, Vigor, Health”:**

**Patients, Diseases and Spaces in the Advertising Medical**

**Institute**

Anyone strolling past a certain storefront in downtown St. Paul, Minnesota, any day of the week in 1900, might see an arresting sight. A young man walking through this bustling port city might, at the corner of Fifth and Robert Streets near the train depot, stop to take in a mechanized window display of wax figures, clothed and posed to depict a nurse rocking a strange-looking baby in her arms. A card in the window would indicate that the child is the victim of that dread disease, “blood poison,” known to physicians as syphilis. The entire office building is girded with huge signs announcing the presence of the Heidelberg Medical Institute. The striking display and intriguing name draws our young man into the Heidelberg’s Free Museum of Anatomy and Scientific Wonders (For Men Only). The museum is a showcase for waxworks and

preserved anatomical specimens, focusing especially on reproductive anatomy and the effects of syphilis. After walking among the cases of waxes, our visitor, a young man new to the city, new perhaps even to the country, is approached by a kindly bearded man speaking his native language, who wonders if he has any questions about the exhibits. Does he have any symptoms he might be worried about? After some anxious minutes in the waiting room filled with other men, our visitor has a medical consultation with the proprietor, Dr. Reinhardt, and is prescribed a course of drugs for some feared venereal disease or perhaps his “night losses.”

In the broadest sense, establishments like the Heidelberg Medical Institute sold good health. They combined medical consultations and treatments with an unabashed business (that is, profit-making) orientation. The Heidelberg’s genesis was in the 1890s, when three St. Paul brothers, Willis and Wallace Reinhardt, twins and physicians, and their brother Frank, trained as an engineer, applied their skills and entrepreneurial spirit to the business of medicine.<sup>31</sup> They opened a medical institute in downtown St. Paul, the Minnesota State Medical Institute, later known as the Heidelberg, which would be only the first of their men’s specialist sales empire. More specifically, they offered sexual vitality for men, a virility that was promoted as

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<sup>31</sup> Arthur Cramp, “Medical Institutes” (Chicago: AMA, 1908), Box 207, Folder 207-01, Historic Health Fraud Collection, Archives of the American Medical Association (henceforth HHF); Stewart Holbrook, *The Golden Age of Quackery* (New York: Macmillan, 1959), 79-87.

necessary for both sexual and financial success in the world of the modern city. The Minnesota State Medical Institute, which advertised widely in the St. Paul papers, offered to cure varicocele, rupture and other diseases of men in a day.<sup>32</sup> Such claims were characteristic of Reinhardt advertising and the men's specialist business across the country.

The Reinhardts' St. Paul institute was particularly successful in terms of income and longevity but required continued success to maintain itself. In June of 1901, the Reinhardt brothers reincorporated their business with \$100,000 capital and changed its name.<sup>33</sup> The new name, the Heidelberg Medical Institute, evoked Old World medical knowledge.<sup>34</sup> As a reopening incentive for former and new patients, the Reinhardts offered free X-rays and treatments for two weeks, advertising with quarter-page spreads in the *St. Paul Daily News* and pamphlets passed out by the hundreds on the streets of downtown St. Paul.<sup>35</sup> The Reinhardt empire grew rapidly in the next decade, reaching

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<sup>32</sup> Minnesota State Medical Institute, "Varicocele Rupture We Can Cure These Afflictions in a Day," *St. Paul Dispatch*, April 17, 1901, 13.

<sup>33</sup> This reorganization was possibly in response to a legal challenge. See Holbrook, *Golden Age of Quackery*, 81.

<sup>34</sup> Though the University of Heidelberg was associated with the famous physiologist and ophthalmologist Hermann von Helmholtz, it seems that the name "Heidelberg Medical Institute" was meant more to connote a general atmosphere of European science than to bring up any associations particular to the city of Heidelberg.

<sup>35</sup> Heidelberg Medical Institute, "Are You Sick?" *St Paul Daily News*, June 22, 1901, 3; Heidelberg Medical Institute, *Free Twin City Street Car Guide, Presented to You with the Compliments of the Old Reliable Heidelberg Medical Institute* (St Paul: Heidelberg Medical Institute, 1901), Minnesota Historical Society (henceforth MHS).

thirty or forty institutes across the Midwest by the mid 1910s. The circuit, then, comprised significant infrastructure, physical and professional, to maintain. Ubiquitous advertising was necessary to sustain the business.

Advertised appeals to fears and taboos around sexuality were a part of the success of medical institutes. The Heidelberg Medical Institute, like many other institutes, was comprised of a front gallery with a museum of anatomical waxworks and other exhibits, and an extensive clinic behind it, complete with several examining and operating rooms. Though medical institute proprietors claimed to demystify venereal diseases by shining the light of science on them, fear and secrecy were also crucial to gaining and keeping patients. Lists of potentially dangerous symptoms, ranging from pimples to despair to coughing blood, were printed in newspaper ads and pamphlets: the presence of any of these symptoms, read the advertising copy, could be a sign of a serious chronic disease. These diseases would lead to loss of work, loss of manhood, madness and death. Many men's diseases were caused by the shameful sin of self-abuse (masturbation), or by sexual excesses, which the patient was required to renounce to get well. The proprietor's expert knowledge as a specialist meant, so the argument went, that he was privileged to treat each case as no general doctor could.

Using the Reinhardts' early institutes as an exemplar, this chapter offers a tour of the medical institutes, and their health businesses, from the practitioners' perspectives. Much of what we know about medical institutes comes from their advertising materials, but it is difficult to corroborate their claims or ascertain exactly what they did. Institutes might be easily caricatured or condemned for their business practices, but a close look at the Heidelberg Medical Institute suggests a more complex picture about their functions for an apparently steady clientele. I will introduce and analyze the advertising strategies, clientele, disease treatments offered, and the physical layout and staff of advertising medical institutes. I argue that their businesses were designed to sell health, sexual vitality and masculine strength, through a rhetorical and architectural appeal to scientific expertise. Medical institute advertising and design used the language of scientific expertise to speak to patients' experience and anxieties around masculinity, sexuality and class.

### ***The Reinhardts in St. Paul***

The Heidelberg Medical Institute joined a crowded field of Twin Cities medical institutes.<sup>36</sup> Around the turn of the century, both St. Paul and Minneapolis were trade hubs, founded on lumber and grain milling, with a growing population. Newcomers from Scandinavia and Germany helped make Minnesota an overwhelmingly immigrant state, with 500,000 foreign-born Minnesotans in 1900, and the majority of other residents having foreign-born parents.<sup>37</sup> Physicians, medical practices and hospitals served both the urban and surrounding rural population, often competing for patients. The Galenic Medical Institute, on 67 East Third Street in St. Paul, claimed to have been founded in 1861, which would make it the first institute in Minnesota. It guaranteed a cure for consultations made in person or by letter.<sup>38</sup> By the turn of the century, however, the Galenic Medical Institute was defunct, leaving numerous other institutes to take up its mantle. In 1901, the Hinz Medical Institute offered a \$1000 reward to “anyone who will disprove the claim that it is today the largest and best equipped

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<sup>36</sup> Men’s specialists advertising in the *St. Paul Daily News* and *St. Paul Dispatch* newspapers in 1900 included the St. Paul Medical and Surgical Institute, Dr. Peterson’s Electric Belt Co., The Hinz Medical Institute and Old Doctor Farnsworth, Dr. Alfred L. Cole and his council of associated expert specialists, and the State Electro-Medical Institute, along with men’s specialists from Fort Wayne, Cincinnati, Chicago and Detroit, and vendors of mail-order treatments for men’s diseases.

<sup>37</sup> See Carl H. Chrislock, *The Progressive Era in Minnesota, 1899-1918* (St. Paul: Minnesota Historical Society, 1971); Minnesota State Demographic Center, “Turn of the Century: Minnesota’s Population in 1900 and Today,” (St. Paul: State Demographic Center, 1999), <http://demography.state.mn.us/documents/centuryo.pdf> (ret. Dec. 7, 2007).

<sup>38</sup> Galenic Medical Institute, “Established in 1861, for cure of PRIVATE, NERVOUS, and CHRONIC DISEASES,” newspaper advertisement, nd, probably 1880s, Ephemera, Bakken Museum and Library (henceforth BAK).

medical institute for the treatment of men among advertising institutes in Minneapolis.”<sup>39</sup> Dr. Alfred Cole urged “men who had lost their grip” to visit his institute on Washington Avenue in Minneapolis. Dr Charles invited worried men to come to his institute in St. Paul, where he competed with the St. Paul Medical and Surgical Institute, which boasted eighteen years in the same location.

The medical institute Reinhardts were a family of doctors turned entrepreneurs. The brothers seem to have been born in Minnesota.<sup>40</sup> Willis and Wallace Reinhardt both had earned medical degrees from reputable medical schools and held medical licenses from several states. Wallace graduated from the Minneapolis College of Physicians and Surgeons (later part of Hamline University) in 1896 and was licensed in Minnesota and Wisconsin.<sup>41</sup> Wallace graduated from Beaumont Hospital Medical College (now part of St. Louis University) in St. Louis, Missouri in 1899 and was licensed in Illinois the same year. Frank was apparently trained as a blacksmith, though he represented himself as an electrical engineer.<sup>42</sup> One of their sons, Frank C. Reinhardt, was the manager of the Health Institute in Minneapolis in the 1920s, and

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<sup>39</sup> Hinz Medical Institute, “Men Treated and Cured” ad, *St. Paul Dispatch*, April 13, 1901, 9. Note that this advertisement illustrates that ‘medical institute’ and ‘advertising medical institute’ were used by proprietors themselves to describe this sort of business.

<sup>40</sup> They also had a sister, Delia, who was only peripherally involved in the business.

<sup>41</sup> His Minnesota license was revoked in 1900.

<sup>42</sup> Cramp, “Medical Institutes”; Holbrook, *Golden Age of Quackery*, 81. Holbrook mockingly calls Frank “Blacksmith Reinhardt.” Frank died in 1945 in northern Minnesota.

another son, Willis A. Reinhardt,<sup>43</sup> was also involved in the 1920s. Though it is unclear why the Reinhardts specifically opted to practice medicine through men's institutes, Frank's gift for business management and Willis' medical direction led the family to financial success. Success, for men's doctors, began with advertising.

### ***The Institute without Walls: Advertising***

Following the lead of patent medicine companies, men's specialists used mass communication, particularly newspapers, to reach for patients far outside the practitioners' offices. Before the patient even set foot in St. Paul, he might learn about his health and about the "Master Specialist," the purported proprietor of the Heidelberg Medical Institute, through advertisements in newspapers, pamphlets or posters. Nineteenth and early twentieth century newspapers were full of advertisements for patent medicines, branded goods made in a central location and distributed by the new fast rail.<sup>44</sup> With low overhead for medicine and bottling, patent medicine proprietors

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<sup>43</sup> The second generation of Reinhardts: Frank C.: 1894-1977; Willis A.: d. 1964.

<sup>44</sup> On patent medicine advertising, see A. Walker Bingham, *The Snake-Oil Syndrome: Patent-Medicine Advertising* (Hanover, MA: Christopher Publishing House, 1994); William H. Helfand, *Quack, Quack, Quack: the sellers of nostrums in prints, posters, ephemera & books: an exhibition on the frequently excessive & flamboyant seller of nostrums as shown in prints, posters, caricatures, books, pamphlets, advertisements & other graphic arts over the last five centuries* (New York: Grolier Club, 2002); Brooks McNamara, *Step Right Up* (Jackson: University Press of Mississippi, 1995); Sarah Stage, *Female Complaints: Lydia Pinkham and the Business of Women's Medicine* (Norton, 1979).

spent some of their profits on advertising, included printed cards, other goods, and even medicine shows. The increased publicity meant even more profit. Patent medicine advertising provided a business model for institutional medical businesses, and some men's specialists had experience in patent medicine sales and medicine shows.<sup>45</sup>

Unlike medicine shows, however, institutes needed to pay rent and purchase displays.

Newspapers were key sites for institute publicity. Many small-town newspapers were supported by advertisements for patent medicines, mail-order health cures, and medical institutes. In fact, patent medicine companies would include so-called “red clauses” in contracts with publishers noting that if the publisher's state passed a law against patent medicine manufacture or sale, the advertising contract would be void.<sup>46</sup>

This mutual dependency would make newspapers allies of the Reinhardts in political battles over advertising. The *St. Paul Dispatch*, St. Paul's leading daily, often printed on one page four or five ads for cures for lost manhood, including both medical institutes and mail order remedies,<sup>47</sup> The *St. Paul Daily News*, another large local paper, supported the right of medical institutes to advertise. The paper's manager stated, in a letter to a physician reader suspicious of quackery, that he “[did] not care

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<sup>45</sup> For instance, Owen Stratton. See Stratton, *Medicine Man*.

<sup>46</sup> James Harvey Young, *The Toadstool Millionaires*, <http://www.quackwatch.org/13Hx/TM/13.html> (ret Feb. 10, 2009).

<sup>47</sup> See, for instance, *St. Paul Dispatch*, April 18, 1901, 9.

anything about” the Heidelberg Medical Institute, since his staff did not investigate advertisers, and added placatingly that “I am very sure that they should be in a position to treat their peculiar diseases much better than an ordinary physician.”<sup>48</sup>

Medical institute doctors advertised their “specialist” knowledge in order to bolster their status, but also claimed to practice an individualized medicine. Though medical specialties began to proliferate in the mid nineteenth century, for many regular doctors a specialist practice remained suspect as quackery. Although their advertisements offered to cure a large number of diseases, from catarrh to heart disease, the Reinhardt brothers claimed to specialize in men’s and other chronic diseases. In addition to this specialist claim, they advertised an individualized medicine. The Reinhardts and other medical institute proprietors made a point of noting that treatments would be tailored to each patient’s individual case, emphasizing the specificity and personal attention to treatment each institute gave. “These treatments are only used as indicated to us in each individual case. All are practically painless, harmless and devoid of all danger.”<sup>49</sup> This appealed to a patient’s need to feel that his specific symptomology was being addressed, that each case was special and difficult to treat.

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<sup>48</sup> N.W. Reay, Manager, *St. Paul Daily News*, to P.T. Rice, M.D., Cannon Ball, N.D., Jan 20, 1909, Box 207, Folder 0207-01, HHF.

<sup>49</sup> The Health Institute, “Athletic Sporting Record Book,” Minneapolis, 1926, 49, Box 205, Folder 0205-25, HHF.

But proprietors did concentrate on sexual diseases, and intimated sexual diseases were at the root of all others they treated. In practice, institute specialists' claims meant that most patients were seen as possible sufferers from a genitourinary disease.

Advertisers also claimed that part of their specialist knowledge was the ability to provide diagnosis and treatment by mail without ever examining the patient. Medical institute doctors prided themselves in their hands-off manner. Doctors would diagnose without examining, without hearing the patient discuss his problems, without ever seeing the patient, all through the miracles of medical science. "We have so far perfected our mail order treatments, that one is enabled to cure himself in his own room, or in his office, and in as efficiently and through a manner as though he were present to receive our personal attention and direction. It is not necessary to visit our office in order to obtain proper treatment for your trouble since we at once become acquainted with every single detail of your case on reading the symptom blank you fill out and return to us."<sup>50</sup> With this skill, coupled with technical advances in fields such as urinalysis and microscopy, personal consultation was no longer necessary. An additional benefit was that mail order consultation could preserve a patient's privacy. Because medical institutes would offer a nondescript name as addressee (usually the

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<sup>50</sup> Master Specialist, *Home Private Medical Adviser in Plain Language for the Young People, the Unmarried, and the Married* (Milwaukee: Wisconsin Medical Institute, 1900?): 69, Milwaukee Public Library (henceforth MKE).

manager), rather than sending a letter to the Heidelberg Medical Institute, the patient could write to George Ashworth, for example. In return, brown paper packages were mailed, containing “no bad smelling medicines used to advertise your trouble.”<sup>51</sup>

Consultation by mail was based on the symptom blank, a form printed with diagnostic questions and spaces for short answers from potential patients. The symptom blank came in two types, the advertisement and the longer form, which had to be requested by the patient. Advertisements asked readers questions about their health. “Are you nervous? Do you have weak spells?... Do you have a bad taste in the morning?... Do you spit blood? Do you fear consumption?...Is anything growing on you? Have you a tumor or cancer? Have you any blood disease? Do you have pimples? Is your hair falling out?...Puffs under your eyes in the morning?...Are you despondent? Does living seem uphill work?” asked a 1901 ad for the Heidelberg Medical Institute. “If you have any of these symptoms,” the ad continued, “it is a warning of disease. Do not neglect yourself. Call on the doctors at the Medical Institute...and they will tell you what the real trouble is.”<sup>52</sup> Mail order customers could send away for a symptom blank, a three-page document asking probing questions. This

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<sup>51</sup> Heidelberg Medical Institute, “Twin City Street Car Guide,” (St. Paul: Heidelberg Medical Institute, 1906): 27, MHS.

<sup>52</sup> Heidelberg Medical Institute, “Are You Sick?” *St. Paul Dispatch*, June 24, 1901, 4.

mail order form provided spaces for patients to write their answers and would be used in diagnosis at a distance. In the case of one of the few extant symptom blanks, it formed part of the Reinhardts' health book.<sup>53</sup> By seizing on common conditions and claiming that they were warning signs for serious disease, medical institute proprietors used the imagination, fears, and hypochondria of their potential patients to promote their business. The ominously mentioned "real trouble" to which the questions seemed to point was venereal disease. In the answers solicited on symptom blanks, the yoking together of common and unusual symptoms confers on facial acne as much fearful resonance as genital lesions.

Other advertising vehicles included broadsheets, pamphlets, almanacs with unrelated information and free handbooks on health. The materials urged readers to write or visit the Heidelberg Medical Institute. One common pamphlet genre was the almanac or street guide. These pamphlets were free and ostensibly useful, with information on popular issues like sports and transportation. For instance, the Heidelberg Medical Institute issued "Twin City Streetcar Guides" throughout the 1900s and 1910s, with lists of streetcar lines and stops along with advice about men's conditions and exhortations to readers to investigate questionable symptoms at the

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<sup>53</sup> Master Specialist, *Home Private Medical Adviser in Plain Language for the Young People, the Unmarried, and the Married* (Milwaukee: Wisconsin Medical Institute, 1900?), AC.

institute. The Heidelberg Medical Institute's eighty-page "Free Twin City Street Car Guide" of 1906 gave lists of stops for street car lines in Minneapolis and St. Paul interspersed with full- or half-page appeals to men to visit the HMI, as well as testimonials from satisfied patients. One article was headed "Manly Vigor! Do you possess it?" and another encouraged readers to write in for the HMI's free 200-page book.<sup>54</sup>

Another pamphlet genre addressed class aspirations. In account books, space for recording monies received and paid out was combined with strongly-worded advice on men's diseases. The almanacs passed out on city streets often took the form of a "Diary and Account book" or "Record of Time, Receipts and Expenses" with pages to note total receipts for the week, hours worked each day, overtime worked and daily expenditures. These institute pamphlets made an explicit connection between health and financial success. Above lines for accounts received and pending, the institute would ask, "Why aren't you making more money?" This account book style drew attention to the user's monetary failings. These failings were due to the patient's untreated men's diseases, and rescue was near at the medical institute. Such appeals may have had limited success. In one pamphlet, a farmer, who dated his accounts 1900, recorded, not

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<sup>54</sup> Heidelberg Medical Institute, "Twin City Street Car Guide," (St Paul: Heidelberg Medical Institute, 1906), MHS. The Minnesota Historical Society has a small collection of Heidelberg guides.

his total financial self-worth, but the amount of feed corn bought over the course of a few years. Clearly some pragmatic recipients of the books used them in their own ways, not necessarily in the ways men's specialists intended.<sup>55</sup>

The Reinhardts' free handbooks on health, called variously the *Private Home Medical Adviser*<sup>56</sup> or the *Private Medical Adviser*,<sup>57</sup> provided a resource on both healthy and pathological sexuality. The pseudonymous authors of the Reinhardts' books rejected an earlier home doctoring book genre, suggesting instead that their more scientific work had superseded it, just as their specialist practice had superseded the practice of regular physicians. "The old 'Family Doctor' book, like the old 'all-around' doctor, is buried deep in the past by the brilliant discoveries and rapid advance of the special scientist, or SPECIALIST....[The *Private Home Medical Adviser*] is a scientific book written by a Specialist." Throughout, the authors emphasized the new and scientific cures which their institute could make possible.<sup>58</sup>

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<sup>55</sup> Washington Medical Institute, *Record of Time, Receipts and Expenses Secrets of Life and Lost Manhood: ADVICE to the single and Married on the Health and Disease of Genito-Urinary Organs and Rectum HABITS--its Consequences. MARRIAGE-Its Joys and Sorrows*, Chicago, 1901, 24, AC.

<sup>56</sup> Master Specialist, *Home Private Medical Adviser in Plain Language for the Young People, the Unmarried, and the Married* (Milwaukee: Wisconsin Medical Institute, ca. 1900), BAK, MKE, AC.

<sup>57</sup> Master Specialist, *Private Medical Adviser* (St. Paul: Heidelberg Institute, ca. 1903), AC.

<sup>58</sup> Charles E. Rosenberg, "Medical Text and Social Context: Explaining William Buchan's Domestic Medicine," *Bulletin of the History of Medicine* (1983): 22-42; Charles E. Rosenberg, "Every Man His Own Doctor: An Exhibition Drawn from the Collections of Charles E.

Though usually including some traditional elements, the Reinhardts' book, unlike "home doctor books," focuses almost entirely on sexual health. The tone of the book is minatory, warning readers away from certain sexual behaviors by graphically describing the dire consequences. Healthy sexuality is dispatched with in a few pages and the rest of the book focuses on diseases of the genitals and urinary tract, diseases which the Heidelberg Medical Institute offered to cure. "The common ills of [man] are omitted, but it lays before the people in plain language the formerly hidden, mysterious knowledge of Nature and the direful consequences mercilessly meted out for ignorant or willful crimes against nature..."<sup>59</sup> Unlike other books which included sections on cooking for invalids or cures for catarrh, the entire table of contents is filled with sexuality. The book begins with a chapter on Puberty, complete with a diagram of male and female genitals, and continues through The Fatal Sin of Onan, Nervous Debility, or Lost Manhood, Spermatorrhea, Atrophy, Impotence, Treatment of Spermatorrhea, Varicocele, Syphilis, Chronic Gonorrhoea, Stricture. Enlarged Prostate. Hernia or Rupture, Piles or Hemorrhoids, Circumcision, Female Diseases, Varicose Veins and Varicose Ulcers, Catarrh, Examination of Urine, Private Home Treatment, and finally a

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Rosenberg, William H. Helfand, and the Library Company of Philadelphia," Library Company of Philadelphia, 1998. Ret August 26, 2009, <http://www.librarycompany.org/doctor/intro.html>

<sup>59</sup> Master Specialist, *Home Private Medical Adviser in Plain Language for the Young People, the Unmarried, and the Married* (Milwaukee: Wisconsin Medical Institute, ca. 1900), i-ii, MKE.

symptom blank for diagnosis by mail. This table of contents recites all of the conditions medical institutes advertised to treat. A second, much shorter section in the book concerns love, courtship, marriage and maternity, and includes home remedies, a cure for drunkenness, and guides for etiquette and politeness. Some editions ended with fifteen pages of testimonials to the cures made by the medical institute, many mentioning an electric belt discussed nowhere else in the book.<sup>60</sup>

The Reinhardts advertised to patients in different registers, always authoritatively appealing to both general anxiety over masculinity as well as more graphic and frightening symptoms. Each medical institute owned by the Reinhardts apparently put out its own health book directing patients to this local office. The only books still extant were published by the Heidelberg Medical Institute and by the Wisconsin Medical Institute in Milwaukee. Although three of the extant guides were published by the Wisconsin Medical Institute, they all differ. In 1913 a Reinhardt employee told the *Chicago Tribune* that the Reinhardts published books on three levels of explicitness. “Dr. [Willis] Reinhardt refers to the first book as ‘General,’ the second as ‘General and Sexual,’ and the third as “General, Sexual, Venereal.’ The first one

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<sup>60</sup> Master Specialist, *Home Private Medical Adviser in Plain Language for the Young People, the Unmarried, and the Married* (Milwaukee: Wisconsin Medical Institute, ca. 1900), 196-211, MKE.

might be mild, but anybody who reads either the second or third is a wonder if he gets through without believing there is something the matter with him.”<sup>61</sup> The “General and Sexual” copy includes more detail than “General” on ‘lost manhood’ and the causes and consequences therein, mentioning for instance that “It is a curious fact that the habit of self-pollution is often followed by a diminution in the size of the penis.”<sup>62</sup> Such explicit threats might have scared readers into visiting the clinic or writing for more information. In all cases, the books’ voice was consistently that of a expert, knowledgeable medical man, able to help the reader attain his potential through sexual health.

### ***Patients and Anxieties***

Although medical institutes were widespread and successful in the early twentieth century, it remains unclear who exactly read the books and advertisements and patronized medical institutes. Though a number of factors in contemporary medical

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<sup>61</sup> “Quacks’ Manager Tells How Sick Dupes are Ruined” *Chicago Tribune*, Nov 2, 1913, 1; When I cite the *Private Home Medical Adviser*, I specify the copy: “General” from the Bakken Library and Museum, BAK, “General and Sexual” from the Milwaukee Public Library, MKE, and “General and Sexual” from the Atwater Collection of Popular Medicine at the Miner Medical Library of the University of Rochester, AC.

<sup>62</sup> Master Specialist, *Home Private Medical Adviser in Plain Language for the Young People, the Unmarried, and the Married* (Milwaukee: Wisconsin Medical Institute, ca. 1900), 36, MKE, italics in original.

practice might influence a patient's choice of clinic, gender, class, ethnicity and geographic location determined whether a potential patient might write to the institute, walk through the door, or stay out of the neighborhood entirely. A working class man from an immigrant urban or rural community was the apparent target of most advertising.

A paucity of sources on institute patient demographics makes clear answers difficult to reach, but advertisements can provide clues. Most source material on medical institute patients is incidental or glancing. The only direct patient responses available to historians come from defrauded patients who wrote in to the newspapers or sued the clinics. Material from satisfied patients is not available, except in advertising testimonials. However, the way advertising was targeted can help develop general ideas on medical institute patient populations. Advertisements often apostrophized men, and often young men in particular, to consider their health. Since medical institutes advertised in many languages, we can assume that speakers of those languages patronized the medical institutes. Regular physicians and hospitals did not commonly advertise in Lithuanian, Polish and Norwegian and typically would not have used

pamphlets.<sup>63</sup> Low-income patients may have come to the medical institute because they offered free examinations.

Rural men were a major focus of medical institute advertising. “Visitors in the city are calling for examination and advice free,” proclaimed one advertisement.<sup>64</sup> As rail travel became easy, available and affordable, institutes advertised to rural patients in small-town and the widely distributed city papers, as well as in materials sent through the mail. Seeing a city doctor could ensure a rural man’s privacy. Men’s specialists suggested, “MEN IN THE COUNTRY are coming to Milwaukee to be cured by the great Men’s Specialists at the Wisconsin Medical Institute.”<sup>65</sup> The Reinhardtts advertised that, since they offered a free examination, it was worthwhile to travel even “two thousand miles” to their institutes.<sup>66</sup> The *St. Paul Dispatch* and the other city papers were read throughout rural Minnesota, Wisconsin and Iowa, within a train ride of St. Paul. Heidelberg Medical Institute advertisements even suggested how to organize the trip: patients could come down on Sunday, when the institute was open from ten to noon, and not miss a day of work.

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<sup>63</sup> African-Americans had a parallel economy of men’s institutes and commercial medicine, which I do not discuss here.

<sup>64</sup> Heidelberg Medical Institute, “Free Twin City Street Car Guide,” 1901, 96, MHS.

<sup>65</sup> Wisconsin Medical Institute, “Men in the Country,” newspaper and date unknown, Box 207, Folder 0207-01, HHF, caps in original.

<sup>66</sup> Heidelberg Medical Institute, “Free Twin City Street Car Guide,” 1906, MHS.

Medical institute clients might enter for any number of reasons, on their own or prompted by advertising. These reasons might include curiosity and prurient interest in waxworks, fear of disease, guilt from a sexual encounter, or medical problems which interfered with their quality of life but were embarrassing or shameful, such as a hernia (rupture). Some were concerned about chronic disease. Many patients may have had nowhere else to go for treatment. Distrust of regular physicians and of chemical medicines might have led a patient to an institute claiming new scientific knowledge, as it did to homeopathic and other alternative healers.<sup>67</sup> Medical institutes often guaranteed a cure, which regular physicians were ethically barred from doing, which could provide the patient some peace of mind. A potential patient might have been impressed by the scientific expertise men's specialists presented, but, though this was a major advertising strategy for medical institutes, it is unclear if this kind of advertising made the difference for patients. The perseverance of these themes, however, suggests that the Reinhardts thought them effective advertising messages.

The treatment of sexual health was gender-segregated and gender was the limiting factor in who became a medical institute patient. Most advertising medical institutes were "For Men Only." Proprietors' claims of specialization and expertise

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<sup>67</sup> See James C. Whorton, *Nature Cures: The History of Alternative Medicine in America* (New York: Oxford University Press, 2004).

were generally restricted to the treatment of secret diseases of men, although advertising medical institutes would sometimes offer to treat women's genitourinary and chronic diseases, such as leucorrhoea or cancer, by mail. The graphic nature of the museum exhibits, especially genitalia and gross lesions, was thought to be too shocking for women to see. A different underground network of businesses treating women's health existed, from mail order nostrum businesses to abortionists.<sup>68</sup> As visible practitioners in low-income communities, institutes sometimes received women and children as patients.

Medical institutes tapped into turn-of-the-century social concerns about sexuality. By focusing their business on men, institutes could take advantage of prevalent discourses and anxieties about masculinity, class and sexual health. Institute advertising often elided health with financial, sexual and life success. A New York State medical institute identified the "three vital requirements for success: Manliness, Vigor, Health."<sup>69</sup> Medical institutes could provide all of these requirements by strengthening the last, health, by which they meant *sexual* health. Manliness and vigor, that is, vital health, could be restored with the restoration of sexual health.

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<sup>68</sup> See Janet Farrell Brodie, *Contraception and Abortion in 19th Century America* (Ithaca: Cornell University Press, 1994); Leslie J. Reagan, *When Abortion was a Crime: Women, Medicine, and Law in the United States, 1867-1973* (Berkeley: University of California Press, 1997).

<sup>69</sup> *Chronic Diseases*, New York Medical and Surgical Institute, Rochester, NY, 1917, 4, AC.

The question of twentieth-century American masculinity was closely tied to a notion of class. After the industrial revolution, American masculinities were in flux, with new kinds of work meaning that masculine worth was now tied to a man's job rather than his property. With the development of office and factory work rather than productive physical farming labor as a predominant mode, there was a new cultural conversation around the connection between sexual energy and work energy. The rise of nervous weakness as a men's disease was connected to the draining influences of office work.<sup>70</sup> The ideal of "Muscular Christianity," or "the strenuous life," a kind of moral manliness developed through sports, outdoor adventure, and vigorous public religion, combatted the draining of vital manly energy. Teddy Roosevelt, as well as new institutions such as the YMCA, embodied this new vision of vital masculinity.<sup>71</sup>

Despite their claims to have treated politicians and royalty, medical institutes

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<sup>70</sup> Gail Bederman, *Manliness and Civilization: A Cultural History of Gender and Race in the United States, 1880-1917*, (University of Chicago Press, 1995).

<sup>71</sup> For more on nineteenth and twentieth century American masculinities, see Gail Bederman, *Manliness and Civilization*; Judy Arlene Hilkey, *Character is Capital: Success Manuals and Manhood in Gilded Age America* (Chapel Hill: University of North Carolina Press, 1997); Clifford Putney, *Muscular Christianity: Manhood and Sports in Protestant America, 1880-1920* (Harvard University Press, 2001), Angus McLaren. *The Trials of Masculinity: Policing Sexual Boundaries 1870-1930* (Chicago: University of Chicago Press, 1997); John Pettegrew, *Brutes in Suits: Male Sensibility in America, 1880-1920* (Johns Hopkins University Press, 2007); Anthony Rotundo, *American Manhood: Transformations in Masculinity from the Revolution to the Modern Era* (New York: Basic Books, 1993); Thomas Winter, *Making Men, Making Class: The YMCA and Workingmen, 1877-1920* (Chicago: University of Chicago Press, 2002). On Bernarr McFadden, publisher of the iconic magazine *Physical Culture*, see Ann Fabian, *The Unvarnished Truth: Personal Narratives in Nineteenth-Century America* (Berkeley: University of California Press, 2000).

primarily served immigrant, working-class populations. The class context of medical institute materials was aspirational, targeted at working class men struggling to make it into the middle classes, and immigrants trying to assimilate into American masculinities. Similarly, immigrant workers and their unions also used the rhetoric and imagery of masculinity to prove that they were strong. “As part of their integration into the machinery of the nation, immigrant workers surrendered their health. Images of weakness, hunger, feebleness and disease filled the rhetoric of immigrant workers. These were the physical scars of class. If, for the first government officials worrying about the tides of immigration, race was etched on immigrant workers’ bodies, class was visible in their stooped, diseased frames.”<sup>72</sup> Immigrant workers’ unions, according to Daniel Bender, fought against this vision of weak workers with an image of vital, masculine immigrants. Medical institutes used this model of immigrants, once wounded by industrial work, now strong and returned to health, in their advertising.

The ability to work was an important signifier in institute advertising, combining concerns around class and masculinity. One Chicago medical institute argued that class was not a real category, that there were only winners and losers separated by the amount of effort they put into improving themselves. This ostensibly class-blind rhetoric

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<sup>72</sup> Daniel E. Bender, *Sweated Work, Weak Bodies: Anti-Sweatshop Campaigns and Languages of Labor* (New Brunswick, New Jersey: Rutgers University Press, 2004), 7.

asserted that personal effort was sufficient for success. What kind of personal effort, then, did the Washington Medical Institute recommend? The answer is going to a specialist to have your health checked. “Are you a working man?” asked the Washington Medical Institute.

“We suppose you are. We know that WE are working men ourselves.

There are workers with brain as well as those with brawn. We are all battling for an income and for advancement in your respective callings, and whether we be clerks or mechanics, farmers or physicians, laborers or legislators, we are thus far the same in fact and in purposes....The only real difference between men in the world of action is that one class *wins* and another class *fails to win*, the compensations and rewards just alluded to.<sup>73</sup>

The Washington Medical Institute elided class-based health disparities and argued for sexual health and self-help as the defining factor in medical and social success.

“Are you in the winning class? If not, why not? Examine yourself frankly and carefully. This is a valuable self-study if you wish to change class-- do you wish to become a successful worker?...Do you think business firms pick out their managers and foremen from among the sufferers of Seminal Debility or

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<sup>73</sup> Washington Medical Institute, *Record of Time, Receipts and Expenses*, Chicago, 1901, 14, AC.

Varicocele?”<sup>74</sup>

All men were working men, whatever their class, claimed medical institute proprietors, and thus all men needed to work up to their highest potential by assuring that their sexual health was good through a visit to the men’s specialist.

The Washington Medical Institute also co-opted the language of the labor movement to urge readers to take treatment at their institute, arguing that workers rights included the right to make more money by being healthy. “Strike for better pay,” urged Dr. Lucas Williams and his staff, on an almanac page opposite one with space to enter earned income. “We want all our wage-working and salaried readers to strike for higher pay and to begin the movement right NOW. Just look at your income on the opposite page...Why aren’t you making double?”<sup>75</sup>

The language of capitalism influenced the language of disease for advertisers. Business losses were equated to the ‘losses’ of masturbation. “What is your salary? A thousand a year. Why not two thousand? Many a young man can double his earnings simply by stopping these losses....I have enabled thousands to double their salaries.”<sup>76</sup>

Institutes posited a direct connection between sexual and business energy. “Now be

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<sup>74</sup> Washington Medical Institute, *Record of Time, Receipts and Expenses*, Chicago, 1901, 14, AC.

<sup>75</sup> Washington Medical Institute, *Record of Time, Receipts and Expenses*, Chicago, 1901, 12, AC.

<sup>76</sup> Washington Medical Institute, *Record of Time, Receipts and Expenses*, Chicago, 1901, 2, AC.

honest. Are you a victim of spermatorrhea, night losses or any other form of seminal weakness? Ponder! Reflect! If you are cured at once, is it not possible that you may yet become a \$5,000 man?"<sup>77</sup> Feeding into contemporary discourse around class and masculinity, the Washington Medical Institute claimed that their restorative scientific treatment would help a patient earn twice as much. Sexual morality would lead to better health, would lead to better work performance and would lead to better earnings. This message was addressed not only to those who missed work due to their illness, but to those who were "not sick in bed, but hardly able to work every day."<sup>78</sup>

Institute advertising was aspirational. The sexual health facilitated by a men's specialist could catapult the patient into the rarefied realms of the successful. "There is no religion on earth so fervent or so widespread as the worship of success and of successful men. (You're sick and wan and addicted to a secret vice)...How can you have the brain power that wins success! The only way possible is by first getting physically rebuilt and restored. For this apply at once to the Washington Medical Institute, 58 State St., Chicago."<sup>79</sup> Every urging to success was followed by an urging to visit a medical institute. The medical institute could treat not only the patient's secret disease,

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<sup>77</sup> Washington Medical Institute, *Record of Time, Receipts and Expenses*, Chicago, 1901, 4, AC.

<sup>78</sup> Health Institute, "Record Book of Sports and Health Guide: He-man Stuff!" 10, Box 205, Folder 0205-25, HHF.

<sup>79</sup> Washington Medical Institute, *Record of Time, Receipts and Expenses*, Chicago, 1901, 24, AC.

but also his diseased class status.

***“What Is Your Disease? These Are the Diseases We Treat.”***

Medical institute physicians claimed to treat a long list of chronic conditions to restore men to sexual health. However, like regular physicians, institute doctors could and did treat any condition that a patient presented. Patients came in with whooping cough, tuberculosis, gallstones and other ailments, and were rarely turned away.

Medical institutes might occasionally give referrals to surgeons or other practitioners.<sup>80</sup>

However, sexual diseases and other chronic genitourinary diseases, including syphilis, gonorrhea, gleet, hernia, kidney disease, hemorrhoids, varicocele, hydrocele, impotence and the effects of masturbation, as indicated by advertising, apparently formed the bulk of medical institute business.

The Heidelberg Medical Institute portrayed seeing a VD specialist as a moral duty. A patient who had consulted regular physicians might have learned he could not be cured, but the HMI could offer hope: “Weak Nervous People, You who have been humbugged by ‘Old Treatments,’ and have found yourself growing older and worse; YOU who have given up in despair, saying ‘I am doomed, there is no hope for me;’ to

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<sup>80</sup> McNeal, *Four White Horses and a Brass Band*, 126.

you we say, who are sinking into an early grave, or drifting upon the shoreless sea of sickness and misfortune, UP and SAVE YOURSELF! There is HOPE! THERE IS A CURE.”<sup>81</sup> This rhetoric invoked the self-help ethos of the late nineteenth century American working class, insisting that the patient could help himself. On the other hand, the ad also implied that a VD patient who did not consult the HMI was hurting himself and deserved his eventual dire fate: “The bare walls of a doctor’s office and a few pills will not cure you...as hundreds and hundreds have found out to their sorrow--gone away, despondent, no hope of every being cured, simply because the fault was solely their own. They did not consult a reliable specialist...who will be able to cure you quickly, permanently, and scientifically.”<sup>82</sup> This enticement and atonement rhetoric had a moral coloring, suggesting that it was a manly duty to see a physician.

Institute proprietors claimed to cure a laundry list of sexual and chronic diseases. For instance, Dr. Wells and Co., of Chicago, announced: “WE CURE by the best of medical ability, by most up-to-date methods, all special, nervous, and chronic diseases. We specialize and treat most successfully all diseases of the Genito-Urinary Organs, such as: syphilis, private diseases, varicocele, stricture, infections (recent and chronic), hydrocele, blood poison, skin disease, neurasthenia, weak kidneys, hernia,

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<sup>81</sup> Heidelberg Medical Institute, “Twin City Street Car Guide,” 1906, 81, MHS.

<sup>82</sup> Heidelberg Medical Institute, “Free Twin City Street Car Guide,” 1901, 57, MHS.

sore throat, rupture, piles, prostatitis and all diseases and weaknesses of men due to evil habits, excesses, or the result of special or private diseases.”<sup>83</sup> This list, representative of most medical institutes, requires further explication.

Though medical institute fliers were more graphic than most newspapers dared in that they even mentioned venereal diseases, institutes used a number of euphemisms and unfamiliar terms. “Private diseases” generally pointed to any genital disease. Varicocele was a condition involving varicose veins in the scrotum. Stricture, a narrowing of the urethra, could be a symptom of other diseases. Hydrocele is an enlargement of the scrotum. Blood poison was a widely used term for syphilis, as was skin disease, due to the prominent skin lesions characteristic of its secondary and tertiary stages. “Sore throat” did not refer to strep throat, but to the throat symptoms seen in gonorrhea. Rupture referred to hernia, and piles to hemorrhoids. Lost manhood was a euphemism for impotence. Dr. Wells’ list sums up his practice as restricted to “all diseases and weaknesses of men due to evil habits, excesses, or the result of special or private diseases.” That this was the summation of the list of diseases was no accident. The identification and changing of evil habits was a major occupation of

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<sup>83</sup> Dr. Wells and Co, “Secrets of True Manhood Interesting and Valuable to Every Man,” Chicago, n.d., 3, AC.

medical institutes. Evil habits and excesses could refer to masturbation, excessive sexual activity, within or outside of marriage, or even an excessive lack of sex.

Nervous energy, in the late nineteenth century, had become the major explanation for many sexual and other diseases. The widely diagnosed nineteenth century disease neurasthenia was a weakness of nervous energy caused by overexertion, mostly in patients who did “brain work” for a living. Due to the emerging industrial economy, men’s work had changed dramatically, and the healthy physical activity which had been the occupation of many men had been replaced by tedious desk or factory work, draining nervous energy from the genitals into work. There was a limited amount of vital or nervous energy in the body, and energy diverted through masturbation, for instance, would be lost for use in work. The ‘spilling of seed,’ ‘self-abuse,’ ‘self-pollution,’ or ‘secret vice’ was reinterpreted as a waste of vital nervous energy, without which one’s health and mentality would deteriorate. Masturbation was identified by reformers as a moral failing with specific and dreadful health consequences.<sup>84</sup>

Institute proprietors treated masturbation as both a disease in itself and a cause

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<sup>84</sup> G.J. Barker-Benfield, *The Horrors of the Half-Known Life: Male Attitudes toward Women and Sexuality in Nineteenth-Century America* (New York: Harper Colophon, 1976), 163-174. Jean Stengers and Anne van Neck, *Masturbation: History of a Great Terror*, trans. Kathryn A. Hoffmann (New York: Macmillan, 2001).

of any number of other men's diseases. In itself, masturbation could drain the patient's energy and brain power, causing him to drag, make bad business decisions, seem weak and wan. Physiologically, his system would suffer in that the organs might atrophy and the patient might develop other men's diseases such as varicocele or spermatorrhea. Masturbation was quoted variously as the cause of most cases of spermatorrhea and varicocele, lost manhood and other illnesses. In addition, masturbation made the genitourinary system so weak that it made patients more susceptible to sexually transmitted infections.

Cures and treatments for masturbation abounded, as evidenced in this warning against other irregulars from a Dr. Theel of Philadelphia. "Beware of quacks, charlatans and impostors selling under the names of Institutes, Former Fellow Sufferers, Free Advice, Clinics, or else the discoveries of new compounds or those who intend to cure blood-poison or self-abuse or lost manhood with one remedy. It is a barefaced lie and swindle, no matter what these quacks print, claim, advertise or write. Beware particularly of the Electric Belt swindle that is claimed to cure all diseases resulting from Masturbation or excesses in single or married life..."<sup>85</sup> Theel's protestation against widely advertised masturbation treatments indicates that such advertisements

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<sup>85</sup> G. F. Theel, advertisement, n.d., 4, Box 207, Folder 0207-13, HHF.

proliferated. For instance, for men who were hopeless about their condition, the New York Museum of Medicine and Eugenics offered circumcision. “By our method of CIRCUMCISING we do not use the KNIFE, SCISSORS or CUTTING INSTRUMENT of any form, nor do we use Chloroform or Ether, except it be the request of the patient. We do this work by the ELECTRO LYTIC Process; **Painless, Bloodless, No time lost.**”<sup>86</sup> This institute offered treatment, couched in threatening language, for a widely feared condition.

Varicocele is a malady that medical institutes frequently identified as the consequence of self-abuse and as a source of masculine weakness. An enlargement of veins in the scrotum, it was unappealingly described by the Reinhardts as looking like a sack of worms. Varicocele was rumored to cause infertility. Even worse, varicocele might inhibit a patient from doing his duty to his country. One pamphlet noted: “On the.. call for volunteers for [the] Cuban war a large percentage of those rejected were due to--varicocele alone....if you are now in this unserviceable list it is your patriotic duty to get out of it asap.”<sup>87</sup> Having varicocele might make a patient question whether he was a real American or a real man. The usual treatment for this disease was surgical,

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<sup>86</sup> New York Museum of Medicine and Eugenics, “A Little Light for Men on a Dark Subject,” Box 10/15, AC. Capitals and bolding in original.

<sup>87</sup> Washington Medical Institute, *Record of Time, Receipts and Expenses*, Chicago, 1900--1901, p 32, AC.

so the Reinhardts offered to help patients to “get cured without the knife.”<sup>88</sup> Their discussion of varicocele in the *Home Private Medical Adviser* was capped by this call to arms, couched in the terms of the self-help movement and ending, characteristically, with an endorsement of the Master Specialist treatment: “You, sir, you with the Varicocele, you should know. And you should act. Now is the time to [do] it, and you should act for yourself. You should settle the matter in your mind at once about getting a cure. No matter how long you have had your Varicocele, or how bad it is, if it is curable, [ha]ve it cured. My treatment is new and scientific. It has cured men whose Varicoceles were worse than shown in the picture... I claim advancement for my New Treatment far above the common treatment used by most doctors, which rarely cures permanently.”<sup>89</sup> The Reinhardts claimed to offer a scientific treatment for a disease perhaps caused by immoral behavior.

Some regular doctors, however, claimed that varicocele was an imaginary disease. William Evans, the *Chicago Tribune*'s medical and health columnist and crusader against sexual health quackery, criticized varicocele cures. Among the other problems and falsehoods promulgated by the medical institutes, Evans wrote, “[They

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88 Master Specialist, *The Private Medical Adviser* (St. Paul: Heidelberg Medical Institute, 1900), 75-6, AC.

89 Master Specialist, *Home Private Medical Adviser in Plain Language for the Young People, the Unmarried, and the Married* (Milwaukee: Wisconsin Medical Institute, about 1900), 51, AC.

have] created a lot of diseases that have no existence--varicocele, lost manhood, etc.--  
 bogies with which to frighten”<sup>90</sup> Varicocele, said Evans, was simply an excuse for  
 institute proprietors to drum up business. In any case, the symptoms were recognizable,  
 described to patients as harmful, and treated with their arsenal of cures.

“Lost manhood,” or impotence, was also a focus of medical institute  
 advertisement and treatment. A historian of sexuality has noted that around the middle  
 of the nineteenth century, “the dominant conception of impotence shifted from  
 predominantly a problem of infertility to a problem of diminished sexual capacity,  
 while the associated construction of masculinity shifted from emphasizing male  
 reproductive duty to emphasizing male sexual self-control.”<sup>91</sup> Medical institute  
 advertising framed lost manhood as a disease of lost vigor, easily cured by taking the  
 effort to go to a medical institute for treatment.

Institute claims to sell health were couched in the language of self-help.

American scientific optimism insisted that social change could begin with personal

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90 William Evans, “Some Information about the So-Called Venereal Diseases: most of which appeared in the *Chicago Tribune*,” Chicago, 1913, 19, AC.

91 Kevin Mumford, “‘Lost Manhood’ Found: Male Sexual Impotence and Victorian Culture in the United States,” in *American Sexual Politics: Sex, Gender and Race since the Civil War*, ed. John C. Fout and Maura Shaw Tantillo (Chicago: University of Chicago Press, 1993), 79; Angus McLaren, *Impotence: A Cultural History* (Chicago: University of Chicago Press, 2007).

change, and that science could improve each person's life. However, individual initiative was required. A manly man "took matters into his own hands" to get himself well. This might mean reading a book, learning practical doctoring skills from a neighbor, or going to a druggist for a remedy. However, medical institutes showered contempt on men who tried to treat their illnesses themselves. Self-help, in medical institute rhetoric, meant assuming personal responsibility for going to the institute to see the doctor.

### ***Anatomy of an Institute: The Museum, the Clinic, and the Personnel***

Medical institutes were physically designed to showcase the scientific and cutting-edge practices of the staff, including new drugs and chemical analysis techniques, and to underscore their equivalence to mainstream medical offices. From advertising, signage, museum exhibits and waiting rooms to the pharmacy, medical institutes portrayed themselves as models of efficiency and medical excellence. Men's specialists tried to create trust through transparency. Sharing their floor plans and pictures of their institutes in pamphlets and ads, they made overt the kind of scientific service patients would receive. Additionally, the photos and plans depicted medical

institutes as upscale, with expensive furniture and well-dressed patients, lending institutes an air of respectability and high class status.

The remainder of this chapter follows our patient through a medical institute. This tour of the medical institute starts on the sidewalk, with signage, through the display windows to the museum, the reception rooms, examining rooms, doctors' offices, and operating rooms of an advertising medical institute or men's specialist offices around 1900. Along the way, we meet the various employees of the institute, including floormen, casetakers, and doctors, all dedicated to selling health to patients. Many medical institutes operated along similar principles, and their architecture is quite similar across the Midwest from about 1900-1930. Thus, this tour is of a composite of known medical institutes.

The physical setup of the popular medical institute was designed to showcase the scientific professionalism of the staff. However, the emotional space of medical institutes does provoke a double, even conflicting, effect: to entice a patient to enter and stay in the institute and to make the patient feel uneasy and unwell. To succeed in business, medical institutes needed to negotiate the tension between comfortable and uneasy. If patients were too comfortable, they might not believe they had a disease which needed treatment, and if patients were too uneasy, they would become wary of an

institute's projected medical skills. Advertising appealed to fears, insecurities, and guilt, while convincing readers of the privileged specialist knowledge that the medical institute could provide. Signage, ground-floor display windows and entrances, intriguing waxworks and their display spaces, comfortable reception rooms, operating rooms and doctors' offices all served to draw in a patient and convince the patient of the respectability and scientific status of the institute. In addition to these functions, the taboo invoked by the 'For Men Only' sign, the graphic nature of the waxworks, the solicitous and inquiring personnel, the unexplained medical apparatus in the examining rooms, and the skulls and medical paraphernalia in the doctors' offices could help convince an anxious patient that he did in fact have a disease. Thus specialists' offices simultaneously provided visual and rhetorical evidence of medical institute expertise to prospective patients.

Most institutes were located in office buildings and used abundant signage to draw attention to their location. Though many held a small suite of offices, the Central Health Service in Chicago boasted that they occupied 'the entire second floor.'<sup>92</sup> Office businesses appended to medicine shows often rented hotel rooms and refitted them as doctors' offices. Most desirable were office suites with storefront display windows and

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<sup>92</sup> "Central Health Service," 1941, Box 149, Folder 0149-05, HHF.

a ground floor entrance, which could attract clients who entered impulsively. Signage outside a building could compensate for the lack of a storefront show window for waxes, and signage on higher floors was designed to attract street car passengers.<sup>93</sup>

Though consultation by mail was guaranteed to be discreet, signage for the Heidelberg Medical Institute and other medical institutes was anything but subtle. On the office building on 151 E 5th St. at Robert Street in St. Paul, where the Reinhardts located their original institute, they affixed a large banner running around the entire second floor. The second location, on 8th and Jackson, also in downtown St. Paul, where they moved in 1908 after a fire, had similar signage.

The storefront window display, in medical institutes with ground floor entries, hosted dramatic exhibits to attract customers. The Heidelberg Institute at one point featured in its window display a wax hunter being struck by a mechanized snake. The Reinhardts' Gary institute included a wax tableau of the death of Custer, his mechanized chest rising and falling with his last breath. A more relevant display, at the Reinhardts' institute in Indianapolis, showed a nurse caring for a syphilitic baby.

Why, though, did medical institutes, ostensibly dedicated to diagnosis and treatment of patients, advertise their services with irrelevant exhibits? The

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<sup>93</sup> "Quack Diagnoses Well Man as Ill; Begins \$100 'Cure,'" *Chicago Tribune*, Nov 3, 1913, 1.

sensationalism apparent in “The Death of Custer” is an example of the medicine show and popular entertainment tactic of “ballyhoo,” that is, free entertainment to draw an audience for a pitch. Medicine show performer Violet McNeal did mind reading or tricks with a lizard before her pitch, and the medicine shows discussed by Brooks McNamara featured minstrel comedy or “Indian” dancing. McNeal observed of medical institutes that “usually the first ten feet or so of the corridor leading from the street would be lined with cages containing monkeys, snakes and birds.”<sup>94</sup>

### ***Inside the Institute***

Upon entering the medical institute itself the patient was often faced with cabinets of waxworks and a floorman to interpret them. Like the sophisticated wax cabinets of eighteenth century Italy, the waxes, with their peculiar fleshy life, provided an enticement for looking and learning. Imported from France or Germany or made by the Reinhardts’ in-house wax sculptor, a mysterious gentleman named Brouillard, the figures depicted human anatomy, mostly male and female faces, torsos, and genitals, in various stages of venereal and dermatological diseases. One darkened cupboard would light up as the visitor passed it, showing a deformed young man. The exhibit was

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<sup>94</sup> McNeal, *Four White Horses and a Brass Band*, 139; McNamara, *Step Right Up*.

headlined “Lost Manhood.” The floorman, an employee who walked the museum and talked to patients, was trained in the use of the displays and waxworks. Said a Reinhardt employee: “I was taken in hand by Flint [the Reinhardts’ doctor associate in Chicago], who gave me a thorough course of instruction in the use of the wax figures, which, he informed me, are in all of the Reinhardt institutes. I was also given the names of the diseases which the Reinhardts claim to be able to cure, together with a list of medical talk which I was to use when talking to prospective patients...”<sup>95</sup> Floormen were the first line of patient recruitment, often convincing patients to visit the on-site clinic.

Floorplans of medical institutes varied, but most had at least a museum section, a reception room, an examining room, an operating room, and a doctor’s office. Some had several of these rooms, as well as a pharmacy. Dr. Ross, in Chicago, published a floor plan to illustrate his medical institute’s architecture. Though many included museums, others were only clinics. The operations of the institute were meant to be opaque to patients, but also sufficiently transparent as to inspire confidence. The first part of the clinic section a patient would see was the reception room, usually filled with other patients. The Reinhardts’ Gary institute had a baroque system of buzzers and

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<sup>95</sup> “Quacks’ aids tell inside story of horror chambers,” *Chicago Tribune*, Oct 31, 1913, 1.

phone calls required before a patient could advance from one room to another. In most institutes, patients proceeded from the museum to the reception room to the case-taker's office to the doctor's office, and possibly to the examining room or operating room.

Case-takers, another class of employees, took a patient's medical and financial history and sometimes examined the patient. Though not physicians, case-takers might play a physician's role in the medical institute. (Institutes were legally required to have a licensed physician on staff, but this was more honored in the breach than the observance.) They might also draw out a patient while in the reception room and pass the information on to the doctor. The results of a screening by a case-taker might be passed on secretly to the physician in the next room. Doctors often advertised that they would not even need to examine patients to know what the trouble was. Though some conditions such as back problems or secondary syphilis might be obvious to an observer, information from the case-taker proved invaluable in preserving this perceived omniscience. Another kind of desired information that the case-taker might discover was the patient's income, which might help practitioners determine the fee. Case-takers asked leading questions and were sometimes unscrupulous.

Violet McNeal, a medicine show pitchwoman in the early twentieth century, described casetakers as experts in intimidation. A casetaker friend of hers set up his

office so that there would be no distractions for the patient: solid-colored wallpaper, no pictures on the walls, electric light rather than kerosene (no dancing flames), heavy drapes on the curtains. The office would hold only a chair and desk for the casetaker and a chair for the patient. "The chump's [patient's] chair was the softest, deepest upholstered chair that money could buy. That was to make the chump relax. He had to fairly wallow to get out of that chair."<sup>96</sup> McNeal described the casetaker as the key to medical institute success. "A good case taker is the keystone of the office. It is his business to scare the victim, talk of the gravity of the case, and to promise a cure...In case there is some disorder and the cure does not come as promised, the objecting patient find himself in the hands of a new case taker."<sup>97</sup> After his experience with the casetaker's intimidating discourse on secret diseases, the patient would move, finally, to the physician's office or to the treatment rooms.

The doctor's office, full of books and diplomas on the wall, and skeletons to suggest anatomical learning, exuded respectability and, if not luxury, affluence. The doctor's character was a selling point and part of the catalog of medical institute amenities. Institute proprietors acted the part of medical scientists in a performance, like the fleshy waxes in the front room, more real than real. The role of the physician in

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<sup>96</sup> McNeal, *Four White Horses and a Brass Band*, 123.

<sup>97</sup> W.A. Evans, "Some Information about the So-Called Venereal Diseases: most of which appeared in the Chicago Tribune," 1913. 19, AC.

the zealously popularized stories of scientific medicine had begun to take familiar contours, which generally drew attention to the doctor's physical body. The doctor lived in the lab, not pausing to eat, catching a little sleep on a cot set up in the corner; but he was also a real and avuncular man, modelled on physicians like the famous German medical researcher Paul Ehrlich, who smoked twenty-five cigars a day and liked a good stein of beer.<sup>98</sup> One institute claimed "...you will never have reason to regret having met the doctor. He is kind, fatherly and scientific ; he has the best fitted office; best equipped labs, and he devotes his life to afflicted men."<sup>99</sup> The physician was kind *and* scientific: the latter validated the former.

In practice, however, doctors might not act as advertised. The Reinhardt's associate Dr. Flint kept gruesome waxes in a closed cabinet in his office, and deployed them against skeptical clients. The *Chicago Tribune* reported that the *Tribune's* investigator's "aggressive skepticism led the doctor to offer to give him a Wassermann test for \$10. While the 'patient' was considering this proposition Flint 'accidentally' opened a cabinet and revealed a wax figure of a woman horribly disfigured with blood

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<sup>98</sup> Paul DeKruif, *Microbe Hunters* (New York: Harcourt, Brace, and Company, 1926): 334: "He smoked twenty-five cigars a day; he was fond of drinking a seidel of beer (publicly) with his old laboratory servant and many seidels of beer with German, English and American colleagues..."

<sup>99</sup> New York Museum of Medicine and Eugenics, *A Little Light for Men on a Dark Subject*, n.d. 6, AC.

disease.”<sup>100</sup> Medical institute physicians were, in theory at least, scientific and friendly and able to capably treat many conditions.

Other medical institute employees contributed to their scientific image and their success. Most institutes had an in-house pharmacy with a pharmacist for mixing and dispensing medicines, often the “sure cures” advertised. Offices usually also had an office manager, who might be charged with interfacing with public officials, preparing accounts, sending reports to proprietors, and training new employees. The manager often also courted patients, sent letters and bills, and eventually served as an enforcer for overdue accounts. All personnel supported the medical institute mission of attracting, retaining, and treating patients.

After a trip through the medical institute, attracted by his own concerns as well as by the Heidelberg Medical Institute’s sensational signage and window displays, our St. Paul gentleman had seen waxworks, floormen, case-takers and a physician. He had been led to question his own manly vigor but also given hope for his future treatment and success. The doctor on call, possibly Willis Reinhardt, had prescribed drugs, for which the patient would need to return for a refill in a week, or perhaps a non-surgical treatment with electricity, for which he would need to return in a week or two. In either

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<sup>100</sup> “Cure Fakers Find Disease in Well Men,” *Chicago Tribune*, Oct. 27, 1913, 2.

case, having left the Heidelberg Medical Institute, our patient would need to return. But while the patient joined the thousands of other returning customers who appreciated, or at least thought they required, the personal and confidential treatment of Reinhardt institutes, much of the money the Reinhardts earned from our patient went directly back into advertising for more patients. It was precisely the advertising nature of the men's specialist business that plunged the Reinhardts into an active struggle to redefine medicine and medical ethics.

## Chapter 2:

### **“War against the Advertising M.D.s:”**

#### **Advertisers Under Fire in Milwaukee**

In 1907, Frank Reinhardt laid down a challenge to doctors. “It is a fight now,” declared the Reinhardt institutes’ business manager to the *Milwaukee Daily News*, “of the nonadvertising doctors against the advertising doctors. Many of the former are envious of the success of some of the doctors who advertise.”<sup>101</sup> Frank’s formulation of his legal challenges as a question of advertising reflects a reframing of the early twentieth century’s active antiquackery debate. Antiquackery crusaders at the American Medical Association and elsewhere had focused their attention from a general crusade to uphold medical ethics to the key issue of controlling medical advertising. Defining expertise negatively, against practitioners like the Reinhardts, required a condemnation of certain behaviors that real doctors should not do, including advertising. In anti-quack

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<sup>101</sup> “Preyed Upon the Afflicted,” *Milwaukee Daily News*, Jan. 21, 1907, 4.

campaigns, advertising was often used as shorthand for the galaxy of problematic business practices which distinguished a quack from an expert. Regulating, and hopefully eradicating medical advertising thus could control illegitimate practitioners. This displacement of the antiquackery battle onto advertising resonates through the early twentieth-century culture of medical business.<sup>102</sup>

The fight against quackery originally had several fronts. Establishing physicians' expertise required the development and enforcement of standards of practice and professional conduct. It also required the exclusion of practitioners who did not uphold these standards. Though quackery was ill-defined, reformers had several legal and policy strategies for pursuing irregular practitioners, including the standardization of medical education and licensing and the regulation and enforcement of medical business practices, particularly advertising. These strategies put the burden of proof on the practitioner rather than on the reformer. The questionable practitioner, to prove his or her legitimacy, must have graduated from a reputable school, be licensed

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<sup>102</sup> The American Medical Association had long opposed advertising. See, for instance, Donald Konold, *A History of American Medical Ethics 1847-1912* (Madison: State Historical Society of Wisconsin, 1962); Nancy Tomes, "Merchants of Health: Medicine and Consumer Culture in the United States," 1900-1940, *Journal of American History* <http://www.historycooperative.org/journals/jah/88.2/tomes.htm>, (ret. Nov. 27, 2007); Nancy Tomes et al., *Medicine and Madison Avenue On-Line Project*, John W. Hartman Center for Sales, Advertising & Marketing History, Rare Book, Manuscript, and Special Collections Library, Duke University, Durham, North Carolina, <http://library.duke.edu/digitalcollections/mma/> (ret. April 4, 2009).

and not advertise.

In the 1900s and 1910s, the Reinhardts and other men's specialists found themselves on the opposing side of this fierce debate to define expert medical knowledge. The AMA's ethical standards included prohibitions against advertising, and twentieth century legal developments in certain states served to reinforce the ethical code. A self-regulating profession, nineteenth-century physicians had thought, could protect consumers from fraud more effectively and cheaply than a government bureaucracy. Such a profession could also maintain and nurture its own status and maintain its autonomy. The AMA's standards of medical practice and conduct, on paper at least, remained remarkably consistent from the beginnings of the AMA in the 1840s to the early 20th century. What changed was the rate at which these standards were observed and the ability of the AMA to enforce them. Essential was the backing of reform-minded business leaders, progressive politicians, and journalists. Around the turn of the century the AMA gained political allies concerned about the state of medicine to argue that government regulation of medical business, on the terms earlier proposed by the AMA, could solve the problems of quackery.

The restriction of medical advertising was a useful and visible battleground in the fight to define medical expertise: any effects could be seen daily in the newspapers.

This fight involved many different stakeholders. The Reinhardts and other medical advertisers, Dr. Arthur Cramp at the AMA, the Wisconsin State Board of Medical Examiners' attorney A. C. Umbreit, the physicians of the Milwaukee Medical Society, Wisconsin legislators and Milwaukee newspaper editors all had something at stake in the fight over the Reinhardt institutes and advertising in Milwaukee. The unstable and contested status of medical advertising allowed regular doctors to label the Reinhardts as quacks but made it difficult to pass and enforce legislation against not just their claims, but their advertising itself. Frank Reinhardt was correct in saying that his opponents were opponents of advertising. This displacement of the fight against quackery to the fight against medical advertising was useful in getting laws passed, but was not ultimately effective in prosecuting irregular practitioners.

This chapter argues that, in the case of the Reinhardts' prosecution by the state of Wisconsin in the 1900s and 1910s, advertising was staked out as a proving ground for medical legitimacy and expertise. The Reinhardts' legal travails frame an exploration of the political and medical context of turn-of-the-century Milwaukee, a discussion of the crisis of medical legitimacy and the question of advertising told from the point of view of both opponents and advocates. The Reinhardts' story exemplifies the response of regular doctors to advertising doctors. Increasingly, "illegitimate

practitioners” and “doctors who advertise” became elided.

### ***A Healthy City***

Milwaukee, with its history of medical sectarianism and growing progressive movement, served as a dynamic setting for the debate around advertising. Early twentieth-century Milwaukee was in some ways similar to St. Paul, a Wild West town run by party bosses. Vice and corruption flourished in turn-of-the-century Milwaukee, but a reformist impulse, promoted by Progressives and a growing number of Socialists, became dominant in local politics by 1912. Milwaukee’s political cleanup was further spurred by a progressive ideology that called for government regulation of businesses for the protection of the public. Progressivism, a middle class movement influential from around 1880-1930, can be characterized by its reformist zeal, its reliance on scientific expertise, and its insistence on the need for government regulation to protect the public --not only from corporate malfeasance, but also from itself. Experts could protect citizens seen as unable to protect themselves.<sup>103</sup>

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<sup>103</sup> On the Progressive Era, see, for instance, Rebecca Edwards, *New Spirits: Americans in the Gilded Age, 1865-1905* (New York: Oxford University Press, 2005); T.J. Jackson Lears, *No Place of Grace: Antimodernism and the Transformation of American Culture, 1880-1920*

David Rose, mayor from 1898 to 1910, exemplifies the spirit of turn-of-the-century Milwaukee. “All-the-time-Rosy” promoted Milwaukee as a “wide open city,” where lucrative vice could flourish as much as was good for business, drawing tourists and customers up from Chicago. He allegedly accepted payoffs from businesses in the red light district on River Street, where the famous madam Kitty Matthews held court. The *Sporting and Club House Guide to Milwaukee* was available for fifty cents and offered listings of “the best and most reliable places where one can go in perfect safety.”<sup>104</sup>

Progressive reformers challenged Rose’s corruption and supported legislators and administrators who would enforce higher moral standards of behavior, working together to promote what Bayard Still calls a “municipal conscience.”<sup>105</sup> Francis E. McGovern, the Milwaukee district attorney, appointed in 1901, sarcastically called Rose “the self-elected, self-appointed attorney general of crime in this community.”<sup>106</sup> McGovern was a progressive Republican, associated with Robert “Fighting Bob”

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(University of Chicago Press, 1994); Michael McGerr, *A Fierce Discontent: The Rise and Fall of the Progressive Movement In America, 1870-1920* (New York: Simon and Schuster, 2003); Robert H. Weibe, *The Search for Order, 1877-1920* (New York: Macmillan, 1967).

<sup>104</sup> John D. Buenker, *The History of Wisconsin: Volume IV: The Progressive Era, 1893-1914* (Madison: State Historical Society of Wisconsin, 1998), 147.

<sup>105</sup> Bayard Still, *Milwaukee: The History of a City* (Madison: State Historical Society of Wisconsin, 1948), 356.

<sup>106</sup> John Gurda, *The Making of Milwaukee* (Milwaukee: Milwaukee County Historical Society, 1999), 202.

LaFollette, the progressive reformer elected Wisconsin governor in 1900 and United States Senator in 1906. By 1905, McGovern's office had brought 276 indictments against 83 individuals in Rose's administration. Milwaukee Socialists, running on a progressive platform, gained the mayor's office in 1912. A coalition of LaFollette Republicans joined with the Socialists to clean up the city. They closed down River Street, renaming it Edison Street to signify scientific progress. Milwaukee's public image was renegotiated through municipal policing, litigation and development. The wide open city was becoming a clean city.

Milwaukeans had long been interested in having a clean city, both literally and metaphorically. The Milwaukee Board of Health was founded in 1867, and its efforts during periodic smallpox outbreaks was quite effective under crusading reformer Orlando Wight, Health Commissioner from 1878-1881, and others. Judith Waltzer Leavitt's *The Healthiest City* provides an overview of Milwaukee's progressive public health efforts regarding infectious diseases (smallpox), sanitation (garbage), and food control (milk).<sup>107</sup>

Milwaukee public health efforts did not focus on venereal disease (VD)

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<sup>107</sup> Judith Walzer Leavitt, *The Healthiest City: Milwaukee and the Politics of Health Reform* (Princeton, 1982). See also Ronald Numbers and Judith Waltzer Leavitt, eds. *Wisconsin Medicine: Historical Perspectives* (Madison: University of Wisconsin Press, 1981). On other "clean cities," see Daniel Eli Burnstein, *Next to Godliness: Confronting Dirt and Despair in Progressive-era New York City* (Urbana: University of Illinois Press, 2006.)

prevention until World War I, when the Socialists closed down River Street. As was the case elsewhere, prostitution was targeted as the locus at which to stop VD.<sup>108</sup> In 1908, however, the year the Reinhardts were prosecuted, the control of sexually transmitted infections was not yet the focus of Milwaukee public health reformers, governmental or citizen-based, nor of local physicians. Cleanliness efforts around medical institutes involved attacking business fraud, not sexuality. The fight for medical expertise had not yet joined the fight against VD.

The Reinhardt brothers were a very visible target for anti-quack clean-up efforts. Since 1901, when they expanded their successful chain of Midwest medical institutes to Milwaukee, they had been major advertisers in the Milwaukee newspapers and in pamphlet publishing. They were also a visible presence in downtown Milwaukee. They ran a classic advertising medical institute, with a storefront museum and office clinic. Though their first Milwaukee institute, where the twins practiced under the name of “The Leipsig Doctors,” was short-lived, in 1903 the Reinhardts had reorganized their business to incorporate two new establishments, the Wisconsin Medical Institute (WMI) and the Master Specialist, a publisher, both of which offered advice and treatment for men’s and chronic diseases. The WMI was located on the fifth floor of the Alhambra

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<sup>108</sup> See Allan M. Brandt, *No Magic Bullet: A Social History of Venereal Disease in the United States Since 1880* (New York: Oxford University Press, 1985).

Building on the corner of 4th St. and Grand Ave and later at 710 N Plankinton Ave, Both locations were in downtown Milwaukee, just west of the Milwaukee River, a business and shipping center near Union Station.

The Reinhardts clearly did a flourishing business in the treatment of men's diseases. In what was probably a typical year, 1906, the Wisconsin Medical Institute saw 485 patients, men of all ages primarily from Milwaukee, rural Wisconsin, and neighboring areas, and took in \$34,000.<sup>109</sup> This includes consulting and examination fees, medication and procedure fees, and publishing income for the Master Specialist publishing company. It is unclear how much of the income total was profit, and how much was reinvested in advertising and franchise-building, but they earned enough for the Reinhardts to live in style, including Willis' house in Chicago and Wallace's house on Summit Hill in St. Paul.

The Reinhardts used the Master Specialist name and figure as their public face. He was the Reinhardts' composite ideal doctor figure. Both Willis and Wallace Reinhardt seem to have practiced at the WMI, though their names did not appear in advertising materials; more often, ads urged patients to see "The Master Specialist."

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<sup>109</sup> 1906; Arthur Cramp, *Nostrums and Quackery*, v 1 (Chicago: AMA, 1912). Though \$60 per person seems like a large sum for working class patients to pay, these sums were generally paid in installments.

The image of the Master Specialist, a kindly man in a Vandyke beard wearing a long frock coat, promoted both the WMI and The Master Specialist publishing business. The Milwaukee version of Reinhardt's book, *The Private Home Medical Adviser*, which contained 200 pages of information on such topics as venereal diseases, masturbation and marriage, was liberally interspersed with testimonials to the skill of the Master Specialist (pictured in the frontispiece) and the other specialists of the Wisconsin Medical Institute. In one of the book's many editions, its authorship was credited to the Master Specialist.<sup>110</sup> The Master Specialist, the publishing arm of the Reinhardt business, printed *The Private Home Medical Adviser*, almanacs, and other pamphlets by the thousands. As a legal fiction, the name of a business and the WMI's figurehead, he was extremely useful, allowing the Reinhardts to remove their own names from advertising that might be scrutinized by quackery foes. In any case, the Master Specialist was certainly not a real person.

In Milwaukee, the Reinhardts had joined a lively, thriving medical culture. By 1908, physicians in Milwaukee had been organized for half a century. The Milwaukee County Medical Society, founded in 1846, had adopted a standard fee bill in 1868, with

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<sup>110</sup> Master Specialist, *Home Private Medical Adviser in Plain Language for the Young People, the Unmarried, and the Married* (Milwaukee: Wisconsin Medical Institute, ca. 1900), MKE.

prices negotiated among local physicians to prevent price wars.<sup>111</sup> The standard fee bill helped minimize local competition and thus the need to advertise.

Sectarian medicine had a long history in Milwaukee. Local medical ranks were swelled by German-trained homeopathic doctors who immigrated in the middle of the nineteenth century. The mutual tolerance of homeopathic and regular physicians in Milwaukee helps account for local accommodation of sectarian medicine. Some of Milwaukee's most prominent physicians, including one Commissioner of Health, were homeopaths. Homeopathic physicians remained respectable in Milwaukee even though the American Medical Association forbid consultation with sectarian practitioners. Milwaukee physicians were sympathetic to other medical sects as well. In 1907, the *Milwaukee Medical Journal* published an editorial on Christian Science, calling Mary Baker Eddy's controversial religious medical system not ridiculous quackery but an expression of revolt against the failures of regular doctors.<sup>112</sup> Thus Milwaukee physicians had shown themselves sympathetic to alternative practitioners and unwilling to be led by the AMA. This would become important when national organizations urged action against the Reinhardts.

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<sup>111</sup> Louis Frederick Frank, *The Medical History of Milwaukee: 1834-1914* (Milwaukee: Germania Printing Company, 1915), 122-3.

<sup>112</sup> "Christian Science an Expression of Revolt," *Milwaukee Medical Journal* 15, 7 (July 1907).

### ***Medical Business and the Ethics of Advertising***

The Reinhardts encountered opposition to their institutes on two fronts: medical education and business practices, particularly advertising. Both had been controversial issues when the AMA was founded and continued to provoke debate. I will briefly discuss the first, and then devote the rest of the chapter to the role of advertising in establishing boundaries between legitimate and illegitimate practitioners.

Medical education played a role in the definition and enforcement of standards of legitimate practice. By the early twentieth century physician training had reached a crisis point. There were more medical schools than ever, and some of these schools were little more than diploma mills. The entrance requirements for some were simply the course fees. Thus, medical schools were producing many poorly trained practitioners.<sup>113</sup> The tight medical marketplace threw advertising ethics into question for some practitioners. Fierce competition due to the proliferation of physicians, in turn connected to the expanding number of medical schools, had made medicine a poorly-paid profession for most. Competition for patients was intense. As in other eras, to distinguish oneself from other doctors, one might advertise or begin to treat diseases

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<sup>113</sup> Paul Starr, *The Social Transformation of American Medicine* (New York: Basic, 1982), 43-44, 112-118.

others would not.<sup>114</sup> The Flexner Report of 1910, though officially sponsored by the Carnegie Foundation, was the AMA's sally in the medical education arm of regulation. The report identified questionable, weak or fraudulent medical schools and made recommendations for the restructuring of American medical education. Among other recommendations, Flexner also argued that medical schools needed to have laboratory facilities to be up-to-date in the new scientific medicine. Though the Flexner Report is often given credit for the quick closure of many of the weaker medical schools, the overproduction of physicians was leading to a collapse in the medical school market in any case.<sup>115</sup>

Besides education, advertising was an important locus for medical boundary-setting. The key problems around medical advertising regarded *whether or not* medicine was a business and *what kind* of business it should be. The AMA argued that medicine was a profession, not a business. By the late 19th century, scientific disciplines had emerged, some of them in medical fields, and physicians negotiated the awkward boundaries that increasingly seemed to divide researchers from service-on-

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<sup>114</sup> On a 'regular' advertising doctor, see D Neuhauser, "Advertising, Ethics and the Competitive Practice of Medicine: Charles Elton Blanchard MD," *Quality and Safety in Health Care* 15 (2006), 74-5; also see Harold J. Cook, *Trials of an Ordinary Doctor: Johannes Groenevelt in Seventeenth-Century London* (Baltimore: Johns Hopkins University Press, 1994) and *Matters of Exchange: Commerce, Medicine and Science in the Dutch Golden Age* (New Haven: Yale University Press, 2008).

<sup>115</sup> Starr, *Social Transformation*, 118-121.

demand caregivers. The question remained: what did it mean to be in a profession rather than a business?<sup>116</sup> The Reinhardtts and other men's specialists always referred to themselves as businessmen and argued that if they must be regulated, they should be regulated as other businesses.

Whether medicine was a business or a self-regulating profession was the key but sometimes unstated assumption for various stakeholders in fights against quack advertising. Progressive reformers, who wanted to protect the public from unscrupulous businessmen, sought primarily to regulate medical advertising, not eliminate it, thus treating medicine as a business. The contemporary reconceptualization of America as a nation of consumers had helped set priorities for policing advertising, including guaranteeing consumer protection and developing and enforcing business standards for practitioners.<sup>117</sup> Thus Progressive era reformers' goals were often more modest than

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<sup>116</sup>See, for instance, Toby Appel, "Organizing Biology: The American Society of Naturalists and its 'Affiliated Societies,'" 1883-1923, in Ronald Rainger, Keith R. Benson, and Jane Maienschein, eds., *The American Development of Biology* (Philadelphia: University of Pennsylvania Press, 1988), pp. 87-120; Burton J. Bledstein, *The Culture of Professionalism: The Middle Class and the Development of Higher Education in America* (Norton: New York, 1976).

<sup>117</sup>On advertising in the Progressive Era, see Pamela Walker Laird, *Advertising Progress: American Business and the Rise of Consumer Marketing* (Johns Hopkins, 2001); T.J. Jackson Lears, *Fables of Abundance: A Cultural History of Advertising in America* (New York: Basic, 1994); James D. Norris, *Advertising and the Transformation of American Society, 1865-1920* (New York: Greenwood, 1990); and Susan Strasser, *Satisfaction Guaranteed: The Making of the American Mass Market* (New York: Pantheon, 1989).

those of the American Medical Association, who sought to eradicate medical advertising altogether as part of the maintenance of professional standards.

The American Medical Association had developed a code of ethics as part of their founding documents in 1847. The Code was short but comprehensive, covering all the behaviors physicians should avoid in order to raise not only their own status, but also the status of the profession. Breaking the Code originally had few repercussions: if physicians did not follow the Code, they risked only losing their AMA membership. In the nineteenth century, this was not an extremely significant punishment, but it began to take on more significance as the AMA grew in power and influence in the twentieth. The AMA began to develop political allies on a state-by-state basis who made some of the practices forbidden in the Code actually illegal and subject to more tangible punishments, such as fines, jail time, or license revocation. By insisting that physicians adhere to ethics codes, now enforceable by law, the AMA could establish clear progressive boundaries between ethical and unethical practitioners. By setting down good reasons not to advertise and new punishments for advertising, they also helped to elide quackery and advertising.<sup>118</sup>

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<sup>118</sup> Robert Baker, Arthur Caplan, Linda Emanuel, and Stephen Latham, eds., *The American Medical Ethics Revolution: How the AMA's Code of Ethics Has Transformed Physicians' Relationships to Patients, Professionals, and Society* (Johns Hopkins University Press, 1999).

The 1847 Code prohibited medical institute business in three ways: it prohibited advertising itself, advertising to cure specific diseases, and advertising low-cost services. It framed the matter of advertising as a question of professional status, that is, that advertising distinguished a business from a profession: “It is derogatory to the dignity of the profession to resort to public advertisements, or private cards, or handbills... or to publish cases and operations in the daily prints, or suffer such publications to be made...”<sup>119</sup> Not only did advertising hurt the reputation of a particular practitioner, but the dignity of the entire upwardly mobile profession would be damaged by advertising. Who advertised in the daily papers? Sellers of furniture, dry goods, fashions, patent medicines. Doctors, if they were businessmen, were a different kind of businessmen from merchants. If medicine was a business, which was still a question, it was a high-class, word-of-mouth business. Any kind of advertising material was proscribed in the Code, even discreet advertising on cards.

Medical specialties were also suspect. Specifically prohibited in the Code was seeking “the attention of individuals affected with particular diseases.”<sup>120</sup> This was an indirect reference to those offering treatment for sexual health. Men’s specialists,

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<sup>119</sup> *AMA Code of Ethics Of the Duties of Physicians to Each Other, and to the Profession at Large*, Art I, Para 4, p. 33, 1847.

<sup>120</sup> *AMA Code of Ethics Of the Duties of Physicians to Each Other, and to the Profession at Large*, Art I, Para 4, 33.

midwives and others specializing in women's diseases (including those advertising treatments for "cessation of menses" and other code words for abortion), were the major class of practitioners the AMA's language describes. By the late nineteenth century professional specialties such as neurology proliferated, but the distinction between advertising men's specialists and these other specialists was clear: legitimate and professional neurologists did not advertise.<sup>121</sup>

Advertising low-cost medical services was also proscribed in the code. The usual language of free or low-cost medicine, "publicly offering advice and medicine to the poor gratis," was decried, as well as "promising radical cures" and "to boast of cures and remedies."<sup>122</sup> Neither AMA members nor irregular physicians had a sure, swift, uncomplicated cure for most diseases, so for the AMA, 'boasting' was the real problem. If no practitioner could cure gonorrhea, then legitimate physicians should not advertise that they could.

Advertising strategies involving identified specialties, sure cures, and free advice "are the ordinary practices of empirics, and are highly reprehensible in a regular

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<sup>121</sup> See George Weisz, *Divide and Conquer: A Comparative History of Medical Specialization* (New York: Oxford University Press, 2005).

<sup>122</sup> *AMA Code of Ethics Of the Duties of Physicians to Each Other, and to the Profession at Large*, Art I, Para 4, 33.

physician,” said the AMA Code.<sup>123</sup> Advertisements, suggested the early AMA, were not unethical in themselves, but their association with “empirics,” untrained practitioners or quacks whose advice was highly suspect, undermined more circumspect regular doctors. Advertisements, the tools of a quack, might push an honest practitioner to offer more than he might deliver, and certainly would not help professionalize American medicine. These issues remained vital when in the twentieth century, the AMA’s ‘quack-killer,’ Arthur Cramp, took up the fight against men’s specialists.

### ***Dr. Cramp and the AMA’s Bureau of Investigation***

For Arthur Cramp, the “sharp-tongued, ruthless quack-killer and nostrum-chaser for the A. M. A,”<sup>124</sup> quackery was a moral, life or death issue. Born in 1872 in England, he immigrated to the Midwest in his youth, attended school in Missouri and married a Missouri woman. After teaching science in secondary schools in Missouri and Wisconsin, he worked in the chemistry department at the Wisconsin College of Physicians and Surgeons in Milwaukee, where he received his MD in 1906. He became an anti-quack activist when his young daughter died after the ministrations of an irregular

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<sup>123</sup> *AMA Code of Ethics Of the Duties of Physicians to Each Other, and to the Profession at Large*, Art I, Para 4,33. my italics.

<sup>124</sup> “In Washington,” *Time Magazine*, May 30, 1927, 2.

doctor failed to save her.<sup>125</sup> He directed the AMA's investigative bodies from 1906 until 1935.

Before Cramp, the AMA had not systematically investigated quacks or nostrums. In the late nineteenth century, the AMA had formed its Council on Pharmacy and Chemistry, which specifically investigated only "ethical proprietaries," drugs whose formulas were owned by companies but were marketed only to physicians. When Arthur Cramp came to the AMA in 1906, he became the first director of the Propaganda Department, so named because it published the annual *Propaganda for Reform*, which focused on patent medicines and home remedies marketed to the public. His Propaganda Department, later called the Bureau of Investigation, investigated patent medicines, manufacturers, practitioners and institutes, and provided research assistance to prosecutors, legislators and physicians across the U.S. The Department had its own lab to test medicaments and an active publications program.

The AMA's new emphasis on nostrums coincided with the reform agitation that led to the Pure Food and Drug Act. In 1905, Samuel Hopkins Adams published "The Great American Fraud," a series of articles in *Colliers* exposing patent medicine fraud,

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<sup>125</sup>James Harvey Young, *The Medical Messiahs: A Social History of Health Quackery in Twentieth-Century America*, <http://www.quackwatch.com/13Hx/MM/07.html> (ret. Nov. 27, 2007).

or what the AMA called the nostrum evil. This series and Upton Sinclair's 1905 book *The Jungle* helped galvanize opinion to secure the passage of the 1906 Federal Pure Food and Drug Act, regulating those consumer goods and protecting consumers from dangerous additives and processes.<sup>126</sup> The Pure Food and Drug Act of 1906 also worked on an assumption that the public were consumers who, at bedrock, were empowered to make choices on products. The new law only required patent medicine manufacturers to declare if a patent medicine contained one of twelve harmful substances (including alcohol, opium, and morphine). Not until the Sherley Amendment in 1912 did it become illegal to advertise your nostrum as a "miracle cure," and even the Sherley Amendment was often challenged.<sup>127</sup>

This distinction between ethical and unethical patent medicines remained unclear. The original distinction had rested on the kinds of advertising the nostrum maker used: physician-only advertising was acceptable, direct-to-consumer advertising smacked of quackery. Physicians had the knowledge and skepticism necessary to evaluate patent medicine claims, but consumers did not. By 1912, however, Cramp maintained that "in many cases there is no clear line of demarcation between what are

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<sup>126</sup> Samuel Hopkins Adams, *The Great American Fraud* (Chicago: AMA, 1906); Upton Sinclair, *The Jungle* (New York: Doubleday, 1906). Also see Young, *The Toadstool Millionaires* for more information on the passage of the Pure Food and Drug Act.

<sup>127</sup> Young, *The Medical Messiahs*, <http://www.quackwatch.com/13Hx/MM/03.html> (ret. Nov 27, 2007).

commonly known as ‘patent medicines’ and the ‘ethical proprietaries.’ As has been shown time and time again, it is not unusual for the first to be exploited only to the medical profession--as an ‘ethical proprietary.’”<sup>128</sup> Besides the *Colliers* and Pure Food and Drug Act furor, Cramp’s assertion helps explain why the AMA began exposing nostrums in the pages of its *Journal*, in its pamphlets and in its popular volumes of *Nostrums and Quackery*. AMA publications listed the ingredients of medications and spoke to the efficacy of each. The issue of drug advertising, like specialist advertising, provoked controversy and would not be partially settled until a federal body was set up to evaluate medicines.<sup>129</sup>

Beyond nostrums, Dr. Cramp was dedicated to eliminating quackery in all its forms from American medicine. In 1910, as Cramp’s interests broadened, the Propaganda Department became the Bureau of Investigation. The Bureau’s mission was expanded to focus on quack fraud as well as nostrums. Though Cramp himself had a clear sense of who was a legitimate practitioner and who was a quack, he admitted that in practice the grey area between the two was unmapped, observing, “Neither is there a clear-cut distinction between those members of the medical profession who

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<sup>128</sup> Arthur Cramp, *Nostrums and Quackery Vol 1*, 2nd ed. (Chicago: AMA, 1912) , 7.

<sup>129</sup> The Bureau of Chemistry, later the Food and Drug Administration.

belong in the twilight zone of professionalism and the common advertising quack.”<sup>130</sup>

In his offices in Chicago, Cramp collected newspaper advertisements and pamphlets sent by physicians and observers from across the country. Thus, for Cramp, advertising was the physical representation of quackery. He also carried on extensive correspondence, mostly related to inquiries as to whether or not a specific doctor or business represented quackery.<sup>131</sup> He produced pamphlets and books describing examples of quackery, as well as, from 1925 on, a monthly magazine, *Hygeia*.

Men’s specialists were a particular focus of the Bureau of Investigation’s work because of their extensive advertising. This made information on them easier to collect and raised awareness of their businesses. “Advertising medical institute” was the phrase used to denote the men’s specialists by institute practitioners themselves as well as antiquackery opponents. Arthur Cramp categorized businesses such as the Reinhardt’s as “advertising specialists,” defining them by their business practices more than their medical specialties, and suggesting that, in fact, advertising was their specialty.

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<sup>130</sup> Arthur J. Cramp, “The Bureau of Investigation of the American Medical Association,” *The American Journal of Police Science* 2, 4 (1931), 288.

<sup>131</sup> Cramp’s collection forms the basis for the excellent Historic Health Fraud collection at the Archives of the American Medical Association in Chicago.

The use of advertising, for Cramp, became a litmus test for quackery. Cramp also articulated a class-based connection between advertising and quackery. He told a correspondent that “we cannot...recommend any physician who advertises his services in much the same manner as a merchant would advertise his wares.”<sup>132</sup>

He elaborated on this seemingly tautological connection between advertising and quackery:

It may be said in general that any physician who advertises is a quack-- not that he is a quack because he advertises, but that he advertises because he is a quack. If any one of these advertising physicians, who make such extravagant curative claims, actually possessed any exceptional skill, he would not need to advertise; the public would throng his doors and the medical profession itself would send countless patients to him. The quack’s advertising is in itself a confession that he cannot secure his practice in the legitimate manner of the profession, and must cry his wares--and untruthfully at that--in the public print...”<sup>133</sup>

This explanation was a question of reputation: any physician with the remarkable

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<sup>132</sup> Arthur Cramp to James W. Sanders, Chatsworth, IL, Feb. 6, 1948. Box 207, Folder 0207-04, HHF.

<sup>133</sup> Arthur Cramp to L. C. Thoeming Jr., Apr. 25, 1925, Box 205, Folder 0205-06, HHF.

abilities proclaimed by advertising doctors should have a reputation that would negate the need to advertise. It was a question of class as well. If a physician had extraordinary abilities, this would soon be known by the right people; and such physicians would get into the newspapers through the action of journalists, not paid ads. No one could buy the kind of advertising that a good reputation brings. Dr. Cramp assumed that any physician who needed to advertise was neither a skilled practitioner nor a legitimate one.

### ***Fighting Medical Advertising on the State Level***

In Wisconsin in the 1900s, the Reinhardts and their colleagues were a major target of both rhetorical and legal campaigns as extensions of national anti-quack movements spearheaded by Cramp and the AMA. Legislation passed in the teens eventually gave opponents the necessary ammunition to prosecute the Reinhardts and their colleagues. When medical advertising came under attack, however, the first sally was rhetorical. Men's specialist ads were specifically targeted for their 'graphic' nature, meaning that the ads were too explicit in their discussion (or even mention) of venereal diseases. In 1903, for example, the *Wisconsin Medical Journal* editors urged county medical societies to take a stand on this issue, asserting that any physician who

advertised was unethical. They especially denounced:

“...the filthy “manhood restored” columns of our daily press, illustrated in a manner to bring the blush of shame to every cheek, couched in terms that appeal to the lascivious element of developing youth, and detailing as afflictions certain conditions that are normal--and all this merely to exact tribute from those innocent enough to put credence in these foul and lying statements. This is an evil that is so obtrusive as to force its presence upon every reader of their daily papers, and is roundly condemned by every one--save the publishers.”<sup>134</sup>

This condemnation of medical ads indicates the strong feelings of the leaders of Wisconsin’s regular physicians against men’s specialist advertising that disseminated misinformation about sexual health. Such ads were identified by reformers and authorities as obscene, and could be prosecuted under the Comstock laws of the 1870s that prohibited obscene material from circulating in the mails.

Legislators, the state medical society members and Cramp’s colleagues in the AMA were unsure whether penalizing physicians or fining the newspapers where they advertised would be the most effective way to remove obscene ads. So, state by state, legislation differed. A 1903 Michigan law emphasized physicians. It prohibited

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<sup>134</sup> “A Remedy for an Evil,” *Wisconsin Medical Journal*, 2(10): 632.

obscene advertising in newspapers and allowed its State Medical Board to revoke the medical license of any physician convicted of doing so. An Iowa law of the same year recommended fines for newspapers convicted of printing obscene ads.<sup>135</sup>

Wisconsin legislators decided to emulate Michigan and penalize physicians. In 1905 the Wisconsin legislature introduced a bill, similar to the Michigan law, which would give the Wisconsin Board of Medical Examiners the power to revoke the license of any physician guilty of immoral, dishonorable, or unprofessional conduct. It explicitly banned a physician from “advertising in any newspaper, pamphlet, or any other written or printed paper or document, the curing of venereal diseases, the restoration of ‘lost manhood,’ or of any medicine, or any means whereby the monthly periods of women can be regulated or the menses reestablished, if suppressed, or being employed by or in the service of any person, corporation or firm so advertising.”<sup>136</sup>

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<sup>135</sup> “A Law against ‘Nasty Advertising’ in Michigan,” *JAMA*, July 4, 1903, <http://jama.ama-assn.org/cgi/content/full/290/1/132> (ret. Nov. 27, 2007); H. P. Hutchins, “Characteristics and Constitutionality of Medical Legislation,” *Michigan Law Review* 7 (Feb. 1909): 295-317.

<sup>136</sup> “Bills Now Before the Legislature Affecting the Practice of Medicine in Wisconsin.” *Wisconsin Medical Journal* 3 (March 1905): 586. This connection between advertising for VD and “lost manhood” treatments on the one hand, and contraception and abortifacients on the other, is very interesting. Treatments for perceived sexual misconduct for both men and women were to be banned in the Wisconsin law. Though the Reinhardt institutes were generally “for men only,” they advertised that they would treat women for leucorrhoea, VD, cancer and sterility, but contraception and abortion were out of the question. The Reinhardts’ book *The Private Home Medical Adviser*, by The Master Specialist, provides diagrams of pelvic anatomy, and graphically discusses the course of various diseases, but takes a very strong moral stance against contraception: even *coitus interruptus* is described as detestable, criminal and pernicious. The federal Comstock Laws prohibited discussion of contraception to be disseminated through the mails, so even if the Reinhardts did give contraceptive information,

When this Wisconsin advertising law was eventually passed, however, it gave the courts, rather than the Board of Medical Examiners, the power to revoke medical licenses. This decision to have the courts decide was a defeat for anti-quack crusaders, because it meant costly, time-consuming litigation. Advertising physicians had time, money and excellent legal help; a drawn-out court case was not a great disincentive to advertise. Even when a case was successfully prosecuted, for practitioners found guilty of violating these laws, the punishment was merely a fine. Men's specialists had deep pockets.<sup>137</sup>

Though Wisconsin state authorities and the AMA had forged a consensus that advertising men's specialists like the Reinhardts were quacks, the usefulness of antiquack battles was not obvious to all physicians. Despite the new law, the Milwaukee County Medical Society remained unwilling to implement sanctions recommended by state and national organizations. In 1905, for example, the editors of the *Milwaukee Medical Journal* published a series of editorials supporting its right to print patent medicine advertisements, despite the recommendations of the Wisconsin Medical Association and the AMA. In fact, physician testimonials for patent medicines

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they could not discuss it in their printed materials. Though the Wisconsin law condemned advertisements for both VD cures and contraception and abortion, the Reinhardts concentrated their business on treating men's diseases.

<sup>137</sup> Arthur Cramp, "Medical Institutes," Box 207, Folder 207-01, HHF.

continued to run in its pages into the 1910s.

The Milwaukee County Medical Society was not interested in going after quacks, despite the legal actions of the AMA. The physicians of the Milwaukee County Medical Society did not fully subscribe to progressive ideals of regulation for the good and protection of the public with regard to medical quackery. Dr. Cramp asserted that given “the fraud, the greed, and the danger that are inseparable from ‘patent medicine’ exploitation and quackery that the reader must perforce be protected in no small degree from this widespread evil,”<sup>138</sup> and the Wisconsin Medical Society suggested that “as is usually the case the people must be protected against themselves.”<sup>139</sup> However, the actions of the MCMS and the editorials and letters printed in its journal suggest that local medical societies had other priorities.

With local Milwaukee physicians promoting a hands-off policy around quackery, the responsibility for prosecuting the Reinhardts and other local advertisers, then, if it was to occur, fell on the state medical board. The Wisconsin Board of Medical Examiners received no money directly from the state at all, relying on licensure fees for its operation.<sup>140</sup> Using this resource, the Board carried out an extended

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<sup>138</sup> Arthur Cramp, *Nostrums and Quackery Vol. 1*, 2nd ed. (Chicago: AMA, 1912), 8.

<sup>139</sup> “Bills Now Before the Legislature Affecting the Practice of Medicine in Wisconsin,” *Wisconsin Medical Journal*, 3, 10, March 1905: 587.

<sup>140</sup> A.C. Umbreit to AMA, Feb. 5, 1912, Box 207, Folder 0207-01, HHF. (This was a

prosecution of the Reinhardts under the direction of its attorney, A.C. Umbreit. The Reinhardts were charged with conspiracy to defraud the public. The State Board asserted that the Reinhardts impersonated doctors (in the case of Frank Reinhardt) and claimed they could cure sexual diseases which they could not. These allegedly false promises were promulgated through newspaper and pamphlet advertising and were explicitly prohibited in the 1905 law.

The prosecution of the Reinhardts and their Milwaukee institute on civil and criminal charges became complicated very quickly. Umbreit, after interviewing disgruntled Reinhardt clients who claimed to have been bilked of their money and gathering Reinhardt correspondence, asked the state attorney-general to file a civil action against both the Reinhardt's Wisconsin Medical Institute and the Master Specialist. The Board did so in December 1906, ordering the Reinhardts to cease their businesses. Criminal proceedings also began against the Reinhardt brothers themselves and their news agent A. J. Wilson on charges of conspiracy to defraud the public.

When the Reinhardts heard of the civil action, everyone remotely connected with the two corporations, including the three brothers, their families (who sat on the board of their corporations) and all of their associates, immediately left Milwaukee for St. Paul,

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disincentive for credentialing reform).

at that time a haven for criminals because the police were notoriously corrupt. When ready to do so and to set the stage for claiming persecution as an advertising doctor, Frank returned to Milwaukee on January 19, 1907, where he was arrested.

***“We are a bunch of live-wires”: Advocating for the Advertisers***

Despite progressive opposition, advertising physicians organized to defend, rhetorically as well as legally, their right to promote their businesses. The Reinhardts and other institute proprietors characterized antiquackery forces as disgruntled business competitors. When the *Milwaukee Daily News* interviewed Frank Reinhardt before his 1907 arrest, he claimed that the purpose of the court cases the Wisconsin Board of Medical Examiners had brought against his family was to muster support for further state anti-advertising legislation. This prosecution was “merely a continuation of the fight which the nonadvertising medical fraternity began...against doctors who advertise but are as well skilled as they are.” Where the AMA and Dr. Cramp suggested that doctors advertised because they were unskilled and unscrupulous, Frank Reinhardt argued for the equivalence of the medical and ethical credentials of advertising and nonadvertising doctors. “It is a fight now of the nonadvertising doctors against the advertising doctors. Many of the former are envious of the success of some of the

doctors who advertise.”

Both newspaper editors and men’s specialists themselves advocated for the rights of “the doctors who advertise.” Advertisers, some of whom were specialists in treating various diseases, some of whom had offices, and some of whom ran their businesses entirely by correspondence, banded together around their common business practice. When Dr. Cramp discussed men’s specialist and others as “advertising medical specialists,” he was making a point about advertising as a speciality but was also simply following the advertisers’ own characterization of their businesses and interests. Their advertising was the common thread.

Newspapers were key allies of medical advertisers. Since many newspapers, even in the large cities, made much of their advertising money from the medical business, government regulation of medical ads was unpopular with publishers. The infamous “red clauses” of patent medicine advertising contracts, noting that contracts would be voided if the newspaper’s state passed a law against patent medicine advertising, also tied newspapers to medical advertisers. Many midwestern newspapers opposed laws limiting medical advertising on the grounds of First Amendment freedom of the press. Early twentieth-century newspaper editors expressed their support, or at least indifference, to advertisers’ ethics in comparison to their right to advertise. The

*Milwaukee Sentinel* suggested that “as a companion bill to the one forbidding certain specialists in medical practice to advertise it might be well to introduce one prohibiting any specialist, medical or legal, from practicing his profession in the state.”<sup>141</sup>

Newspaper editors advocated for their right to print advertising at their own discretion, but some were reluctant or conflicted about printing ads from those they considered quacks.<sup>142</sup> When Frank was arrested in January of 1907, the *Milwaukee Daily News* published an article on the Reinhardts titled “Preyed Upon the Afflicted.”<sup>143</sup> Six months later, however, they again ran an ad for the Wisconsin Medical Institute, having in the meantime forgotten the plight of the afflicted. This was such a common occurrence that the *Chicago Tribune* published a satirical editorial cartoon lampooning newspaper editors who bemoaned quackery while accepting huge moneybags from medical advertisers. Despite its occasional anti-quack articles, this large revenue stream made the *Milwaukee Daily News* an ally to the Reinhardts.

Although newspapers often sided with advertisers against the growing tide of reformers, medical advertisers needed to organize to protect their business. The Reinhardts, through their Chicago press agent A. J. Wilson, helped form the Wisconsin Newspaper Association to lobby against Wisconsin advertising legislation. Wilson,

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<sup>141</sup> “Where They Are Hurt,” *Milwaukee Medical Journal* 13, Feb. 2, 1905, 41.

<sup>142</sup> Brooks McNamara, *Step Right Up* (New York: Doubleday, 1976), 12.

<sup>143</sup> “Preyed Upon the Afflicted,” *Milwaukee Daily News*, Jan. 21, 1907, 4.

writing to the Reinhardts in August 1906, had suggested strategies for enlisting legislative candidates on the issue. He recommended that newspaper editors ask candidates to “pledge...to oppose and work against and vote against any laws intended to abridge the freedom of the press in either editorial or advertising column.”<sup>144</sup> A.C. Umbreit used this letter against the Reinhardts as proof of their nefarious political involvement, but to Wilson and the Reinhardts it was clear that advertisers also had the right to pursue political support.

Advertising doctors across the Midwest banded together to protect their right to advertise. The Ohio Medical Advertisers Association (OMAA) was formed in response to Ohio Medical Board efforts to revoke licenses of Columbus advertising doctors and to lobby for legislation against them. The OMAA, led by L. W. Hunt, M. D., of Toledo, and Secretary-Treasurer E. S. Ferris, M. D., of Columbus, from whose office correspondence originated, announced their association by asserting that “The time has arrived when the advertising physicians of Ohio must organize for self-protection, or in a short time we will all be put out of business.” Established in May 1913, the OMAA charged a \$5 membership fee to fellow advertisers and offered consultation on the legalities of medical advertising (for example, which phrases were

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<sup>144</sup> Arthur Cramp, “Medical Institutes,” Box 207, Folder 207-1, HHF.

“tabooed” by the US Post Office).<sup>145</sup> “The object of this association,” the founders noted, “is to benefit and protect [legitimate] advertisers in every way possible, to keep the members posted with regard to legislation and postal laws etc., and we believe you appreciate what has been done and what we expect to do, sufficiently to give us your assistance and co-operation.”<sup>146</sup>

Their letters included not only language about self-preservation and mutual assistance, but also pugilistic language. The Ohio Medical Advertisers Association was very clear about their challenges, noting “The State Medical Board of this state and others have waged a war on the Advertising M.D. for some time and in most cases unjustly, but their past success in persecution has made them more bold than ever and a short time ago they started on a campaign to eliminate all advertising doctors in Ohio, and if successful here the same thing can and will be done in other states, until we have no place to lay our heads.” However, Ohio advertisers were willing to fight back: “We are out to win, and are a bunch of live-wires, every one, and we want every wide-awake [legitimate] advertiser in Ohio with us....Get in the game for there is something doing every minutes we can land some punches that will jar the serenity of the State Board

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<sup>145</sup> Ohio Medical Advertisers Association to Dear Doctor, June? 1913, Box 150, Folder 0150-03, HHF.

<sup>146</sup> Ohio Medical Advertisers Association to Dear Doctor, June? 1913, Box 150, Folder 0150-03, HHF.

and will make their teeth rattle, also, stop and think twice before they start any thing that they can't finish, at least they will be slow in attacking any member of this association."<sup>147</sup> Like Frank Reinhardt, the OMAA characterized itself as a persecuted group ready to take arms.

Another strategy to protect the right to advertise, for men's specialists at least, was to appeal to frank and open discussion on sexual health. The Woodlawn Health Institute in Chicago issued a four-page pocket-sized booklet which began "Medical Ethics Forbids Us To Advertise," urged readers to "cooperate in a crusade to eliminate social diseases" and included a price list.<sup>148</sup> This restrained not-really-advertising was designed to impress readers with an institute's honesty, legitimacy, expertise, and public-spiritedness. Dr. Ross, a longstanding Chicago practitioner, suggested that regular doctors had impeded treatment for sick men by their old-fashioned ideas on advertising ethics:

"The distribution of printed information where RELIABLE TREATMENT

maybe obtained stimulates a desire upon the part of sick men to get

cured....Some years ago, specialists were the FIRST to inaugurate this plan to

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<sup>147</sup> Ohio Medical Advertisers Association to Dear Doctor, June? 1913, Box 150, Folder 0150-03, HHF.

<sup>148</sup> Woodlawn Health Institute, "Medical Ethics Forbids Us to Advertise" pamphlet, Chicago, 1930?, Box 879, Folder 879-13, HHF.

enlighten the public. Today health boards, medical societies, welfare organizations, clinics and progressive physicians have adopted similar plans of publicity. The old time 'ethics' or policy of silence, ignorance and disease are fast passing away. What was yesterday considered irregular is today 'regular.'...However, the afflicted care nothing for the whims and jealousies within the medical profession: What the sick want is proper and successful treatment."<sup>149</sup>

Dr. Ross asserted that the distinction between advertisers and non-advertisers was becoming no longer useful in describing practitioners, as regulars shed their hidebound objections to advertising. The issue was not resolved, despite Ross' confident pronouncements.

The redefinition of the players of the debate as advertising and non-advertising doctors, rather than legitimate doctors and quacks, brought the fight strictly into the field of business. Frank Reinhardt and his associates shifted the focus from the accusations of fraud they faced to the selfish behaviors of organized physicians around advertising. Frank Reinhardt attributed the Wisconsin Board of Medical Examiners' disdain for his brothers' practice not to a desire to protect the public from harm, or to

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<sup>149</sup> Dr. Ross, "Sick Men and Women Come to Doctor Ross" pamphlet, Chicago, 1918?, Box 207, Folder 207-03, HHF.

preserve the dignity of medicine, but to envy and greed. To advertisers, the AMA and their allies had opted out of a useful business strategy, and, jealous of the lucrative practices of physicians who used this strategy, tried to prohibit them entirely.

Since the AMA and the State Boards of Health had no power to revoke licenses or throw people out of practice, the fight had to be taken to the courts. An advertising advocate argued, “Now we have started a fight that bids fair to succeed in every respect, because it is based on right and justice, and at the present writing the State Board is bound hand and foot and cannot try or cite any doctor to appear before them on any charge what-so-ever...”<sup>150</sup> Frank Reinhardt framed the debate as one about broader issue of public speech, and recognized that the courts would decide. Though the Reinhardts looked to the courts for vindication, they were ready to fight. Frank proclaimed that the Wisconsin Medical Institute would pursue an aggressive defense: “We intend to fight this case to the bitter end and meet the charges just as fast as the state board of medical examiners makes them. It is going to be a fight to the finish.”<sup>151</sup> Though extant materials provide limited insight into advertisers’ personalities, their statements present them as determined and confident.

Legal defense was one of the Reinhardts’ strategies against the Wisconsin Board

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<sup>150</sup> Ohio Medical Advertisers Association to Dear Doctor, June, 1913, Box 150, Folder 0150-03, HHF.

<sup>151</sup> “Preyed Upon the Afflicted” *Milwaukee Daily News*, Jan 21, 1907, p. 4.

of Medical Examiners. The Reinhardts hired skilled lawyers to fight the civil action against them. Based on their advice, in 1906 the Reinhardts dissolved both corporations (the Wisconsin Medical Institute and the Master Specialist), leaving the courts with no choice but to drop the charges. If, however, the Reinhardts wanted to open future institutes, a board of directors would need to be in residence in the state and it could be brought to trial for alleged misdeeds.<sup>152</sup>

The legal hairsplitting continued. The Reinhardts immediately reopened under a new name: no longer would they be known as “The Wisconsin Medical Institute, Inc.,” this new business was called “The Wisconsin Medical Institute (not inc.)” Frank, the only Reinhardt brother who was not a physician, put an advertisement for the WMI (not inc.) in the newspaper and was arrested for impersonating a physician without a license. He was tried, convicted, and fined. Later ads included the name of a Dr. Emmons, who A. C. Umbreit described as “a broken-down physician, much inclined to intoxication.”<sup>153</sup>

The Reinhardts appealed every decision that was brought against them on the criminal charges. On the charges of conspiracy to defraud the public, since Willis and Wallace had fled to Minnesota in December 1906, and press agent A.J. Wilson was in

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<sup>152</sup> Arthur Cramp, “Medical Institutes,” Box 207, Folder 207-1, HHF.

<sup>153</sup> In Arthur Cramp, “Medical Institutes,” Box 207, Folder 207-1, HHF.

Chicago, only Frank was brought to trial. He was found guilty and fined \$500, upon which he immediately appealed. At the appeal, he was again convicted and fined \$500 plus the \$2300 cost of prosecution. He then appealed to the State Supreme Court, but the case was settled before it came to trial. Another criminal charge was filed to extradite Willis and Wallace from Minnesota. Meanwhile, the Reinhardts filed a countersuit against Milwaukee District Attorney Francis McGovern, members of his office, and lawyer Umbreit, for the return of the documents used as evidence against them.

The Reinhardts had fought back against the Wisconsin Board of Medical Examiners, and, though they were fined and otherwise punished, the suit was settled mostly in their favor on July 13, 1908. The settlement provided that that the criminal charges against Willis and Wallace Reinhardt and A. J. Wilson would be dropped, that the request to extradite the twins from Minnesota be dropped, and that Frank Reinhardts' charge of practicing without a license be dropped.<sup>154</sup>

A.C. Umbreit and the Wisconsin Board of Medical Examiners did gain a few concessions from the Reinhardt family. The case against Umbreit was dropped and Frank Reinhardt paid the attorney fees from his criminal trial and dropped his Supreme

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<sup>154</sup> Arthur Cramp, "Medical Institutes," Box 207, Folder 207-1, HHF.

Court appeal. Most importantly to Umbreit, the settlement required that the Reinhardts “do not engage in the State of Wisconsin in any medical practice or medical business whatever, directly or indirectly, either individually or jointly under the names or designation of any medical institute or corporation, except that Wallace A. is not prevented from practicing individually in Wisconsin under his existing license.”<sup>155</sup>

Umbreit considered this a satisfactory decision “in that this board has done its duty in protecting the people of Wisconsin against rank imposition and quackery,”<sup>156</sup> because the institute had been driven out of Wisconsin.

The anti-quack forces had fought the “doctors who advertise” in the courts of Wisconsin. The Reinhardts were rich, organized, and committed to advertising as an important business practice. While they had not succeeded in keeping open the institutes, they had revealed that the State of Wisconsin’s advertising and licensure laws were easily challenged in the courts. Medical business competition would continue in Wisconsin, with or without the Reinhardts.

### ***Conclusion***

The 1905-1908 case against the Reinhardts in Milwaukee did not resolve any of

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<sup>155</sup> Arthur Cramp, “Medical Institutes,” Box 207, Folder 207-1, HHF.

<sup>156</sup> Arthur Cramp, “Medical Institutes,” Box 207, Folder 207-1, HHF.

the basic principles around advertising and quackery. The Wisconsin legislature had passed an anti-advertising law, and while it established fines and licensure revocation as penalties, the law left the decisions on licensure up to the courts. Advertising physicians and their newspaper allies continued to advocate for their right to advertise. Not only did Wallace Reinhardt retain his Wisconsin medical license, but the settlement specifically allowed him to continue to practice in Wisconsin, though not in a medical institute. Additionally, the Wisconsin State Board of Medical Examiners' lack of funds made it difficult to fully prosecute the wealthy Reinhardts. Umbreit was invited to St. Paul for extradition proceedings, but the State Board's budget did not permit him to help extradite Willis and Wallace to Wisconsin to stand trial.<sup>157</sup>

Though they avoided involvement in the case, the fight against the Reinhardts had consequences for Milwaukee's physicians. The *Milwaukee Medical Journal* reported that the grudgingly conducted anti-quackery campaign had led the state medical society into debt by the end of 1908. Why, asked the editorial, had Milwaukee physicians had to help subsidize the Wisconsin Medical Society's excessive spending? "...We must needs take a hand in legislation [the anti-advertising law]; we must aid the State Board in suppressing quackery which candor compels us to admit in sorrow we

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<sup>157</sup> Arthur Cramp, "Medical Institutes," Box 207, Folder 207-1, HHF.

did not suppress [the Reinhardt institute]; we must needs employ an expensive lawyer...But, is the well-being and dignity of the society enhanced by having all these other drains saddled upon us? Ought we not rather advance as our means warrant? It is a very depressing and undignified thing to be in debt.”<sup>158</sup> These projects were not worth doing, asserted Milwaukee physicians, if there were not funds available to do so.

Anti-quack prosecutions were not only a waste of money, other Wisconsin physicians suggested, but were ineffective as well. In the same issue of the *Journal* a Manitowoc physician urged that physicians should not waste their energy “conserving the health of unappreciative people by killing ‘quacks.’” On the contrary, he argued, the people do not yet understand why quacks are a problem, and only when they do will legislation be appropriate. Thus, he wrote, “The missionary work which will bring the public to a realization of their status in the matter of quackery must be procured by education rather than legislation; the best laws are inefficient in all communities which do not understand their import and application.”<sup>159</sup> In sum, public education is the best way to end quackery, otherwise legislation is a waste of time and energy. These ideas

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<sup>158</sup> “Rescue the State Medical Society,” *Milwaukee Medical Journal* 16 (Dec 12 1908): 404.

<sup>159</sup> James Burke, “The Quack. Education vs, Legislation as a Means of Eradication,” *Milwaukee Medical Journal* 16 (Dec 1908): 397-8.

would be tested in a large public campaign against men's specialists just five years later, in Milwaukee's neighbor to the south, Chicago.

## Chapter 3

### “We Never Cure Anybody Here”:<sup>160</sup>

#### The *Chicago Tribune*’s Crusade against Quackery

The Reinhardts’ name was all over the Chicago papers in late autumn 1913, not as advertisers but as targets of an antiquackery campaign. On October 27, 1913, the *Chicago Tribune* kicked off an exposé with shocking news under a banner headline: “Cure Fakers Find Disease in Well Men: *Tribune* Inquiry Exposes Quack Doctor Group Working Chicago.” Quack doctors, announced the *Tribune*, were practicing unchecked in Chicago, frightening and defrauding vulnerable men, men who were actually not ill. This front page story began a four-month muckraking initiative against medical quackery in Chicago, focusing on men’s specialists and their institutes.

Antiquack activists, as well as men’s specialists, used newspapers to promote their interests and campaigns. In Chicago 1913 the *Chicago Tribune* and its medical

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145 “Quack’s Aids Tell Inside Story of Horror Chambers,” *Chicago Tribune*, Oct. 31, 1913, 1.

editor, Dr. William A. Evans, a public health crusader, used the print medium against the Reinhardts. In Milwaukee and elsewhere men's specialists had used newspapers for publicity and building political support. In this chapter we see the newspapers used in the other way, as a tool to indict the Reinhardts and others for their advertising and other business practices, in the process drawing a line between quack and legitimate doctors. Important players from Milwaukee reappear in the Chicago campaign, mostly notably the medical institute Reinhardts and Dr. Arthur Cramp of the American Medical Association. In Chicago, however, the situation is different: rather than expressing frustration about his inability to "get the quacks," Cramp provided research materials to build the case against the men's specialists. This chapter focuses on men's specialists' opponents and their newspaper-based strategies.

Removing men's specialists from Chicago through public reaction was the campaign's primary goal, but the various allies had diverse and multiple agendas. The *Tribune's* editor, Joseph Keeley, wanted to force other newspapers to drop quack ads, maintain the *Tribune's* high circulation, and gain new subscribers. Dr. Evans wanted to promote social hygiene, public education around venereal disease, and legitimate medical practice that conformed to the standards of major medical organizations. These interests came together in the Chicago campaign, and Keeley, Evans and the *Tribune*

enlisted other stakeholders including disgruntled patients, other newspaper editors, immigrant advocates and local, state and federal legislative and postal authorities.

Public exposure was the major strategy for closing medical institutes. An analysis of this campaign illuminates the motivations and strategies of the stakeholders crusading against “diseases of men” quackery. Institutes’ claims to medical expertise were summarily dismissed in the exposé. By showing that men’s specialists were greedy frauds, opponents extended the authority of regular medicine. At the forefront in the 1913 *Tribune* campaign against advertising medical institutes were men’s specialists’ objectionable business practices, as contrasted with the lack of these practices (advertising, unreasonable or false diagnosis, use of fear) in regular doctors’ clinics. This chapter will illuminate how this strategy of simple exposure could be so successful and assess whether or not the successful outcome actually lasted. I discuss in depth the *Tribune*’s pieces on two men’s specialists, Dr. Lewis Zins and Dr. Edward Flint of the Reinhardt circuit; the testimony of former Reinhardt employees; and the role of one significant new ally of the *Tribune*’s in the campaign, the united foreign language press. Finally, I consider the exposé and its consequences for men’s specialists in Chicago.

### ***Chicago 1913***

Progressive-era Chicago, the nation's second-largest city, was a city of increasing gaps between rich and poor, in health as well as wealth. Chicago's population more than doubled between 1890 and 1910, up from 1 to 2.2 million inhabitants. The city's growth came from immigrants to the city, with a majority of the city's population foreign-born by 1890. But while rapid expansion and rapid immigration brought wealth and diversity, the growing gap between the rich and poor contributed to growing tensions. After the Great Fire of 1871, Chicago, already bustling and prosperous, had rebuilt quickly; the stockyards and railway depots had been mostly spared. The fire allowed Chicago to rise, phoenix-like, and reimagine itself. The 1873 financial Panic damped the rebuilding efforts, however, and by the time the panic ended, in 1878, Chicago was in the midst of labor crises. During a national strike for the eight-hour day, Chicago police fired on a striking crowd in front of the McCormick Reaper factory, killing four people and wounding many more. An angry crowd gathered on May 4, 1886, in Haymarket Square in protest; a bomb was thrown; seven policemen and sixty-seven civilians were killed. Chicagoans were outraged, and eight alleged anarchists were hung for the crime. The 1893 World's Fair built an electrified

“White City” of clean, ordered and modern lines, but disorder remained evident as the mayor of Chicago, Carter Harrison, was assassinated on one of the Fair’s last days.<sup>161</sup>

Around the turn of the century, many of the new Americans came from Eastern Europe and Southern Europe, creating often close immigrant neighborhoods in Chicago. Immigrants and internal migrants founded businesses, newspapers and other services for their communities. Hospitals were established to serve, among others, Polish, Jewish, Catholic, German, and Norwegian communities.<sup>162</sup> The settlement house movement, exemplified in Chicago by Jane Addams’ Hull House, provided education and uplift to the increasing numbers of immigrant poor. These did not, however, eliminate persistent economic, social, and public health problems.

Population growth and wealth disparities led to public health challenges in Chicago. “Chicago’s tremendous increase in population in the last half of the nineteenth century created many problems pertaining to the health of its inhabitants. These involved chiefly two types of disease: those that were spread by close association, such

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<sup>161</sup> On Progressive-era Chicago, see Reid Badger, *The Great American Fair: The World’s Columbian Exposition and American Culture* (Chicago: N. Hall, 1979); Julie K. Brown, *Contesting Images: Photography at the World’s Columbian Exposition* (Tucson: University of Arizona Press, 1994). William Cronon, *Nature’s Metropolis: Chicago and the Great West* (New York: Norton, 1992); Harold Platt, *The Electric City: Energy and the Growth of the Chicago Area, 1880-1930* (Chicago: University of Chicago Press, 1991); Robert Rydell, *All the World’s a Fair: Visions of Empire at American International Exhibitions, 1876-1916* (Chicago: University of Chicago Press, 1984).

<sup>162</sup> Thomas Bonner, *Medicine in Chicago, 1850-1950: A Chapter in the Social and Scientific Development of a City*, Second Ed. (Urbana/Chicago: University of Illinois Press, 1991), 152-3.

as diphtheria and smallpox, the dissemination of which was favored by the overcrowding in poorly ventilated buildings in slum districts; and those that were spread by contaminated food and water, such as cholera and typhoid fever.”<sup>163</sup> City and State public health programs and policies focused on these concerns. Dr. William A. Evans, as Chicago Health Commissioner in the 1910s, initiated programs to combat tuberculosis and to regulate and enforce existing regulations on food and water safety. Tuberculosis mortality was radically reduced over the turn of the century. Chicago reached the epidemiological transition around the 1920s, though infectious diseases continued to flare up.<sup>164</sup> Venereal diseases became a major public concern in Chicago around the first World War, and until the 1930s, VD control programs focused mostly on the sex industry.

A reform spirit brought municipal attention to Chicago’s flourishing underground industries. Like Milwaukee, Chicago was wide-open, a city where vice laws, where they existed, were enforced laxly or not at all. The world-famous red-light district, the Levee, joined numerous gambling houses and crime syndicates to establish Chicago’s reputation as a lawless, energetic place. But progressive local citizens and

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<sup>163</sup> Bonner, *Medicine in Chicago*, 31.

<sup>164</sup> The epidemiological transition is the point at which a population begins to show greater mortality from the so-called diseases of affluence, such as atherosclerosis, than from infectious disease. See Abdel R. Omran, “The Epidemiologic Transition: A Theory of the Epidemiology of Population Change,” *The Milbank Memorial Fund Quarterly* 49 (1971): 509–38.

politicians called for moral reform. In city politics, progressives were beating the Democratic machine at the polls. Reformers set their sights on the political corruption which they believed allowed vice to flourish in Chicago. Even Mayor Carter Harrison, Jr, a Democrat like his late father, after the 1911 publication of the Vice Commission's *Social Evil in Chicago* was followed by federal action, was forced to shut down the Levee in 1912. Among the voices clamoring for reform, some of the loudest spoke from the editorial and news departments of the *Chicago Tribune*.<sup>165</sup>

### ***The Chicago Tribune***

The *Chicago Tribune* was the newspaper of Chicago's reformers. Founded in 1847, it was bought in 1855 by Joseph Medill, an Ohio Republican activist and newspaperman. The *Tribune* was key in building the Illinois Republican Party and the career of Abraham Lincoln and displayed ardent Unionism in its Civil War coverage. In 1911, "The Colonel," the towering personality Robert McCormick, took over as owner and driving force behind the paper. Under the McCormick family the *Tribune* continued

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<sup>165</sup> See Karen Abbott, *Sin in the Second City: Madams, Ministers, Playboys and the Battle for American's Soul* (New York: Random House, 2007); Chicago Vice Commission, *The Social Evil in Chicago; A Study of Existing Conditions with Recommendations by the Vice Commission of Chicago: a Municipal Body Appointed by the Mayor and the City Council of the City of Chicago, and Submitted as its Report to the Mayor and City Council of Chicago* (Chicago: Gunthorp-Warren Print Corp., 1911).

into the twentieth century not only as a reform/Republican paper, but as the paper of record in Chicago.<sup>166</sup>

Joseph Keeley, the managing editor from the turn of the century until 1914, was an aggressive and dedicated reformer. According to contemporaries, Keeley generally “displayed the unpleasant aspects of a particularly vicious bulldog.”<sup>167</sup> Despite, or perhaps because of these personal qualities, Keeley was a dedicated editor. During his tenure as city editor, rather than sleep he stayed up playing poker in a nearby hotel to be available for newspaper business. He also brought a reform philosophy of service to the *Tribune*’s editorial mission. Newspapers, according to Keeley, should not be simply “looking glasses” on the world, but be of service to their readership and their polity: service would command attention, get circulation, and hold readers after it got them.<sup>168</sup> The *Tribune* broke a national bribery scandal in 1910, which forced a senator to resign, illustrating the muckraking spirit of Keeley’s paper.

Exposés and scandals were the bread and butter of the *Tribune* and other Progressive-era newspapers. Such muckraking demonstrated the papers’ commitment to reform and their political influence. It not coincidentally raised circulation figures.

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<sup>166</sup> On the *Tribune*, see Lloyd Wendt, *The Chicago Tribune: The Rise of a Great American Newspaper*. (Chicago: Rand McNally, 1979); on McCormick, see Richard Norton Smith, *The Colonel: The Life and Legend of Robert R. McCormick* (Chicago: Northwestern University Press, 2003).

<sup>167</sup> Wendt, *The Chicago Tribune*, 345.

<sup>168</sup> Wendt, *The Chicago Tribune*, 357.

An 1888 *Chicago Times* exposé of doctors and midwives who performed abortions “combined exciting writing with moral fervor and an eye to selling papers.”<sup>169</sup> The exposé marshaled Chicago medical practitioners and officials to action around abortion practices and gained record circulation for the *Times*. “The paper played to the voyeuristic interests of everyone in Chicago as the journalists constructed their stories in a manner intended to sell newspapers as well as to bring about reform.”<sup>170</sup>

The *Tribune*, then, had financial as well as moral motives for its reform activities. A circulation war was on in America’s second city. Though the *Tribune* was the leading paper, internal and family disputes made the paper seem vulnerable to competition. In 1900 William Randolph Hearst brought his business to town, and to fight his *Examiner* the *Tribune* printed more lurid crime and divorce stories. The nine other English-language dailies, including the *Record-Herald* and the *Inter-Ocean*, were also competitors. The foreign-language press, in daily and weekly editions, offered Chicagoans news in sixteen languages. Despite the competition, the *Tribune*’s circulation figures kept rising: for 1913, after the anti-quack exposé, the circulation was 260,000 daily and 380, 000 on Sundays, with 1913 profits beating their highest ever by more than \$50,000.

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<sup>169</sup> Leslie J. Reagan, *When Abortion was a Crime: Women, Medicine, and Law in the United States, 1867-1973* (Berkeley: University of California Press, 1997), 49.

<sup>170</sup> Reagan, *When Abortion was a Crime*, 51.

The *Tribune*'s financial well-being allowed it to take the moral high ground on advertising. Lloyd Wendt, in his history of the paper, assessed Keeley's advertising policies. "The *Tribune*, like most other newspapers, had for years published the advertisements of 'doctors' making fraudulent claims, especially appealing to victims of venereal disease. Keeley...caused their advertisements to be barred from the paper. It cost the paper \$200,000 a year in lost revenue, actual and potential, he declared."<sup>171</sup>

This was money the *Tribune* could afford to lose. Besides the gains in circulation and subscriptions after the antiquackery campaign, Keeley had begun a soon-to-be successful program of advertising solicitation to more respectable businesses, including Chicago's growing department stores. By 1914, "no longer did the lineage consist chiefly of classified advertisements, retail display ads, and ads for patent medicines....solicitation, research, and advertising promotion were paying off."<sup>172</sup>

Keeley's emphasis on dropping objectionable ads and soliciting desirable ones marked a change in the *Tribune*'s advertising philosophy. The *Tribune*'s larger-than-life founder, Joseph Medill, saw advertising only as a necessary evil, not a desirable feature of a modern newspaper and "insisted until his last days that no respectable paper

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<sup>171</sup> Wendt, *The Chicago Tribune*, 368-9.

<sup>172</sup> Wendt, *The Chicago Tribune*, 365. Despite this assessment, the *Tribune* had no scruples regarding patent medicine advertisements. For instance, an ad for the patent medicine Cuticura ran on Nov 1, 1913, on the same page as anti-quackery articles.

would actively seek to sell its space to advertisers.”<sup>173</sup> However, the newspaper business had changed in the new century, and newspaper advertising had become more respectable, depending on what was advertised. Furniture and haberdashery advertisements were cultivated as not only acceptable but desirable as examples of middle class values and tastes, but cures for syphilis were not. Newspapers in the teens thus increasingly needed both to remove objectionable ads and to solicit businesses for more desirable advertising. Men’s specialists, however, were dedicated to advertising as a business strategy, and had cultivated newspaper partners. The *Tribune*’s quackery campaign, then, among its many goals, focused on eliminating quack doctor advertising from all other newspapers on the reasoning that such ill-gotten money should not go to anyone.

Along with the financial and reputational goals surrounding advertising policy were public health goals. Among Keeley’s innovations was the introduction of a number of new departments, including a medical department. “How to Keep Well,” by Dr. William A. Evans, ran weekly and was one of the first medical columns in a national newspaper. Evans focused on preventative medicine and answered readers’ questions about health. This column positioned the *Tribune* as an authority on

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<sup>173</sup>Wendt, *The Chicago Tribune*, 365.

medicine, and made anti-quackery campaigns a natural part of its reform program.

Evans' editorial control extended to writing some articles in the anti-quack exposé.<sup>174</sup>

William Augustus Evans, Jr., M.D., was a public health crusader, through both his writing and his medical and scientific professional work. Born in Marion, Alabama in 1865 and raised in Monroe County, Mississippi, he received his MD from Tulane University in 1885 and conducted post-graduate study at the Institut Pasteur in Paris, one of the centers of European scientific medicine. Through his work in Paris and his later public health training, including a 1911 D.P.H. from the University of Michigan, Evans learned and would advance the progressive idea that sanitary reform and eradication of disease are possible. He also identified hygiene as a possible cure to social problems as well as medical ones. For Evans, both government administrators and private individuals could work to improve public health, thus his efforts in politics and in popularization. He was active in politics, within the Chicago Medical Society as well as the Progressive Party, often acting as an insurgent against a sluggish old guard among the sometimes conservative physicians.<sup>175</sup> This zeal and optimism was characteristic of turn-of-the-century public health reformers.

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<sup>174</sup> Suzanne Poirier, *Chicago's War on Syphilis, 1937-1940: The Times, The Trib, and the Clap Doctor* (Urbana/Chicago: University of Illinois Press, 1995), 61.

<sup>175</sup> Bonner, *Medicine in Chicago*, 125, 216.

During Evans' twenty years in Chicago, he became famous for his dedication to preventative medicine. He settled in Chicago after his return from Paris in 1891, taking a position in the pathology department at the University of Chicago Medical School. He was appointed Professor in 1901. Evans served as Chicago Health Commissioner from 1907-1911, charged with improving the health of the city. During his tenure he worked for clean milk and water, persuading Chicago to become in 1909 the nation's first city to require milk pasteurization. Additionally, he was responsible for a baby welfare campaign, increased enforcement of food safety regulations, and oversaw the opening of the Municipal Tuberculosis Sanitarium. He also established a School of Sanitary Instruction, "whose weekly bulletin provided valuable information on health matters to the general public."<sup>176</sup>

Evans worked both as a popularizer and as a practitioner of public health. "How to Keep Well" was the nation's first syndicated medical column, appearing in the *Tribune*, the *Memphis Commercial Appeal* and other papers, bringing preventative scientific medicine to a wide audience. He wrote the column for twenty-three years.<sup>177</sup> Many of his columns were collected into a book,<sup>178</sup> and his lectures on public health

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<sup>176</sup> Bonner, *Medicine in Chicago*, 190-191.

<sup>177</sup> His successor was Irving S. Cutter, MD, of the Northwestern University Medical School. See Irving Cutter, *How to Keep Well* (Chicago: Tribune Company, 1939).

<sup>178</sup> William Evans, *How to Keep Well* (New York: Applegate, 1927).

topics were also published. He edited medical journals and co-authored books on preventative medicine.<sup>179</sup>

Even before the *Tribune's* exposé, Evans had a longstanding interest in venereal disease control, among his other public health concerns. Under his direction the city set up a Municipal Social Hygiene clinic, in 1910, and added Wassermann blood tests for syphilis to the Health Department's arsenal in 1911.<sup>180</sup> He was also instrumental in the closing of the Levee, the vice district. He had published on VD earlier in 1913, before the anti-quack campaign, and clearly articulated the philosophy for it. "Why do [medical advertisers] hang on? Because nobody has made it his business to inform the people. When people become well informed they will be able to judge. The men's special and private disease specialists will have to find other work."<sup>181</sup> As a physician interested in venereal disease, with connections to the *Tribune*, the regular medical

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<sup>179</sup> A prolific author and editor, besides his columns and professional reports he wrote medical biographies of Mary Todd Lincoln and Jefferson Davis; books on his boyhood and retirement home of Aberdeen, Mississippi; and juvenile books on health, hygiene, prevention and Southern history. For instance, see William Evans, *106 Questions and Answers about Jefferson Davis: His Schooling, His Training for Public Life and His Martyrdom* (Alabama: publisher unknown, 1900); J. Mace Andress and W. A. Evans, *Health and Success* (Boston: Atheneum, 1925). Additionally, Evans endowed two libraries in Aberdeen, Mississippi (one of which was a separate library for African-Americans; they are now combined) which bear his name. "Library History: Evans Memorial Library: Dr. William Augustus Evans." <http://www.tombigbee.lib.ms.us/evans/history/DrEvans.html> (ret. Jan. 26, 2007).

<sup>180</sup> Bonner, *Medicine in Chicago*, 191. The clinic soon closed, however, and the first permanent VD clinic did not open until the end of the first World War. See Bonner, *Medicine in Chicago*, 193.

<sup>181</sup> William Evans, *Some Information about the So-Called Venereal Diseases: most of which appeared in the Chicago Tribune* (Chicago 1913), AC.

community and public health reformers, Evans was well-placed to support the exposé.

For the exposé Evans' regular medical connections, especially those with the American Medical Association, proved invaluable. The AMA, in the person of Arthur Cramp and his Bureau of Investigation, provided material help to the *Tribune's* anti-quack campaign in terms of research, writing and dissemination of the investigation's findings. Though the AMA was not able to offer direct financial support for the investigation and subsequent prosecutions, the *Tribune* was quite wealthy and was able to carry out the investigation without financial help. The AMA added to the campaign by financing and distributing publications based on its stories. The articles were compiled into a critical pamphlet entitled *Men's Specialists*, which was sent cheaply or for free to physicians and interested laypeople across the country.<sup>182</sup> The contents of the pamphlet were also later reproduced in the 1921 volume of *Nostrums and Quackery*, the AMA's popular book on quacks, patent medicines, and the fights against them.<sup>183</sup>

Dr. Cramp and the AMA were concerned with defining doctors and setting clear boundaries between quacks and regular practitioners. For the AMA, legitimate practice was very clearly different from quackery. The *Tribune* exposé could help harden these

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<sup>182</sup> Arthur Cramp, *Men's Specialists* (Chicago: AMA, nd), Box 207, Folder 207-01, HHF.

<sup>183</sup> Arthur Cramp, *Nostrums and Quackery, Vol II* (American Medical Association, 1921).

boundaries by making it clear that doctors who advertised, especially for one kind of disease, were not legitimate practitioners; in fact, they were frauds and swindlers. The exposé was also a good occasion to press for stricter licensure laws, because most of the investigated doctors were licensed in Illinois. Dr. Cramp's zealous anti-quackery and his focus on defining doctors by their work as well as their degrees were a reinforcement to the *Tribune's* campaign.

It is not clear how closely Evans worked with the *Tribune's* researchers or with Dr. Cramp. It is clear, however, that Evans' desire to improve public understanding of health and control VD, Cramp's concern about quacks and unlicensed practitioners and the *Tribune's* concerns about newspaper advertising all came together to spur the exposé.

### ***The Exposé***

The *Tribune's* quackery exposé was prioritized, featured and given prime space in the paper. Beginning October 27, 1913, the *Tribune* published articles daily through November and December, with updates into January, exposing irregular physicians and decrying their effects on patients. A quackery article led on the front page, continued on a full page later in the edition, and was often further supported by an editorial. The

quackery series also included letters from readers, short articles by medical personnel in support of the campaign, and editorial cartoons.

The structure of the exposé was simple and used the muckraker strategy of undercover investigation to expose spectacular abuses and overdetermine a call for reform. The *Tribune*, under the direction of Evans and Keeley, had sent undercover reporters, certifiably healthy young men, to Chicago advertising medical institutes, at which they were all diagnosed with syphilis or other sexually transmitted diseases and asked for money to pay for a Wassermann test and then a cure.

The *Tribune*'s reports clearly identified and condemned the men's specialists and their activities as evil fraud. "The *Tribune* exposes one of the most detestable forms of fraud, by which the ignorant, the inexperienced, or the unfortunate are exploited in great cities--the fraud of the advertising 'quack' doctor."<sup>184</sup> The articles focused on business practices, but also had a moral component. The *Tribune* identified other illegalities: men's specialists were guilty of more serious offenses than "mere petty grafting" that included pocket picking while the patient was on the operating table, maiming patients for life by malpractice, and practicing under assumed names; some were "at least morally and probably legally guilty" of killing patients.<sup>185</sup> These offenses

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<sup>184</sup> "Stamp This Thing Out," *Chicago Tribune*, Oct. 27, 1913, 6.

<sup>185</sup> "City Council Lays Plans to Expel Quacks," *Chicago Tribune*, Oct. 28, 1913, 1.

were prosecutable, but action was rare because men's specialists could afford skilled lawyers and drawn-out court battles which strained municipal coffers. The *Tribune* called for immediate investigation and action against medical institutes and decried the lack of enforcement of already-existing anti-fraud and other medical practice laws.

The campaign, like the men's specialist ads themselves, targeted young men. The reporters who carried out the investigations were young men, healthy and hale. Even readers of the sports pages were notified of the *Tribune's* antiquackery campaign. The sports pages were usually headed with manly, sportsmanlike slogans such as "One way to win is by forgetting losing performances of the past. The game of the present may wipe out the failure."<sup>186</sup> On October 28<sup>th</sup>, however, the sports pages were headed, "Exposing Fraud and Quackery Is a Step Toward Its Prevention. Lending Warning to the Unfortunate is a Duty."<sup>187</sup> By using the sports pages, popular among youth, to spread word about quack doctors, the *Tribune* made it clear that young men were both most at risk and most able to change their behavior and warn their friends.

According to the *Tribune's* campaign, men's specialists associated VD with shame and immoral sexual behavior, causing psychological, as well as physical, harm to

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<sup>186</sup> "One Way to Win Is by Forgetting Losing Performances of the Past. The Game of the Present May Wipe out the Failure," *Chicago Tribune*, Oct. 30, 1913, 14.

<sup>187</sup> "Exposing Fraud and Quackery Is a Step Toward Its Prevention. Lending Warning to the Unfortunate is a Duty," *Chicago Tribune*, Oct. 28, 1913, 12-13.

patients. Decrying the moral consequences of the men's specialists' business was part of the campaign. The objectionable moral practices of medical institutes were hard to prosecute, but the appeal to morality was a widely used rhetorically strategy. Men's specialists were denounced as corrupting the young with their lascivious advertising and sending patients to ruin by convincing them that they had shameful diseases. Though men's specialists often claimed that they were providing a public service by raising awareness about venereal diseases, generally a taboo subject in popular periodicals and polite company, their publicity about these diseases was often couched in rhetoric that appealed to shame and anxiety. Evans and other public health reformers, who shunned obfuscation and believed that public education was the best preventative for social diseases, found the appeal to shame extremely problematic. It was exactly that moral shame that men's specialists played on that kept patients from discussing symptoms with their doctors and thus interfered with VD control.<sup>188</sup>

The exposé's scathing picture of Chicago men's specialists and their operations helped marshal opposition among many communities. Former patients wrote in with stories of being defrauded, or of their relatives being driven to suicide by a false syphilis diagnosis. Physicians and medical societies praised the *Tribune*. Foreign language

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<sup>188</sup> William Evans, *Some Information about the So-Called Venereal Diseases: most of which appeared in the Chicago Tribune* (Chicago, 1913), 9. AC.

newspapers vowed to end men's specialist advertising in their pages. Members of the city council, city and state boards of health, post office, and state legislature advocated shutting down the medical institutes. Many of the investigated men's specialists were forced to close up business or leave town. In short, the response to the exposé was immediate, enormous and highly favorable to the *Tribune*.

Keeley and the *Tribune* were quick to sing their own praises. The first article in the series, "Cure Fakers Find Disease in Well Men: *Tribune* Inquiry Exposes Quack Doctor Group Working Chicago," pointedly included the *Tribune* in the subhead, despite being on the front page and thus clearly noted as part of the *Tribune*.

Throughout the series the *Tribune* praised itself for undertaking the investigatory work that no other newspaper or political authority had done. Many readers wrote in to thank the *Tribune*. "May heaven's blessings descend upon you for what you are doing for the benefit of humanity in exposing those 'doctors.' Nothing like it since the Bible..."<sup>189</sup>

Many physicians, medical professionals, and medical society officers praised the paper, which, in turn, reprinted articles from medical journals lauding the exposé. The president of a county medical society asserted that "your expose of the most malignant quacks in Chicago is in line with your other progressive and humane policies, and as

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<sup>189</sup> Anonymous letter, "Victims Tell How Cure Fakers 'Get the Money,'" *Chicago Tribune*, Nov. 1, 1913, 5.

one member of the medical fraternity who believes in a square deal all the time to the less enlightened and less fortunate of the human family, I heartily thank you for it.”<sup>190</sup>

Keeley summed up: “Readers of the *Tribune* continue to write indorsements of the exposure of the advertising quacks and demands for their extermination.”<sup>191</sup>

How were the exposé’s articles used against men’s specialists? Public exposure was the major strategy and tactic. “The exposure is complete and conclusive. The *Tribune* donates the evidence.”<sup>192</sup> Readers learned personal information about the practitioners: their full names, their real names if they were using false ones, addresses of their clinics and homes, training and licensure, and details of any previous prosecutions and lawsuits. Importantly, what happened in medical institute clinics was put before the public, as reported by investigators, patients, and employees. For the authorities, the *Tribune* gathered evidence of fraud to be used for prosecution. Such publicity might save some patients by alerting them that they were seeing an illegitimate practitioner.

A number of rhetorical strategies served to support the exposure tactic. Among them were ridicule, vilification, instruction, anxiety, and prurience or appeal to scandal.

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<sup>190</sup> Harry D. Hull, in “Letters Evoked by *Tribune*’s Exposé of Fake Cure Doctors,” *Chicago Tribune*, Oct 30, 1913, 2. Hull was the president of the McHenry County Medical Society.

<sup>191</sup> “Victims Tell How Cure Fakers ‘Get the Money,’” *Chicago Tribune*, Nov. 1, 1913, 5.

<sup>192</sup> “Stamp This Thing Out,” *Chicago Tribune*, Oct. 27, 1913, 6.

Men's specialists were ridiculed and treated like buffoons. The stories presented their practices in overblown and sometimes unbelievable detail. They were presented as evil men who cared nothing for human lives or emotions. Readers were instructed about what to do if a friend was seeing such a practitioner or if they needed treatment for VD. They learned that advertising doctors were without exception quacks. The *Tribune* presented a complex tension between anxiety and pleasure. The exposé provoked anxiety about crime and immorality in Chicago, but if one's physician was legitimate, it gave pleasure by printing sensational true life stories with graphic details about others.

Since all of the exposé's authors wrote anonymously, and since the *Tribune* had clear goals in mind for the expose, the information presented in the articles should be taken skeptically. Articles in the quackery series, as well as most contemporary articles in the *Tribune*, ran without bylines, so it is difficult to know the exact motives or lives of the reporters. Suzanne Poirier has uncovered evidence that unbylined articles were most probably written by Dr. Evans.<sup>193</sup> Just as men's specialist advertising was never completely reliable, we should be advised that the *Tribune*'s campaign was muckraking, rather than a model of reportorial objectivity. Hyperbole and emotional rhetoric often appeal in the articles. Indeed, as men's specialists probably fabricated some

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<sup>193</sup> Poirier, *Chicago's War on Syphilis*, 61.

testimonials appearing in their books and advertisements, *Tribune* reporters may have fabricated some of the most wrenching or horrific reader letters. The exposé was undeniably carried out “with the sensationalism and swashbuckling that characterized much of the city’s growth.”<sup>194</sup>

### ***The Men’s Specialists***

It was not hyperbole that “advertising quacks” proliferated in Chicago. Around twenty men’s specialists flourished there from 1880 to 1930, of which only eight were immediately targeted by the *Tribune*’s 1913 investigation. Most advertising medical institutes were located in the Loop, Chicago’s main commercial district, close to Union Station, the main train depot.<sup>195</sup> By their location, institutes were accessible and visible to most of Chicago’s transient and local population. Newspaper and pamphlet advertising made them even more visible.

The eight men’s specialists targeted in the investigation were apparently those that advertised most extensively. Dr. Edward N. Flint, “Dr. Ehrlich,” (aka the Code brothers<sup>196</sup>), Dr. Hodgens, Dr. Howe & Co., Dr. Zins and Old Doc Sweaney were

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<sup>194</sup> Poirier, *Chicago’s War on Syphilis*, 11.

<sup>195</sup> The offices of the American Medical Association, on North Dearborn, shared the block with a number of men’s specialists.

<sup>196</sup> See Chapter 4 for a detailed story of the Codes, their Medical Laboratories, and Dr. Ross.

identified on October 27. A few days later, the *Tribune* printed exposés on two more practitioners, Dr. Bernard M. Ross<sup>197</sup> and the Atomo-Radio Company.<sup>198</sup> In

December, after the campaign had gained momentum, the *Tribune* began publishing accounts of men's specialists practicing on the West Side of Chicago, and rural and itinerant men's specialists. I focus on the initial cohort of featured practitioners.

The *Tribune's* stories revealed a great uniformity of practices in the medical institute business. Though there were certain differences between offices in the extent of use of wax figures, size of institute, and friendliness of practitioner, each specialist had a similar pitch. They would treat and guarantee a cure for venereal disease, lost manhood and related conditions, including rupture (hernia). These claims were disseminated in similar-looking newspaper advertisements and pamphlets. Most promised a free examination. Each specialist was approached by the *Tribune* reporters in a similar way: a young man would come into the office with a vague complaint and a worry that he had contracted syphilis. The undercover reporters might claim to have sore throats or to be losing their hair, for instance. Each medical institute physician responded in a similar way, telling the patient that he probably had VD and offering him

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<sup>197</sup> The Ross exposé appeared in the paper the same day (Oct 29) as a letter writer suggested the *Tribune* investigate him; it is unclear whether reader pressure prompted this further investigation.

<sup>198</sup> Despite the intriguing name, the Atomo-Radio Co. was a conventional medical institute.

a sure cure for an “inflated” amount of money.

A closer examination of the articles written against two of the advertising doctors can help illuminate the antiquack forces’ strategies. Discussion of particular doctors, their personalities and their medical styles gave newspaper readers insight into the working of medical institutes and served to marshal opposition. Sarcasm and ridicule were among the techniques. The ridicule of Dr. Zins belied his image as a kindly father figure, and public exposure of Dr. Flint’s shady dealings led to disaster for his (and the Reinhardts’) businesses in Chicago. Dr. Zins, with his colorful personality, was a favorite *Tribune* subject.

***“I never pulled any ‘rough stuff’ like Zins”***

The articles discussing Dr. Lewis Zins, a longtime Chicago practitioner, illustrate how the anti-quack rhetorical newspaper strategies of exposure, pleasure, vilification and ridicule were used to indict Zins for his fraudulent business practices. The *Tribune*’s and AMA’s research uncovered old lawsuits for business fraud and even a name change. Zins was licensed as L. E. Zinsheimer, but truncated his name to Zins the following year, perhaps in an attempt to seem less foreign. The care and wit Evans and the *Tribune* lavished on the Zins articles show a fascination with the practitioner,

even as the author established Zins' status as a leader of the men's specialist profession and a buffoon.

Zins, in practice in Chicago since the late 1890s, was in some ways the quintessential men's specialist: avuncular, confident, clever, persuasive and an expert physician and entrepreneur who "...up to the present, has been able to 'make a front' in decent society." He earned an M.D. from the Illinois Medical College in 1898 and was licensed to practice in Illinois the same year. He fascinated Dr. Evans, who devoted many column inches to Zins and deemed him the "most interesting"<sup>199</sup> of the investigated doctors, even though, as he wrote, "Zins works a threadbare 'come-on' game which would deceive no intelligent person...His plan is to frighten his patient into believing he has some disease and then fleece him."<sup>200</sup> This is not a particularly novel characterization of a men's specialist, so Evans and the *Tribune* elaborated on Zins' role in the local advertising medical community.

According to Evans and the *Tribune*, among the Chicago men's specialists, Zins seemed to be both an exemplar and a scapegoat. He advertised perhaps the most extensively of all men's specialists and had a stable of expensive lawyers who defended him against lawsuits. When the *Tribune* asked the other profiled practitioners for a

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<sup>199</sup> "War on Quacks taken up by US Officials," *Chicago Tribune*, Oct. 30, 1913, 1.

<sup>200</sup> "Cure Fakers Find Disease in Well Men," *Chicago Tribune*, Oct. 27, 1913, 1.

response to the first day of the exposé, they put on an air of “injured innocence”:

“‘Why do you single me out for this attack? I never ‘pulled any rough stuff’ like Zins.’ This complaint typifies the attitude of the rest of Chicago’s medical charlatans toward this particular offender. It is a fact that Zins is looked upon by his fellows in the ignoble profession of ‘skinning’ the sick and the simple as its ‘horrible example.’

Whenever these fellows are cornered or whenever, as it is said, occasionally happens, they feel a pang of conscience, they whine: ‘Well, as bad as I am, I am not as bad as Zins.’”<sup>201</sup>

What was so bad about Dr. Zins that he could be pointed to as the worst example of men’s specialist practice? The *Tribune* uncovered various cases in its legal research. When in 1911 an Illinois coal miner tried to recover his \$60 from Zins, Zins returned only \$6 for train fare, and subsequently \$10 more when pressured by the legal aid society, which called him “a sharp business man who insisted on sticking to his bargain.” He also was sued by a boy he diagnosed with rupture (hernia) who really had the mumps.<sup>202</sup> Despite these incidents, Evans contradicted the (nameless) men’s specialists quoted above and asserted that Zins is not the most evil of the men’s doctors,

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<sup>201</sup> War on Quacks taken up by US Officials,” *Chicago Tribune*, 30 October 1913, 1.

<sup>202</sup>“War on Quacks taken up by US Officials,” *Chicago Tribune*, 30 October 1913, 1.

though he is certainly the most charismatic. "...The fact is that Zins is not the most dangerous of the quacks of Chicago. He does as much harm as could, in reason, be expected of any one individual, but he does not possess the facility for evil as some of his confederates. His fellow quacks, however, are correct in their unanimous selection of him as a leader. He is blustering, headlong, and daring. He isn't as cunning as Flint, but he is a much better bluffer."<sup>203</sup>

Evans focused on Zins' confidence, personableness, and ability to bluff as his most important leadership characteristics. When the *Tribune* reporter visited Zins, the reporter's case was deemed very serious, and he was required to return that night with a urine sample. At the AMA's offices a few blocks away, Cramp and Evans filled the urine bottle with hydrant water. But when Zins' assistant analyzes the bottle, the news was bad: the specific gravity of the urine was dangerously low. "'What!' almost shouted Dr. Zins, as he tore the stethoscope from his ears and snatched the glass beaker from the hands of his assistant. 'Is it as low as that? My God, man, are you sure it is as bad as that?'" After being assured that his patient never went to high school, Zins told him that "specificus gravitus" is a state of the kidneys peculiar to persons affected with syphilis. Zins further asked our patient to wire his rich uncle in Kentucky for money for

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<sup>203</sup>"War on Quacks taken up by US Officials," *Chicago Tribune*, 30 October 1913, 1.

his fee. When the patient asked if it really was as bad as all that, Zins replied, “Well, I should say it is. I don’t want to scare you, though. I won’t tell you what else is wrong....”<sup>204</sup> In the October 27 *Tribune*, this story sounded ridiculous. Zins seemed not dangerous, but a clown, a figure of fun, as well as greedy.

Zins’ response to the printing of this account shows both his avuncularity, with protests of injured innocence, and the success of the *Tribune*’s strategies against him. Responding to the onslaught of charges, Zins met with another reporter to explain his side of the story. First he acted like a father hurt by an ungrateful son. “I tried to do all I could for the young man who investigated me. I talked to him like a father. And then for him to turn around and write those things about me--well, it was most ungrateful.” Then he attacked the trustworthiness of the report, based on the character of the reporter and the fact that there was only one. “I don’t think that the word of that young man should be depended upon. Anyway, two or three investigators should have been sent around....” He claimed that the *Tribune* itself had wronged him. “Now, don’t be too hard on a man. Let him have fair play. There is no reason that the *Tribune* should jump onto me. I think I’ll go down there and have a talk with the editor....” Finally, he admitted that the expose, even one day later, had hurt his business and professional

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<sup>204</sup> “Cure Fakers Find Disease in Well Men,” *Chicago Tribune*, Oct. 27, 1913, 1.

standing. “I’m going to stay in business just as long as I can. But the *Tribune* has hurt me pretty badly.”<sup>205</sup> Appealing to fairness, Zins protested his innocence and defended his business.

Though the *Tribune* proved that Zins had committed business fraud, Evans’ fascination at telling the story and making fun of Zins proved equally successful strategies in their goal to put men’s specialists out of business. Since Zins’ business was based on the patients’ trust of his authority as a doctor, the *Tribune*’s ridicule was more hurtful than any number of lawsuits. Zins left town on October 31, never to return to Chicago; the headline read “Old Doc Zins Ducks City, Deserts ‘Specificus Gravitus’ Victims and Makes for Canada.”<sup>206</sup>

### ***Dr. Flint and the licensure laws***

The exposé on Dr. Edward N. Flint, a Reinhardt associate, demonstrated another facet of the *Tribune*’s men’s specialist coverage. The case of Dr. Flint shows how the *Tribune*’s exposure strategy was more effective in ending men’s specialist businesses than earlier licensing-based prosecutions. Dr. Flint was portrayed in the *Tribune* as an evil-minded fraud, with no appeal to scandal or ridicule. Evans

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<sup>205</sup> “City Council Lays Plans to Expel Quacks,” *Chicago Tribune*, Oct. 28, 1913, 1.

<sup>206</sup> “Old Doc Zins Ducks City,” *Chicago Tribune*, Oct. 31, 1913, 4.

considered Flint more cunning than Zins and one of the most dangerous practitioners in Chicago: not only did Flint defraud patients, he killed them. The *Tribune* used Flint's Reinhardt connection to accuse all parties of gross business fraud and malpractice. Since their success thrived on secrecy, and they had had unsavory incidents in their past, exposure was an effective weapon against them.

The *Tribune's* reporter found Flint's methods similar to those of other men's specialists, but further investigation exposed Flint as guilty of iatrogenic murder. Though the usual appeal to fear was problematic, more problematic were two cases uncovered by the *Tribune*. A patient suffering from rupture (hernia) died of a kidney infection ten days after his fifth treatment by Flint.<sup>207</sup> Another patient died "in agony" after paraffin treatments for his rupture. The patient's widow tried at least to reclaim \$55, but was rebuffed. Flint was on his way to Canada to escape prosecution.<sup>208</sup>

Flint's flight, just five days after the start of the exposé, was even more striking due to his earlier licensure problems and his long connections to the oft-prosecuted Reinhardts. As a trusted lieutenant, he had trained employees and had administered a

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<sup>207</sup> "Dr. Flint Changes His Mind," *Chicago Tribune*, Nov. 1, 1913. Joseph Bais, a janitor suffering from rupture, had previously been under treatment with his family physician, Charles Pusey, who couldn't cure him, "for a cure was beyond medical skill," but made him well enough to return to work. Bais "was impatient of Dr. Pusey's steadygoing methods." The *Tribune* article is not clear whether Flint's treatment or the lack of Pusey's regular treatment killed Bais.

<sup>208</sup> "Death Story Told as Quack Flees," *Chicago Tribune*, Nov. 1, 1913, 5.

number of Reinhardt institutes in Chicago, Gary, and across the Midwest. His office in Chicago was formerly known as the Vienna Medical Institute, one in a long line of Reinhardt institutes with old world names, such as the Heidelberg Medical Institute (St. Paul), the Leipsig Doctors (Milwaukee), and the Copenhagen Medical Institute (Davenport).

Flint's Illinois credentials were seemingly sound. He graduated from the University of Illinois Medical College in 1897 and earned his Illinois licensure in 1902. In 1906, however, he was denied a Wisconsin license by the Wisconsin Board of Medical Examiners "on the ground that he advertised to cure an incurable disease." He had offered to cure "blood disease" as part of the Reinhardt medical business. In fact, one of the Reinhardts' political goals in Wisconsin had been for Flint to be granted a Wisconsin medical license.<sup>209</sup>

The Illinois State Board of Health had ignored Flint's previous questionable

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<sup>209</sup> Arthur Cramp, "*Medical Institutes*," (Chicago: AMA, 1908). Box 207, Folder 207-01, HHF. For Dr. Cramp, this was evidence of the Reinhardts' political machinations. It is also evidence of the strong loyalty and support connections between Flint and the Reinhardts. "Determined efforts were also made by them not only to interfere with the action of the Wisconsin Board of Medical Examiners, but also to dictate its composition. This was due to the fact that the board had refused to license a Dr. Flint from Chicago. This Dr. Flint is a rupture specialist and a man who conducts the medical institute of the Reinhardts in Chicago. Every effort was made to secure a license for this man, and in order to influence certain members of the board an attempt was made to enlist the help of a judge of one of the circuit courts of Wisconsin, whose brother is a member of the board, in favor of Dr. Flint. Of course, this effort utterly failed, but merely shows how extensively these Reinhardts interested themselves in all public affairs which could in any way affect their business."

dealings for lack of convincing proof. In 1910, Flint's Vienna Medical Institute employee, A. J. de Souchet, was found to be practicing medicine without a license and under a false name. A warrant was issued for de Souchet himself, who fled town, but no action was taken against Flint, who declared that he would "sever his relations...at once" with de Souchet.<sup>210</sup> Later, in 1913, when Cramp began investigating Flint, de Souchet and the Reinhardts, perhaps for the *Tribune* story, the Illinois State Board of Health's secretary, J.A. Egan, was skeptical about Flint's Reinhardt connections and any possible malpractice. Egan said that he "personally... [did] not recall any connection" between Flint and the Reinhardts; when Egan visited Flint's institute in 1910, he saw only Flint and DeSouchet, not Willis Reinhardt,<sup>211</sup> and that ultimately there was little the State Board could do.<sup>212</sup>

Egan cautioned Cramp that the State Health Board was almost powerless to revoke a medical license. "As you understand, the State Board of Health has no jurisdiction over the licenses of either Dr. Flint or Dr. Reinhardt, and even if they are guilty of unprofessional conduct--and no proof of this has yet been presented to the

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<sup>210</sup> J.A. Egan, Secretary and Executive Officer, Illinois State Board of Health, to Hon. Jon E. Wayman, State's Attorney, Cook County, Chicago, IL, Aug 7, 1910, Box 207, Folder 207-01, HHF. Cramp found de Souchet running a Museum of Anatomy in Peoria, and later practicing as a rectal specialist in Decatur.

<sup>211</sup> Willis was the only Reinhardt with an Illinois medical license (1899), and thus the only Reinhardt in the files of the Illinois State Board of Health.

<sup>212</sup> J.A. Egan to Arthur Cramp, Jan 6, 1913, Box 207, Folder 207-01, HHF.

Board--there is nothing that can be done in the case.”<sup>213</sup> Thus, to force action by the state board, Cramp would have to give convincing proof of Flint’s and Reinhardt’s malpractice, and then go through the long and complicated bureaucratic court process involving in revoking a license.

The failures of both the licensure laws and their enforcement against men’s specialists was a common theme in the exposé, which necessitated the *Tribune*’s public exposure campaign. “There is a radical defect in our law. Once a man has been granted a license he may be convicted of any kind of malpractice and still return to practice after he has been released from prison, “ admitted Chicago’s Health Commissioner, George B. Young, M.D., on the first day of the exposé.<sup>214</sup> A reader from Iowa decried the injustice of lenient laws for doctors but not for working people. “The city of Chicago will convict a man for stealing a loaf of bread to keep his family from starving but will continue to issue licenses to dentists and doctors who ought to be in Joliet, Ill [site of a state prison] for life.”<sup>215</sup> The failures of the licensure laws were thrown into sharp relief by the success of the newspaper campaign. It took public pressure and specific examples to force both Flint and Zins to shut down their businesses and flee the state.

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<sup>213</sup> J.A. Egan to Arthur Cramp, Jan 6, 1913, Box 207, Folder 207-01, HHF.

<sup>214</sup> George B. Young, M.D., “City’s Health Chief on Quackery Frauds,” *Chicago Tribune*, Oct. 27, 1913, 2.

<sup>215</sup> A. Bennisinger in “Victims Tell How Cure Fakers ‘Get the Money,’” *Chicago Tribune*, Nov. 1, 1913, 5, does seem to be under the mistaken impression that the city, not the state, issued medical licenses.

When Flint returned to Chicago in late December, he was arrested.<sup>216</sup>

The *Tribune's* investigation, while proving that public exposure was more effective than licensure prosecution as it currently stood, ultimately forced licensure revocation proceedings against the eight featured men's specialists, including Flint. "When the *Tribune* began the exposure of these fakers more than a week ago," the State Board sent its own investigators to the eight practitioners, who "simply verified the truth of the allegations made," according to Charles Alling, the attorney for the State Board. From the State Board, the financial responsibility for the prosecution was passed upward. George Webster, the Board's President, said, "I hope the attention of the members of the legislature has been called to this campaign. It costs \$3,000 or \$4,000 to revoke the license of one doctor. No appropriations are made to the assembly to meet the expense of these trials, but we are going ahead with them."<sup>217</sup> Though the Board was prepared to take action on licensing issues, if enforcement action was not successful, the state might be blamed for failing to appropriate funds. Dr. Flint and his associates' medical licenses had revealed that professional practices were problematic in trying to deal with quacks who advertised or conducted dishonest or even dangerous businesses.

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<sup>216</sup> "Quacks in Court, Another Taken," *Chicago Tribune*, Dec. 20, 1913, 1.

<sup>217</sup> "State Board Aids War on Quackery," *Chicago Tribune*, Nov. 5, 1913, 4.

***Working for the Reinhardts: “Eddie, We Never Cure Anybody Here”***

The stories of three Reinhardt medical institute employees helped the *Tribune* demonstrate, from an inside perspective, the disreputable business practices the Reinhardts used to “get the money” from their patients. *Tribune* readers knew how the reporters, as potential patients, were treated by men’s specialists, but many questions remained. How exactly did institute employees swindle patients? How were employees recruited, trained and retained? At the end of the first week of the exposé, the *Tribune* printed the allegedly verbatim confessions of two floormen and a manager in the Reinhardt circuit: Eddie, Ike and Joe.<sup>218</sup> Publishing this level of detail lent credence to the tales of the Reinhardts’ frauds.

The employee stories follow a narrative arc of evil and redemption. The employees, young immigrant men, are portrayed as down-on-their-luck family men who are (at least initially) duped by the men’s specialists just as patients are duped. Eddie and Ike began their stories grateful to have found any job. They asserted their initial innocence, had a sudden revelation of the evil of the medical institutes, were finally overtaken by the horrors they witnessed, and made a break with the institute by warning

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<sup>218</sup> “Eddie” is the name given in the *Tribune*. The other two confessions are anonymous, and I have supplied the names “Ike” and “Joe” to help tell them apart.

away a (fellow immigrant) patient, having allowed their moral values to overtake their economic interests. Joe, who began with few qualms, finally fled because of the horrors he saw.

Evans treated these employees much more gently than he treated the men's specialists themselves. The employees were not on trial but were being used to expand public knowledge about the Reinhardts' frauds. "[The employees'] names are suppressed because the *Tribune* believes them to be potentially honest and does not wish to destroy the reputations of men who, in different surroundings, would turn out to be useful citizens."<sup>219</sup> The *Tribune* assured the floormen's anonymity and thus asserted a belief in their underlying decency. This added to the Reinhardts' list of crimes the allegation that they deceived even their own employees.

Eddie's account of his training clearly reveals men's specialist practices. Eddie was hired because of his appearance and because he spoke Hungarian and other Eastern European languages. Willis Reinhardt told Eddie, "You are the man I want, but I'm not going to make you do porter work. You are too smart looking a chap for that. I will make a first class salesman out of you." Eddie learned to fake expert medical knowledge to convince patients that they were suffering and needed medical assistance.

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<sup>219</sup> "Quack's Aids Tell Inside Story of Horror Chambers," *Chicago Tribune*, Oct. 31, 1913, 1.

Under the tutelage of Dr. Flint, Eddie learned the use of the 300 wax figures illustrating diseases, a list of the names of the diseases the Reinhardts advertised they could cure, and a vocabulary of “medical talk.” Eddie’s pay depended on how many “rummies” he persuaded to take treatment. He was sent to the Milwaukee office to practice, and then to Gary to take up a floorman’s job.

Eddie’s realization that the Reinhardt institute was a ‘nest of thieves’ was a sudden, not a gradual one. He had taken a man with consumption to the doctor’s office.

“The doctor said, ‘Eddie, I feel sorry for that poor fellow. He’s almost gone.’

‘Well, doctor,’ I said, ‘we can cure him, can’t we? He’ll be all right in a few weeks.’

The doctor looked at me for a long time as though I had said something surprising. Then he whispered, as though he were ashamed. ‘Eddie, don’t you know we never cure anybody here?’”<sup>220</sup>

Eddie’s loyalty to his community eventually superseded his need for employment. When a fellow Hungarian, Koberg, came into the Gary institute to be treated for varicocele, Eddie counseled Koberg to see a “real doctor.” Koberg

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<sup>220</sup> “Quack’s Aids Tell Inside Story of Horror Chambers,” *Chicago Tribune*, Oct. 31, 1913, 1.

subsequently underwent a successful operation with a regular practitioner. Eddie was transferred to the South Chicago office, and when Flint discovered that Eddie had referred Koberg elsewhere: “‘You -----, get to h---- out of here!’ shouted Flint.” Eddie left the medical institute business, but not before he hired a lawyer and sued Flint for his back pay.<sup>221</sup> This story, as reprinted in the *Gary Tribune*, had the optimistic subhead “‘Effirts [sic] of Foreigners to Help Countrymen Richly Rewarded.’”<sup>222</sup>

The *Tribune* presented Eddie as an injured innocent, but his story had some holes. Eddie was not skeptical about his new job. “I liked the work well enough at first. I knew nothing about medicine, for I am only a poor Hungarian boy and I never had much education, and I believed that the institute was really what it represented itself to be--a place where disease was cured.” The word ‘rummy,’ the medical crash course, and the commission-based salary did not seem suspicious to Eddie. For Eddie, this was another sales job. Eddie remained with the institute after he discovered its true nature, leaving not when he was required to dupe a fellow Hungarian, but when he was caught helping him. And even then, he refused to cut his ties with the institute until he received his salary for his dastardly deeds. Yet the *Tribune* and even other medical

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<sup>221</sup> “Quack’s Aids Tell Inside Story of Horror Chambers,” *Chicago Tribune*, Oct. 31, 1913, 1.

<sup>222</sup> “Expose Gary Medical Show” *Gary Tribune*, Oct. 31, 1913, Box 201, Folder 207-01, HHF.

institute employees praised Eddie: "I like Eddie. He is a man with a conscience."<sup>223</sup>

Despite the story's inconsistencies, Eddie was treated as a hero for repudiating and exposing the Reinhardts.

Ike's story was similar to Eddie's. Dr. Flint hired him for his appearance and language skills. The casetaker at the Indianapolis office, Woods, told Ike to "'con' the suckers" and insisted, "Remember one thing: we're here to get the money." "This was a surprise to me," Ike said, "because I had come down to Indianapolis convinced that the business was honest." Finally Ike, knowing the painful and dangerous consequences of the Reinhardt paraffin-injection hernia treatment, told a patient with a hernia to go away, and was fired. His conscience, too, won out.<sup>224</sup>

Ike exposed some men's specialist's assumptions about morality and disease. Like many contemporaries, he thought that if patients who came to the institute did not in fact have syphilis, they had at least been acting immorally and deserved what they got. "A large percentage of them were not sick at all--only thought they were sick, the result, usually, of a guilty conscience....the virulence of the disease depended on how much money the sucker had. Most of them had a skinning coming to them the way they had been acting, and I figured that anyway it would be worth money to them if we did

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<sup>223</sup> 'Joe' in "Quacks' Manager Tells How Sick Dupes are Ruined," *Chicago Tribune*, Nov. 2, 1913, 1.

<sup>224</sup> "Quack's Aids Tell Inside Story of Horror Chambers," *Chicago Tribune*, Oct. 31, 1913, 1.

throw a scare into them that would keep them out of trouble in the future.” Thus the medical institute served as a moral corrective to ‘sporting’ young men. The *Tribune* did not address this suggestion, but Evans surely would have objected. Evans himself only referred to “so-called venereal diseases,” appending a corrective to the moral judgment implied by the word ‘venereal.’<sup>225</sup>

Joe, the manager, had a complicated moral journey. He began as a knowing employee troubled by only occasional attacks of conscience and later left in disgust. After responding to an ad for a Jewish salesman, he was immediately told to “get the money.” Dr Flint told him to grow a beard for a professional look, and Willis Reinhardt took Joe for rides in his automobile and invited him to his private home. Joe, with his businesslike appearance and ready manner, was to become a manager. Matter-of-factly, Joe described his education in swindling.

“I was told how to get the confidence of a prospective patient and how to work upon their fears and imagination, and how to impress them with the idea that they were in imminent danger of death, or at least in dire need of our treatments....

“Whenever the doctor was out I always took his place. I made the

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<sup>225</sup> “Quack’s Aids Tell Inside Story of Horror Chambers,” *Chicago Tribune*, Oct. 31, 1913, 1.

examinations, looked wise about the symptoms, diagnosed and prescribed. I knew all the prescriptions, because I mixed them up by the gallon. In the cases I handled I prescribed only harmless prescriptions, but always got as much money for them as the patient could give, and generally contracted him up for a long course of treatments at a big price.”<sup>226</sup>

Joe articulated a tiered morality, suggesting that swindling patients was acceptable, but harming them was not. For the *Tribune*, both were problematic. Evidence of the first, fraud, was all they needed to drive the men’s specialists out of town and, hopefully, prosecute and convict them,. Joe worked in the institute in St. Joseph, Missouri, with a “real physician...who had a conscience the same as I have” and “never hurt any of his patients....[he occasionally] told men that there was nothing the matter with them and let them go. But that was not what we were there for and we both knew it. We only acted that way when our sympathies were touched deeply.” Joe rationalized his involvement in the medical institute, insisting that the physician helped some patients. “I honestly believe that he did do good for some of the patients and I don’t think he did any of them any harm, except when he took their money.”<sup>227</sup>

As portrayed in the *Tribune*, the Reinhardt medical institutes differed in levels

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<sup>226</sup> “Quacks’ Manager Tells How Sick Dupes are Ruined,” *Chicago Tribune*, Nov. 2, 1913, 1.

<sup>227</sup> “Quacks’ Manager Tells How Sick Dupes are Ruined,” *Chicago Tribune*, Nov. 2, 1913, 1.

of fraud and moral indifference. Joe enjoyed working at the St. Joseph institute, but his experience at the Gary institute were enough to make him leave the business. Joe originally left St. Joseph because of his wife's objections, but financial hardship drove him back to the Reinhardts, and this time he was sent to Gary, where he worked as manager and pharmacist. The Gary institute, unlike the St. Joseph location, was run by a corrupt physician, and "men are not merely swindled in that office; they are ruined in health." The conditions in the Gary office were so horrifying that Joe had to leave: "the atrocities we [Joe and Eddie] witnessed were just more than a human being could stand." The doctor, Morse, rifled through a patient's pockets while he was on the operating table. He tried to administer medicines with a rusty needle. It was overwhelming disgust with his participation in the corruption of the Gary institute that prompted Joe to finally leave.<sup>228</sup> The *Tribune* printed this sensational story to provoke outrage and disgust at Reinhardt medical institute practices, along with pity and help for the victims of their practices.

The Reinhardt business leadership was threatened by these testimonials. The public exposure of the Reinhardts' business practices was so problematic for their business that they tried questionable tactics to hold off newspaper stories. After his

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<sup>228</sup> "Quacks' Manager Tells How Sick Dupes are Ruined," *Chicago Tribune*, Nov. 2, 1913, 1.

story was published in the *Tribune*, Joe was threatened with violence by three toughs sent by Reinhardt associate H.E. Johnson (his manager from St. Joseph) and was pressured to sign an affidavit saying he had lied to the *Tribune*.<sup>229</sup> These graphic and revealing stories from medical institute employees exposed fraudulent and dangerous business practices of the Reinhardts.

### ***Allies and Competitors***

The *Tribune*'s exposé brought other stakeholders into the fight to put fraudulent men's specialists out of business. It did so by bringing to light the existence and problems of quackery in Chicago and by publishing stories and details that might be used as evidence in prosecutions. Some allies were pushed into action by the *Tribune*'s questions about why nothing had been done about quackery. Even some allies were specifically chastised in the *Tribune*'s pages.

Joseph Keeley's editorial on October 27<sup>th</sup>, the first day of the exposé, called for specific people and organizations to respond decisively to the facts. The editorial had a rousing, reformist tone, and presented the case against men's specialists as proven but needing official action. "The exposure is complete and conclusive. The *Tribune*

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<sup>229</sup> "Medical Fakers Try 'Strong-Arm,'" *Chicago Tribune*, Nov. 16, 1913, 6.

donates the evidence.” Keeley then specifically asked the Governor, the State Board of Health, the Mayor, the State’s Attorney, the AMA and Chicago Medical Association, “what will you do about it?” He elucidated the goals of the campaign and the need for further action. “The exposure of the facts alone will save many possible victims. That is one reason why the facts are given publicity in the *Tribune*. But our publicity, publicity of the truth, is not enough...” Exposure, he says, is an important and successful strategy, but not sufficient. To defeat quackery, “...the authorities...should act, drastically, promptly, thoroughly. These charlatans should be caught and prosecuted and punished to the full extent of the law.” Keeley ended his editorial by calling for a national campaign against men’s specialists, to be spearheaded by the AMA. “This obscene traffic should be rooted out. It should be destroyed in Chicago. It should be destroyed wherever it goes on in the country, and it goes on everywhere. This is work for the American Medical Association to push energetically and to insist upon the authorities completing. And let the work begin here and now.”<sup>230</sup>

Both the *Tribune* and outside commentators agreed that the newspaper had done excellent work in the anti-quackery investigation. However, most articulated that the responsibility for such campaigns rightly rested on governmental authorities, and that it

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<sup>230</sup> “Stamp This Thing Out” Chicago Tribune, Oct. 27, 1913, 6.

was the government's responsibility to continue the battle. That it was the *Tribune*, a newspaper and not an official body, that investigated and exposed the men's specialists, was seen by some commentators as testimony that government was shirking its responsibility to protect the public. "It may be a sad commentary on the constituted authorities that they should have to avail themselves of the enterprise of a [public-spirited] daily newspaper to expose and combat some of the glaring evils"<sup>231</sup> of quackery, opined another newspaper. Newspapers could congratulate each other on being agents of reform and bemoan the lack of government action.

Chicago city agencies took up the crusade. The City Council committed itself to fighting quackery. Alderman Nance, arguing that the responsibility really rested with the State Board of Health, which had done nothing, or the State Legislature, which had an anti-quack bill up in the previous assembly which had not been enacted, decided it was "up to Chicago herself to take steps to rid herself of the medical cormorants--these human buzzards that prey upon the ill and ignorant."<sup>232</sup> A measure was introduced and passed by the City Council to "[prohibit] the public circulation of advertising of a

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<sup>231</sup> "Four Suicides Caused by Lies of Quack Doctors," *Chicago Tribune*, Nov. 4, 1913, 1. Reprinted from "A Needed Exposure of Glaring Evils," *New World* (A Catholic Chicago newspaper).

<sup>232</sup> "City Council Lays Plans to Expel Quacks," *Chicago Tribune*, Oct 28, 1913, 1.

fraudulent character”<sup>233</sup> The City Health Board endorsed this proposed bill, though the *Chicago Examiner*’s representative in the room strenuously objected on the grounds of freedom of the press.<sup>234</sup>

Other organizations also took up the anti-quack crusade. Public health reformers, many in the American Social Hygiene Association, were interested. The Chicago Medical Society endorsed the campaign,<sup>235</sup> despite the fact that in other exposés, such as the *Chicago Times*’ 1888 abortion exposé, the medical society had been forced into hypocrisy; the exposed physicians were upstanding doctors who catered to the middle classes, including the society’s president.<sup>236</sup> It was easy for regular doctors to support the anti-quackery campaign, because it targeted irregular practitioners, whom they opposed for other reasons.

Local, state and national post office departments proposed to use the interstate postal fraud statutes to pursue men’s specialists. Chicago’s postal inspector, James E. Stuart, recommended to his federal supervisors that men’s specialists be prosecuted for

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<sup>233</sup>”Quack Ordinance Given to Council,” *Chicago Tribune*, Dec. 9, 1913, 1.

<sup>234</sup> “Votes for a Law to Stop Fake ‘Ads’” *Chicago Tribune*, Dec. 18, 1913, 3. The *Chicago Examiner* was one of Chicago’s Hearst papers.

<sup>235</sup> “Chicago Doctors OK Quacks War,” *Chicago Tribune*, Nov. 19, 1913, 15; In this same motion the Chicago Medical Society also condemned the *Tribune* for printing patent medicine ads, mentioning Lydia Pinkham by name. The *Tribune* objected strenuously to this ‘false charge,’ but though the *Tribune* might not have printed Pinkham ads, it certainly ran ads for other patent medicines.

<sup>236</sup> Reagan, *When Abortion was a Crime*, 56.

fraud. Stuart pointed out as a precedent “the Post Office Department’s campaign against abortionists and ‘race suicide specialists’ last spring. In that crusade more than 300 ‘doctors,’ druggists and midwives were arrested simultaneously all over the country in one day....He assigned several Post Office inspectors to investigate the extent of the mail order side of the business carried on by the ‘specialists.’ Evidence will be gathered with a view to prosecute under the postal regulations prohibiting the use of the mails in schemes to defraud.” In late 1913, United States Postmaster General Albert Burleson announced he would begin prosecuting men’s specialists on both postal and criminal charges. When the Post Office had gathered proof of fraud, it would strip the “charlatans” of mail privileges and then immediately turn the case over to the Justice Department. This reversed the policy of Burleson’s predecessor as Postmaster General, Frank Hitchcock, who, though a crusader against mail fraud, had had a different enforcement strategy. Indictments began in early 1914 and continued through the war years.<sup>237</sup>

The *Tribune* succeeded in unifying these and other disparate groups to fight against men’s specialists. One group discussed in Keeley’s first anti-quack editorial

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<sup>237</sup> “War on Quacks Taken Up by US Officials,” *Chicago Tribune*, Oct. 30, 1913, 1; “US to Join Fight against Quack Doctors,” *Chicago Tribune*, Oct. 31, 1913, 1; “Two-Fold Attack on Fake Doctors, Government Plan,” *Chicago Tribune*, Nov. 1, 1913, 1; “Five Barred by Post Office,” *Chicago Tribune*, Jan. 4, 1914, 6; Wayne E. Fuller, *Morality and the Mail in Nineteenth Century America* (Urbana: University of Illinois Press, 2003).

were the editors of foreign-language newspapers. Both moral and business reasons based in the exposure of the facts of men's specialist business helped pressure foreign language newspapers into dropping quack ads. Foreign language newspapers were also used by the *Tribune* as an instructive example for English-language newspapers. The following section cites not the foreign-language papers themselves but discussions of foreign language papers and quotations from newspaper officials that appeared in the *Tribune*.

### ***The Foreign Language Press against the Men's Specialists***

The *Tribune* blamed both English and foreign language newspapers for selling ads to men's specialists and thus introducing them to their victims. An editorial cartoon entitled "Human Vultures" illustrated this strong connection. In the top panel, an immigrant was shown giving thanks for entering America, land of promise. In the second panel, Drs. Quack and Fake have swarmed upon our bearded immigrant, with newspaper editors being bribed for 'introductions.' The caption compared America's promise to "men who will promise anything." Quack doctors have perverted even the American Dream. Keeley's editorial also attacked other newspapers that printed ads for men's specialists.

“...Our publicity, publicity of the truth, is not enough. Because it is counteracted by the purchase of fraudulent publicity in other publications. The lying claims of these dangerous quacks are circulated in the advertising columns of newspapers... they reach many who doubtless will will not read the truth in the *Tribune*'s columns today. Gentlemen of the press,...Are your columns to continue to offer a place for these frauds, side by side with the honorable advertiser of honest wares? The time has passed when responsibility can be shirked for the help sold to such men.”<sup>238</sup>

Newspapers, he argued, should follow the *Tribune*'s example and rid their pages of men's specialist ads. For the campaign to be truly successful, men's specialists should be shut out of all newspaper advertising. Another editorial cartoon mocked newspaper publishers whose editorial columns were full of calls for political reform but who accepted 'quack' advertising.

Non-anglophone newspapers were told they had a special responsibility not to print men's specialist ads. Foreigners, said the *Tribune*, were vulnerable to men's specialists because they believed the claims they found in the ads. Joe, the Reinhardt manager, had pointed to “the ignorant foreign element” as “the easiest” institute clients.

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<sup>238</sup> “Stamp This Thing Out,” *Chicago Tribune*, Oct. 27, 1913, 6.

“The havoc created by these quacks is greatest in the foreign quarters, because they advertise most heavily in the foreign papers, and the printed word is accepted by the foreigner almost without question.”<sup>239</sup> Immigrants lacked the caveat emptor instinct of native-born Americans, asserted the *Tribune*: “No such practice as those resorted to by the quack physician here were ever heard of in the countries these aliens come from. When the immigrant reads in his weekly family paper black on white that Dr So and So ‘guarantees a cure’ he takes it as gospel truth. Frequently he does not even realize that the statement he reads is a paid advertisement. He thinks it is an announcement made by the journal itself purely for the benefit of mankind.”<sup>240</sup> According to the *Tribune*, since immigrants were so trusting and ignorant of American ways, their publications should be free of quack ads.

American papers, however, according to Keeley, were more to blame for quackery in foreign language papers than the foreign language papers themselves, because foreign language papers took their cues from English-language ones. “They have not always the resources thoroughly to investigate the claim of the advertisement which the American newspapers have. Nor are the foreign papers always financially able to spurn the revenue these ads bring in.” Many of the papers were just barely

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<sup>239</sup> “A Disgrace and a Menace,” *Chicago Tribune*, Oct. 28, 1913, 6.

<sup>240</sup> “The War on Quackery,” *Chicago Tribune*, Oct. 30, 1913, 6.

holding on. “The publisher of the paper is often also the editorial staff, the business office and the office boy. They are frequently written and set up by candlelight. In spite of these extenuating circumstances the foreign press, as a duty to the public, announces its readiness to close its pages to quacks and impostors. What excuse can the stronger American newspapers offer for continuing to print the cesspool outpourings of the scum of the medical profession?”<sup>241</sup> The *Tribune* editorialized that the foreign-language papers would follow the leadership of American papers. “When all newspapers printed in English cease to accept the quack advertisements the foreign papers will readily fall in line.”<sup>242</sup> Ironically, despite the *Tribune*’s contention, the foreign-language papers were the first to join the campaign.

Because of the *Tribune*’s moral anti-quack message, the twenty-nine members of Chicago branch of the American Association of Foreign Language Newspapers (AAFLN) took up the crusade and banned institute ads.<sup>243</sup> AAFLN members echoed the *Tribune*’s contention that they took their cue from American papers. V. A. Geringer, the general manager of the Chicago *Bohemian Svornost*, told the *Tribune* that, since victims rarely come forward, although “foreign language editors have all along felt that there was something wrong with these quacks,” they “needed some one or

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<sup>241</sup> “The War on Quackery,” *Chicago Tribune*, Oct. 30, 1913, 6.

<sup>242</sup> “A Disgrace and a Menace,” *Chicago Tribune*, Oct. 28, 1913, 6.

<sup>243</sup> Not every foreign-language newspaper in Chicago was a member of the AAFLN.

agency to expose the practices of these men...” M. P. Ginsburg, publisher of the *Daily Jewish Courier*, explained the men’s specialist ad that had run in his paper by laying “the responsibility for printing the advertisements entirely upon the American press. The foreign language publisher scans the columns of the English language papers, he said. His business ethics are determined by their business ethics.”<sup>244</sup>

Newspapers that dropped the ads hoped their new ethical stance would increase circulation and make up for the lack of revenue. In 1913, medical advertisements, for patent medicines as well as medical institutes, formed a large part of newspaper revenues. However, thanks to the exposé, as the publisher of the *Jewish Daily News* said, “The *Tribune*--God bless it--has made it possible for us all, even the poorer dailies, to [refuse questionable ads].” Mr. Geringer of the *Bohemian Svornost*: “though we lose several thousands of dollars worth of advertisements, we really lose nothing. When we throw them out we are just as good as the *Tribune*, and therefore much better than the rivals of the *Tribune* among the English papers.” V. Kohbeck, publisher of the *Bohemian Narod*, articulated a high-minded editorial mission similar to that of the *Tribune*: “I like to think of the profession of the newspaperman as not just a money-making profession. I put the newspaperman on a plane with the clergyman, the priest,

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<sup>244</sup> “Alien Press to War on Quackery,” *Chicago Tribune*, Oct. 29, 1913, 2.

the rabbi, because it is his duty to uplift the race....To be consistent, therefore, and to maintain the high standards of the profession, he should eliminate all ads that will lower the paper in the eyes of the reader. Paltry dollars are no consideration for running the filthy advertisements of fake doctors. It is venal.”<sup>245</sup> John Palandech, the editor and publisher of the *United Servian*, recounted a story about a druggist who would not advertise with him because of the men’s specialist ads, but when he saw Palandech’s letter to the *Tribune* (Oct 29) asserting the cleanliness of the paper, the druggist called up Palandech for an ad. “It pays to keep clean.”<sup>246</sup>

Though editors and publishers were congratulated for removing ads, they were also subject to scrutiny and criticism. The publisher of a Swedish weekly, the *Svenska Kuriren*, wrote in to insist that his paper did not run quack ads: yet *Tribune* reporters picked up the most recent *Svenska Kuriren* and found ads for Ross, Zins, Flint and Hodgens. Comparing this with publisher A. J. Johnson’s assertions that “for more than 25 years ...I have never allowed what I believed to be a ‘quack doctor’ ad to be printed in the columns,” the *Tribune* concluded that “Mr. Johnson is one of the uninformed citizens the *Tribune* aims to reach with its exposures.”<sup>247</sup> Uninformed citizens,

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<sup>245</sup> “Alien Editors Join Quack War,” *Chicago Tribune*, Oct. 30, 1913, 2.

<sup>246</sup> “Alien Editors Join Quack War,” *Chicago Tribune*, Oct. 30, 1913, 2.

<sup>247</sup> “As to A. J. Johnson’s Attitude,” *Chicago Tribune*, Oct. 30, 1913, 2.

according to the *Tribune* and its correspondents, were overwhelmingly foreign.

Whereas American editors were criticized for their moral failures in publishing men's specialist ads, Johnson was identified as ignorant. Immigrants, even newspaper editors, were vulnerable to quack doctors.

***Lasting effects: "I wish I was back in Chicago."***

The exposure strategy was effective, but only as long as public attention lasted. After the spring of 1914, the *Tribune* no longer ran constant pieces on quackery. Much momentum was created in 1913 and 1914 for increased enforcement of existing licensure and advertising laws and passing of new ones. Many men's specialists were prosecuted for infractions of these laws, as well as for other criminal actions. However, many of the cases became hopelessly stalled in court, and prosecution faded as memories of the exposé dimmed. Men's specialists dropped from the public eye-- except, of course, in their advertisements in some of the English- and foreign-language dailies, and in their handbills passed out downtown by the thousands.

The possible legal actions around advertising were many. They included fining newspapers for publishing the 'nasty' advertisements of the quacks: "the ordinance has been on the books for a long time, but for some reason it had not been enforced,"

complained an editorial. Additionally, the city could prosecute those practitioners advertising under false names, according to a 1901 state law. The City Council did, as discussed above, pass a law to prohibit false and fraudulent advertising. Existing city ordinances also prohibited medical advertising in public places and the distribution of handbills, circulation of literature containing information on the nature of any remedy for venereal disease, information about where to get medicine to cure or prevent venereal disease, advertisements giving information about venereal disease and advertisements for quack nostrums. These infractions were subject to \$20-\$50 fines.<sup>248</sup>

These advertising prosecutions, the focus of much of the anti-fraud arm of the exposé, had limited success. The papers in the Chicago branch of the American Association of Foreign Language Newspapers promised to drop men's specialist ads, but not all foreign-language papers belonged to the association. The *Tribune* and some other English-language papers dropped the ads, but the Hearst papers did so only after the threatened prosecution.<sup>249</sup> For the men's specialists, the advertising prohibitions carried a fine, but no jail time. Practitioners often had deep pockets such that several \$50 fines were negligible.

Legal strategies unrelated to advertising were also used. The city could enforce

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<sup>248</sup> "Four Suicides Caused by Lies of Quack Doctors," *Chicago Tribune*, Nov. 4, 1913, 1.

<sup>249</sup> "Votes for a Law to Stop Fake Ads," *Chicago Tribune*, Dec. 18, 1913, 3.

finer for large signs above businesses. Owners of the buildings in which men's specialists rented offices were pressured to evict quacks.<sup>250</sup> Post office prosecutions were also begun. Licensure revocations began against many of the men's specialists, but these were costly and generally ended in cash settlements rather than license revocations.

The exposé's effect on men's specialists was mixed. Some practitioners, such as Dr. Zins and Old Doc Sweaney, left town forever following the exposé. Flint and others were forced to flee the city and returned to face criminal charges--but they either set up offices in other states or elsewhere in Chicago once the anti-quack furor had died down. Flint returned to Chicago in December 1914 and was arrested, but his case was settled out of court. The Reinhardts do not seem to have practiced in Chicago again. Dr. Ross was arrested and arraigned, but his cases were delayed and finally settled, and he returned to practice.<sup>251</sup> Ross' landlord, who rented space to other men's specialists on North Dearborn, just down the block from the American Medical Association's offices, defended his tenants in the *Tribune* and refused to think about evicting them.<sup>252</sup> The Code brothers laid low for a while and eventually moved into the weight loss clinic business. They would seldom be bothered by the *Tribune* or the authorities again. A

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<sup>250</sup> "Four Suicides Caused by Lies of Quack Doctors," *Chicago Tribune*, Nov. 4, 1913, 1.

<sup>251</sup> "Quacks Delay their Trial," *Chicago Tribune*, Jan. 16, 1914, 3.

<sup>252</sup> "Four Suicides Caused by Lies of Quack Doctors," *Chicago Tribune*, Nov. 4, 1913, 1.

1930 report from the American Social Hygiene Association found that many of the men's specialists investigated in the *Tribune* in 1913 were still in business, and found their advertising in nine foreign language newspapers.<sup>253</sup>

Through the 1920 and 1930s, periodic campaigns against VD tangentially investigated men's specialists, but no follow-up campaign specifically against men's specialists was ever undertaken in Chicago again. The goal of those later campaigns was to control syphilis and other sexually transmitted diseases, not expose or investigate medical fraud. Since, due to their low advertised cost and high visibility, men's specialists often served patients who were reluctant or unable to see regular practitioners, and since men's specialists were accused of distributing misinformation and false cures, shutting down men's specialists became a part of VD control campaigns. The *Tribune* ran a few articles in 1926 around syphilis quackery, in conjunction with Health Commissioner Herman Bundeson's ambitious anti-VD campaign, but did not conduct a full exposé. The 1939 Chicago Syphilis Control Program, meant to be a national model, included rhetoric about quack clinics being a danger to syphilis control, but focused its money and energy on prevention of the

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<sup>253</sup> "Quackery in Relation to Syphilis and Gonorrhoea in Chicago: Report of an Investigation by the American Social Hygiene Association made at the request of Chicago Social Hygiene Associations," 1931, Folder 99.3, Box 99, American Social Hygiene Association collection, Social Welfare History Archives, University of Minnesota.

disease through public education and control of prostitution as well as creating low-cost clinics to treat sufferers<sup>254</sup>. Men's specialists had ceased to be the focus of public health interest that they were in 1913.

At least one practitioner experienced long-term effects from the *Tribune's* anti-quackery campaign. In the 1930s, Louis Zins, the men's specialist, was visited in New York by an undercover investigator from the American Social Hygiene Association. Though the position the investigator came to interview for was already filled, Zins regaled him with stories of the old days and talked about his old colleagues in the medical business. Zins, asked about his time in Chicago, said, "I had to get out of Chicago. A reporter for the *Chicago Tribune* came to my office and later on made a lot of noise about me in the paper. After that my business was ruined and I had to get out." Wistfully, from his New York office, he added, "I wish I was back in Chicago now."<sup>255</sup>

Zins' nostalgia for the old days in Chicago reflects the highly successful businesses he and his colleagues helped construct there in the 1910s. They developed

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<sup>254</sup> On these anti-VD campaigns, see Bonner, *Medicine in Chicago*; Poirier, *Chicago's War on Syphilis*; Conrad Seipp, "Organized Medical and the Public Health Institute of Chicago," *Bulletin of the History of Medicine and Allied Sciences*, 62 (1988): 429-449.

<sup>255</sup> American Social Hygiene Association, "In Re: Dr. L. Z., Advertising Men's Specialist, ...East 16th Street, New York City," Dec. 12, 1932, Box 208, Folder 0208-08, HHF.

an advertising image for themselves and their practices around a new model, that of the scientific doctor. Just as Zins claimed the secret of the *specificus gravitus*, his fellow men's specialists claimed, too, that they were scientific doctors, particularly by advertising for and dispensing a miracle drug for syphilis, 606 or Salvarsan.

## Chapter 4:

### “606 Will Save You”: Selling Scientific Medicine

Who was that bearded man who appeared in so many men's' specialist ads? An avuncular symbol of men's specialist expertise, these frock- and later lab-coated gentlemen might purport to be Old Doc Sweaney or the Master Specialist. In the advertisements of one Chicago practitioner exposed in the 1913 *Chicago Tribune*, the kindly bearded doctor in the ad for treating blood disease claimed to portray none other than Dr. Paul Ehrlich, Nobel-winning German immunochemist and developer of Salvarsan, also known as 606, 1910's miracle syphilis drug. The doctor himself had become an embodiment of scientific medicine. In Salvarsan promotions, the symbols of scientific medicine were used to sell products. Scientific medicine was conflated with the specific tools, technologies, performances and medications used to administer new discoveries. An analysis of men's specialist advertisements from the 1910s and 1920s

reveals that practitioners were engaged in selling the idea of expert knowledge of scientific medicine, as embodied in a few icons: the doctor, the lab, the syringe, the miracle injection.

The drug Salvarsan, in particular, provided a scientific symbol for men's specialist advertising. The public furor around Salvarsan stemmed from its status as signifier of scientific medicine itself as well as its reported efficacy, spurred by the therapeutic advances of the late nineteenth century. Men's specialists were hardly the only ones promoting the drug. In the storm of press attention, covering Ehrlich's announcement of the discovery at a scientific conference in the spring of 1910, the drug's introduction to the American marketplace the next year, and reports on efficacy and medical trials, articles on Salvarsan appeared in newspapers and popular and medical periodicals.<sup>256</sup> Although some physicians were skeptical, many journalists and doctors lavishly praised the new therapy.

Physicians and the lay public saw Salvarsan in terms of two medical metaphors: as a magical discovery and as a weapon in the war against disease. The rhetoric of the "magic bullet," coined to describe Salvarsan, deploys both metaphors. Ehrlich himself

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<sup>256</sup> Bert Hansen, "New Images of a new Medicine: Visual Evidence for the Widespread Popularity of Therapeutic Discoveries in America after 1885," *Bulletin of the History of Medicine* 73 (1999): 629-678; Patricia Spain Ward, "The American Reception of Salvarsan." *Journal of the History of Medicine and Allied Sciences* 36 (1981): 44-62; Terra Ziporyn, *Disease in the Popular American Press: The Case of Diphtheria, Typhoid Fever, and Syphilis, 1870-1920* (Westport, Connecticut: Greenwood Press, 1988), 123-5.

was searching for a targeted drug which would destroy a disease organism, not necessarily syphilis, without harming the host. He also wrote of “scoring bulls-eyes.”<sup>257</sup> Writing in a medical journal in late 1910, an enthusiastic physician asserted that with Salvarsan, the symptoms of syphilis “may disappear almost magically the first night after the injection...”<sup>258</sup> He joined a chorus of doctors, laypeople, and scientific celebrities such as Thomas Edison in praising Ehrlich’s drug as “a new weapon of great value.”<sup>259</sup>

The popular rhetoric echoed what had always been the men’s specialist’s promises of a “guaranteed cure.” Men’s specialists now used the excitement around the drug in the medical and popular press to support their particular expertise. They advertised Salvarsan and its successors, as well as the intravenous injections necessary to give the drug, to demonstrate to patients that they had access to scientific expertise. They used general praise for Salvarsan by physicians and journalists as endorsements of their Salvarsan-administering institutes. Commercial medical institutes in the post-Salvarsan period now had a powerful tool to prove their equivalence to regular practitioners. After all, if regular physicians could endorse and praise a drug and used

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<sup>257</sup> John Parascandola, “The Theoretical Basis of Paul Ehrlich’s Chemotherapy,” *Journal of the History of Medicine and Allied Sciences* 36 (1981): 39.

<sup>258</sup> “‘606’ in the Treatment of Syphilis,” *The Lancet*, Sep 3, 1910, 740.

<sup>259</sup> “‘606’ in the Treatment of Syphilis,” *The Lancet*, Sep. 3, 1910, 741.

the same medicine and techniques as men's specialists, why not choose the most convenient and perhaps least expensive option?

Men's specialists had introduced several key elements to indicate to prospective patients that an institute was "scientific." These included equipment such as microscopes, techniques such as intravenous injection, the images of famous research physicians such as Ehrlich, and specific drugs such as Salvarsan. In the background were the laboratories and techniques that represented contemporary scientific research. The Reinhardts, Dr. Ross, the Code brothers, the 606 Laboratories and others adopted the language and therapies, though not the research, of cutting edge scientific medical practice to give status and respectability to their institutes. This chapter presents an analysis of how the syphilis drug Salvarsan and its performative aspect, IV injection, were used by the men's specialists to provide tangible evidence of their expert medical knowledge. A popular connection between scientific medicine, its direct results like Salvarsan, and the technologies that it used, helped make this promotional strategy possible.

After a brief history of syphilis therapeutics and the career of Dr. Ehrlich, this chapter presents the cultural conditions that conflated scientific medicine, Salvarsan and injection. It explores how scientific medicine, and expertise in the new medicine,

became reified in Salvarsan and the tools and performances it required. Medical institutes in Chicago, St. Paul, Minneapolis, and Oklahoma City, as well as a New York mail-order business, used Salvarsan as a focal point for selling scientific medicine, and, by extension, themselves.

### ***Treating Syphilis, Curing Syphilis***

Before Ehrlich's experimental formulation of Salvarsan in 1909, syphilis therapeutics had remained relatively constant for centuries. The disease first appeared in Europe in the fifteenth century, a virulent 'pox' which caused painful pustules on the skin, insanity, and rapid death. Controversy remains as to whether syphilis was an indigenous European disease or was brought over from the New World as part of the "Columbian Exchange."<sup>260</sup> Treatment for early-stage syphilis from its appearance in Europe through the nineteenth century generally consisted of substances which poisoned the patient while attacking the disease. Mercury was taken internally in a solution known as calomel or with other compounds. A mercury treatment might cause a patient's hair to fall out and his or her gums to bleed, among other toxic effects, but it seemed to eliminate many symptoms, especially in the early stages of the disease.

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<sup>260</sup> Claude Quétel, *History of Syphilis* (Baltimore: Johns Hopkins University Press, 1990), 33-49.

Sometimes guaiacum wood was burned in a steam room to promote the patient's sweating out of the toxins. From its first appearance in medieval Europe through the nineteenth century, syphilis seems to have become less virulent, with the primary lesions no longer a harbinger of rapid death, so heroic therapies were less often prescribed.

Despite an increasing attention to syphilis therapeutics, mercury was still in use as a syphilis treatment until the advent of Salvarsan. Dermatology, the medical specialty allied to syphilology, began professionalizing in America in the late nineteenth century.<sup>261</sup> Regular physicians were able to map the familiar three stages of syphilis, but this careful descriptive analysis had little effect on therapy. Mercury was still in use, though use was conceptualized in a different medical system, one of two poles of tension and relaxation. Mercury was prescribed in lower, less toxic doses, and smeared on the skin as a telltale blue ointment. Other toxic metals, such as bismuth and iodine, were also used in conjunction with mercury. A pre-Salvarsan ad in the *Milwaukee Medical Journal* touts Cypridol, a low-dose mercury solution, as a treatment for syphilis, attesting to the persistence of mercury treatment.<sup>262</sup>

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<sup>261</sup> The American Dermatological Association was founded in 1877 in Philadelphia. "ADA History," American Dermatological Association, <http://www.amer-derm-assn.org/about.html> (ret. Nov. 6, 2007).

<sup>262</sup> "Cypridol," *Milwaukee Medical Journal* 15 (December 1907), cover.

Some American syphilis patients, wary of chemical medicines and the mercury and iodides in use as treatments at the turn of the century, tried supplemental or combination therapies. Hydrotherapy, sometimes used in conjunction with mercury, was a popular combined treatment. Patients visited the sulfur-bearing springs in Hot Springs, Arkansas for therapy and the US Public Health Service opened a VD clinic there in 1921.<sup>263</sup> Other patients rejected chemical medicines altogether and tried patent medicines or herbal and traditional remedies such as homeopathic treatments. Medical institutes, of course, advertised often unspecified alternative treatments for VD from the 1860s on. In general, syphilis therapy was varied but often consistently inadequate until the development of Salvarsan.

Two important pre-Salvarsan microbiologic discoveries affected syphilis nosology and therapy. In 1905 Fritz Schaudinn and Eric Hoffman, researchers at the Robert Koch Institute for Infectious Disease in Berlin, identified *Spirochaeta pallida* as the microorganism responsible for causing syphilitic symptoms. The next year, their Koch Institute colleagues August von Wassermann and Albert Neisser published a serological diagnostic test for syphilis, known as the Wassermann reaction. It quickly gained favor in clinical practice. Though prone to false positives, the Wassermann test

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<sup>263</sup> Edwina Walls, "The Public Health Service VD Clinic in Hot Springs, AR," *Public Health Reports* 110 (1995): 103-4; Derek Freedman and Michael A. Waugh, "The Spa and Sexually Transmitted Diseases," *Clinics in Dermatology* 14 (1996): 577-582.

was popularly portrayed as foolproof, so that a positive Wassermann equaled a syphilis diagnosis, with or without the dermatologic symptoms. Wassermann's work, asserted Ludwig Fleck in his historical study of syphilis and the Wassermann test, was both formed by and a response to cultural pressures. "Had it not been for the insistent clamor of public opinion, the experiments of Wassermann would never have enjoyed the social response that was absolutely essential to the development of the reaction, to its 'technical perfection,' and to the gathering of collective experience."<sup>264</sup> Due to both the discovery of the syphilis parasite and the development of a diagnostic blood test, syphilis had been rationalized and removed from the realm of empiricism to the realm of scientific medicine. To both physicians and the lay public, this rationalization of the disease formed a foundation for and indeed presumed the development of a cure.

### ***Dr. Ehrlich's Magic Bullet***

Paul Ehrlich's career in medical chemistry led him to the development of specific therapeutic drugs. Born in Strehen in Silesia in 1854, he trained at Leipzig and at the Charité Hospital in Berlin, where he became interested in histology. He worked at the Robert Koch Institute for Infectious Disease until 1896, when he became head of

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<sup>264</sup> Ludwig Fleck, *Genesis and Development of a Scientific Fact* (Chicago: University of Chicago Press, 1979), 77.

a series of laboratories devoted to serum research and experimental therapy. His immunological work, for which he won the 1908 Nobel Prize in Physiology or Medicine,<sup>265</sup> led to his exploration of drugs targeted against specific microorganisms. This concept of the ‘magic bullet’ was Ehrlich’s goal for the new scientific therapeutics. Using the modern tools of microbiology, the organisms responsible for infectious disease could be identified, mapped and conquered. Schaudin and Hoffmann’s 1905 discovery of the syphilis-causing organism added the pox to the list of diseases vulnerable to medical attack. Wassermann tests could be used to evaluate drug efficacy by determining when a patient was cured. Syphilis became Ehrlich’s first target.

Ehrlich named and defined the idea of chemotherapy. His nineteenth-century work on histology and the use of aniline dyes in hematology had led him to the idea of cellular receptors (side-chains), valuable in both studying immune response and in developing specific drugs. He brought the term chemotherapy into wide use, usually qualified by the terms specific or experimental, by which he meant “the use of chemical substances, especially those produced synthetically, to destroy pathogenic microorganisms within the body.”<sup>266</sup> This work was predicated on the theoretical changes of the bacteriological revolution and was thus seen as a consequence of the new

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<sup>265</sup> He shared the 1908 Nobel Prize in Medicine with Elie Metchnikoff for his ‘side-chain,’ or cellular receptor, theory of immune response.

<sup>266</sup> Parascandola, “The Theoretical Basis of Paul Ehrlich’s Chemotherapy,” 20.

medicine. His therapeutic tactics included what he called *therapia steralisans magna*, the ideal of destroying all parasites with one dose, and combination therapy both to avoid creating resistance and to increase the therapeutic effect without increasing toxicity.<sup>267</sup> His research was conducted at the Georg-Speyer-Haus, a Frankfurt institute for research in chemotherapy built specifically for him. At the opening of the institute in September 1906, Ehrlich announced his experimental ideal: to create substances “in the chemist’s retort” that would “be able to exert their full action exclusively on the parasite harbored within the organism and would represent, so to speak, magic bullets which seek the target of their own accord.”<sup>268</sup> Though he later said that he did not consider Salvarsan a magic bullet, the designation was celebrated by popularizers.

In the early twentieth century arsenic was seen as a promising drug for syphilis treatment. Two British researchers had earlier used arsenical drugs to good effect as therapy for sleeping sickness, caused by an organism similar to the syphilis spirochete.<sup>269</sup> With the assistance of his colleague Sachahiro Hata, who had come to Frankfurt from Tokyo in 1909 and was especially familiar with syphilis research using rabbits, Ehrlich explored possible avenues for syphilis therapy. They tried 605

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<sup>267</sup> Parascandola, “The Theoretical Basis of Paul Ehrlich’s Chemotherapy”: 40-41.

<sup>268</sup> Claude Dolman, “Paul Ehrlich,” *Dictionary of Scientific Biography*, 301.

<sup>269</sup> Quetel, *History of Syphilis*, 142.

experimental arsenic compounds before identifying one with a low therapeutic index, that is, one which attacks the parasite with limited harm to the host: #606, Salvarsan.

Salvarsan was a great success. Also popularly known as “606,” the new drug, dihydroxydiamine-arsenobenzine-dihydrochloride, was sent out to physicians for clinical testing, and the successful results were announced at a conference in Wiesbaden in April 1910. This new compound gave good results in the early stages and typically produced a negative Wassermann test in 8 to 40 days. Relief of symptoms and negative results on the Wassermann serological test indicated a cure, and the cures seemed remarkable. Salvarsan, as Ehrlich had hoped, would destroy most parasites in a host at an early stage of syphilis. Used in combination with mercury or bismuth, Salvarsan was the most effective syphilis drug in existence.<sup>270</sup>

Salvarsan optimism did prove somewhat premature. The drug was not efficacious in later stage syphilis, having no effect on locomotor ataxia, paralysis or insanity. It was also difficult to reconstitute. Transported and sold as a powder, 606 had to be carefully mixed with distilled water by the practitioner, though it had a tendency to come out of solution, ruining many doses. Administration of the drug was also an issue. It had to be injected, and many physicians were uncomfortable or unfamiliar with

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<sup>270</sup> See Brandt, *No Magic Bullet*; Quétel, *History of Syphilis*.

injection techniques, traditionally seen as a branch of surgery. Often Salvarsan administration was an inpatient hospital procedure; it continued to require a skilled practitioner.

Unfortunately for Ehrlich, legal challenges accrued around Salvarsan's supply, manufacturing and patent. Physicians all over the world clamored for doses of Salvarsan, and Ehrlich gave out up to 65,000 doses for free by the end of 1910, with each batch carefully prepared under his direction. Supply remained limited because Salvarsan was difficult to produce. In 1911, when he could no longer keep up with the demand, he patented the drug and sold the patent to Hoechst Chemical Works. Until after it was patented, Salvarsan was not available in America, except for doses occasionally procured by physicians who went to Frankfurt. In 1912 Ehrlich introduced Neo-Salvarsan, "914," which went into solution more easily. Ehrlich spent the rest of his life consumed with practical problems around Salvarsan and died of a stroke in 1915.

### ***Salvarsan's American Career***

In 1911, when Salvarsan was first made available to physicians outside of Germany, reactions were mixed but generally enthusiastic, especially in Britain and the

U.S.<sup>271</sup> The American Medical Association devoted at least one hundred pages of its *Journal* in 1910 alone to analysis of Salvarsan, discussions of its reception, and warnings around possible toxicity and misuse. *JAMA*'s conclusion was to beware of Greeks bearing gifts and remember that arsenic is a potent poison. The AMA noted, by way of warning against charlatans, that Salvarsan could be administered only hypodermically or intravenously, that the patient should remain in a hospital for a few days following, and that misadministration could lead to severe pain, sloughing of tissues at the injection sight, blindness, heart and kidney problems and death. Only a trained practitioner should give Salvarsan.<sup>272</sup>

The popular press, however, was unstinting in its praise of the drug. Terra Ziporyn's study of diseases in the popular press notes that this praise of Salvarsan coincided with a rise in popular articles about syphilis. "...when discussion of the medical aspects of syphilis could have some direct and hopeful impact on general readers' lives--as in 1908 when simply knowing about syphilis might affect a housewife's health or in 1910 when a specific cure promised personal hope to readers--

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<sup>271</sup> Ward, "The American Reception of Salvarsan"; J. E. Ross and S. M Tomkins, "The British Reception of Salvarsan," *Journal of the History of Medicine and Allied Sciences* 52 (1997): 398-423.

<sup>272</sup> Arthur Cramp, "Advertising Salvarsan to the Public," *Journal of the American Medical Association*, Feb. 11, 1911.

general magazines jumped at the chance to print them.”<sup>273</sup> Discussions of both syphilis and Salvarsan abounded at least until 1913, according to Ziporyn, who finds a peak in articles on syphilis, correlated with the popularity of Salvarsan, from 1911-1913.

Salvarsan supply could not keep up with American demand due to both scarcity and patent regulations. The holders of the German patent authorized only one firm, Metz in New York, to sell Salvarsan in the United States. The shipments Metz imported from Germany were inadequate, however, and sold out immediately to physicians and druggists. Perceived patent infringements were prosecuted, further limiting the supply of generic alternatives. The Philadelphia firm Dermatologic Research Labs, under the direction of Dr. Jay Schamberg, was threatened by Metz with a lawsuit for its manufacture of arsenobenzol, a Salvarsan generic.<sup>274</sup>

During the First World War, the AMA, Dr. Schamberg and physician groups lobbied Congress to abrogate the patent on Salvarsan. Salvarsan shipments stopped when Germany entered the war, so physicians were unable to acquire Salvarsan for their patients. Dr. George Simmons, editor of *JAMA*, advised Schamberg to gather letters from physicians in support of abrogating the Salvarsan patent in case of the US entering

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<sup>273</sup> Ziporyn, *Disease in the Popular American Press*, 134-5.

<sup>274</sup> Metz to George Simmons, Mar. 21, 1917, Folder 0769-04, Box 769, HHF.

the war.<sup>275</sup> Schamberg's testimony on the high demand for Salvarsan and the feasibility of producing domestic equivalents was important in the positive disposition of the case. Salvarsan was considered so important to American medicine, or perhaps Congress was so anti-German, that Congress voted to abrogate its patent.<sup>276</sup>

Salvarsan had clearly become an important part of the practice of American physicians who treated syphilis. However, practitioners were still arguing over the how best to use Salvarsan. As Allen Brandt has noted, "Despite the consensus within the profession regarding the effectiveness of arsphenamine, therapy for syphilis remained subject to considerable debate and conflict. Correct dosages, length of treatment, definitions of cure, as well as accompanying medications were bitterly contested among even the most noted syphilographers during the 1920s."<sup>277</sup> Some physicians suggested Salvarsan was most effective as part of a yearlong mixed treatment with other chemical drugs such as bismuth and iodine. Many regular physicians developed their own administration methods.<sup>278</sup> With regular doctors divided on how to administer Salvarsan, medical institutes were able to make a space for themselves in Salvarsan advertisement and treatment.

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<sup>275</sup> Jay Schamberg to George Simmons, Mar. 16. 1917, Folder 0769-04, Box 769, HHF.

<sup>276</sup> Samuel Hopkins Adams, "Rx--American or German," *Collier's* (Aug 16, 1919): 9-26.

<sup>277</sup> Allen Brandt, *No Magic Bullet: A Social History of Venereal Disease in the United States Since 1880* (New York: Oxford University Press, 1985) , 130.

<sup>278</sup> For instance, in the August 1910 *JAMA* a physician published an account of a new administration technique designed to reduce post-injection pain.

### ***The Scientific Men's Specialist***

Men's specialists adopted the language and therapies of avant-garde scientific medical practice to give status and respectability to their institutes. The physician's own appearance took on an important role: labcoats replaced frock coats in the image of the modern physician. Illustrations, as well as rhetoric, were important in selling their services as scientific and thus participating in the authority of expertise.

Microscopes, blood pressure cuffs, and other tools were visual representations of science. Visual representations of Salvarsan in particular included a familiar image resembling Dr. Ehrlich's face and the tools of intravenous (IV) injection. Advertising strategies blurred the distinction between new and old treatments, but with an ongoing effort to emphasize modernity and science.

For men's specialists, the tools of scientific medicine became an important part of their advertising, but it is unclear how many scientific medical tools actually were incorporated into medical institute practice. Outside observers like Dr. W. A. Evans, the Chicago Health Commissioner, recognized that men's specialist methods were probably equivalent to those of regular practitioners. "Medical methods employed in those offices are either exactly the same as those employed elsewhere, or else they are not up to date. The best that can be said of the best of them is that they employ the standard

methods. The statements that they make use of more advanced or more scientific methods, or methods that the regular practitioners know nothing of, are entirely without foundation.”<sup>279</sup> For such a skeptical physician to admit that men’s specialist medical methods were basically equivalent to regular methods indicates that they probably were. Evans’ caveat about being up to date may be especially pertinent. Besides advertising materials no evidence exists that scientific medicine was integrated into institute practice, although certainly significant claims were made.

The Reinhardt brothers’ medical institutes advertised an alphabet of scientific medicine, from Auscultation to the X-Ray. Taking a broad view of scientific medical technology, their advertised techniques include cutting-edge procedures, old procedures with new terms and nonsense terms. For instance, the Minneapolis Health Institute described to readers its procedures: “In making an examination, after first going into a complete history of the patient’s life, habits, etc., we employ Inspection, The Stethoscope, Auscultation, Percussion, Palpitation, Illumination, the X-Rays (where indicated), The Microscope, the Urethroscop, Dilatation, Urinalysis, Bacteriological Tests, Wassermann, and other Blood Examinations, etc. etc.”<sup>280</sup> Recent advances in

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<sup>279</sup> W.A. Evans, “Some Information about the So-Called Venereal Diseases: most of which appeared in the *Chicago Tribune*,” (Chicago, 1913), 19, AC.

<sup>280</sup> The Health Institute, “Plain Facts for Every Weak, Sick, Diseased Man,” (Minneapolis, ca. 1917), 16, Folder 0149-05, Box 149, HHF.

scientific medicine such as the Wassermann test (1906) were listed alongside older developments in scientific medicine with scientific names such as Auscultation (1810s) and scientific medical technology, such as the binocular microscope, stethoscope (1850s) and X-rays (1890s) to create a strong impression that the Reinhardtts had perfected every traditional and up-to-date medical procedure.

The Reinhardtts claimed that their use of infallible scientific devices elevated their practices above those of other physicians. “The Powerful Microscope often eliminates all guessing about your condition and makes correct treatment possible without unnecessary experimenting...I endeavor to locate disease and determine its nature by a searching analysis with the microscope and chemical analysis...I do not make guesses based on symptoms...I endeavor to get at the real cause of the trouble and to conquer it by scientific treatment.”<sup>281</sup> Scientific procedures and instruments were often elided in advertisements, as when microscopic analysis led directly to conquering disease with scientific treatment, or when urinalysis was represented by a picture of the microscope.

Men’s specialists visually represented scientific medicine as its technological components. Physician expertise, though insisted upon in advertising text, was not

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<sup>281</sup> The Health Institute, “Record Book of Sports and Health Guide” (Minneapolis, ca. 1920), 8, Folder 0205-25, Box 25, HHF.

easily pictured and illustrations focused instead on the technology that symbolized scientific medicine. Every pamphlet from every Reinhardt business, over a period of thirty years, included a woodcut of a microscope, with or without a Vandyked physician using it, with the headline “The Powerful Microscope” or “The Microscope Makes No Mistakes Like the Naked Eye.”<sup>282</sup> When a physician was shown in a woodcut, the reader was presented with his back: the microscope was the real expert. The use of this iconic image of the microscope and its consistent appearance in Reinhardt literature demonstrates the enduring popularity and efficacy of the microscope and other instruments for drawing men to Reinhardt businesses.

Men’s specialists also used other medical instruments to represent their expertise. Reinhardt pamphlets included a woodcut of a sphygmomanometer (blood pressure cuff) attached to a disembodied arm, often with no explanation of its function.<sup>283</sup> The cuff had been popularized in America by Johns Hopkins surgeon Harvey Cushing in the early part of the twentieth century.<sup>284</sup> In one pamphlet, the sphygmomanometer was identified and the illustration was accompanied by a warning of the dangers of high blood pressure. While high blood pressure is not “necessarily a

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<sup>282</sup> Heidelberg Medical Institute, “Men if you are sick consult the Specialists of the long-established and successful Heidelberg Medical Institute” (St Paul, n.d.), 15, Folder 0207-01, Box 207, HHF; The Health Institute, “Plain Facts for Every Weak, Sick, Diseased Man,” 18.

<sup>283</sup> The Health Institute, “Plain Facts for Every Weak, Sick, Diseased Man,” 11.

<sup>284</sup> John F. Fulton, *Harvey Cushing: A Biography* (Springfield, Ill.: Charles C. Thomas, 1946), 213-216; <http://cwml.dl.med.yale.edu/cushing/> (ret. Feb. 27, 2007).

pathological condition...it may indicate...that the blood is bad.”<sup>285</sup> “Bad blood,” especially in the men’s specialist context, was a euphemism for syphilis. In this case the sphygmomanometer was used for its scientific look as well as to illustrate a health warning. The blood pressure cuff, with the accompanying text, became a representation of the Reinhardt’s skill in diagnosing and treating venereal disease.

Electrical treatment was also reified and trumpeted. “Doctors and Nurses Unite in Indorsing [sic] Electro Medical Treatments.” A newspaper ad shows the Master Specialist holding an electric belt, which is shooting electrotherapeutic rays.<sup>286</sup> In conjunction with IV drugs, the Reinhardts argued, electricity was an even more valuable therapeutic agent than it had previously been. As the Health Institute advertised, their treatment “...combining Electricity and Medicine, together with special Intravenous medication, Vaccines, Serums, Bacterins, etc., by which methods many of the ills of mankind today are treated more scientifically than in former years...”<sup>287</sup> Though electrical medicine may have been a fad in the previous century, the Reinhardts hoped that with the addition of microbiologic scientific advances electricity would still draw in patients to their institutes. “Such [electrical] advertisements indicate their creators’

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<sup>285</sup> The Health Institute, “Record Book of Sports and Health Guide,” 19.

<sup>286</sup> Ad in *The New Voice*, Nov. 26, 1903, 15, BAK. *The New Voice* was a temperance paper published in Chicago.

<sup>287</sup> The Health Institute, “Plain Facts for Every Weak, Sick, Diseased Man,” 25.

interests in associating themselves and their products with progressive technologies, whatever the truth about the effectiveness and safety of the treatment, or the artifice of their promoters.”<sup>288</sup> Electricity joined other technologies used to promote scientific institutes.

Salvarsan and IV injection, then, joined many treatments in the Reinhardt’s arsenal of scientific medical technologies. In the 1910s Salvarsan, as the most recent and celebrated medical discovery, often topped the list. The Heidelberg Institute in St. Paul trumpeted: “Astonishing cures daily by modern methods and late discoveries...“914” and “606” for blood and skin diseases...We administer the newest serums scientifically....See what the New Serums and Vaccines will do for you.”<sup>289</sup> This confusion between serums and vaccines was typical, and probably stemmed from the fact that both types of treatment were developed and popularized in the papers in the late nineteenth century.<sup>290</sup> “Administer[ing] cures scientifically,” though, for the Reinhardt and other specialists, signified IV injection.

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<sup>288</sup> Pamela Laird, *Advertising Progress: American Business and the Rise of Consumer Marketing* (Baltimore: Johns Hopkins University Press, 2001), 133.

<sup>289</sup> Heidelberg Medical Institute, “Twin City Streetcar Guide” (St. Paul, 1915), 73, MHS.

<sup>290</sup> For a discussion of the popular furor around Pasteur’s rabies vaccine, see Bert Hansen, “America’s First Medical Breakthrough: How Popular Excitement about a French Rabies Cure in 1885 Raised New Expectations of Medical Progress,” *American Historical Review* 103 (1998): 373-418.

***“Chronic Diseases Yield to Intravenous”: IV Injection***

Though the exact dosage and combinations were still up for debate, a consensus did emerge around the 1920s that intravenous administration was the most effective way to give Salvarsan, one of the first drugs for which this was the case. IV injection was not an obvious choice for administration, among other techniques such as hypodermic or intramuscular injection. IV injection became a key part of the imagery of scientific medicine, since the new therapies, such as the arsenic-based Salvarsan, were often toxic, so they needed to be injected directly into the bloodstream or they would poison the surrounding tissue. IVs required a larger needle than other injections and a more skillful technique. Intravenous injection became a mark not only of expertise in administering Salvarsan but a key symbol of scientific medicine. The technique was powerful, offering quicker absorption of drugs into the bloodstream. Men's specialists across the country advertised that they offered IV injection, often not specifying what drugs they would inject. Men's specialists did offer Salvarsan, but even Salvarsan, popular and iconic in its own way, was often elided with IV injection and the image of the needle.

Intravenous injection was not only a symbol but a performance of scientific medicine. Many medical institute pamphlets and advertisements included a visual

representation of injection. The Reinhardts presented intravenous injection as an update: “If the old time methods have failed to restore you, don’t give up hope until this new, safe method has been tried.”<sup>291</sup> They were not referring to Salvarsan, but to the needle itself. An advertisement for a Chicago medical supply house was headlined “Ehrlich’s ‘606’ Salvarsan For the Treatment of Syphilis,” but pictured not Ehrlich himself or a vial of Salvarsan but “The ‘Ehrlich-Hata’ Syringe.” The visual representation of Salvarsan was the needle.<sup>292</sup>

Dr. Ross of Chicago offered both Salvarsan and IV injection as part of a program of treatment for a wide number of diseases. He advertised in English, Russian, Polish, Czech and Lithuanian that he could cure “all those chronic conditions which undermine the health, strength and vital forces.”<sup>293</sup> An ad appeared in an Italian newspaper for “607.”<sup>294</sup> For Dr. Ross, IV injection and Salvarsan use were equally impressive. He advertised that “In his practice he has employed Salvarsan, Neosalvarsan, Silver-Salvarsan (arsenical preparations), Hot Springs System, intravenous injections, intramuscular injections, mercurial inunctions and other

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<sup>291</sup> The Health Institute, “Record Book of Sports and Health Guide,” 17.

<sup>292</sup> Truax, Greene and Co., “Ehrlich’s ‘606’ Salvarsan For the Treatment of Syphilis” (Chicago, ca. 1910), Folder 0769-03, Box 769, HHF.

<sup>293</sup> Dr. Ross, “What Everyone Should Know” (Chicago, ca. 1910), 1, Folder 0207-03, Box 207, HHF.

<sup>294</sup> “607,” *L’Araldo Italiano*, Feb. 8, 1911, Folder 0208-08, Box 208, HHF

remedial measures--in fact, the best that medical science can offer.”<sup>295</sup> Ross, like the Reinhardtts and other men's specialists, took an expansive view of medical technology, listing Salvarsan, mercury and hot springs together with intravenous injections, intimating that injection had an epistemic status as high as that of Salvarsan itself.

Practitioners insisted that IV injection required a skilled administrator.

Intravenous injection, therefore, was a new, scientific skill to which medical institute proprietors could lay claim. Dr. Ross emphasized his scientific expertise and experience by insisting that “People who are afflicted with chronic and infectious diseases need one who is thoroughly skilled in the technique of administration of these remedies.”<sup>296</sup> Line drawings in advertising materials for the Reinhardtts and Dr. Ross of Chicago demonstrate that physicians in their institutes performed injections.<sup>297</sup> In the foreground, a physician in a lab coat stands, injecting a needle into the arm of a prone patient. The patient faces away from the viewer, emphasizing the physician’s skill. Patients, in this illustration, are interchangeable, but also all eligible to receive the benefits of scientific medicine. To the left of the woodcut, a shelf is covered with paraphernalia of science

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<sup>295</sup> Dr. Ross, “What Everyone Should Know,” 1.

<sup>296</sup> Dr. Ross, “What Everyone Should Know,” 1. This sentence was in all caps in the original.

<sup>297</sup> It is testament to the centralized nature of medical institute printing that they use exactly the same drawing.

(and pharmacology): bottles and flasks, instruments, a mortar and pestle, all supporting the image of scientific medicine clearly evoked by the intravenous equipment.

Medical institutes across America used strong rhetoric around injection. The Oklahoma City National Medical Specialists, in a long article in their *Oklahoma City Street Guide* called "The Truth About Intravenous Medication,"<sup>298</sup> elevated intravenous injection into a medical system or sect. They asserted that "during the course of fifteen years as specialists we have had recourse to all forms of medication, such as allopathy, homeopathy, eclecticism and electricity," and though they were "familiar with all the various methods of treatment and still use some of them....we find the intra-venous medicine coming more and more into varied use." Though injection was a technique which could be used to administer any sort of medication under any sort of therapeutic system, the Oklahoma City specialists' rhetoric favorably contrasts IV injection with other medical systems.

Another Oklahoma City practitioner, the Inter-State Doctors, praised the universality and ease of IV injection, asserting that 606 and intravenous medication need not be yoked together: "It is strange that a large number of people, including

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<sup>298</sup> National Medical Specialists, "New Oklahoma City Street Guide: A Book of Knowledge," (Oklahoma City, 1930), 16-22, Folder 0879-19, Box 879, HHF. A portion of the essay also appears in Interstate Doctors, "Chronic Diseases Yield to Intravenous," (Oklahoma City, 1929), 1, Folder 0149-05, Box 149, HHF.

physicians, associate all intravenous medication with “606,” despite the fact that most all other forms of chronic disease are more directly and successfully treated by the intravenous method.” Intravenous medication, they continued, easing fears based on the unfamiliarity of the procedure, was quick-acting. The drug would pass through the entire body in seconds, with the patient even able to taste and smell it. Not only was IV injection painless and easy, patients clamored for it: “they often return before the prescribed date for the next injection, eager and anxious, often bringing their friends and relatives to notice the ease and painlessness of the procedure.”<sup>299</sup> Despite a lack of detail as to their injection regimen, the Inter-State Doctors asserted that IV injection inspired not only physician, but also patient, enthusiasm.

The celebration of IV injection continued with an indictment of practitioners who do not use it. According to the National Medical Specialists, the “up-to-date physician” used intravenous treatment extensively in practice. Only “backwoods and laggard” physicians did not use IV medications, and those physicians were cowardly and despicable. “Most physicians...are too timid to use the intra-venous medicine and will very often condemn the method, to protect their own cowardice or ignorance, or will crawfish by explaining they will give intra-muscular or hypodermic treatments

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<sup>299</sup> Interstate Doctors, “Chronic Diseases Yield to Intravenous,” 1.

instead. These practitioners should be avoided and even shunned...”<sup>300</sup> Men's' specialists used scientific medicine, and specifically IV injection, to draw a clear line between themselves and rival practitioners.

The idea of IV injection as a defining skill could also be also used against men's specialists. Men's specialists might advertise their possession of Salvarsan and their expertise in IV injection, but this meant that, if these claims were investigated and found to be untrue, practitioners were vulnerable to charges of incompetence. In the *Tribune* exposé, one of the pieces of damning evidence against the Reinhardts was an inexpert Salvarsan injection as witnessed by a former employee “Joe.” In the Gary institute, a horrific scene motivated Joe to leave the men's doctor business. “There was a man slowly bleeding to death on the table. They were trying to administer Neo Salvarsan with a rusty injection needle. Morse and Sweizenthal [the institute manager and doctor] were digging around in the flesh of his arm with a rusty needle, trying to strike the artery [*sic*]. They couldn't pierce it because the needle was dull. It was sickening.”<sup>301</sup> The accuracy of this story is unclear, but since specialists lauded their IV injection skills, evidence (or even alleged evidence) of lack thereof was evidence of

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<sup>300</sup> National Medical Specialists, “New Oklahoma City Street Guide,” 16-22.

<sup>301</sup> “Quacks' Manager Tells How Sick Dupes are Ruined,” *Chicago Tribune*, Nov. 2, 1913, 1.

advertising fraud. However, men's specialists continued to advertise their expertise in IV injection as well as their knowledge and possession of Salvarsan.

### ***606 Will Save You!***

Beginning in 1911, men's specialists promoted their businesses as scientific with lead advertising for Salvarsan. They also advertised around their personal expertise and prowess in administering Salvarsan. The Reinhardt establishments used Salvarsan not as the cornerstone of their business but as one of many up-to-date scientific treatments they could offer, one item in a litany. Others built their businesses around Salvarsan. Newspaper advertisements, pamphlets, and private communications to patients proffered expert testimony as to the miraculous efficacy of Salvarsan and emphasized that only trained, experienced physicians could administer the magic bullet. Proprietors of medical institutes used the enthusiastic medical and lay press articles which proliferated in 1910 and 1911 to promote their institutes, using the praise for Salvarsan the drug as de facto endorsements of their businesses.

Salvarsan pitches usually had two components. An appeal to the powers of the new drug was always followed by an assertion of the practitioner's special skills in administering the drug. A Chicago institute follows this pattern: "Syphilis can be

cured, say writers of medical textbooks, but not in a day or a month for it is a serious disease attacking the most vital organs of the body. Only with the most superior--914 Neosalvarsan--and applied medication--honestly and scientifically given can you hope for a cure....” They emphasized that both drug and administration method must be scientific. The pitch continues with a discussion of the special services of the City Health Institute: “The Modern system of High Efficiency Treatment: In this office the patient receives a type of service not easily duplicated for our physicians can claim experience in the administration of the Salvarsan series (606 to 914) from the time they were first offered to the medical profession.”<sup>302</sup> The institute claimed the expertise of long experience as well as of science.

The language of miracles and magic and the mystery surrounding new medical discoveries figure often in lay and medical discussions of Salvarsan. Men’s specialists would pick up on this rhetorical trend. The drug’s German manufacturers deliberately chose the name ‘Salvarsan’ to be slightly vague: “it would be convenient to the prescriber...and yet would not immediately betray to the patient or his friends the nature of the diagnosis.”<sup>303</sup> Salvarsan was, as a skeptical physician remarked, a “new drug

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<sup>302</sup> City Health Institute, “Baseball Record Book,” (Chicago, 1937), 1, Folder 0149-05, Box 149, HHF.

<sup>303</sup> Patricia Spain Ward, “The American Reception of Salvarsan”: 45.

with a euphonious pseudonym advertised with a flourish of trumpets.”<sup>304</sup> Its numerical names also added to the air of scientificity. Men’s specialists often advertised for ‘606’ or ‘914’ rather than ‘Salvarsan.’ Additionally, for Americans, the mystique of European, and especially German science and medicine was alluring, as we see in the names of the Reinhardts’ medical institutes: Leipzig, Vienna, Copenhagen. These names incorporated the impression that German medical science was superior, and might additionally remind immigrant patients of their European homes. Despite the anti-German sentiment just before the start of the First World War, men’s specialists continued to use the language and trappings of German medical science.

Dr. Ehrlich himself seemed a talismanic figure. He was deified in the popular press and his name was used by men’s specialists as shorthand for expertise and prowess in the techniques of scientific medicine. A highly sympathetic portrait of Ehrlich appeared in Paul de Kruif’s 1926 hagiographic *Microbe Hunters*. For de Kruif, Ehrlich was a jovial Jewish genius whose career led inevitably to the apogee of Salvarsan. Ehrlich was as powerful as a magician or alchemist: “...he did make a magic bullet! Alchemist that he was, he did something more outlandish than that, for he changed a drug that is the favorite poison of murderers into a saver of the lives of

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<sup>304</sup> C.F. Marshall, “Salvarsan (“606”),” *British Medical Journal*, Jan. 28, 1911, 226.

men.”<sup>305</sup> In 1940, Warner Brothers made a feature film on the discovery of Salvarsan, *Dr. Ehrlich’s Magic Bullet*, which was both hagiographic as well as “popular propaganda for syphilis control.”<sup>306</sup>

To extend the status of Dr. Ehrlich’s reputation, men’s specialists used the figure of Dr. Ehrlich in advertising and went so far as to impersonate him. (Ironically, Ehrlich himself rarely administered the drug, leaving that work to his clinical colleagues.) If practitioners could not import Ehrlich himself, they claimed a European connection. Europe, especially Germany, was the site of many of the triumphs of the new scientific medicine. C. F. Starkweather, a New York practitioner, advertised that “Dr Starkweather’s associate made a special trip to Europe to study the action of this remedy, realizing that only a skilled Specialist can administer the remedy properly without pain or detention from work.” According to Starkweather, both the remedy and its administration technique had to cross the Atlantic. Starkweather’s 1913 pamphlet also contains a patient testimonial (“only one of many which proves absolutely that the results of this treatment are little short of miraculous”) on the

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<sup>305</sup> Paul de Kruif, *Microbe Hunters* (New York; Harcourt, Brace and Co., 1926), 334.

<sup>306</sup> Susan E. Lederer and John Parascandola, “Screening Syphilis: *Dr. Ehrlich’s Magic Bullet* Meets the Public Health Service,” *Journal of the History of Medicine* 53 (1998): 358.

magical effects of Salvarsan and the physician who administered it.<sup>307</sup> Two health businesses-- the Medical Laboratories, a Chicago medical institute, and the New York 606 Laboratories, a mail order business--were established specifically to sell Salvarsan therapy.

*The Medical Laboratories: Being Dr. Ehrlich*

The Medical Laboratories of Chicago based their business on an appropriation of Dr. Ehrlich's name and scientific reputation. For the Medical Laboratories and its proprietors, Drs. Walter and William Code, Salvarsan was embodied not in the needle but in Ehrlich's person. They closed the gap between German drug and American irregular practitioner by importing the figure of Ehrlich himself, medical science at its most marvelous, to their medical institute.

Organized in the familiar medical institute model, the Medical Laboratories featured a museum staffed by floormen and casetakers and a set of clinic offices.

Located at 145 N Clark St, on the third floor of the Randolph Building in the North

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<sup>307</sup>C. F. Starkweather, "Record Book and Useful Medical Recipes Do Not Throw Away," (New York, 1913), Folder 0207-11, Box 207, HHF: "I suffered from Contagious 'Blood Poisoning' from 1903. In 1905 ugly sores broke out upon my leg, covering the entire surface from below the knee to almost the crotch--nowhere could healthy flesh be found. I took mercury and potash till my stomach turned. I contemplated suicide. It was at this point I took '606' treatment. In two days the sores showed decisive signs of healing: in a week sores, scabs and all were a thing of the past, even as the scars where the sores were are now growing fainter."

Loop, the Medical Laboratories advertised themselves as “specialists in the administration of ‘606’ Prof. Ehrlich’s Great Discovery.” A pamphlet, “Sufferers from Blood Poison,” gave an overview of Salvarsan’s miraculous character and included excerpts from the *Chicago Examiner* and *Metropolitan Magazine* hailing Salvarsan.<sup>308</sup> Their promotional material featured a photograph of Paul Ehrlich, intimating that Ehrlich worked at their institute, and indeed one advertisement was headed “Dr. Ehrlich.”<sup>309</sup>

The Medical Laboratories’ ads stressed their Ehrlich connection and their low prices. Their special Ehrlich-connected character enabled them to sell Salvarsan for “less.” They sold Neo-Salvarsan for \$25 a dose, a special discount from the usual \$100 fee, they wrote to a potential patient, “in order that you will not be deprived of this treatment.”<sup>310</sup> Getting Salvarsan from the Medical Laboratories, rather than a regular physician, they continued, would preserve a patient’s confidentiality. By presenting their price as a discount, the Medical Laboratories obscured the not widely known fact that regular physicians charged about \$4.50 a dose for Salvarsan. Though they advertised that their expertise was worth the price, the Code brothers suggested that

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<sup>308</sup> Medical Laboratories, “Sufferers from Blood Poison,” (Chicago, ca. 1912), 1, Folder 0769-03, Box 769, HHF.

<sup>309</sup> Arthur Cramp, *Nostrums and Quackery, Vol. II* (Chicago: American Medical Association, 1921), 364.

<sup>310</sup> Medical Laboratories to H. M. Camp, Mar. 13, 1913, Folder 0769-03, Box 769, HHF.

their discounted Salvarsan demonstrated their attention to public welfare. As was usual for medical institutes, they also stressed their confidentiality.

The *Chicago Tribune* investigated and exposed the Medical Laboratories in their 1913 antiquackery campaign. The *Tribune* sent a healthy reporter to the institute, who went into the institute asking for Dr. Ehrlich. The secretary seemed amused by the request. The physician in charge, Walter Austin Code, who ran the place with his brother William, both of whom had respectable practices elsewhere in Chicago, diagnosed the reporter with syphilis without an examination. As is the case with the other medical institutes exposed by the *Chicago Tribune*, it is unclear how accurately the reports depict men's specialist behavior. However, in this case letters still exist from the Medical Laboratories to H.M. Camp, an Illinois anti-quack physician posing as a patient, that confirm the general tenor of the *Tribune's* stories on the institute.

The Code brothers, when pressed by the *Tribune* reporter, admitted they were not Dr. Ehrlich but only closely connected to him. A letter to the purported prospective client (Dr. Camp) asserted that Medical Laboratories staff had taken instruction from Ehrlich himself in Frankfurt.<sup>311</sup> The *Tribune* reporter asked Code for an explanation of his Ehrlich connection. "Prof. Ehrlich was here in Chicago some time ago, giving

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<sup>311</sup> Medical Laboratories to H. M. Camp, May 28, 1912, Folder 769-03, Box 769, HHF.

instructions and demonstrating Salvarsan. I and several others were associated with him....I am the only and original Salvarsan specialist. I alone have the real Ehrlich treatment. The rest are fakes, impostors, quacks.”<sup>312</sup> Code claimed special expertise on the basis of his presumed association with Ehrlich and his status as the “only and original” physician administering Salvarsan. This rhetoric of being the only honest practitioner in a world of quacks seemed quite usual for medical institute proprietors. Many advertisements and pamphlets warn against dangerous competitors and urge readers to patronize the ‘one and only’ or ‘original’ doctors. However, the Ehrlich impersonation only stretched so far.

Code intentionally obscured the difference between being Dr. Ehrlich, being connected to Dr. Ehrlich, being a specialist in the ‘Ehrlich treatment,’ and being Dr. Code. After the exposé had been published in the *Chicago Tribune*, another reporter questioned Code. His answers show how the Medical Laboratories used Salvarsan advertising to establish scientific credentials and maintain competitiveness among similar institutes. A patient’s response to the Medical Laboratories’ ad with Ehrlich’s face on it, intimated Dr. Code, should be caveat emptor.

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<sup>312</sup> “‘Professor Ehrlich’ He Sees Syphilis in His Perfectly Healthy Caller and Wants \$50 for Treatment,” *Chicago Tribune*, Oct. 27, 1913, 5.

“The reporter asked, ‘Why do you have a picture of Dr Ehrlich in your advertisement?’

‘That isn’t a picture of Dr Ehrlich, but a picture of me,’ said the doctor.

‘Why, then is the picture so placed that Dr Ehrlich’s name, the only one in the advertisement, seems to be the caption under the picture?’

‘You should read advertisements carefully,’ said Dr. Code.”<sup>313</sup>

Advertisements, according to Code, could be interpreted in a number of ways, and the responsibility rested on the reader to distinguish the true from the false.

Ehrlich’s name was used in the ad to underline the scientific credentials of the Medical Laboratories, and the Codes declined any responsibility for how the reader interpreted the advertisement. A reader who assumed Dr. Ehrlich worked at the Medical Laboratories would not be disabused of the notion.

The *Tribune* reporter also asked *why* the Codes advertised, and Code responded:

“Brother went to Germany a few years ago and studied under Dr Ehrlich, don’t you know. When he came back I said to him ‘... I think I’ll take an office in the loop.’”

“‘Why not administer Salvarsan,’ he suggested, ‘And advertise?’ I said. ‘Sure,’ he said, ‘but no free consultation.’”

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<sup>313</sup> “‘Professor Ehrlich,’” *Chicago Tribune*, Oct. 27, 1913, 5.

Code framed the decision to open a Salvarsan-based medical institute as a simple, off-the-cuff one. He offered no particular reason why the Medical Laboratories should advertise, and no reason why they would not. Many medical institutes advertised using a ‘free consultation’ gambit to encourage patients to visit the institute, but Code drew a line between those practitioners and the more honest Medical Laboratories. Later in the interview he did offer a reason for the Medical Laboratories advertising practices: “‘We only advertise to keep from being snowed under by these fakers, you know,’ he said. ‘And it’s something to have an honest doctor down among all those fellows.’”<sup>314</sup> Advertisement could help the genuine and honest practitioner to distinguish himself from quacks and charlatans. The picture of Dr. Ehrlich on the advertisement additionally emphasized the Medical Laboratories’ high scientific status and elevated it among the best institutes.

The Medical Laboratories refused to send Salvarsan to prospective patients. “It would be impossible for us to send the remedy to you,” they wrote to H. M. Camp,<sup>315</sup> “...for the reason that it can only be administered by a physician of long experience, and an education along medical lines, no matter how liberal it may be, would not qualify an inexperienced doctor to administer it. Therefore you see it is essential that you come to

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<sup>314</sup> “‘Professor Ehrlich,’” *Chicago Tribune*, Oct. 27, 1913, 5.

<sup>315</sup> See Cramp, *Nostrums and Quackery Vol. II*, 367, in which ‘A Physician from Monmouth, IL’ recounts his correspondence with the Medical Laboratories.

Chicago.”<sup>316</sup> The Chicago Medical Laboratories, like other medical institutes, asserted that injection of Salvarsan was difficult and required special training and experience. The administration procedure, IV injection, was as much a part of the scientific appeal as the drug itself.

For the Code brothers, the use of scientific techniques legitimized their other business strategies. Walter Code said that the Medical Laboratories avoided typical quackish behavior such as offering free consultation and guaranteeing a cure, but added, “Of course, if a new man asks if I will guarantee to cure him, I say ‘Oh, yes,’ but all I mean is I will administer the salvarsan treatment, known to all good physicians, in an expert manner.”<sup>317</sup> The Codes claimed that their expertise in Salvarsan administration invalidated any concerns about their advertising methods. However, it is difficult to ascertain the Codes’ actual treatment methods. Despite their protestations, both Walter and William Code were expelled from the Chicago Medical Association and were forced to shutter the Medical Laboratories. A newspaper report closed the Medical Laboratories, but the 606 Laboratories in New York met a different fate.

### *The 606 Laboratories and Salvarsan Distribution*

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<sup>316</sup> Medical Laboratories to H. M. Camp, May 28, 1912, Folder 0769-03, Box 769, HHF.

<sup>317</sup> Cramp, *Nostrums and Quackery Vol. II*, 364.

The 606 Laboratories in New York City was a medical business formed to sell Salvarsan. It had no clinical component; it was strictly a mail-order concern. In 1911, immediately after the American release of Salvarsan, an entrepreneur named James Haze Scott began to sell Salvarsan from 33 West 42nd St. in New York City, advertising widely in newspapers and pamphlets throughout the decade. That the 606 Laboratories seemed to be selling authentic Salvarsan worried pharmaceutical company representatives, Dr. Cramp of the AMA, and federal drug officials. The 606 Laboratories' Salvarsan distribution model illuminates the practical details of selling scientific medicine. But without a clinic, advertising personal expertise or the performative nature of Salvarsan was not necessary for the 606 Laboratories. For this business without physicians, Salvarsan itself was a sufficient embodiment of scientific medicine to advertise around.

The 606 Laboratories' advertising materials used the language of the most enthusiastic of the regular doctors. Scott advertised extensively in the same newspapers and kinds of pamphlets men's specialists used but conducted his business entirely through the mail. He used the same strong claims around the miraculous efficacy of Salvarsan to sell the drug at seven times the usual price. The 606 Laboratories' materials reference Ehrlich's academic credentials and the very positive article in a

1910 *McClure's*<sup>318</sup> as proof of Salvarsan's efficacy. The language in 606 Laboratory ads is slightly stronger than popular and medical praise of Salvarsan in its claims to treat late-stage symptoms of syphilis, including locomotor ataxia. "If you have aching bones, rash, copper colored spots, mucous patches, throat symptoms, falling hair, ulcers, no matter where located nor how many even if they have eaten to the bone, isn't it fine to know that a remedy exists which will remove all symptoms in TWO DAYS?"<sup>319</sup> Scott had no reservations about the miraculous power of Salvarsan.

"606 WILL SAVE YOU!" enthused 606 Laboratories. Advertising materials asserted that 606 was proven an "absolute cure" in Ehrlich's trials by the "infallible" Wassermann test, and that "the remedy is now recognized and endorsed by all the leading physicians in the world."<sup>320</sup> After a rehearsal of the important turn-of-the-century discoveries in medical science relating to diphtheria, rabies and meningitis, the 606 Laboratories claimed of Salvarsan that "the discovery should be considered of far greater importance than any other of the wonderful remedies the mind of man has yet produced in so far as the disease it cures is much more prevalent and disastrous than any

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<sup>318</sup> Marks, "Paul Ehrlich, the Man and His Work," *McClure's Magazine* (Dec. 1910): 184-200.

<sup>319</sup> "606 Professor Dr. P. Ehrlich's Cure for BLOOD POISON" advertisement in *Boston American*, Jan 29, 1911, Folder 0769-03, Box 769, HHF.

<sup>320</sup> "606 Professor Dr. P. Ehrlich's Cure for BLOOD POISON."

other ...and comparison with any other remedy is impossible and unjust.”<sup>321</sup> There was no narrative shift to a discussion of the particular merits of the 606 Laboratories; the praise for Salvarsan was presumed to extend to the advertiser. Unlike other medical institute proprietors, Scott had no need to claim expertise in administration to prove his scientific credentials.

James Haze Scott’s business practices attracted the attention of regular doctors. A suit was pressed against Scott by the New York County Medical Society, apparently for practicing medicine without a license, but when Scott failed to appear in court the suit was dropped. Scott’s business was taken over by a licensed physician, G. N. Bancker, who advertised himself as “successor to 606 Laboratories” and resumed mail-order business at the same address.<sup>322</sup> Had Scott showed up for his trial, prosecution would have rested on Scott’s lack of a medical degree or license. Advertising and selling Salvarsan was not necessarily illegal for physicians.

Salvarsan’s distribution problems were used to highlight 606 Laboratories’ and men’s specialists’ exclusive access to scientific remedies. The lack of adequate Salvarsan supply strengthened the pitch: “...the supply is inadequate to meet the world

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<sup>321</sup> “606 Professor Dr. P. Ehrlich’s Cure for BLOOD POISON.”

<sup>322</sup> A.C. Vandiver, “Annual Report to the Medical Society, County of New York,” (New York, 1911), Folder 0769-03, Box 769, HHF.

wide demand. If interested it is advisable that you order it at once.”<sup>323</sup> A dose of Salvarsan from the 606 Labs cost \$25, as opposed to the \$4.50 price for a tube from regular doctors, but the same price as the Medical Laboratories. The Reinhardtts also made extravagant claims about Salvarsan distribution, even to their own employees, as a manager recalls: “Mr. [Dr. Willis] Reinhardt...told me that he was the United States’ representative of Meister Lucius Brunning and Co. of London, who were the English controllers of Prof. Carl [*sic*] Ehrlich’s new remedy for syphilis--Neo-Salvarsan which is called 914--just the same as Salvarsan. His original remedy is called 606.”<sup>324</sup> Since the scarcity of Salvarsan was so widely publicized, men’s specialists could gain advantage by advertising themselves as the drug’s sole dealer.

Salvarsan counterfeiting proliferated. Fake Neo-Salvarsan flooded the market in New York City in 1917. The City Department of Health conducted an investigation and concluded,

“This spurious product has no medicinal value (samples analyzed proved to be nothing but common salt and a dirty yellow coloring matter), and it is one of the most despicable frauds ever perpetrated on the public....The fraudulent preparation has been made to imitate the genuine product to such an extent that

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<sup>323</sup> “‘606’ Prof. Dr. P. Ehrlich’s Cure for BLOOD POISON.” advertisement in *Boston American*, Jan 29, 1911, Folder 0769-03, Box 769, HHF.

<sup>324</sup> Quacks’ Manager Tells How Sick Dupes are Ruined,” *Chicago Tribune*, Nov 2, 1913, 1.

it requires careful examination by experts to determine whether or not it is the genuine product. The labels, aluminum container, the impressed trade mark on the cap of the aluminum container, the advertising matter inside the package, and the glass ampoule, all have been prepared so as to deceive and mislead, not only the public, but drug dealers and physicians as well.”<sup>325</sup>

The Department of Health strongly emphasized fraud and fraudulent practices in this report on counterfeit Salvarsan and suggested that much attention had been paid to the appearance of authenticity. A man named Clements was found to have perpetrated the fraud, selling the Neo-Salvarsan for \$5.50 to \$9 a tube. Clements, a New York State Medical Association member, also sold medical diplomas.<sup>326</sup> He had made a business out of selling the appearance of medicine.

Many men's specialists were apparently selling real Salvarsan and Neo-Salvarsan, not counterfeit medicines, at least some of them in some places. Given the American shortage of Salvarsan, if men's specialists had real Salvarsan, who was selling it to them? *JAMA* editor George Simmons wrote to John Wainwright, an agent with the pharmaceutical company Metz, which distributed Salvarsan, asking if

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<sup>325</sup> “A Serious Drug Fraud Detected,” *Monthly Drug Bulletin of the Department of Health of New York* 2, Mar. 33, 1917, Folder 0769-03, Box 769, HHF.

<sup>326</sup> “A Gigantic Swindle Uncovered,” *Weekly Bulletin of the Department of Health of New York* 6, Sep. 15, 1917, Folder 0571-03, Box 571, HHF.

Wainwright had sold 606 Laboratories their Salvarsan. Wainwright replied that he had met with “the man who owns and controls this so-called institute,” that is, James Haze Scott, who represented himself as a physician but later acknowledged that he was not. ” We have never sold this man or any such Salvarsan,” stated Wainwright categorically. “I have the good fortune to “smell out” these cases and have turned them down in every instance.”<sup>327</sup> Wainwright asserted his innocence and his ability to tell the real from the false doctors, asserting that the difference was obvious.

Nonetheless, the drug company did admit that there was a problem with distribution of Salvarsan to questionable practitioners. Wainwright said that Metz was “compelled” to sell to wholesale druggists, “to whom they sell it we know not, nor can we insist upon their telling us.” Thus, Metz could not and apparently did not try to enforce the distribution of Salvarsan only to regular doctors. The New York Department of Health similarly blamed druggists and regular physicians for reselling Salvarsan to irregulars, noting, “...A number of physicians have not hesitated to join hands with drug speculators and, for profit, have turned over to the latter Salvarsan which was purchased ostensibly for the physician’s own use.”<sup>328</sup> John Wainwright of

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<sup>327</sup> John Wainwright to George Simmons, Jan. 27, 1911, Folder 0769-04, Box 769, HHF.

<sup>328</sup> “Beware Spurious Neosalvarsan. Have Physicians Aided in a Vicious Fraud?” *Weekly Drug Bulletin of the Department of Health City of New York* 2, Mar. 10, 1917, 77, Folder 0769-03, Box 769, HHF.

Metz did, he said, caution pharmacists against making stock solutions of Salvarsan and filling prescriptions written by disreputable physicians. He ended his letter to Simmons by asking for the AMA's help in "chas[ing] up these chaps,"<sup>329</sup> confirming that unauthorized Salvarsan sales were a problem for Metz as well as the AMA.

The AMA remained skeptical about the drug company's American agents' dedication to fighting fraud. Dr. Cramp attached a note to Wainwright's letter in the AMA's files: "If it was a case of the quacks selling "606" at "cut prices" instead of at advanced prices, Wainwright would quickly enough find out who sold the product to them." He suggested that, to track Salvarsan, it would be very easy to assign each bottle a serial number-- "if the American agents wanted to!"<sup>330</sup> Cramp's ideas for controlling Salvarsan distribution would have to be carried out by pharmaceutical companies.

Cramp seemed convinced that advertising specialists were selling real Salvarsan. Responding to a letter from St. Louis physician who sent in a 606 Laboratories ad, Cramp wrote: "It is being used all over the country by the same concern and the unfortunate part of it is that these fakers, apparently, have the genuine Salvarsan for sale. We have taken the matter up with the American agents who claim they are using

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<sup>329</sup> John Wainwright to George Simmons, Jan. 27, 1911, Folder 0769-04, Box 769, HHF.

<sup>330</sup> Note signed A[rthur]. J. C[ramp]., Jan. 31, 1911, stapled to John Wainwright to George Simmons, Jan. 27, 1911, Folder 0769-04, Box 769, HHF, underlining in original.

every effort to prevent the product falling into the hands of quacks.”<sup>331</sup> Though we have no access to Cramp’s evidence, the insistence of both Cramp and medical institutes that institutes were selling genuine Salvarsan suggests that this was, in fact, the case. Men’s specialists were able to buy Salvarsan despite shortages and the Metz firm’s rather lackluster attempts at controlling the distribution.

Since 606 Laboratories was only a distributor, a patient had to find a physician to inject the Salvarsan, for which the 606 Laboratories provided referrals. An ad appearing in March 1911 offered Salvarsan for thirty dollars, and outlined the 606 Laboratories’ organizational plan: “In the box you will find the name of a specialist in [your city], to whom you will take the remedy; he will give you a thorough examination and administer it to you free of cost. We will pay his fee.”<sup>332</sup> This connection between regional physicians and the 606 Laboratories was thus somewhat transparent to patients. This was a lucrative business for everyone except patients.

It was in the interest of 606 Laboratories to emphasize the ease and comfort with which Salvarsan could be given. “It is a simple process involving no pain or inconvenience. In fact, it is no more than clipping a hang nail from your finger.” Finding a physician would also be easy: “any doctor can administer it easily and full

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<sup>331</sup> Arthur Cramp to G. C. Otrich, Mar. 29, 1911, Folder 0769-04, Box 769, HHF.

<sup>332</sup> “606” Prof. Dr. P. Ehrlich’s Cure for BLOOD POISON.”

directions accompany each package.”<sup>333</sup> Unlike physical men’s institutes with practitioners on staff, such as the Medical Laboratories, the 606 Laboratories did not need to sell their own expertise in administering the drug, but simply Salvarsan itself.

Since the 606 Laboratories was a mail-order business it needed to recruit not only patients but also physicians to inject the Salvarsan. In a letter to a Detroit physician, Charles H. Merrill, Dr. Bancker, Scott’s successor, suggested that “there are a number of people in your city and the immediate vicinity who have been supplied with course of this remedy be [sic] me, and who are desirous of having it administered by a reliable doctor in Detroit.” Bancker offered to pay \$5 for each injection Merrill might give, but promised more: “it has been my experience however that the doctors thorough the country who do this work average about \$50.00 on each patient I send them. This money is secured for additional tonic treatment, further injection blood tests, and whatever else in their discretion they deem the patient to be in need of. The patient is turned over to you, and I make no claim to any money secured in this way.”<sup>334</sup>

In another letter, the 606 Laboratories revealed more directly how a patient could be persuaded to spend more money with the physician. “We assist the physician in getting this money by inducing the patient by letter to continue treatment with the physician

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<sup>333</sup> 606 Laboratories to Colman Miner, Feb. 28, 1911, Folder 0769-03, Box 769, HHF.

<sup>334</sup> G.N. Bancker, Successor to 606 Laboratories, to Dr. Chas H. Merrill, Mar. 7, 1912, Folder 0769-03, Box 769, HHF.

and in this way a good practice can be built up among these people....”<sup>335</sup> Salvarsan was a business opportunity for physicians across the country, as Bancker suggests.

Physicians in the Midwest, too, could become part of the 606 Laboratories’ network and share in the status of scientific medicine provided by Salvarsan.

A comparison between the Medical Laboratories and the 606 Laboratories can help illuminate the ways in which institutes sold scientific medicine in the context of syphilis. In the 606 Laboratories model, Salvarsan was sold directly to the patient, along with a referral to a local practitioner for administration. Scientific medicine, for James Haze Scott and Dr. Bancker, meant 606. The Medical Laboratories’ clinical practice required a further emphasis on intravenous injection and the expertise of the practitioner, eliding Salvarsan in a conflation of IV injection practice and scientific medicine. The Medical Laboratories were closed due to an exposé of quack doctors by a newspaper. However, 606 Laboratories’ mail-order business model and location in New York brought it to the attention of reformers interested in regulating the distribution of Salvarsan. Concerned about Salvarsan counterfeiting as well as making sure doses went to regular practitioners, the New York Department of Health officials, AMA officials, and agents of the Metz pharmaceutical company investigated the 606

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<sup>335</sup> 606 Laboratories to J. N. Frank M.D., Jun. 24, 1911, Folder 0769-03, Box 769, HHF.

Labs. Their investigations, however, gave little interference to Scott and Bancker's business of selling scientific medicine, one dose at a time.

Selling the ideas and trappings of scientific medicine became a widely used men's specialist promotional technique in the 1910s. Men's specialists used the rhetoric and techniques around Salvarsan to demonstrate their mastery of scientific medicine. They constructed their medical expertise through public assertion of their skills, reification of scientific medicine into the technologies they used, and purported connections to scientists and scientific discoveries. Salvarsan, which had come directly out of a European laboratory, was promoted by regular doctors and the popular press, and had the potential to radically change the treatment of syphilis, is an excellent example of a scientific medical technology seized on by medical institutes as a promotional tool. Though Salvarsan served as a useful focal point for advertising an institute's excellence, a wide range of technologies were linked to scientific medicine and came to symbolize it in medical institute advertising, including microscopes, blood pressure cuffs, the doctor figure himself, and intravenous injection. Although men's doctors would continue to sell science through the 1930s, social, cultural and medical changes around the second World War forced medical institutes to adapt to a culture that seemed to have vanquished chronic disease and had redefined "diseases of men."

## Conclusion

### Health and Wealth

Throughout this dissertation we have considered men's specialists and their business as a locus of contestations over expertise and science in medicine in the early twentieth century. Their business model and advertising practices were prosecuted and exposed, while practitioners inserted themselves into the very discourse of science and expertise posed against them. But it is clear that, in the twenty-first century, men's specialist medical institutes advertising treatment of diseases of men no longer line the downtown streets of Midwest conurbations. Should we assume that we know who won? Did the American Medical Association and other antiquack stakeholders finally defeat the men's specialists?

The story is more complicated. Advertising medical institutes persisted into the 1950s, despite the AMA's and other opponents' repeated antiquack campaigns. The last extant medical institute pamphlet I discovered was from 1958. Changing cultural mores and discourses around sexually transmitted diseases, science and medicine had more to do with men's specialists' eventual demise than did Dr. Cramp. In the 1930s and 1940s, public education around VD, and, importantly, penicillin, changed the way

Americans thought about “men’s diseases” and in some ways obviated the need for dedicated men’s specialist clinics. Though science, and cutting edge discoveries and therapies continued to be valuable signifiers for the quality of medicine, advertising them ceased to be new or unusual. In short, medical institutes closed only when they ceased to make money for the proprietors.

The construction of expertise always requires a nonexpert, a quack, to be defined against. Irregular practitioners continue to see medicine as a business, rather than a profession. Quackery persists as both a cultural category and a strawman. Though men’s specialists qua men’s specialists no longer exist, medicine and business continue their uneasy relationship in American culture.

### ***Longevity of the Medical Institute***

Men’s specialist businesses saw a large dropoff in the 1930s, but many persisted through the New Deal, through World War II, into the 1950s. One might ask why medical institutes closed so late into the century and why they held on, despite the pressure on them from many sides. However, a more productive historical question might be what led to their disappearance as a genre? It was in no way inevitable that the treatment of men’s diseases, sexually transmitted diseases and chronic genito-

urinary diseases, would have become dated or superseded. Even during the Great Depression their services remained important, for while one could cut back on some expenses, health was not one of them. As the *Home Private Medical Adviser* warned: “[You will see] the folly of neglect and [wish you] had spent a little money in a medical way when [you] could have been easily cured, and now be the possessor of both health and wealth.”<sup>336</sup>

Multiple prosecutions and antiquack campaigns were often insufficient to close a medical institute. Despite their prosecution in Milwaukee in the teens, the Reinhardts had returned to the city by 1924. In a court settlement that year, Wallace Reinhardt and an associate were fined and their Wisconsin medical licenses revoked. George Ruhland, the Milwaukee Commissioner of Health, wrote to Dr. Cramp that “the case was settled by compromise with the district attorney’s office, the district attorney recommending to the court that the plea of ‘guilty’ be accepted without further trial. That, of itself, in my judgment, indicates the extent to which the defense felt vulnerable in this matter. Evidently it was thought the better part of wisdom to avoid details of testimony that might be given by the victims.”<sup>337</sup> Even after this settlement, the

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<sup>336</sup> *Home Private Medical Adviser*, 213, MKE.

<sup>337</sup> George Ruhland to Arthur Cramp, Apr. 22, 1924, Folder 0207-01, Box 207, HHF.

Reinhardt's had a Wisconsin Medical Institute presence in Milwaukee as late as 1948.<sup>338</sup>

Chicago also remained an institute hotbed. In 1931, an inspector from the American Social Hygiene Association found a proliferation of advertising medical institutes in Chicago, despite the *Tribune's* exposé in 1913.<sup>339</sup>

The Reinhardt's children continued the family business. In the 1920s the Reinhardt's opened a Minneapolis branch, simply called The Health Institute, on Washington Avenue, near the Mississippi River and the flour mills. The Health Institute marked a change in ownership or a coming of age: it was managed by Frank C. Reinhardt (1894-1977). Born in the early days of his family's business, Frank C. did not become a physician, but joined the medical institute profession, running both the Health Institute and a related business, the Gold Coin Food Company. The Health Institute's brochures and pamphlets used photography and sports facts to draw customers, but by no means was this the last gasp of a dying institution.

Even when medical institute proprietors died their businesses generally continued. Though Dr. Bernard Ross of Chicago died in 1934 in Michigan, his business continued as "The Dearborn Health Service, successor to Dr. Ross" and closed only in

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<sup>338</sup> "Men and women who have suffered..." *Milwaukee Sentinel*, Feb. 6, 1948, Folder 0149-13, Box 149, HHF.

<sup>339</sup> "Quackery in Relation to Syphilis and Gonorrhea in Chicago: Report of an Investigation by the American Social Hygiene Association made at the request of Chicago Social Hygiene Associations," 1931, Folder 99.3, Box 99, American Social Hygiene Association collection, Social Welfare History Archives, University of Minnesota.

1952. Dr. Ross' business might still exist today if not for extraordinary circumstances-- the murder of the presiding doctor, one Joseph Baumwell, by a disgruntled patient.<sup>340</sup>

Dr. Flint's widow, after Flint's death in 1936, wrote angry letters to the AMA asking the AMA to make the Reinhardts desist from continuing their Chicago business under Flint's name. "He is operating the office, using my husband's name and I want his name taken out of circulation...He threatens to run the office under the name of Dr. Flint's Associates or The Dr. Flint Method, or something like that. He has a Mr. Johnson taking cases and posing as Dr. Flint. Will you please advise me if I can get Dr. Flint's licenses and stop them from using his name to gain their ends, when they are not physicians. I have never received one cent since Dr. Flint died, from his practice."<sup>341</sup>

Institute proprietors adapted to the times, using new and up to date language and technology, or moving into other irregular medical genres. A 1955 *Chicago City Guide* from Samuel Metcoff, specialist in restoring lost manhood, offers "ten simple rules on how to help yourself in case of an atom bomb attack."<sup>342</sup> The ten simple rules include the advice "Don't rush outside after a bombing." But no medical institute advertising materials dated past 1958 survive. By 1961, Dr Walter Code, the erstwhile "Dr. Ehrlich" of Chapters 3 and 4, had abandoned diseases of men and was running a

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<sup>340</sup> "Kills 'Doctor,' Self in the Loop" *Chicago Tribune*, July, 12, 1952

<sup>341</sup> Mrs. E. N. Flint to AMA, Jan. 8, 1939, Folder 0205-10, Box 205, HHF.

<sup>342</sup> Samuel Metcoff, *1955 Chicago City Guide*, 1955, Folder 0149-05, Box 149, HHF.

weight loss clinic on Chicago's tony Michigan Avenue. (His brother William, his partner in the Medical Laboratories, had died in 1945.) A *Tribune* reporter noted that Walter Code had shaved his Vandyke.<sup>343</sup> By the 1960s, medical institute proprietors, so adept at changing with the times to promote the next discovery in scientific medicine, had switched to other businesses altogether.

### ***The VD Control Coincidence***

Though some medical institutes persisted and adapted, developments in the American regulatory, public health, and scientific climates seem to have played a role in the general decline of medical institutes after 1938. An advertising law and an ambitious VD control program, both passed in 1938, and the postwar introduction of penicillin as a treatment for syphilis, seem to have contributed to a decline in patients and thus in viable business. However, these three developments, though concurrent with the decline of medical institutes, cannot be definitively charged with causing it.

Federal medical advertising laws were finally passed during the New Deal. Though a federal law was proposed in 1919 prohibiting advertising treatments for certain ailments, including venereal diseases and cessation of menses (abortifacients), the bill was dead in committee. State laws, as we saw in Chapter 2, remained a

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<sup>343</sup> "Michigan Avenue Salon a 'Quacksville' Clip Joint" *Chicago Daily Tribune*, Dec. 5, 1961.

patchwork, with some states, such as Michigan, Iowa and Wisconsin, prohibiting VD advertisements in newspapers, and others, such as Minnesota and Illinois, passing no such legislation. A number of newspapers ceased to run medical institute advertisements in the 1930s, but there was no national mandate until the federal law governing medical institute advertising was enacted as part of the Food, Drug and Cosmetic Act of 1938, a successor to the Pure Food and Drug Act of 1906. The Act prohibited direct-to-consumer advertising of treatments for certain diseases, including VD.

Public health campaigns against VD quackery, which had picked up speed during the First World War and gained more force in the 1930s under the activist Surgeon General Thomas Parran, may have also had some impact on medical institutes. These public health campaigns included a focus on closing advertising medical institutes, on public education about them, and on providing accessible low-cost treatment themselves. In 1938, a National Venereal Disease Control Act was passed, giving millions of dollars to state health boards for the purpose of combating VD. Clinics grew from 1,750 in 1938 to almost 3,000 in 1940, and the number of patients receiving the minimum required therapy rose from 15 to 58 percent.<sup>344</sup> Suzanne

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<sup>344</sup> Brandt, *No Magic Bullet*, 147.

Poirier's study of the Chicago Syphilis Control Program, a national pilot, however, demonstrates that such programs were not without setbacks and complications.<sup>345</sup>

Occasionally there is evidence of a publicly-funded VD clinic putting a medical institute out of business. In the early 1940s in Davenport, Iowa, the local paper congratulated its state- and county-run health clinic for driving out quackery, specifically a Reinhardt clinic, The Copenhagen Doctors. "A most deserving local institution accomplishing a world of good...is the Health Center and Clinic....Its principal mission is the treating of venereal disease in men and women at no cost to the patient...A blessing, indeed, has been the Scott County clinic in driving these quacks to the tall timber. As far as memory serves...at one time [a particular institute downtown was] the "Copenhagen Doctors" and more recently the "'Tri-City Specialists.'" Today their former site is vacant..."<sup>346</sup> This was not, however, a widely reported phenomenon.

The rise of penicillin as a treatment for syphilis seems to have been another contributor to the decline of medical institutes. However, there is no clear evidence of a causal connection. As we have seen, the 1910 development of a new treatment for syphilis, Salvarsan, did not close the medical institutes or even contribute to their decline. On the contrary, medical institute practitioners bought and administered

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<sup>345</sup> Suzanne Poirier, *Chicago's War on Syphilis, 1937-1940: The Times, the Trib, and the Clap Doctor* (Urbana: University of Illinois Press, 1995).

<sup>346</sup> "Exit--The Quacks!" *Davenport Daily Democrat*, June 25, 1942, Folder 0149-13, Box 149, HHF.

Salvarsan themselves and advertised it sensationally. Therefore, it is by no means inevitable that the rise of penicillin to treat syphilis would put the medical institutes out of business. In fact, medical institutes tried to exploit penicillin as they did Salvarsan. An article in a 1947 pamphlet for the Dearborn Health Service (successor to Dr. Ross) of Chicago entitled “The History of Penicillin the Wonder Drug” extolled the antibiotic.<sup>347</sup>

Penicillin, discovered by Alexander Fleming in 1929, is a highly effective specific for the syphilis bacterium. The use of penicillin to treat syphilis, which began in 1943 and came into civilian use after the war, made syphilis treatment much easier and less painful than treatment with mercurials or with Salvarsan. Much of the wartime production was carried out by incubating the grey-green felty sheets of mold in quart size milk bottles, tipped on their sides to maximize surface area. As was Salvarsan, penicillin was lauded as a miracle cure for any number of diseases, a panacea, and was subject to the same kind of media and public adulation as Salvarsan and other miracle cures, such as Pasteur’s rabies vaccine.

These three post-1938 phenomena, the regulation of VD cure advertising, public health VD control programs, and penicillin as a syphilis cure, contributed to the decline

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<sup>347</sup> Dearborn Health Service, Successor to B. M. Ross, *Chicago Street Guide*, 1947, Folder 0207-03, Box 207, HHF.

of medical institutes, but were not a sufficient explanation for their decline. This underscores the fact that men's specialist businesses were never focused only on syphilis, or even only on sexual diseases. Men's specialist businesses were about scientific medicine as a business, about the construction of medical expertise in a literal medical marketplace. These businessmen doctors adapted so well to contemporary culture that they were able to move on from sexual diseases to the next focus of cultural anxiety, and the next. Oppositional, market-driven medical businesses persist.

But who's looking out for patients when doctors disagree? In 1941, M.L. Colby of Chicago wrote a letter to Dr. Cramp at the AMA. Colby was looking for affordable treatment for his stomach trouble. "I have seen the ads of the Chicago Medical Institute and it is my idea that you might be able to recommend them or some other moderately priced clinic." Dr. Cramp directed Colby to hospital clinics and to physicians who were members of the Chicago Medical Society and thus of the AMA. Cramp continued, perhaps resignedly, "You may or may not know that the members of this organization do not engage in advertisement to the public."<sup>348</sup>

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<sup>348</sup> M.L. Colby to Arthur Cramp, Dec. 2, 1941; Cramp to Colby, Dec 13, 1941, Box 149, Folder 0149-01, HHF.

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Rochester, Rochester, NY

**BAK** Bakken Library and Museum, Minneapolis, MN

**HHF** Historic Health Fraud Collection, Archives of the American Medical Association,

Chicago, IL

**MKE** Rare Books and Manuscripts, Milwaukee Public Library, Milwaukee, WI

**MHS** Minnesota Historical Society, St. Paul, MN

American Social Hygiene Association Papers, Social Welfare History Archives,

University of Minnesota, Minneapolis, MN

State Historical Society of Wisconsin, Madison, WI

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