

that "The purpose of Leonard Ear Oil is to remove the mucous, open up the tubes," etc. In 1915 Leonard Ear Oil "restored" hearing, if one were foolish enough to believe the advertising: now "restored" has given place to "improves." A further comparison between the older and newer advertising claims will indicate the change from direct falsehood to inferential misstatement:

## OLDER ADVERTISING

"... the Leonard Glandular Oil, if applied as directed will *cure* the diseased or catarrhal condition. . . ."—[Italics in original.—Ed.]

"Rubbing this on the glands of my throat and back of my ears night and morning, thoroughly massaging it in, I have *cured* the catarrhal condition. . . ."—[Italics in original.—Ed.]

"... it, together with my Invisible Ear Drums, has *cured* literally thousands of cases of Deafness and Head Noises that were considered hopeless." —[Italics ours.—Ed.]

"The imported Oil used in this preparation successfully carries the *cures* it contains, . . . through pores of the skin to the diseased parts and effects a *cure*." —[Italics ours.—Ed.]

Some months ago the Department of Health of the City of New York purchased specimens of Leonard Ear Oil and analyzed it. The chemist reported in effect, that the stuff had essentially the following composition:

Liquid petrolatum	41.96 per cent.
Ammonium oleate (soft soap)	8.18 per cent.
Oleic acid	14.40 per cent.
Camphor	9.85 per cent.
Eucalyptol	11.07 per cent.
Alcohol	12.00 per cent.
Water	2.54 per cent.

This would mean that Leonard Ear Oil is to all intents and purposes liquid petrolatum with camphor, eucalyptol, etc., emulsified by aid of a soft soap produced from ammonia and oleic acid. Having determined the composition of Leonard Ear Oil, the Department of Health of the City of New York lodged a complaint against Leonard, who was arrested and arraigned before the Court of Special Sessions, and adjudged guilty of making false and misleading claims. On July 14, 1918, Leonard was sentenced to thirty days in jail or to pay a fine of \$250.00. Of course he didn't go to jail.

The Health Department of New York City went still further in protecting the public against this humbug. It notified all druggists in New York City that "the continued sale of Leonard Ear Oil with these false and fraudulent statements attached, will constitute a violation of Section 116 of the Sanitary Code, and will subject the druggist so doing to prosecution." Moreover, the Bureau of Public Health Education of the New York Department of Health gave the facts publicity through its *Weekly Bulletin* and its *Monthly Drug Bulletin*, and prepared an exhibit which was placed in a window on a prominent street, exposing the Leonard fakery. The exhibit consisted of two placards used by the Leonard Ear Oil concern, with a bottle of the oil itself. Alongside the original bottle were placed two other bottles, one with material which the chemist's analysis showed the bottle to contain, and another showing a bottle of the same size containing water. Under these bottles appeared the following legends:

*Bottle No. 1*—"Leonard's Ear Oil. This preparation costs you \$1.00. The Courts of this City have declared that the claims made as to the medicinal value of the preparation are false and misleading."

*Bottle No. 2*—"This preparation is, analytically, the same as 'Leonard's Ear Oil' and may be purchased at an ordinary drug store for about 20 cents."

*Bottle No. 3*—"This bottle contains water and is just as good as 'Leonard's Ear Oil' for deafness. The cost to you is only the price of the bottle."

## NEWER ADVERTISING

"... the Leonard Glandular Oil, if applied as directed will *relieve* the diseased or catarrhal condition. . . ."—[Italics ours.—Ed.]

"Inserting this in my nostrils and rubbing on the glands of my throat and back of my ears night and morning, thoroughly massaging it in, I have *overcome* the catarrhal condition. . . ."—[Italics in original.—Ed.]

"... it, together with my Invisible Ear Drums, has *relieved* literally thousands of cases of Deafness and Head Noises that were considered hopeless." —[Italics ours.—Ed.]

"... the Imported Oils used in this preparation successfully carry the *remedies* it contains to the diseased parts and *remove* the cause of Deafness and Head Noises." —[Italics ours.—Ed.]

This was last summer. Since that time another city—Cleveland, Ohio, which makes an effective attempt to protect its citizens from fraud in medicine—has taken action on the Leonard Ear Oil. Under date of November 4, the Commissioner of Health of the City of Cleveland issued an order to Cleveland dealers relative to the sale of the Leonard preparation. This order read as follows:

"Informing retail dealers that Leonard Ear Oil has been examined by this department and found to be a misbranded product within the meaning of the laws applying to Cleveland in that the claims made for this product are false and fraudulent, and its sale is therefore contrary to the best interests of the public health of this city.

"Dealers in Cleveland are hereby notified to discontinue the sale or offering for sale of Leonard Ear Oil."

As Leonard has ceased selling his stuff on the mail-order plan, he is no longer amenable to prosecution by the post-office authorities. As he doubtless is careful to avoid making false and fraudulent claims for his product on the *trade package*, he can not be prosecuted under the Federal Food and Drugs Act. There is nothing, however, to prevent him making all the misleading claims he wishes to, regarding his nostrum, if he confines these claims to circular matter or window displays distributed through drug stores, and newspaper advertisements. That is, there is nothing to prevent this, unless city or state health authorities follow the lead of New York City and Cleveland. Will they do it?

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## Correspondence

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### "A REGISTRATION FEE FOR PHYSICIANS"

*To the Editor*:—In THE JOURNAL, Nov. 16, 1918, p. 1629, is an article by Francis W. Shepardson entitled "A Registration Fee for Physicians." About the time I finished reading the article the mail brought me a letter from the author asking the names of three physicians of our county (Christian) to whom he might write and at the same time asking me to express my opinion of the measure. As it is a matter of interest and importance to the physicians of the state I am offering my comments through THE JOURNAL in the hope that others may be interested and, perhaps, express their approval or objections to the proposed measure.

Mr. Shepardson admits, by implication, that he is biased in his views and proceeds to point out the shortcomings of the medical profession in Illinois. He says that we have a very poorly organized profession; but aside from the one point of numbers he does not say in what manner we are lacking. Were he to investigate, he would probably find that in our state we are as well organized, both in the state and county organizations, as physicians are in other states.

He next points with pride to a formidable array of quacks and charlatans, who he seems to think are fostered by the medical profession of this state, regardless of the fact that through our state society we have begged the legislature from year to year for laws ridding the public of these various pretenders and as often have been turned down and the people of the state left to the impositions of the whole band. Why should he blame the medical profession for the existence of all these fake doctors when it is the laymen—the boasted "neutrals"—who through their representatives have passed the laws permitting them to exist and that, too, against the bitter protest of the medical profession?

He mentions the abortionist and other evil doers in our midst, but also points out that the prosecuting attorneys (neutrals, also?) have either refused to take up the cases or managed in some way to sidetrack them. He says that some of these cases failed because physicians were unwilling "to give testimony or to encourage deluded victims to give the department the legal use of the information given them in the quiet hours of confession," but he does not even suggest why these physicians refused to commit themselves.

When the state and the people sanction and legalize all these frauds, is it incumbent on the physician to injure himself when he knows he would only be censured for meddling?

Mr. Shepardson says there are more fakers and charlatans in medicine than in all the other professions and trades combined. This is probably true; and they flourish because the legislature, which represents the public, has persistently refused to give us laws to suppress them, and because the paid officials of the state are unwilling to perform their plain duty to the public, as Mr. Shepardson himself points out.

I might suggest right here that it is not by the sanction of the medical society of the state or any of its component societies that these evils exist any more than it is that nearly every newspaper carries advertisements of the most glaring frauds of "cancer cures," "consumption cures," "dissolving cataracts," etc. These advertisements are carried under state and national laws despite the most strenuous protests of the medical profession, although Mr. Shepardson, by implication at least, seems to think we are to blame for it.

In his comments on medical education I have no criticism, and the medical profession in general is pleased with the advanced standard of our medical courses. But this was not brought about by "neutral regulators" but by the advanced ideas of the physicians who constitute our medical societies.

Under the heading "Regulation of Practitioners," he points to nine different items under which revocation of license may be secured, but does not say how the proposed "regulation" of physicians is to secure such penalties or even the prosecutions for the offenses. There is no indication that the laws would be changed or that more direct evidence would be produced thereby for the prosecution of such cases, or that the prosecuting attorneys would change their habits in putting off these cases, as mentioned above. The quack who goes from town to town advertising to be a "specialist" on every disease to which human flesh is heir would be as free from prosecution as he now is; and if there are to be prosecutions at all, they will have to be made in the same manner as they now are, to wit: The physicians or others must lay in the complaint and furnish the evidence.

Mr. Shepardson points out that since the first registration law of 1877 went into effect there have been 29,936 individuals licensed, and adds, "How many of these licenses are active at the present time nobody knows." This is, no doubt, true; but would this annual registration correct the matter? Many have died, some moved to other states, some retired, and a few had their licenses revoked. Some may be practicing under fraudulent registration and, if so, all they have to do is to send in their fee and get a renewal card which they may hang in their offices and point to with assumed pride when their patrons come in, and thus continue their illegal practice as before. Why, therefore, resort to the proposed annual registration when we have a much better, more economical and easier method of finding and reporting these impostors? By sending the lists of physicians as already recorded to the secretaries of the various counties the lists may be verified or corrected as may be, and a far more correct list obtained than by annual registration.

Those secretaries who have served a year or two, and most of them serve long terms, know more of the physicians in any particular county than any registration would find out in ten years, and at no expense at all unless it be a mere matter of postage. Secretaries are always ready to correct these lists, and usually know every physician in their county.

It is true, no doubt, that the lists in the directory of the American Medical Association are not always perfect, and the same may be said of the one from the state board of health; but they are probably fully as correct as the one under the proposed registration would be, and with equal care in compiling and cooperating with the county secretaries would be more so with the added opportunity

of corraling those who registered illegally, as, for instance, when they are registered on a diploma or examination not their own; for when the board of censors of the county society recommends a man for membership in a county society, they inquire very carefully into his standing, his graduation, etc., and have a much better opportunity to do so than that afforded by simply the payment of a registration fee.

In the fourth item of "advantages" it is claimed that the state would have better control over unethical practitioners; but a registration does not give us a law to punish the offenders. It is easy enough to find the unethical and fraudulent practitioner. What we want and need is the means of getting rid of him, and there is nothing even suggested in Mr. Shepardson's article whereby this may be accomplished any better by registration than under present conditions.

As regards the fee of two dollars, that is not much; and if there were a prospect of getting results there is not a reputable physician in the state who would not gladly pay it and be the gainer thereby; but for the reasons given, it seems to me to be an entirely useless cumbrance of the law and an annoyance to the members of the profession. Nor am I alone in this view. While writing these pages I took a little time off to inquire what benefits were gained by those who were already "regulated." I made the rounds of the undertakers, the barbers, the dentists, the jewelers and the plumbers; and of all these only three persons thought there was any benefit at all and the rest promptly and emphatically said "no," and usually added that the only ones benefited by the annual registration were those who got the jobs of keeping the records and collecting the fees. One barber, only, thought there might be some benefit by limiting his profession against itinerants; but he could not mention a single instance to support his belief. One dentist thought there might be some benefit, gave the same reason the barber did, and cited one instance in which a dentist was excluded from practice in the state; but later in the evening he met me on his way home and said that the exclusion was due to the fact that he was not registered at all in the state and not that the annual registration had kept him out. I saw one plumber and he thought there "might" be some benefit in the registration, but could not mention any instance in which the benefit had actually been observed.

It is my firm belief that if we could only get the laws, and honest, efficient officials to execute them, there would be no need of any regulation by laymen, no matter how "neutral" they may be.

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#### EPIDEMIC INFLUENZA IN PRIVATE PRACTICE

*To the Editor:*—The pandemic reached Hartford about the middle of September, reached its greatest pace about September 28, and from then on raged fiercely until October 21, when it began to recede. The number of deaths was 586 resident and 137 from out of town. The population is estimated at 145,000, thus giving a death rate of 4 per thousand. The number of influenza cases was about 23,000.

The schools and theaters were not closed here, and from the manner in which the epidemic spread they apparently were not an important factor in disseminating the disease. The epidemic raged most intensely in the crowded tenement districts. Proportionately, the Jews were hit harder probably than any other group of peoples. They were affected first and in great numbers. The northeast section, populated by Jews, Russians and Italians for the most part, was in the grip of the epidemic for a week before it spread to the east side (adjacent), populated mainly by Italians and Russians. In the latter days of the epidemic the south end of the city had more cases than the other sections. The hospitals were overcrowded and able to admit only a small portion of the patients needing admission. An emergency hospital was opened about October 15. It did good work, but was really too late to do the most good.