

Bureau of Investigation

VAN ARD SANATORIUM

A Dangerous Piece of Mail-Order "Rheumatism Cure" Quackery

The Van Ard Sanatorium, Inc., does a quack rheumatism-cure business from an old brick residence on the south side of Chicago. It is an Illinois corporation with an authorized capital of \$10,000. Its officers are listed as J. B. Creevy, President; H. L. Cassel, Secretary.

Cassel and Creevy are brothers-in-law. They are the same individuals who are, or were, connected with the "Cass Treatment for Rheumatism," and both of them are said to have been previously connected with one of the smaller Chicago mail-order houses. Creevy, prior to that, seems to have been in the tailoring business. The so-called Cass treatment was originally exploited by the Cass Laboratories, which, of course, were not laboratories. Its letters were signed "Harvey L. Cass, President"; there never was such a person, H. L. Cassel being the individual in the flesh.

In 1926 the postal authorities were about to issue a fraud order against the Cass Laboratories, when Cassel submitted an affidavit, swearing that the business conducted under the name Cass Laboratories had been discontinued and abandoned and would not be resumed. The facts were that, for a month before Cassel made this sworn statement, the name Cass Laboratories had been abandoned, but the same quacks were doing the same business, from the same address, under the name, "H. L. Cass Corporation"!

It was in February, 1927, that Cassel submitted this affidavit; in January, 1927, the Van Ard Sanatorium was incorporated. At the time of incorporation the officers were listed as follows: C. J. Cahill, president; J. A. Carroll, secretary.

Later, the names of Creevy and Cassel appeared as president and secretary, respectively, while Charles J. Cahill, M.D., is now listed as "Medical Superintendent."

Charles Joseph Cahill, according to the records of the American Medical Association, was born in Massachusetts in 1875 and holds a diploma from the Kansas Medical College, Topeka, dated 1897. Dr. Cahill is licensed to practice in Kansas, Texas, Missouri and Illinois, getting the Illinois license in 1927, about the time that he came to that state in order to engage in the Van Ard quackery. Dr. Cahill seems to have started practice in Lawrence, Kansas, in 1900, and his name appears in the medical directories for 1900 and 1902 under that place. The directory for 1904 does not carry his name; in 1906 he was at Scott, Kansas; in 1909 at Rozel, Kansas; in 1912 and 1914 at Tecumseh, Kansas; from 1916 to 1918 at Topeka, Kansas; in 1921 he was in Kansas City, Mo.; in 1923 and 1925 he was at Emmett, Kansas. Since 1925 Dr. Cahill's name has appeared in the "Address Unknown" file of the American Medical Association, until he was in Chicago, connected with the Van Ard fake. The impression is given in the Van Ard advertising that Charles J. Cahill has special knowledge of the treatment of rheumatism. Needless to say, Cahill's name is unknown to scientific medicine. For years he was an obscure practitioner,

until he came to Chicago and, overnight, blossomed out as a "specialist" in the treatment of rheumatism!

Just as in the Cass Laboratories' fake the letters were signed "Harvey L. Cass" (a person who didn't exist), so in the Van Ard Sanatorium quackery most of the letters are signed "J. B. Crenon, Secretary." And just as "Harvey L. Cass" was really Harvey L. Cassel, so, doubtless, "J. B. Crenon" is Joseph B. Creevy!

Incidentally, the same individuals—Creevy and Cassel—who exploit "rheumatism cures" under the names "Cass Laboratories," "H. L. Cass Corporation," "Van Ard Sanatorium" and "Van Ard Institute," were also connected with the "Western Medical Association," later called the "Western Medical Corporation," and the "Vernon Laboratories," both of which sell a mail-order "epilepsy cure."

In the latter weeks of 1929 THE JOURNAL received reports from California of three deaths in which the principal autopsy finding was an extreme degree of atrophy of the liver (acute or subacute yellow atrophy). In each of these three cases (all women), the patient had suffered with symptoms of chronic arthritis. The physician who reported the cases stated that two of the women had been taking the Van Ard "treatment"; the third had been taking the Cass "treatment."

In the Cass "treatment," as was shown in THE JOURNAL'S article on this fake (published January 15, 1927; reprints available), the essential drugs were aspirin (acetylsalicylic acid) and cinchophen. In view of the deaths reported from California, some qualitative tests were made of the specimens sent in to THE JOURNAL by the pathologist who reported the cases, and the A. M. A. Chemical Laboratory found that cinchophen was the essential drug in the treatment. At the same time the Bureau of Investigation secured one complete original "treatment" from the Van Ard Sanatorium. This, also, was submitted to the A. M. A. Chemical Laboratory for examination. The chemists' report follows:

LABORATORY REPORT

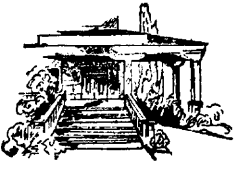
"One original specimen of Van Ard Sanatorium Treatment (Van Ard Sanatorium, Chicago) was submitted to the A. M. A. Chemical Laboratory for examination. The 'treatment' came in a large box containing four smaller boxes labeled, 'A,' 'B. No. 1,' 'B. No. 2' and 'C.'

"Box A.—This bore the directions: 'Take two tablets before each Meal and at Bedtime.' The box contained 97 mottled brown tablets averaging 0.45 Gm. (6.9 grains) in weight. Tests indicated that these tablets were composed essentially of acetylsalicylic acid (aspirin). Iron was found in the ash.

"Box B. No. 1.—This was labeled: 'Take ONE with One Prescription "B. No. 2" after each Meal.' The box contained 36 light yellow tablets averaging 0.48 Gm. (7.4 grains) in weight. Tests indicated that these tablets were composed essentially of cinchophen.

"Box B. No. 2.—This was labeled: 'Take ONE with One Prescription "B. No. 1" after each Meal.' The box contained 36 dirty white capsules, the contents of which averaged 0.5316 Gm. (8.2 grains) in weight. Tests indicated that a relatively large proportion of this material was sodium bicarbonate. In addition, there appeared to be present a substance resembling 'exhausted' ginger and another substance, apparently protein material.

"Box C.—This carried the directions: 'Take ONE, TWO or THREE at Night as necessary to move Bowels freely.' The box



HOME TREATMENT DIVISION
VAN ARD SANATORIUM
FOR RHEUMATIC DISORDERS
HYDE PARK BLVD. AT BLACKSTONE AVE
CHICAGO

VALUABLE FACTS ABOUT YOUR HEALTH

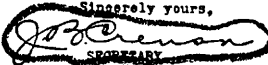
Dear Friend:-

Here is a booklet that should be especially interesting to you. The facts it contains are VERY IMPORTANT for rheumatic sufferers and it will pay you to read every page carefully.

Rheumatic diseases, as you will see, can develop only when the blood is not pure. In the body there occurs a break-down of the normal resistance against the poisonous bacteria and health, are eliminated from the system. Accumulation of poisonous matter.

And that is exactly where the SUPREME value of the COMPLETE Van Ard Sanatorium Medical Treatment has proven itself to thousands of other rheumatic sufferers. These three preparations, announced in capsule and tablet form, have been developed by Doctor Charles J. Cahill, the head of Van Ard Sanatorium, for the purpose of correcting these unhealthy conditions I have mentioned.

the postman delivers the treatment. Write your name and address on the order blank. And by all means, mail the blank right away, so you will not lose the benefit of the two dozen tablets you have already taken.

Sincerely yours,

J.B. CRENON
SECRETARY

JBC/CB

contained 24 red capsules containing a yellow powder, resembling yellow phenolphthalein and aloes. It also contained an unidentified salty material.

"From the above, it may be stated that this 'treatment' consists essentially of acetylsalicylic acid (aspirin), cinchophen, sodium bicarbonate (baking soda) and a laxative."

It is obvious that the Van Ard and Cass "treatments" are for all practical purposes identical—namely, aspirin, cinchophen and baking soda with a laxative. The only material difference is in the laxative employed. In the case of the Cass quackery it was epsom salt, flavored, while in the Van Ard case it seems to be phenolphthalein and aloes.

While the Van Ard outfit calls itself a "Sanatorium" in its advertising, it appears in the Chicago telephone directory as the "Van Ard Institute," the reason being that whatever treatments they may give—if, indeed, they give any—at the Chicago address are ambulatory in character. No patients—or victims—are housed in the so-called Sanatorium.

Queries and Minor Notes

ANONYMOUS COMMUNICATIONS and queries on postal cards will not be noticed. Every letter must contain the writer's name and address, but these will be omitted, on request.

POSSIBILITY OF INFECTION WITH UNDULANT FEVER FROM HOGS FED ON MILK FROM INFECTED COWS

To the Editor:—Are hogs fit for food after having been fed the milk from cows that have undulant fever?

MARCUS T. SMITH, M.D., Conway, Ark.

ANSWER.—There appears to be no reason why hogs fed the milk of cows affected with infectious abortion, the causal agent of which, *Brucella abortus*, sometimes causes undulant fever in man, should not be fit for human food. The type of *Brucella abortus* that affects cattle is somewhat different from that which affects hogs, and it is doubtful whether the former is transmissible to hogs through natural exposure, since it has been shown by experiments in which these animals were repeatedly fed infectious material from cattle and cultures of the cattle type of the micro-organisms that they did not become infected. Moreover, the disease caused in cattle and hogs by *Brucella abortus* is unlike undulant fever of man, for which both types of this micro-organism are sometimes responsible. Symptoms of illness, excepting abortion, are rarely exhibited by either species of animal, and the causal agent is seldom found in the animal outside the genital organs, mammary glands and lymph glands associated with them. There would therefore seem to be little risk of hogs contracting infectious abortion by drinking the milk of infected cows, and, even if they should, the danger that their flesh would be unfit for human food would seem to be improbable, because the disease does not appear to act systemically and the micro-organisms are rarely found in the portion of the carcass used for food. Furthermore, the temperature to which meat is subjected in the process of cooking would kill any *Brucella abortus* infection that might possibly be present in it and thus reduce the danger to the vanishing point.

ALCOHOL TEST MEAL

To the Editor:—Can you tell me what an alcohol test meal consists of?

CHARLES W. ROBERTSON, M.D., Amherst, Mass.

ANSWER.—According to Cheney, in *California and Western Medicine*, April, 1928, the technic of this test is as follows: Early in the morning, after twelve hours' fasting, a Rehflus tube is passed and all the stomach contents are removed. The meal, consisting of 100 cc. of 7 per cent alcohol, is then injected into the stomach through the tube and samples are withdrawn at intervals of half an hour up to one and one-half hours after the meal. The advantages of this method are: 1. The specimens are clear, and small amounts of blood, bile and mucus can be readily recognized. 2. There is no stoppage of the tube by bits of food. 3. The microscopic examination of the sediment and tests for blood and lactic acid are readily carried out. 4. It is not necessary to filter the contents, to read the acid determinations with Topfer's reagent and with phenolphthalein. In his conclusions, Cheney says that a meal of 50 cc. of 7 per cent alcohol followed by the withdrawal of four samples at subsequent fifteen minute intervals will give as adequate information as may be obtained by a longer procedure. The acid

curves obtained with this method of gastric analysis are said to be comparable to those obtained with other types of gastric stimulants. The method has received little attention in this country and abroad as a standard stimulus in fractional gastric analysis. The Ewald meal or cereal gruels are usually employed.

TREATMENT OF CHRONIC MYOSITIS OR SCLERODERMA

To the Editor:—Please outline for me the treatment of a case of chronic myositis in a woman of 60. The lower ends of the posterior crural muscles are involved, beginning just above the internal malleolus and extending to the junction of the middle and the upper third of the leg. The disease is of two years' duration. The skin above is unbroken but is discolored brown, and is thick and hard; the subcutaneous tissue is soft; the muscle appears to be gone, leaving a gap between the upper and the lower end from 4 to 6 inches wide. The legs swell rapidly when the patient gets out of bed for a few hours. The patient was treated by another physician for a year and a half before I saw her. Antisyphilitic treatment was first tried. About six injections of neoarsphenamine of 0.6 Gm. each were given over a six weeks period, but no improvement was noted. The Wassermann test was not done until after treatment and was negative. Please omit name.

M.D., Pennsylvania.

ANSWER.—It is difficult to offer any constructive advice with the data at hand. It is probably not a myositis. The brown, thick, hard skin suggests a scleroderma. An actual gap between the upper and lower ends of the muscle would occur in a case of rupture of the muscle but does not account for the thick, brown skin. One would not expect an atrophy of nerve origin to have just these limits. The possibility of a scleroderma might be investigated. There is enough evidence that some such case occurs in undersecretion of the thyroid to justify obtaining a determination of the basal metabolic rate, or a therapeutic test. If both legs swell, the edema is probably on some other basis than that accounting for the lesion described.

MERCUROCHROME AS PREVENTIVE OF OPHTHALMIA NEONATORUM

To the Editor:—Please advise me as to the value of mercurochrome in the prevention of ophthalmia neonatorum. Also relative merits of this agent as compared with silver salts as a prophylactic in the new-born.

B. B. MCGEE, M.D., Las Cruces, N. M.

ANSWER.—There have been no comparative statistics as to the relative value of mercurochrome-220 soluble and of silver nitrate as a prophylactic in the new-born nor have there been any publications dealing with the value of mercurochrome in the prevention of ophthalmia neonatorum. Judging from clinical experience, it is estimated that silver nitrate is probably safer on account of the greater penetration of the epithelial tissues.

VAGUS INFLUENCE AND HEART BLOCK

To the Editor:—A man about 60 years of age, who had an acknowledged heart lesion for some years with varying degrees of decompensation, was in the habit of taking digitalis in dosages of 2 grains one day and 1 grain the following day. After about two years of this practice independent of the advice of a physician he presented himself for examination. An electrocardiogram was made and the rate of 100 with no indications of a digitalis T-wave was taken as an indication for the further exhibition of digitalis. Accordingly he was given digitalis, 6 grains a day for three days, when the rate dropped to 70 and the digitalis was reduced to 2 grains a day on the assumption that he was digitalized. Two days later, on being visited in his home, he was found seated in a chair with the body well flexed over the knees. On being asked for an explanation for the position, he explained that it was the only comfortable position that he could assume and rest: that when he sat upright his heart seemed to stop or at least to run much slower. Examination of the heart at this time with the stethoscope to the chest revealed a rate of 40 in the upright position and 82 in the semiflexed position. There was no arrhythmia noted in either position. He was obviously dyspneic in the upright position. What is the explanation for the change in the rate? Make any other comments which might be of help or interest. Please omit name.

M.D., North Carolina.

ANSWER.—Apparently the patient has a 2 to 1 heart block on assuming an erect sitting posture. It is to be assumed that in the erect posture there is a stimulation of either the thoracic or the abdominal vagus, which is decreased on flexion, or sympathetic stimulation in the flexed position. It would seem more probable that there is a decreased stimulation of the abdominal vagus in the flexed position, with the relaxed abdominal walls. A gentle pat with the hand over the epigastrium, or slight pressure, is sufficient to cause demonstrable vagus stimulation in some persons. It is probable here that the digitalis has lowered the vagus threshold and permits vagus overaction.

After the question was brought up, electrocardiograph tracings were made on eleven normal persons in the erect and in the flexed sitting posture. There was an increased heart rate in the