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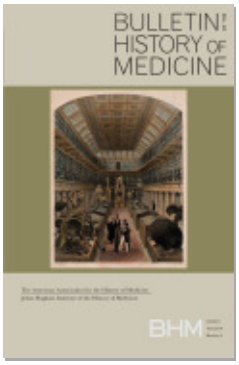

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"A Little Seasoning Would Aid in the Digestion of Our Factums": Wit, Evidence, and the Evolving Form of Medical Debate in New Orleans, 1853–1868

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SUMMARY: This history of the categorization of yellow fever explores the interchange between rhetoric and evidence in understanding the disease. Eighteenth-century models of medicine relied on rhetorical manipulation to convince readers of accuracy, unlike modern medicine, which claims objective evidence as the professional standard. But how did the physician as intellectual give way to the physician as scientist? This article analyzes the transition through a case study: J.-C. Faget, who famously discovered the definitive sign of yellow fever, and Charles Deléry disputed how doctors should attempt to understand the disease in New Orleans, a vital yet understudied medical center dominated by Francophone creole interests. It addresses the use of ideas about immunity to define racial, ethnic, and class differences; the rhetoric of health and medicine; and developing ontological theories of disease. It shows the struggle to employ intellectual realizations to understand this disease that cost the region dearly in lives and income.

KEYWORDS: yellow fever, rhetoric, race, Faget, New Orleans, epistemology, creole

Dr. Charles Chauvin Boisclair Deléry was a jokester throughout his career. As a practicing physician in mid-nineteenth-century New Orleans, he

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publicly mocked senior members of the New Orleans medical establishment, stirring up trouble, exposing doctors' mistakes, and attracting the ire of leading physicians. For example, in what exploded into an infamous episode, a young doctor acquaintance of Deléry wanted to embarrass a senior French doctor, Joseph Rouanet, a distinguished and notably pompous diagnostician of heart diseases. A doctor of international reputation, Rouanet had practiced medicine in Paris before immigrating in 1844 to New Orleans, where he was received as an expert in auscultation.[1] The young doctor obtained a goose heart with pericarditis and presented it to Rouanet in a set of pathological preparations for examination in front of his peers. Rouanet pronounced that the heart had come from a human child, between three and four years old. He held forth on the illness and asked to see the child's body, at which point the young doctor informed him that the heart was from a goose. Rouanet was humiliated.

Deléry, a Louisiana-born creole who, like his friend, resented the French immigrant, Rouanet, became embroiled in the mockery by writing a satirical rhyme, "The Doctor and the Goose." Deléry read the poem to a friend, who read it to others, with the work circulating among doctors and "freely through the community,"[2] eventually reaching Dr. Rouanet. Rouanet found the poem so insulting that he dispatched his representatives, his "seconds," to challenge Deléry to a duel, which Deléry accepted. Doctors frequently settled disputes through duels, and, as was the custom, the duel took place with pistols under the "Dueling Oaks," a blood-soaked portion of present-day City Park designated for these contests. Two shots were fired. Rouanet and Deléry were each slightly grazed, and the "seconds," who were themselves doctors, ended the duel by pronouncing that Rouanet's honor had been restored,[3] and with it respect for his medical opinion.

1. Jean-Charles Faget, *Notice Scientifique sur Rouanet, de Saint-Pons s.n.* (Paris, 1866), 14–15. Also described in John Duffy, *The Rudolph Matas History of Medicine in Louisiana*, vol. 2 (New Orleans: Pelican Press, 1976), 94–95; and Edward Laroque Tinker, *Pens, Pills and Pistols: A Louisiana Chronicle* (New York: Franco-American Pamphlet Series, 1934), 7–8.

2. Faget, *Notice Scientifique* (n. 1), 15; Edmond Souchon, "A Tribute to Dr. Pierre Rouanet, the Discoverer of the Cause of the Heart Sounds, at One Time a Practitioner in New Orleans," *New Orleans Med. Surg. J.* 74 no. 5 (November 1921): 315–17.

3. John Augustin, "The Oaks: The Old Duelling Grounds of New Orleans," in *The Louisiana Book: Selections from the Literature of the State*, ed. Thomas M'Caleb (New Orleans: R.F. Straughan, 1894), 81–82; J. S. Kendall, "Pistols for Two, Coffee for One," *Louisiana Hist. Quart.* 24 (July 1941): 758; and J. Grahame Long, *Dueling in Charleston: Violence Refined in the Holy City* (Charleston, S.C.: History Press, 2012). Long discusses dueling in New Orleans.

For our purposes, what is important in all of this is not just that doctors were shooting each other, but that they were doing so because of humorous language and questions of honor surrounding medical matters. Deléry had written a satirical poem, not a sober argument or academic treatise, to challenge his colleague's high position. Language was key; it was the poem, not the original prank with the goose heart, that had prompted the duel, and Rouanet had targeted Deléry, not the young doctor who pulled the prank.[4] Deléry's mockery, in writing and exposed to public view, had implied that Deléry had the skill that Rouanet lacked.

Doctors decided medical matters through this kind of contest well into the nineteenth century, sometimes with real weapons,[5] more often with rhetorical strategies. These were old tools. Eighteenth-century models of medicine relied on literary proof. Medical treatises drew on clinical cases, medical observations, and anecdotes, attempting to provide a factual basis for medical thought, yet at root they were manipulations that worked on readers precisely because readers could "believe there [was] no manipulation."[6] As Alexandre Wegner has shown, readers had rhetorical devices to thank for this; fictions pervaded medical treatises as proof of medical theories. For example, Jean-Louis Alibert, chief physician at L'Hôpital Saint Louis and professor on the medical faculty of Paris, included in his *Physiologie des passions* brief fictive narratives "aiming to prove to the reader, that is, to make the reader *feel*, the accuracy of his theoretical considerations."[7]

Literary mechanisms remain alive and well in the modern world of medicine and health care, which claims a basis in objective evidence, itself a rhetorical strategy. Modern readers expect to see medical treatises grounded in evidence that can be reproduced and verified. Evidence-based claims are physicians' accepted standard. But how were such modern diagnostic and therapeutic processes created?

Steven Stowe has shown that these processes took a particular form in the southern United States. His work reveals that there was often tension

4. Rouanet may have considered the junior doctor his inferior, adding reason not to engage him.

5. See James R. Keane, "Dueling Doctors," *Southern Med. J.* 93, no. 9 (September 2000): 868–72.

6. Jean-Louis Alibert, *Physiologie des passions, ou Nouvelle Doctrine des sentiments moraux, par J-L Alibert, chevalier de plusieurs orders, premier médcin ordinaire du roi, professeur à la Faculté de medicine de Paris, médcin en chef de l'Hôpital Saint-Louis, etc.*, 2 vols. (Paris, 1825), quoted in Alexandre Wegner, "From Medical Case to Narrative Fiction: Diderot's *La Religieuse*," in *Medicine and Narration in the Eighteenth Century*, ed. Sophie Vasset (Oxford: Voltaire Foundation, 2013), 17–30, quotation on 30.

7. Ibid., emphasis added.

between individuality and professional cohesion, yet doctors supplied each other with intellectual substance based on their individual experiences.[8] Stowe explains that ordinary physicians in the South favored close observation of the body and a patient's environment. They created medical knowledge through a common "style of practice rooted in physicians' sense that their orthodoxy grew from local sources, as well as from abstract traditions." Such "country orthodoxy," as Stowe terms it, "tied a doctor's sense of his work to his imagination of self and place, and thus to a sense of continuity that both inspired and troubled him." In these personal experiences, southern doctors developed a "medical style that made routine work with bodies and disease inseparable from physicians' moral imagination of what defined 'good' medical care in various contexts."[9]

In a mid-nineteenth-century debate over yellow fever between Charles Deléry and his colleague, Jean-Charles Faget, two elite doctors in New Orleans, we have the opportunity to see exactly how two physicians rhetorically negotiated the historical tension Stowe investigates between the model of physician as individual intellectual and that of physician as collegial scientist in a public context still dominated by traditional notions of professional honor as well as emerging models of expertise. Because of their training and social status, the two doctors were beholden to the old model of medical knowledge based on rhetorical persuasion, but they were also aware of newer modes of medical argument based on evidence, and they used both in their debate.[10]

Evidence was gaining value as medical currency, but divesting oneself of traditional rhetorical methods meant risking professional integrity and livelihood. Faget and Deléry faced what John Harley Warner has called

8. Steven Stowe, *Doctoring the South: Southern Physicians and Everyday Medicine in the Mid-Nineteenth Century* (Chapel Hill: University of North Carolina Press, 2004).

9. Ibid., 2–3.

10. Building on Thomas Kuhn's *The Structure of Scientific Revolutions* (Chicago: University of Chicago Press, 1970), and more specifically, Bruno Latour and Steve Woolgar's *Laboratory Life: The Construction of Scientific Facts* (Princeton, N.J.: Princeton University Press, 1986), which analyzed how doctors used research and texts to create factual knowledge, the study of persuasion in the history of science, sometimes called the rhetoric of health and medicine, has expanded into an important field of research, particularly in the past fifteen years. See, for example, Judy Segal, *Health and the Rhetoric of Medicine* (Carbondale: Southern Illinois University Press, 2005); Joan Leach and Deborah Dysart-Gale, eds., *Rhetorical Questions of Health and Medicine* (Baltimore: Rowman & Littlefield, 2010); and T. Greenhalgh, "Narrative Based Medicine in an Evidence-Based World," *BMJ* 318, no. 7179 (1999): 323–35. On the use of satire in science, see Susan Parrish, "William Byrd II and the Crossed Languages of Science, Satire, and Empire in British America," in *Creole Subjects in the Colonial Americas: Empires, Texts, Identities, ed.* Ralph Bauer and José Antonio Mazzotti (Chapel Hill: University of North Carolina Press, 2009), 355–74.

"the problem of professional character" in scientific medicine,[11] the need to maintain medical authority through publicly presenting admirable behaviors and values. Warner's work points to a shift in nineteenth-century American medicine when physicians began to reject the old systems that governed medical practice in favor of observation and scrutiny of the nature of therapeutic knowledge. While his work focuses on the northeastern United States, his notion of a turn toward empiricism, influenced by the Paris clinical school, carries implications for the Faget-Deléry debate in New Orleans, where their individual investigations alternately clashed and accorded with developing professional identity and behavior.[12]

Given tensions among individual observation, ideology, and professionalism, Faget and Deléry wrote much about conflicts and attempts to negotiate them. Their debate confirms Stowe's interpretation of physicians' writings as both mirrors of their satisfactions and discontents and productive of them.[13] Yet it also throws into sharp relief the particular tensions present in New Orleans where an old creole elite faced special medical and social pressure to understand the nature of yellow fever.

Interestingly, in addition to debating the nature of yellow fever, Faget and Deléry wrote into their dispute a metanarrative about medical knowledge in which they reasoned that two types of argument were needed—witty rhetorical persuasion and data-based evidence—and considered the role of each. I argue that the form their dispute took of quoting each other's documents as evidence and responding to the quotations with ridicule as often as with counterevidence shows medical proof and credibility to be a tangled, evolving combination of wit, rhetoric, observed evidence, and its manipulation. From their debate and investigation emerged calls for a medical epistemology based on facts that were evaluated not by the public, but by trained professionals.[14] Their public debate shows Faget and Deléry struggling to put their intellectual realization into practice.

11. John Harley Warner, "Science, Healing and the Physician's Identity: A Problem of Professional Character in Nineteenth-Century America," *Clio Medica* 22 (1991): 65–88.

12. John Harley Warner, *The Therapeutic Perspective: Medical Practice, Knowledge, and Identity in America, 1820–1885* (Princeton, N.J.: Princeton University Press, 1997); and *Against the Spirit of System: The French Impulse in Nineteenth-Century American Medicine* (Baltimore: Johns Hopkins University Press, 2003).

13. Stowe, *Doctoring the South* (n. 8), 3.

14. There is a vast body of literature on medical professionalization. See Warner, *Therapeutic Perspective* (n. 12). For an earlier introduction, see John Duffy, *The Healers: The Rise of the Medical Establishment* (New York: McGraw-Hill, 1976); and more recently, Mike Saks, *Orthodox and Alternative Medicine: Politics, Professionalization and Health Care* (Thousand Oaks, Calif.: Sage, 2003).

Yellow Fever in New Orleans

In 1853, a massive epidemic of yellow fever struck the city of New Orleans and its environs.[15] Yellow fever had frequently swept through New Orleans, but this epidemic killed more people than any previously, approximately 10 percent of the city's population. Newspapers hesitated to acknowledge the outbreak for fear of jeopardizing commerce in the port city, but in August, there was no choice but to reveal the mounting numbers of dead: 976 people the first week; 1,288 the second; 1,346 the third. Business, political, and social activities ground to a halt. Most of the traffic moving was doctors' and nurses' carriages and funeral processions.[16]

New Orleans residents knew yellow fever's forbidding symptoms well. Beginning with low fever, cough, and chills, victims soon suffered from yellowing eyes and skin, trouble urinating and passing stools, and bleeding from the nose and mouth. In its advanced stages, the disease caused black vomit that indicated internal bleeding and usually imminent death. We know today that the yellow fever vector is the *Aedes aegypti* mosquito, but until the early twentieth century, the source and means of spreading yellow fever remained mysteries. Doctors theorized about the roles of environment, location, and social conditions and sought patterns in whom, when, and where it struck.

The 1853 epidemic stands out as the worst of three yellow fever epidemics that struck New Orleans in the 1850s. In its wake, the city created a Board of Health, followed soon by a more vigorous State Board to oversee quarantines of the port city. Doctors who believed that yellow fever

15. The definitive work on medicine in New Orleans is Duffy, *History of Medicine in Louisiana* (n. 1). The definitive periodical source is the *New Orleans Medical and Surgical Journal*, published beginning in 1844 and thereafter under several titles. On Charity Hospital, see John Salvaggio, *New Orleans' Charity Hospital: A Story of Physicians, Politics, and Poverty* (Baton Rouge: Louisiana State University Press, 1992). On the African American influence on medicine, see Gwendolyn Midlo Hall, *Africans in Colonial Louisiana: The Development of Afro-Creole Culture in the Eighteenth Century* (Baton Rouge: Louisiana State University Press, 1995). On the French influence on medicine, see John Duffy's "French Influence on the Development of Medicine in Louisiana," *Biomed. Pharmacother.* 4, no. 3 (1990): 147–54. The intersections of medicine and race have received increasing attention in New Orleans medical history. See, for example, Stephen C. Kenny, "'A Dictate of Both Interest and Mercy'? Slave Hospitals in the Antebellum South," *J. Hist. Med. & Allied Sci.* 65, no. 1 (January 2010): 1–47; and R. B. Baker, H. A. Washington, O. Olakanmi, T. L. Savitt, E. A. Jacobs, E. Hoover, and M. K. Wynia, "African American Physicians and Organized Medicine, 1846–1968: Origins of a Racial Divide," *JAMA* 300, no. 3 (2008): 306–13. On medicine as a force in New Orleans identity formation and creolization, see Shirley Thompson, *Exiles at Home: The Struggle to Become American in Creole New Orleans* (Cambridge, Mass.: Harvard University Press, 2009).

16. John Duffy, *Sword of Pestilence: The New Orleans Yellow Fever Epidemic of 1853* (Baton Rouge: Louisiana State University Press, 1966).

was indigenous and non-contagious and merchants who objected to the disruptions to commerce joined forces in opposition to quarantines. A new Sanitation Commission investigated the causes of yellow fever and published its report.[17] Its author, Dr. Edward H. Barton, argued a miasmatic theory that yellow fever resulted from breathing air contaminated by putrefaction (of animal carcasses, for example) under extreme weather conditions, especially those of New Orleans's subtropical heat and humidity. Even though the report rejected the theory that yellow fever spread by contagion (direct contact with infected people or via some sort of tiny organism) and from foreign origins, it nonetheless called for quarantines to prevent afflicted sailors and ships from entering New Orleans's port.[18] Such contradictory responses reflected the great uncertainty and fear of the disease. Not surprisingly, considering the high stakes for human health and economic welfare, the report unleashed controversy, debate, and conflicting views about yellow fever.[19] As Dr. Deléry appraised the quest for answers, "what diversity, what contradictions, what groping, what blind empiricism, what chaos!"[20]

Deléry's observation suggests the state of medical argument and creation of medical knowledge in this period when doctors had mastered gross anatomy but knew little about diseases. By "blind empiricism," he meant personal experience and idiosyncratic beliefs, not "observationally objective" as we understand the term today. Deléry faulted not just *what* medical doctors claimed to know about yellow fever but *how* they were attempting to gain and spread this knowledge. He criticized personal experience and idiosyncratic methods as poor means of pursuing medical understanding; something more was needed. This problem was largely a conceptual one; understanding and responding to yellow fever hinged on figuring out how to categorize it etiologically (in terms of its origins) and epidemiologically (in terms of how it spread). Yellow fever

17. Edward H. Barton, "The Cause and Prevention of Yellow Fever: Contained in the Report of the Sanitation Commission of New Orleans" (Philadelphia, Lindsey & Blakiston, 1855).

18. The cause of yellow fever had long been a question throughout the greater Caribbean, but by the 1850s a definitive answer had yet to emerge. On the development and impact of this knowledge in the Caribbean, see J. R. McNeill, *Mosquito Empires: Ecology and War in the Greater Caribbean, 1620–1914* (Cambridge: Cambridge University Press, 2010); and Andrew Bell, *Mosquito Soldiers: Malaria, Yellow Fever, and the Course of the American Civil War* (Baton Rouge: Louisiana State University Press, 2010).

19. Robert Reinders, *End of an Era: New Orleans, 1850–1860* (New Orleans: Pelican Press, 1998), esp. 103–4.

20. Charles Deléry, *Précis historique de la fièvre jaune* (New Orleans, 1859), iv: "[Q]uelle diversité, quelles contradictions, quels tâtonnements, quel empirisme aveugle, quel chaos!"

eluded categorization because it resembled other fevers symptomatically, but was much more deadly. By the 1850s, treatment for yellow fever had shifted from calomel to sulfate of quinine, but by 1853 doctors had begun to realize its inefficacy.[21] Given the importance of finding a cure, debates around yellow fever's origins and progression intensified.

The most vociferous dispute occurred between Deléry and Faget, who was a great admirer of Deléry's dueling adversary, Dr. Rouanet.[22] Their argument grew out of a disagreement about who, if anyone, was immune to yellow fever. In 1855, Faget wrote *Etude sur les bases de la science médicale et exposition sommaire de la doctrine traditionelle*, in which he argued that Louisiana's creole and black populations carried immunity to yellow fever and that, when they appeared to have yellow fever, in reality they suffered merely from what he called "fièvre paludéene," or "swamp fever." Deléry supported the opposite thesis that New Orleans's creole and black populations were as susceptible to yellow fever as anyone else. This disagreement launched a bitter, fifteen-year feud that eventually involved many of New Orleans's leading doctors in not just reasoned arguments to colleagues and laypeople, but ridicule in professional journals and public pamphlets, character assassination at professional meetings, and even duels between physicians.[23]

21. See Erasmus D. Fenner, *History of the Epidemic Yellow Fever at New Orleans, Louisiana, in 1853 (New York: Hall, Clayton, & Co., 1854)*.

22. Faget and Deléry were two of many physicians debating yellow fever at the time. Investigation gained momentum after each of the major epidemics in New Orleans and across the United States. See, for example, Stanford Chaillé, *Life and Death in New Orleans from 1787 to 1869 and More Especially during the Five Years 1856 to 1860* (New Orleans, 1869); Louisiana Board of Health, *Report, 1857* (New Orleans, 1857); M. Morton Dowler, "On the Reported Causes of Yellow Fever and the So Called Sanitary Measures of the Day," *New Orleans Med. Surg. J.* 11 (July 1854); and "Quarantine of the Southern and Gulf Coasts," in *Senate Documents, Otherwise Published as Public Documents and Executive Documents: 14th Congress, 1st Session–48th Congress, 2nd Session and Special Session* (1873).

23. Little has been written directly about the Faget-Deléry debate. The most comprehensive source is W. K. Tomlinson and J. J. Perret, "Jean-Charles Faget and the Yellow Fever Controversy in New Orleans," in *Proceedings of the International Congress for the History of Medicine* (Quebec, 1976), 1361–73. Tomlinson and Perret outline the medical questions at issue, but do not address the rhetorical strategies and context in which they were made. Faget and, less often, Deléry appear as investigators of yellow fever in New Orleans and the tropics in both early reports of their work and medical histories. See, for example, Joseph Jones, "Original Investigations of the Natural History (Symptoms and Pathology) of Yellow Fever 1854," *JAMA* 24 (January 1895); and Duffy, *History of Medicine in Louisiana* (n. 1); as well as Reinders's general history of New Orleans, *End of an Era* (n. 19). The debate has appeared briefly in recent literature on creolization. See Thompson, *Exiles at Home* (n. 15).

Doctors like Faget and Deléry vied for legitimacy among a motley group of healers. In normal times, but especially during epidemics of yellow fever, hospitals competed with mediums, hucksters, soothsayers, Christian and Voudon priests, homeopaths, hydropaths, and an array of quacks. The city government and private citizens burned tar in the streets, intending the acrid smoke to disperse sickening spirits. Medical journals like the *New Orleans Hospital Gazette* grumbled about the competition. "Our city is infested with these miserable imposters . . . 'Dr. Ealing' cured (!!) the corns of our gentry to the tune of thousands, and last winter Dr. Don Muskwhiskers poked his fingers into their eyes and ears—to say nothing of his operations on their pockets."[24]

Physicians determined legitimacy primarily on the traditional fields of competition: honor and reputation. Establishing one's honor entailed personal reputation and success, not just to show oneself as a doctor with better character than other doctors, but also to establish a claim to offer a cure at a time when no cure for a given disease was known. Epidemics magnified honor's importance because they provided a chance to act heroically and prove oneself. Doctors hoped to come away from epidemics with the asset of personal honor, something almost material on which to base future practice. As Stowe has argued, bedside reputations meant everything, indicating that an individual stood out among doctors and was the best among all possible healers.[25]

Competing with hucksters and nonregulars was one thing, but Deléry's remark about "empiricism" and diagnostic "chaos" indicates the high stakes of healing during epidemics meant that even established doctors, "regulars" who had received training at recognized medical schools, argued about yellow fever. Beyond concern for patients' health and doctors' reputations, a further issue involved racial definition.[26]

By arguing for creole immunity, Faget gave definition to New Orleans's French social elites and their black slaves and servants, supporting their elevated status,[27] just as they, in turn, supported his practice. He offered comfort to his community in ensuring its protection from this deadly

24. "Quackery Rampant," *New Orleans Med. News & Hosp. Gazette* 7, no. 1 (March 1860): 394.

25. Stowe, *Doctoring the South* (n. 8), 162.

26. Thompson, *Exiles at Home* (n. 15), 20–29.

27. There is a growing literature on creolization and creole identity in New Orleans. Important works include Sybil Kein, ed., *Creole: The History and Legacy of Louisiana's Free People of Color* (Baton Rouge: Louisiana State University Press, 2000); Ralph Bauer and José Antonio Mazzotti, eds., *Creole Subjects in the Colonial Americas: Empires, Texts, Identities* (Chapel Hill: University of North Carolina Press, 2009); and Jane G. Landers, *Atlantic Creoles in the Age of Revolutions* (Cambridge, Mass.: Harvard University Press, 2010).

disease. In turn, Deléry attempted to refute Faget's claims that seemed motivated more by personal bias than objective, repeated observation and that drove the "contradictions" and "blind empiricism" Deléry deplored.[28] By 1860, the Deléry-Faget debate had drawn other doctors into the fray, most importantly the prominent New Orleans physician Dr. Joseph Sabin-Martin, who emphasized the uselessness of Faget's polemic. His commentary would confirm the evolving form of medical debate, as the language of honor, both impugned and defended, and role of the public, deplored yet addressed, framed his perspective.[29]

A close look at the Faget-Deléry yellow fever debate indicates how people came to "know" medical "truth" about biology and disease through the work of the best educated citizens of New Orleans: doctors. Arguing about the nature of yellow fever worked to establish medical debate—debate among professionally trained doctors—as a legitimate way of knowing truth that divided medicine from quackery. As Stowe suggests of southern doctors, "they wished to be seen as innovative men of science, but at the same time they embraced traditional, local ways of healing. They were inspired by the ideal of an overarching professional brotherhood of fellow M.D.s, and yet they found themselves deeply attached to their communities and dependent on their neighbors' esteem."[30] This took a particular form in New Orleans. As individual doctors contended for position within the profession, collectively their rhetorical jousting and insults buttressed the influence of French and creole doctors in the medical profession and their socially elite status in New Orleans.[31]

28. The Faget-Deléry debate transpired amid a larger debate over government in the city. A nativist movement arose that cited new immigrants to the city—Americans, Irish, German—as the source of yellow fever and argued for their quarantine. Politicians who sought to support immigrants constructed the argument differently. Faget can be seen as making a nativist argument. He desired to elevate creoles by arguing that they possessed immunity that new immigrants lacked. On nativism/anti-nativism, see Henry McKiven, "The Political Construction of a National Disaster: The Yellow Fever Epidemic of 1853," *J. Amer. Hist.* 94, no. 3 (December 2007): 734–42.

29. Joseph Sabin-Martin, "Protestation contre quelques attaques du Dr. Cs Faget lué a la Société Médicale de la Nouvelle-Orleans, dans sa séance de 21 septembre 1860 (New Orleans: L. Marchand Rotary Press, 1860). For biographical information, see Edward Laroque Tinker, *Les Ecrits de langue français en Louisiane au XIXe siècle: Essais biographiques et bibliographiques* (Geneva: Slatkind Reprints, 1925), 425.

30. Stowe, *Doctoring the South* (n. 8), 11.

31. In a fascinating study of the city's establishment and early history, Lawrence Powell emphasizes the especially contingent nature of power and status in New Orleans due to its global mix of ethnicities, religions, and economic interests. *The Accidental City: Improvising New Orleans* (Cambridge, Mass.: Harvard University Press, 2012).

But there was more to the story than individual, professional, and ethnic reputation. The Faget-Deléry debate was one in which ideas of authority, gentlemanliness, humor, rhetorical skill, fame, and honor ruled not only the actual discourse, but importantly, the admitted terms of the discourse. Yet as it progressed, the doctors contrasted the honor-based model of public medical disagreement with an evidence-based model. This was a time of criticism of the model itself when these doctors and their colleagues had begun to push for debates around yellow fever, and by implication other medical questions, to be decided by evidence more than anything else.

We turn now to Faget and Deléry—who they were and how they engaged in rhetoric, honor, and public appeal as they debated yellow fever's nature. We then look closely at their central disagreements and arguments, focusing on forms used to articulate them. The final sections turn to the doctors' metanarrative about the proper way to discuss medicine.

Who Were Faget and Deléry?

Jean-Charles Faget was born in New Orleans in 1818, the son of Dr. Jean-Baptiste Faget, a refugee to New Orleans from Saint-Domingue at the time of the island's slave revolt. This pedigree likely gave Faget an advantage in competing with Deléry for patients since practitioners from Saint-Domingue reputedly knew about yellow fever from their confrontations with the island's frequent epidemics. As a child, Faget attended school in Rouen. Later, he studied at the Ecole de Médicine de Paris, where he completed his medical exams in 1844. He returned to New Orleans and by all accounts became one of the most innovative doctors of his time. His greatest medical achievement was to discover the inverse correlation between the pulse and temperature in the first days of yellow fever, that is, the telltale sign that the pulse drops as the body temperature rises. At a time when yellow fever killed thousands of people, and quarantined port cities lost enormous revenue, the importance of Faget's discovery for the Atlantic world cannot be overstated. To this day, "Faget's sign" remains the key diagnostic of yellow fever.[32]

Faget was a devout Christian whose reputation for religious devotion and medical excellence developed hand in glove.[33] His upright public

32. See Faget's obituary, "Nechrologie," *L'Abeille de la Nouvelle–Orleans*, December 9, 1884; Tinker, *Les Ecrits* (n. 29), 197; and John A. Garraty and Marc Carnes, "Faget, Jean-Charles," *American National Biography* 7 (1999): 665–66.

33. Tinker, *Les Ecrits* (n. 29), 114.

comportment and haphazard financial management elevated his personal and medical reputation. He lived abstemiously, often failed to collect payment for his services, and died poor, despite a large practice. In addition to seeing patients, throughout his career he gained renown in all aspects of his profession. He served as a delegate to the Fifth National Quarantine and Sanitary Convention in Philadelphia in 1855 and in 1864 as a member of the Sanitary Consulting Committee in New Orleans. As a doctor of international stature, he maintained such close contacts with the French medical community that, following the yellow fever epidemic of 1858, the French government decorated him for his service to the French in New Orleans. A laureate member of the Société de Médicine de Caen when he died in 1884, his obituary chronicled his life with the highest regard.[34]

Faget's challenger in the yellow fever dispute, Charles Deléry, enjoyed some commonality with Faget, but could not have been more different in temperament and personality. In contrast to Faget's urban upbringing and medical family, Deléry was born in 1815 outside of New Orleans on the St. Charles Parish plantation of his parents. He came from what would have been considered an upstanding creole family in that they held property and followed accepted creole traditions, including French education. Deléry left Louisiana for Paris at fourteen to become a student at the Collège Louis le Grand. After passing his baccalauréat in letters, he studied medicine and completed his doctoral exams in 1842. He returned to New Orleans, where he established a medical practice and, like all Paris-educated doctors, never failed to include the DMP (Doctor of Medicine in Paris) after his signature, setting himself apart publicly from his assumed inferiors, American- and English-trained doctors who lacked a medical degree from the Faculty of Paris.[35]

Medical Knowledge: Rhetoric and Authority

Briefly summarized, the Faget-Deléry disagreement began with Faget's 1855 *Etude sur les bases de la science médicale et exposition sommaire de la doctrine traditionelle* and 1859 *Etude médicale de quelques questions importants pour la Louisiane*, in which Faget argued for the need and basis for a general system of the pathology of yellow fever and related diseases to be taught and practiced. Against the vast majority of his colleagues, he claimed that yellow fever, like cholera (another break with mainstream opinion), was a disease sui generis that always arose from a specific morbific entity, and

34. See "Nechrologie," *L'Abeille* (n. 32).
35. Tinker, *Les Ecrits* (n. 29), 114.

that it thus differed from what Faget termed "hemorrhagic swamp fever." This meant that yellow fever belonged in a proper nosology as a specific disease.[36] He also claimed that Louisiana's French creoles, French-born immigrants, and black populations were born immune to yellow fever but susceptible to swamp fever. The work was intended for his medical colleagues. To reach a wider audience, in 1864 he published *Mémoires et lettres sur la fièvre jaune et la fièvre paludéene*, a collection of articles and pamphlets that he had published in professional journals in France and the United States. At every step, Deléry challenged Faget's claims about yellow fever, while Faget defended them in a series of letters to each other in the *Journal de la Société Médicale de la Nouvelle Orleans*. Faget wrote six public letters or treatises and Deléry three, the most relevant of which for analyzing the contours of the debate and forms of rhetoric were the following. In March 1860, Deléry wrote his first *Réplique* to Faget's work. Faget replied in July 1860 with *Cinquième lettre sur la fièvre jaune, ou deuxième response au Dr. Deléry*. Deléry responded in February 1868 with *Dernière réplique au Dr. Faget*. This was followed by Deléry's *Seconde et dernière réplique du Dr. Deléry and Dr. Faget*, in March 1868. The debate's texts reached multiple audiences through a range of print sources. From the *Journal of the Société Médicale de la Nouvelle Orléans*, a French-language journal intended for Francophone physicians primarily in New Orleans and France, the debate moved to newspapers aimed at the general public, the widely circulated New Orleans papers *l'Abeille* and *L'Epoque*. Beyond newspapers, a series of pamphlets containing the public letters published each doctor's detailed opinion for both medical and lay readers.

To a large extent, the debate followed established models for creating medical knowledge and authority through disagreement, wit, and ridicule of physicians' theories and behavior in a rhetorical cut and thrust, with doctors and the public arbitrating questions, addressing concerns, and deciding issues. Where eighteenth-century physicians addressed their peers, nineteenth-century physicians wrote for peers and the public, creating complex possibilities for the meaning of medical text. Rhetorical moves could facilitate medical argument between doctors as easily as they could put the public on notice to guard against false persuasion, and, importantly, to see how "medical writing" about "scientific" or "medical" subjects depended on manipulated language to make arguments about disease, healers, politics, and culture. Public debate required self-presentation as learned professionals to people educated in medicine

36. See "Quatrième lettre sur la nature intime, l'origine et les characters de la fièvre jaune lue a la Société Médicale de la Nouvelle Orleans" (Avril 1860), in *Mémoires et lettres sur la fièvre jaune et la fièvre paludéene* (New Orleans, 1864).

and other fields. Physicians walked a fine line; they needed to imbue their writing with an air of gravitas that would be accessible to educated readers outside of medicine yet remain a marker of elevated status. On the proving ground of medical narrative, Faget and Deléry used various rhetorical devices to communicate just the right level of sophistication. The following examples show them deploying traditional wit and ridicule to achieve this.

First, in a remarkable discovery, Faget claimed that the key to diagnosing yellow fever lay in a progressively declining pulse, which history would prove to be correct, but at the time seemed wrongheaded. Deléry used the medical community's generally laughing attitude toward Faget's claims about the pulse to argue for playful rhetoric in public medical writing and to defend his own article in the New Orleans weekly *L'Epoque*. "If he [Faget] had been called to count my pulse, *with a watch with a second hand in hand* while I wrote my statement [Deléry's counterargument in *L'Epoque*] and while I read his [insulting] response, he would be able to assure himself that it [Deléry's pulse] had suffered no change, not even a *progressive decline*."[37] In other words, Faget's insults had not fazed Deléry enough even to disturb his pulse rate.

In a second example, given the ability of wit both to reveal and conceal information, Deléry found it useful when he charged Faget with the serious and unsavory act of plagiarism. Deléry believed that Faget had claimed for his own a theory about yellow fever that had actually been published by someone else in 1821. Rather than a direct accusation, Deléry concocted a false apology as an entertaining and more palatable plagiarism charge:

> It is necessary that I make here a full apology for all the offenses with which I have charged my colleague, without malice, it is true, because I believed, after reading his *Mémoire* that he was the father, effectively, of all the errors that he has professed for fifteen years, while actually he is only the reputed father of them. In fact, I found in a *Mémoire* on yellow fever published in 1821 by a former doctor, that Dr. Faget neither named nor even mentioned, the origin of his theory, of this theory that I have been fighting for ten years, and which is in the midst of expiring under the weight of facts and logic, which are much stronger than pride and prejudice.[38]

Deléry had found in the decades-old thesis the former doctor's claim that the only true characteristics of yellow fever that are always encountered are the progressive depression of the pulse and decreasing circulatory system. "Such is the origin," Deléry said, "of the *progressively declining pulse*

37. Charles Deléry, *Dernière réplique au Dr. Faget* (New Orleans, 1868), 4.
38. Ibid.

of Dr. Faget" that he says he has detected "on p. 84 of his *Etude Médicale* of 1859; that, he adds, is 'the main characteristic of true yellow fever.'" Deléry cited verbatim several more examples of Faget's theories that closely resemble those described in 1821: that black vomit, yellowing skin, and passing blood are insufficient symptoms for diagnosing yellow fever because they appear routinely in other ailments; that yellow fever does not occur in rural areas; and that doctors often confuse yellow fever with typhus. Deléry declared, "This is exactly the same language as Dr. Faget has seized upon for 15 years! In fact, if one were to read the two works without knowing the authors or publication dates, one might accuse the old author of plagiarism."[39] Deléry drew on wit both to reveal Faget's possible plagiarism and to keep readers from becoming alienated and disengaged by open invective. If Deléry sullied Faget's name somewhat circumspectly (with the false apology), he defended his own very directly. "After having made this known—the borrowing—of Dr. Faget from the old treatise," he said, it is important to make clear that this was all done "with the goal that I myself proposed: that of making the truth triumphant."[40] With these words, Deléry charged Faget with either professional negligence or duplicity, impugning him as a doctor by undermining his image as a man of good character. He criticized Faget's work, citing multiple examples of Faget changing his mind, contradicting himself, and leaving open "exit doors" in his arguments about medicine.

Third, Faget's colleagues mocked the rhetorical contortions the doctor needed to make his argument for creole immunity with additional doctors entering the fray. Dr. Joseph Sabin-Martin, for example, laughed at the cumbersome title that Faget developed to name "swamp fever"—"fièvre-congestive-ataxo-delirante-avec hemorrhagies-passives-diverses"—and charged that Faget himself had only carelessly recorded the observations he wanted so meticulously monitored by others.[41] This mockery challenged Faget's place in a medical profession based on evidentiary arguments more broadly. It illustrates doctors' efforts to figure out how to assert and respond to evidence in medical debates.

In these examples, ridicule held power because it carried an innate appeal to public opinion where questions of character were decided. Mocking a fellow doctor promised to boost Deléry's reputation by inviting readers to get the joke. They could feel like insiders appraising doctors'

39. Ibid., 5.

40. Ibid., 6.

41. Martin, "Protestation contre quelques attaques" (n. 29). For biographical information, see Tinker, *Les Ecrits* (n. 29), 425. All quotations from Sabin-Martin refer to this unpaginated "Protestation."

honor and abilities, and aligning themselves with one side or the other, in this case with Faget or Deléry. Settling medical disputes this way opened possibilities to establish hierarchy, both within the medical profession and beyond in a process that gave the public a good deal of power because it positioned lay readers as arbiters of medical questions and authority.

The dispute evolved from words to violence as Deléry sent his seconds to challenge Faget to a duel that might settle the question of which doctor was correct in his theories about yellow fever and susceptibility. In a radically different notion of evidence than we have now, the duel accomplished resolution of a dispute by publicly demonstrating participants' honor through adherence to conventional codes of debate. Dueling could indicate who was "right" in medical matters because the credibility to decide medical questions rested on doctors' honor and fairness. In other words, in this model, deciding medical questions was largely a moral matter.

Breaking with these conventions, Faget refused to fight, citing his Christian principles. For most men, this would have been cause for social and professional dishonor, but Faget had demonstrated his religious dedication publicly throughout his career. Thus his honor remained intact, as evidenced by his continued professional success, and perhaps even gained a veneer of permanency by showing it to be strong enough to decline an opportunity to confirm it. Faget had shown himself to be a conscientious doctor who fought with words to defend medical truth, giving the public ample opportunity to render judgment on his reputation and with it his ability to understand illness.[42] Writing articles and pamphlets offered better opportunities for the model doctor as a man of letters to advertise his wide-ranging abilities.

The doctors drew on two modes of argument, moving between more overtly rhetorical persuasion and more directly claimed observable evidence. For example, to Faget's claim that "small children, whatever sort they are, do not have yellow fever," Deléry retorted, "what do you make then of 306 . . . creole children this year dead from yellow fever according to the witness of 110 of your colleagues?"[43] Rhetorical and evidentiary devices were intertwined. The doctors countered accusations of incompetence with statistical evidence, and statistical evidence with charges of bad character. At the time, both carried substantial weight and could be seen as paths to obtaining truth.

42. On the effect of dueling on medical reputation, see Linda Mysiades, *Medical Culture in Revolutionary America: Feuds, Duels, and a Court Martial* (Hackensack, N.J.: Fairleigh Dickenson University Press, 2009), 23–24.

43. Deléry, *Dernière réplique* (n. 37), 7.

As part of incorporating and grappling with evidence-based argument, the debate brought research methods under greater scrutiny. Faget assaulted the research methods Deléry had used in his *Réplique* to investigate Faget's central claim of creole immunity. He criticized Deléry for not interviewing older doctors who knew colleagues who were alive during early epidemics, and for instead "interrogating their treatises."[44] This, Faget claimed, allowed Deléry to twist the authors' words; "he wants to make them speak" from Deléry's own perspective. Faget charged Deléry with much the same thing as Deléry had charged him, that is, skewing evidence to fit a medical theory. Faget said of reliance on the treatises that Deléry "makes them say unanimously that creoles in the city were subject to yellow fever even though the authors say the opposite." Faget quoted from one of the treatises Deléry used that "the indigenous are not ordinarily attacked by this, with a few exceptions and still in very small numbers."[45] He concluded that Deléry not only misrepresented evidence and avoided any that contradicted his established opinion, but also established faulty research findings on which other doctors would base their work. In fact, this was already happening; in a paper presented to the French Imperial Academy of Medicine, Dr. Alfred Mercier cited that "Dr. Deléry has just demonstrated with the aid of authentic documents that from 1817 to 1819, that yellow fever attacked creole children in the city."[46]

This was an interesting moment. In their investigation of yellow fever, the doctors turned their concern for individuals' honor to the collective of medical "regulars." Faget and Deléry focused their argument beyond personal character to what they saw as a legitimate medical profession in which doctors could rely on colleagues' research to advance their own knowledge. By indicating a sense of responsibility for medical practice and research generally, they were engaging basic questions about how medical knowledge would be produced, how medical thinking should go. The doctors' reputations remained important at midcentury, though calls for evidence grew louder and more explicit. They increasingly moved beyond generalized personal assaults to faulting failures to examine evidence. For example, citing the cause of medical knowledge, Deléry called on Faget for clarity and evidence: "I here call, in the name of science, in the name of the Louisiana population, in the name of his reputation and of his medical conscience to ask him for a list of distinguishing signs of his swamp fever compared to yellow fever. One hundred and ten doctors [his

44. Jean-Charles Faget, *Cinquième lettre sur la fièvre jaune, ou deuxième reponse au Dr. Deléry* (New Orleans, 1860), 10.

45. *Mémoire of 1819*, author unknown, quoted in Faget, *Cinquième lettre* (n. 44), 10.

46. Quoted in Faget, *Cinquième lettre* (n. 44), 10.

medical society colleagues who had denounced his theory of creole immunity] plunged into the darkness, ask him to shed light on this."[47] Deléry implored Faget to see evidence and change his mind, to stop clinging to his theory of creole exceptionalism in the face of contradictory evidence.

As their debate developed, the doctors revealed a shifting attitude toward their audiences. Witty rhetoric appealed to the educated Francophone public and potential patients, drawing them in as crucial participants in medical argument. But as English-speaking doctors immigrated to the city, and public health institutions established authority, they constituted important new audiences that had to be considered in medical disputes. For example, in closing what Deléry had titled his "last" exchange with Faget (a month later he wrote a second "last" exchange), Deléry expressed doubt about Faget's place in the medical community, given his recalcitrant opinion on creole immunity to yellow fever, and distanced himself from his colleague. Claiming to retire from the debate, he said,

> Whatever Dr. Faget says in the future, I will keep silent. In 1858, when for the first time, I debated with my colleague about yellow fever in creoles before our *Société Médicale*, I was alone among Louisiana doctors to uphold my thesis. In my *Mémoire* of 1859, I called attention of my colleagues to this question, and since the last epidemic of 1867, all of the medical corps, except 4 or 5 doctors who have remained silent so far, have come to believe that I am right. All others except Dr. Faget would have been, at the least, unsettled by this sudden change *en masse*. For him, nothing rouses him; nothing can tear him away from his swamp fever that he cherishes, that he caresses paternally, and to which he attaches himself more each day, right in the face even of unanimous protests of his colleagues against the right of this disease to figure into the nosologic framework. He has, in this error, the tenacity of Horace in the midst of the rough proofs of life: "*impavidum ferient ruinae*."[48]

In *Odes* 3.3, line 8, Horace had written that "ruin will strike the fearless man," part of his examination of the man who resists the tests of fortune with stoic virtue. Deléry invoked it to say that time-honored wisdom was aligned against Faget, predicting that he would be ruined by lack of modesty and by clinging arrogantly to his theories of swamp and yellow fever and of creoles' exemption from the disease.

47. Charles Deléry, *Seconde et dernière réplique du Dr. Deléry au Dr. Faget* (New Orleans, 1868).
48. Ibid., 16.

A Metanarrative about Medical Knowledge

In addition to debating the nature of yellow fever, Faget and Deléry wrote into their dispute a metanarrative about medical knowledge in which they reasoned that both types of argument were needed—rhetorical wit and evidence—and analyzed the role of each. In this rhetoric about rhetoric, the doctors competed to show the inadequacies that beset the other's outdated form of medical argumentation. Faget objected to Deléry's lack of seriousness as well as his reliance on "imagination," which had led Deléry to mangle ideas. Faget portrayed himself as a reluctant participant in this conversation, claiming that Deléry's lack of seriousness and inattention to "the facts" had "forced" Faget into "the task of refuting him, for which I am just as tired as ungrateful."[49] Faget's rhetorical move was intended to cast Deléry as excessively emotional, mired in an old-fashioned view of medical rhetoric and theorizing. It portrayed Faget as a more progressive thinker in search of evidence, and placed the two models of argument in opposition. This was ironic, of course, since Faget was the one arguing for the long-standing, unfounded assumption of creole immunity. It indicates the degree to which evidence was gaining a position in medical debate.

This metacognitive mode identified the challenges of working with both rhetorical and evidence-based argument, which Faget and Deléry discussed as distinct categories. Both Faget and Deléry relied throughout their debate on the literary device of ad hominem rather than evidentiary argument, retaining the honor-based model where the character of the man served as his primary evidence of efficacy. Yet, Faget used the model to frame his debate with Deléry as one between himself, a man of science, facts, and upright character, and Deléry, a man of foolery, false claims, and pride. He painted Deléry as not only illogical but self-deluded: "Our honored colleague forgets what he just wrote, gratifies others with ideas they never had, attributing to them opinions that are the opposite of what they support [. . . Deléry] supposes 1000 things [. . .] drawing conclusions that are both convenient and contradictory, and after so much effort, persuades himself that he has produced a reply."[50] In this

49. Ibid., 3. "Certes, dans les sciences d'observation, particulièrement quand il s'agit de questions nouvelles, et surtout de questions de faits, il est nécessaire d'examiner, d'expérimenter, de douter, de discuter, avant de se former une opinion. Mais, pour arriver à la vérité, il faut, avant tout, savoir se débarraser des préjugés antérieurs, savoir agrandir le cadre de ses idées premières; puis, quand le moment de la discussion arrive, il faut la vouloir sérieuse, attentive, et y laisser à l'imagination la plus petite part possible. Pour ne s'être pas soumis à ces conditions, le Dr. Deléry m'a rendu aussi fatigante qu'ingrate la tâche de le réfuter."

50. Ibid. "Notre honoré confrère oublie ce qu'il vient d'écrire, gratifie les autres d'idées qu'ils n'ont jamais eues, leur attribue des opinions opposées à celles qu'ils soutiennent [. . . Deléry] suppose milles choses [. . .] en tire des explications à la fois aisées et contradictoires, et après tant d'efforts, se persuade qu'il a produit une réplique."

commentary about proper debate, Faget tried to spin the yellow fever dispute to his advantage by announcing a mocking attack on his medical colleague and adversary, one that targeted not just Deléry's theory but his silly tone, poor character, and sloppy argumentation, which Faget found distressingly casual and insufficiently grounded in evidence. For Faget, Deléry's approach created both a barrier to medical progress as well as an opportunity for Faget to distinguish himself publicly and professionally by opposing Deléry.

Faget and Deléry openly discussed literary devices, particularly the role of wit as a convention of medical argumentation. Deléry wrote, "Dr. Faget grumbles at my ironic tone, and believes that in both of us adopting it we would succeed in amusing the public at our own expense."[51] Deléry interpreted this reluctance as evidence of Faget's sense of self-importance "that does not allow him to engage himself fully in this [amusing] voice." Faget's attitude toward entertaining the public with medical argument put him at a disadvantage in public media. As Deléry told his audience, "it is not I who has taken the initiative of polemic in the daily papers; it is my colleague who attacked me on this terrain."[52] Faget had started this public dispute, and Deléry believed that his wit gave him an advantage in winning over the public.

Drawing on the metaphor of a stomach, Deléry asserted with palpable exasperation that "we have been tiring the public with our arguments on this everlasting yellow fever for so long that I thought that a little seasoning would aid the digestion of our factums."[53] For Deléry, humor added spice to medical writing and helped the public consume what were often tedious and tiresome debates. While Faget thought that humor and amusements sacrificed the dignity of men of science, Deléry disagreed: "laughing a little has never compromised one's dignity, even of the most serious people." The issue of proper tone and form was so significant and contentious that Faget announced, following Deléry's publication in a Sunday edition of the New Orleans newspaper, *L'Epoque*, that he could no longer continue to debate Deléry because Deléry could "no longer contain [him]self" and

51. Deléry, *Dernière réplique* (n. 37), 3. "Le Dr. Faget se plaint de mon ton d'ironie, et croit qu'en adoptant tous deux, nous pourrions réussir à amuser le public à nos depens."

52. Ibid. "le sentiment de sa dignité personnel [. . .] ne lui permettent pas de s'engage dans cette voie." [. . .] ce n'est pas moi qui ai pris l'initiative de la polémique dan les journaux quotidiens; c'est mon confrère qui ma attiré sur ce terrain."

53. Ibid. "Il y a si longtemps que nous fatiguons le public de nos disputes sur cette sempiternelle fièvre jaune, que j'ai pensé qu'un peu d'assaisonnement aiderait à la digestion de nos lourds factums."

that consequently he was "no longer in a state to discuss matters with the calmness that the questions that divide us requires."[54]

In this, Faget was calling for a new manner of debate based on a more sober tone befitting the serious business of medicine such that the proper mode of arguing over yellow fever would be decided along with questions about the disease itself. However, if Faget's admonition was meant to stop Deléry's witty rhetoric, it did the opposite; Deléry continued to mock Faget's opposition to humor and sense of self-importance as a doctor: "In the preceding paragraph, I laugh, I mock and in the one that follows, I am represented as a madman who is no longer in control of himself, and who needs an exorcism."[55]

In addition to the use of wit, the doctors debated how best to use the testimony of professional experts. Here too they explicitly named the contest over rhetoric and its influence on the public as the points of contention, particularly as the debate grew more public. Deléry charged that "Dr. Faget excels at guarding against the blows of his adversaries by clever little subterfuges that deceive the layman." For instance, Deléry told of Faget explaining away the testimony of twenty highly esteemed doctors who believed that creole children could get yellow fever by emphasizing that their view was "only an opinion backed by big names." Deléry called for Faget to admit that logic and truth contradict him on this issue and that the twenty doctors' opinions were supported not just by names, but by facts "properly observed one hundred times."[56] Deléry distinguished opinions supported by big names from those that were supported by repeatedly observed phenomena.

Even in the face of evidence against his theories, Faget clung to them as both doctors recognized they were negotiating a relationship in medical argumentation among honor, rhetoric, and evidence. Deléry accused Faget of acting out of professional ambition, writing that Faget was "possessed by a great thirst for a new pathology . . . of enriching the

54. Ibid. "Je ne sache pas que de rire ait jamais compromis la dignité, même des personnages les plus graves." "[…] mon communiqué [. . .] montre, dit-il, que je ne me contiens plus [. . .] et que, par consequent, je ne suis pas en état de discuter avec le calme necessaire les questions qui nous divisent."

55. Ibid., 3. "Dans le alinéa precedent, je ris, je raille, et dans celui qui vient après, je suis représenté comme un possédé qui n'est plus maître de lui, et qui a besoin d'être exorcise."

56. Ibid., 7–8. " [. . .] le Dr. Faget excelle à parer les coups de ses adversaires par des petits biais habiles qui trompent les profanes; jugez plutôt: 'Une vigntaine de médecins très-estimés, attestest qu'ils admettent que les enfants creoles sont aptes à contracter la fièvre jaune; c'est fort bien, voilà une *opinion* appuyée sur des NOMS très-respectables . . . mais ce n'est qu'une opinion," p. 7. "[. . . *appuyée* sur des FAITS [. . .] dûment et cent fois observes," p. 8.

nosological stock with a new illness."[57] This was a serious charge because it contradicted Faget's image of professional selflessness and good character. Faget reproached Deléry for "having had even a little fun in such a somber subject as that which concerns us." But what should one do, Deléry asked, if he sees a doctor slapping laboriously at the flanks,, "all to birth what? A new plague? When one sees him tenderly caress this monstrous pathological conception, exhumed nearly entirely from an old book, resuscitated by his imagination and pushed aside disdainfully by the hand of one hundred and ten doctors who are trying to tear him away from his hallucination. Oh! Thus he is permitted to cry out with the Latin poet: '*risum teneatis, amici?*'"[58] a quotation from Horace's *Ars Poetica*, line 5, "would you keep from laughing, friends?" With this quotation, Deléry defended his use of levity to debate solemn matters by showing its long history, grounded in the classics.

Human Fallibility, Preconceived Ideas, and Public Perception in Medical Argument

Faget produced ad hoc hypotheses and hypothetical constructions in order to protect a theory against criticism, blurring the line between searching for medical truth and posturing for glory. Moving between these two goals, the debate revealed both doctors' views on human fallibility, preconceived ideas, and public perception in medical argument. For example, at pains to dispel the notion of the 1859 disease as yellow fever and to defend his own notions about the distinction between yellow fever and swamp fever, Faget challenged the idea that a true epidemic had actually occurred in 1859. In a smart rhetorical turn, he claimed a conflict existed between medical knowledge and human observation. He asserted the medical establishment's fallibility in diagnosing yellow fever and questioned the claim that ninety-one cases of yellow fever, even if correctly diagnosed, actually qualified as an epidemic. "The current President of the Bureau of Health *leaves us free to pronounce* [on this issue] *in*

57. Ibid., 8. "Il me semble difficile de voir deux maladies distinctes dans une affection qui se montre ainsi toujours identiques elles même, à moins d'être posédé d'une grande soif de nouveauté [. . .] d'enrichir le cadre nosologique d'un nouveau fléau."

58. Ibid., 11. "Le Dr. Faget me reprochera d'avoir semé un peu de gaîté dans un sujet aussi sombre de celui qui nous occupe; mais, quand on voir un médecin se battre laborieusement les flancs pour enfanter quoi? quand ou le voit caresser tendrement cette monstrueuse conception pathologique, exhumée presque en entier d'un vieux bouquin, réchaufée par son imagination, et repousser dédaigneusement de la main cent dix médecins qui s'efforcent de l'arracher à son hallucination; oh! alors, il est permis de s'écrier avec le poete latin, *risum teneatis, amici?*"

our own manner; for in his view, the matter appears to remain in doubt."[59] Faget used this official pronouncement to foreground the subjective, interpretive nature of diagnosing yellow fever. He claimed that Deléry's limited thinking had led him to classify incorrectly as yellow fever all fevers where black vomiting and jaundice were present, arguing that doctors' main tasks at the time should be to stop this kind of blanket diagnosis that labeled all such fevers as yellow fever, and to learn to distinguish and classify fevers accurately.

In fact, Faget questioned the ability of either doctor to capture an accurate picture of the 1859 outbreak in New Orleans and use it to prove the question of susceptibility either way, challenging their observations as the basis for understanding yellow fever knowledge. For one thing, he said, the Société Médicale's meetings, where doctors reported their findings, were small, normally attracting twelve to fifteen members of the five to six hundred doctors who were practicing or had practiced in New Orleans, so neither Faget nor Deléry could know what those hundreds of doctors had seen. And for another, Faget suggested that among the death certificates listing yellow fever as the cause of death, there may well have been some that misdiagnosed the cause of death as yellow fever when it was actually swamp fever.[60] In sum, the very notion that an epidemic had occurred lay open to question; "epidemics" rested on semantics, diagnostic abilities on personal bias, and disease classification on misinformation. Human fallibility troubled medical truth-telling.

Since a central issue in the Faget-Deléry dispute turned on the question of whether the creoles of New Orleans possessed immunity from yellow fever, Faget and Deléry revisited the subject from various angles, revealing an argument about medical knowledge over the issue of preconceived ideas. Deléry viewed the idea of creole immunity to yellow fever as nothing more than a popular myth and untrue, while Faget argued that immunity was a fact observed by doctors and the public alike: "*[T]his is a fact that in the midst of the most terrible epidemics* of yellow fever, the creole families of the city have always lived in the most complete security knowing that this is a fact established over and over by a tradition of half a century, which explains the public conviction that creoles of the city are exempt from yellow fever."[61] This view appealed to creoles comforted by the assurance

59. Faget, *Cinquième lettre* (n. 44), 5. "Monsieur le Président actuel de Bureau de Santé *nous laisse libre de prononcer à notre guise*; pour son compte il parait rester dans le doute."

60. Ibid., 4.

61. Ibid., 11. "*[C]'est un fait qu'au milieu des plus terribles épidémies* de fièvre jaune, les familles créoles de la ville ont toujours vécu dans la sécurité la plus complète, et que c'est ce fait, établi d'une manière constante, par une tradition de plus d'un demi-siècle, qui explique la conviction où est le public que les créoles de la ville sont exempts de la fièvre jaune."

that they stood beyond the reach of the dreaded disease and reveals how thoroughly social reasons underlay Faget's theory of creole and urban immunity to yellow fever.

Deléry took issue with Faget's nativism, his premise that a creole aristocracy enjoyed exemption from certain pestilential ailments by the mere place of their birth. He argued that what had persuaded urban creoles that they were sheltered from yellow fever was less "the fact" of their exemption than the fear of how the disease might strike them. This fear, based more on affect than evidence, predisposed people to accept Faget's ideas on this and other matters. In essence, he was charging that Faget gained medical credibility with New Orleans's social elite by telling them what they wanted to hear. In turn, Faget linked Deléry's position rhetorically to a "poirier," literally a person who grows pears, but since the reign of French king Louis-Philippe in the 1830s, French slang for "fat-head," with connotations of dishonesty.[62]

Cognizant of the gravity of such public accusations of bias and ineptitude, the doctors turned to a contest over which was the better guardian of professional medical standards and public welfare. This version of the disagreement cast proper medical debate as not just a matter of medical truth or personal reputation, but a public duty. For example, Faget wrote, "As in 1852, I believe in 1860 that it is a serious thing to accuse publicly a doctor of an error in diagnosing; but I believe also that there are circumstances where it is not only permitted but where it is an obligation not to shrink before this grave matter. At this moment, for example, a question of the greatest importance is being put before the Louisiana public, that is, the question of diagnostics, the answer to which can only be obtained through a discussion of the facts."[63] Faget accused Deléry of straying from the facts, whether simply garbling them out of confusion or purposely misrepresenting them. In calling for future medical discussion based on facts, Faget was calling for a discussion that Deléry would participate in as a discredited or at least disadvantaged party since Faget had questioned so thoroughly and publicly Deléry's use of evidence, and

62. Ibid., 12. On French satire and the use of "poirier," see Amy Weise Forbes, *The Satiric Decade: Satire and the Rise of Republicanism in France, 1830–1840* (Lanham, Md.: Rowman & Littlefield, 2010); and David S. Kerr, *Caricature and French Political Culture, 1830–1848: Charles Philipon and the Illustrated Press* (Oxford: Oxford University Press, 2000).

63. Faget, *Cinquième lettre* (n. 44), 12. "Comme en 1852, je crois, en 1860, que c'est une chose grave que d'accuser publiquement un médecin d'erreur de diagnostic; mais je crois aussi qu'il y a des circonstances où il est non-seulement permis, mais où il est du devoir de ne pas reculer devant cette chose grave. Dans ce moment, par exemple, une question de la plus haute importance est posée devant le publie louisianais, et c'est une question de diagnostic, dont la solution ne pourra être obtenue que par la discussion des faits."

with that, cast doubt on his word in future contests. He elaborated on this point, saying that Deléry should have gathered all the facts before scaring creole families in New Orleans with claims that they are susceptible to yellow fever. He wrote that, had he been Deléry, "I would have patiently accumulated the facts, the complete facts, the numerous facts, the facts ultimately above all debate; because let us not forget, Gentlemen, that it is a matter here of a question of the facts, pure and simple. Creoles of the city: have they or have they not had yellow fever? It is only by observation that one can answer this question."[64] Faget excluded Deléry from the medical population that could be trusted to do this, to use observation and facts. Labeling Deléry as someone who had failed at this was a powerful rhetorical move because, increasingly in this debate, the doctor who could best claim to speak from "the facts" could lay claim to speak for medicine. The remarkable irony in all of this, of course, was that Faget was the one fighting against the factual evidence of statistics, observation, and case studies presented by Deléry.

Through 1860, both doctors addressed their arguments to the public, the body of educated Francophone readers and a key player in the rhetoric and honor-based model. In his *Cinquième lettre sur la fièvre jaune, ou deuxième response au Dr. Deléry*, Faget called explicitly for his audience of listeners and readers to judge which doctor was correct in his thinking and victorious in his argument: "I leave it to you to decide, Gentlemen, from which side [the confusion] is to be found."[65] By calling on the public to decide which argument held more validity, and thus which doctor warranted more trust, authority, and professional standing, Faget presented himself as a defender of public transparency in medical debate, an appealing image designed to influence public opinion in his favor.

Medical Argument and the Public

Interrupted by the Civil War, Faget and Deléry resumed debate over yellow fever in 1868. Deléry once again engaged Faget, vowing that his *Dernière Réplique*, as the name implied, would be his last reply to the doctor. What is most notable about this phase of the doctors' conversation is

64. Ibid. "j'aurais patiemment accumulé des faits, des faits complets, des faits nombreux, des faits enfin au-dessus de toute discussion; car, remarquons-le bien, Messieurs, il s'agit ici d'une question de faits, purement et simplement. Les Créoles de la ville ont-ils, ou n'ont-ils pas la fièvre jaune? Ce n'est que par l'observation qu'on peut répondre à cette question."

65. Ibid. "Puis, sa démonstration achevée, le Dr. D. ajoute : "S'il n'y a pas contradiction ici, il y a, à coup sûr, une déplorable confusion d'idées"; la confusion des mots ayant amené la confusion des idées, je vous laisse à décider, Messieurs, de quel côté elle se trouve."

Deléry's ambivalent view of debating Faget again before the public. He saw his long-running investigation of yellow fever, now fifteen years old, as a purely medical matter. The aspects of the debate that had concerned the public "seemed exhausted to me," he wrote; "it is to doctors and to doctors alone that it falls to produce a definitive judgment"[66] about the etiology and etymology of yellow fever.

Although Deléry called for professional medical opinion to decide the yellow fever debate, he argued once again in a public forum, indicating that he believed public reputations remained crucial to deciding which doctor had the correct medical opinion. Taking a sidelong shot at Faget's doggedness in the face of overwhelming disagreement from the medical community, Deléry declared that "if the medical body condemns me, I will submit without hesitation, straight out, convinced that a question of public interest should take precedence over a question of self-love."[67] In other words, Deléry emphasized *his* intellectual flexibility, telling the public that *he* would yield to nearly unanimous disagreement from the medical field, in contrast to Faget, who sacrificed public interest for professional gain. Moreover Deléry suggested that the loser in the debate would be the victor in the public eye: "[He] will be amply compensated by the esteem that comes to every man who dares to confess *publicly* an error *publicly* professed."[68]

Crucially, Deléry found himself in the difficult position of attempting to draw boundaries around the "medical" by appealing to a public, "non-medical" audience. Deléry had recently published a treatise on yellow fever for doctors in which he had faulted Faget's "prideful obstinance" in upholding a theory "in opposition to nine out of ten of his colleagues." Deléry emphasized that his thesis put the question before "a tribunal of competent judges, that is to say before doctors." But Faget pushed for public debate. Deléry explained, "my colleague had thought it more advantageous for himself, no doubt, to go before another tribunal [the public], just as well respected . . . *but incompetent.*"[69] Deléry had to be careful. He understood the power of public opinion to shape the fortunes of a medical career and social position. Yet he was clearly questioning the value of public opinion on medical matters.

While Deléry was attempting to cordon off the "medical" from the public, Faget was playing by different rules because, for him, producing medical knowledge through public debate appealed to creole elites

66. Deléry, *Dernière réplique* (n. 37), 1.
67. Ibid.
68. Ibid.
69. Ibid., 1–2, emphasis added.

who, like Faget, depended on the defense of this division to maintain their elevated social position. Deléry complained that Faget's actions had pushed him to reenter public discussion: "He [Faget] has hastened to deliver to the public on the 16th of this month, a sample of a long, critical lucubration that he proposes to publish following my address [to the Société Médicale]."[70] If Faget continued to involve the public in medical debates, Deléry "had to," as well.

Always conscious of his public audience, Deléry recognized that this exhaustive, meticulous debate might be wearing "as much for the adversaries as for the public," but he had more to reveal. "I will confine myself here to expose the basis of the question that my colleague always relegates to the shadows," which is whether yellow fever is different from what has been known as "fièvre paludéene catarrhale hemorrhagique."[71] Deléry developed this line of investigation as he had before: by turning his analysis overtly to the rhetorical form of the debate itself, conceding that jeers and humor were necessary to medical disputes because they entertain readers well enough to keep them involved in scientific questions.

Notably, this claim shows that Deléry's position had moved beyond just wit and ad hominem attack to increased self-awareness of the wit and defense of it. Deléry excelled at witty rhetoric, but felt increasingly ambivalent about its role in medicine. He underscored that it was the medical questions that occasioned the debate, not the ridicule and sarcasm. "What importance to science," he asked, "what importance to the public are the more or less stinging lampoons that we have stung each other with if substantial and solid arguments are not also flung down? It is good to amuse the reader in serious polemic where it has been placed intentionally, but the principal goal is to clarify it [the argument], fix the public's opinion on a question that has been debated for ten years."[72] The public nature of the debate made ridicule and sarcasm necessary, or at least desirable and useful as rhetorical forms for medical disputes.

This was an important shift. Much of the Faget-Deléry debate had consisted of rhetorical moves and ad hominem attacks, but here was a self-conscious claim that such attacks were justified and important in getting at medical truth. As long as arguments were made to the public, and as long

70. Ibid., 2.

71. Deléry, *Seconde et dernière réplique* (n. 47).

72. Ibid., 11. "Qu'importe à la science, qu'importe au public les brocards plus ou moins picquants que nous nous lançons mutuellement, s'ils ne sont flanqués d'arguments substantiels et solides! C'est bien d'amuser le lecteur dans une polémique grave, qu'on a déplacée intentionnelelment, mais le principal, c'est de l'éclairer et de fixer son opinion sur une question que l'on débat depuis dix ans."

as doctors courted public opinion, placing both medical and laypeople in the position of judges and juries of their debates, the arguments would be made with humorous rhetorical jousting. Deléry appreciated how literary devices and science were intermingled in this period, yet he was careful to order them hierarchically, claiming a higher place for science than for sarcasm, the latter serving to convince the public of doctors' truth claims.

But was that really the case? There were two audiences for this work: a largely nonmedical yet educated public that judged such debates on style as much as substance, and an audience of informed professionals who were presumably more interested in the so-called "scientific" content of a debate. Appeals to each audience would need to be quite distinct. Growing calls for evidence in medical arguments coexisted with the public's need to judge a doctor's character. Indeed, because of his Christian religiosity, personal discipline, and extensive medical experience, Faget enjoyed a reputation as an excellent physician, one of the best in the city, in fact, whose behavior was widely perceived as beyond reproach. But Deléry presented an opposing picture of Faget as a man who could also act from arrogance, self-interest, vanity, and perhaps even duplicity. In this view, Faget lacked the mental agility to generate knowledge based on new observations.

Ultimately, Deléry affirmed that he left this debate with no rancor, bitterness, or bad feeling, and that, paradoxically, he subscribed wholeheartedly to "these wise words that he [Faget] himself spoke in 1861 before the Société Médicale: 'Why then do we not, somewhat like these lawyers who, before judges and clients, permit themselves a bit of irony, letting fly more or less stinging traits which, on exiting the court, only make them better friends.'"[73] Like Deléry, Faget apparently saw the importance of wit and entertainment in medicine. He looked to his fellow professionals—lawyers—as an example of how to use irony to criticize each other, make better colleagues, and improve science.

Conclusion

Faget and Deléry took their medical debate public because they had to establish character, a medical reputation, and value among the many healing options in New Orleans. Humor and rhetoric appealed to the public and constituted professional argument. They blurred boundaries between public or lay arguments and "scientific" debates. We might say

73. Ibid., 16. "Pourquoi donc ne ferions-nous pas un peu comme ces avocats qui, devant les juges et les clients, se permettent tant d'ironie, se lancent les traits plus ou moins piquants, et qui, au sortir de la Cour, n'en s'en que meilleurs amis."

that Faget "won" the pamphlet war, ultimately proved right about diagnosing yellow fever with the advent of the thermometer.[74] But while he was right about diagnosing the disease, he was wrong about immunity, and lost an argument that defined local identity biologically. In the short term, the debate affirmed a view of French physicians as innovators who occupied the summit of New Orleans medicine and in this way influenced the development of medical identity. But the defeat of Faget's theory of immunity meant ultimately that Faget and French creoles could no longer appeal to yellow fever immunity to claim power and status in the city.

This came at a time when New Orleans's French medical establishment felt challenged by well-trained English and American newcomers who created powerful institutions like the new Medical College of Louisiana. Doctors needed to master and enact their patients' cultural codes to gain success. Faget and Deléry attempted to maintain reputations as knowledgeable gentlemen and men of character, while moving toward the evidentiary model of medical dispute they saw developing. Ironically, Faget used pleas for a mode of argumentation based on facts in a rhetorical manipulation of public sentiment. Including the public in medical disputes ensured a prime place for rhetoric in medical debate.

The disagreement over rhetoric and styles of debate was at root a contest to define the medical profession. To Faget, witty presentation undermined a proper medical persona, which he defended as sober and upright, despite the fact that Faget himself used humor to argue medical points and discredit evidence contrary to his work. To Deléry, humor helped medical professionals by maintaining public interest in their work and making debates more palatable for popular audiences, despite the fact that it seemed to work against medical authority by involving the public in medical questions. Both doctors came to lament the need to use humor in public appeals, with Deléry against making public appeals at all. He, in particular, called for new standards of proof. Ever mindful of protecting their reputations, they illustrate the process of expansion from these concerns in a time of developing medical expertise. After fifteen years, their metanarrative remained at the level of intellectual realization, the implied behavioral changes coming later.

74. Jean-Charles Faget, "Type and Specific Character of True Yellow Fever, as Shown by Observations Taken with the Assistance of the Thermometer and a Second-Hand Watch," *New Orleans Med. Surg. J.* n.s. 1 (September 1873): 145–68.

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