PERSPECTIVES

Lost Trust: A Yellow Fever Patient Response

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In the 19th century, yellow fever thrived in the tropical, urban trade centers along the American Gulf Coast. Industrializing and populated, New Orleans and Memphis made excellent habitats for the yellow fever-carrying *Aedes aegypti* mosquitoes and the virulence they imparted on their victims. Known for its jaundice and black, blood-filled vomit, the malady terrorized the region for decades, sometimes claiming tens of thousands of lives during the near annual summertime outbreaks. In response to the failing medical community, a small, pronounced population of sick and healthy laypeople openly criticized the efforts to rid the Gulf region of yellow jack. Utilizing newspapers and cartoons to vocalize their opinions, these critics doubted and mocked the medical community, contributing to the regional and seasonal dilemma yellow fever posed for the American South. These sentient expressions prove to be an early example of patient distrust toward caregivers, a current problem in clinical health care.

INTRODUCTION

In the 19th century, yellow fever thrived in the tropical, urban trade centers along the American Gulf Coast. Industrializing and populated, New Orleans and Memphis made excellent habitats for the yellow fever-carrying *Aedes aegypti* mosquitoes and the virulence they imparted on their victims. Known for its jaundice and black, blood-filled vomit, the malady terrorized the region for decades, sometimes claiming tens of thousands of lives during the near annual summertime outbreaks. For these trade cities and the Gulf region, the harshest epidemics occurred in 1853 and 1878, when upwards of 10,000 and 20,000 people, respectively, died.

The yellow fever outbreaks suffered by the American South tested the region’s scientists and policymakers, damaged the con-
idence of caregivers administering aid to patients and, as I will describe, disrupted an already fragile relationship between medical professionals and laypeople. Vocalizing their skepticism and frustration toward fever prevention and treatment methods, the critics of science communicated distrust and even publicly mocked caregivers in their efforts to resolve the epidemics, thereby heightening the marginalization of scientists in the late 1800s and deepening our understanding of yellow fever’s impact on the South.

Medicine in the 1800s was far different than today. The 18th century discovery of cells and microorganisms using the microscope led to novel and seemingly radical concepts of the existence of minuscule disease-causing “germs.” The resultant microbiological developments of the 18th and 19th centuries introduced more confusion than clarity regarding disease etiology at first. It was not until the early 1900s that bacteriology and parasitology cemented their reputations as providers of reasonable explanations about disease causation [1]. Before their acceptance, these theories existed, as Nancy Tomes has argued, as unappreciated challenges to long-standing beliefs about disease origin and transmission, making the complete acceptance of the new theories unlikely for multiple decades. In clinical settings, the ill and affected by disease, as today, cared more about viability of treatments and less about unproven shifts in scientific thought.

But changing disease theories also caused the public to go into a cleaning frenzy because microscopic organisms were being claimed as disease vectors. Desperate boards of health and greedy product swindlers publicized antiseptic products, promising cleanliness would end maladies. In a similar manner, today’s accessibility of information increases patient preparedness and understanding of clinical diseases in some cases, yet in others causes heightened anxiety about physician treatment and patient outcome. Where perceived knowledge exists, so does over-confidence.

The majority of yellow fever cases occur in warm, underdeveloped areas like the burgeoning American South in the late 1800s and today in some African and South American regions, where the mosquitoes breed in stagnant water collections. Of those bitten and infected by *Aedes aegypti* mosquitoes carrying the flavivirus, a third ultimately perish. The others experience harsh fever conditions (elevated body temperatures, body aches, dehydration) and bouts with *vomito negro*, the coagulated blood expulsions often associated with the malady. At its worse, the disease causes the infected person to relapse several days after the initial fever symptoms disappear, resulting in an intensified illness and potentially organ failure and death. Gruesome and unpredictable, yellow jack remains a particularly feared disease, even though a vaccine is available. In the 19th century, when disease etiology was dominated by confusion and consternation, a lack of hope regarding yellow fever containment and treatment intensified the disease’s ravaging.

Historians have frequently commented on the many economic and political consequences of yellow jack in the South, as quarantine and sanitation measures halted commerce and challenged trade relationships, seeking to maintain and purify oft-affected business centers and homes. Others have commented on its role in facilitating, by creating a necessity for, early public health movements across the South. Within this historical and social discourse exists an opening to introduce a new angle from which to view the epidemics of the 19th century: the patient’s perspective of failing efforts to halt the disease’s wrath.

**TARGETS OF CRITICISM**

Understanding the characteristics and effects of layperson distrust begins with an explanation of the rationale behind the public’s focus on certain entities. During the hysteria of fever epidemics in the American South, two groups received the majority of attention from the public critics: boards of health and medical workers. These groups bore censure from the public for a variety of reasons, including untimeliness of response
to outbreaks, unexplained disease preventive measures, and inefficacy to stop the malady. The public often linked these groups together as contributors to failed fever prevention and treatment, damaging the reputations of those in the medical community.

Boards of health emerged across the South asynchronously. The year 1793 introduced the first yellow fever epidemic to the United States, and the founding of health advisory boards closely followed or delayed slightly, perhaps until the threat of yellow fever was more realized. Consequently, boards of health spawned in 1800 (Norfolk), 1804 (New Orleans), 1808 (Charleston), and 1841 (Natchez and Mobile) [2]. Though founded to manage all diseases, including cholera, malaria, tuberculosis, and other common diseases of the time, the boards dealt primarily with yellow fever and the onslaught of epidemics across the region.

Like the disease itself, the boards’ activities fluctuated seasonally. In most circumstances, they functioned as advisory boards and fund-channeling councils, working with city council groups to manage a town’s sanitation and quarantine. In New Orleans, as an example, the Board of Health served as an administrative group composed of scientists and physicians that organized donations for Howard Association doctors and nurses, taxed citizens for sanitation measures, appointed health wardens, and established timelines for caution regarding outbreaks. In that role, the New Orleans board appropriated $2,500 for the Howard Association from $15,000 donated from citizens and pushed health wardens to “strictly inspect the streets, alleys, yards, privies, open lots and squares, of their respective Wards,” during the 1853 epidemic [3]. However, these sanitation measures and ward checks took place only during epidemic months, causing some outspoken citizens to question the reliability of the boards as financial and resource allocators. Not until later would more frequent meetings take place, and by then, the inefficacies had created many skeptics.

The efforts by the boards of health to stop yellow fever appeared infrequent and unsuccessful to the public, and its dissatis-
faction with the boards surfaced in newspapers and pamphlets. Utilizing tax dollars for their failed sanitation and quarantine projects, the Louisiana Board of Health made itself an easy target for dissidents. A cartoon posted in the *Daily Item* (Figure 1) mocked the handling of fever cases in New Orleans by depicting sufferers from non-fever maladies, like a toothache and a broken arm, as yellow fever cases according to the Board of Health. By doing so, the newspaper vocalized its disapproval of the Louisiana Board of Health’s handling of fever cases and the medical knowledge of the board’s employed physicians. Another cartoon from the same newspaper frankly addressed the public opinion toward the Board of Health. The image showed a boot labeled “Public Opinion” kicking a man whose pants are labeled as the Board of Public Health (Figure 2). Positing the Board of Public Health as a group worthy of castigation, laypeople became increasingly insolent toward medical officials in South.

Laypeople were not alone in their expressions of distaste for the boards of health in newspapers. Oftentimes, caregivers used newspapers to spread concern about the outbreaks to the public or suggest new treatments. Physicians and scientists also clashed regarding large-scale disease prevention, using newspapers as an avenue for volatile discourse. In New Orleans, drama ensued from a dispute between a local physician and the Board of Health regarding sanitation. Dr. J.S. McFarlane, an opponent of the health board, publicly proclaimed the actions and intentions of the Board of Health worthless. In a letter to the editor of the *Daily Delta*, McFarlane fumed, “Could any but a blind idiot *fail to perceive that from the first moment the Board of Health went into operation, and commenced in its lustrations, that the mortality in our city has increased in a duplicate ratio*” [4]. McFarlane did not include statistics with his claim, but the message was clear: the Board of Health had done little to weather the onslaught of fever in 1853. That year, despite sanitation and quarantine measures, 11,000 New Orleanais died — nearly 10 percent of the total population [5]. McFarlane continued his blasting of the Board of Health by referring to it as the “so-called Board of Health,” calling attention to his view of the board as a waste of tax money and mental energy. Anger like his was widespread, and considering the board’s actions trifling, he concluded, “[the Board of Health] can do no earthly good, but to stir up mud in the streets, and furnish a daily record of the dead, which, from the tone of the public prints, nobody believes” [3]. Occurring in a public medium, in this...
case a newspaper, the volatile clash of opinion — rather than a polite postulating of fever treatment typical of newspaper writings by physicians — helped fuel cynicism toward the Board of Health and chariness toward fever prevention and treatment measures.

Yellow fever medical workers, peers of McFarlane, experienced reproach from the public similar to that the boards of health experienced. In comparison to the criticism of the boards of health, the censure directed at caregivers was often, though not always, more indirect. Unsure of science but positive of mortality, laypeople’s reflections during the epidemics trended toward despondency and, incidentally, humor. Realizing — or in the case of humor, escaping — the realities of fever mortality gave patients and laypeople autonomy to demonstrate how they felt about the dilemma of yellow fever and the well-documented public attempts to quell its wrath.

Direct criticisms of medicine called attention to the flaws of science at the time and expressed disdain for its occasional successes. To be fair, not all sanitation and quarantine measures were total failures. Sanitation measures in fact helped remove some of the sewage issues in trade towns like New Orleans and Memphis, which had provided excellent breeding ground for mosquitoes. But for most of the 19th century, the mosquito theory of contagion did not exist, and, once it surfaced, it remained highly controversial.

Following the 1878 epidemic, a Kentucky physician by the name of J.P. Dromgoole gathered fever methodology and perspectives from a wide variety of professionals and sufferers. The publication, titled Heroes, Honors, and Horrors, remains a legacy to the memory of the epidemic and the pain it caused. Further, it serves as a unique and illustrative source for understanding the fever epidemics from the perspective of the caregiver while simultaneously providing insight into the patient experience. In an article, “Yellow Fever — Medical Mockeries,” an anonymous survivor of Memphis recounted his experience with the illness and his evaluation of medicine’s role in his recovery and, more broadly, future prevention. Midway through his commentary about fever as neither infectious nor contagious, he ranted, “Has medical science since the history of epidemics ever stayed a plague?” [6]. In the context of regional medical expertise toward tropical maladies, his stance matches the futility expressed by caregivers in the South in response to their inability to slow or treat yellow fever. Further, as Dromgoole’s text aimed to publicize the successes (heroes) and failures (horrors) of the 1878 epidemic in order to learn from them, the Memphis survivor picked a high profile medium in which to offer such a scathing remark.

His words also communicated a sense of desperation toward fever measures. An excerpt from his article sheds light onto how lay people viewed the epidemics and ineffective measures to stop them:

“We were uncleanly, saith the scientist, yearning to organize a force. We know nothing about it, saith the humane, painstaking nurse and experienced practitioner who has survived many epidemics, and so say we all down here ... It may be they will stumble on a preventive or a cure, but I pray you put not your trust wholly in them” [7].

When writing the article, he obviously knew of the city measures to organize work forces to clean streets and fumigate sickly homes, typical preparations for the fever season and response to the initial outbreaks.

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1In 1879 Memphis, years after the first public mentions and embrace of sanitation reform, inspectors found 3,408 of the city’s 4,744 cisterns and wells within contaminating distance of privies (in some cases their walls touched), and 16 men armed with four wagons and five carts were responsible for the garbage collection of more than 100 miles and alleys (and about half the expected number of loads was routinely picked up). Bloom KJ. The Mississippi Valley’s Great Yellow Fever Epidemic of 1878. Baton Rouge: Louisiana State University Press; 1993. p. 224.
He also must have known about the impasioned, circular medical discourse that sought to resolve the disease by producing scholarship for its treatment yet failed to actually determine a best method. Surely, he suggested, one of these large-scale approaches to refining disease theory might eventually lead to a cure. But if it failed to, he would not be surprised. The health officials had little to calm the onslaught of disease in the city, so why place faith in them? The Memphis survivor did not believe the boards of health and caregivers, though well-intentioned, deserved the public’s trust. As a voice for laypeople and a direct commentator on the existing measures for fever prevention and treatment, this anonymous author opened a door to understanding some patient experiences amid medical futility.

Though direct criticisms of medicine like the survivor’s existed, indirect denunciations were more typical. Such indirect commentary may be more important to understanding the layperson perspective than direct criticism because it assumes the reader’s predisposed awareness of the author’s point. Instead of responding to the science of the time, of which much is known and can be described, indirect patient commentary on yellow fever’s unchecked raging reveals the mind-frame of a common person during an uncommon and epidemic-ridden medical time. This commentary had two forms: 1) sad dwellings on the sorrow of the epidemic; and 2) light-hearted escapes from the harshness of epidemic suffering. An analysis of layperson responses helps extend the futility experienced by medical workers to the patient, further illuminating the dilemma of disease in the yellow fever-beleaguered American South.

Despondency, an expression of sadness and vulnerability, affected the states of mind of laypeople in the South during epidemic times. A poem written by a *New York Sun* writer upon venturing to the South, for example, evoked this emotion. The poet visited Grenada, Mississippi, a place not far from the Mississippi River known in the late 19th century for its railroads and, until 1878, its freedom from the distresses of yellow fever [7]. Writing a poem, the visitor highlighted the despondency communicated to him by Mississippians struck by the new-tothem disease. The emotions elicited by the poem contribute to an understanding of how broad the issue of yellow fever had become by the 1870s and also how little patients expected from those in the medical field.

In the first stanza, the poet noted the unbiased nature of the disease in regard to age, wealth, or purity. In fact, the disease’s high infection of people of various groups was perhaps the most distressing factor. Other diseases of the time, cholera for one, were linked to poverty [8]. Writing, “Beware, beware, oh! Men, you helpless lot — Though ye be pure as snow, it pardons not!” the poet reflects the ubiquity of fever infection [9]. The lines also reflect the unpredictability of treatment or recovery, making Southerners “helpless” to avoid the ravages of the disease.

A later stanza [9] reiterated the notion of gloom and reticence toward medicine. In this case, the poet described the fever as a plague no one on earth has the ability to stop, and only when God’s will allows, will the sick be given the release of death. The lines are best read continuously:

Naught here on earth can stop its awful bane,
No tearful plea can give the doomed release;
Terrible angel of supremest pain,
Until God wills it, it can never cease.

The line, “Naught here on earth can stop its awful bane,” points to the inability of medical professionals and laypeople alike to limit the disease and its spread, prompting the poet to give the only advice available: “beware.” Learned of frequent and inescapable fever outbreaks, the poet communicated the attitude of laypeople in Mississippi during the 1878 epidemic as fearful of infection and hopeless of prevention.

The *New York Sun* writer’s solemn tone toward fever reality starkly contrasted the other dominant attitude: humor. The healing
power of humor has been documented in recent years and received much acclaim. Because yellow fever patients and laypeople used humor as a reflective tool, and not a curative one, it has interesting consequences [10,11,12]. I contend that laypeople used humor to distract themselves from the gravity of the epidemics and mask their uncertainty toward available fever treatments and the medical professionals seeking to benefit the region.

Fever humor, from the few sources available, utilized tall tales and exaggerated observations for comical effect. Though hilarious, the jokes have deeper meaning. Contained within the wit lay an understated analysis of the epidemic situation. Take for example, an anecdotal story from the 1853 outbreak in New Orleans. That year, one count listed 8,000 people dead of a total permanent population of 159,000 [13]. Referring to the amazing death toll, a citizen offered a droll description of quarantine measures and mortality, in tandem. Saying, “as soon as a man arrived on one of the steamboats, the office of the Board of Health immediately took his name and entered it in their books as deceased, to save all the trouble in calling upon him again,” the storyteller slights the Board of Health as an overwhelmed manager of disease. If the tale held true, the board was so inundated with fever cases that it was forced to shortcut normal procedure. An exaggeration, the storyteller’s point remained undisguised: Death was abundant and the board was unfit to control it or even keep up with the unceasing deaths. Other jokes commented similarly, claiming companions would try to beat the fever to death by eating breakfast in the graveyard or getting measured for a coffin upon checking into a hotel [14,15]. Through the instances of humor during fever occurrences, the lighter side of the fever epidemic appeared and offered backhanded commentary on the inadequacies of the medical community.

Medical boards and treatment failures received the majority of attention from laypeople, but not all of it. For its polarizing effect on the public, medical quackery constituted another avenue through which the laity commented on its plight. Most commonly, the existence of quacks enhanced the criticisms of laypeople by allowing them to more generously discount all who participated in medicinal, and not homemade, cures. Able to apply blanket criticism to medical professionals and quacks alike, laypeople blended the two together, further disparaging yellow fever medical efforts.

Though of unclear linguistic origins, the term “quack” referred to cunning laypeople or unskilled — at least fanatical — scientists posing as beneficial salespeople or concerned physicians to spread their aid or, simply, pocket cash. Excelling in the arts of publicity, confidence, and persuasion and gaudily dressed to verify their stable finances for cautious onlookers, quacks in the 19th century used then-novel technologies to promise health and happiness [16]. These swindlers targeted the curious, the frantic, and the worried, hoping to spin a convincing enough tale to close a sale. As historian James Harvey Young nicely summarizes in his article “Device Quackery in America,” quacks relied on impressiveness and public unease toward orthodox medicine to coax potential buyers [17]. Southerners in the 19th century were both susceptible to these quacks and cognizant of their tricks.

As the industrial revolution loomed, laypeople became interested in — and easily convinced of — novel scientific developments, even those marginalized by scientists. Promising universal health benefits, quacks advertised handsomely priced gadgets ranging from stretching devices to increase body height and compressing devices to reshape breasts to magnetic belts that could improve health, posture, comb hair, press clothes, and promote a luxuriant mustache, all in one [17]. For yellow fever sufferers, quacks offered a variety of treatments ranging from laxatives to help purge the malady from the body and disease preventives. Newspapers carried advertisements for these products, especially in the most fever-ridden cities. In the New Orleans Item, a vegetable compound known as Cascarets was advertised, proclaiming, “If you want to
be safe against the scourge ... use a mild laxative that will make your bowels strong and healthy, and keep them pure and clean, protected against any and all epidemic diseases.” Other goods promised to “keep the body free from poisonous germs,” like Londonerry Lithia Water. These products offered laypeople alternative routes for recovery than provided by boards of health whose large-scale preventives and equally fruitless (and varying) treatments offered by physicians and nurses had filled public discourse [18]. Quack products functioned as a personalized medicine, and the recurrence of advertisements for quack products in newspapers indicates quacks’ reasonably successful business and distribution.

If they were occasionally susceptible to quack products, Southerners were not completely blind to their guise. In fact, some laypeople rejected the products either because they were designed by outsiders who had never been to the region or the swindlers were seen as profiteers from the problems of the South. The Picayune observed these themes once saying, “Hundreds of quacks in different parts of the country are trying to introduce their medicines in yellow fever here ... Let them come to New Orleans and try it on themselves” [19]. Not entirely clear, the use of quacks in the Picayune could have either referred to actual quacks or regional outsiders attempting to help cure the disease. Dromgoole’s Heroes includes in it some articles for fever prevention written by physicians from Ohio, Kentucky, and elsewhere, suggesting some North-South discourse regarding fever treatment existed. Yellow fever epidemics did in fact make national news, but Southern doctors believed they were the most adept at handling Southern maladies, following their reliance on the notion of a Southern medical distinctiveness, thus laypeople and medical professionals may have considered outsiders as quacks. Regardless, quackery had made an impact on Southern disease culture for its litany of advertisements in local newspapers. Whatever the success or failure of quacks to sell their products, we will see that during the times of utmost anxiety, in particular epidemic years, the laity used knowledge of quackery to denigrate medicine by making both seem ludicrous in their attempts to quell the fever.

A SATIRICAL NOVEL AND ITS IMPLICATIONS

Perhaps the most telling depiction of health professionals during the epidemic years in the Mississippi Valley was a satirical novel, Doctor Dispatchemquic: A Story of the Great Southern Plague of 1878, by James Dugan. Written in New Orleans immediately following the worst epidemic to hit the city, the locality of Doctor Dispatchemquic matchlessly exemplifies the seeds of disapproval for yellow fever medicine. The novel articulated popular views of irresponsible and incapable medical workers for public enjoyment. Now Dugan’s work exists as a one-of-a-kind testimony to laypeople’s view of unpreventable, unavoidable, and untreatable disease.

Positioned against newspaper clippings and excerpts relating the themes of skeptics, this cohesive and thorough work becomes an excellent historical indicator of patient distrust, deserving close analysis and consideration. The depth of sarcasm and cynicism toward disease management by officials and medical workers in the text far exceeds other sources, making it a telling reflection on the consequences of failing medicine. Further, it is only fitting that New Orleans, the most yellow fever-maligned city in the South, would produce a novel to satirize those determined to remove the disease. The failures of the local officials to eradicate yellow fever tested the patience and trust of laypeople, resulting in a mostly humorous depiction of medicine’s efforts to squash the disease.

The social commentary provided by Dugan, at times outright and at others more embedded, hinges on the main character, Doctor Dispatchemquic. The protagonist’s semblance to notorious medical quacks suggests the public’s acceptance of medical failure as commonplace, as well as a blending of physicians and quacks in popular culture.
Described as a young man wearing a profusion of jewelry — a depiction likely reflective of quackery — and a recent graduate of the “cold-water medical institution in a distant state,” Dispachemquic’s youth and non-Southern origin made him unheedingly stubborn, headstrong, and offensive to readers. Enhancing his repulsiveness to locals, Doctor Dispachemquic considered himself a great man surrounded by mediocrity and ignorance. When it came to science, Dispachemquic’s skills went unsurpassed — at least in his own opinion. So unquestionable was his greatness that according to the author, “If ten thousand died under his treatment, it was because they were beyond the reach of science to save, and not from any defect in his system of practice” [20]. Self-confidence on such an impressive scale allowed Dugan to create a physician nearly as egotistical as imagination allowed, thereby generating great comedy as readers compared Dispachemquic to doctors they perhaps encountered.

Moreover, his self-confidence and medical greatness exceeded the average, according to Dugan’s characterization, and approached the “all-curing” promises of quacks. In reality, as shown throughout the text, Dispachemquic seldom cured a patient through his methods in the same way a quack’s laxative likely served no medico-physiological purpose. The bridging of physician and quack to create Doctor Dispachemquic relied on already recognized popular ideas about medicine and hyperbolized them to appeal to readers, desperate to unload their frustrations. The satirical text then became an outlet for hyperbolized stereotypes of caregivers in order to lighten to mood and enjoy shared humor in the routine inadequacy of medical care.

The description of Dispachemquic as an obstinate doctor likely owed its roots to the public opinion of physicians at the time as unhelpful and unchanging. Besides proving no viable method for consistently curing fever patients, caregivers frequently submitted articles to journals and newspapers to compare yellow fever treatments with others, yet many remained entrenched in their own methods despite the discourse. From the patient perspective, this made scientific debates appear trivial, as seen through Dispachemquic’s oft-excessive consideration for science during patient visits.

With Dispachemquic and his companion, Dr. deKwarantenus, Dugan derisively depicted physicians as more interested in science than the patient’s well-being. When called to the house of an ill, obviously yellow-fever-ridden patient being treated by his wife, Drs. Dispachemquic and deKwarantenus immediately halted her tending so they could consider the best course of action for the man. Instead of quickly and decisively settling the issue of treatment, as might be helpful and encouraging to the patient, the physicians painstakingly and circularly analyzed and reanalyzed the case of the patient. Meanwhile, the couple waited impatiently for a decision to be made, causing much anxiety to the wife who wanted only to place a damp rag on the forehead of the man [21]. In the end, the physicians departed the residence without taking action and offered no recuperative advice, needing more time to make a decision. Such detachment from the patient aligns with trends seen in caregiver occupational distresses, where confusion over the best treatment caused trepidation and concern for sentient healers. For patients, this may have appeared as uncaring. As Dugan noted once, “To his patients and nurses, and especially those whom the Association placed under his care and charge, [Dispachemquic] could be as obstinate and presuming as a pet pig; but in dealing with those whom he regarded as already established ... he was as plastic and sycophantic as a vagrant cur” [22]. As a representation of hyperbolic physicians, Dispachemquic and deKwarantenus symbolized a common perception of doctors as people concerned solely with appearing knowledgeable about science. Seen from the patient perspective according to the interpretation of James Dugan, the push for scientific understanding was seen as a sometimes overly frivolous motive, ignorant to the true needs of the ill.

As Dugan focused on slating yellow fever medicine, he spared few.
Association was another primary target. The benevolent association channeled donated funds to fever sufferers by organizing physicians and nurses to epidemic cities. In the fictional world Dugan created, the Association had recruited Dr. Dispachemquic to New Orleans. The distinction was made mischievously by the author. Writing that Dispachemquic was employed by the “Association,” Dugan allowed the reader to use his or her imagination and knowledge of public controversy to conclude the Howards’ identity. Dugan also criticized private charities that collected and distributed provisions to the sick. Offering kindness, encouragement, food, clothing, and medicine to those in need, these groups sought to alleviate the stresses of rampant illness by providing for those who could not for themselves. Intentions of the groups, like the Ladies Good Samaritans or the Christian Flower Mission and Theological Association of New Orleans, notwithstanding, the author introduced a beautiful and wealthy young woman to facilitate to the reader his contempt for the seemingly self-serving and righteous societies. Traveling door-to-door, presenting and offering flowers to the ill to ease the pain of disease, the girl follows Dugan’s model for beneficent groups as an overly loquacious, self-interested, and condescending Christian, unnecessarily eager to help the “poor and needy” [23]. Slights of beneficent groups in this way clue the reader to Dugan’s disdain toward all groups related to fever containment, especially those with muddled intentions.

A long student of yellow fever and practitioner of its remedies, Dr. Kancurum, a final physician character in the novel, functioned as Dugan’s voice against Howards and other groups. Skilled in his treatment of patients, Kancurum demanded respect from others, but dished out little to Howards and, in particular, the nurses they brought in. Howard nurses earned significantly more money at 3 dollars per day than through other employment, thus making nursing an attractive field. Such good pay and high demand brought in many would-be nurses, and Kancurum quickly dismissed many. “I have dismissed so many worthless nurses since this epidemic began,” he stated in regard to his high frequent discharging of aids, “that the Association is beginning to think, I am rather hard to please ...” [24]. Kancurum disdained the lack of training for nurses (none was required in New Orleans) and had no patience for ineffective or obstinate nurses. With pay for nurses being so good, he found himself faced with unhelpful and self-interested women seeking to help little and earn much. Dugan’s jabs make New Orleans seem as though it cut corners to circulate nursing aids to the dying ill at an unexpected cost to medical reputation. The source shows then how the public skeptically viewed the expertise, and perhaps even greed, of some medical workers during fever epidemics.

More subtle representations of medical foolery existed in Doctor Dispachemquic. The names of characters, for instance, directed criticism toward doctors and their work. The most obvious allusion to medicine through a character name is Dr. Dispachemquic himself, known for dispatching-patients-quickly. Said to make more widows and orphans than the battles around Richmond, Dispachemquic’s reputation for sprinting through patients earned him the reputation of an exceedingly, perhaps overly, quick worker. In this case, the name fits the man and his mission: the egotistical doctor who sought personal gain and glory from a career in medicine, seeking to see as many patients as possible per day, and proclaiming his methods to be at the forefront of nascent medical practice.

The name of his colleague Dr. deKwarantenus, meanwhile, refers to quarantine measures against germs and fomites, as well as his academic focus on germs and their spread. Giving him the title “Fellow of Border Relf and Professor of the Theory of Germs, Spores, and Fomites,” the author used DeKwarantenus to represent a faction of scientists supportive of quarantine, despite its commercial drawbacks and inability to stay the fever. Characterized this way, Dugan used the physicians, names and otherwise, to unabashedly cast a negative light
on physicians as selfish and indulgent people, cold to the realities of patient suffering. To affirm this, the author describes both their businesses as booming and, despite having lost many patients, Dr. Dispachemquic as “the happy possessor of a clear conscience.” For the trends of emotional detachment and selfish indulgence of physicians as profiteering quacks quick to move from a dying patient, James Dugan’s work signifies a widespread unhappiness with the help provided by medicine at the time.

Between all the satire, the book manages an occasionally sentimental tone. At its core, the novel serves as form of comedic relief for an emotionally dilapidated region. Constantly at the whim of caregiver suggestions and surrounded by familial and communal mortality, a book satirizing the causes of anxiety likely offered some consolation to its readers, united in distress. A secondary layer deals with the encouraging sendoff Dugan gives to readers in the final chapter. After summing up the characters’ lives — Dr. Dispachemquic and Dr. deKwarrantenus went on to live happy, rich, and respected lives as professionals and scientists of the greatest type — Dugan settles in to a more serious topic: moving forward with yellow fever. His words say it all:

But time will heal the hearts now lacerated with grief, and in a little while, even those who are now most inconsolable will smile again, and learn to pass almost unnoticed, the articles which are now covered with tears, in memory of those who have only preceded them [25].

After a long, satirical novel of this type, these words of kindness, patience, and understanding refreshed the reader and re-contextualized the book in the greater scope of disease. For Dugan and his peers, fever hurt, and having an imperturbable perspective and a light heart may help to look past the flaws of imperfect scientists.

For its expression of comedy toward the ineffectiveness of professional healers during the 1878 epidemic, Dugan’s Doctor Dispachemquic satirized the state of medicine in the South while offering practical advice for those recovering from the year’s terrors. As the publisher noted, the book “remorselessly depicts the follies and crimes of a certain class of people and so-called officials,” allowing the reader to emerge not only “well entertained but greatly benefitted” [26]. Those goals were indeed achieved. In total, Doctor Dispachemquic illustrates the variety of criticisms the public made toward the boards of health, medical scientists, and workers and supports the notion that the South made communal effort to overcome, or at least persevere through, yellow fever outbreaks.

CONCLUSIONS AND OUTLOOK

Yellow fever tested the patience of laypeople in the American South, resulting in expressions of distrust and criticism toward caregivers and caregiving organizations during epidemic times. Local boards of health, physicians, and nurses were targeted by these vocal laypeople in despondent and comical ways in efforts to manage the horrors caused by the disease. Direct and indirect, mild and scathing, the expressions of distrust covered the spectrum of elicited emotions and intended effects, all contributing to a notion of skepticism toward the failed efforts of officials to manage and treat yellow fever. Some wit and camaraderie slightly soothed the struggles of these skeptics, but more generally, people disliked the bleak outlook of fever prevention and management during the epidemic years of the 19th century. Contributing to an understanding of the regional effect on yellow fever and the reaction of patients to ex-

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2Dugan insinuated that perhaps Dr. Dispachemquic was happy because he adjusted his medical fee based on the wealth of his patients or his seeking out of wealthy patients. Dugan J. Doctor Dispachemquic: A story of the Great Southern Plague of 1878. New Orleans: Clark and Hofeline Print and Publishers; 1879. p. 193.
pressed medical futility from caregivers, this notion of distrust helps elucidate the scope of yellow fever’s impact on the people of the South on an emotional basis.

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