

# Diseases and Epidemics of Colonial New England — Handout

By Shellie Karol-Chik

“Almost as far back as written records go we find evidence that mankind has been afflicted by frequent recurrences of horrible epidemics. Periodically occurring without any apparent cause, each one has taken its toll of life and then departed as strangely as it came. They have halted social progress, determined the results of wars, and sometimes even threatened the existence of civilization itself. Nearly every age has witnessed some distressing disease in epidemic form.”

— *Dr. Ernest Caulfield (1938)*

## Tips for Researching Epidemics

Colonial diseases weren't usually well-documented. Even when they were, the records may be difficult to locate. When looking for records, keep in mind that obscure clues may indirectly indicate a local outbreak, such as in these examples:

- A government session is delayed or relocated to another location temporarily. Safety of unvaccinated officials may be cited as a reason.
- A town's expenditures include funds allocated for the creation or improvements of a pest-house or hospital, or increased funding for the care of the sick.
- Local laws are implemented that affect quarantine and isolation requirements, variolation, the marking of homes with infected persons inside, or the mandatory reporting of persons showing signs of illness.
- Large groups of people, especially wealthier persons, leaving an area around the same. Those that could afford to leave a city at the start of an outbreak typically did so.
- Newspaper articles, broadsides, and pamphlets regarding variolation or other medical treatments are often published when doctors have found a treatment they feel is worth sharing (or decrying), and often within a short period time after their experience.
- Notices regarding ship quarantines or construction of pest-houses, hospitals, and isolation areas, especially in larger cities, may be found not just in newspaper articles but in records like those kept by a customs house or health department reports.

Recommended source types:

- **Cemeteries** can have burials clustered by epidemic (such as the “Smallpox Cemetery” in Bridgewater, Mass.), or may provide clues of illness in the epitaphs themselves. Evidence of families that have lost several children within a few weeks' time can also indicate a local disease that wasn't recorded elsewhere.
  - **Vital records, grave transcriptions, and church records** can show evidence of many deaths occurring around the same time frame, which can be an easy-to-recognize first clue of a local epidemic. These sources may also include notes regarding unusual circumstances in town such as contaminated drinking water.
  - Original **town or proprietor records** and published **town histories** can contain accounts of unusual town-wide illnesses or local laws passed to handle outbreaks.
- **Diaries and personal papers** of not just family members and town residents, but of local town clerks, ministers, and physicians. Colonial ministers, in particular, often kept daily diaries, many of which are now published. These records often hold a wealth of information and may list families by name.
  - **Medical essays, articles, and books** (such as those by Dr. Ernest Caulfield) also can provide clues about local deaths. Although a town may not be mentioned by name, a nearby town experiencing an epidemic during the same time frame could provide valuable clues.
  - **Historical timelines** can provide additional clues for speculation. Did an increase in deaths correspond with a new war, soldiers returning home, an increase in immigration, the creation of new factory or school that brought in outsiders, or another event that would have introduced outside diseases to a community?
  - **Court records** can include records of quarantine mandates as well as notate delays or relocation of court sessions due to local illnesses. Records of warrants to force persons into isolation and arrests of those violating quarantine would also appear in court records.
  - **Newspapers** are invaluable and many of the nation's earliest newspapers are now available online through repositories such as GenealogyBank.com. Here are some tips for finding articles:
    - Misspell words. Colonists did not have standardized spelling, and words were often spelled phonetically. Try variations of spellings for the best results.
      - Examples: Pox, Pocs, Pocks, Poxe; Buryed; Dyed
      - Silent letters may be omitted from words, such as the silent E in “Bridgewater.”
    - The colonial lower case s looked like an f. Because optical text recognition software cannot tell the difference, searches need to be altered. For example:
      - Search for illneff instead of illness, diftemper instead of distemper, meafles instead of measles.
    - Some illnesses were as-yet unnamed or were referred by archaic terms such as “Eastern Distemper.” Rather than searching by the name of the illness, look for other terms that would refer to a disease such as malady, epidemic, contagion, malaise, sickness, infection, ailment, disorder, cough, rash, etc. •

## Epidemics that Affected Colonial New England (1620 to 1764)

Year(s)	Illness	Location and Severity
1633	Unknown fever (likely Smallpox)	Plymouth, Massachusetts. About 20 deaths.
1638	Smallpox & Typhus	Massachusetts. Few deaths.
1647	Influenza	Massachusetts & Connecticut. About 90 deaths.
1648-49	Smallpox & Whooping Cough	Massachusetts.
1657	Measles	Boston, Massachusetts. Few deaths.
1658	Typhoid Fever	New Amsterdam and New Netherlands.
1659	Whooping Cough	Massachusetts.
1660-61	Influenza	New England. Few deaths.
1665	Influenza	New England. Few deaths.
1666	Smallpox	New England. About 40 deaths.
1677-78	Smallpox	Boston, Massachusetts. Over 200 deaths.
1678-79	Influenza	New England. Few deaths.
1687-88	Measles	Massachusetts.
1689	Diphtheria	New London, Connecticut. Many deaths.
1689-90	Smallpox	New England and New York. At least 320 deaths.
1693	Yellow Fever	Boston, Massachusetts.
1697-98	Influenza	Throughout New England. Heavy mortality.
1699	Influenza	Throughout New England. Heavy mortality.
1702-03	Smallpox & Scarlet Fever	Boston, Massachusetts. About 300 deaths.
1710	Influenza	Connecticut. 250 deaths.
1713-14	Measles	New England. At least 150 deaths.
1721	Smallpox	Boston, Massachusetts. 844 deaths.
1727	Typhoid Fever	Norwich, Connecticut (40 deaths), and Woodbury, Connecticut.
1729	Measles	Boston, Massachusetts (15 deaths), and New York City, New York.
1730	Smallpox	Boston, Massachusetts. About 500 deaths.
1732-34	Influenza	New England and mid-Atlantic colonies.
1732	Dysentery	Salem, Massachusetts.
1732	Smallpox	Wallingford, Connecticut (14 deaths).
1734	Typhoid Fever	New Haven, Connecticut.
1734	Dysentery	Boston, Massachusetts, and New London, Connecticut.
1735-41	Diphtheria	New York, New Jersey, and New England. Up to 20,000 deaths.
1735-36	Scarlet Fever	Boston, Massachusetts. 100 deaths.
1736	Scarlet Fever	Up to 100 deaths.
1737	Typhoid Fever	Worcester County, Massachusetts.
1737-38	Smallpox	Martha's Vineyard, Massachusetts. 12 deaths.
1739	Smallpox	Newport, Rhode Island. 17 deaths.
1739	Measles	Massachusetts & Connecticut.
1741	Typhoid Fever	Sutton, Massachusetts (19 deaths), and New London, Connecticut.
1742	Dysentery	New London, Connecticut.
1744-45	Diphtheria	Massachusetts, New Hampshire, and New York.
1745	Dysentery	Shrewsbury, Massachusetts. Several deaths.
1745	Typhoid Fever	Stamford, Connecticut. 70 deaths.
1747	Smallpox	Harwich, Massachusetts. 9 deaths.
1747-48	Diphtheria	Massachusetts.

Year(s)	Illness	Location and Severity
1747-48	Measles	Massachusetts, Connecticut, New York, Pennsylvania, and South Carolina.
1748-49	Influenza or Pneumonia	Atlantic seaboard.
1749	Typhus and Dysentery	Connecticut. At least 150 deaths.
1750-55	Diphtheria or Scarlet Fever	New England and New York.
1751	Smallpox	Boston, Massachusetts. 569 deaths
1753	Smallpox	New London, Connecticut. 4 deaths.
1755	Mumps	Brookfield, Massachusetts. Several deaths.
1756	Dysentery	New England.
1759	Measles	Widespread throughout the colonies.
1760-61	Smallpox	New England.
1761	Influenza	Along the Atlantic seaboard.
1762-63	Diphtheria	Massachusetts and Connecticut.
1763	Typhus	Nantucket, Massachusetts. 222 deaths.
1764	Smallpox	Boston, Massachusetts. 170 deaths.

Table Source: *Almanacs of American Life: Colonial America to 1763* by Thomas L. Purvis, 1999. Adapted and modified by Shellie Karol-Chik.

## Useful Terminology

**Ague** – an infectious fever marked by chills and sweating.

**Apoplexy** – a stroke or hemorrhage in the brain.

**Asymptomatic** – producing or showing no symptoms.

**Canker** – an ulcerous sore.

**Dropsy** – the abnormal swelling of tissues from a buildup of fluid (edema).

**Endemic** – a disease or condition regularly found among a particular people or in a certain geographical area.

**Epidemic** – a widespread occurrence of an infectious disease in a community at a particular time.

**Flux** – the drainage or discharge of a liquid from a body cavity, typically of diarrhea.

**Grippe** – any contagious viral disease, but typically refers to influenza. Sometimes called la grippe.

**Healthy Carrier** – a person who is asymptomatic but can transmit the disease to others.

**Inoculation** – the introduction of a toxin, bacterium, virus, or other microorganism into a living organism through variolation or vaccination to stimulate the production of antibodies and create immunity.

**Immunity** – the body’s protection from an infectious disease that allows a person to be exposed to the disease without becoming infected.

**Immunization** – the process by which a person becomes protected from a disease through vaccination. Often used interchangeably with the terms vaccination or inoculation.

**Pandemic** – a disease outbreak that affects a whole country or the world.

**Poultice** – a soft, moist mass of material, typically of plant material or flour, applied to the body to relieve soreness and inflammation and kept in place with a cloth.

**Quinsy** – a symptom of a painful abscess in the tissues around the tonsils (tonsillitis).

**Tincture** – a solution of medicines dissolved in alcohol (like wine or ale).

**Variolation** – an archaic form of vaccination that introduces live viral matter from infected patients into healthy patients to create immunity. Historically used for smallpox.

**Vaccine** – A form of vaccination that introduces weakened or DNA-altered viral matter into a patient to induce natural immunity from a disease.

**Vaccination** – The act of introducing a vaccine into the body to produce protection from a specific disease, either through the use of a needle or a nasal spray. •

“Not long ago, and for most of American history, infection was an everyday crisis. Infections diseases like smallpox, bubonic plague, yellow fever, polio, cholera, typhoid fever, malaria, and influenza helped produce many of the defining features of the modern world: street cleaning, the shape of city neighborhoods, the clean water piped to our kitchens, and the pediatrician visits that mark the lives of our young children. Even how people behave in the bedroom in their most intimate moments reflects the risk of infectious disease.”

— *John Fabian Witt (2020)*

# Epidemic Diseases of Colonial America: A Quick Guide

**Diphtheria** (a bacterial disease) was second to smallpox as the most fatal disease in early America. The illness caused a headache, fever, weakness, and the throat to swell and become clogged with a thick, gray-colored membrane that formed over the larynx and trachea. The resulting congestion could block the airway and cause death by suffocation, especially in small children who were unable to clear their throats on their own. Like smallpox, it was a highly contagious and could be transmitted by asymptomatic carriers. Prior to 1730, it was often confused with scarlet fever. Diphtheria predominantly struck children below the age of puberty, and was often referred to as **Throat Distemper**, **Canker of the Throat**, **Putrid Sore Throat**, or the **Throat Ail**.

**Dysentery** (a bacterial disease), often referred to as **Camp Fever** or the **Bloody Flux**, was usually found in unsanitary, cramped conditions such as ships, battlegrounds, and barracks where food and water supplies could become contaminated with human excrement. Symptoms included pain, fever, stomach cramps, nausea, vomiting, and a bloody or mucousy diarrhea. Many infected with dysentery died as a result of dehydration; survivors were often left weak for several months and were susceptible to future infections.

**Malaria** (a parasitic disease) was spread by infected mosquitoes. Found often in the colonies, it did not have a great impact on the cooler New England climates and was instead more prevalent in warmer southern areas such as the Carolinas. Symptoms included headaches, fever, fatigue, and vomiting. Untreated patients commonly had reoccurrences.

**Measles** (a viral disease) caused inflamed eyes, high fevers, runny nose, and a cough. Small white spots sometimes formed within the mouth. Three to five days within the start of symptoms, a rash with flat, red spots would often begin on the face and then extend over the rest of the body. Complications could include pneumonia, ear infections, dehydration, encephalitis (swelling of the brain), and permanent blindness. Similar to smallpox, this highly contagious disease resulted in a natural immunity so that a reoccurrence of the disease in the same person was rare. Measles are highly contagious.

**Mumps** (a viral disease) caused a fever, headache, loss of appetite, muscle pain, and a painful swelling of the glands in the patient's neck. Severe cases could cause deafness and a range of other inflammations throughout the body. Highly contagious, the disease usually spread easily in highly populated areas, and was more common in spring and winter.

**Scarlet Fever** (a bacterial disease) caused a high fever, sore throat, headaches, enlarged tonsils, and a rash. It could infect a patient at the same time as another disease, and therefore was often confused with smallpox, measles, or diphtheria.

**Smallpox** (a viral disease), also called **Variola**, began with a fever, headache, fatigue, muscle pain, and vomiting. These symptoms were followed later by a rash over the entire body and sores in the mouth. The rash would develop into fluid-filled bumps that would scab over and fall off, often resulting in

permanent scars called "pock marks." The illness was airborne and lasted about four weeks. Possible permanent effects included sterility in males or blindness. Infection resulted in a natural immunity, so reoccurrence of the disease in the same person was very rare. Smallpox is highly contagious.

**Throat Distemper** is a term that mostly referred to diphtheria, but could also refer to scarlet fever or other forms of strep throat. It was often used to describe any form of throat-related illness before modern advances in medicine allowed specific diseases to be identified by pathogen.

**Typhus** (a bacterial disease), also known as **Typhus Fever**, was spread by fleas, lice, and chiggers. It usually occurred where conditions were unsanitary and crowded, especially in winter when the washing of clothes and bodies became more difficult. The disease caused a fever, headache, and rash and was often fatal if left untreated. It was also referred to as **Spotted Fever** or **Putrid Fever**.

**Typhoid Fever** (a bacterial disease), often simply referred to as **Typhoid**, usually began with a gradual-onset fever, weakness, constipation, abdominal pain, mild vomiting, and headaches. These symptoms first appeared 6-30 days after initial exposure. In some instances, rose-colored spots would appear on the skin. In untreated patients, symptoms could last weeks or even months. Typhoid could be spread through food and drink that had been infected by a contaminated person or by feces. The disease was more common in the year's hotter months, but could occur at any time. This ailment was common among colonial soldiers due to poor sanitation and hygiene on battlefields and in military barracks. It was sometimes called **Enteric Fever**, **Burning Fever**, or **Slow Nervous Fever**.

**Whooping cough** (a bacterial disease), also known as **Pertussis**, was a highly contagious. Its symptoms included a fever, runny nose, and a mild cough, which were subsequently followed by weeks of acute fits of coughing. The disease was named for the 'whoop' or gasping sound that could occur when a patient inhaled. Coughing fits could be extreme enough to cause vomiting, fainting, exhaustion, or broken ribs. Complications of the illness could lead to convulsions, pneumonia, asphyxiation, and brain damage. The overall survival rate was better than other contemporary diseases.

**Yellow Fever** (a viral disease) was spread by infected mosquitoes that were brought to North America by ships that had stopped at the Caribbean islands. The disease caused a fever followed by chills, nausea, a loss of appetite, muscle pain, and headaches. Symptoms generally improved within five days, but in about 15% of infected patients, the fever would return, accompanied by abdominal pain and liver damage. This caused the skin to take on a yellow, jaundiced hue and could increase the risk of kidney problems and internal bleeding. For persons that experienced the illness' advanced stage, the fatality rate was 20-50%. Because this disease was nonexistent in Europe, American colonists had no natural immunity to it, and its effects on the early colonies were devastating. •

# Recommended Further Reading

## Colonial Diseases and Medicine

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## General Histories of Epidemics and Disease

- Snowden, Frank M. *Epidemics and Society: From the Black Death to the Present*. New Haven, Conn.: Yale University Press, 2020.
- Witt, John Fabian. *American Contagions: Epidemics and the Law from Smallpox to Covid-19*. New Haven, Conn.: Yale University Press, 2020.

## Helpful Glossaries and Dictionaries

- Evans, Barbara Jean. *A to Zax: A Comprehensive Dictionary for Genealogists and Historians*. Midlothian, Va.: Hearthside Press, 1995.
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