

RING AROUND A ROSIE

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I didn't get a flu shot this year and, quite frankly, I'm worried. But I have a plan. I'm going to be a hermit as much as possible this winter, avoiding people. (The upside of this is that maybe I can make a dent in those piles of uncompleted projects that cover every horizontal surface in my office.) As so often happens, events in my own life prompted me to ponder related incidents in my ancestors' lives.

THE GREAT PLAGUE OF LONDON (1665)

Ring around a rosie

Pocket full of posies

Ashes, ashes

All fall down

I learned many years ago that this nursery rhyme described the symptoms of the plague, but I understand that this claim is no longer accepted. For many of us with early immigrant ancestors, the Great Plague that struck England in the summer of 1665 may be something we encounter in records as we research those ancestors and their families.

First, it should be understood that many epidemic diseases are constantly present in the population, with some years of significant mortality and others of only scattered occurrence. For example, the bubonic plague had already had noticeable outbreaks in London in 1630, 1636, and 1647, but few years were without any plague deaths. Thus, you should not dismiss a cause of death from a disease you usually associate with epidemics as erroneous just because it wasn't during a major outbreak.

One of the supporting conditions of epidemics is, of course, population density. For example, the London of this period was densely populated. The one square mile within the walls of "the City" contained over 600,000 people. 69,596 of the 97,306 deaths in 1665 were attributed to plague, occurring in the latter half of the year. It continued through 1666, and some estimates say that almost 20% of the population died.

Epidemiologists are still debating why epidemics are often characterized by sudden onset and equally sudden cessation. When reading church burial registers, the genealogist may realize that the typical handful of entries each month has suddenly multiplied many times over, as I saw in the London register I was reading for 1665. Even when no causes of death are given, chances are that you are seeing the results of an epidemic, which you may want to research.

For London, the plague basically ended when in September 1666 a fire began in a baker's shop in Pudding Lane near London Bridge. It spread westward along the Thames and northward through the City, traveling easily through the wood-timbered houses overhanging the maze of narrow streets. London burned for four days, literally to the ground in much of the city. The flea-infested rats that

carried the plague were either killed or driven away. But the plague also faded away outside the City soon after, typical of an plague cycle.

BOSTON SMALLPOX INOCULATIONS (1721)

Smallpox, which was endemic (present in the general population all the time) in Europe, was epidemic (characterized by sudden spread in a smaller population) in the American colonies, with no cases in some years. When the disease appeared in Boston in 1721, there was strong controversy among the leaders as to whether inoculation (putting live infection into a scratch), which was being tried in England, should be used. Fewer than 300 persons were inoculated; slightly over 2% of them died. Half of the uninoculated population caught smallpox; 15% of those died.

Thereafter, inoculation was more widely performed, but not always accepted. I have seen Revolutionary-War-era court minutes in which a Virginia plantation owner sought permission to inoculate field hands.

YELLOW FEVER EPIDEMIC, PHILADELPHIA (1793)

In 1793 yellow fever was brought to Philadelphia by refugees fleeing plague-ridden Santa Domingo. In Philadelphia, a drought had left many patches of stagnant water, breeding ground for the mosquitoes that carried it from person to person. 55,000 people lived in the city, but once yellow fever was identified, half of them fled. Over 4,000 people died. You may find vital records for city individuals recorded in rural environs where they retreated to safety with relatives.

As stated above, epidemics flourish in densely populated areas, but port cities were particularly vulnerable as diseases could arrive from many parts of the world. Yellow fever outbreaks have occurred since then in port cities, especially in the South, such as Galveston, Texas, which was struck nine times in three decades in the mid 1800s.

CHOLERA AND THE GOLD RUSH (1849)

Whereas the plague was carried by fleas and yellow fever by mosquitoes, cholera was a water-borne microbe that could hide and multiply in clean-looking water. In early 1849, it spread up the Mississippi River from New Orleans, reaching St. Louis and Independence at just about the time that wagon trains were departing for the Far West.

This was an epidemic that people transported with them, marked by many, many graves along the wagon trails. Diaries and autobiographies have been published for individuals who made the westward trek. These tell of cholera deaths and of the beliefs of the wagon-train members that they could flee the infection.

SPANISH INFLUENZA (1918)

The winter of 1918–19 brought the greatest epidemic of the twentieth century, when Spanish influenza affected much of the world. Approximately 25 million Americans were infected. Over half a million Americans died, and it caused between two and three million deaths around the world.

Recognizing that flu was spread by human contact, many individuals and institutions tried my hermit approach. Schools, churches, and businesses suspended normal operations. Family visits were curtailed. You may find mention of how it affected your ancestors in family

letters. Newspapers were filled with statistics, warnings, and notice of local closures and cancellations.

THE PRESENT

Living as we do in a time in which we no longer believe that diseases are caused by miasmas (dangerous vapors from nasty-smelling swamps and stagnant water) and in which we have in our own lifetimes seen smallpox eradicated worldwide and polio eradicated in America, it can be easy to separate ourselves from our ancestors' lives. Right up until the time when our own precious vaccines are suddenly in short supply.