

AWAKENING CALL TO EARLY PIETY: THE
THROAT DISTEMPER, NEW ENGLAND'S
YOUTH, AND THE GREAT AWAKENING

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INTRODUCTION

The Great Awakening was, as Edwin Gaustad points out, "a great and general awakening which cut across economic, social, and geographical lines."¹ Yet, one part of New England society did respond to the revivals with more enthusiasm than any other group and in greater numbers. This was the youth of New England. As Jonathan Edwards noted in 1741, the work of the revivals had been "chiefly among those that are young," and "comparatively few others" were partakers of it."² Research has confirmed this observation. A study of Woodbury, Connecticut, for example, reveals that almost half of the persons admitted into the town's church during the Great Awakening were in their teens or younger.³

The number of young people who became involved in the Great Awakening was unprecedented. It is true that it was not unusual in colonial New England for children and young adults to undergo a conversion experience. As John Demos noted, children were treated as "adults in miniature after age six," and it was not uncommon for religious conversions to occur "well before puberty."⁴ But, as Edwards observed, the reaction of youth to the Great Awakening "far exceeded" their reaction to any earlier revival.⁵

Why were New England's youth such an unusually powerful force in the Great Awakening? Philip Greven, J. M. Bumsted, and others suggest that perhaps the decision of the young converts was influenced by crises affecting their lives. Bumsted argues that the young were faced with severely limited economic opportunities by 1740, and Greven adds that they were disoriented by the breakdown of patterns of filial dependence.⁶ These were indeed factors, but they applied more to young persons over nineteen years of age than to those younger, and they affected young males more than young female converts, who were more numerous. Was there, therefore, a crisis which affected, specifically, young people of both sexes under twenty years of age, a crisis that helped to make them heed the call of the revivalists?

Medical history reveals that crisis. From 1735 to 1740 New England's youth were ravaged by an epidemic that Noah Webster later described as "by far the most fatal ever known in this country."⁷ Most commonly called the "throat distemper" by contemporaries, it is now known to have been a virulent attack of diphtheria complicated by an epidemic of scarlet fever. Perceived by the colonists as a most deadly and unusual disease, the throat distemper caused widespread anxiety among young people; and this anxiety (combined with other factors that helped to bring about the Great Awakening), helped to spark the conversion of youths.⁸ With or without the throat distemper, New England would have

experienced a Great Awakening, but the presence of the disease added to the emotional intensity of the revivals; and, more importantly, it helped to give the revivals, a distinctly youthful character.

The religious effects of the throat distemper were focused upon the young because the epidemics destroyed virtually the young alone. The throat distemper was, as Noah Webster would later write in his study of epidemiology, "literally a plague among children." A typical example of the throat distemper's age preference was the town of Haverhill, Massachusetts. Haverhill had a population of some 1200 people, and the vital records show that the town had averaged about ten deaths each year since 1725. These same records show that over 256 persons died from the throat distemper in a twelve month period, and 251 of these were under twenty years of age.⁹ The majority of the victims were over five years old. These macabre mortality rates were repeated throughout New England. Dr. Earnest Caulfield, who has written an excellent medical history of the throat distemper, estimates that at least 5,000 persons died from the two epidemics, and that over 96 percent of these were under twenty years of age. In other words, more children died from the throat distemper than there were people killed in King Philip's War, colonial New England's bloodiest conflict.¹⁰ Or, in other terms, if a similar epidemic would exact a proportional toll on the American population today,

almost five million children would die in the next five years.¹¹ Not surprisingly, the impact of such a mortality on New England was immense. One minister wrote,

What error and amazement, what distress and anguish, what wailing and lamentation has this judgement occasioned! How many scores, hundreds, thousands has [sic] been swept away by this Besom of Destruction! How many distressed parents are with Rachel weeping for their children, because they are not. . . .¹²

The distress that the throat distemper caused was not the result of its deadliness alone. The distemper also sparked a great deal of anxiety because it behaved in many bizarre and unusual ways, and was very unlike the other epidemics New England had known. Indeed, the throat distemper was so unorthodox that the colonists believed they were experiencing a new disease, heretofore unknown to them. "There was never before the like known in this country," are words that appear constantly in the records.¹³

Taken alone, the deadliness, strangeness, and apparent newness of the throat distemper may not have augmented the number of young converts who participated in the Great Awakening. But these factors did not act alone, for the throat distemper occasioned public and private exhortation of the youth by the ministers, parents, and pious of New England. These persons, out of a genuine desire to save the children (at least their souls, that is), from the "raging distemper," begged the young people to convert and made it clear to them that undesirable things awaited those who did not. Sermons, poems, lamentations,

broadsides, pamphlets, and oral communications urged repentance. The young people were reminded of the frailties of life, the mortality of the throat distemper, and the terrors of hell. Conversion, they were told, was their only refuge. Imagine the impact of powerful revivalist rhetoric on a young boy or girl already trembling from a fear of the disease. The following passages are taken from a sermon delivered by Jonathan Edwards in 1740 in Northampton, one of the few towns which escaped the epidemic. Edwards directed the first part of his jeremiad to the young people specifically. He warned them that even though they were "children," they could die soon, "for ought we know the thundering distemper may in a little while come into the town, and carry off multitudes of children, as it has lately done in many other towns." Edwards reminded his listeners that when the epidemic struck it often took "the greater part of the families in the whole town," and he warned them that Northampton's turn was perhaps next.

We have had but little of that distemper in this town hitherto, but we do not know that our turn to have it may come and make as dreadful work here as it has in many other towns.

Edwards pointed out that not only was death from the disease a very real possibility, so was damnation. He told the young that they were the "children of God's wrath," and that all of them who died from the throat distemper and were unconverted would "go down to the pit of hell into everlasting burnings, to dwell there forever and ever." How

could a youth escape such a dreadful fate? Edwards offered a way.

If you are converted, you need not be afraid to die; you need not be afraid of the threatening distemper. Let it come when it will, it will not do any hurt; no distemper, no death, can do them any hurt who have an interest in Christ. . . .¹⁴

Such preaching, coupled with the grim reality of the throat distemper, must have been effective indeed. For, as Solomon Stoddard wrote, when men are "asleep," they "stand in great need of terror."¹⁵

This paper is a study of the great epidemics which descended on New England between 1735 and 1740, and their effect on the piety of New England's youth. It will examine the operations of the epidemics, the colonists' conceptions of and reactions to the throat distemper, and the peculiar characteristics of the distemper which distinguished it from New England's other diseases. And finally, it will examine the religious literature and exhortations which the throat distemper inspired.

CHAPTER I

The Distemper, Death, and the Fear of Death

The three scourges of man--famine, war, and pestilence--all had their place in eighteenth century New England. Of all these afflictions, disease was clearly the leading cause of death. What was the throat distemper, the worst of New England's diseases, and what was the colonial attitude towards death?

Diphtheria and scarlet fever are clearly distinct in their bacteriology. Diphtheria is caused by a bacillus, while scarlet fever is a streptococcus infection. But on the basis of symptoms alone, the two diseases can appear very similar, so it was not unusual that the colonists believed the throat distemper was a single epidemic. Both diphtheria and scarlet fever occur in epidemic form frequently, both tend to attack persons under twenty years of age, both are characterized by a sore throat and fever, and both diseases can affect swallowing and breathing.¹⁶ Indeed, the two diseases can appear to be so similar that as late as the nineteenth century, Charles Creighton, the prestigious British epidemiologist, denied that scarlet fever was really a distinct disease.¹⁷

Diphtheria is more dangerous than scarlet fever, and it often causes multiple deaths in the same family. It begins insidiously, and it does not show the red rash that characterizes scarlet fever. There is a swelling in the victim's

throat, and it becomes reddish and very tender. Greyish-white patches next appear in the same area. Gradually, a yellowish false membrane forms over all the mucous surfaces of the throat. Blood, or a putrid, acrid substance is sometimes discharged from the nostrils. Death is usually by suffocation, after the false membrane has thickened and spread down the trachea and larynx. Or, in some cases the victim may die from cardiac arrest, if the heart is damaged by the toxins secreted by the diphtheria bacillus. If there is heart failure, it is sudden and unexpected; it may occur with few or no premonitory symptoms, and it usually follows some minor physical exertion, such as walking across a room or sitting up in bed. The colonists found these apparently spontaneous deaths very frightening, and they were amazed that "children sitting up at play would fall and expire with playthings in their hands."¹⁸

The above description of diphtheria is similar to a description of the throat distemper which appeared in a Massachusetts newspaper in 1736. In an article in the Boston Gazette, an observer wrote that victims of the throat distemper were first "somewhat listless [and heaved] for a day or two, and then [began] to complain of a soreness in the throat." He noted that a "pathognomonick sign of the disease" was "spots of different sizes" in the throat, which were filled with a . . . colored pus." The description closed with a narrative of the final stages of the disease.

A fever rises, and the cough . . . is very loose; the patient . . . begins to breath hard, and almost

loses his voice, being able only to whisper; and a day more makes (with coughing) only a whistling kind of noise, and the next day pays his debt to nature. . . .¹⁹

Diphtheria is a contagious disease. It is spread by contact with a victim, lesions on his body, and any article infected by discharges from his nose and throat. The disease may also be contracted from "healthy carriers." Some persons have a natural resistance and show only mild symptoms (usually a slight sore throat, a fever), and this prevents an accurate diagnosis. These persons are, therefore, able to unwittingly spread the disease.

The less serious disease, scarlet fever, strikes its victims suddenly and vomiting is common. The infected person quickly develops a red rash on the skin, a strawberry-colored tongue and throat, and a fever accompanied by a soreness in the throat. In its severe form, scarlatina aginosa, scarlet fever causes an ulceration in the throat that is similar to diphtheria, and in these cases the death rate is extremely high. But usually scarlet fever is much less pernicious. Multiple deaths in the same family are also rare with this disease. Infection is usually by direct contact with a patient or carrier, and it is rare to contract the disease through articles handled by the victim.

Throughout the nineteenth century, medical historians commonly argued that the throat distemper was simply a scarlet fever epidemic. It has since been established, however, that diphtheria was the major villain. Although scarlet fever was present in Boston, Marblehead, and other towns for short periods (often it struck simultaneously

with diphtheria), it was much less deadly than diphtheria, and it is not crucial to this study.²⁰

It was diphtheria which began the throat distemper epidemic. The disease first broke out in the inland New Hampshire town of Kingston, a town that would later be known as the birthplace of Daniel Webster. Kingston had some eighty-one families, or some four to five hundred people in 1741, and it had been a relatively healthy town. The church records, which begin in 1726, show that the town averaged about nine deaths per year, for an average death rate of between 18 and 22 per thousand. Following are the number of deaths each year:

1726	5 deaths	1731	13 deaths
1727	5 deaths	1732	10 deaths
1728	9 deaths	1733	10 deaths
1729	2 deaths	1734	6 deaths
1730	22 deaths		

There would be a dramatic increase in 1735. According to tradition, the dreaded illness began when an animal owned by a certain Mr. Clough died from a disease in the throat. Clough skinned and butchered the creature, and, it was said, he soon after "was taken with a complaint in his throat" and died suddenly. The vital records do not verify that Clough died from the distemper, but the death of the next reputed victim, young Parker Morgan, was recorded on May 20, 1735. One week later, in a house four miles from the Morgan home, Jeremiah Webster lost all three of his children within three days. The epidemic had begun.²¹

In 1735 Kingston would know death as it had never known it before. Compared to the six deaths in the parish

records for the entire year of 1734, the records list the following deaths for the single month of June 1735.

June ye 5 Deborah child of Josiah Batchelor Died
 7 Dorothy daughter of Jacob Gilman Died
 17 Samuel Lock lost a daughter
 18 Ebenezer Sleeper lost a son
 19 Samuel Emons eldest daughter Died
 21 Died David son of Joseph Greely
 23 Samuel Emons lost another
 23 The same day Ebenezer Sleeper lost another
 25 Andrew Webster lost his child
 25 Joseph Bean lost one of his children
 27 Died another of Joseph Bean's children
 28 Died Margaret eldest daughter of Joseph Bean
 30 Samuel Emons lost another child.

In only one previous year, 1730, had Kingston had more deaths than this single month.²²

All remedies seemed hopeless. Many domestic medicines were tried, but all of the first forty children who contracted the disease died. With death all about him, Ward Clark, the minister of Kingston, called upon his flock to entreat Jehovah, and "many days of fasting and prayer were observed . . . in this fatal calamity." But the distemper continued.

July ye 1rst Died Nathaniel youngest son of Mr. Joseph Greely
 4 Died Daniel son of Joseph Hunton
 8 Died Isaac son of Isaac Greely
 11 Died Gideon son of John Young
 14 Died a daughter of Benjamin French
 15 Rachiel died a daughter of Richard Tandy
 17 Died Caleb Webster brother of Jeremiah Webster
 19 Died William ye eldest son of William Smith
 22 Died Mary youngest child of Joseph Huntoon
 26 John Webster lost a child
 27 Died ye wife of ye Rev. Ward Clark and her infant
 28 Died Moses ye son of Deacon Elkins
 28 Ralph Plazdel lost a child

	31	Jacob Flanders lost a child
	31	Died Henry youngest son of Deacon Elkins
Aug ye	1	Obediah Elkins lost a child
	6	Obediah Elkins lost her other child
	7	William Buzzel lost a child
	9	John Clifford lost a child
	10	Elizabeth daughter of Samuel Colcord died
	11	Dr. Brown lost an onely daughter
	12	Died Ruth daughter of Simon French
	13	William Buzzel lost another child
	14	Daniel Bean lost a young son
	14	Joseph Elkins lost another of their children
	15	Joseph Elkins lost another of their children
	15	Jacob Flanders lost another child
	16	Died Thomas sone of Jedidiah Philbrick
	19	Joseph Prescott lost a young daughter
	21	Joshua Elkins lost his other child
	22	Joseph Elkins lost his other child
	23	Died John Clark son of ye Revd Mr. Clark
	23	Died a son of Jonathan Samborn
	26	Died Benjamin Clark son of ye Revd Mr. Clark
	27	Robert Stockman lost a child
	31	Samuel Bean lost another daughter
	31	Benjamin Sweat

From this obscure New Hampshire town, diphtheria spread throughout the settled regions of New England. Within weeks of the Kingston outbreak the disease was in Maine, and by September it had crossed the Merrimac and entered Massachusetts. By early 1736, cases of diphtheria appeared in Connecticut. As for Rhode Island, for reasons unexplained, it was the only New England colony which largely escaped the epidemic. As was usual for colonial Rhode Island, it remained unusual.²⁴

The history of the throat distemper in New Hampshire and Maine is early written. Both colonies suffered heavily, almost all of their towns were attacked to some degree, and both colonies probably had diphtheria rather than scarlet

fever. Maine suffered proportionally more deaths than New Hampshire. Fatality rates (the percentage of persons infected who do not recover), were especially voracious in Maine, and at least 5 percent of its population perished. New Hampshire's loss was also great, however. In Hampton Falls, a town some fifteen miles from Kingston, there were only two houses in the entire town in which all the children escaped the distemper. In the first twelve months of the epidemic over 210 people died in Kingston, and 200 of these were under twenty years of age. In this dark year one family in the town lost seven children to the disease, two families lost six children each, two families lost five children each, fourteen families lost three children each, and many more families lost one or two children. The throat distemper, moreover, did not disappear from Hampton Falls after this carnage. In 1739, for example, Joseph Batchelder lost all twelve of his children to diphtheria.²⁵

Massachusetts, too, suffered many losses from the epidemics. The first town afflicted in Massachusetts was Newbury. In the last four months of 1735 alone, the town lost over 100 young people to the disease, and there were multiple deaths in nineteen families. The throat distemper came so suddenly and with such violence that one family was forced to bury four of the eight children it lost in a common grave. This, wrote the New York Gazette, was a "sorrowful instance seldom known" in the colonies. From

Newbury, the epidemic continued south. Byfield, an outgrowth of Newbury, lost one-seventh of its population of 700 in one year, and Rowley and its neighboring parishes lost over 200 young people out of a total population of 1600. Meanwhile, scarlet fever broke out in Boston at the end of 1735, and everyone, including the ministers and physicians, believed that the inhabitants of Boston had the same disease that was on rampage in the North. At this point, the governor of Massachusetts proclaimed January 8, 1736 "A day of Solemn Prayer, Humiliation, and Fasting . . . on account of the unusual, malignant, and mortal distemper, wherewith several towns within this province are visited, and by which great numbers . . . have been removed by death." Many such fast days would be proclaimed in New England in the months and years to come.²⁶

The throat distemper in Connecticut was mainly diphtheria, although scarlet fever was present. Diphtheria first appeared in the extreme southwestern corner of the colony, and from there the infection moved eastward along the shore, through such towns as New Haven, New London, and Saybrooke. Indeed, with the exception of Groton and Stonington, all the shore towns eventually became infected. In most of the towns, diphtheria (occasionally scarlet fever) struck first in 1736, retreated in 1738, and then returned with violence in 1739.²⁷ In an issue of the Boston News-letter dated August 1739, there is written,

We hear from Connecticut that the throat distemper rages very much in New Haven, and that one Mr. Mix of that place, who had five children . . . buried them all in a little more than a weeks time.²⁸

Soon after the epidemic first appeared along the coast, the disease also broke out in Farmington, an inland Connecticut town near the border of Massachusetts. Soon the epidemic was spreading throughout Connecticut's interior. Like the coast, the inland towns enjoyed a pause in the epidemic's fury in 1738, only to have this violently interrupted by a sharp increase in diphtheria cases in 1739 and after. The later period Daniel Wadworth of Hartford repeatedly called a "time of great distress,"²⁹ in his diary, and the New York Weekly Journal reported in 1740 that the throat distemper was raging in a "very terrible and awful manner" in Coventry.³⁰

To sum up, the throat distemper continued in four New England colonies through 1740. In New Hampshire and Maine, although the throat distemper continued to be "exceedingly moral," there was a relative decline in the number of deaths from the disease beginning in 1737. This decline was caused mainly by the fact that so many of the available victims had already been destroyed by the end of 1736. In Massachusetts, some towns, like Newbury, had their greatest mortaility in 1735; some, like Malden, experienced the distemper at its worst in 1738; and others, like Cambridge, suffered the most in 1740. In Connecticut, to repeat, the epidemic was at its height in the years

1736-37 and again in 1739-41.³¹

Thus, the throat distemper exacted a vicious toll. To modern sensibilities, it would seem that this wanton destruction of human life would cause great anxiety; but, if the throat distemper is placed in perspective, would it really have been disconcerting to the colonists? Were they not inured to death and disease simply because these were so common in their eighteenth century environment? Although the colonists were fortunate, in the sense that they brought neither leprosy nor the bubonic plague with them from Europe, they did have smallpox, measles, influenza, and dysentery. New England even had malaria until the slow reduction of malarial breeding places caused it to disappear around 1800. And dietary diseases were especially prevalent. William Douglas, a Scottish physician and resident of Boston, wrote that the "poorer people" subsisted on "salt pork and Indian beans, with bread of Indian corn meal, and a pottage of this meal with milk for breakfast and supper." It is, therefore, not surprising that scurvy was so prevalent in New England. Dysentery and typhoid, encouraged by the colonial habit of drinking impure water (made palatable by huge amounts of cider, rum, and whiskey), were also widespread. Even the domestic life of the colonists bred disease. The fact that bathing was rare spread the "itch" or typhus, and the inadequate heating in colonial homes created conditions ideal for the common cold and acute respiratory diseases such as

pneumonia.³²

In spite of such conditions, however, it seems that New England was by no means a charnel house. To the contrary, detailed examinations of the colonial vital records has shown that New England was a relatively healthy place, for the eighteenth century. John Blake, in his study of the Boston records, finds that mortality rates in that city tended to fluctuate between 31 and 46 per 1000 from 1701 to 1735. This compared favorably with eighteenth century London, where the number of deaths per year exceeded the number of births. New England's rural areas, furthermore, were even healthier than Boston. Philip Greven finds that in the early eighteenth century the mortality rate in Andover, Massachusetts was between 15 and 20 per 1000. If these figures are adjusted to include infant deaths, which were not included in the records (Kenneth Lockridge finds that one baby out of every ten died, John Demos prefers the figure one in nine), it can be concluded, that in the entire period from 1649 to 1759, on the average not quite eight children in ten lived to see their tenth birthday in Andover. In eighteenth century London, in contrast, there were years in which only one child out of every four born lived to see age five. A child's chance of survival was indeed much greater in New England than in Europe. Philip Aries, in his Centuries of Childhood, finds that it was so common for parents in seventeenth century France to bury their sons and

daughters that a certain morbid indifference developed. Nothing of the like ever happened in New England. There, according to David Stannard, parents were "much affected" by the deaths of their children, indicating that it was by no means a common experience.³³

If life was not cheap, then death could still be terrifying. And so it was. David Stannard, Maris Vinovskis, and others find that the New England colonists were profoundly sensitive to the prospect of death. This fear was not simply the result of living in a relatively healthy environment, however. Religion seems to have fed their anxieties. According to David Stannard, Calvinism added to the terrors of death because of a natural tension in two of its doctrines. A Calvinist was taught that a great number of men would be damned, and he was also enjoined never to feel absolutely confident that he was saved; for a "stupid secure frame," in the words of Solomon Stoddard, was a sure sign of damnation. This lack of certitude kept the Calvinist in a state of anxiety. As Samuel Willard noted in his Child's Psalter, men were "doubtful, disquieted, and afraid to dy" because they did "not see clearly" whether they would be saved. Under such circumstances, argues Stannard, if a New England colonist was not frightened by death it was a "sure sign that he was either spiritually lost, or stupid, or both."³⁴

The throat distemper, therefore, was both a deadly disease and a deadly disease which afflicted a people who were acutely afraid of death and dying. Translated into other terms, there was, on the eve of the Great Awakening in New England, the harsh reality of the throat distemper coupled with a deep fear of its consequences. These things, given the right circumstances, had the makings of a public reaction which could have expressed itself in religious piety.

CHAPTER II

"A Very Anomalous Illness:" Public Reaction to the Throat Distemper

There are many factors which shape a society's reaction to a disease: the deadliness of an illness and the society's perception of death are only the most obvious. Included among these other factors is the class or classes that an epidemic strikes. Diseases which concentrate their fury on the lower classes alone, such as scurvy, enteritis, and scabies, arouse a minimum of public concern, but those diseases which strike the upper classes (either alone or with other classes), usually cause a significant reaction. This is the result of the fact that the upper classes are more visible, and they have the organs of public health and public expression available to them. Thus typhus, a disease of dirt and poverty which killed millions, provoked a milder public reaction in the sixteenth century than the mysterious "English sweats," a disease which, unlike typhus, preferred to strike the "better sort." Needless to say, diphtheria and scarlet fever attacked the upper as well as the lower classes: for, like poliomyelitis, they are not particularly associated with squalor or filth. The throat distemper, in other words, did affect the most vocal section of colonial society.³⁵

The age range of the victims is another important factor. As Richard Shryock explains, public reaction to a disease varies proportionately to the size and importance of the victim's age group. Clearly, the largest generational group in the colonies was the young people. As a result, diseases of youth, such as diphtheria, had a greater social impact than diseases of old age, such as heart and vascular conditions.³⁶

Still another factor is one that is the most obvious. It is, simply, that diseases with revolting symptoms are more terrifying than diseases which kill insidiously. Pulmonary tuberculosis, which probably destroyed more lives in nineteenth century Europe than any other disease, never caused great terror, because it was chronic, and its lesions were hidden. Ironically, it actually aroused a morbid curiosity in the upper classes. But diseases such as yellow fever, the bubonic plague, and cholera are highly visible in their effects, and these caused great public reactions.³⁷ The throat distemper was no less visible in its victims. Jonathan Dickerson, in describing the throat distemper in his "Observations of that Terrible Disease Vulgerly called the Throat Distemper," wrote that it caused a "cankorous crust" to "corrode" the throat and "contiguous parts." This, he added, was accompanied by "distressing asthmatic symptoms" which lasted until the "poor miserable creature" was "released" by "suffocation."³⁸ In a sermon preached before

the General Assembly of Connecticut, Benjamin Colton described the "awful sickness" in similar terms. The throat distemper, he wrote, operated

with such violence, and attended with such great malignity, as to putrify the bodies . . . ere the souls remove, to a degree that it would (it may be) take some weeks or months lying in the grave to effect.³⁹

Diphtheria is not a pleasant epidemic to observe.

Though medical historians assign many reasons to explain the public reaction that epidemics cause, the colonists gave their own reasons. What concerned them was that the throat distemper was such "a very anomalous illness," and that it seemed to be, in the words of William Douglas in his "The Pratical History of a New Eruptive . . . Fever," a "new epidemical illness."⁴⁰

Because the throat distemper was so novel and so "anomalous," it provoked more anxiety than the return of an old and known epidemic would have done. For in a bizarre way, even in great epidemics, familiarity does breed a certain contempt. Cholera, for example, is a disease which has claimed millions of lives in India over the centuries; yet, because it is familiar there, reaction to it is relatively restrained. But when cholera struck the modern western world for the first time, it caused an extended panic in Europe and America. The same frenzied reaction took place when cholera made its nineteenth century foray into the Middle East, an area which, because it was accustomed to the bubonic plague, used to find European quarantine

regulations amusing. Egypt did not mock cholera.⁴¹ Individuals do not know how to react to a new and strange disease, so they often react with panic and fear. This happened when the throat distemper appeared in colonial New England. Conversely, it is predictable that when diphtheria reappeared at various times later in the eighteenth century, the public reaction was much more subdued. The fact that the later diphtheria epidemics were less deadly was not the whole explanation for the relative calm. Familiarity was also a factor.

When the epidemic first struck, one thing that made it seem peculiar was its point of origin. Smallpox, heretofore New England's most dreaded epidemic, usually began in Boston or some other port, and therefore appeared to be a foreign importation. In recognition of this, Boston was quarantining foreign vessels and restricting their free access as early as the seventeenth century. But the throat distemper began in Kingston, meaning, in Douglas' words, that it was "no foreign importation," because Kingston was an island place of no trade or considerable communication. For an epidemic to begin in such a place was very bizarre.⁴²

The epidemic's place of origin was coupled with a second oddity--the distemper was often more destructive in underdeveloped towns than in the more urbanized Boston and environs. In other words, it seemed as if the throat distemper was behaving in a way directly opposed to what it

was supposed to do. Since ancient times, men had fled the large cities for the country when an epidemic struck, and it seemed inconceivable to do the contrary. Yet, the throat distemper was clearly worse in the "country" towns. Douglas estimated that the fatality rate in Boston was 35 per 1000 (based on an estimate of 4,000 cases), but in a town like Scarborough, Maine, there were periods when the fatality rate approached 100 percent. In contrast, the epidemic of 1721, one of New England's worst smallpox attacks, claimed most of its victims in the area around Boston.⁴³ The situation puzzled the colonists. It is now known that Boston's good fortune can be explained by the fact that it had scarlet fever rather than diphtheria. But why did Boston not have diphtheria in any substantial way?

The best explanation for Boston's escape from diphtheria, and indeed, for the inland origin of the distemper, is that diphtheria was not a new disease in New England, as the colonist believed. It must have been endemic along the coast of Massachusetts before 1735. In this endemic form, diphtheria was far milder in its effects (contact between a human host and an infectious organism over a long period of time causes a mutual adaptation which allows both to survive), and it probably appeared as no more than a severe cold. That explains why it went unnoticed before 1735.⁴⁴ The endemic presence of diphtheria on the coast also explains why the youth of Boston largely escaped

that disease. Boston's prolonged exposure had given them a measure of immunity.

Diphtheria was not an endemic disease in most of New England, however. The deadliness of the distemper in most areas indicates that it commonly fell upon a virgin population. In these areas, the young people had never been exposed to diphtheria, and having no natural or acquired defenses, their first contact was disastrous. Epidemics are always the most severe among virgin populations. Measles, for example, caused only a moderate number of deaths in nineteenth century Europe, where it was endemic; but it decimated the Falkland Islands, where it was reintroduced by seamen after a long absence, in the same century.⁴⁵

The above information can be used to construct a theory explaining the inland origin of the epidemic. In the years before 1735, the movement of people west, the development of numerous isolated towns, and an exceptionally high birth rate produced a large virgin population in many areas. Then, in the summer of 1735, a traveller who was from or had visited eastern Massachusetts unwittingly introduced the infection into Kingston. There it found many defenseless victims and from there it spread to other equally defenseless towns. This was the classic pattern of diphtheria on the American frontier. In the early nineteenth century, for example, circumstances analogous to those in eighteenth century New England created a large

virgin population in Ohio and Kentucky which was decimated when diphtheria was brought by travellers from the East.⁴⁶

Another bizarre characteristic of the throat distemper epidemic was the length of time it lasted. Unlike smallpox, which struck suddenly, killed quickly, and then began to withdraw within a season or a year, the throat distemper lasted five years.

It is important to note that although the throat distemper epidemic lasted from 1735 to 1740, it did not, as a rule, remain in any particular town for that entire period. If the distemper had afflicted areas steadily for so many years it would have taken on the characteristics of an endemic illness in New England's psychology. As such, it would eventually have been accepted as part of the natural order of things, and aroused only resignation or despair.⁴⁷ But as an epidemic it was seen as a violation of the natural order, and, therefore, a cause for concern.

How was the throat distemper able to remain an active epidemic for such an extended period of time? The key factor was the settlement pattern of New England. In an area of dense population, like eighteenth century London, an epidemic which began in one section of the city would spread quickly through the concentrated population and, therefore, rapidly run its course. The same could not happen in eighteenth century New England, where independent farms were springing up while towns were changing from

concentrated villages into settlements which were more widely scattered. In such a situation the people were simply too dispersed to allow the epidemic to spread quickly. Instead, the pattern could have been as follows. A relatively self-contained household on the edge of a town was suddenly taken with sickness after a traveller had called on them. This family suffered in isolation until some concerned friends visited. These persons, in turn, carried the disease into their own homes. In this manner, the throat distemper could have slowly spread throughout a settlement. And, since the nearest town could have been some ten miles distant down a rarely travelled road, months could pass before the disease was brought there. The model above could explain the observation of Jabez Fitch, the minister of a congregation in Portsmouth.

The process of the late distemper has been very strange in its passing from one town to another, after a considerable space of time, and its remaining in one part of a town, before it has passed to other parts.

Fitch, of course, had a different explanation:

. . . on these accounts the Act of Providence is more visible in sending it, and we are led to look beyond natural causes to the hand of God . . . for the removal of this great calamity.⁴⁸

It is clear from the above quotation that not only did New England find the slow progress of the throat distemper unusual, they also thought that its irregular way of spreading was most unorthodox. It was assumed in the eighteenth century that epidemics spread equally in all directions from

their point of origin, but this the throat distemper did not do. Although the disease had reached deep into Massachusetts by September 1735, it did not reach Chester, a town only six miles from Kingston, until October. Even more puzzling was the observation that the extreme western part of Connecticut, roughly the farthest point in that colony from the throat distemper's place of origin, was infected before northeastern Connecticut, the region that was closest.⁴⁹ These things led the colonists to conclude that they were especially wicked because God "had gone out of the ordinary road of judgments, and inflicted a strange punishment on the workers of iniquity."⁵⁰ The irregular pattern of the infection also caused them to believe that the distemper was not contagious. Instead, they presumed that it was caused by a miasma.

New England found that the miasmatic theory seemed to explain the erratic advance of the throat distemper. According to this theory, the distemper was not spreading from Kingston; it was instead appearing wherever the miasma was present. In other words, the right miasmatic conditions appeared in northern Massachusetts before they appeared in Chester, New Hampshire, and that caused the throat distemper to appear in the former area first. One observation that gave credence to this argument was that cases of the disease developed even when no one in the town had made contact with an infected person. Unfortunately for colonial New England,

they did not understand that "healthy carriers" were possible. These healthy carriers and the settlement pattern were the real reasons for the irregular spread of the disease.

Finally, another characteristic of the throat distemper which the colonists found unusual was the apparent ability of the disease to return to towns and even to individuals that had survived one attack. Fitch wrote that the throat distemper was "very strange" in its "returning where it seemed to be quite gone."⁵¹ Such a statement was common. These claims are curious, for they were not strictly based on fact. In many cases in which the throat distemper appeared to return to a town, it was not, in reality, the same disease at all. An epidemic struck Marblehead first in 1736 and later in 1737, but it was diphtheria in one year and scarlet fever in the next. Nor is it common (although possible), for an individual who has recovered from diphtheria to suffer a relapse.⁵² Nevertheless, the sources of the time mention again and again that there was neither collective nor individual safety after the disease had come and gone, for, as Dickerson wrote, "once having the disease is no security against a second attack."⁵³

The perception, however, was more important than the reality; and the belief that the distemper had the potential to return caused much anxiety. East Guilford was typical. The town had lost about thirty-eight lives to diphtheria in the autumn of 1736, and although this was a dramatic increase over the three deaths per year that the town was

went to average, it nonetheless was a moderate affliction compared to many other towns. Yet, when a single case again appeared in East Guilford in 1740, the youth of the town, who had heard that the epidemic could return in force, were "struck with the sudden death of one of their number," and they were "alarmed with the thought of such a sweeping distemper entering the place a second time." The young people of East Guilford, their minister wrote, therefore, abandoned their "frolicking," and turned their thoughts to concerns about salvation.⁵⁴

In Massachusetts there were also great fears of the throat distemper's return in 1740. In Boston, even though the town had heretofore been largely spared, there was, nevertheless, much concern. A deadly attack seemed imminent. For the past few years the throat distemper had been again descending from the North; Marblehead was afflicted in 1737, Malden in 1738, and by 1739 the throat distemper was very near Boston. In 1740 the president of Harvard College lost his wife and son to the disease, and classes were cancelled. About the same time, Jonathan Dickerson wrote from Cambridge, "now . . . we have a fresh alarm by a return of that astonishing distemper among us."⁵⁵

The anxieties of East Guilford and Boston were by no means unique in 1740. In his diary Ebenezer Parkman of Westborough lamented the presence of the distemper, and he called the months prior to George Whitefield's arrival "a

melancholy time."⁵⁶ But the dread of the throat distemper's return was perhaps best expressed in an anonymous poem that appeared in 1740 entitled "Earnest Expostulation in the Name of the Great and Glorious God with the Inhabitants of this Land." The poem described the wickedness of New England, and how Jehovah had decided to punish the sinful land by sending the throat distemper upon the children. God was made to say in the poem:

To heaven your sins have reached
 But my strong consuming arm
 Against you I've not stretched.

Your tender children dear,
 Upon them mine hand I've laid,
 But wherefore doth the Lord contend?
 Who hath the iniquity made?

The poem pointed out that God's chastisement had left the people unrepentant; therefore, the angel of death had descended once more. God was made to say,

And now again I send
 Mine Angel through the Land,
 To visit you with sickness,
 which you cannot withstand.⁵⁷

It is noteworthy that this mood of fear coincided with the arrival of George Whitefield. Indeed, there was such proximity that Ebenezer Parkman mentioned the throat distemper and the arrival of George Whitefield on the same page.⁵⁸ The anxiety generated by the epidemic was certainly not a disadvantage to Whitefield, who was able to reap a great harvest of souls--especially those of young people--upon his landing. But in a wider context, the chronology of the throat distemper is significant in another way.

To a New Englander in 1740 it seemed, with the advantage of hindsight, as if the throat distemper was the crescendo of a series of warnings that God had given to His people. The first warning had been the "terrible earthquake" of 1727 which, wrote Jabez Fitch, was a "loud call to repentance." The earthquake had inspired an outburst of sermons and soul searching, but since it caused neither extensive damage nor loss of life, its effect on New England's piety soon waned and the "good impressions made by that awful providence were soon worn off in most places," as Fitch lamented. But many other ominous tremors shook the land in 1730, 1732, 1737, and 1739--very unusual for New England.⁵⁹ These were accompanied by other "strange providences." Comets, which for centuries had been interpreted as grave portents, appeared in the heavens. These comets, as well as the earthquakes, were referred to in this contemporary verse.

Under crime and sins
The earthe hath trembling stood,
And over you the heavens like fire
I meant it for your good.⁶⁰

Another unusual "providence" occurred in New England only three months before the throat distemper broke out in Kingston. Some towns in Massachusetts were inundated by a plague of great caterpillars "such as had never been seen before." As the creatures advanced they formed a pernicious black carpet which, devoured crops, bushes, and the leaves on trees, leaving a barren, winter-like landscape behind

them. They covered the houses and barns in their paths; wagon wheels were stained green by the creatures they crushed. Then the caterpillars strangely died, leaving their carcasses strewn about.⁶¹

It was not difficult for the New England mind to discern the significance of this strange sequence of events. In Fitch's words, God had been warning his people of an impending crisis and had been calling them to repentance, especially in "the loud voice of His Providence in the terrible earthquake wherewith the whole country was alarmed." God had waited, Fitch explained, to see whether the signs He had sent "would bring forth fruits meet for repentance." But there were none. "Therefore," wrote Fitch, God's "abused patience" turned into "fury," and He "inflicted" His people with an "awful calamity." That is, the throat distemper.⁶⁵

How angry God must have seemed to New England's youth in 1740. A violent, deadly, and unusual disease had come in the wake of God's warnings to His people, and this disease had relentlessly scourged the rising generation for many years. No end to this carnage was in sight. The survivors must have trembled for their lives and souls, and they must have asked their elders how sinners could escape the wrath of a righteous God. The parents and the ministers of New England responded with the best answer they knew.

CHAPTER III

Conversion Before Death: The Rhetoric Engendered by the Throat Distemper

Adults loomed large in the lives of New England's children and dependents. How did these adults react to the epidemic that afflicted the young? The evidence indicates that they were deeply distressed by the deaths of so many young people, especially since many were dying unregenerate. The adults, therefore, vigorously exhorted the young to be converted before they were devoured by the distemper and damned to eternal suffering. Most of the private exhortations have been lost, of course, but the public exhortations (in the form of sermons, poems, pamphlets, and broadsides), have survived. All were designed to inspire the youth to become more sensitive to religion. The campaign was effective.

It must be emphasized that the works which will be examined here were written for young people. Although not all were exclusively so, some were prefaced as was this anonymous poem entitled "Awakening Calls to Early Piety."

For you, dear youths, especially
These lines they chiefly were designed
O read them over frequently,
And keep them in your heads and mind [sic].

The poem is about the throat distemper, hell, and death.⁶³

It was no coincidence that the throat distemper literature was aimed mainly at the "rising Generation." To most New Englanders, it seemed that the "affrightening and devastating distemper" was, in the words of Jonathan Todd, a Connecticut minister, a "special providnce" meant for the young, for it was "against the young people especially," that the disease had been "commissioned." Why would God single out one generation? Because, although the young were corrupt, they were not as obstinate and incorrigible as the old. Jonathan Edwards illustrated this point. He wrote that whenever God had "begun any great work for the revival of His Church," He had always taken the young, and cast off the old "stiffnecked" generation. As an example, Edwards pointed out that when Jehovah brought the Jews out of the land of Egypt, He convinced and humbled the younger people with the "awful judgments" He executed in the wilderness; but the old, who were inveterate in their sins, were allowed to wander until they perished in the desert.⁶⁴ The comparison with New England is evident.

In its appeal to the youth, the most salient feature of the throat distemper literature was terror. The fury of God's wrath and the holocaust of children are captured in the crude verses of this poem.

The glorious God, hath cast abroad
 His anger on this nation,
 And dreadful wrath, He kindled hath
 against this generation.

The bow of God is bent abroad,
 His arrows swiftly fly,
 Young men and maids, and sucking babes,
 are smitten down thereby.

For the poet, the message of this devastation was clear.

To Newbury, O go and see
 to Hampton and Kingston.
 In York likewise, and Kittery,
 behold what God hath done.

O may this call, awaken all
 you children to amend
 Your sinful lives; O now be wise
 and mind your later end.⁶⁵

Making the same point, but even more effectively, was a sermon given by Jonathan Todd entitled "The Young People Warned, or the Voice of God to the Young People in the Late Terrible Judgment of the Throat Distemper." This sermon, already alluded to in this paper, was occasioned by the reappearance of the throat distemper in East Guilford. Terror drips from Todd's prose. He described how God's anger had "emptied" countless families by the desolations of the throat distemper. He lamented,

Where, but a little while ago, abundance of youthful songs might be heard, now, mournful ditties . . . and lamentations And, ah' how few are left to join the mournful song' Here and there a youth escaped, a monument of sparing mercy, wondering that he was not consumed with the sweeping contagion.⁶⁶

Having reminded his listeners of what the throat distemper had already done in other towns, Todd next described what the throat distemper could do to the young people in the

congregation gathered before him. Note in the next quotation how Todd changed his rhetorical device. In the above selection he spoke in general, impersonal terms, but in his wording below he made the epidemic even more frightening by bringing it to a personal level. "It affects my heart," Todd moaned, "to behold such a number of youth together," for "how many of this present company will likely, in a little while," be pushed into the grave by "the terrible distemper?" And then, referring to the case of the throat distemper in the town, Todd cried,

And is the sweeping distemper sent among us again . . .'
What desolations. . . it will make'⁶⁷

By now the youth were fully aware of the terrible physical effects of the throat distemper. Todd next described the possible theological consequences of sudden death from the disease. He told them "how dreadful it would be" for the unprepared soul" and the "unsanctified heart" to be "seized by the devouring distemper"; for such sinners could only expect to be

hastened away before our judge, doomed as His
implacable enemies . . . bound in fetters of wrath
and chains of despair.

Todd dwelled upon this point. "Ah, my dear friends," he asked in his sermon, "how sad . . . how fearful a thing will it be to be 'hurled down to hell in His wrath to the everlasting destruction and horrors' that awaited the enemies of Jehovah'"⁶⁸

The terrors of hell, like the terrors of the throat distemper, were described in detail to the young people. Following is an account of hell, that "sulpherous lake," taken from the poem, "Awakening Calls to Early Piety."

Where wrathful ire, devouring fire,
 shall ever o're thee roll,
 Where tempests great, of burning heat,
 shall beat upon thy soul.
 Eternity! Eternity!
 Alas! What strength or pow'r
 An eternity of misery
 is able to endure!⁶⁹

An equally vivid description of hell (and of the throat distemper), can be found in an anonymous poem, "Lamentation on the Prevailing Sickness in Many Towns of New England, with an Earnest Call to Young and Old, to Turn from Sin and to Seek God's Face and Favor."⁷⁰

There were more subtle ways to make hell and damnation repugnant to the young mind. Sometimes, the simple device of shame was used. Children were reminded that it was a "painful and shocking, heartbreaking affliction" for a "godly" parent to bring up "vicious" children who would die unconverted.⁷¹ This was an obvious appeal to the desire of a child to please his parents. A more powerful device was to threaten the wicked youths with eternal separation from their loved ones. Modern psychologists believe that separation from parents is a basic dread of childhood, and it was indeed the greatest fear in the mind of Sarah Chase, aged nine years, as she was dying from the throat distemper. Her minister wrote how in her final days she repeatedly took

her father by the hand, and "prayed him not to leave her, saying 'dear Father and dear Mother' do stay by me. . . .'" The colonists, consciously or unconsciously, seemed to understand this fear of their children. John Brown, a Haverhill minister, specifically warned those youths threatened by the throat distemper that if they did not repent they would go to hell while their parents and brothers and sisters would go to heaven. Sinners must "live better," Brown wrote, if they wanted to meet their families in paradise.⁷²

These special attempts to appeal to the young mind stand out, but it is important to emphasize that for the most part, children were treated as "little adults." The throat distemper literature made no allowance for the tenderness of youth; the harshness of reality was in no way softened for its consumption by young minds. To illustrate this point, one useful document is John Brown's "Some Remarkable Deaths Among the Children of Haverhill Under the Late Distemper of the Throat." Brown's pamphlet was an emulation of Janeway's popular "A Token for Children," and it was intentionally written for young people. The purpose of Brown's work, as he stated, was to encourage piety among the young by relating to them dozens of accounts of young people who died of the "same dreadful distemper" which, he warned, "is continuing among us as a threatening monster still." Brown's narrative of the death of Thomas Shepherd, who died at the age of nine from the throat distemper,

demonstrates the stark realism that New England parents presented to their children. In a sickbed conversation between the mortally ill Thomas, whom Brown described as a "brisk and wild boy" who was not "serious in the way of Christ," and his mother, the following scene took place. When Thomas "was struggling for breath," he "suddenly" cried out, "'My dear Lord! I am coming.'" But when his mother heard this she replied, "You have been a naughty boy, how will you get hither? Christ receiveth not sinners." This account was not unlike other deaths in Brown's pamphlet.

It is clear, therefore, that the ministers and the pious of New England attempted to use fear of the disease and damnation in order to frighten the young into converting. It was at this point, after the youths were made to tremble, that the crucial question was asked.

Are you willing to run such a hazard of being lost forever, and having an eternity to spend in eternal anguish?⁷⁴

This penetrating question was always coupled with a sense of urgency. Immediacy was demanded. The youth were warned that the situation was so grave that they could not tarry for a day--any moment they could be hurled into hell. In his "Early Piety Encouraged," Joseph Emerson exclaimed, "O our dear children . . . hearken to God your savior now!" For the deadly distemper, he warned, "you have reason to suspect, is coming upon you; that it is near, it is near, and hastens quickly. . . . It is ready to seize upon you."

There is no time to dissipate, he wrote, even if one is well today, for no one "knowes what a day may bring forth."⁷⁵

How could one escape this dreadful fate? The answer in all the throat distemper literature was the same. Spiritual regeneration was the sinner's only refuge. Todd shouted, "Fly . . . ye youths, unto the wings of the Almighty, before the evil befall you! T'is dangerous delaying for a day!" Or, in Emerson's words, the young must "make haste, and prepare to give themselves up to God, and renew their covenant with Him at the table of the Lord."⁷⁶

The distemper literature made it clear that only the regenerate young were safe. The "careless souls," in contrast, were "open to the judgments of God," and they had "nothing" with which to parry the "arrows of His vengeance." They would sleep in "carnal security" until the "terrible storms" of His anger awakened them. By then it would be "too late."⁷⁵

But to those who would "awake speedily," two promises were made. In Fitch's words, when the throat distemper struck, the "pious ones" would either be "delivered from the common calamity, or comforted under it." In other words, to quote Todd, those who took shelter under the "wings" of God could live with confidence and without fear, for they no longer had to be afraid of the "terror by night," nor the arrow that flieth by day," nor of the "pestilence that walks in darkness."⁷⁸ And if a pious youth should happen

to perish from the throat distemper, he would die in peace.

God would not abandon those who loved Him.

When the godly come to die . . . blessed angels shall attend . . . and conduct your heaven bourne soul to . . . the Heavenly Jerusalem . . . while the bodies which you leave behind you . . . shall sweetly sleep . . . till the glorious morning of the resurrection.⁷⁹

Thus, after the spectre of terror the youth were offered the hope of salvation and safety through spiritual regeneration. They were reminded that although Jehovah was a stern and righteous judge, He was also a compassionate God.

In wrath He remembers mercy. Tho' He hath warned and threatened, and lifted up His hand, yet He . . . is willing to turn again, and be reconciled to us, if we turn to him.⁸⁰

God, the young were reminded, was also a God of love.

He is your shepherd He loves you and communes with you. He loves you and pities you under all your infirmities; hears your prayers. . . and crowns you with loving kindness and tender mercies.⁸¹

And the young were told that the same God who angrily destroyed the wicked was also a God who called His lambs to His bosom.

God directs His offers of mercy particularly to young persons. . . ."Come, ye children, hearken unto me."
(Psalm XXXIV.)⁸²

Of course, the ministers were scrupulous to add that God's patience and mercy did not last forever. This warning was especially addressed to the youths who had recovered from an attack of the distemper. All of these "brands plucked from the burning" were told to be thankful that God had spared them from death while their souls were unprepared,

her deathbed, "O, I'm in dreadful misery," Brown "took occasion to put in her mind the bitterness of sin," and he told her that if she "belonged to Christ," she would be given "recompense" with the other "godly children" who had suffered "grievous things by this distemper."⁸⁴ Because of the deadliness of the disease, it is very probable that New England's parents did not have a great deal of trouble instilling a fear of God into their dying children; indeed, many of the afflicted actively sought salvation. According to Brown, Sarah Corlis, aged nineteen, had a "light and airy temper" but found much seriousness and consideration as she was dying. While ill, she bewailed her unfitness for the "Lord's Supper," and pressed her mother to tell her "how she could make a covenant now." She prayed constantly for the forgiveness of her sins. She said to her mother, "Must I die? Must I die. . .? I hope I shan't. I hope I have truly repented of all my sins, original and actual, but I am afraid I lack faith." According to her mother, Sarah died repeating Augustine's petition, "I believe Lord, help mine unbelief."⁸⁵

Disease can be a strong force in religious conversions. This is not to say that the anxiety the throat distemper caused among New England's youth had to find a religious outlet. Anxiety had many possible channels. Much of the tension engendered by Boston's smallpox epidemic of 1721, for example, did not express itself in religion, but

in the riots and controversies over inoculation. But because the throat distemper overlapped the Great Awakening in time, the youth of New England, frightened and distressed by the mortality all about them, had the opportunity to find a religious outlet for their fear. They availed themselves of this opportunity in great numbers.

Clearly, the throat distemper was an important influence in the Great Awakening. Nevertheless, the epidemic has long been ignored or minimized. One historian (who has written an otherwise excellent study of the Great Awakening), denies that the throat distemper played any part in the revivals because, he claims, the epidemic was at an end by 1736, and because the revivals were not always more intense in those areas in which the distemper was the most destructive.⁸⁶ The first point can be easily dismissed because the date is erroneous. The second point is also weak. It is true that the revivals were more marked in Connecticut than in Maine, even though the mortality of the disease was greater in the latter area, but it is also true that in 1740 the epidemic was largely spent in Maine (most of the deaths were between 1735 and 1736), while in Connecticut it was still a very real threat.⁸⁷

It is truly remarkable that historians have so commonly ignored New England's most devastating epidemic. It is widely present in the sources. Rose Anne Lockwood, in an article that came to print as this paper was being

written, made an intensive study of the Journal of Ebenezer Parkman to find information on New England's attitudes towards birth, death, and illness; and in her study of this single source she found so many references to the throat distemper that at one point she speculates that it is "conceivable" that the distemper caused so much "anxiety" that it "contributed" to the "remarkable revival among children in the Great Awakening."⁸⁸ A study of many other sources leads to the same perception.

The evidence here presented should enable historians to conceive of the throat distemper's effect on the Great Awakening in terms more definite than those used by Professor Lockwood. That is, that the epidemic which ravaged New England after 1735 did help to give the Great Awakening its large number of young converts. For, in the words of Jonathan Todd, the throat distemper appeared as

a dark omen to the living, and a loud warning to our surviving youth to be also ready.⁸⁹

APPENDICES

Appendix I

Colonial Medicine and the Throat Distemper

Eighteenth century medical practice could not, of course, check the progress of the throat distemper. In reality, the physicians probably contributed to the mortality. It was, as one contemporary noted, an age of "bleed and pray." Medical degrees were rare in the colonies, and most practitioners were either the town's minister (Cotton Mather, who considered himself a physician, proudly noted that St. Luke combined the functions of Evangelist and doctor), or there was a local self-appointed physician. Often these were both.⁹⁰ But even in towns like Boston, which had a trained physician, there was no hope that the throat distemper could be cured. As a "Lamentation" written during the epidemic moaned,

The Doctor's Art, can find no part,
nor cure for this distemper.
By physics long, nor cordials strong,
they cannot find the center.

It is unknown to anyone
and all the Doctor's skill,
to cure this plague, or to engage
to cure it of their will.⁹¹

Practitioners in eighteenth century New England, trained and untrained alike, usually employed the same treatments for all diseases. These were bleeding (twenty to forty ounces of blood was the common amount taken), purging

(usually described as "brisk"), sweating (profuse and extended), and polypharmacy (including such things as swallowing lead bullets to cure "griping of the guts," and Cotton Mather's favorite "human excreta," which was, he wrote, "a remedy for human bodies that is hardly to be paralleled").⁹² Perhaps William Douglas, in a moment of satire, best described colonial medicine. Douglas wrote that when he asked a New England doctor for the routine practice,

he told me that their practice was very uniform; bleeding, purging, anodyne, etc. If the illness continued there was repetendi, and finally murderandi.⁹³

All of the various "heroic treatments" were used against the throat distemper. A few examples will suffice. The Boston Gazette recommended that the physician "be sure and let blood, and that under the tongue."⁹⁴

Another treatment can be found in Dickerson's "Observations on that Terrible Disease Vulgarly Called the Throat Distemper." Dickerson argued that "the first intention to be pursued towards a cure, is to bring out the eruptions as soon as possible. . . ." Here Dickerson was repeating a doctrine of the "morbitick matter theory," a concept which survives today. Stated simply, the belief is that a disease is more serious if the "rash" strikes the inside of the body. But if the rash can be brought to the surface of the skin--usually through sweating, hot baths, and hot drinks--then a cure can be effected. In other

words, "bringing out the rash," as it was called, was another way of ridding the body of its poisons or "morbitick matter."⁹⁵ This popular belief was often applied to the bubonic plague, and it is a theme found in Daniel Defoe's Journal of a Plague Year.

Dickerson also paid particular attention to the false membrane which diphtheria caused to form on the throat. To treat this, he wrote, "lay down the tongue with a spatula, and gently wash off as much of the crust as will easily separate with a rag fastened to the end of a probe or stick." He suggested that this ordeal be combined with "mercurial cartharticks" and many a "brisk purge," and that the entire process be repeated every three or four hours.⁹⁶ No doubt Dickerson himself had a hand in dispatching many patients.

Not only did the rigor of New England's physicians take its mortal toll, but an unwillingness to treat the throat distemper as a contagious disease also increased the loss of life. For reasons given in the text, it came to be widely believed that the "prevailing distemper" could not be transmitted by "any personal infection from the sick, or goods in their neighborhood."⁹⁷ The effect of this must have been disastrous. Instead of quarantining the ill, as people were wont to do during a smallpox epidemic, there was a great deal of intermingling between the infected and the healthy. John Brown wrote that after Sarah Wilson was stricken with the disease, it happened that

after three or four days sickness, she gave her things to her elder sister, and took the other children into her arms and kissed them.⁹⁸

Needless to say, Sarah was not the last child that the Wilson family lost.

Fortunately, old beliefs do die hard, and a fear of contagion must have persisted in some quarters. There were at least two sermons in which the minister rebuked his congregation for not giving aid and succor to the sick because they feared infection. Joseph Emerson, for example, felt compelled to exhort his flock "to be helpful" to their "sick and afflicted neighbor," because he found that an inordinate and sinful fear of the distemper" was keeping people from "going nigh the sick," who needed "compassion and assistance." Thus, an habitual fear of infection did cause some people to avoid the sick.

But if this persistent fear of contagion saved some lives, it was eclipsed by a grim reality. Once a person was afflicted by the throat distemper, there was little that the world could do for him. Rampant misconceptions and crude medical procedure could not mitigate the effects of the sickness. It is not surprising, therefore, that prayer was so important to the ill in eighteenth century New England.

Appendix II

The Historical Setting of the Throat

Distemper Literature

To put the throat distemper literature into perspective, morbid exhortations meant for young people did not being in 1735. Monica Kiefer finds that some favorite titles for children in the seventeenth and early eighteenth centuries included James Janeway's "A Token for Children (1671), which contained case histories of children on their death beds, and which pointed out to "naughty children" that "hell is a terrible place, that is a thousand times worse than whipping"; Benjamin Keach's "War with the Devel" (1707), which warned all young backsliders that their "days will quickly end," and that soon they would "lie boyling in flames for all eternity"; John Horn's "Spiritual Counsel: A Father's Advice to his Children" (1694), which advised the young to think of themselves frequently in their death beds, their cofins, and their graves, and which suggested that they "meditate upon the Day of Darness and upon the small number of those that shall be saved"; and finally, there were numerous sermons, such as Samuel Moody's "Judas the Traitor Hung up in Chains" (1714), which warned children to turn from their "evid ways," lest they perish and end up in eternal darkness.¹⁰⁰ Nor was the throat distemper the first

epidemic that was used to encourage conversions. In May of 1678, while Boston was laboring under a smallpox epidemic, Increase Mather addressed a sermon to the "rising generation."

Death waits for you. There is now a mortal and contagious disease, and young men fall down space under it, do you not see the arrows of death come flying over your heads? Why then Awake, Awake, and turn to God in Jesus Christ.
. . .101

Thus, the grim warnings and exhortations that were trumpeted in the ears of New England's youth during the throat distemper epidemic were nothing new. It was a continuation of a long tradition. Did not these cries of urgency therefore lose their effect because they were repeated so often and so incessantly? Usually, this was true--especially when the imagery of death and damnation was used during times of prosperity and health. In times of adversity, however, the threats regained their sting. Thomas Prince, an eighteenth century Boston minister, found this to be the case. Prince noted that a severe smallpox epidemic in 1721 caused many persons to be "greatly awakened," but a much milder epidemic eight years later left the people "unawakened, ungrateful, and unreformed," in spite of all the efforts of the ministers. Prince concluded that suffering was good for piety.¹⁰²

Prince's observation was correct; disasters generally helped to make New Englander's more attentive to their ministers and more mindful of religion. The town of Woodbury, Connecticut illustrated this point. Between 1726 and 1727 there was a large increase in the number of persons who

joined the church, and then a sudden decrease after 1727. The growth years took place when a "Great Sickness" was present in the town; and, not merely coincidentally, the decline in the number of converts occurred at the same time that the disease subsided.¹⁰³ The minister of Woodbury did not change his tactics in 1726; he used the same jeremiads he always used. But in 1726 the prospect of imminent death made his words more effective. In the same way, the throat distemper gave a new edge to the old warnings of the ministers.

Footnotes

1. Darrett Rutman, ed., The Great Awakening: Event and Exigis (New York: John Riley and Sons, 1970); and Edwin Gaustad, The Great Awakening in New England (New York: Harper and Brothers, 1957), p. 161.
2. Jonathan Edwards, Works, ed. C. C. Goen (New Haven: Yale University Press, 1972), IV:219, 509.
3. James Walsh, "The Great Awakening in Woodbury, Connecticut," William and Mary Quarterly 29 (October 1971); p. 550.
4. John Demos, A Little Commonwealth (New York: Oxford University Press, 1970), p. 140; and Lloyd de Mause, ed., History of Childhood (New York: Harper Torchbooks, 1975), p. 309.
5. Edwards, Works, IV:548.
6. J. M. Bumsted, "Religion, Finance, and Democracy: The Town of Norton as a Case Study," The Journal of American History LVII (March 1971); p. 830; and Philip Greven, Four Generations: Population, Land and Family in Colonial Andover, Massachusetts (Ithaca: Cornell University Press, 1970), pp. 276 ff.
7. Noah Webster, A Brief History of Epidemics and Pestilential Diseases with the Principal Phenomena of the Physical World which Proceed and Accompany Them, 2 vols. (New York: 1804), I:233.

8. I will commonly use the generic term "throat distemper" in this paper for reasons of convenience, for it is often difficult to isolate the diphtheria epidemic from the scarlet fever epidemic. I will, moreover, sometimes take the liberty of referring to the throat distemper as an epidemic in the singular, rather than as a combination of two diseases, for that was how New England perceived it.

9. Webster, A Brief History of Epidemics, II:233; Vital Records of Haverhill, Massachusetts. 2 vols. (Topsfield, Massachusetts: Topsfield Historical Society, 1911), II:345 ff; and B. L. Mirick. The History of Haverhill (Haverhill, Massachusetts: A. W. Thayer, Publisher, 1832), p. 156.

10. Earnest Caulfield, A True History of the Terrible Epidemic Vulgarly Called the Throat Distemper which Occurred in His Majesty's New England Colonies between the Years 1735 and 1740 (New Haven: Yale Journal of Biology and Medicine, Publisher, 1939), pp. 103, 113.

11. Based on a population estimate of 270,000 persons in colonial New England.

12. Joseph Emerson, A Word to those that are Afflicted very Much, A Sermon Preached in Malden . . . on Occasion of the Repeated and Multiple Deaths of Children in Many Families in said Town by the Throat Distemper (Boston, 1738).

13. "Kingston Church Records," New England Historical

and Genealogical Record II (1847); 43, III (1848); 37. See also Richard Shyrock, Medicine and Society in America 1660-1860 (Ithaca: Great Seal Books, 1960), p. 83.

14. This sermon, in its entirety, exists only in manuscript. An edited version of it may be found in Perry Miller, "Jonathan Edwards' Sociology of the Great Awakening," New England Quarterly 21 (March 1948), 50-77.

15. Quoted in Richard Bushman, From Puritan to Yankee (New York: Norton, 1970), p. 178.

16. The medical description of diphtheria and scarlet fever which follows is from Gordon Stewart, ed., Trends in Emdemiology (Springfield, Illinois: Charles Thomas, Publisher, 1976), p. 374 ff; John Duffey, Epidemics in Colonial America (Baton Rouge: L.S.U. Press, 1953), p. 114, 129; and Abram Benenson, ed., Control of Communicable Diseases in Man (Washington, D.C.: The American Public Health Association, 1970), pp. 78, 239.

17. Charles Creighton, A History of Epidemics in Britain, 2 vols. (Cambridge: The University Press, 1891-94), II:678.

18. Quoted in J. Farmer and J. B. Moore, Collections Topographical, Historical and Biographical Relating Principally to New Hampshire (Portsmouth, New Hampshire, 1822), p. 8.

19. Reprinted in New York Gazette, 17-24 February 1735/6.

20. Caulfield, A True History, p. 52.

21. "Kingston Church Records," II:43. III:57; Ora

Pearson, "Mortality in Kingston from 1725-1832," New Hampshire Historical Society Collections, vol. 5 (Concord, New Hampshire: Asa McFarland, Printer, 1837), p. 250; William Douglas, The Practical History of a New Eruptive . . . Fever . . . (Boston, 1736), p. 1; and Webster, A Brief History of Epidemics, I:233.

22. Ibid.

23. Ibid.

24. The following short narrative of the throat distemper's progress would be impossible without Dr. Caulfield's excellent medical history, referred to above.

25. Douglas, The Practical History of a New . . . Fever, p. 1; Webster, A Brief History of Epidemics, I:233; Caulfield, A True History, pp. 15, 27; Boston News Letter, 26 August-2 September 1736; Jabez Fitch, An Account of the Numbers that Have Died of the Distemper of the Throat, with some Reflections (Boston, 1736), pp. 206.

26. Douglas, The Practical History of a New . . . Fever, p. 2; Caulfield, A True History, p. 56; New York Gazette, 2-9 January 1736; Boston News Letter 14-21 October 1735; Duffy, Epidemics in Colonial America, p. 116; William Love, The Fast and Thanksgiving Days of New England (Boston: Houghton, Mifflin and Company, 1895), p. 289.

27. Caulfield, A True History, pp. 67, 71, 85.

28. Boston Newsletter, 23-30 August 1739.

29. Quoted in Caulfield, A True History, p. 87.

30. New York Weekly Journal quoted in Ibid.

31. Ibid., 67 ff. See also Ebenezer Parkman, Diary, 3 vols., ed. Francis Wadsworth (Worcester, Massachusetts: American Antiquarian Society, 1974), I:76.

32. Shryock, Medicine and Society in America, pp. 82, 87, 88 f.f.; Douglas The Practical History of a New . . . Fever, pp. 3, 12; William Douglas, A Summary, Historical and Political . . . and Present State of the British Settlements in North America, 2 vols. (Boston, 1749), II:206; and Earnest Caulfield, "Some Common Diseases of Colonial Children," Historical Society of Massachusetts Collections (Worcester: published by the Society, 194]-46), XXXV:4-65.

33. Maris Vinovskis, "Angels' Heads and Weeping Willows: Death in Early America," American Antiquarian Society Proceedings 86 (October 1976), 278; John Blake, Public Health in the Town of Boston (Cambridge, Harvard University Press, 1959), p. 240; David Stannard, The Puritan Way of Death (New York: Oxford University Press, 1977), p. 55; Greven, Four Generations, pp. 196-199; M. Dorothy George, London Life in the Eighteenth Century (New York: Capricorn Books, 1965), p. 42; John Demos, A Little Commonwealth, p. 313; Rose Anne Lockwood, "Birth, Illness, and Death in Eighteenth Century New England," Journal of Social History 12 (October 1978), 111-128; and Philip Aries, Centuries of Childhood (New York: Random House, 1962), p. 38 ff.

34. The material and quotations in this paragraph are from Stannard, The Puritan Way of Death, pp. 57, 77.

35. Shryock, Medicine and Society, p. 92; Richard Shryock "Medical Sources and the Social Historian," American Historical Review XLI (April 1936), 458; William McNeil, Plagues and Peoples (Garden City: New York: Anchor Press, 1976), p. 220; and O. G. Simmons, "Social Status and Public Health," Social Science Research Council, Pamphlet 13 (New York, 1958), 2-7.

36. Shryock, Medicine and Society, p. 94.

37. Ibid., p. 94.

38. Jonathan Dickerson, Observations on that Terrible Disease Vulgarly Called the Throat Distemper (Boston, 1740), p. 3.

39. Benjamin Colton, The Danger of Apostasie, Shewed in a Sermon Preached before the General Assembly of Hartford (Hartford, 1737), p. 40.

40. Douglas, The Practical History of a New . . . Fever, pp. 12, 14; and Emerson, A Word to those that are afflicted, p. 5.

41. Duffey, Epidemics, p. 20; Shryock, Medicine and Society, p. 95; and McNeil, Plagues and Peoples, p. 264.

42. Blake, Public Health in Boston, p. 19; and Douglas, The Practical History of a New . . . Fever, p. 1.

43. Webster, A Brief History of Epidemics, I:233; Douglas, The Practical History of a New . . . Fever, p. 1;

Douglas, The Practical History of a New . . . Fever, pp. 3, 7, 16; Duffey, Epidemics, p. 50; and Caulfield, A True History, p. 44.

44. Caulfield, A True History, p. 112; Fredrick Cartwright, Disease and History (New York: The New American Library, Inc., 1972), p. 20; and McNeil, Plagues and Peoples, p. 9.

45. Cartwright, Disease and History, p. 114.

46. Ibid., p. 112.

47. Shryock, Medicine and Society, p. 97.

48. Fitch, An Account of the Numbers that Have Died of the Distemper in the Throat, p. 12.

49. Caulfield, A True History, p. 20; Webster, A Brief History of Epidemics, I:233, and Blake, Public Health in Boston, p. 47.

50. Jabez Fitch, Two Sermons on Occasion of the Fatal Distemper (Boston, 1736), p. 3; also Colton, Danger of Apostasie, p. 27.

51. Fitch, An Account of the Numbers that Have Died of the Distemper in the Throat, p. 12.

52. Caulfield, A True History, p. 60; and Benenson, Control of Communicable Diseases, pp. 77, 240.

53. Dickerson, Observations of the Throat Distemper, p. 11.

54. Jonathan Todd, The Young People Warned, Or, the Voice of God to the Young People in the Late Terrible Judgment of the Throat Distemper (New London, 1741), p. 2.

55. Dickerson, Observations of the Throat Distemper, p. 1; see also Caulfield, A True History, p. 73.

56. Parkman, Diary, p. 78.

57. Anonymous, "Earnest Expostulation in the Name of the Great and Glorious God with the Inhabitants of this Land," ed., O. E. Winslow, American Broadside Verse (New Haven: Yale University Press, 1930), p. 18.

58. Parkman, Diary, p. 78.

59. Thomas Prince, Earthquakes the Works of God (Boston, 1727), p. 2; Anonymous, "Lamentation on the Prevailing Sickness in many Towns of New England, with an Earnest Call to Young and Old, to Turn from Sin, and to Seek God's Face and Favour" (undated broadside, c. 1735-6); Love, The Fast and Thanksgiving Days of New England, p. 289; and Fitch, Two Sermons on Occasion of the Throat Distemper, p. 13.

60. Winslow, ed., "Earnest Expostulation in the Name of the Great and Glorious God"; see also Webster, A Brief History of Epidemics, II;79.

61. Description taken from Bailey Bartless, Journal, quoted in B. L. Mirick, The History of Haverhill, p. 155. See also E. V. Smith, History of Newburyport (Boston: Darnell and Moore, 1851), p. 46; and Colton, The Danger of Apostasie, p. 39.

62. Fitch, Two Sermons on occasion of the Throat Distemper, p. 3.

63. Anonymous, Awakening Calls to Early Piety (Boston, 1738).

64. Todd, The Young People Warned, pp. 16, 20; and Edwards, Works, IV:505.

65. Anonymous, Awakening Calls to Early Piety.

66. Todd, The Young People Warned, p. 17.

67. Ibid.

68. Ibid., p. 22.

69. Anonymous, Awakening Calls to Early Piety.

70. "Lamentation on the Prevailing Sickness."

71. Emerson, A Word to those that Are Afflicted Very Much, p. 8.

72. John Brown, Some Remarkable Deaths Among the Children of Haverhill Under the Late Distemper of the Throat (Boston, 1738), pp. xv:7

73. Ibid., pp. xxiii, 8.

74. Todd, The Young People Warned, p. 24.

75. Joseph Emerson, Early Piety Encouraged. A Discourse Occasioned by . . . The Throat Distemper (Boston, 1738), pp. 3, 26. See also Todd, The Young People Warned, p. 24.

76. Todd, The Young People Warned, pp. 20, 22, 24; and Emerson, Early Piety Encouraged, p. 29.

77. Todd, The Young People Warned, p. 20.

78. Fitch, An Account of the Number that Have Died of the Distemper in the Throat, p. iii, and Todd, The Young People Warned, p. 14.

79. Emerson, Early Piety Encouraged, p. 29.
80. Todd, The Young People Warned, p. 29.
81. Emerson, Early Piety Encouraged, p. 11.
82. Todd, The Young People Warned, p. 31.
83. Brown, Some Remarkable Deaths, p. xii; Colton, The Danger of Apostasie, p. 58; and Emerson, A Word to those that Are Afflicted Very Much, p. 19.
84. Brown, Some Remarkable Deaths, pp. 23, 68.
85. Ibid., p. 42.
86. See Gaustad, The Great Awakening in New England, p. 20.
87. Todd, The Young People Warned, p. iv.
88. Lockwood, "Birth, Illness, and Death in Eighteenth Century England," p. 116.
89. Todd, The Young People Warned, p. 2.
90. Thomas Thatcher, A Brief Rule to Guide the Common People of New England, ed., Henry Viets (Baltimore: John Hopkins Press, 1933), p. xxxiv.
91. "Lamentation on the Prevailing Sickness."
92. Michael Kraus, "American and European Medicine in the Eighteenth Century," Bulletin of the History of Medicine VIII (January 1940), 679 ff; Shryock, Medicine and Society, pp. 52,66; and Duffey, Epidemics in Colonial America, pp. 6, 9, 10.
93. Douglas, British Settlements in North America, II:352.

94. Article reprinted in New York Weekly Journal, 8 March 1736.
95. Dickerson, Observations on the Throat Distemper, p. 5 ff.
96. Ibid., pp. 6-7.
97. Douglas, The Practical History of a New Fever, p. 14; and Boston Newsletter, 29 April 1736.
98. Brown, Some Remarkable Deaths, p. 45, and Douglas, The Practical History of a New . . . Fever, p. 12.
99. Emerson, A Word to those that Are Afflicted Very Much, p. 18.
100. Monica Kiefer, American Children through their Books, 1700-1856 (Philadelphia: University of Pennsylvania Press, 1970), pp. 81, 32.
101. Quoted in Stannard, The Puritan Way of Death, p. 61.
102. Thomas Prince, The Christian History: Containing Accounts of the Propagation and Revival (Boston, 1744), p. 18.
103. Walsh, The Great Awakening in Woodbury, Connecticut, p. 546. The "Great Sickness," a disease of unknown origin, caused deaths to rise suddenly from an annual average of 4.7 from 1702 to 1725 to 44 in 1727. The effects of the disease were apparently confirmed to Woodbury, and were not colony-wide.

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