

FATALITY AND GENDER IN THE GREAT LONDON PLAGUE OF 1665

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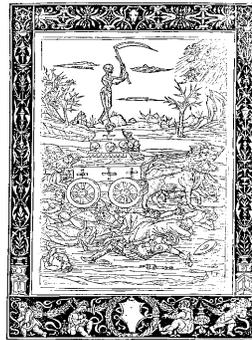
INTRODUCTION

The bubonic plague was the most devastating biological incident in late medieval and early modern Europe. The first major attack, known as the "Black Death," struck communities throughout Western Europe in the mid-14th century and resulted in tens of millions of fatalities. The last major outbreak in Europe was the "Great London Plague" of 1665 which killed an estimated 75,000-100,000 people.

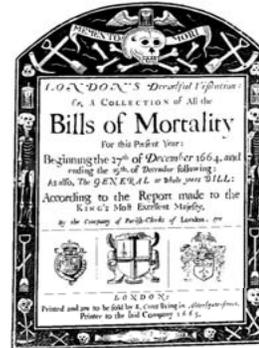
This last great outbreak was immortalized by firsthand accounts and documented quantitatively by a unique plague record, the *London Bills of Mortality*. In an era before government censuses and mandatory vital records, these rich sources have provided researchers with a singular opportunity to study how epidemics affected populations in early modern Europe.

One of the most intriguing conclusions by statistical analyses of the 1665 Great London Plague was the existence of a gender disparity in fatalities, with more women dying from the plague than men (Slack, 1985; Champion, 1995). This finding, if true, would have important epidemiological implications for understanding plague transmission and the interaction between plague fatalities and secondary causes of death.

These statistical analyses are not conclusive, however, as they are based on crisis mortality estimates rather than London parish death records, the raw data from which the aggregate *Bills of Mortality* were compiled. The *Bills* did not break down plague deaths by gender; it is thus only by analyzing these primary records that we can obtain a more definitive understanding of gender and fatality in the Great London Plague.



PROJECT DATA



Total Plague Fatalities in St. Giles of Cripplegate Parish Records vs. Bills of Mortality (1665)

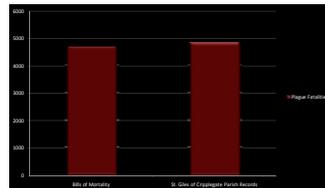


Figure 1

Percent of Deaths due to Plague in Bills of Mortality (All Parishes) vs. St. Giles and All Hollows Breadstreet Parishes (1665)

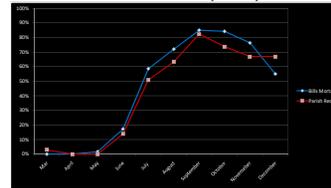
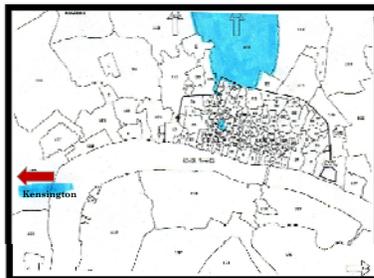


Figure 2



Map of Parish Borders in 1665 London and Surrounding Areas

Source: Champion, J.A.I. *London's Dreadful Visitation: The Social Geography of the Great Plague in 1665*. London: Historical Geography Research Group, 1995.

Map Key
Blue = London Parishes in Research Sample

(St. Giles of Cripplegate; All Hollows Breadstreet and Kensington)

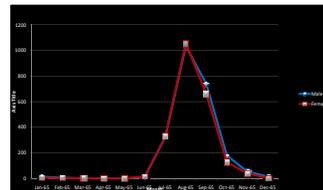


Figure 3
Gendered Plague Fatalities in 1665

Gendered Plague Fatalities for 1st Three Months of Outbreak

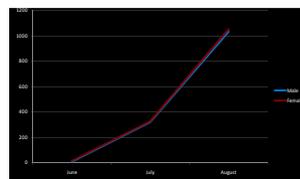


Figure 4

Gendered Plague Fatalities for 2nd Three Months of Outbreak

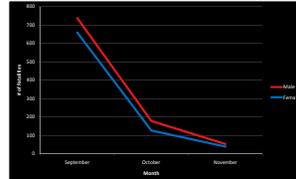


Figure 5

ACKNOWLEDGMENTS

We are grateful to the Family History Center in Eau Claire, Wisconsin for their aid in obtaining and utilizing London's 1665 parish records. This project was funded by differential tuition and supported by the UW-Eau Claire History Department and a faculty-student research collaboration grant from the UW-EC Office of Research and Sponsored Programs.

LITERATURE CITED

Slack, Paul. *Impact of Plague in Tudor and Stuart England*. London: Routledge & K. Paul, 1985.
 Champion, J.A.I. *London's Dreadful Visitation: The Social Geography of the Great Plague in 1665*. London: Historical Geography Research Group, 1995.
 Moote, A. Llyod, and Dorothy C Moote. *The Great Plague: The Story of London's Most Deadly Year*. Baltimore, MD: John Hopkin University Press, 2004.

OBJECTIVE

Our objective was to test whether or not there existed a gender disparity in plague fatalities in the Great London Plague of 1665

METHODS

>We compiled a database of death records from three London parishes in 1665, St. Giles of Cripplegate, All Hollows Breadstreet and Kensington. Unlike the vast majority of London's 130 parishes, these three extant parishes consistently recorded in their burial books both deaths by plague and deaths by gender. (see map at left for location of sample parishes)
 >To test the representativeness of our research sample, we performed two analyses:

- First, we tested the accuracy of the *London Bills of Mortality*, a contemporary record of plague deaths, by comparing our death records from one of the parishes hardest hit by the 1665 plague, St. Giles of Cripplegate, with the statistics for this parish printed in the *Bills*. (Figure One)
- Second, we did a longitudinal analysis of the 1665 outbreak and compared the monthly percentage of deaths caused by plague in our sample parishes with the monthly percentage of deaths caused by plague for all parishes listed in the *Bills of Mortality*. (Figure Two) Note: Because Kensington parish was not included in the *Bills* we did not include it in this analysis.

>We compared the monthly number of deaths by plague for adult men and adult women in our three sample parishes. (Figure Three)
 >To test whether a gender disparity may have existed during the initial outbreak and/or during the peak of the plague outbreak, we compared plague fatalities for adult men and women during the first three months (initial outbreak) and the second three months (peak) of the 1665 plague. (Figures 4 and 5)

RESULTS

1. A comparison of raw death records from the St. Giles of Cripplegate parish and the plague deaths listed in the *London Bills of Mortality* for this parish demonstrate that the *Bills* accurately recorded plague deaths reported by London's parishes (Figure 1)
2. A comparison of two of our sample parishes with the *Bills of Mortality* demonstrates that our sample was representative of the spread of plague in London in 1665 and thus representative of possible gender disparity in plague fatalities. (Figure 2)
3. The analysis of our parish sample demonstrates there was no significant gender disparity in the 1665 London plague. Women and men died in nearly equal numbers during all phases of the plague outbreak. (Figures 3,4,and 5)

CONCLUSIONS

Our analysis fails to support empirically the claim that there was a gender disparity between male and female plague fatalities in the 1665 Great London Plague. Epidemiological claims in the literature about the plague's transmission and its demographic impact -- based on gender disparities revealed in crisis mortality estimates -- need to be reconsidered in light of the lack of evidence from parish death records .