NOTES AND QUERIES

‘CRISIS MORTALITY’ IN BUCKINGHAMSHIRE 1600-1750

John Skinner

Articles by Dr R. S. Schofield¹ and the late Professor J. D. Chambers² in which both emphasised the significance of ‘crisis mortality’ as a stabiliser of population growth in the pre-industrial period stimulated this enquiry into the effects of such crises in Buckinghamshire. Local investigation³ of parish registers, any available ecclesiastical, fiscal and military records such as the Protestation Returns of 1641, the Compton Census of 1676 and the Browne-Willis estimates of 1712-13 will help in the understanding of the period. The representative parishes were selected from the available registers with consideration being placed primarily on their continuity. There seemed to be an almost universal complete break during the interregnum yet those selected provide as fair and accurate a picture as can be obtained. The twenty-one parishes selected also had their registers available at the County Record Office, Aylesbury⁴ or could be easily consulted.⁵ The parishes consist of seven from the northern area with reasonable access along Watling Street, seven parishes from the southern area associated with the main London-Oxford road and the river Thames and seven parishes from the central region of the county through which ran Akeman Street. These three regions also provided differing as well as similar geographical features which became the decisive factor in their selection. The southern group contained the most fertile arable area and wooded Chiltern country, the northern section contained wooded pastoral upland and the central areas consisted of mixed-farming, part forested lands.

It is generally accepted that eighteenth-century registration for England and Wales was not as accurate or reliable for population statistics as that of the seventeenth century, when there had been several attempts at improving the system e.g. appointment of civilian registrars in 1653, the Burial in Woollen Act of 1678 and a registration Act of 1694. These actions produced a temporary increase in registration at least, which indicated more an obedience to instructions rather than an increase in the numbers of births, marriages or deaths. The 1678 Act was intended to stimulate the textile trade primarily. Nevertheless it was possible to collect annual aggregative totals of baptisms, marriages and burials so that several conclusions or interpretations concerning fluctuations and their local and regional associations could be arrived at.

Using Dr Schofield’s assumption that a figure twice the annual death rate constituted a crisis, remembering that small parishes would have a greater tendency to produce statistical irregularities and that deaths in which malnutrition played a certain role may occur many months after the agricultural crisis that caused it, I arrived at the following years in which over half the representative parishes were affected: 1625, 1681, 1727-30, 1741 and 1747. Of those years, 1729 was the most devastating numerically in that thirteen of the twenty-one parishes experienced severe crisis. This
year was also a particularly ‘sick’ year in other parts of the country as testified by other published research. In addition over one-third of these parishes were affected by some type of crisis in the years 1612, 1616-18, 1631-2, 1638-40, 1643, 1657-9, 1684, 1693, 1696, 1701, 1710-12, 1736 and 1740-3. Recurrent mortality was present on many occasions. The period generally indicated few years when there was no crisis of some kind in the county.

The frequency of high mortality in Buckinghamshire during the seventeenth century can usually be explained by plague attacks, especially during the first three decades. In the late 1630s and 1640s it was caused probably by typhus or dysentery outbreaks from troop movements during the Civil Wars. The Parliamentary period, in spite of the fact that many registers were either discontinued or badly-kept, showed a marked rise in burial entries especially in the years 1657-9, probably attributable to ‘influenza-type’ disease. Cromwell himself succumbed to one such attack. Plague returned with the Restoration but after the devastation of 1665-7 attacks soon ceased on a wide scale becoming more localised and restricted. Later attacks of sickness could be attributed mainly to smallpox, measles and typhus which apparently became increasingly virulent. The ‘hungry’ nineties only produced one year, 1696, when a third of the selected parishes experienced excessive mortality — ‘the poor were in sad privation’, which could be explained by the fact that Buckinghamshire had a reasonable communications system so that shortages could be relieved by bringing supplies in from neighbouring Oxfordshire, Berkshire and Hertfordshire, which had been done earlier on a smaller scale.

The years 1727-30 and 1740-3 were devastating periods of recurrent disease producing population crises in many parts of the country, which indicated an extensive problem. The least devastating of those periods 1740-3, began with a year of extraordinary scarcity, followed by two years of excellent harvest ending with a ‘year of plenty when bread [was] never so cheap as at present’. Starvation as a cause of the crisis seemed to be insignificant, although the peak year for entries 1741 was also a year in which corn malt was banned from exportation in April and corn export banned completely from August until after Christmas. In Aylesbury, a startling increase in burial entries is attributable by the parish registrar’s comments on the totals … ‘of which there died this year of the smallpox only 148.’ Lack of positive medical evidence for other outbreaks, other than for smallpox, in spite of inoculation, leaves room for speculation. Burials declined from 1743 which indicated an improvement in the situation. In 1747, yet another crisis was recorded throughout the country particularly in the south, which evidently was more vulnerable to disease attacks because of the increased sources of infection provided by travellers on the routeways and traffic both commercial and private on the river Thames.

The geographical structure of the area generally shows it to be wooded and mixed-farming with the southern region dominated by the wooded uplands of the Chilterns. These factors alone would ensure the existence
of a more nomadic population as well as the likelihood that wooded areas
tend to harbour infection because of increased opportunities for infection
to develop and spread.\textsuperscript{16} This problem would be further exacerbated in a
thoroughfare county like Buckinghamshire.

Some of the representative parishes were affected to a greater or lesser
extent in almost every one of the major crisis years of 1625, 1681, 1727-30,
1741 and 1747. High Wycombe situated astride a major routeway and
close to the river Thames avoided only the almost universal and most
devastating attacks of 1727-30, while Little Marlow, only a few miles away,
suffered them. The latter suffered as well in most of the other significant
crises, demonstrating its vulnerability to attack from two sources; and
when it was not affected its sister parish Great Marlow was, including the
crisis of 1657 and 1658. There was no parish which appeared to be as
vulnerable, even Stony Stratford and Wolverton, both astride an even
busier routeway, experienced fewer attacks. Aylesbury suffered attack in
all major crisis years except from 'December 1624 (when) began the
great plague which continued till the end of December 1625, in all of
which time there died not one of the towne of Aylesbury' (see Figure 1).
The town had experienced increased mortality because of plague in the
years 1621-23 so probably a degree of immunity had been created.\textsuperscript{17}

\begin{figure}
\centering
\includegraphics[width=\textwidth]{figure1}
\caption{Year affected by disease.}
\end{figure}

There is some evidence of population recovery shown in the baptismal
entries in the years following a crisis but many registers are so erratic
and unreliable that the figures in some years are completely distorted.
Some parish registers show an immediate recovery whilst others showed
persistent morbidity which made recovery late and persuaded the in-
habitants to delay the risky business of procreation. There does seem to
be a consistently higher than normal number of registered baptisms over
several years rather than a massive immediate increase in numbers which
would indicate a degree of circumspection, e.g. in Aylesbury baptisms
registered for the years 1611, 1612, 1613, 1615, 1616, 1617, 1618 and 1619
Table 1.

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<th>High Wycombe</th>
<th>Aylesbury</th>
<th>Stony Stratford</th>
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<td>Dec. avr.</td>
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<td>1638</td>
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<td>95.6</td>
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<td>1640</td>
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<td>89.8</td>
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<td>1643</td>
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<td>1742</td>
<td>107</td>
<td>83</td>
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1. entries confused.
2. 'of which there died of the smallpox only 148.'

were respectively 49, 48, 43, 54, 38, 49 and 49 — the decadal average being 46.8 (see Table 1).

From this essentially superficial examination of the chronology, frequency and intensity of crisis at parochial levels which included generalisations with regard to the geographical structure of those parishes, some conclusions can be drawn. Firstly the more locally restricted the epidemic, the more severe it was, e.g. Aylesbury in 1742, Buckingham in 1709 and again in 1736. Secondly there is some evidence of the capillary effects of disease attack on a delayed scale: for example in the northern area disease struck Thornborough 1735, Buckingham 1736 and Winslow 1737; in the central area at Waddesdon 1741, Aylesbury 1742 and Bierton 1743; in the southern area at Wycombe 1682, Great Marlow 1683 and Little Marlow 1684. There seemed to be declining influence of severe mortality resulting from military movements, famines or epidemics, probably because of the decreasing regional disparities brought about by an improved and more efficient transport system and helped by the will and increasing capacity of society generally to relieve famine. Administrative improvements had made doctors become more aware of possible connections between environment, economy and infectious diseases. In spite of strictures formulated, some doctors were becoming preventive and occasionally curative in their attitudes and actions. This slow improvement in attitudes, both medical and lay, towards disease, decreased its effectiveness and with other more general economic and social factors helped in the decrease of mortality fluctuation which had been such a feature of earlier centuries in western Europe.
Periods of high mortality seemed to decrease in frequency during the eighteenth century which indicated that people were probably developing an immunity to disease or that they were becoming healthier. Registration itself declined with the increasing influence of non-conformity but evidence of decreasing vulnerability is of equal significance. The early decades of the eighteenth century saw high mortality but increasingly the last decade of the seventeenth century in Buckinghamshire does not appear to follow this generalisation, even though food prices were exceptionally high, it indicates that there were other causes for declining mortality. A population attacked by hunger was less capable of bearing the ravages of disease. The harvest in abundance or dearth was vital to three-quarters of the population, because a crop failure would tend to exacerbate the normal vulnerability, which together with economic and commercial depression, often occurring simultaneously, would cause havoc among the weaker members of society.  

'The circumstances of each individual and each local community are in a sense unique ... any drastic national averaging of experience tends to hide the local realities behind the generalisation,'  

which leads to the conclusion that in the seventeenth century at least there was no one year when one village or parish was immune from attack whereas in the succeeding century there is evidence of increasing immunity on a reasonably wide-scale, brought about by an improving quality of diet, living conditions, a changing attitude to health and its ramifications and an improvement in the transport and communications system. The annual aggregative totals of baptisms, burials and marriages provide possible explanations for the fluctuating rates including those dealing with the intensity and recurrence of the crises, the greater vulnerability of some parishes and the declining incidence of crises in general.

NOTES

4. I here wish to record my grateful thanks to E. Davis, H. Hanley and other staff for their unfailing assistance.
5. I here wish to record my grateful thanks to the incumbents of Buckingham, Winslow and Marlow for their permission to consult the register in their keeping.
12. In 1631 at Desborough Hundred, Calendar of State Papers (Domestic) Charles I, (iv) 191. 35.
19. B.R.O. PR 205/1/1, PR 29/1, PR 237/1, PR 215/1/1-2, PR 11/1/1, PR 16/1/1-2, High Wycombe Record Office SM892/22C/107D, D/A/T 126-7, PR 141/1/1.
21. cf. among medical personnel in Brittany and Anjou according to research by J. Goubert and P. Lebrun.
24. E. A. Wrigley, op. cit. p. 15.