THE INDIAN SICKNESS AT NANTUCKET 1763-1764

by Elizabeth A. Little

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ABSTRACT

A collection of data concerning an epidemic among the Indians on Nantucket in 1763-1764 is organized and evaluated. While the available data prove inadequate for identifying the disease, called a distemper or yellow fever in the eighteenth century, its reported symptoms resemble those of a 1616-1620 Native American epidemic, also of uncertain diagnosis, which took place along the New England coast between 1616 and 1620. For 1763 there is enough circumstantial information to show that Yellow Fever (initial capitals signify the modern disease called Yellow Fever) cannot be rejected as a diagnosis and that viral hepatitis (Spiess and Spiess 1987) has too long an incubation period to be a likely diagnosis.

The settlement pattern, demographic, and genealogical information available about the Indian population of Nantucket in the mid-eighteenth century is substantially greater than that known for earlier epidemics. In connection with the rapid growth of the whaling industry at the island, the settlement pattern of the Indians was undergoing a shift from outlying homesites to the village of Miacomet and houses or lodging houses near the edge of the town of Nantucket. I also argue that a manuscript list of the names of the Indians who died of the sickness is a chronological list of names in the order of death.

This paper was originally written for Professor George Armelagos' class in physical anthropology at UMass Amherst in 1982. It has been updated with new data and substantially rewritten in connection with the discovery and preservation of the Christian Indian Cemetery at Miacomet, December 22, 1987.
THE INDIAN SICKNESS AT NANTUCKET 1763-1764.

The Indian sickness of 1763-1764, with a mortality of 87% of those infected, and 62% of the Nantucket Indian population, effectively destroyed the Nantucket Indian community. No one of English descent is said to have had the sickness (excepting a Molly Quin). There has been no end of speculation about the identity of this disease and the uniquely Indian susceptibility to it (Stackpole 1975:8; Macy 1835: 45). Although I cannot identify the disease, I have accumulated a good deal of information about the epidemic which contributes to our knowledge of epidemic disease among Native Americans in New England.

Historical Background.

In 1616-20 coastal New England Indians were devastated with a sickness for which the major symptoms were jaundice and a 75-95% mortality rate (Gookin [1674] 1970: 9; Cook 1976: 33; Spiess and Spiess 1987). Observers reported that Englishmen were resistant to the sickness, and that there were sometimes so many sick Indians that there were none to provide nursing care or to bury the dead (Spiess and Spiess 1987; Williams [1643] 1973: Chapter 31). The establishment of European colonies in New England was in part made possible by the reduction in Indian population caused by this epidemic, along with a well-identified smallpox epidemic in New England in 1633. Early accounts suggest that epidemics of "Feavers, Pleurisies, Callentures, Agues, Obstructions, Consumptions, Subfumigations, Convulsions, Apoplexies, Dropisies, Gouts, Stones, Toothaches, Pox, Measels, or the like," (Wood [1635] 1865: 97, 98) were novel to the Indians in New England (see Snow and Lanphear 1988: 17, 21), although Benjamin Basset in 1792 recorded that "before the English came among the Indians, there were two disorders of which they most generally died, viz., the consumption and the yellow fever" (Basset 1792: 140). Seventeenth century observers also note consumption (TB) and a yellow fever as Contact and early Historic Period diseases (for example, Gookin [1674] 1970: 9, 53).

While the 1617 epidemic has been identified as smallpox, measles, or typhus (Brasser 1978), it was earlier called the plague or yellow fever (editorial note in Gookin [1792] 1970: 9; Snow et al. 1988). Snow et al. (1988) and Spiess et al. (1987) argue that it was too early for bubonic plague, measles and smallpox, with their well-recognized symptoms, to have produced an epidemic in sparsely settled New England. Since Yellow Fever did not reach the West Indies until about 1650 (Duffy 1953: 141), and since frost kills mosquitoes, Yellow Fever has usually been dismissed as an unlikely possibility (Spiess et al. 1987). Snow et al. (1988: 19) similarly reject a possible Yellow Fever diagnosis for a Mexican Indian epidemic of 1576. Recently, Spiess et al. (1987) have proposed that the epidemic of 1617 may have been viral hepatitis, which can be virulent today among South American Indians while associated Europeans are not equally susceptible. This disease shows a high mortality among children and young men, a distribution noted for the 1617 epidemic. It is spread by close human contact or by contaminated food or water, and has an incubation period of 28 to 94 days (Spiess et al. 1987: 76-77).

A hundred and forty six years later in Nantucket, the Indians succumbed to an epidemic called in 1764 a "an uncommon distemper" (Oliver 1764; Macy 1792) with similar symptoms, jaundice and a high mortality rate, which was diagnosed as Yellow
TABLE 1. ZACCHEUS MACY'S DATA ON THE INDIAN SICKNESS (MACY 1792).

"In (1763) an uncommon mortal distemper attacked the (Indians). It began the 16th of the eighth month 1763 and lasted until the 16th of the second month 1764."

358 - Total Indian population before the sickness
222 - Died of the sickness
34 - Were sick and recovered
36 - Lived among the sick and escaped the disorder
8 - Lived at the West End and did not go among the sick and none caught the disease
40 - Lived with the English. None died
18 - Were at sea

[Although Quakers were slow to adopt the Gregorian calendar, by comparing Friend Macy's first of sixth month date for the annual arrival of bluefish at Nantucket to the approximately June first date of that event today (J. Clinton Andrews, 1984 personal communication), we may equate eighth month with August and second month with February.]

Fever (Starbuck 1797, 1798) or plague (Macy 1835: 45), and small pox was specifically rejected (Coffin 1798). Since considerably more documentary details are obtainable for the Nantucket sickness than for earlier epidemics, any demographic or diagnostic data will be valuable in themselves and might shed light on the earlier epidemics.

The Data.

Our primary data for the Nantucket Indian Sickness come from manuscript material in the Research Collections of the Nantucket Historical Association at the Peter Foulger Museum, Nantucket. Zaccheus Macy (Table 1), who lived on Nantucket during the eighteenth century, was the island bonesetter and acted as a generally reliable historian for the Indians (Macy 1792). There is a contemporary report on the sickness from Massachusetts Governor Andrew Oliver (Oliver 1764) to the Royal Society, and an anonymous manuscript list of names of the Indians who died of the sickness (Table 3; Little and Sussek 1979), together with two independent versions of the first page of the list, all of which were possibly made by town officials as they helped to bury the dead (Macy 1835). Also at the Foulger Museum are three manuscript letters, from Christopher Starbuck (1797, 1798) and Shubael Coffin (1798). In 1835 Obed Macy (1835) reported on the sickness. To these reports I add, from a study of Nantucket Indian deeds, wills and other records, the names of 66 Indian survivors of the epidemic of 1763 (Table 4). I shall try to evaluate and analyze these data for evidence about the sickness, as well as its cultural causes and effects (Armelagos and McArdle 1975).
The Sickness.

The hypothesis that the Nantucket Indian Sickness of 1763 might have been a common European disease such as measles or small pox, transferred from person to person through contact or air-born droplets, is improbable because colonial English, and especially islanders, were quite susceptible to such well-known diseases (Duffy 1953; Neel et al. 1970), and none succumbed to the Indian sickness.

"The whites, apprehensive that the disorder would spread among themselves, were at first cautious in approaching the sick, but they at length found that the natives only were affected by it, for how much soever they exposed themselves, not one was taken sick" (Macy 1835: 45).

The reputed origin of the sickness was a brig from Ireland which arrived at Nantucket with sick or dead passengers and crew (Macy 1835: 45; Starbuck 1797, 1798; Coffin 1798). The passengers were inspected for small pox, with negative findings, before being allowed to come ashore. In spite of this, the 1763 and 1764 Nantucket Town Meeting Records show an order for small pox innoculations on October 19, 1763, which was terminated on August 15, 1764 (Starbuck 1924: 111-112).

Typhus, bubonic plague and Yellow Fever are transmitted to man by fleas, or, in the case of Yellow Fever, by the bite of an infected female *Aedes aegypti* mosquito (Parry 1973: 183, 131; Powell 1949: vii). According to Duffy (1953: 231), several typhus epidemics were introduced into North America in the 1760's by ships from Ireland. However, typhus is a cold weather disease and is identified by a characteristic rash (Parry 1973: 183). Bubonic plague, characterized by swellings (buboes) in lymph glands near the site of flea bites, is a disease chiefly of summer and autumn (Parry 1973: 131). Yellow fever, characterized by jaundice and, in susceptible populations, by a high mortality rate (Benenson 1980: 31), is a tropical disease endemic in West Africa, and in the West Indies since at least the mid-seventeenth century (Duffy 1953: 140).

I cannot dismiss the alternatives that the Nantucket sickness was typhus, plague or a number of poorly identified diseases or even a combination of several diseases. However, because the records of the Indian sickness of 1763 suggest that it may have been Yellow Fever, and a viral hepatitis hypothesis has also recently been suggested for the 1617 epidemic, I shall consider the data from Nantucket in the light of tests of these hypotheses.

Yellow Fever.

Yellow Fever is transmitted by the bite of a mosquito which has become infected about 9-12 days after biting a Yellow Fever victim in the first three or four days of his fever. The incubation period is three to six days, and the sickness lasts 6 to 8 days; one can die after one to eight days (Powell 1949: vii, 27; Benenson 1980: 32; Parry 1973: 186). An infected mosquito can take a human meal about every three days of its life, which terminates at the first frost. Stagnant water, swamps, drinking water in barrels (Andrew Spielman, personal communication 1988), all can harbor mosquitoes, and a house or neighborhood with infected mosquitoes can become a source of the infection. Conversely, if the home of a sick person does not harbor
mosquitoes, it would be possible for people to visit or even live in the house and not catch the disease, a characteristic of Yellow Fever which led to speculation and superstition.

In the eighteenth century major Yellow Fever epidemics occurred near the wharves in port cities on the East Coast as ship-born commerce with the West Indies increased (Tatge 1980; Powell 1949). In 1762, only a year before the Nantucket epidemic, there was a Yellow Fever epidemic in Philadelphia (Powell 1949: 89), and a major Yellow Fever epidemic occurred in 1793 at Philadelphia, which may have originated from a ship from the West Indies (Powell 1949: 9, 17). Another major Yellow Fever epidemic, in which mosquitoes were noted in the bilge of a ship from the West Indies, took place in Providence in 1797 (Tatge 1980: 193-194).

Moses Brown, a leading shipping merchant of Providence in 1797, elicited three of our letters (Starbuck 1797, 1798; Coffin 1798) about the Nantucket Indian sickness in order to compile a study of Yellow Fever which would show that it was not necessary to quarantine ships from the West Indies in order to control this disease (Tatge 1980: 193). It is from these biased sources 30 years after the event that we learn that an Irish brig brought Yellow Fever to Nantucket in the summer of 1763,
and I suggest that this story may not be wholly reliable.

The Nantucket Indian sickness of 1763, which was not called Yellow Fever until 1797 (Starbuck 1797, 1798; Coffin 1798; but see Basset 1792), had symptoms similar to those of Philadelphia in 1793. Philadelphia's Yellow Fever symptoms varied from case to case and included what appeared as buboes around what "resembled moscheto bites" (Benjamin Rush in Powell 1949: 27, 48). In the Nantucket sickness (but not reported until 1798), "abt 3/5 of them had a sore to break out under the Ear" (Coffin 1798). Both epidemics, as well as that at Philadelphia in 1762, started in August. Nantucket's started 16 August 1763 and Philadelphia's 19 August 1793 (Macy 1792; Powell 1949). The Nantucket epidemic, which stopped on February 16, 1764, "at which time it ceased as suddenly as it commenced" (Macy 1835: 46), lasted longer into the winter than did the epidemics in Philadelphia which stopped in December. The 1793 epidemic lasted until about 12 days after the first frost on November 28 (Powell 1949: 89, 266-271).

Climate at Nantucket, 1763-64.

The ocean tempers the climate at Nantucket to such a great degree that Nantucket (Figure 1) is in the same temperature region as Philadelphia, Providence and Cambridge, and the first fall frost at Nantucket, on the average, occurs later than it does at Philadelphia (Visher 1954: 206). In addition, annual variation in climate (Figure 2) could account for mosquitoes lasting through January in 1764 at

![Figure 2. Average winter (December of the year, January, February) temperature (°F) at Cambridge MA from John Winthrop's Diary (after Baron 1980:409). In 1763-64 the average temperature was 33°F, one of the highest during the years 1743 to 1773. Nantucket is 250 km south of Cambridge and at sea.](image)
TABLE 2. NANTUCKET WHALING GROUNDS AND THEIR APPROXIMATE BEGINNINGS (Starbuck 1683-1766; Hussey 1724-1734; Starbuck 1924; Macy 1835; Little 1988).

Nova Scotia, 1726, and Newfoundland, 1729
Davis Strait, Greenland, Baffin Bay, 1731
Straits of Belle Isle, 1738
The Banks of Newfoundland, 1750
Island of Disco, the mouth of Baffin's Bay, 1751
Southward or westward of the Cape of Virginia, 1753
Gulf of St. Lawrence, Coast of Labrador, 1761
Coast of Guinea, 1763
Western Islands, 1765
Leeward Island and Brazil Banks, 1767

"The business was also carried on in shorter voyages at the Grand Banks, Cape Verd Islands, various parts of the West Indies, in the Bay of Mexico, the Carribean Sea, and on the coast of the Spanish Main, &c" (Macy 1835:54).

Figure 3. House sites on Nantucket 1710-1760 (Little 1981). Indians lived at Miacomet, Squam, Polpis, and near Gibbs Pond. The English lived at Sherburne and Polpis, and Newtown was developing after 1750. Houses along the shore were fish and whale houses (shore whale hunters camps).
Nantucket. By using content analysis on the diary of John Winthrop of Cambridge, 1743-1779, W. L. Baron (1980) has been able to extract relative temperature and precipitation data. These show that in the Cambridge area the summer of 1763 was cool and rainy (as Governor Oliver had noted, a poor season for corn; it would have been a good one for mosquitoes), the fall was cool and clear, and the winter, December, January and February, was exceptionally warm (Baron 1980: 409). Nantucket, south of Cambridge and Providence and more maritime than Cambridge, Providence or Philadelphia, could have been warmer than all the cities shown on Figure 1 in this exceptionally warm winter. Additional data would be welcome, but we have no reason to reject a Yellow Fever hypothesis in 1763/64 because of the temperature.

Whaling Ports.

Another test of the Yellow Fever hypothesis would be a study of the ports from which Nantucket ships arrived in July 1763. Nantucket customs records before 1815 are not preserved, but Nantucket was known to have traded with the West Indies in that period (Macy 1835). Also, perhaps of significance is that after many years of whaling near Nova Scotia, the Nantucketers in 1763 had just begun to whale off the coast of Guinea (Africa) where Yellow Fever was endemic (Table 2).

THE EPIDEMIC AT NANTUCKET.

The first locus of the epidemic at Nantucket in 1763 was by all accounts in or near the town of Sherborn on the harbor (Figure 3), at a lodging house which contained a dying sailor, and "whither the Indians frequently resorted" (Macy 1835: 45). By another report the source was at a house in Newtown belonging to Joseph and Mary (Molly) Quin, where an Indian woman, Mary Norquarta, fell sick after washing the clothes of sick sailors (Coffin 1798; Starbuck 1797). Quin's house can be located on Pleasant Street just south of York Street and New Guinea Street (Atlantic Avenue) (Figure 4; Appendices 1 and 2; NCD 4:103, 1761 Daniel Allen to Joseph Quin, cooper, land at SW corner of lots 22 & 23, Newtown; see also house of Molly Quin in 1799 on Pleasant Street layout in Worth 1904: 274). About eight days after she washed, she fell sick, was removed to the Indian village of Miacomet (Figure 3; Figure 4), and, after experiencing "much pain, a high fever & then soon appear[ed] yellow", she died in two or three days. A typical course of the sickness was death after two or three days and less than six days (Oliver 1764; Starbuck 1797). From her it spread to her entire family, to most of the Indians at Miacomet, and then to the Indians who lived at Squam, Polpis, Shawkemo, Gibbs Pond, and elsewhere on the island (Fig. 3), except a few who lived at Madaket on the west end of the island and in Sherborn town among the English. No white persons had this so-called Indian sickness, with the exception of Molly Quin who was Irish and had it severely with jaundice and recovered (Starbuck 1798).

List of Names of those who died of the Sickness, 1763-1764.

There exists at the Foulger Museum, Nantucket, a manuscript list of 222 names of those who died (Table 3), which was discovered in an attic in 1890 and published
Figure 4. Portion of USGS Topographic Map of Nantucket, showing the general location of the village of Miacomet (M), the Christian Indian Burial Ground (+) at Miacomet discovered in 1987, the Fishlots (F) and Newtown (N) laid out before 1744, and the approximate location of Joseph and Mary Quin's house (Q), as well as the area outside Newtown which in the nineteenth century was called New Guinea (G) and its cemetery (+) (see also Appendix 3). Each square edge is 1 km; North is up.
in the Nantucket newspaper upon discovery (An Interesting Old Document 1890), but has been considered of such "uncertain" accuracy that "it does not seem worthwhile to publish it" (Starbuck 1924: 612). Two other partial lists at the Foulger, with the exception of spelling and one or two names, duplicate the names and order of the first page of the list. The order of names is neither alphabetical nor grouped by family names, and without some explanation for its disorder Starbuck quite properly rejected it. However, I have proposed (Little and Sussek 1981; Little 1982) that it is a chronological list of the deaths during the six month epidemic. My evidence for this suggestion is that one never finds a census with family name disorder such as exhibited here, and that the ordinal number of the deaths within and among families (those identified as John Doe, his wife, his son, his child, etc.) resembles that of an epidemic. If we had the date of death of a few individuals on the list during the epidemic, we could describe the course of the epidemic in detail. However, even with our limited data, for a six month epidemic with an eight day incubation period and 2 to 6 days before death (Oliver 1764; Coffin 1798), Yellow Fever with an incubation period of 3 to 6 days would seem more likely than viral hepatitis with a 28 to 94 day incubation period.

In spite of its lack of dates, there is much to be learned from a study of Table 3. First, we may look at the age distribution. There are 14 "Old" people (6%: 11 males, 13 females), 155 adults (70%: 60 males, 95 females), and 38 juveniles (17%: 16 sons or boys, 9 daughters, 13 "child"s). The high percentage of adults suggests a virgin soil epidemic (Burnet 1962: 205-206, 251), which affects all ages, unlike endemic diseases which affect primarily children. As children and young men have been characterized as being particularly susceptible to viral hepatitis, these data do not support a viral hepatitis hypothesis.

From deeds, wills, death records, etc. after 1764 I have collected a list of the names of 66 Indians who did not die of the sickness (Table 4). Macy (1792) listed as survivors of the sickness, 18 at sea, 34 who recovered, and 84 on the island who did not catch the sickness for a total of 136. We might assume that the 18 at sea were adult men, and that the 34 who recovered were primarily children, as was the case at Martha's Vineyard (Oliver 1764).

Collecting the names into groups with the same surnames, we find (Little and Sussek 1981) one group with 9 members, six groups with 7 members, 5 groups with 6 members, 3 groups with 5 members, 4 groups of 4 members, 10 groups with 3 members, 17 groups with 2 members and 46 single individuals. The large groups may represent several nuclear families, but the large number of singletons is unexpected.

Geography and Settlement Pattern.

The sickness started at a lodging house "whither the Indians frequently resorted" (Macy 1835: 45) in Newtown. That statement is a rare clue to a change in Indian social and settlement patterns that could have set the stage for the epidemic. A number of Indians of Squam, Polpis and Gibbs Pond regions sold their outlying lands and dispersed houses (Fig. 3) in the mid-eighteenth century and presumably moved near to town (Fig. 5) in order to be close to the labor opportunities near the wharfs and waterfront. However, while deeds for sales of outlying properties can be found, I have not located any deeds for purchases by Indians of lands or houses at Miacomet (by non-Miacomet Indians) or in or near the town of Nantucket. This may
be in part because the number of deed transactions increased enormously after 1750 and Indians were Anglicizing their surnames, i.e., Potter (NCD 51: 420), Mooney (NCD 55: 579), Spooner, etc., were Indians. In addition to the urbanization of Nantucket Indians, off-island Indians were reported in 1746 to be immigrating to Nantucket (swelling the Indian population from 800 in 1700 to 900 in 1746) for employment in the hugely successful eighteenth century whaling enterprise (Byers 1987: 159; Little 1988). There were in 1771-75 2000 seamen employed at Nantucket (Macy 1835: 71). Cooks, seamen, coopers, laborers, laundresses, tavern keepers, etc., all found economic rewards in the booming local/world economy. Many of the singletons in Table 3 may have been transient labor from off-island.

Perhaps many of these Indians were living in lodging houses or squatting (living on land for which they had no deed) in an area near the Old Mill just outside the Newtown gate on the road to Miacomet ("G" on Atlantic Ave, Fig. 4; New Guinea St. in Appendix 1). The parts of the island sold to the English by 1760 were owned by the 27 English proprietary share holders either individually or in common, i.e., had not been laid out to anyone yet. Because Indians had rights to dwell, farm, fish and keep horses on the island, the commons just outside the Newtown gate may have been available for squatting by Indians employed in Sherburne. I am guessing here, because I have not found any town records of this settlement’s beginnings. However, the Indian/Black settlement between 1794 and 1834 on New Guinea, Angola, Angora,
Copper, and York Streets, where we find James Dier (Indian), Sarah Tashama (Indian), Absalom F. Boston, mariner and son of Thankful Micah (Indian) (Cary and Cary 1977; Worth 1904; NPR 1:180; Fig. 4; Appendices 1, 2, 3), is good evidence for such a settlement change. A thorough search of deeds, wills and other records such as oral traditions will be required to trace the continuous change I am suggesting from Indian to Black community on Nantucket.

During this study, I located a bridge at Orange Street over a water course leading to Consue Pond from a pond called James Johnson's Pond (Appendix 3), which was approximately where the Nantucket Commons has been recently built (Worth 1904). These low wet features, although much filled during the past 200 years, can be traced on the topographic map (Figure 4) as a northerly continuation of Miacomet Pond and Valley. If the disease of 1763 was Yellow Fever, the village of Miacomet and the lodging house of Molly Quin were closer to these wetlands than was the English town, laid out to the north on high land overlooking the harbor.

CONCLUSIONS.

The chief contribution of this paper is the gathering together of demographic and other manuscript data on the Indian sickness of 1763-64 at Nantucket. While not providing as much data as would be wished for diagnosis, it records some hard facts with which hypotheses may be tested. The Nantucket data does not appear to support a viral hepatitis hypothesis, on the basis of incubation period and the susceptibility of various age groups. We have also shown that one cannot reject the Yellow Fever hypothesis at Nantucket on the basis of climate alone. This is progress!

If the disease was Yellow Fever, the lack of person-to-person contagion could have produced the puzzling aspects which led to its being called the "Indian Sickness" (Oliver 1764). The subsequent Yellow Fever epidemics of Philadelphia and Providence in the 1790's were equally difficult for people at that time to diagnose (both plague and Yellow Fever were suggested), and for a long while it was thought that certain racial groups were immune (Duffy 1953; Tatge 1980; Powell 1949).

However, we can still only speculate about the 1763 Indian sickness, and its resemblance to the 1617 epidemic. We know that among the low population densities of colonial New England epidemics could be more catastrophic than in the large cities of Europe, and on an island, isolated from most epidemics such as that of 1617, an introduced sickness could be very dangerous to all its inhabitants (Macy 1835). So why were the Indians in 1763 the chief victims?

Although its resemblance to the 1617 Indian epidemic suggests a genetically specific response to a disease of European or American origin, New England Indians may have reacted differently than Europeans in cultural or social ways to an epidemic. The cold moist weather of the summer and reported shortage of corn, the lack of adequate nursing care for the sick (Starbuck 1797), the wetlands near their settlement, and the increasingly urban settlement pattern of the Indians, are also factors which may have contributed to the effects of the sickness on the Indians.
The Indian Sickness of 1763-4 was a traumatic event on the island of Nantucket which was followed by profound changes in the settlement pattern of the island. With the destruction of the Nantucket Indian community, off-island and transient laborers (Freeman 1807: 36) were hired for the whaling industry, and the sense that whaling was a community, almost a family industry, became only a memory (Macy 1835).
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<tr>
<td>Eben Small</td>
<td></td>
<td>Charity Jethro</td>
<td></td>
</tr>
<tr>
<td>Ritchard Keepe</td>
<td></td>
<td>Zachara Nevers wife</td>
<td></td>
</tr>
<tr>
<td>Marthar Punkin</td>
<td></td>
<td>Daniel Toddy</td>
<td></td>
</tr>
<tr>
<td>Hannah Spotsos</td>
<td></td>
<td>Mary Sandy</td>
<td></td>
</tr>
<tr>
<td>James Pock</td>
<td></td>
<td>Riter Zacharas wife</td>
<td></td>
</tr>
<tr>
<td>John Titus</td>
<td></td>
<td>Sarah Quaub</td>
<td></td>
</tr>
<tr>
<td>John Moneys wife</td>
<td></td>
<td>Simon Peters wife</td>
<td></td>
</tr>
<tr>
<td>Old Squah Rafe</td>
<td></td>
<td>Old Nornish</td>
<td></td>
</tr>
<tr>
<td>Old Josiah</td>
<td></td>
<td>John Toney</td>
<td></td>
</tr>
<tr>
<td>Patience Dick Jacob</td>
<td></td>
<td>John Mordeca</td>
<td></td>
</tr>
<tr>
<td>Ben Chegin</td>
<td></td>
<td>James Poppomer</td>
<td></td>
</tr>
<tr>
<td>James Natalwar</td>
<td></td>
<td>Jonthan Spotsos wife</td>
<td></td>
</tr>
<tr>
<td>James Panchamas Daughter</td>
<td>&amp; wife's Daughter</td>
<td>Jonathan &quot;Child&quot;</td>
<td></td>
</tr>
<tr>
<td>Jo Sampsons wife</td>
<td></td>
<td>Susanna Never</td>
<td></td>
</tr>
<tr>
<td>--------------------------</td>
<td>--------------------</td>
<td>---------------------------</td>
<td>--------------------</td>
</tr>
</tbody>
</table>

Table 3. Names of the Indians died of the sickness 1763 (Nantucket Historical Association; Little and Sussek 1979)
NAMES OF THE INDIANS DIED OF THE SICKNESS 1763 (CONTINUED)

Josiah Spotso
Boy Smug
Mordeca Shai
Hitte Benjas
& Child
Sam Mika
Old Esor wife
Jo Poppomer
Second Smug
Sarah Woosay
Abigail Yous
Easter Ease
Dorcas Homney
Christian Tashama
Hannah Punkin
Abigail Netawar
Margarett Saul
Old Shubael Serpent
Isaac Apte
Old Eben Cane
Boy Spotso
Tom Ichabod
Tom Jasper
Jo Sampson
Old Mordica Easake
Jo Mika
Ephraim Nick
Tom Ichabod
Tom Aarons wife
Dinah Sponak
Tom Aaron
John Esop
Elias Echaraca
John Dimons Boy
Old Su Cain
Tom Aarons Child
James Hoop
Jo Secunets wife
& Child
Jonathan Woosey
Ruth Isaac
Martha Toddy
Easter Munke
Simon Jethros boy
Sips Child

Martha Saul
John Punkin
John Tashma
Lame Isaac
Joel Jobes Child
Old Abigail Tomta
Old Jerusha
Deborah Moony
Jo Secunets Child
Jonathan Netowar
Obed Japhet
Solomon Esop
Pee Titus Child
Old Biah Homny
Simon James
Tom Tasters Child
Jonathan Wooseys child
Betty Simon
Sarah Netowar
Old Easter Dingel
Dorcas Cane
Rachel Sip
Abigail Tashama
John Jethro
Solomon Seahors
Hannah Esop
Jo Punkin
Barney Tasters Boy
Hannah Simon
John Cordoody
Solomon Easops wife
Sarah David
Old Hannah Dingel
Jonathan Mika
Betty Poppomer
Abigail Mica
O. Hussey Boy
Simon Jethro
Old Hannah Cordoody
Sarah Bonney
Betty Ease
Barney Tasters daughter
------------------------42
Total: 222

(James Panchamas wife appears on another list instead of one of the two Tom Ichabod entries here)
[Dates of deeds or deaths from deeds, wills, Vital Records (1925), Starbuck (1924); Douglas-Lithgow (1914)]

(Wives or husbands who did not die in 1763/4 from List of Names of those who died of the sickness):

<table>
<thead>
<tr>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Aaron</td>
</tr>
<tr>
<td>*John Dimon</td>
</tr>
<tr>
<td>Old Esor</td>
</tr>
<tr>
<td>Jo Harcatus</td>
</tr>
<tr>
<td>Panchama</td>
</tr>
<tr>
<td>Simon Peters</td>
</tr>
<tr>
<td>[Joseph Quady who d. 1765, see below]</td>
</tr>
<tr>
<td>Pee Saul</td>
</tr>
<tr>
<td>Jo Secunet</td>
</tr>
<tr>
<td>Sip</td>
</tr>
<tr>
<td>Tom Taster</td>
</tr>
<tr>
<td>Riter Zachara</td>
</tr>
</tbody>
</table>

(Dates of Deaths from Vital Records, etc.):

<table>
<thead>
<tr>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jenny Tashermay, black, widow of Indian minister, 1775</td>
</tr>
<tr>
<td>Indian girl, 1784</td>
</tr>
<tr>
<td>Margaret Hunter 1789</td>
</tr>
<tr>
<td>Venus, 1789</td>
</tr>
<tr>
<td>Joseph Tobey, 1796</td>
</tr>
<tr>
<td>Huldah Reffer, 1797</td>
</tr>
<tr>
<td>Orra Jethro, 1799</td>
</tr>
<tr>
<td>*Isaac Tashermay at 80, 1801</td>
</tr>
<tr>
<td>Sarah Goodridge, 1801</td>
</tr>
<tr>
<td>Joshua Chegin, 1801</td>
</tr>
<tr>
<td>*Peter Micah, 1801</td>
</tr>
<tr>
<td>Abigail Wainer, 1801</td>
</tr>
<tr>
<td>Esther Keeter, 1803</td>
</tr>
<tr>
<td>Abigail Quary, 1806</td>
</tr>
<tr>
<td>Mary Squab, 1807</td>
</tr>
<tr>
<td>Abigail Job, 1808</td>
</tr>
<tr>
<td>Abigail Taster (Tastoo), 1808</td>
</tr>
<tr>
<td>Moaca Job, 1809</td>
</tr>
<tr>
<td>Hannah Joel, 1810</td>
</tr>
<tr>
<td>Abiah Jeffery, 1811</td>
</tr>
<tr>
<td>Hannah Foster, 1811</td>
</tr>
<tr>
<td>Sarah Eese, 1812</td>
</tr>
<tr>
<td>Hannah Taster, 1815</td>
</tr>
<tr>
<td>Jemima Tobey, 1816</td>
</tr>
<tr>
<td>Mary Abel, 1817</td>
</tr>
<tr>
<td>Abigail Derrick, 1817</td>
</tr>
<tr>
<td>Molly Morrells, 1817</td>
</tr>
<tr>
<td>Eliza Ross, 1818</td>
</tr>
<tr>
<td>Elizabeth Mingo, 1818</td>
</tr>
<tr>
<td>Tabitha Masham (Marsh), 1820</td>
</tr>
<tr>
<td>Sarah Tashmay, 1821</td>
</tr>
<tr>
<td>Abigail Jethro, 1822</td>
</tr>
<tr>
<td>Abram Quary, 1768-1854</td>
</tr>
<tr>
<td>Dorcas Honorable (Tashmay) 1855</td>
</tr>
</tbody>
</table>

(Dates of Deaths from Probate):

<table>
<thead>
<tr>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joseph Quady 1765 (NCP 3:45)</td>
</tr>
<tr>
<td>*Stephen Scrute 1767 (NCP 3:74)</td>
</tr>
<tr>
<td>*Isaac Jeffery 1768 (NCP 3:78)</td>
</tr>
<tr>
<td>*Peleg Titus 1768</td>
</tr>
<tr>
<td>*John Charles 1768</td>
</tr>
<tr>
<td>*Nathan Quibby 1768</td>
</tr>
<tr>
<td>Benjamin Tashima 1770 (NCP 3:109)</td>
</tr>
<tr>
<td>*John Mooney II 1770 (NCP 3:131)</td>
</tr>
<tr>
<td>*Joel Job 1772 (NCP 3:190)</td>
</tr>
<tr>
<td>*Barney Spotso III 1793 (NCP 4:105)</td>
</tr>
</tbody>
</table>

(Dates of Deeds executed):

<table>
<thead>
<tr>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>James Panjame 1764 (NCD 7:31)</td>
</tr>
<tr>
<td>Jonathan Small 1764 (NCD 7:15)</td>
</tr>
<tr>
<td>Joshua Titas 1764 (NCD 7:16)</td>
</tr>
<tr>
<td>Esther Taster 1764 (NCD 7:7)</td>
</tr>
<tr>
<td>Patience Small 1767 (NCD 7:198)</td>
</tr>
<tr>
<td>Sarah Amos 1767 (NCD 7:216)</td>
</tr>
<tr>
<td>*Jonathan Micah II 1768 (NCD 7:263)</td>
</tr>
<tr>
<td>John Tashema 1768 (NCD 7:265)</td>
</tr>
<tr>
<td>John Jethro 1774 (NCD 9:31)</td>
</tr>
<tr>
<td>Sarah Tashama Easop 1778, 1794 (NCD 9:362; 13:374)</td>
</tr>
</tbody>
</table>

*: whaleman
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Visher, Stephen S.

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Wood, William

Worth, Henry Barnard
Appendix 2. Details of New Guinea section of Nantucket in early nineteenth century (Worth 1906; Lancaster 1972; Edouard A. Stackpole, 1988 personal communication). Locations approximate; base map from Young's Bicycle Shop, used with permission.
Appendix 3. Plan Showing Original Layouts on the Harbor at Nantucket, Mass., 1673-1744 (Worth 1904: 206). The numbers 16-27 added on the left of West Monomoy Shares are suggested by the location of the house of Joseph and Molly Quin 1761 on Pleasant St. in shares #21 and 22, one quarter mile from the Old Mill (Starbuck 1798), and by analogy with the numbering system of the Fish Lots to the north.
Notice the absence of houses past the site of the present elementary school toward