

Between 4 and 5 in the morning of Thursday 19 October 1559, Dorothy Cawthorn got up from her bed and went into the kitchen of her widowed mistress Mary Evers's house at Belton in Lincolnshire. She broke a hole in the wall and went out into the hop garden. There she went to the pond, five feet deep, fell in and drowned. These bald details of an everyday tragedy come from one of some 9,000 sixteenth-century coroners' inquests into accidental deaths in England which we are investigating as part of a project funded by the Economic and Social Research Council.

Without the inquest we would know nothing of Dorothy Cawthorn. But her death can tell us a lot about the world she lived in. When set alongside others it can tell us about the major hazards to life and health faced by her generation: drowning accounted for about half of all accidental deaths. When read questioningly it can tell us about the social and material circumstances of her life. Why did she not go out of the door? Perhaps it was locked for security at night. How could she smash a hole in the wall? Presumably it was made of wattle and daub or lath and plaster rather than stone or brick. Why did a household living in such flimsy accommodation have servants? Domestic service, particularly for the young, was common even in quite humble households and the Elizabethan wave of rebuilding farmhouses in stone had barely begun. Why did she go to the pond? Outside the greatest cities, piped or pumped water was rare and wells, ponds, rivers or streams were the main sources of water for domestic use.

Finally, her death can tell us something of her contemporaries' experience and understanding of death and disease. She was, the inquest report tells us, suffering from a quotidian fever which made her demented, so that she did not know what she was doing. Presumably it was the fever that made her desperate for a drink and the dementia that drove her to seek it in such a dramatic way. The fever may have been malarial, for Belton was in the marshy Isle of Axholme. Perhaps more likely it was part of the wave of epidemics that reduced the population sharply in 1557-9, often thought to include the first appearance of influenza in England.

Coroners, who had been appointed since the twelfth century and had some legal but no medical training, were supposed to hold inquests on all those who died in sudden, unexpected or violent ways. They called together a jury who gave a narrative account of the victim's death and classified it as a murder, a suicide, an accident or an act of God. We cannot now tell whether every death really was looked into – it seems some coroners were more efficient than others – and we cannot second-guess the jury's verdict on, for example, which drownings were accidental and which suicidal. But since juries had to return credible accounts of death, could be prosecuted for untrue verdicts, and sometimes broke up and reconvened once they had found out what they needed to know, we can depend on their evidence enough to answer many questions of interest.

The range of activities in which people were engaged when they met their untimely ends was extraordinarily wide. Work accounted for about half of all accidents and travel

another quarter, with most of the remaining quarter split between leisure activities and hygiene. Some kinds of work that are still dangerous now were dangerous then: farming, building, mining. Others were proportionately much more so because of the nature of the economy or of social arrangements. One work accident in ten involved caring for horses, by a long way the most dangerous animals to work with, though cattle, pigs, deer and even sheep accounted for some fatalities. One working death in seven resulted from cutting or carrying wood for timber or firewood. One in nine, the victims overwhelmingly female, involved fetching water from open sources like Dorothy Cawthorn's pond. Workers grew up fast. Few children under seven died in work accidents, but for the 7-13 age group a third of deaths were work-related.

Occupational health was regionalised in ways we might recognise: accidents involving coal, for instance, were concentrated in Yorkshire and the North Midlands. It was also seasonal in ways now unfamiliar. October was the characteristic month for falling out of trees while trying to beat down acorns to fatten pigs for slaughter. Working practices and technologies determined the kinds of accidents to which people were susceptible. Mowers cut fields of hay walking in staggered lines so as to cut the whole crop without hitting one another with their scythes, but if concentration lapsed when they turned at the edge of a field they could get in each other's way; that is how Richard Goodall got hit in the leg after four hours' mowing at Welford in Northamptonshire on 1 July 1559, dying three hours later. Carts and wagons were by far the most frequent pieces of machinery involved in accidents, followed by boats, but mills played their part too. Careless cleaning or greasing of the inner works of windmills and watermills might end with a victim pulled in and crushed amongst the cogs and wheels.

Travel was dangerous because it combined several of the hazards we have already discussed. Men and women of almost all classes, including large numbers of labourers and servants, rode horses which might throw, kick or trample them. Carts were easily overturned and could run over not just passing pedestrians, but any driver unfortunate enough to fall off or to trip while walking alongside. Journeys beside or across rivers, streams and ponds posed the risk of drowning, thanks to faulty bridges, unpredictable fords and slippery banks.

Hygiene and leisure might be more surprising in the dangers they posed. Hygiene was mostly a matter of washing or relieving oneself into water deep enough to drown in. Leisure was more varied. Archery practice was supposedly compulsory in the interests of national defence, but was clearly also enjoyed both by participants and by spectators. It declined over the century, but was overall the most dangerous sport by some distance. Football was blamed for distracting men from archery, but was also far from safe, as rough tackles and collisions, stony pitches and the ill-advised habit of playing with a food knife tucked into one's belt took their share of victims. Wrestling, swimming, sword-fighting and even bell-ringing and maypoles had their dangers, and numbers of women and girls drowned when picking flowers by open water. Like work, sports were seasonal. Football deaths nearly all came in February, while throwing the sledge-hammer, risky for careless spectators, took place in June and July. They also had social contexts, as villages played football against their neighbours or men wrestled to prove their manliness.

Inquest reports described in some detail the injuries visible on the corpse of the deceased, giving the length, breadth and depth of wounds in inches, or noting if there were no external injuries. Such details are instructive about the effects of certain types of mishap. The mean depth of arrow wounds, for example, was an inch and a half, that of gunshot wounds six inches, not counting balls that went right through the body or head; no wonder armies gave up longbows for handguns, despite their slower rate of fire. Wounds also show us what could prove fatal under sixteenth-century conditions. Crushed heads, broken necks, trampled torsos and cuts deep enough to sever arteries were clearly mortal wounds and generally caused instant death. But so were injuries from falls or traffic collisions, presumably mostly internal, with which victims might languish for a week or two, and wounds to arms, legs and sides with which they might last even longer before succumbing, presumably to infection.

Though there is no evidence before the 1590s of the involvement of medical professionals in inquest post mortems, the verdicts also show some medical understanding. The importance of the brain and heart was familiar to jurors, or at least to coroners and their clerks. Those describing instantly fatal head injuries often stressed that the skull was penetrated through to the brain, or in one case that ‘the pannicle that covered the brayne was wounded’. Mortal blows were described as striking the heart or piercing the body to the heart, while one leg wound was said to have caused a swelling that spread to the body and the heart. Drowning might be characterised in vivid terms. When Robert Kendall fell into the River Hatfield, ‘a rush of water entered his mouth and nose and stupefied his spirit’; when Hugh Jacke fell into the River Onny, ‘his spirit was stunned by the abundance of water flowing into his mouth and lungs’. Conditions affecting the victim were also described: the falling sickness, quartan fevers, agues, some of them causing insanity, and ‘the new dysease’, which left David Hakytt of Leicester too debilitated to leave home and forced him to empty his bowels in his garden, where he drowned in the spring.

Contemporaries, lastly, were well aware that it was possible to take steps to avoid injuries or to lessen their impact. Wells under construction were covered with planks and hurdles and some wounds would not have been fatal, jurors opined, had the victim had the care of a good surgeon. Experts on everyday tasks advised caution, but this was not always easy to put into practice. The agricultural author Thomas Tusser counselled those aiming to destroy bird pests in trees ‘beware how ye climber, for breaking your neck’, but John Coole of Exton in Rutland stood on a weak branch on the way back down from destroying a kite’s nest on 12 June 1560 and fell 20 feet to the ground. Some advice was ignored. Many labourers drowned washing after work in streams and ponds, defiant or more likely unaware of the medical opinion that it was better to change one’s shirt than to expose the whole body to water and disease. Their deaths, like all those we are studying, are tragic; but also wonderfully revealing of life, death and health in sixteenth-century England.

Steven Gunn and Tomasz Gromelski, University of Oxford

steven.gunn@merton.ox.ac.uk

Further reading:

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