How the Braunds would have Died 1300-1920

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Those of us who actively research the family's history, buy birth and marriage certificates but rarely purchase death certificates in similar numbers, reluctant to invest our hard-earned money in a document that is less likely to yield genealogical information. What death certificates do provide however is biographical detail and context for our ancestors' lives, or in this case deaths. This is not intended to be a morbid topic but just an insight into how medical knowledge, or the lack of it, impacted on the lives of the Braund family. Like the population in general, many Braunds died of heart disease, cancer or old age and these are not covered in this article. Even if we can't be sure how a named ancestor died, it is important to consider what may have been their cause of death.

The Braund Society has a collection of death certificates. If you have any that could be copied to add to the collection we would be very grateful.

Epidemics and Infections

Many of our ancestors died in epidemics or of infectious disease. The most notorious of these is probably the plague. There were two kinds of plague: bubonic, spread by fleas carried by rats, which was more likely to cause deaths in summer and pneumonic, which was air borne and caused more deaths in winter. The plague arrived in Europe from the east

in the 1340s and revisited every generation for 300 years. One of the most famous outbreaks was that of 1348, which we now know as The Black Death but which, at the time was referred to as The Great Pestilence. The symptoms included hard dry boils, particularly in the groin or armpits and it normally took three days to die. The first recorded deaths were in Melcombe Regis, Dorset. This outbreak was believed to be a combination of pneumonic and bubonic plague and may have killed up to a third of the population. The other well-known outbreak was the last, in 1665. One of the reasons why it was not curable was because the causes were not understood; with suggested causes ranging from the common sense to the ridiculous.

A less well-known epidemic was the English Sweat, so called because it did not seem to spread to Wales or Scotland. It held sway from 1485 to 1551 and was thought to have been brought to England by French mercenaries fighting for Henry Tudor against Richard III. It was then spread by soldiers dispersing after the Battle of Bosworth. It killed thousands, with the death rate reaching 30% in communities that suffered. It delayed Henry VII's coronation, closed Oxford University and halted trade. In some ways similar to the plague, the symptoms included anxiety, shivering and then sweating but there were no buboes or rash. The incubation period was very short and death could occur within as little as two hours. Like the plague, those who did survive were immune from further attacks. The main victims of The English Sweat were males aged 15-45 and it was worse amongst rich. One of the most famous victims was Prince Arthur, the eldest son of Henry VII.

Influenza epidemics, varying in severity, have killed our ancestors for centuries. The first unequivocal reference to a flu epidemic Europe was in 1510. The most severe epidemics include the Russian Flu of 1780-82 and 1889-1890 and the inaccurately named Spanish Flu of 1918-1919. This last epidemic, coming immediately after the First World War, is now believed to have killed 30 million worldwide. Also known as 'la grippe', it was particularly noted for killing young adults aged 20-40, who often died from secondary pneumonia rather than the 'flu itself.

Smallpox, as opposed to the great pox, or syphilis, affected between 20% and 60% of the population in the era before compulsory vaccination. There were two forms of smallpox the

'major' with a death rate of 25-35% and the 'minor', which 99% of victims survived. Smallpox was characterised by the rash that developed into blisters and commonly left, often severe, scars. It could also lead to blindness and limb deformities. Smallpox has a twelve-day incubation period and victims suffered from headaches, fatigue, fever, vomiting and backache. The spots appeared first in the mouth and throat and then the pustules developed; they were usually worst on the face. Some died of haemorrhages in the lungs before the pustules appeared or of infected pustules. 80% of children who caught smallpox died. Smallpox inoculation was introduced in 1718 and developed into a vaccine by Edward **Jenner** in 1796. By 1853, vaccinations were compulsory and smallpox epidemics became rare.

Like many other infectious diseases, measles had different levels of virulence at different times. Sufferers had a fever, cough, runny nose and spots. Complications included blindness. The death rate was approximately 15% but could be much higher if nutrition and sanitation were poor. German Measles (Rubella) was also known as French measles and was less likely to be fatal.

Scarlet fever and its less serious form, scarletina, were historically interchangeable and there was no effective treatment pre-antibiotics. The symptoms were a fever, sore throat and a rash, which may have been accompanied by abdominal pain and vomiting. Death was often a result of circulatory failure. Sufferers might be isolated in a 'pest house', frequently part of the workhouse.

There are several epidemics time lines on the Internet, mostly fairly American based. The best is https://awfhs.org/hub/epidemics-timeline. Epidemics were often quite local and it is a good idea to keep an eye out for references in documents such as parish registers or school log books. Sometimes burial registers will mention epidemics but on other occasions a sudden increase in the number of burials, particularly if they are across the age range, will suggest the likelihood of an epidemic. In March 1860 eighteen year old John James **Braund** of Lifton (branch 11) died from variola or smallpox.

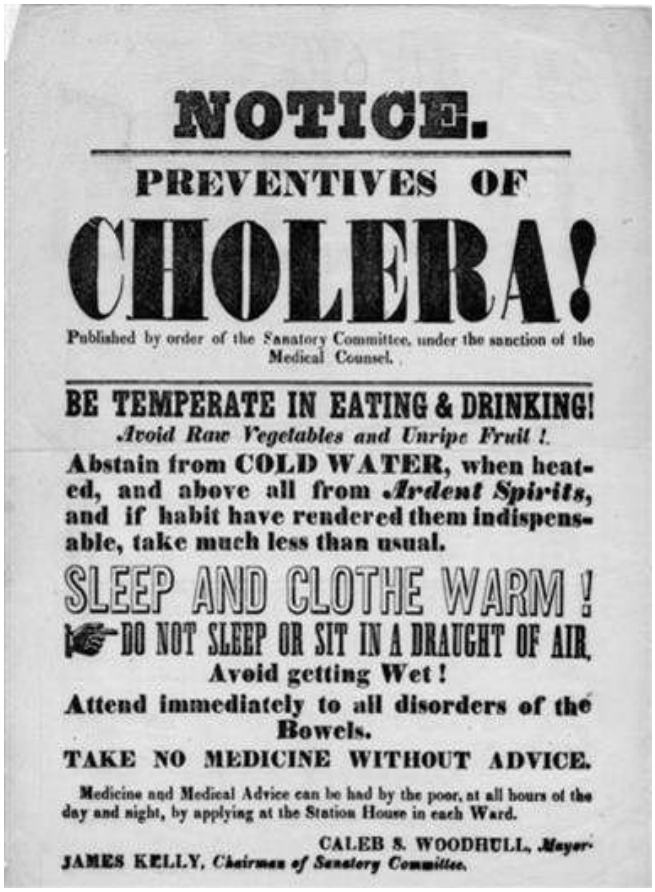
Work Related Diseases

Particularly after the Industrial Revolution, many of our ancestors died from conditions that were related to their working environment. Several occupations made Tuberculosis more likely. It was very infectious and led to fever, pallor, loss of appetite and a cough, eventually the sufferer would cough up blood. Tuberculosis is also known as consumption, phthisis, decline or the white plague. Late teenagers were often the victims. If a family has several siblings in this age group dying tuberculosis might be the cause. In terms of the numbers effected, tuberculosis is believed to have reached its peak in the late C18th to late C19th. There was no effective treatment until antibiotics were commercially produced during World War 2. Tuberculosis was a product of urban poverty, poor nutrition and employment conditions. It was likely to take hold when the immune system was compromised, for example due to malnutrition. It was exacerbated by work in dusty conditions such as mines, mills or carpenters' workshops. It is thought that, in the C19th, 25-50% of the population had tuberculosis. The King's Evil, or scrofula, was characterised by swollen glands. It was believed that it could be healed by the touch of a king. Three generations of branch 6 of the Braund family, James **Braund Jeffery**, William**Braund Jeffery** and his son William James **Braund** all died from tuberculosis and all were bakers, affected by flour dust. Thomas **Braund** the branch 5 blacksmith was another victim. Anna or Hannah **Braund**, eldest daughter of Captain James **Braund** (branch 2) died of 'decline', which was probably TB.

Unlike, tuberculosis, fossy jaw was not responsible for vast numbers of deaths but it is probably one of the best-known industrial disease. Caused by ingesting phosphorus, it was the disease of the match girls. Toothache and sore gums led to abscesses on the jaw and the effected bones glowed in dark. Ultimately it could cause brain damage, accompanied by a foul swelling discharge from the abscesses and death occurred from organ failure.

Mad hatters' disease was mercury poisoning and was often contracted by those working in the hat industry. The hatter's used mercury in the process of turning fur into felt for hats. The symptoms were often mistaken for drunkenness. Vision and hearing were impaired, speech was slurred and victims suffered from anxiety, hallucinations, irritability, depression, lack of coordination, and tremors.

The Effects of Urbanisation



NOTICE.

PREVENTIVES OF

CHOLERA!

Published by order of the Sanatory Committee, under the sanction of the Medical Counsel.

BE TEMPERATE IN EATING & DRINKING!

Avoid Raw Vegetables and Unripe Fruit!.

Abstain from COLD WATER, when heated, and above all from *Ardent Spirits*, and if habit have rendered them indispensable, take much less than usual.

SLEEP AND CLOTHE WARM!

DO NOT SLEEP OR SIT IN A DRAUGHT OF AIR.

Avoid getting Wet!

Attend immediately to all disorders of the Bowels.

TAKE NO MEDICINE WITHOUT ADVICE.

Medicine and Medical Advice can be had by the poor, at all hours of the day and night, by applying at the Station House in each Ward.

CALEB S. WOODHULL, *Mayor.*

JAMES KELLY, *Chairman of Sanatory Committee.*

Closely linked to industrial diseases were those that were a result of the impact of urbanisation on health. Greater concentrations of population, often living in inadequate housing, had an effect on diseases that were principally spread by contaminated water. One such was cholera, which began in India and first affected Britons who were serving the Indian Raj. It arrived in Europe via Russia in 1831/2, killing about 7000 people in Britain in its first year. Other big outbreaks were in 1848-9 when 50,000-70,000 died in England and Wales and in 1854. Our urban dwelling ancestors were far more likely to catch this than their rural counterparts and it was much worse in hot humid weather. Sufferers had severe diarrhoea and vomiting, caused by contaminated drinking water, or less commonly food; passing up to 20 litres of diarrhoea a day. They might be ill for anything from a few hours to a few days before dying of circulatory failure when dehydration led to their blood

pressure dropping. It was not inevitably fatal. Plymouth was particularly badly affected by the cholera epidemic of 1849. William **Newbury**, whose wife Susanna had been married to William **Braund** (branch 6) was one of those who died.

Diphtheria, which had similar causes, attacked the airway making breathing difficult. Most victims were aged between two and ten; those who were not yet weaned were unlikely to catch it. There were three different strains so the likelihood of death varied but could be as high as 40%. Typhoid, caught from polluted water, led to both diarrhoea and constipation, accompanied by abdominal pain, high fever, severe headache, cough, exhaustion and red

patches appearing on the stomach. With no antibiotics, the death rate could be between 10% and 20% and it was Prince Albert's cause of death.

Sometimes causes of death that appear on death certificates need some interpreting. Susan, three year old daughter of John and Mary **Braund** née **Collins** (unknown branch), died of diarrhoea but this was almost certainly one of the water borne diseases.

The Effects of Poverty

Poverty often lead to diet deficiency diseases. Some of these, such as rickets, were more likely to be debilitating, rather than fatal but others killed our ancestors. One of these was the little known pellagra, also known as mal de la misere or mal de la rosa. It caused rough skin, diarrhoea and dementia. Amongst its first symptoms was a 'sunburn' of the face, chest and hands. For this reason it was more noticeable in the winter and spring. Scales then developed on the body of the patient and the results were similar in some respects to leprosy. It also led to tiredness, insomnia, nausea, lack of appetite, anxiety and depression. It was caused by a lack of niacin and was common amongst those with a maize based diet. The disease, which is not considered infectious, is said to be caused by the eating of foods made from musty corn products, so was more common in times of poor harvest. If untreated, the patient normally died within four or five years.

Typhus, also known as jail fever, camp fever or ship's fever, raged where people crowded together, particularly if they were not changing their clothes. It was worse in the summer when there were more insects. It caused abdominal pain, backache, high fever, a cough, diarrhoea and vomiting. Antibiotics are the only effective treatment and the death rate could be as high as 60% without. It was first recorded in 1522 in Cambridge from where it spread to Oxford and Exeter. It is almost certainly what was referred to as 'the new disease' in 1612-1651. In 1817 it was called 'the Irish disease' and in this year, one in fourteen Londoners and one in ten inhabitants of Carlisle died of typhus. Typhus is caused by the body louse, which lives at body heat in the seams of woollen clothing. When the clothing is removed the louse dies. It was very common in the sieges of the English Civil War, when more were likely to die of typhus epidemics than in the ensuing battles.

Some Miscellaneous Diseases

Summer Madness was also known as St. Anthony's Fire, Sacred Fire or Invisible Fire because in its gangrenous form the skin turned black as if it had been burnt. Convulsive ergotism, its official name, attacks the nervous system, causing a twisting and contorting of the body, particularly the neck, accompanied by pain, trembling and shaking. In some cases, this is associated with muscle spasms, confusion, delusions and hallucinations, as well as a number of other symptoms. These include anxiety, vertigo, sensations of being bitten or pricked, stupor, noises in the ears and psychosis. It was caused by the ergot fungus that grows on rye so was often more common in times of bad harvest when poorer quality crops were eaten. It was most prevalent in children because the toxin formed a higher percentage of their body weight. First recorded in 1355, there was a 40% death rate for those who succumbed. Interestingly, it is now thought that ergotism is linked to accusations of witchcraft, in particular those involved in the witch hunts in Salem, Massachusetts.

Leprosy came to England at the time of Crusades and was spread by increasing trade. A feared disease, where sufferers were isolated in the lazar house, it became less common by C17th. Syphilis arrived in Europe from the late C15th. Initially it was known as the Great or French Pox; the term syphilis was rarely used until the C18th, by which time the infection was less virulent. It is estimated that 20% of C19th Londoners suffered from syphilis. Although it was essentially a sexually transmitted disease, there was also congenital syphilis, which was transmitted from mother to foetus. The symptoms included, skin lesions, an itchy rash, fever and in the later stages, dementia. Syphilis could take anything from ten to thirty years before it reached its terminal stage. Families with runs of miscarriages, or infant deaths following unaffected children, could be an indicator of congenital syphilis. Before antibiotics the treatment was mercury administered by a urethral syringe or by 'fumigating' the sufferer with mercury vapour in an enclosed box. We do not have any Braunds citing syphilis as a cause of death on a death certificate but we know from service records that some did suffer from the disease.

In the late C19th, chlorosis, or the green disease, became prevalent in teenage girls. Known also as 'the virgin's disease', victims suffered from palpitations, breathlessness, indigestion, constipation, irregular menstruation and pale skin with a greenish tinge. The disease was

also green in the sense that sufferers were immature. It was thought that it could be caused by tight corsets compressing the gall bladder. It was also considered to be a result of vitamin B6 deficiency, infections or hookworms. Studying too hard was also blamed. Female factory workers seemed particularly prone to chlorosis. The illness is not really understood. It has possible links to anaemia or maybe anorexia. Modern equivalents might be ME or Hikikomori. Chlorosis could be fatal and matrimony was frequently prescribed as a cure.

Childbirth

Until the mid C19th between 5 and 10% of all mothers died in childbirth. As the average married woman could expect to give birth six times, being a wife was a hazardous occupation. Death as a result of pregnancy or childbirth took one of four forms. Firstly, puerperal pyrexia, also known as childbed fever. This infection set in between three and ten days after the birth. In its least serious form, it resulted in pelvic abscesses. The infection might spread to the veins leading to septicemia or reach the fallopian tubes, resulting in peritonitis, the most painful form of childbed fever. In either of these cases it would prove fatal. The fever was caused by the lack of hygiene on the part of the birth attendants or the use of dirty instruments. Ironically, it was made worse with the advent of lying-in hospitals in the C18th, when infection was spread from patient to patient by staff.

There was no awareness of the need for antiseptics or sterilisation until the mid C19th, with the advent of Germ Theory. In the 1790s, Alexander Gordon, a former naval surgeon, suggested that he and other birth attendants might be spreading infection and recommended burning bedclothes and fumigating the attendants. This idea was so ridiculous to his hearers that he was vilified and forced to leave his home town of Aberdeen and return to navy. In 1858, Semmelweis published a work on childbed fever and recommended the use of carbolic soap. He too was ridiculed and ended up in a mental asylum. The prevailing view was summed up by Philadelphia obstetrician Dr Charles **Meigs** “Doctors are gentlemen, and gentlemen’s hands are clean”. The work of **Pasteur** and **Lister** in the second half of the C19th began to make a difference to attitudes towards hygiene and sterilisation.

Many women died of blood loss during childbirth. There was no adequate way to treat this until the mid C19th. Another problem of pregnancy was toxaemia or convulsions brought on by high blood pressure. This was long thought to be associated with Bright's Disease, so the cause of death may be inaccurately listed as such, or as renal failure. It was the 1920s before regular blood pressure checks were made and there was a realisation of the true cause. Before the advent of effective contraception, it was not just unmarried women who were reluctant to go through pregnancy. In England, no legal abortions could be carried out by medical professionals until 1938 and then only in very limited circumstances. This meant that many women died as a result of illegal abortions. The death certificate of Caroline, wife of James **Braund** of Birmingham (branch 6), shows that she appears to have died of blood loss following a miscarriage.

Surgery

Surgical techniques developed little during the 500 years after 1348. Until 1215 it was the monks and priests who gave the medical help. This was seen as being contrary to their role as men of God so, in 1215, they were forbidden from shedding blood and could no longer perform surgery. The work was therefore left to the barbers who possessed sharp tools, although they lacked knowledge of surgical techniques. They developed into the barber surgeons. From then until the mid C19th the survival rate from surgery was about 30%. The three main problems of pain, blood loss and infection remained. Although there were opiates, their use was frowned upon by the church and surgeons were reluctant to render their patients unconscious as then it was difficult to tell if they were still alive. It was not until 1862 that St Bartholomew's Hospital suggested that it was sensible for surgeons to wash their hands between autopsy and operation.

There had been some new ideas to tackle surgical problems in the C17th but many of these theories ran contrary to the ideas of the church and the population as a whole were very reluctant to embrace change. Thus it was the middle of the C19th before the problems of surgery began to be solved. When they were, more complicated operations could be performed so the death rate actually rose.

Famine

The lack of intensive farming techniques, particularly before the Agricultural Revolution, short growing seasons and the difficulty of transporting and storing food, meant that our ancestors might die of starvation. A poor harvest was devastating. Many famines were localised and are difficult to identify but others were more widespread. The small-scale famines and crops failures were none the less devastating in the areas where they held sway. In 1258, a monk wrote "The north wind prevailed for several months… scarcely a small rare flower or shooting germ appeared, whence the hope of harvest was uncertain... Innumerable multitudes of poor people died, and their bodies were found lying all about swollen from want…Nor did those who had homes dare to harbour the sick and dying, for fear of infection… The pestilence was immense – insufferable; it attacked the poor particularly. In London alone 15,000 of the poor perished [of a total population of about 50,000]; in England and elsewhere thousands died." The Great Famine of the early years of the C14th effected the whole of Northern Europe and was particularly severe in England in 1315-17 and 1322. Some famines were thought to be caused by volcanic eruptions, having similar effects to the ash cloud of 2010 but on a larger scale and ruining harvests. The aftermath of an Icelandic volcano was thought to be responsible for many deaths in 1783 as harvests failed. The Irish Potato Famine of 1845-1852, peaking in 1848, is probably the most well-known. 16% of the Irish population are thought to have died. It resulted not only in deaths but in large scale evictions and migrations.

War

Wars were responsible for the deaths of many of our ancestors. There were approximately 900,000 military and 100,000 civilian deaths in the First World War, equating to 2·19% of the population. In fact we are far more likely to have had an ancestor who died in the English Civil War. There were about 190,000 casualties of the Civil War, 12,000 were

from Devon. Not only do we have many more direct ancestors who would have been alive in the mid C17th (perhaps 1024 rather than 4) but a higher percentage of the population (3·7%) perished in that conflict. This means we are 200 times more likely to have an ancestor who died in the Civil War than the First World War; we are just less likely to know who they were.

Prior to the C20th, the armed forces were far more likely to die of disease than from battle wounds. The Crimea was a particular case in point were only one in six casualties died in the glory of battle. Thomas **Braund** of branch 18 died at the Battle of Trafalgar and several Braunds died in the two world wars, including George Frederick (branch 1) and Dennis and Edward **Braund** (branch 2) in the First World War and twins Marwood Paul and John Prower **Braund** (branch 1) in World War 2. The Book *The Price of Conflict* by Michael **Braund** tells the story of many Braunds who lost their lives in conflicts and is available from the Braund Society.

Edward Braund

1898-1916

Suicide, Murder and Accident

Sadly many of our ancestors ended their lives as a result of suicide or murder. In the past mental illness was imperfectly understood. It is difficult to gauge the stresses and pressures of our ancestors. These may have been different but were not necessarily less serious. They may have been coping with poverty, hardship, a lack of leisure time and a lack of privacy. They may have been helped by lower expectations of what life might offer but there were still difficulties. Not least of these was a confining religious and moral climate, fraught with 'hellfire and damnation'. In some cases, it also imposed a moral code that they might

George and Ada Braund

have found impossible to live up to. Suicide was of course both a civil and religious offence, not to be undertake lightly. For this reason, it may have been hushed up if possible. Isabella **Braund** (branch 2) of New Zealand was one who took her own life, as was George **Braund** of Bucks Mills (branch 2).

On the 3rd December 1849 William **Braund** (branch 1) aged 19, who worked for a wine merchant was crossing Bedminster Bridge with two friends. They were taunted by 14 year old Alfred **Dancey** and a lad called **Collins**. Insults like 'blubber-head' were thrown. **Collins** threatened one of **Braund**'s companions with a truncheon. William **Braund** intervened and **Dancey** pulled a pistol with fatal results. The murderer was described in court as 'a desperate boy in the habit of carrying loaded fire arms'. The verdict of manslaughter resulted in a sentence of ten years' transportation.

In the days before Health and Safety legislation many of our ancestors died in accidents, often work-related accidents. Richard **Braund** (branch 1) perished in an accident in Draewall Mine, Cornwall in 1861. The Braunds of branch 6 take the prize for being the most accident prone. Samuel John **Braund** was killed falling in a dry dock; William **Braund** fell off some scaffolding; Frederick Francis **Braund** was casting anchor and forgot to let go of the rope, so he drowned. In 1884, William **Braund** was giving his younger brother a lift to school on the family baker's cart. Albert, aged 8, pestered to take the reins and fell through the shafts. William, aged 19, failed to regain control of the cart and Albert was run over and killed. Then there was Wilfred Claude **Braund** who instead of turning right out of the local inn and walking up the road, turned left and drowned in the River Tamar.

In the absence of a definite cause of death for a particular ancestor, we can at least gain an impression of the major killers of their time.