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## Feeding the Sick in the Time of Jane Austen

*Catherine Morley*

*From a talk given at the August 2012 JASA meeting*

As I was travelling to Australia to participate in the International Congress of Dietetics (ICD) in Sydney, in particular to participate in a panel entitled *Feeding in Hospitals As Though Recovery Mattered: High Time for Evidence-based Practice*, I accepted invitations to make presentations to fellow Janeites in Sydney, Bowral, Melbourne, and Brisbane. This paper provides an overview of the presentation given to these groups.

### Establishing the context for the research

I work as a dietitian-researcher; the theme running through my research interests is ensuring that the nutrition services offered to the public meet their needs (nutritional, education, supportive, and so on). Something about the use of standard 'transitional diets' (the progression from nothing by mouth, to clear fluids, full fluids, and then 'light' or soft foods) commonly fed to people in hospital recovering from surgery never made sense to me. Even as a student, I wondered about the rationale for these diets as there seemed to be no research-derived physiologic basis for their use. Fortunately, the developments in evidence-based practice in the past decade have turned attention on the most appropriate ways to feed people in hospital. As it turns out, there is no evidence to support this diet progression; people do better when they are fed what they want within hours after surgery, achieving far better results than they do when returning to normal eating takes days or weeks. Recovery is quicker, nutritional status is improved, length of stay is reduced, and there is greater client and family satisfaction with the entire hospitalisation experience. What on earth, you may well be wondering, does this have to do with Jane Austen?

Joy is when one's work and one's interests coincide. My research took a most welcome turn in 2010 when I was able to merge my research about the history of dietetic practice with what was a hobby of learning about

the life and times of Jane Austen. What started almost as a bit of whimsy has turned into an international collaboration to work on improving hospital feeding practices.

### Exploring cookery books

In 2010 as a Visiting Fellow at Chawton House Library, I studied the cookery books in the collection (from 1641–1840) to learn about what was fed to the sick in the time of Jane Austen: before there was a profession called dietetics, and at a time when people who were sick were cared for at home, not in hospital (this shift occurred in the 1950s). The first university program in Canada to study to become a dietitian began in 1903; I knew that through the 1950s, household cookery books contained sections entitled ‘Invalid’s Dietary’ or ‘Feeding in the Sickroom’. I was keen to have a look at the Chawton House Library cookery books, including the Knight Family Receipt Book, that predated the books I had in my collection, and to link, if possible, what I would find about former feeding practices with what we know of today as medical nutrition therapy. In particular, I was interested in piecing together the origins of transitional diets, and the first use of the terms ‘clear fluid’, ‘full fluid’ and ‘light’. Considering there was no evidence to support use of this approach to feeding, I was curious about what could have accounted for the widespread use of this post-surgical diet regime. A return visit to Chawton House Library in 2012 provided the opportunity to revisit the cookery books to synthesise ideas arising since the initial search, and to consider implications for practice. The results of this work are what I presented at the Sydney International Congress of Dietetics.

### Cookery Book Findings

Generally, I found no connection between the practices of feeding the sick during this period, 1641–1840, with medical nutrition therapy approaches used today; that is, dietary modifications in the support of acute and chronic conditions. A simple reason for this is that before the mid-20th century, people often did not survive long enough to be fed. We take for granted now that people can live with diabetes, kidney failure, heart conditions, and the like. Prior to the mid-20th century, this was not so.

The search did however yield four main observations about receipts (recipes) of this period, for foods to feed the sick:

1. In earlier books, recipes for items to feed the sick were inserted into a book in the order they were collected. In later books, these recipes were grouped into a section or chapter, just as recipes for cooking meats or making puddings were grouped together.
2. All foods fed to the sick were liquids.
3. Many recipes were accompanied by descriptors that held no connection to the physical properties of the foodstuffs (eg: oatmeal as cooling; parsley as hot).
4. Unlike dietary management approaches outlined in present-day manuals, there were no instructions for use of these foods/dishes. This implied that users of these recipes did not need instruction and were familiar with what to feed for a given condition or illness situation.

I had gathered up dozens of recipes but had no idea how users of these books would have known what to feed when. I wondered what they knew that we no longer do.

To piece this together, I expanded the search and read about medicine and surgery, on advice to young women in preparation for marriage and motherhood, on child care, and about estate management (guidance for a female head of household who had responsibility for the health and well-being of everyone – family, servants, and renters – within a household or on an estate).

It became clear that all of the recipes I had studied were linked to belief in the balancing of the four humours (blood, phlegm, black bile and yellow bile) as the foundation for health. All illness states were considered the result of imbalance of the humours; one of the main ways to maintain harmony or balance in the humours was through food choice. I felt as though I had cracked a code. From then on, every recipe and every bit of dietary advice I read made sense. For example, if oatmeal was cooling, it (or a gruel made of oatmeal) would be given in cases where it was believed

the humours were too hot (or 'irritated', 'inflamed' or 'imbalanced'). Feeding such a dish would follow daily treatments of bleeding, purging, laxative/enema use, and blistering (creating large open wounds through the application of acid) with the aim of ridding the body of excess humours and to restore balance. This contributes a rationale for the use of liquid foods: people who are nearly dead have no energy for chewing and swallowing.

A word about gruels: as with many recipes of the period, the foodstuff was not fed for purposes of nourishment as we think of it today (the delivery of protein, carbohydrate, fat, water, vitamins and minerals) but rather, to deliver the 'essence' of the foodstuff. Gruels were grains cooked to mush, then strained and the grains discarded. The resulting gelatinous starch, not the grain itself, was the gruel. Consider this when next reading about Mr Woodhouse's admiration for his cook's ability to make gruel better than anybody. The notion of 'essences' lends itself to broths and meat-based teas (eg: beef tea, chicken tea) where either a piece of meat was used as we might use a teabag, or the meat was steeped for several hours with or without the application of heat. Essences also account for beef juice (from squeezed steak), aimed at the patient's taking in the strength of the beast, but not being *nourished* as we would consider it today.

If reading the above conjures up concern about food poisoning, you would be right! This was a real threat. Feeding these foods to an immunologically-suppressed, malnourished person would have hastened death, rather than being an effective support of life.

This collection of foods to feed the sick bears a strong resemblance to the foods included in today's clear fluid and full fluid diets (minus the raw meat juices). What Florence Nightingale called 'light' and 'convalescent' diets in 1860 resemble the foods included in today's light diet. Ms Nightingale suggested these two categories of diet along with 'liquids'. The distinction between light and convalescent was that the latter contained 'stronger foods', meaning those that could stimulate the humours.

There is much else to share about this research, for example, recipes (note the plural) for artificial asses' milk. The similarities between donkey milk and human milk are striking, making the former an important foodstuff for

babies without mothers and people of any age who were sick (although our predecessors in the period under review would not have known about the nutritional properties). A lactating donkey was an important commodity. When one was not available, substitutes were used (the rotting juice of crushed garden snails, for example ... I am not kidding). One highlight of the speaking tour was the ah-ha moment in Bowral, NSW, when one member was able to piece together why a distant grandparent had stolen a mating pair of donkeys. That ah-ha made the entire trip worthwhile!

Austen's last, unfinished novel, *Sanditon*, contains a reference to the use of donkey milk. Approving of the proposed boarding school to be established in the resort, Lady Denham says '... and out of such a number who knows but what some may be consumptive and want asses' milk – and I have two milch-asses at this present time' (*Sanditon*, p. 181).

Although I have not found references about whether the Austens made asses' milk available to others or used it themselves when ill, we do know that Jane Austen had a donkey cart (now restored at the Jane Austen House Museum in Chawton) that she used to go into Alton.



*Jane Austen's donkey cart in situ at Chawton Cottage today*

I return to the joy of doing this research. The research continues, and international collaborations to raise awareness and inspire action to change hospital feeding practices have emerged. With funding from a Social Sciences and Humanities Research Council (Canada) Small Institution

Grant, I am working on a study entitled *The history of transitional diets in Canada from 1840 to 2012*. We are studying cookery books, diet manuals, and nursing, dietetics, home economics, and medical texts from 1841 to the present, including the works of Florence Nightingale, to chart the evolution of present-day practices. A recently-approved intern research proposal is a spin-off of this line of inquiry. This study will be an exploration of the views of hospital staff (nurses, surgeons, dietitians) around post-operative diet orders in surgical units where abdominal surgeries are performed. Gaining an understanding of these views and practices will inform efforts to facilitate change in feeding practices.

Current collaboration with colleagues in Australia and the USA is aimed at raising awareness amongst health professionals about the efficacy of early recovery after surgery (ERAS) protocols of which attention to feeding is part. This is the work we call 'feeding in hospitals as though recovery matters'. As one of the attendees (a Janeite, as it turned out) at the standing-room only session at the International Conference on Dietetics declared, 'Thank goodness for Jane Austen. Without her, you would not have gone to Chawton, done this research, and we might not be here today at an international dietetics conference talking about how we can optimise feeding in hospitals'.

I welcome any correspondence about the ideas contained herein.

*I am grateful for the warm welcome I received from the four groups of Jane Austen enthusiasts I had the pleasure of meeting while in Australia. Thanks to Susannah Fullerton, Adrienne Bradney-Smith, Mercia Chapman, and Barbara O'Rourke for the arrangements they made on my behalf. An especial thanks to Barbara for the generous use of her beach house while in the Brisbane area. To reciprocate, I welcome visits from Aussie Janeites wanting to use the writing retreat space I am building right now in my garden overlooking the Bay of Fundy in Hantsport, Nova Scotia.*

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## The Life of Henry Edgar Austen Esq: Jane Austen's strange prophecy

*Alanah Buck and Helen Atkinson*

*From a talk given at the October 2012 JASA meeting*

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*It is reprinted here with that journal's kind permission.*

When, on 25 April 1811, Jane Austen wrote to her sister Cassandra 'I give you joy of our new nephew, & hope if he ever comes to be hanged, it will not be till we are too old to care about it' (Le Faye 1995, p. 182), she could not have imagined how prophetic those words would prove to be. Henry Edgar Austen did indeed die by hanging in 1854, thus completing Jane's strange prophecy. Cassandra had been dead almost ten years and Jane herself almost 40, and they were by then, as Jane had hoped, long past caring.

Henry, the second son and third child of Jane's brother Frank, a naval officer, was one of 11 children. His mother Mary was 26 when Henry arrived in the world in the seaside town of Southsea, near Portsmouth, on 21 April, 1811.<sup>1</sup> While he was probably named after his Uncle Henry Austen, his middle name was chosen to acknowledge his maternal line, Ann Edgar being his great-grandmother. Mary was a Gibson by birth, and is described as being fair in colouring, with a cheerful but resilient disposition (Le Faye 2004, p.140). Sadly, her resilience failed her after her 11th baby, and she did not live to see Henry's 13th birthday, dying at Gosport in 1823 from the complications of childbirth.

Henry's early years were spent at various locations including Deal, Alton and Steventon, and even though his father was frequently absent from home, Henry was not in want of amusement during his formative years. After a visit to Frank and Mary at Alton in January 1817, Jane describes the young Austens as noisy and unruly, but softens the image by adding, 'I cannot help liking them & even loving them' (Le Faye 1995, p. 326). The siblings closest to Henry in age were Mary Jane, Frank junior, George,

*The Jane Austen Society of Australia Inc.*

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