



"A Sick Child is Always the Mother's Property": The Jane Austen Pediatric Trauma Management Protocol

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Published online: 12 September 2020
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Abstract

Two pediatric accidents in Jane Austen's *Persuasion* (1818) and one in Margaret Oliphant's *The Doctor's Family* (1863) are examined from the point of view of trauma management with analysis of contributing risk factors, medical management, concerns of parents and bystanders, and course of recovery. Risk factors for injury are impulsivity, poor supervision, and parents who are unable to set limits. Medical attention is swift and competent, but no heroic measures are used; the management of the injuries, concussion with loss of consciousness and dislocation of the collar bone, is consistent with the way these conditions are, for the most part, still managed today, and successful recovery depends on careful nursing and rest. Louisa Musgrove, who suffers a severe head injury, requires ten weeks of convalescence and undergoes a marked personality change, which we might today attribute in part to post-concussion syndrome but which may reflect contemporary debate about the biological basis of personality and behavior. A sudden traumatic injury to a child or adolescent changes the narrative abruptly, in fiction or in life, dividing a story into before and after, introducing grief and anxiety, and requiring that plans be rethought and personal relationships reshuffled with decisions about care-taking and nursing.

Keywords Jane Austen · Margaret Oliphant · *Persuasion* · Concussion · Head trauma · Acromioclavicular dislocation · Pediatric trauma · Nursing · British fiction

"There was no wound, no blood, no visible bruise; but her eyes were closed, she breathed not, her face was like death. – The horror of that moment to all who stood around!" (Austen 2004, 91)

-Obtain as detailed a history of the actual head injury as possible, including the height of the fall, the nature of the surface on which the patient landed, and whether there was

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visible injury, immediate loss of consciousness, cardiorespiratory compromise. Check carefully for associated trauma.

Those who look to Jane Austen for trauma algorithms will, of course, most naturally begin with Louisa Musgrove's famous fall at Lyme Regis in *Persuasion*, and since Louisa is only twenty years old, she does technically qualify, in modern terms, as a pediatric patient. Anyone who has cared for pediatric trauma patients is familiar with the harsh and abrupt way that accidents interrupt children's lives, often at moments of play, athletic prowess, exploration with an element of risk – how the trauma can strike in the setting of that triumphantly happy physical activity, damaging the child's body and often casting some shadow over the way that body will heal and grow. The practice of pediatrics is defined by the child's propensity – and potential – for growth, which can also define the difficulties and challenges of managing trauma in children; the brain is still developing and changing, and many a parent has wondered whether a head injury will change the course of that development. The bones are likely to heal, but stimulated by their vigorous healing, they may overgrow, so that the fractured limb grows longer than the other. Pediatric trauma also raises, and has always raised, profound questions of supervision, risk-taking, responsibility, and even abuse; in their humorous treatment of head trauma in nursery rhymes, Giles and Shea invoke the need to call Child Protective Services when a baby is placed in a tree ("Hush-a-bye-baby"), or when injuries recur ("Ten Little Monkeys"), and worry about the extent of traumatic brain injury in "Jack and Jill" (2003).

Louisa Musgrove may meet some definitions for a twenty-first-century pediatric patient, but in her own time, she is exactly the right age for flirtation, romance, courtship and marriage, and at the moment of her fall, despite certain childish aspects, she is playing a fully adult role in the novel, as the apparent object of Captain Frederick Wentworth's affections. Captain Wentworth is the hero of the novel, and the heroine is Anne Elliot, a quiet, slightly melancholy heroine for this slightly melancholy novel, which was published after Austen's death. In *Jane Austen and the Body*, Wiltshire notes, "Persuasion is a novel of trauma: of broken bones, broken heads and broken hearts" (1992, 165). Before the novel begins, Captain Wentworth had asked Anne to marry him, and she had turned him down; when the book opens, eight years later, Anne has seamlessly made the transition from a pediatric patient – that is, a lovely marriageable girl of nineteen, to a past-her-prime fading woman of twenty-seven, an attentive daughter to her domineering selfish father, a doting aunt to her married sister's children – her state, in other words, is incipient spinsterhood. Captain Wentworth, now much wealthier and more successful, has returned from sea and is looking to get married, flirting up a storm with both of the receptive Musgrove sisters, Louisa and Henrietta. Life is unfair, and Anne Elliot knows it: "The years which had destroyed her youth and bloom had only given him a more glowing, manly, open look, in no respect lessening his personal advantages" (53).

The whole party heads off to the picturesque seaside town of Lyme Regis, on the coast of the English Channel. The harbor wall, or Cobb, offers them a scenic walk, but it's too windy up on the high part, so they must go down a steep flight to the lower, and Louisa, high-spirited and flirtatious, rather than stepping carefully down the stairs herself, "must be jumped down them by Captain Wentworth." He does so, and she immediately runs back up the stairs so he can do it again. But this time, she jumps too soon: "she was too precipitate by half a second, she fell on the pavement on the Lower Cobb, and was taken up lifeless!" (91).

This is probably the single most dramatic event in the entire Austen oeuvre, and it is met with dramatic responses; various people in the group assume that Louisa is dead, her sister promptly faints, while her sister-in-law becomes hysterical. Our heroine, Anne Elliot,

however, keeps her head, catches the fainting Henrietta, and calls immediately for “A surgeon!” She offers smelling salts, dispatches the man in the group most likely to find the surgeon and eventually directs that the still unconscious Louisa should be gently carried back to the inn. Louisa does offer some proof of life; she opens her eyes, “but soon closed them again, without apparent consciousness” (93). The surgeon arrives promptly, examines the patient, and offers hope: “The head had received a severe contusion, but he had seen greater injuries recovered from: he was by no means hopeless; he spoke cheerfully.” He also confirms that she has no broken bones: “Louisa’s limbs had escaped. There was no injury but to the head” (94).

-Head trauma with loss of consciousness requires a protracted period of rest, and neurological symptoms may persist for months after the injury.

The rest of the group returns home, leaving Louisa to be nursed in Lyme, where she recovers slowly; we hear after a day or two that “Louisa was much the same. No symptoms worse than before had appeared” (99). A few days later comes better news, first, that “the intervals of sense and consciousness were believed to be stronger” (100), and then that she is “beginning to sit up; but her head, though clear, was extremely weak...” (105), and then finally that “Louisa was now recovering apace” (110). The time course of her recovery is given; the accident happens in mid-November, and she is fully recovered and able to return home by early February, so it has been a convalescence of about ten weeks. As other characters talk over Louisa’s accident, during that time, they blame it on her impulsiveness and speculate perhaps a trifle eagerly about whether she will really recover: “it was perfectly decided that it had been the consequence of much thoughtlessness and much imprudence; that its effects were most alarming, and that it was frightful to think, how long Miss Musgrove’s recovery might yet be doubtful, and how liable she would still remain to suffer from the concussion hereafter!” (103). It is worth noting that rather than referring to it as a “contusion,” they are now calling it by the name we would use today, a concussion. Both diagnoses – the cerebral contusion, or bruising of the brain, and the concussion – were well established before the early 19th century, and in fact, over the course of the eighteenth century, the microscope (invented in 1675) had been used in much investigation of the pathological processes of brain injury. “Contusion” describes such a pathological process – a bruising of the brain – while “concussion,” which suggests a sharp shock and perhaps a shaking injury, may reflect a more functional diagnosis, in that consciousness was interrupted, but only transiently (McCrory and Berkovic 2001).

Louisa makes a full recovery, which includes falling in love with someone new, thereby taking herself out of the main plot of the novel. In fact, her character would appear to have been completely altered, probably for the better, by her head injury and her convalescence: “very much recovered; but she is altered: there is no running or jumping about, no laughing or dancing; it is quite different. If one happens only to shut the door a little hard, she starts and wriggles like a young dab chick in the water...” (176). We might nowadays attribute this to post-concussion syndrome, which can include sensitivity to noise and light lasting for weeks or months after the injury.

Richardson has suggested that in the late 18th and early 19th century, as Austen was writing, the idea of brain injury leading to personality change was drawing much attention, and while Austen is usually seen as a writer who connects character closely to upbringing and experience, she draws here on a very different understanding of the biological basis of personality and behavior: “Louisa’s character is ‘altered,’ remarkably and apparently for life, by a single incident, a severe blow on the head. Once ‘happy, and merry’ and rather giddy,

Louisa is, as a consequence of head injury, ‘turned into a person of literary taste, and sentimental reflection,’ sedentary and neurasthenic.” Head injury, he argues, was “politically loaded” at the time because tying details of personality, thought, and behavior to a biological base in the brain threatened “the philosophical underpinnings of orthodox religious belief” (2002, 146). He traces a debate in the pages of the *Edinburgh Review* on the question of whether brain trauma results in personality change and suggests that Austen was adopting here a rather materialistic view of personality as biologically seated in the head and sensitive to the physical forces acting on the cranium.

-Trauma to the spine is a concern in falls affecting the back, and may take some time to declare itself; the patient should be carefully examined and monitored for any evidence of neurological damage.

There is an earlier, more trivial, incident of childhood trauma in *Persuasion*, the “broken bones” referred to by Wiltshire, though no bone is actually broken. It happens before the trip to Lyme, while Anne is visiting her sister, Mary (who is married to Louisa and Henrietta’s older brother). Mary, one of Austen’s brilliant comic characters, is a constantly whining, self-pitying snob, completely self-absorbed, focused on her small physical trials and tribulations, desperately conscious of how she ranks in terms of precedence next to any other lady, very bad at managing her two little boys, and above all, determined to get her fair share of social importance and entertainment. Anne, as the children’s aunt, is clearly much better at managing them – and perhaps, it is suggested, more truly fond of them than their own mother.

Anne and Mary, setting out one morning to pay a call, “were stopped by the eldest boy’s being at that moment brought home in consequence of a bad fall.” Austen doesn’t give the history of the fall (from a tree? from a horse? from a wall?), but she is quite specific about the injury: “His collar-bone was found to be dislocated, and such injury received in the back, as roused the most alarming ideas” (47). The apothecary is sent for, and he examines little Charles: “the collar-bone was soon replaced, and though Mr Robinson felt and felt, and rubbed, and looked grave, and spoke low words both to the father and the aunt, still they were all to hope the best” (48).

It’s interesting that there is much concern about the possibility that Charles may have suffered some damage to the spine, while there is never any such worry expressed about Louisa, who sustained a sufficiently bad blow to the head that she lost consciousness. After a similar fall today, the EMTs would certainly put Louisa in a cervical collar immediately and strap her to a backboard, and she wouldn’t be able to get up until she was cleared radiographically. The same might be true of Charles – it’s a little harder to say, since we don’t have a description of his fall. The most common causes of acromioclavicular dislocation include direct trauma to the shoulder, and certainly falls are important in that category.

-Rest and careful nursing are essential.

The current treatment for both of the injuries specified in *Persuasion* is still essentially what the characters received: Louisa suffers a concussion and is treated with prolonged rest, with particular attention to resting her mind, brain, and emotions. Charles has a dislocated collar bone, and a 2020 review starts by pointing out that these “mostly involve younger, male individuals,” and the majority of these injuries today are treated “nonoperatively with a trial of immobilization, pain medication, cryotherapy, and physiotherapy” (Nolte et al. 2020, 27). In other words, the apothecary, after examining him carefully, probably put him in some kind of sling and advised rest, soothing medicines, if any, and continued gentle cossetting by his kindly aunt.

After the acute injury, little Charles's main role in the plot is as the center of a discussion about whether his parents can leave him at home to go out and be sociable with their neighbors. That first night "both father and mother were in much too much strong and recent alarm to bear the thought," though later on, the father thinks of going out for a little while but is prevented by his wife. However, by the next day, the child "was going on well." There is still some concern about his spine, but the apothecary "found nothing to increase alarm." At that point, his father begins to chafe at being kept at home: "The child was to be kept in bed, and amused as quietly as possible; but what was there for a father to do?" He points out that this is "quite a female case," and his plan for the day is to go out shooting (this is a Jane Austen novel; nobody in this story has a job except for the hard-working apothecary), then to dress for dinner and go dine with the neighbors, leaving his wife, Mary, to tend the child with her sister, the faithful Anne. "Nothing can be going on better than the child," he says (48-49).

Mary is furious, and complains extensively, as is her wont, to her sister: "So! You and I are to be left to shift by ourselves, with this poor sick child....This is always my luck! If there is anything disagreeable going on, men are always sure to get out of it...." She claims to be worried that there may be "a sudden change," but it's transparently clear that she is not thinking of the injured child but only of her own amusement: "So, here he is to go away and enjoy himself, and because I am the poor mother, I am not to be allowed to stir;— and yet, I am sure, I am more unfit than any body else to be about the child. My being the mother is the very reason why my feelings should not be tried. I am not at all equal to it. You saw how hysterical I was yesterday" (49-50).

Anne reassures her that all will be well, that she understands the apothecary's instructions, and she even says, "indeed, Mary, I cannot wonder at your husband. Nursing does not belong to a man, it is not his province. A sick child is always the mother's property, her own feelings generally make it so." But it quickly becomes clear that Mary does not actually have those feelings: "I hope I am as fond of my child as any mother—but I do not know that I am of any more use in the sick-room than Charles," she says. "I am not more alarmed about little Charles now than he is. I was dreadfully alarmed yesterday, but the case is very different to-day" (50).

The invaluable Anne offers to stay with little Charles, and Mary is delighted: "You, who have not a mother's feelings, are a great deal the properest person....An excellent thought of yours, indeed, Anne!" (50). We next hear of the injured child as again, after some significant elapsed time, an excuse for Anne to avoid going out to a dinner party, because she does not want to encounter Captain Wentworth, her former lover, now so enmeshed in his flirtation with Louisa and Henrietta Musgrove that everyone is busy guessing which one he likes best. "Henrietta was perhaps the prettiest, Louisa had the higher spirits"(64). Anne stays at home "under the mixed plea of a headache of her own, and some return of indisposition in little Charles" (66), and then the next morning, we see Anne tending "the little invalid Charles, who was lying on the sofa" (67). Thanks to her tender care, Charles apparently recovers fully and essentially exits the plot in the next chapters of the story, which take the adults, including his parents, off to Lyme on their excursion.

Wiltshire argues that nursing, in *Persuasion*, is a mark of femininity: "It is as if there were a necessary relationship between femaleness and nursing, as if true womanliness were expressed in devotion to the well-being of others" (1992, 167). However, he points out, by accepting – and even embracing – the role of nurse, Anne removes herself from the sexual and romantic narrative, avoiding a possible encounter with the man she still loves, while embracing a "true womanliness" which, while it involves a certain familiarity with the human body, erases her at least temporarily as a body herself with sexual and romantic desires.

-Even transient loss of consciousness in a child after trauma is concerning; quiet, rest, and close observation are essential afterwards.

Persuasion was published in 1818, and forty-five years later in 1863, Margaret Oliphant published her novella, *The Doctor's Family*, one of the volumes of her highly successful series, *The Chronicles of Carlingford*, published from 1863 to 1876. This series of two short stories and five novels was modeled on Anthony Trollope's *Chronicles of Barsetshire* and like its model, tells a variety of stories from a country town, paying particular attention to the clergy, and the doctors. It made Margaret Oliphant a good deal of money – which she badly needed, after being widowed, with three small children when her husband died of tuberculosis in Rome. She had been worried that her writing was not selling, but the Carlingford stories made her fortune, she said.

The best-known of these books is probably *Miss Marjoribanks*, which is often compared to Jane Austen's novel *Emma*, since it is also about a somewhat imperious young woman, living with her father, busily interfering in the lives of the people around her – setting the rules for society, taking up “favorites,” and making matches. Oliphant herself considered *Persuasion* “the least amusing of Miss Austen's books but perhaps the most interesting” (Showalter 1993, 103). The Marjoribanks household she created is headed up by a doctor; Lucilla Marjoribanks spends the book telling everyone that she is devoting herself to her widowed father, the socially prominent Dr. Marjoribanks, and will therefore never marry herself. But the doctor in *The Doctor's Family* is very much *not* socially prominent; the story of young Dr. Rider begins with the statement that he lives in the wrong part of town and that his house, “though sufficiently comfortable, was of a kind utterly to shock the feelings of the refined community” (Oliphant 2018, 3). At the beginning of the story, Dr. Rider is tortured by the continuing presence in that house of his no-good brother, Fred, who is sponging on him for money, most of which he spends on alcohol and tobacco: “A large man, interpenetrated with smoke and idleness and a certain dreary sodden dissipation” (4).

The plot of the novella involves the brother's wife showing up unexpectedly from Australia, along with her three badly behaved children and her sister, Nettie, the heroine of the piece. Nettie moves the whole group to a rented cottage, tends the children, sews them clothing, cares for her whining invalid sister, who is completely inept with her own children, and funds the whole operation, including the continued drinking of the doctor's useless brother. Meanwhile, Dr. Rider falls in love with her. It is little Fred who gets hurt, while the doctor is actually visiting the cottage; he has just discovered to his disappointment that Nettie has gone out, leaving the children supervised by the landlady, who is not up to the task: “one astride the banisters of the stairs, sliding down from top to bottom; another clinging now and then, in the pauses of the conflict, to the top of one of the doors, by which it swung backward and forward. Terrible infants! There they all were in a complete saturnalia” (23). The doctor yells at the children to behave, then finds himself telling off his brother, Fred senior, for sponging on Nettie, and for polluting her little sitting room with his foul pipe and brandy. But even as the two men are arguing, they hear, “a louder outcry than usual from outside, the screams of the children, and the wailings of the landlady” (25).

Just as Edward has lost his temper with his brother, “The doctor's threats were interrupted by the entrance of a woeful procession....Mrs Smith and her husband entered, carrying between them, with solemn looks, the unconscious Freddy, while his mother followed screaming, and his little brother and sister staring open-mouthed.” It was Freddy who had been swinging on the door “and was stunned with the fall.” His parents assume that he's dead,

“but the accustomed and cooler eyes of the doctor perceived the true state of affairs.” Dr. Rider moves immediately to open the window and let in some fresh cold air; he “devoted himself to the little patient—not that he loved the child more, but that the habits of his profession were strong upon him.” And he succeeds: “When he had succeeded in restoring the little fellow to consciousness, the doctor threw a professional glance of inquiry round him to see who could be trusted.” He settles on the landlady, as clearly superior to either of the parents, carries the child upstairs (once again, he feels no concerns about immobilizing him), and gives the landlady full instructions, telling her “to keep the room quiet, if she could” (26),

Dr. Rider goes back the next morning, “to see how the unlucky child was at St Roque’s Cottage,” and finds little Freddy “moaning and feverish.” Nettie, the faithful aunt, has returned and taken charge; she thanks the doctor for his attentions to Freddy, and she does not seem to be concerned about the child: “He is feverish, but he is not ill; and so long as I tell him stories and keep beside him, Freddy is the best child in the world.” It doesn’t particularly make sense that the result of Freddy’s fall should be a fever the next day, but no ill comes of it, and Dr. Rider’s reaction to this news is actually rather flirtatious: “‘More people than Freddy might be willing to be ill under such conditions,’ said the doctor, complimentary, but rueful” (27–28). He then takes care of Freddy “with the most dutiful exactness till the child was quite restored” (30). The word “concussion” is never used here, and there is no medical discussion of Freddy’s injury, but like Louisa and like Charles, what he most seems to need is quiet and careful nursing.

-Pediatric trauma occurs in the setting of poor limit-setting and inadequate supervision, and those most at risk are children and adolescents with poor impulse control.

As with little Charles in *Persuasion*, this pediatric accident is clearly meant primarily as a comment on bad parenting; Jane Austen introduces Charles and his younger brother by having their mother, Mary, complain that “they are so unmanageable that they do me more harm than good. Little Charles does not mind a word I say, and Walter is growing quite as bad” (35). Mary’s husband is acknowledged a little more competent: “As to the management of their children, his theory was much better than his wife’s, and his practice not so bad—” (40). However, between them, they have raised two spoiled and willful children, who are unwelcome in their own grandmother’s house because they have to be constantly reproached, or else quieted with more cake than is good for them; their grandmother, acknowledging that they are “so spoilt!” tells Anne Elliot that “They are quite different creatures with you!” (41). The children also recognize that Anne, their aunt, is the one who actually knows how to care for them, and “loved her nearly as well, and respected her a great deal more than their mother” (39). We are not actually told whether a failure in supervision contributed to Charles’s injury, though since he is only four, it would be logical to assume that someone should have been watching over him.

The children in *The Doctor’s Family* are also badly behaved with a self-absorbed mother preoccupied with her own health and a neglectful alcoholic father; when the doctor first meets them (having only just learned of their existence), he finds three children “making enough noise for six – all very small, very precocious, with staring round eyes and the most complete independence of speech and manners” (12). The doctor goes on to apply such terms as “the little rabble,” “unrecognizable little savages,” and “Dreadful imps!” (12–13). Once again, it is only their patient and long-suffering aunt, Nettie, who can manage them at all, and when she goes out, leaving their parents to supervise them, injury soon follows.

Louisa Musgrove herself is “too precipitate” or too impulsive or too willful and very definitely brings about her own concussion, as surely as little Freddy swinging on the door. Her fall – or rather her jump, since she pitches herself off the wall – can be interpreted metaphorically as an attempt to throw herself forward into passion and romance. Wiltshire suggests a more psychopathological reading of deliberate self-injury, but it also an essentially childish gesture, refusing to come down the steps sensibly like the other adults, demanding to be “jumped down” once and then twice.

-Although surgical interventions may not be necessary, skilled nursing is essential for recovery.

Louisa’s fall has been described as the “most sensational moment of physical violence in Austen’s work,” but as a plot point, it presents the same challenge as little Charles’s dislocated collar bone, or, to take a less traumatic illness, as Jane Bennet’s bad cold in *Pride and Prejudice* (Richardson 2002, 146). The plot problem in each of these cases is a problem of nursing and caretaking; who is going to tend the patient. In the case of Jane’s cold, her sister, Elizabeth, insists on coming to stay with her and tending her, which brings Elizabeth into unexpected propinquity with Mr. Darcy. There is an element of flirtation and lovemaking around nursing little Freddy as well; at first he has to make do with the landlady, since his own parents are of no use, but his aunt Nettie, when she returns, expeditiously nurses him back to health with the approving supervision of the doctor, who wishes he could be under Nettie’s tender care as well. Anne Elliot, on the other hand, tries to hide from the romantic complications of the plot by nursing little Charles.

Romantic dramas may play out around convalescences, but nursing requires skill and aptitude. Louisa Musgrove’s long convalescence will eventually turn into an opportunity for romance as well, but after her initial fall, the primary plot concern is that she will need someone to stay with her in Lyme. Anne offers to stay, but her sister Mary, on the principle of always wanting whatever part someone else is playing, insists on displacing her. Mary will not actually do any nursing; Louisa is cared for by Mrs. Harville, the friend with whom she is staying, “a very experienced nurse,” assisted by her equally experienced nursery-maid (94). Mary’s role, true to her character, is to become hysterical again, and to be taken out on walks to get her away from the sick-room: “Mrs. Harville left nothing for any body to do” (99).

Once Anne breaks the news of Louisa’s accident to her parents, however, they promptly dispatch someone even more expert and more familiar with Louisa, “the old nursery-maid of the family, one who having brought up all the children...was now living in her deserted nursery to mend stockings, and dress all the blains and bruises she could get near her, and who, consequently, was only too happy in being allowed to go and help nurse dear Miss Louisa” (99). Again, there is something notably pediatric about this injury in the way it was sustained and the character traits that contributed to it as well as in the nursing role for her childhood caretaker. Eventually, Louisa’s parents follow and stay in Lyme until Christmas, and in February, they are finally able to take their daughter home.

Louisa’s surgeon, Charles’s apothecary, and Freddy’s doctor are all prompt, authoritative, and hard-working; they examine their patients carefully, and they most definitely return to follow up (Dunea 1996, 498). They reassure, and they offer hope, but they are careful not to make promises. Notably, they all treat these injuries very much as they would be treated today, by advising rest and by paying tribute to the value of attentive nursing. The primacy of nursing also reflects the ways that these traumatic incidents figure in the plot; someone must stay with the child, go to the child, or manage the child. Plans must be changed, skilled attention must be

paid. It is an aunt who suggests, perhaps somewhat reproachfully, that “a sick child is always the mother’s property,” but in two of these cases, it is aunts who do the actual nursing, while in the third, the chief bedside attendant is the nursery-maid.

In the 19th century, as in the 21st, pediatric trauma represents a sudden dramatic change in the narrative; it is an event which divides the plot into a before and an after; on the one side is an abundantly – even dangerously – active young person, and on the other is a broken body. In the 19th century, as in the 21st, pediatric trauma stories reflect personality and risk-taking behavior, limit-setting, parenting decisions, and supervision. In the 19th century, as in the 21st, terrified family members stand over a hurt child and look to medical experts for immediate examination and reassurance, for prognostic information which may not be immediately available, and then for continuing consultation as the child recovers. But it is not heroic interventions which the surgeon has to offer, any more than we see the apothecary proffering potions and nostrums. Instead, with rest and care and quiet, and above all, attentive nursing, the wisdom of the 19th century is the wisdom of the 21st: that young bodies do get hurt, but they do recover, that the collar-bone will knit, the bruised and shaken brain can heal, and the young can continue to learn and grow.

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