

terations of commerce may deprive the remedy of its force, and in our case "force is a remedy," for it means *purity* and the sustaining strength that springs from it. Better for our sick to have no wine at all, than wine (?) that does them no good, and generally comes in with the groceries! In this matter of excellence of wine, much, but not *all*, depends upon the social position of your patient, and the resources of the family wine cellar. No expense or trouble should be spared to obtain whatever wine the Doctor orders of the *best*, and we may more reasonably expect to find *quality* from leading wine firms, than in ordinary shops—or worse still, public-houses.

We find claret good during early convalescence after hæmorrhage, and with a tendency to its recurrence; if with feeble pulse and cold skin it is best to give a small quantity, say, at lunch time, and again in the afternoon instead of tea, mulled and without water, and with a piece of thin dry toast sopped in it; if there is slight feverishness give it with cold water without sugar—you will not need toast with this way. Sometimes Burgundy is ordered, largely diluted with water, and this also is taken cold.

Our next ally is champagne—a noble wine when pure; but how often do we get it so? Doubts and difficulties beset us on all sides, for not only have we adulteration to encounter, but base similitudes that are not wine at all, and whose shining merits (if they have any) are confined to a gorgeously labelled bottle, and the amount of noise and froth that accompanies their escape from that dubious receptacle. The manufacturers of these compounds should be compelled to spell them with a big S, and those consumers (and their name is legion) who do not know "shampagne" from real can rejoice in them; but we, as Obstetric Nurses and sensible women, distinctly decline them for our patients, gentle or simple.

Assuming that we have a champagne that we can trust, why and when do we give it? There is sometimes a point in convalescence after childbirth when the patient's powers begin to flag, and neither she nor we scarcely know why. The woman is tearful and depressed, without any assignable cause for such depression; her appetite falls off, and food is only taken under persuasion. Now we know very well when appetite fails the next thing to fail will be sleep, and our patient will drift into a serious condition, unless we can try and do something to avert it. I have not seen much good come of medicine, and as the patient is not sufficiently well to be taken away for change of air, we must resort to other means to restore her, and we will see what good wine (champagne) will do for her, and the first use we

will make of it shall be an attempt to win back appetite. The most important meal in the day for our convalescents is the mid-day dinner, and as champagne is *par excellence* a dinner wine (when it is worth drinking), we will begin with it at that meal. What shall we give with it?—a great deal goes to this point. Champagne and mutton chops would be rank heresy, and "sweets" will spoil the flavour of the best vintages. Fish or poultry will be the best viands to choose, or if game, partridge should be selected as the most delicate.

In the case we are considering we will have a whiting prepared for the lady, as about the lightest and most delicate fish—fried, of course, *secundum artem*—and with it can be eaten bread and butter (white or brown), and to drink with it a glass of champagne, which we expect—and not without reason—to tempt down the dinner. We vary the meal next day with chicken roast, preferably with bread sauce, and repeat the wine; and I have seen this simple plan pull a patient out of the "slough of despondency" and get her round again. Of course we go on with the milk porridge for the supper meal—that is so essential as an article of diet at this time that it must never be omitted—and those preparations of eggs we have recently discussed; we only have the wine to get the food down. With respect to the quantity to be taken, that must depend upon Medical direction, and also as to how long the champagne is to be continued. My Nursing readers will, I hope, by this brief digression understand the different circumstances under which we use claret and champagne, which we may fairly call in this case medicinal nourishment.

Before concluding this lengthy chapter, I must ask my readers to go back to that portion of it when the lady was well enough to return to her drawing room, and was making fair progress towards recovery. We made a digression to show you how an attack of post-partum inflammation would retard that happy consummation, and pointed out to you the important nursing duties required by it, and we will assume that our patient has fairly recovered from the attack, though convalescence has been tedious and anxious because of it, under normal conditions a patient is well enough at the end of the third week to go downstairs and move about the house, bearing in mind that a large portion of each day *must* be spent on her sofa, and by the month's end—season and weather permitting—a lady will be well enough to leave home for change of air, a most important matter to *complete* recovery.

Some little judgment is required in selecting the health resort, and more to the temperament of the "convalescent." For instance, fair-haired,

[previous page](#)

[next page](#)