

Expectorant mixture	Measure
Linctus	Two bed-pans and urinals
Laxative pills	Primus stove and kerosene (if possible)
Epsom salts	Splints, various (or flat pieces of wood can be improvised)
Castor oil	Elastoplast
Aspirin	Adhesive plaster
Veganin and morphine	Thermometer
Methylated spirit	Gloves (and mending materials for same)
Vaseline	Talcum powder
Carbolic	Safety pins
Common salt	Mattresses
Iodine	Pillows
Bicarbonate of soda	Blankets
Cotton wool and gauze	Macintosh sheets and hot water bottles
Lint	Towels
Bandages (a very generous supply of sheets will do for these)	Dry clothes
Higginson's syringe	Buckets, brooms, and brushes
Funnel and tubing	Soap
Two enamel trays	Hand torches with spare batteries
Two enamel bowls	Food and cooking utensils

COPING WITH A CASUALTY

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To the Casualty Concentration Point comes Private Y, suffering from a "clean" bullet wound of the chest, nagging cough with blood-stained froth at lips and intense thirst.

This is How it Happened

The regular use of a fresh-water spring has worn a pathway through the bracken. Because this piece of country is open to enemy fire, it is never used in the day. Volunteer Y is walking along it on a black night carrying two buckets of water, when he falls an instant after a shot is fired from a rifle previously trained upon the path in daylight, the noise of his passage having given him away to the enemy.

Volunteer Y crawls the odd 50 yards downhill and attracts the attention of one of our patrols. When they find him, he is coughing painfully and bringing up a lot of blood. This frightens him very much and he needs reassuring. Whenever he lies down, the cough comes on, so they hold him propped up and unbutton his tunic. This shows a wound of entry 5 inches to the right of the midline of his chest and a wound of exit on the same side at the back just beneath the point of his shoulder blade. The entry wound is small and the bullet seems to have gone between the ribs. The wound at the back is about the size of a half-crown and the ribs appear to be broken. He is bleeding gently from the exit wound.

The first thing to do is to put a wound dressing on each wound and bind it on firmly. The tunic of his battle-dress should be rebuttoned and his right hand put in "Napoleon's position" so as to give the effect of a sling. He is now ready to be moved back to the Casualty Concentration Point. Because of his cough this

interpretation of benevolence. Because they are sick they very probably are not guiding their conduct by the principle "Everyone to count for one and nobody for more than one." Only too probably their horizon will have shrunk to very narrow limits, their selfishness is heightened, and their self-control correspondingly diminished. The conventions governing social life have been relaxed. The nurse has the difficult task of combining kindness with firmness. She has to guard against taking advantage of confidence, which may be thrust upon her; she has to safeguard the patient from the evils of physical and mental dependence on her goodwill. While claiming obedience as a nurse, she owes the patient as a human being the enjoyment of as large a sphere of liberty as possible. She has also to preserve her own liberty of action, and owes it to herself to accept no gift or overture which infringes upon it. Gratitude may pass by insidious degrees into an attitude of mind which exacts rather than gives.

In the second place, the nurse has special obligations towards the doctors with whom she works. The nurse is bound to support the doctor with all the skill she possesses. Since both are working for the same end—the health of the patient—there should be no conflict between the nurse's duty towards the doctor as director of treatment and the nurse's duty towards her patient. Yet such a conflict may arise; she may recognize that there is neglect, or error of judgment. Where does the nurse's duty lie? She can but weigh up her obligations and decide in the light of all the circumstances. The claims of professional etiquette cannot override the claims of the law of benevolence. What the nurse has to be sure of is that the conflict is not a case of professional rivalry or personal jealousy or incompatibility of temperament, a conflict of likes and dislikes masquerading as a conflict of duties. Her duties to the doctor as a person carrying heavy responsibilities and often working under severe strain are over and above the duties she owes him as a fellow member of society. There is a special call for patience and self-control.

Thirdly, there are the duties which a nurse has towards those with whom she is working, those in authority and her fellow-nurses. The obligations of loyalty and co-operation stand out. The well-being of a community often demands the sacrifice of the individual's private pleasure. "Why should I?" is a question which comes very often and carries a note of exasperation. It is difficult to work *with* others. Working with people does not mean carrying on in their presence; it means quite literally working with them for the same end. This involves "give and take". One may often see, and see truly, that one's own way of doing something is better than the way followed by others, and it is difficult to follow their lead. Rules and regulations may seem pointless. They may in fact be antiquated, and the situations they were planned to meet may have disappeared. Has one, then, an obligation to carry them out? There will certainly be an obligation to take every means open to one to have such rules revised, but so long as they are in force in the community, the nurse has an obligation to fulfil them. Only very exceptional circumstances will render their breach a duty