

as there is a cough present, yielding fresh blood. From the patient's point of view, the greatest difficulty lies in breathing and in the painful cough, which should be stilled by doses of any simple linctus or sedative cough mixture. Restlessness (which promotes coughing) can be abolished by having the patient really comfortable, with a good donkey under his knees and well disposed pillows at his back.

The considerable hæmorrhage of such a wound gives rise to the continuous thirst, which should be relieved with well-sweetened drinks delivered from a feeding cup or small teapot. Sweetened milk is excellent, as it provides nourishment and does not provoke coughing. Diminution of thirst, and loss of the feeling of weakness and fright, are good signs.

The patient's temperature, pulse and respiration should be noted. Rise in temperature indicates infection. Some degree of pneumonia is common with such injuries. If there is, M. and B. 693 would be invaluable here.

In general, it may be said that a lung case which has stood transport will stand anything. Success depends on rest and good nursing.

By courtesy of *The Nursing Mirror*

OBLIGATIONS AND IDEALS IN NURSING

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We have to consider "the law of benevolence" in relation to the obligations of a nurse. There is perhaps no other group of persons who stand in such a special relationship to their fellow men and women as nurses. Special relationships mean special obligations. This perhaps is the only justification for that misleading title "Nursing Ethics." It would seem to imply that nursing has different ethical principles from other fields of conduct. Ethical principles are fundamentally the same for all walks of life, but the obligations these principles impose are relative to the nature of the situation. Over and above the obligations which fall upon her as a citizen the nurse has the obligations which arise from her profession. She has the duty of carrying out her professional work in the way which the authorities of the profession prescribe. She may question this or that method, but she has the obligation of nursing in the best way she can discover. This is what she "professes". Then the very nature of her work involves special social obligations.

First, there is her relation to her patients. They have a right to her skill, to what she professes. But they have a right to something further. They are sick folk with special needs both of the body and of the mind; they need kindliness, the common

is most comfortably done for him on a four-handed seat, and luckily the covered nature of the country permits this to be done by easy stages.

Treatment on Reception

The main feature of this case on reception will be his thirst. His lips will be bloodstained and when he coughs, he will bring up a bloodstained froth and perhaps a few small clots. The thirst is natural and is a result of his hæmorrhage. It should be quenched, as liquids will go to replace lost body fluids. There is an old tradition that lung wounds should be given only ice-cold drinks. It is perfectly true that they may appreciate cold drinks more, but there is no danger in giving warm drinks. Really hot stimulating drinks might conceivably tend to promote pulmonary hæmorrhage; on the other hand, sucking cracked ice does nothing at all to stop hæmorrhage and only serves to give the patient toothache.

The man's clothing must be taken off, and he must be placed in Fowler's position, well covered with warm blankets. While this is being done, it should be made certain that the tract of the wound does not include the abdominal cavity. If it does, treatment will have to be modified.

Toilet of the Wound

The small entrance wound can be regarded as sterile and is not likely to give much trouble. It was made by a bullet travelling at such high speed that the heat so engendered rendered it aseptic. All that is required is a replacement of the wound dressing. If this is not available, a sterile pad and bandage may be applied. The exit wound is a different problem; it is larger and contains bone fragments, blood clot, and might even have somewhere in the tract behind it a few shreds of indriven clothing. In spite of this, *it should not be probed*. The skin around it should be cleaned with spirit or any other disinfectant, wiping always away from the wound. An ample pad of gauze, backed with cotton wool, should be put in place and the wound left to drain. This dressing must be watched carefully, nature of discharge noted and reported, and padding so arranged as to keep pressure away from the injured side. The arm of the injured side should be placed in a sling, as this tends to promote rest.

It is possible that the large exit wound may be open and "blowing," i.e., that the chest wall is so punctured as to leave a connection with the outer air and the air passages of the lungs. With this state of affairs, the lung soon collapses and respiratory movements serve only to draw air through the wound into the chest cavity. This is extremely dangerous and may lead to a fatal shifting of the heart and mediastinum. The immediate action called for is to stop the passage of air through the wound by the proper placing of a firm dressing. If possible this must be reinforced by a surgical repair of the chest wall.

General Nursing Care

All chest cases must be nursed in Fowler's position. They must not be allowed to talk, or do anything for themselves, as long

owed to the law of benevolence. A nurse is not her fellow-nurse's keeper, but she is a partner with her in the community, and as such she has the duty of keeping her on the rails whenever she can do so without infringing upon her personality.

The principle of benevolence does not impose a light rule upon the individual. It is not easy to be *one* and not *the one* with reference to the pleasures of life and the conditions of well-being. Yet to many the law of benevolence has seemed inadequate to express what they hold to be the essence of morality. Although in the long run a man's deeds reveal his character, it is in his character that the core of morality lies. It is not only what a man does, or even what he intends to do, but the motive from which he does it, that enters into morality. A man may appear to be a public benefactor by some munificent gift to the community: a hospital, or a play-centre. The deed is "good", of benefit to thousands; but the motive, the "moving why" may not lie in a love for his fellow men, but in a desire to excite public admiration, or to obtain some honour. The deed then lacks moral worth so far as the man himself is concerned.

A man's ideals are what he aims at being himself, and what he conceives as the aims of the society to which he belongs. A man cannot be a selfish idealist, he cannot realize himself apart from his social environment. Behind all aspiration there is a belief in some goal. Men may conceive of this goal differently. To some it is human nature in a state of greater perfection, a higher form of evolution. To others it is a divine pattern. To others again it is a belief in the ultimate value of what is recognized as good. All alike recognize the value of such goods as beauty, truth, friendship, happiness, health: goods of soul and goods of the body.

As the case of obligations, one must consider a nurse's ideals from a dual standpoint, the professional and the human. It is a commonplace to say that the private lives of some great artists, painters, musicians, actors, are on a low moral plane. The inspiration which is shown in their work seems to leave their everyday lives in relation to their fellows untouched. Their lives may be sordid and unlovely. We may hold that this or that artist would have been even greater had his life been on a higher plane, but we cannot deny the greatness of his artistic work. The artistic life and the private life stand, as it were, apart. For a nurse such a divorce between her professional work and her private life is impossible. The medium in which she has to express herself is not music, or painting, or verse, but personal service. Her skill cannot be maintained unless it is supported by personal ideals. She may be skilful enough in certain directions, technically efficient, yet she will not fulfil the highest traditions of nursing if she lacks a high moral standard for her own private life. What she is in herself, influences all she does for her patients. Behind all her duties there is needed the inspiration of aims.

A person's character depends on the ends which are steadily pursued, the comprehensive aims in relation to which the particular acts of the daily round are means. In a strong character

these comprehensive ends are related to one another and the whole drift of conduct is towards their fulfilment. In a weak character ends are unrelated to each other; there may be vacillation or the pursuit of irreconcilable aims.

The Greeks held courage as a great virtue. They interpreted it as bravery in war or in the face of danger. We esteem the same virtue, but we find it also in fields wherein the Greeks would not have recognized it. Bravery in facing pain or sickness, however prosaic in origin, is to us courage; so, too, is the cheerful carrying out of duties in the face of social neglect or even social obloquy. There is the same pattern of facing difficulties, of playing the man, of devotion to an end. Again, our conception of the claims of others upon our goodwill has altered. We have a different conception of the range of benevolence. As Professor T. H. Green put it, "It is not the sense of duty to a neighbour, but the practical answer to the question 'Who is my neighbour?' that has altered." The patterns remain, but the materials change.

The special circumstances of an age give prominence to certain virtues and mark out certain vices as those to which that generation is most prone. The peculiar difficulty of our own age is adjustment to rapid change. Changes in the industrial conditions of life, the application of scientific discoveries to the ordinary conveniences of work or leisure, changes in means of transport, in means of communication, changes in political conditions all the world over, and all these circumstances call for a readjustment of conduct. Rapid readjustment is never easy; there is a danger of losing sight of important factors in the haste to piece together the bits of the puzzle. Reflection on morals is then very necessary at the present time.

Nurses live in this changing world of today. They, like others, have need to reflect on moral questions. But they have perhaps a peculiar difficulty. They are often members of a close community, a hospital or a nursing home. In such membership there is the danger of cramped interests. It is very difficult, when one's daily life is passed among people whose main business in life is the same as one's own, to avoid narrowness. It is so easy to talk shop, to think shop; the ideas which are exchanged at meals, in the common room, are all too often all "out of the same tin". This sooner or later affects one intellectually. Thought tends to run in grooves, and fresh topics of thought, new ideas, are found increasingly difficult. Habitual trains of ideas take the place of thinking, in the proper sense of the word. But morally the effect is even worse. There is no growth. The capacity for realizing a fuller life is diminished, because the springs from which higher aims might arise are choked. Nurses have little leisure, and into that little they have to crowd much: rest, amusement, exercise. Is it surprising if there seems to be no time to find fresh stimulus through books or music or art? Let me speak to you directly in the second person. Do not starve your minds. I nearly said "souls", for I mean your intellect directed to the great values of life. Find time for the renewal of the spirit. The demands upon

you are so great that the need for inspiration is also great. Nursing is not just an employment. It is not even just a profession. It is a vocation, and as such demands the whole woman. If there be not within you a love of the good, you cannot be a good nurse.

Extract from an article contributed by
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EXTRA-PLEURAL THORACOPLASTY IN THE TREATMENT OF TUBERCULOSIS

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Thoracoplasty is the operation for the removal of parts of ribs or whole ribs, thereby allowing compression of the chest wall and the lung.

Bauer has been called the "true grandfather" of the modern thoracoplasty operation for the treatment of tuberculosis, even though the first thoracoplasty was done by de Cereville of Lausanne in 1885.

The lungs are encased in a bony structure made up of the spine, ribs, and sternum. This bony structure does not permit the lung to collapse, excepting during the limited movement of respiration. When sections of the ribs have been removed, the bony case is reduced in size and the lung is proportionately permitted to collapse, thus promoting a greater period of rest during respiration. Enough of the ribs may be removed to restrict the size of the lung, and its motion, very considerably.

Some of the reasons for performing a thoracoplasty are as follows:

A large, thick-walled, long-standing cavity which fails to close by means of artificial pneumothorax or other forms of collapse therapy.

Thoracoplasty eliminates the chances of empyema, by obliterating the pleural space.

Artificial pneumothorax exerts a constant and maximum pressure on the lung, although often collapsing a good portion of the lung as well as the diseased area. The course of artificial pneumothorax is often long and tedious, and it sometimes happens that various other inconveniences and complications accompany it, but thoracoplasty, once properly and successfully done, has usually no disadvantages, even though the operation itself is a major one and somewhat drastic.

In many cases, the deformity of the chest and back after thoracoplasty, is very small, in others it is very marked; but a sensible patient always prefers the deformity to the disease and its consequences.

All routine laboratory examinations are done twenty-four hours before operation: urine; complete blood examination, including hæmatocritic test; and blood pressure.

Some surgeons favour giving glucose water in large quantities several days before operation.