

the outside door. Fireplaces closed with pillows or cushions. The room should be off the wind-side and near soft ground if possible. A battery of containers fitted, would provide filtered air which would be sucked in by a small fan. There will have to be provision for an air-lock undressing room; and provision made for disposal of clothing and issue of fresh clothing is also necessary.

For clothing contaminated with mustard vapour, washing with soap and water for 15 minutes is sufficient for light dresses and under clothing. In the case of liquid mustard, woollen clothing would have to be decontaminated by steam, and cotton or other washable clothing boiled for one hour.

The rubber face-piece of the respirator and connecting tube could be boiled—the eye-pieces smeared with bleach ointment. If mustard gas has come in contact with clothing, it penetrates; so the clothing must be removed within 5–20 minutes—one does not feel the immediate effects of the burn, it may take as long as 6 hours for the skin to redden, but it leaves a nasty burn which eats into the tissues and takes a long time to heal.

Bleach ointment is of no use unless applied within 5 minutes; it must be removed after a few minutes (for it also raises a blister), and the part washed with soap and water. The next best thing to bleach ointment is to scrub well with soap, water and a nail brush and remove the cuticle.

The service respirator has a canister at the end which contains specially prepared charcoal and filter material, which will prevent *any form* of gas entering the respirator, but does not prevent the oxygen from filtering through. There is an opening in the face-piece of the respirator for the expired air to escape. One is also able to carry on a conversation through the respirator. Of course one would not require a respirator unless one were working in a highly contaminated area for a prolonged period—they are very expensive and cost about £1.

Ground that has come in contact with mustard gas, should be covered with earth and that part isolated for weathering.

OBLIGATIONS AND IDEALS IN NURSING

Abstract of a lecture given

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Broadly speaking, we may reflect upon conduct from two points of view. We may think about a man's deeds, his place in society, his duties, what he owes to others—his obligation; or we may think of the inwardness of a man's life, his character, the aims he seeks to realise—his ideals. These two lines of reflection are not opposed to each other, rather they are complementary, each bringing out an aspect of conduct important for ethics.

The 'Law of Benevolence'. When we look for a general principle lying behind moral obligations we find that the 'Law of Benevolence' covers a very wide field. Happiness is regarded as something to which all have a claim, and which it is the duty of all to promote. Justice, truth, honesty are obligatory as forms of conduct necessary to ensure the well-being of members of the community. 'Everyone to count for one and nobody for more than one.'

A Nurse's Obligations. Perhaps no other group of persons stands in such a specially close relationship to members of the community as nurses; hence their special obligations of benevolence. This is the only justification for that misleading title 'nursing ethics,' which would seem to imply that nursing has different ethical principles from any other field of conduct. Ethical principles are fundamentally the same for all departments of life. The nurse has a dual set of obligations: she has the obligation of her profession, parallel to those of any other profession, the duty of carrying out her work in the way the authorities in her profession prescribe; but from the very nature of this work there arise special duties to the persons concerned therein, to patients, doctors, the nursing staff. The nurse is dealing with sick folk who have special needs of body and mind, with people whose self-control is lessened and whose selfishness is heightened by their condition. The conventions governing ordinary social relations are relaxed. All these circumstances lay special obligations on the nurse. She has to combine kindness with firmness, to respect the personality which has often lost all self-respect, to guard against taking advantage of the breaches of confidence, and of the physical and mental dependence of the patient upon her support.

To the doctor the nurse owes the obligation of forwarding his work. Since both are working for the same end, theoretically there should be no conflict between the nurse's duty towards her patient and her duty towards the doctor as the director of treatment. When such conflict does arise, the nurse must consider well where the greater moral claim lies. Professional etiquette cannot over-ride the fundamental claims of benevolence. She has, however, to be on her guard lest conflict of personalities, rivalry of skill or method masquerade as conflict of duties.

Loyalty and Co-operation. The duties of loyalty and co-operation are the outstanding duties which the nurse owes to the community within which she works. To work *with* others is not easy. The ways of others often seem less suitable than the way one would choose for oneself. To follow out rules which are pointless or out of date is hard. One may rightly take every possible step to secure the revision of such regulations, but so long as they stand, the obligation to follow them as a member of the society for which they hold is clear. The nurse is not her fellow nurse's keeper, but she is her partner, and has a duty to keep her 'on the rails' so far as she can do so without infringing on the other's individuality.

The Core of Morality. The 'Law of Benevolence' is not a light rule and its obligations are far-reaching. Nevertheless the law has seemed to many thinkers inadequate to cover the essential features of morality. Although in the long run a man's deeds express his character, it is in his character that the core of his morality lies. Not what he does, not even what he intends to do, is enough: his *motives* must be included in the tale. It is this aspect of conduct which is brought out by the consideration of ideals. The 'ethics of obligation' put the conception of law and duty in the forefront; the 'ethics of ideals' put forward the conception of living well or beautifully.

Duality in Ideals. What lies behind a belief in ideals? To some it is a belief in the perfection of human nature as the climax of evolution, to some it is belief in a divine pattern, to others it is belief in the ultimate nature of what is recognised as good. All alike recognise the value of such goods as beauty, truth, happiness, friendship, health—goods of the soul and goods of the body. For the nurse there is duality in her ideals. She has professional ideals and she has personal ideals. As in the case of obligations these ideals cannot be divorced from one another. This is not so in other professions. A man may be a great painter fulfilling a high ideal in art, but in his private life he may be low and sordid. The two aspects of the

man seem separate, to be governed by different principles. We may hold that were his private life inspired by more lofty ideals he would be an even greater artist than he is, but the fact remains that he is great in his art. The nature of the nurse's work makes such a contradiction between her professional and private life impossible. A nurse may be skilful up to a point, she may be successful in this case or that, but she will not be able to sustain the highest tradition of nursing unless her private life is inspired by high ideals.

The Pattern of Conduct. Character depends upon the aims pursued. In a strong character these aims will be comprehensive, smaller ends will be subordinated to the wider purposes. In a weak character there will be conflict between incompatible ends or vacillation from one aim to another. We live in a society in which there are recognised patterns of conduct, virtues and vices. We may think of these virtues and vices as roads leading to or away from moral ideals. Circumstances change and the material facts wherein these patterns have to be realised differ from one age to another, but the patterns hold good. Take a virtue which may seem out of date, modesty; the pattern is still the same. Our grandmothers would be shocked at present-day bathing dresses. They were obsessed by the fear of the evils attendant upon exposure of the body. We are obsessed by the importance of free exercise, and judge a dress by its suitability for the use to be made of it. But we, too, can recognise a dress as immodest if worn for display or designed solely for the purpose of challenging masculine remark.

The Greeks saw the pattern of courage in the prowess of war, but could not see it in the endurance of physical infirmity. To us there is the same attitude of facing difficulties, the same pattern of courage in both. Again, as Professor T. H. Green pointed out, there has been change 'not in the sense of duty to a neighbour, but in the practical answer to the question. Who is my neighbour?' The special conditions of life in each generation give prominence to the desirability of certain virtues, and mark out the temptations to certain vices. Perhaps the peculiar difficulty of our age is that it is an age of rapid change, demanding from us reflection on patterns of conduct. We have to make experiments in education in our social institutions. There is always the danger of missing some essential purpose in the haste with which we are called upon to readjust ourselves to a changing world. We have to try to test these experiments by the extent to which they enable men and women to fulfil the law of benevolence and to realise the ideals of a good life.

The Whole Woman. Are there any difficulties which have peculiar bearing on the life of the nurse? Like others who live in a close community she has the danger of cramped interests. Since the greater part of her day is spent among people having the same business in life as herself, it is difficult to avoid thinking 'shop,' talking 'shop.' The ideas that are interchanged all 'come out of the same tin.' Thought tends to run in a groove, new ideas demand effort, and it is easier to follow a well-beaten path and to leave new ideas on one side. 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 think, no time to find fresh stimulus through books or music or art? No time to recreate ideals in the mind? Yet the demands upon the nurse are so great that the need for inspiration is also great. Nursing is not just an employment, it is not even a profession, it is a vocation, and as such it demands the whole woman.

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