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Editorial.

NURSING EXAMINERS.

The question of the desirability, and the right, of members of professions allied to that of medicine acting as examiners in their own special departments is one of much interest to those concerned. As will be seen in another column, it was discussed at considerable length at the last meeting of the Central Midwives' Board, and, while the Board did not decide that the Board of Examiners, which it appoints, shall include a proportion of midwives, it did deliberately reject the proposition of Dr. Ward Cousins that only registered medical practitioners should be appointed as examiners, thereby leaving itself free to appoint midwives in that capacity should this course appear desirable.

One aspect of the work of midwives is to act as practitioners of midwifery, and their knowledge in this respect should unquestionably be tested by medical practitioners, who have a more thorough knowledge of the subject than a midwife, however experienced, can ever possess. But another and very important part of the work of midwives is concerned with nursing, and here we have no hesitation in saying that the person who knows the work thoroughly, and should therefore act as examiner, is the trained nurse-midwife, not the medical practitioner. Plainly, we can only examine in subjects in the details of which we are conversant; and will any medical practitioner of the present generation affirm that he is acquainted with nursing details? Surely the reason why examinations of nurses have in the past been far too theoretical has been that the medical examiners who conduct them have felt on solid ground when dealing with theoretical subjects, and have left practical ones mainly alone; on the other hand, evidence of the most brilliant knowledge of theory is no adequate test of the value of a nurse. We have no hesitation in saying that no examination either of nurses

or midwives can be considered adequate in which a trained nurse—who, in the latter case, must be a midwife also—does not take part.

Have we not all as probationers sat with grave faces listening to distinguished medical practitioners discoursing on the correct methods of poultice-making, and carefully made notes of the system they advocated, conscious the while that if we ventured to adopt it on our return to the wards the wrath of the Ward Sister would swiftly descend upon us? Surely it is time for all medical men to admit frankly, as the more liberal-minded amongst them do already, that not being practised in nursing the sick—and it is admitted on all sides that three years, when the experience is varied and the training good, is the shortest period in which the details of this art can be thoroughly learnt—they would be wise to confine their own examination of nurses to theoretical matters, and to hand over the practical part of the work, both as to teaching and examining, to those who are conversant with its methods.

We have drawn attention to this point because, at the meeting of the Midwives' Board referred to, it was claimed by a medical member that nursing was a medical question, and demanded medical teaching, and, as a natural sequence, nursing pupils should be examined solely by medical practitioners. This position cannot for a moment be conceded. At the same time, medicine and nursing, and medicine and midwifery, are so closely associated that there is room for the members of both professions to take part in the examination of pupils in each branch. Perhaps it might remove Dr. Ward Cousins's objections if a medical practitioner and a midwife were appointed by the Central Midwives' Board to examine each candidate in the details of her work, the former in theory and the latter in practical knowledge. This is the method which has been successfully adopted by the British Gynæcological Society in its Maternity and Gynæcological Examinations, and it has worked most smoothly and well.

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