

Dr. Hecker explained that, in Germany, hospitals trained their probationers with a view to obtaining cheap labour, and in return for board, lodging, and from 10 to 20 marks pocket money, ten to twelve hours' heavy housework and responsible nursing work were exacted.

Instruction was given during off-duty time, or in the evening, when the pupils were too tired to profit by it. Instead of this being given by a capable Matron, they received two hours' teaching weekly from hard-worked house doctors, whose services in this connection were unremunerated. In practical instruction also the Matron and Sisters should also take a more active part in teaching the probationers, but at present they were too hard worked to permit of their doing so.

REGULATION OF WORK.

The regulation of work was a most important point. According to statistics compiled by the German Nurses' Association, a normal day's duty in hospitals in 1910 was from 11 to 13½ hours, in exceptional cases 18½ hours. These were really working hours and did not include the one free hour daily nor the half-hour for dinner which, in small hospitals, was by no means undisturbed.

In a hospital in Hamburg the nurses were on duty from twelve to thirteen and a half hours, once a week for half the night also, which brought their day's work up to sixteen and a half hours. Dr. Hecker then gave specific instances of overwork, including that of a strong young nurse in a small town in Württemberg, who, with the help of one servant, was in charge of twenty to twenty-five beds, which were always occupied, mostly by serious cases, such as infectious diseases or accidents. She did all the cooking, and in addition was expected to keep the garden, where vegetables were grown for sale, in order. This she did by rising at three o'clock, or in the early morning hours after a night on duty. At the end of four years she broke down, and though after six months' rest she resumed work, she now suffered from periodical melancholia.

In a manufacturing suburb of Berlin, with 70,000 inhabitants, there were two parish sisters, many of the cases visited living on the third and fourth floors. In sanatoria for nervous and mental cases nurses were frequently on duty for fourteen and a half hours, added to which they slept in the wards, and often a half night's duty was demanded, bringing the hours of service up to eighteen and a half. A Sister in a small private clinic in East Prussia went on duty every other night for five weeks without having a single free hour in the day, so that in the course of forty-eight hours she was on duty for forty-one. As for the private nurse, she often found it most difficult to obtain a quiet room to rest in by day. The above instances, which could be largely added to, together with the invalid and death statistics compiled by order of the German Diet, spoke for themselves.

Night duty was a vital point. As a rule, a nurse on night duty had the care of thirty to forty

patients. Young probationers, after a few weeks' training, were sent on night duty, and if they could not manage a serious case alone were required to call the head Sister. Not infrequently also a night nurse was expected to do domestic work.

In England and the United States probationers only went on night duty with an experienced nurse; in Germany, owing to the lack of nurses, they were often put on after a few days' experience. Many probationers broke down or retired, and complaints were frequent with regard to overwork, poor food and accommodation, and want of consideration, as well as of enforced attendance at church to the neglect of patients, the last complaint being made by a good Churchwoman.

REMUNERATION.

Dr. Hecker said that the remuneration of nurses proved how underrated the nursing profession was in Germany, instancing 300 marks, or about £14 15s. yearly, raised after ten years' service to £25, was a typical salary. The highest salary known was 700 marks, or about £34 10s., after long years of service. Uniform was sometimes provided, but if a pension fund existed 5 to 16 marks were deducted from the salary. Unlike servants, nurses paid taxes, but were mostly entitled to board wages. It was natural that, owing to lack of means, nurses often neglected to take a necessary holiday.

With regard to insurance and old age pensions, the Secretary of State, Dr. Delbrück had said: "A demand has been rejected, the justifiability of which I acknowledge, namely, the insurance of the sick nurse." Pensions were rarely sufficient, and the old-age insurance pension by no means obligatory in all institutions. Statistics showed that in Prussia numerous cases were still entirely unprovided for. It was evident how injurious these conditions were for the profession, and why frequent breakdowns occurred. The statistics of the German Nurses' Association showed that during ten years' service, out of 2,500 nurses 986 were overstrained, and this overtaxation of strength not only sowed the seed of cruel disease but caused a train of disaster. No one wanted a nurse whose health must be considered, and only too often nurses had others dependent on them. For many death was a release.

MORTALITY.

The following figures, taken from statistics compiled by the German Nurses' Association, showed that up to 1910 the cause of death of 35 nurses was as follows: Suicide 9, tuberculosis 7, heart disease 6, appendicitis 4, inflammation of the lungs 3, cancer 2, multiple-sarcoma 1, typhus 1, septic angina 1, accident 1. In 1910, 5 out of 12 nurses—i.e., over 40 per cent., ended their lives by suicide.

Dr. Hecker then quoted the last annual official statistics of the Red Cross Society, showing that of 1,562 nurses 471, or over 30 per cent., were invalided; and of 329 probationers 171, or over 52 per cent. He also gave figures, showing the

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