

THE ELDERLY POOR, OR POOR ELDERLY

Old age in nursing homes, old age on the margins ?

- Sophie Richelle -

Public aid, old age, poverty... What could be more marginal than the public aid nursing homes for the elderly in nineteenth century Brussels ? And yet... Analysis of the archives of Brussels's public assistance sheds new light on the history of the elderly and their institutionalization. Several models of caretaking were at work and residents experienced their institutionalisation in different ways. The margins that they represent become relative and allow us to question anew the history of the old and of their welfare.

I. Introduction¹

Old age, and more generally the question of age and generations, occupies a marginal place within the history of marginality. French sociologists attempt to explain this sidelined status through the omnipotence of the conceptions of work and of social classes as categories structuring the societal². Beyond French sociological traditions, age is not a category to be found anywhere in the iron triangle of race-gender-class traditionally employed in studies of marginality³. Nevertheless, research concerning age often studies the marginalization and exclusion experienced by the elderly both past and present⁴. If exclusion and marginality have thus been little addressed from the angle of old age, the latter has often been analysed via recourse to the former⁵. In order to address the question of marginality linked to old age, the institution

of caretaking turns out to be fertile ground for social science researchers. Institutionalization practices seem to crystallise most pertinently the marginalization and exclusion of the elderly⁶. Among the various caretaking establishments, those of the nineteenth- and twentieth-century public aid system – by definition intended for the indigent – are quite often considered to be the most telling⁷. Indigence – which consists of a state of poverty, or of deep poverty, in which individuals lack the most basic elements required for living – imposes a twofold marginality upon individuals in need of public establishments : that of age and that of extreme poverty. The image and history of these institutions are all the more tarnished in view of a first generation of historians who dealt with public nursing homes as places of extreme life conditions and who proceeded as if these places did not change until the second half of the twentieth century. Very briefly summarised,

1. I would like to thank Amandine Lauro and Magaly Rodríguez García for their invitation to take part in this publication and their support. A word of thanks also goes out to the anonymous proofreaders for their comments and bibliographical references. A final thanks to Sarah Erman, Benoît Majerus and Iris Loffeier for their attentive reading. 2. CORNÉLIA HUMMEL, ISABELLE MALLON & VINCENT CARADEC, *Vieillesse et vieillissements. Regards sociologiques*, Rennes, 2014, p. 12. 3. With the article “Âge, intersectionnalité, rapports de pouvoir”, the authors call attention to the little space accorded to age in research on power relations. CATHERINE ACHIN *et al.*, “Âge, intersectionnalité, rapports de pouvoir”, in *Mouvements*, n° 59, 2009 (3), p. 91-101. 4. See JEAN-PIERRE BOIS, “Exclusion et vieillesse. Introduction historique”, in *Gérontologie et société*, n° 102, 2002 (3), p. 13-24 and all the articles published in the same issue. See also the special issue : “Vieillesse et exclusion sociale”, in *Pensée plurielle*, n° 6, 2003/2 as well as ANNE-MARIE GUILLEMARD, “Vieillesse et exclusion”, in SERGE PAUGAM, *L'exclusion : l'état des savoirs*, Paris, 1996, p. 198-208. 5. It is among other things this observation of the devaluation of the elderly and more generally the absence of age as a mark of identity and parameter for analysis in social sciences that has brought about the development of “age studies”. LYNNE SEGAL, “The Coming of Age Studies”, in *Age Culture Humanities*, n° 1, 2014 : <http://ageculturehumanities.org/WP/the-coming-of-age-studies/>. (Consulted 20 March 2015). 6. This remark is valid, using Erving Goffman's terminology, for any type of inmate of total institutions. André Gueslin and Dominique Kalifa repeat this remark in their work on the excluded. ERVING GOFFMAN, *Asiles. Études sur la condition sociale des malades mentaux et autres reclus*, Paris, Les Éditions de Minuit, 1968 (Doubleday & Company Inc. 1961) and ANDRÉ GUESLIN & DOMINIQUE KALIFA, *Les exclus en Europe*, Paris, 1999, p. 35. 7. NICOLE BENOIT-LAPIERRE, RITHÉE CEVASCO & MARKOS ZAFIROPOULOS, *Vieillesse des pauvres. Les chemins de l'hospice*, Paris, 1980.

we find in these works a persistent positivist strain : improvement was reached in the twentieth century which in turn resulted in the humanisation of these establishments after the 1970s, before facing the new challenges of the twenty-first century⁸.

This article proposes to examine public aid nursing homes for the elderly in the city of Brussels between 1827 and 1914⁹. Examining these margins *par excellence* for the elderly, the question of relativity shall be clarified as well as that of the indigence habitually ascribed to public aid nursing homes. Focusing on the concrete modalities of the process of marginalisation to which the elderly in nursing homes were exposed, the case of Brussels highlights the importance of criteria such as class, gender and state of health in understanding the experience of the elderly in nursing homes¹⁰. Indigence – understood as a status reflecting the social origin of individuals and no longer as a factual condition – provides populations of highly differing social backgrounds with access to public nursing homes.

Using three different scales, we will first examine the forms of aid available to the elderly in Brussels, as well as the singularity of the Brussels context. Indeed Brussels

seems to be a city especially equipped with public establishments in comparison to other neighbouring Belgian and European cities. Secondly, at the scale of nursing homes, we will study the different models of caretaking proposed within the system of public aid. The heterogeneity of public establishments in Brussels sheds light on the relative character of the notion of indigence and on how the public aid system touched a wider scope of the population and not only those in extreme poverty. Marginalisation occurs in different ways and this difference is most tellingly apparent when examining the residents' leave rights. Finally, at the scale of the residents themselves, we will study the resources and means at their disposal in order to understand that on this level there also exist important possibilities of (de-) marginalisation. With the term *marginalisation* the margins are seen more as an idea of dynamics and of processes that affect residents with more or less impact and less as a rigid category. The complex movements towards and away from these margins are the core of this article.

A social-historical approach and a qualitative analysis of the Brussels general council of public assistance archives permit this nuanced position concerning the notions of indigence and marginality¹¹. Our contribution

8. See JEAN-PIERRE GUTTON, *La naissance du vieillard*, Paris, 1988, p. 221-253; JEAN-PIERRE BOIS, *Les vieux : de Montaigne aux premières retraites*, Paris, 1989, p. 133. 9. The starting point of this periodization derives from the construction of the *Infirmerie* nursing home, in 1827. This establishment serves as a model for the institutional landscape of public aid for the elderly in nineteenth century Brussels. The end date, 1914, year of general historical rupture, permits us to sweep away a long nineteenth century. 10. SUSANNAH R. OTTAWAY, *The Decline of Life. Old Age in Eighteenth-Century England*, New York, 2004, p. 5. 11. The Brussels general council of public assistance (*Conseil Général des Hospices et Secours*, today the *Centre public d'action sociale de Bruxelles*), managed and assured public aid on a municipal level. For more information concerning public aid in Belgium and in Brussels see in particular : CLAIRE DICKSTEIN-BERNARD, "L'initiative communale en matière hospitalière entre 1795 et 1940, et plus particulièrement à Bruxelles et dans les faubourgs de la capitale", in *L'initiative publique des communes en Belgi-*

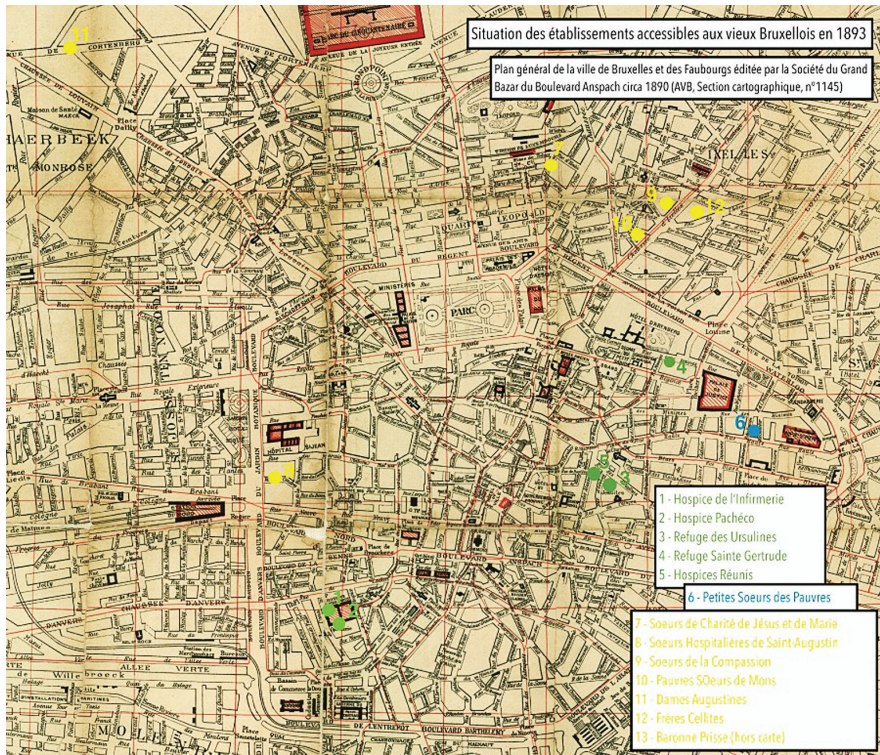
is thus part of an expanding field of study, which nevertheless still has its grey areas and shortcomings. Among these is the fact that the elderly individuals themselves are not given a lot of attention in histories of old age¹². This research attempts to place them at the centre of attention. To accomplish this, micro-historical analysis seems most appropriate¹³. Aside from analysing the daily experiences of the elderly within nursing homes this scale of analysis also renders visible the complexity of aid organisations. We notice that the simple distinction between public and private institutions falls short of providing a satisfactory explanation as to their functioning, their scope of action and the eventual processes of marginalisation

that they inflict upon their beneficiaries¹⁴. Furthermore, this contribution explores the largely unexamined case of Brussels¹⁵ as part of the history of old age in Belgium, likewise little-explored¹⁶.

II. Nursing homes in Brussels : A city especially equipped in nursing homes ?

In Brussels, between 11 and 13 % of the population were older than 55 years between 1846 and 1910¹⁷. Intended for those who found themselves in need, numerous forms of aid were available from the beginning of the century. Traditionally, this aid, whether

que, 1795-1940, 12^e colloque international Spa, 4-7 sept. 1984 : actes, Brussels, 1986, p. 375-404; EUGÈNE VAN BEMMEL, *Patria Belgica*, t. 2, Brussels, 1873; ANNE MOUREAUX-VAN NECK, "Assistance publique, 1856-1956", in M.-A. Arnould, J. Craeybeckx, H. Hasquin *et alii*, *Recherches sur l'histoire des finances publiques en Belgique*, t.1, in *Acta historica Bruxellensia*, t.1, Brussels, 1967, p. 49-220. **12.** ANTJE KAMPE, "Historians of ageing and the 'cultural turn'", in JULIE TWIGG & WENDY MARTIN (ed.), *Routledge Handbook of Cultural Gerontology*, New York, Routledge, 2015, p. 45-52. **13.** CARMEN MANGION, "Housing the 'decayed members of the middle and upper classes' : Almshouses, social class and St Scholasticas's retreat, 1861-1900", in *Continuity and Change*, n° 29 (3), 2014, p. 374. **14.** KATHERINE LYNCH, "Social Provisions and the Life of Civil Society in Europe : Rethinking Public and Private", in *Journal of Urban History*, n° 36 (3), 2010, p. 285-299. **15.** One can nevertheless cite the following works which set the groundwork for the history of institutional caretaking in Brussels : ANNE MOUREAUX-VAN NECK, "Assistance publique..."; PAUL BONENFANT, "Note historique sur l'hospice de l'Infirmierie et la Fondation Pachéco à Bruxelles", in *Annales de la Société belge d'Histoire des Hôpitaux*, n° 3, 1965, p. 111-114. **16.** In Belgium, there is strictly speaking no field of research concerning old age. Nevertheless, several works emerge and participate at the expansion of the field. We can cite among others the following works and authors, for the cities of Liege, Namur, Antwerp and Brussels : FLORENCE LORIAUX, "Finir ses jours à l'hospice : les conditions de vie des vieillards liégeois au 19^{ème} siècle", in JEAN-PAUL SANDERSON, THIERRY EGGERICKX & PATRICK DEBOOSERE, *Histoire de la Belgique et de ses territoires. Chaire Quetelet 2005*, Louvain-la-Neuve, 2010, p. 657-675; NOÉMIE PICAVET, *Etre une femme à Bruxelles durant la période française. Aperçu de l'éducation, du travail et de la vieillesse des pauvres Bruxelloises (1795-1815)*, Master thesis, Université Libre de Bruxelles, 2012; GREGORY VERCAUTEREN, "De zorg voor behoeftige ouderen te Antwerpen in de negentiende eeuw", in *BTNG-RBHC*, vol. XXXI, n° 1-2, 2001, p. 253-281; GREGORY VERCAUTEREN, "Zo ziek, zo oud, zo alleen. De uitbesteding van behoeftige ouderen in en om Antwerpen (1811-1910)", in *Bijdragen tot de geschiedenis*, n° 87, 2004, p. 439-455; JEANNINE LOTHE, *Paupérisme et bienfaisance à Namur au XIX^e siècle. 1815-1914*, Brussels, 1978. **17.** The cut-off of 55 years of age emerges from the categories of general population census. See : *Population. Recensement général*, Brussels, 1846-1910.



Localisation of nursing homes accessible to the old Brussels inhabitants in 1893.
 [Source : "Plan de la ville de Bruxelles et des Faubourgs" édité par la Société du Grand Bazar du Boulevard Anspach circa 1890 (AVB, Section cartographique, n°1145)]

private or public, was organised according to a two-tiered system : care was offered either within an establishment or in-home, and could be financial or in kind (food, clothing...). It is extremely difficult to profile those who resorted to these forms of aid, since the elderly population in question was not limited to the population living in extreme poverty¹⁸. Care within an establishment, *a priori* the most marginalising form of aid, reflected this diversity both in terms of forms of establishment and in the daily habits of its residents.

In Brussels in 1893, at least thirteen establishments existed which combined, could accommodate 1,427 elderly persons¹⁹. Most of them were founded in the late eighteenth century or early nineteenth century and reflect the institutional landscape of nineteenth century Brussels²⁰. They can be classed into three categories. First, public aid establishments that accommodated, free of charge, individuals born in Brussels or long-time residents. These were the nursing homes of the *Infirmierie*, *Pachéco*, *Hospices-Réunis*, *Refuge Sainte-Gertrude* and *Refuge des Ursulines* (in green on the map). Next, a private

establishment, open to all, accommodating residents free of charge, *Petites Soeurs des Pauvres*, became operational in 1853 (in blue on the map). Lastly, private establishments, often of smaller scale, which accommodated fewer individuals for fees that could be high (in yellow on the map)²¹ : *Sœurs de Charité de Jésus et de Marie*, *Sœurs hospitalières de Saint-Augustin*, *Sœurs de la Compassion*, *Pauvres Sœurs de Mons*, *Dames Augustines*, the Baronne Prisse Foundation and the *Frères Cellites*. Note that besides the distinctions of free or fee-charging and Brussels resident or non-resident, the criteria of gender and of state of health seemed important in order to define and limit the accommodation of residents. Thus out of thirteen establishments for the elderly in Brussels, four accommodated both sexes while eight were reserved exclusively for women and one exclusively for men. Furthermore, while the majority of establishments were accessible to all types of residents, five were reserved exclusively for those in good health and one for invalids.

Nevertheless, the majority of establishments depended on the Brussels general council of public assistance²². Indeed, the city's

18. Florence Loriaux has attempted to establish its contours for the city of Liège and highlights that the majority of these people were former workers and employees rather than beggars and vagabonds. FLORENCE LORIAUX, "Vivre et mourir en hospice à Liège à la fin du XIX^e siècle : étude quantitative", in *Analyse Onlinedu CARHOP* : <http://www.carhop.be/index.php/productions/analyses-en-ligne>. (Consulted 2 March 2015). **19.** LUDOVIC SAINT-VINCENT, *Belgique charitable. Charité Bienfaisance Philanthropie*, Brussels, 1893, p. 100-139. See their geographical distribution on the attached map. **20.** Several numbers are missing from the list presented by the author and we cannot confirm with certitude that the inventory is exhaustive. To supplement the data for 1893, some numbers were taken from later versions of the work despite the risk that they may not correspond to the entirety of the nineteenth century. This work and its subsequent editions nevertheless constitute the groundwork for the different forms of aid for the elderly in the nineteenth century. CH. VLOEBERGHES, *Belgique Charitable*, Brussels, 1904; CH. DE GRONCKEL, *Répertoire des œuvres et des services d'assistance d'hygiène et de solidarité*, Brussels, 1925. **21.** Daily rates varied between one and twelve francs among the institutions. **22.** For better readability, this administrative organisation will be called "Council" in the following text.

public aid programme constituted 80 % of accommodation for the elderly due to its 1.150 beds in public nursing homes²³. As establishments reserved for individuals born in Brussels or residing in the city for some time, the context of aid seems to have been particularly favourable to the latter. Indeed, the number of nursing home beds per inhabitant above the age of 70 was particularly high. In 1846, Brussels had a ratio of one bed per three inhabitants above the age of 70, in contrast with one bed per six inhabitants above the age of 70 in Antwerp²⁴. Likewise in Paris, where in 1859 we find one bed per 231 inhabitants, all ages combined, versus one per 107 inhabitants, all ages combined, in Brussels in 1846²⁵. Auguste Merckx, in a study of a study of a later period, in 1931, highlighted the very defective distribution of nursing homes in the country : "What is the actual situation ? The first observation which appears as obvious is that the area of distribution is highly uneven in Belgium"²⁶. The author cited Brussels as a particularly revealing example; in 1931, the city provided four times as many nursing home beds as its suburbs, not to mention rural municipalities, where often no caretaking establishment existed.

There was a rather wide selection of establishments to choose from in Brussels, especially if one was a healthy woman of the middle class. Perhaps due to its many nursing home beds, Brussels did not enter into the dynamics of the delocalisation of its elderly population, thus sparing them the entailed isolation and change in social habits. The delocalisation of elderly and indigent populations seems indeed to have been a recurrent phenomenon in many European cities. In some cases, for example in Paris, establishments themselves were delocalised²⁷, and in others, such as in the case of Antwerp, the elderly were massively relegated to the countryside²⁸. In Brussels, nursing homes were situated in the capitals' centre, open unto the city. Residents could leave the establishment, if they were physically able, and spend time in the city and its surroundings. These residents worked in the city, enjoyed its public spaces and visited with their families. Likewise, the outside world could penetrate into the establishment, through visits to residents or, as observed by Mathilde Rossigneux-Méheust, through nursing homes' participation in the political, economic and social events affecting contemporaneous society²⁹. One nursing

23. This was even more the case before 1853. For example, the two nursing homes run by the nuns of the *Petites Sœurs des Pauvres*, which constituted 25 % of the overall availability (520 beds) in 1893, were only founded after the congregation arrived in Brussels, in 1853.

24. GREGORY VERCAUTEREN, "Zo ziek...", p. 256. **25.** GREGORY VERCAUTEREN, "Zo ziek...", p. 256.

26. AUGUSTE MERCKX, *Étude sur les hospices pour vieillards*, Brussels, 1931, p. 2. **27.** CLAIRE BARILLÉ & PIERRE-LOUIS LAGET, "L'architecture des hospices prise entre les contraintes de la fonctionnalité et la tentation hygiéniste", in YANNICK MAREC & DANIEL RÉGUER (ed.), *De l'hospice au domicile collectif. La vieillesse et ses prises en charge de la fin du XVIII^e siècle à nos jours*, Mont-Saint-Aignan, 2013, p. 309. **28.** This practice also existed in Brussels but seems to have been much more limited. It appeared between 1907 and 1912 and concerned only a small number of individuals.

GREGORY VERCAUTEREN, "De zorg...; *Comptes Moraux du Conseil Général des Hospices et Secours de la Ville de Bruxelles, 1907-1912* (ACPASB). **29.** MATHILDE ROSSIGNEUX-MÉHEUST, "Vieillir entre soi. Expériences, espaces et sociabilités des vieillards à l'hospice parisien des Ménages au XIX^e siècle", in YANNICK MAREC & DANIEL RÉGUER (ed.), *De l'hospice au...*, p. 253-256.



*Drawing from the front of the hospice Pacheco in the Boulevard Waterloo.
[Source : ACPASB, Cartes et plans, Plans A – planche 14, Plan non daté
de la façade de l'hospice Pachéco (1835-1890)]*

home accommodated the wounded during the revolution of 1830³⁰; another housed in its courtyard one of the rare public fountains of the neighbourhood, bringing about the inevitable exchange and communication between outside and inside³¹.

On the scale of the city, the existence of establishments seems thus to have limited the spatial and social marginalisation that habitually proceeds from institutionalisation. But what about life within the walls of the establishment? From one nursing home to another, what leeway was available to the elderly once they entered the establishment? Answering these questions means detailing the different models of caretaking as well as the practices and conditions at the residents' disposal in view of attenuating institutional constraints.

III. To each his own nursing home : Marginalisation at different speeds according to caretaking models

The public nursing homes in the city of Brussels present a complex and mixed landscape, in terms of their functioning and of their

population. They allow us to understand the different models of caretaking offered to the elderly. The nursing homes of the *Infirmierie*, *Pachéco* and *Hospices-Réunis* – directly run by the Council – and their respective archives provide us with a varied case study, and constitute the terrain of our investigation³².

The *Infirmierie* was built using public funds between 1824 and 1827. The Council wished to clearly define its objective : taking in the invalid elderly and incurable residents. Nevertheless, as the result of a complicated institutional evolution, it housed a heterogeneous population in need of different treatments (elderly men, fit as well as incapacitated, incurables of both sexes, paying residents of both sexes and invalid women transferred from *Pachéco* and *Hospices-Réunis*)³³. It was also the largest nursing home, with a population between 240 and 700 residents at various moments throughout the nineteenth century³⁴. *Pachéco*, on the other hand, was built at the beginning of the eighteenth century by a rich aristocratic woman; it transformed from a private institution into a public one in 1803³⁵. It housed between 30 and 50 residents and in accordance with the wishes

30. PAUL BONENFANT, "Les blessés de 1830 soignés dans les hôpitaux bruxellois", in *Bulletin de la Commission royale d'histoire*, t. XCIV, 1930, p. 483-507. **31.** VICTOR-GASTON MARTINY, *Histoire de l'aménagement du quartier Pachéco*, Brussels, 1971, p. 49. **32.** The *Refuge Sainte-Gertrude* and *Refuge des Ursulines*, despite their large size, were not converted into public institutions until 1846. Originally of private initiative, their administration and direction remained independent. The archives of those establishments turn out to be less important and are not included in the research material of this article. **33.** The *Refuge Sainte-Gertrude* and *Refuge des Ursulines*, despite their large size, were not converted into public institutions until 1846. Originally of private initiative, their administration and direction remained independent. The archives of those establishments turn out to be less important and are not included in the research material of this article. **34.** The population at the *Infirmierie* continued to grow from the beginning to the middle of the nineteenth century. In 1850 its population reached its peak for the century, at 725 residents. Between 1850 and 1914, its population waxed and waned with a minimum of 235 (1857) and a maximum of 379 (1887). **35.** PAUL BONENFANT, "Note historique...", p. 113.

of its founder, which the Council upheld, this establishment accommodated “ladies”, unmarried or widowed and preferentially of noble or good families but who “fell into indigence”, aged at least 50 years and yet able to “manage their household”³⁶. At the *Hospices-Réunis*, the third establishment we shall examine, admission policies were not as socially marked as at *Pachéco*, yet remained set according to the criteria established by the 21 private foundations grouped together under one structure in 1802 with the mandate to found the establishment³⁷. Accommodated women therefore had to be of an irreproachable past, preferably bourgeois, as well as being indigent. They also had to be at least 60 years old but able to manage their household. This hospice accommodated more or less 140 women.

Internal rules and regulations offer only a theoretical image of the institution; yet remain an essential framework through which its general management can be ascertained. Comparison of the three nursing homes shows how the constraints, rigidities and disciplines imposed upon the residents were significantly more felt in the institutions where daily life was led collectively. These differences were not limited to the residential areas; the individual or collective character of the two models influenced all aspects of daily life in an institution. Indeed, residents at *Pachéco* and

Hospices-Réunis and of the *Infirmierie* were all recipients of public assistance, but residents at the two former enjoyed considerable advantages. The option of personal space, beyond a simple bed, emerged as fundamental and conditioned many aspects of daily life (preparation of meals, possibility to receive visitors, etc.). But they also benefited from financial remuneration and their commitment to bequeath to the hospice the entirety of their furniture dispensed them from having to work for the institution, a common practice in the nineteenth century meant to repay to the system that offered aid³⁸.

Thus the two nursing home models were opposed, or at any rate constituted two extremes in caretaking, with distinct criteria for admission, functioning and services. At *Pachéco* and *Hospices-Réunis*, a smaller scale allowed for highly personalised services for residents, such as personal rooms and management of residents’ household and provisions. Furthermore, the population of these institutions was exclusively female, and while indigent, residents were socially privileged. Conversely, the *Infirmierie* was characterised by larger buildings and population; treatment there was essentially collective, with dormitories and a canteen instead of private rooms and individual meal preparation. The population in the *Infirmierie* was also denser and socially mixed³⁹. The

36. All quotes in the paragraph originate from : JEAN F. VANDER REST, *Aperçu historique sur les établissements de bienfaisance de la ville de Bruxelles*, Brussels, 1860, p. 163-168. 37. JEAN F. VANDER REST, *Aperçu historique...*, p. 140-147. 38. It was indeed commonplace for residents to work at and for their caretaking establishments. Working eased the legitimization of aid to the residents. See : FRANÇOISE SALAÛN RAMALHO, “Entre obligation sociale et occupation thérapeutique : le travail des vieillards dans les hospices parisiens aux XIX^e et XX^e siècles”, in ANNE NARDIN (ed.), *Voyage au pays de Gérousie...*, p. 92-104. 39. Files n°146, 147, 148, 149, 150, 153, 154, 155, (ACPASB, AG), and Files n°153, 154, 483 (ACPASB, CC).

effects of social and spatial marginalisation due to institutionalisation were more or less reinforced, depending on the model of care chosen by the nursing home. Among these effects, the right to leave the hospice – understood here as the possibility for the elderly residents to de-marginalise themselves from their host establishment – constitutes a clear example of the different marginalisation processes at work in the two care-taking models.

Residents' leave rights

Rather logically, one associates the idea of exclusion with caretaking institutions in that they represent, physically and symbolically, the distancing of their residents from the general population. Nevertheless, the case of nursing homes stands out, whatever the caretaking model might be, since they allow for a certain openness towards the exterior. Firstly, internal rules and regulations afford residents with regular leave hours. Next, regulations concerning the authorisation and valorisation of these leaves are particularly telling. Residents are first denied leave rights and then can be expelled. The possibility of expulsion and the opportunity of leave rights (or their denial as means of sanction) reflect the notion of openness as the determining characteristic of the organisation and definition of nursing homes. Finally, there remains another indicator concerning the openness of nursing homes, interesting but

difficult to verify. If one examines nineteenth-century mental asylums, a closed type of institution, the individual files of mental patients are indeed the interface between interior and exterior, storing (withholding) everything including patients' writings⁴⁰. The scarcity of documents directly concerning nursing home residents is a sign of looser monitoring of residents, which can also be seen through legislation concerning these two types of institutional population. But while openness is a basic principle of nursing homes, the *degree* of openness varies greatly depending on different nursing home and their residents.

At *Pachéco* and *Hospices-Réunis*, regulations from the first half of the nineteenth century granted residents leave from 6 a.m. to 9 p.m. in the summer and from 7 a.m. to 7 p.m. in the winter. Since they were not required to work, they could leave as they wished any day of the week. Furthermore, these private female residents could ask for vacations. With the permission of the director or of the Council, they could take leave from the nursing home for relatively long periods of time, lasting anywhere between several days to several months⁴¹. Added to these practices is the fact that the residents wore their own clothes during such authorised leaves. Brought along with them at the time of their admission, these ordinary clothes would not stigmatise residents outside the nursing home, in contrast

40. SOPHIE RICHELLE, *Les folles de Bailleul. Expériences et conditions d'internement dans un asile français (1880-1914)*, Brussels, 2014, p. 11-12. 41. *Pensionnaires des Hospices-Réunis : Décès. Transfert. Congés*, (ACPASB, CC, File n°468); Instructions received by the director at *Hospices-Réunis*, 1857-1923, (ACPASB, SE, Box n° 1 et 2); *Dossier concernant les congés accordés aux pensionnaires de Pachéco*, 1836-1925, (ACPASB, AG, File n°159).



Residents at work. (Source : ACPASB, Fonds Iconographique, Hosp. / Inf. / 39, "l'épluchage", 1930)

to the poorer residents of the *Infirmerie*. A rule passed by the *Infirmerie* in 1827 and again in 1860 allowed its residents to leave only if they agreed to wear the clothing provided by the establishment. This policy did not, nevertheless, affect all of its residents. Due to economic measures the institution allowed residents with ordinary clothing to keep them. Sartorial stigmatisation thus affected most harshly the poorest of the elderly⁴².

But throughout the century, while residents at *Pachéco* and at *Hospices-Réunis* did not manage to retain their daily financial remuneration during their vacation, they certainly managed to extend their daily leave rights. Thus, in 1879, residents obtained the possibility to be outside of the institution for the same amount of hours, on winter as in summer. In 1883, a new request was formulated and made the permitted hours of leave later in the day⁴³. The director of *Pachéco* nevertheless voiced some reservations. She considered curfew at 10 p.m. and lights off half an hour later to be acceptable in the summer but upsetting during the rest of the year : "It would constitute a serious disruption for those who go to bed early"⁴⁴. The Council concluded as to try to satisfy all parties : residents at both nursing homes obtained another half-hour and great leeway was granted to the directors of both establishments to authorize later curfew hours⁴⁵. It is also interesting to mention the

discussions held in 1912. The then director at *Pachéco* attempted to restrict its residents' leave hours, invoking the waste of gas and the dangers of "modern" locomotion used in the city centre⁴⁶. Thereupon the director at *Hospices-Réunis* asked not to apply her colleague's proposition to her residents for the following reasons : "Many ladies gather in the evening to play cards or dominoes, and they do not return to their respective rooms until after 9:30 p.m., at which time the concierge shuts off the gas in the corridors and washrooms. Lighting being indispensable for the ladies who do not go out in the evening, there is no justification to move the curfew time forward, in my opinion. This would mean depriving residents of the leeway granted to them years ago, and will consequently awaken their discontent"⁴⁷. The Council thus decided against the modification. At the dawn of the First World War, directors and administrations shortened leave hours specifying the provisional nature of these exceptional measures⁴⁸.

At the *Infirmerie*, on the other hand, leave rights were much less evident. The hours prescribed by the establishments' regulations were already shorter than at *Pachéco* and *Hospices-Réunis*. The 1860 regulations allowed residents to leave only from 9 a.m. to 6 p.m. in the summer and from 10 a.m. to 4 p.m. in the winter. Furthermore, they

42. *Infirmerie* Rules and Regulations, 1827 and 1860, (ACPASB, FR); *Infirmerie* Director's report, 17 November 1856 (ACPASB, AG, File n°58). **43.** Letter from *Pachéco* director to the Council, 28 May 1883, (ACPASB, AG, File n° 158). **44.** *Idem.* **45.** Council resolution, 8 June 1883, (ACPASB, AG, File n°158). **46.** Letter from *Pachéco* director to the Council, 5 October 1912, (ACPASB, AG, File n° 158). **47.** Letter from *Hospices-Réunis* director to the Council, 21 October 1912, (ACPASB, AG, File n° 158). **48.** Letter from *Hospices-Réunis* director to the Council, 24 September 1914 and 23 April 1915, (ACPASB, AG, File n° 158).

specified that “leaving the establishment is permitted only if residents are not bound by some duty. Residents are not allowed leave under conditions of rain, snow or sleet, and whenever the director should determine it useful or necessary in their interest”⁴⁹. Next, at the end of 1887, the Council seriously revised leave hours probably due to the heavy budget deficit of nursing homes during that year⁵⁰. The Council wished to limit access to nursing homes and preferred at-home care for the healthy elderly, a much less costly alternative than housing⁵¹. To promote this measure, a decision was taken to quite simply limit leave hours. Indeed, according to the Council’s definition, a truly indigent elderly person had no reason to leave the nursing home. If “total freedom” were given to residents, this would go beyond mere aid and constitute “hotel” standards. On the other hand, “keeping the poor in pensions,” “submitting them to discipline” and limiting as much as possible their time outside of the nursing home “guarantees that there is only true plight in there”⁵². The legitimacy for the elderly to reside in nursing homes was thus questioned. The incurables and invalid constituted the ideal type of elderly in need of aid. On the other hand, the Council tried to discourage the admission of those susceptible

of abusing public aid, “vagabonds of the aid zone”⁵³. The idea was thus to restrict as much as possible leave hours for the idle healthy and to favour, via longer leave hours, the residents who worked for the establishment. Thus the Council hoped to retain only the deserving among the healthy residents and make the lazy ones leave the establishment in exchange of a small pension for life outside the nursing home.

But these measures did not last long. In May 1888, less than one year later, leave hours were once again extended. Was this a change due to a new director or to the end of the financial crisis? We might imagine the impact of the residents’ mobilisation who, in April 1888, took pen in hand to deplore their situation: “Breathing the air of the great outdoors, that powerful element of life, has for quite some time been denied to us. Indeed we can no longer leave except between 4 p.m. and 6 p.m., whereas in other nursing homes, such as at Ste Gertrude, residents are free from 9 a.m. to 7 p.m. In the winter we wish to be treated just like the latter. Add to this that we must work at the nursing home all day long for a miserable salary at the end of the week”⁵⁴. Or take the article that appeared in the socialist newspaper *Le Peuple*, in December

49. Article 26, *Infirmierie* Rules and Regulations, 1860, (ACPASB, *Farde Règlements*). 50. Cited in CLAIRE DICKSTEIN-BERNARD, “L’initiative communale...”, p. 387. 51. As early as 1850, measures were taken to limit the number of residents at the *Infirmierie*. Through an important resolution, the Council decided to empty the nursing homes gradually as residents died and to replace the housing of the able elderly with a pension for in-home care paid for by the *Infirmierie*. *Bulletin communal de la ville de Bruxelles*, t. 2, part. 1, 1851, p. 77 : <http://www.bruxelles.be/artdet.cfm?id=6465&PAGEID=5069&selectType=Y&criteria=>. (Consulted 4 March 2015). 52. All the quotes in the former paragraph originate from : *Bulletin communal de la ville de Bruxelles*, t. 2, part. 5, 1856, p. 411 <http://www.bruxelles.be/artdet.cfm?id=6465&PAGEID=5069&selectType=Y&criteria=>. (Consulted 4 March 2015). 53. ROBERT CASTEL, “La dynamique des processus de marginalisation : de la vulnérabilité à la désaffiliation”, in *Cahiers de Recherche sociologique*, n° 22, 1994, p. 14-15. 54. Letter from *Infirmierie* residents to the Council, 3 April 1888, (ACPASB, AG, File n° 150).



Painting of a resident at the infirmary. [Source : ACPASB, Patrimoine Artistique, T285, HEYERMANS Maria (1860-1935), "Une salle de l'hospice de l'Infirmierie à Bruxelles", before 1900]

of the same year, bearing the accusatory title of “Nursing Home Prisoners” : “The elderly poor imprisoned at the *Infirmierie* have been warned that they face expulsion at the slightest remark. A rule that resembles those posted in the cells of residents at detention homes has been promulgated. It forbids the nursing home prisoners of the *Infirmierie* to leave before 4:30 in the afternoon. On Thursdays, they may leave the establishment at 1 p.m. On Sundays they are free from 8 a.m. until 6 p.m. All other days these wretched people are kept indoors and forced to work all day long”⁵⁵. In the end the residents obtained, in May of 1889, slightly longer leave hours⁵⁶. But despite several requests in the following years⁵⁷, leave hours no longer changed. An isolated case of an authoritarian director and momentary financial crisis for the Council ? The debates of 1887, although softened via later measures, remain no less telling. Residents at the *Infirmierie* did not obtain unconditional leave rights. It was the object of serious negotiations laden with the negative image of the old lazy poor scrounging on welfare. In fact, the residents at the *Infirmierie* found themselves all the more marginalised.

Through residents’ right to leave the premises of their establishments we observe an essential aspect of their ability to reduce or skirt the

margins represented by nursing homes. Several forms of marginalisation, depending on the model, were at work. The institutional weight and marginalisation implicit in each nursing home seem to have been determined principally by the social origin of its residents.

IV. The old in nursing homes : Individual practices and conditions susceptible to reducing the margins

Life inside a nursing home was lived under discipline and control : whether behaviourally or morally, residents had to be irreproachable. Obedience, submission, respect, recognition and humility had to characterise their attitude towards the direction or the Council. Manners and politeness were to be watched around personnel and the spirit of community was highly encouraged in relations between residents. Equally, certain comportments were considered unacceptable and were for the most part repressed, including alcoholism, theft and begging as well as scandals and violence⁵⁸. Recidivism and incorrigibility were considered aggravating circumstances of these lapses, especially if the authority of the directors was publicly denigrated, in which case punishment or even expulsion often followed. Nevertheless, we wish to understand

55. *Le Peuple*, 3 December, 1887, p. 4. 56. Letters between residents, director and the Council, 6, 8 and 23 May 1889, (ACPASB, AG, File n° 150). 57. Letters between residents and director, 1, 15 and 19 January 1897; 17 August and 3 September 1903; 6 and 10 December 1908; 1 June 1909; 14 June 1910 (ACPASB, AG, File n° 150). 58. This characterisation coincides with the one of Mathilde Rossignaux-Méheust in her typology of types of the reprobate elderly (“*figures de la vieillesse réprouvée*”). She identifies the old crook who steals, begs and traffics, the old drunkard who is loud and sometimes violent, the old madman who howls and contravenes basic hygienic norms and finally the old troublemaker who always argues with personnel and with co-residents, in search of public scandal. MATHILDE ROSSIGNEUX-MÉHEUST, “Stigmatiser pour mieux régner. Les usages sociaux de la différence à l’hospice”, in *Hypothèses*, 17-1, 2014, p. 273.

– beyond official sources – how residents lived or managed to deal with their situation. Lacking direct testimony of residents, it is still possible to explore a set of conditions and practices that had either a positive or negative influence on life in the nursing homes, namely, residents' social origin and financial resources, gender, ability and will to work as well as their state of health.

Privileged social origins, as we have seen, endowed residents at *Pachéco* and *Hospices-Réunis* with a special status. Even if they became invalid and were transferred to the *Infirmierie*, a strict separation of classes guaranteed their status. The director and the Council remained attentive so as not to offend those ladies : “You require residents at the *Pachéco* to be of noble origin or from a good yet fallen family, and at *Hospice-Réunis* to come from a good, bourgeois family. When you mix these educated people with other indigent women, formerly servants, they feel humiliated when receiving visits from friends and family, who sadly see how they are mixed with other paupers”⁵⁹. Indeed their level of education and assurance of their special status probably made these people more susceptible to formulate complaints, questions and requests⁶⁰. This practice was incidentally remarked on by several directors of *Pachéco* who did not take kindly to it, like Abbot Tiron, in office in 1843 : “Eight years of experience permit me to know the mentality and tendencies of residents at *Pachéco*, and

it is fitting that I explain myself. The principal vice of the ladies at this establishment is pride, pretention and having forgotten that they are beneficiaries of public charity aid. It is funny hearing them call *their goods* what is in fact the source of the revenue that feeds them, or seeing them criticise the inscription *Hospice Pachéco* which according to them should read *Fondation Pachéco*. They will hardly submit to the authority of their director, and are ever ready to appeal to the Council concerning anything that he should order or refuse them”⁶¹. Thus at *Pachéco* and *Hospices-Réunis*, the marginalisation of residents clearly seemed less restrictive. In addition to voicing their claim to their social identity, they managed to maintain it partly thanks to their continual connection with their *milieu*. In addition to their social status, the financial resources of certain residents allowed them to soften daily life. They might possess personal resources or save some of the money they earned from working within or outside the nursing home. Provision of groceries, meals or room cleaning were among the main services that the domestic personnel of the nursing homes provided those residents who could afford it⁶².

Secondly, gender came to bear upon the matter on several levels. It is important to recall that there was no equivalent for men of *Pachéco* and *Hospices-Réunis*. At its inauguration, the *Infirmierie* possessed only 53 beds for men in similar social classes as the

59. Letter from a member of the Council to the Council, 26 March 1846 (ACPASB, AG, File n° 146). 60. Very few writings of residents have reached us. But of the 34 letters we found, the vast majority (28 letters) come from residents of *Pachéco* and *Hospices-Réunis*. 61. Letter from *Pachéco* director to the Council, 11 August 1843, (ACPASB, CC, File n° 517). 62. Letter from *Infirmierie* resident to the Council, 2 April 1909 (ACPASB, AG, File n° 158); Letter from *Infirmierie* domestic to the Council, 11 November 1845 (ACPASB, AG, File n° 153).

women at *Hospices-Réunis*. In other words, only a third of the beds that were available to women of the same social status. This observation seems to hold beyond public aid. It is also valid for private establishments since as we have seen, out of the thirteen establishments in Brussels and its surroundings at the end of the nineteenth century, four were mixed, eight were exclusively reserved for women and only one for men⁶³. Even though the holding capacity of these different establishments varied greatly, that the majority of establishments were reserved for women is intriguing. But this situation does not seem to have been unique to Brussels. For example, Carmen Mangion highlights how indigent middle class elderly women faced a similarly better situation in terms of aid in Victorian Britain⁶⁴. Nevertheless, those less marginalizing conditions for elderly women – thanks to by a greater choice in accessible institutions with better conditions – are clearly limited to those of a peculiar social origin. For the poorest of elderly women, nursing homes may not have accentuated social inequalities, but certainly maintained them⁶⁵. This is obvious concerning work duties at nursing homes. On the one hand, the division of male/female

tasks was maintained, and manly work, which was more useful for maintenance, guaranteed men greater respect⁶⁶. On the other hand, remuneration followed the same scales as elsewhere. Women were paid less than men even when they performed the same duties⁶⁷. In this sense, it was easier to live as a man than as a woman within the system of public aid.

Thirdly, working for one's nursing home, besides the revenue it generated (which was often unequal), was a way of bypassing constraints. Indeed, in contrast to the lazy and parasitic pauper, there was the one who worked, who returned to the nursing home, within the boundaries of his ability, what public aid offered him. Such a resident thus found himself the beneficiary of more flexible hours, pay (albeit minimal), more easily authorised visits, etc. Next to the incurable, aided willingly, the working and deserving elderly incarnated another ideal of a nursing home resident. The particularly useful professions of locksmith and ironsmith even shielded two such respective practitioners from punishment, indeed from the expulsion that their drunkenness would have otherwise brought about⁶⁸.

63. LUDOVIC SAINT-VINCENT, *Belgique charitable...*, p. 100-137. 64. CARMEN MANGION, "Housing the 'decayed...'", p. 377-378. 65. Outside the nursing homes, Christine Piette details the situation of impoverished women in Paris and concludes that they were the most misery-struck social category in all of Parisian society during the first half of the nineteenth century. Additionally, the idea of a comfortable pension for women, considered more vulnerable than men, had no support outside aid establishments. Elise Feller explores the constant exclusion of these women from systems of support for the elderly during the first half of the 20th century. CHRISTINE PIETTE, "Femmes, vieillesse et pauvreté à Paris dans la première moitié du XIX^e siècle", in *Recherches féministes*, vol. 9, n° 2, 1996, p. 13-41; ELISE FELLER, "Les femmes et le vieillissement dans la France du premier XX^e siècle", in *CLIO. Histoire, femmes et sociétés*, n° 7, 1998 : <http://clio.revues.org/353>. (Consulted 8 April 2013). 66. Typically, men performed manual work while women worked in cleaning, sewing, cooking and washing. 67. In 1910, cleaners received 1.75 francs while cleaning women received for their part 1.25 francs as weekly remuneration. Letter from *Infirmierie* director to the Council, 26 March 1910, (ACPASB, AG, File n° 150). 68. *Dossier concernant les punitions infligées à V. Emmanuel et D. François* (ACPASB, AG, File n°153).

Finally, physical condition and state of health had a determining effect on the options available to the elderly in nursing homes. Invalid residents at *Pachéco* and *Hospices-Réunis* were transferred to the *Infirmerie*. As an indicator of their physical degradation, those residents energetically fought this practice throughout the nineteenth century in order to die as they wished, “in their beds”⁶⁹, without having to be jostled about⁷⁰. At the *Infirmerie*, as indicated above, while they were welcome as residents since their incapacitation was guaranteed to be legitimate, the invalid and the ill nevertheless remained the most ostracised of populations. Their unconditional integration into the aid system closed upon them the walls of their institution, especially in view of their motor disabilities⁷¹. Illness and infirmity indeed led to marginalisation, to diminishing links with the outside world, to the forced sharing of both limited space and limited care⁷². Spatially, the incurable, the cancer patients and the invalid were housed by group in their own wards, often those furthest away from the administrative offices, thus patently symbolising their marginalisation. Furthermore, they received less care from the personnel who regularly expressed visual,

olfactory and auditory disgust with these wards. In 1850, nurses were even authorised to consume alcoholic beverages in order to “handle the disagreeable emanations in the wards”⁷³. Lastly, communication with the outside world became practically impossible, with the exception of regulated family visits⁷⁴. An engineer who volunteered to entertain residents with a light projection show was denied access to the cancer patient wards despite his proposal to host a special session for them: “You have in your care patients who are even less likely than the elderly to enjoy anything whatsoever from the outside world: Cancer patients. Should you find a way for them to benefit from my sessions, all you have to do is call; I am at your call and their disposal”⁷⁵. But the *Infirmerie* director replied: “Since they are all bedridden, there is no way to have them benefit from the generous offer of Mr. L.”⁷⁶.

On the scale of individual patients, the same institutional landscape imposed itself differently upon each resident, according to his/her individual past, practices and condition. Among the latter, gender, class and state

69. Letters from *Pachéco* residents to the Council, 5 March 1869 (ACPASB, AG, File n° 158).

70. Council meeting, 8 March 1898 (ACPASB, AG, File n° 158). 71. This idea of integration linked to a form of exclusion is developed by Jean-François Ravaud and Henri-Jacques Stiker concerning handicap. They define modern societies through an organic solidarity. The capacity for inclusion is higher in such a society than in societies of mechanical solidarity, but it creates at the same time situations of exclusion within the framework of that society. JEAN-FRANÇOIS RAVAUD & HENRI-JACQUES STIKER, “Les modèles de l’inclusion et de l’exclusion à l’épreuve du handicap. 1^{ère} partie : les processus sociaux fondamentaux d’exclusion et d’inclusion”, in *Handicap – Revue de sciences humaines et sociales*, n° 86, 2000, p. 4. 72. Letter from the Council to *Infirmerie* director, 17 December 1872 (ACPASB, AG, File n° 148). 73. *Rapport à Messieurs du Monceau et Claessens, spécialement chargés de la surveillance de l’hospice de l’Infirmerie*, 28 October 1850 (ACPASB, AG, Liasse n° 153). 74. At the *Infirmerie*, visits were allowed only once a week at hours determined by the Council. The director could nevertheless authorize a higher frequency on an individual basis. Article 89, Rules and Regulations, 1860, (ACPASB, FR). 75. Letter from L. to the Council, 2 December 1897 (ACPASB, AG, File n° 152).

76. Letter from *Infirmerie* director to the Council (ACPASB, AG, File n° 152).

of health determined more than any other condition the life of a resident.

V. Conclusion

The case of public nursing homes in Brussels demonstrates that marginalisation of the elderly through their institutionalisation existed but appears relative, based upon the Brussels context, upon nursing home models, upon residents. This contribution reviews the traditional image of public nursing homes as well as the indigence that such institutions addressed. First and foremost, the Brussels context presents a particular institutional landscape. The choice among nursing homes and their elaborate infrastructure made them more favourable to the elderly than in other cities. Next, far from dealing with poverty solely in its extreme, destitute and dangerous forms, public nursing homes in Brussels received diverse populations according to distinctive caretaking models.

Residents' leave rights illustrate most clearly this differentiation. And beyond formal caretaking models, marginalisation occurred on different levels at nursing homes according to the situation of individual residents. The latter, through their individual practices and conditions, sometimes managed to attenuate the effects of their marginalisation and sometimes did not. Gender, social class and state of health seem fundamental in grasping their experience. It thus appears that a destitute lady aristocrat boarding at *Pachéco*, conscious of her status and ready to express her discontent energetically, disposed of indisputable leeway; whereas the old, incurable man at the *Infirmierie*, poor and isolated, experienced the constraints most forcefully. Finally, just as the margins of nursing homes could be relative, so could the indigence addressed by public aid. Indigence is no longer synonymous with a state of extreme poverty, but rather with a status that permitted access to free care, measured individually in light of social origins.

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List of Abbreviations

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| ACPASB | Archives of the Public Centre of Social Action of Brussels (<i>Archives du Centre public d'Action sociale de Bruxelles</i>) |
| AG | General Affairs (<i>Affaires générales</i>) |
| AVB | Municipal Archives of Brussels (<i>Archives de la Ville de Bruxelles</i>) |
| CC | C Series (<i>Série Cote C</i>) |
| Council | Brussels General Council of Public assistance (<i>Conseil général des Hospices et Secours de la Ville de Bruxelles</i>) |
| FR | Rules and regulations File (<i>Farde Réglements</i>) |
| SE | Nursing homes Series (<i>Série Établissements</i>) |