Elderly Indigents and Old Men’s Homes
1880—1920

In welfare history it is tempting to emphasize state benefits, for these are easily measured, clearly signposted by legislation, and sometimes accompanied by considerable public debate. The Old-age Pensions Act of 1898 thus becomes the major welfare advance of the nineteenth century, a source of considerable pride to its Liberal sponsors, and an important component in New Zealand’s claim to be a ‘social laboratory’. At the same time, there are always needs which are not adequately met by income maintenance schemes, and situations for which other forms of assistance may be more appropriate. The old age pension was certainly a pioneering measure of its kind in New Zealand, but it must be placed against a considerable growth in the number of homes for the elderly from the late 1880s. Even at this time, many of the elderly required personal services and daily care and, with or without the pension, they were forced into institutions in search of these services. The residential care of the aged in the period 1880—1920 was overwhelmingly the concern of public charity, as represented by the hospital and charitable aid boards. An examination of the boards’ institutions sheds light on the problems faced by those who were too old and too feeble to care for themselves; those who, in this period, at least, were not at all easily institutionalised. If the old age pension reinforced New Zealand’s claim as a ‘social laboratory’, the old people’s homes had a less glorious inception, one which smacked more of the poorhouse than of colonial progressivism.

The New Zealand Planning Council’s 1979 report on social welfare refers to the isolation of the aged as one of a number of social problems which ‘did not previously exist’. It is clear, however, that from an early period in New Zealand’s history the elderly formed an undeniably needy section of the poor, that many of them were without friends and family, and that they commanded inadequate support from the community. The recognition of old age as a social problem is not unique to our own decades. Nevertheless, the question did assume somewhat different dimensions in the 1880s and 1890s, when the natural ageing of a young

1. New Zealand Planning Council, The Welfare State? Social Policy in the 1980s, Wellington, 1979, p.27. Charitable aid boards of the 1880s would have been surprised to learn that ‘family mobility’ and ‘solo parenthood’ also ‘did not previously exist’.
settlement population resulted in a sudden demand for old age welfare services. Equally important to nineteenth-century perceptions and responses was a male predominance in the elderly population. Old men featured among those most apparently in need.

The problem of old age dependency was clearly in evidence by the 1880s. Complaints by the Inspector-General of Hospitals and Lunatic Asylums suggest that the distressed elderly initially found their way into these institutions, where their presence caused constant discipline problems and impeded the process of rehabilitation and cure. Dr G. W. Grabham wrote in his first report that the greatest obstacle to the hospitals’ usefulness was that they were made the homes of aged, infirm and chronic cases ‘corresponding very closely to the permanent pauper inhabitants of an English union workhouse’. Dr Duncan MacGregor, his successor as Inspector-General, attributed overcrowding in the lunatic asylums to the accumulation of old people within, old people who were ‘merely friendless’, but who soon became a permanent and expensive charge on central government. MacGregor pointed to the ‘disproportionate numbers of our population who at this stage of our history have grown old without contracting family ties’, and urged that the newly constituted hospital and charitable aid boards build local refuges to cater for this class.

At this time there was only a handful of refuges in existence, mostly derelict buildings, old hospitals and immigration barracks in which a wide range of homeless and destitute individuals found shelter. In 1885 the Statistics of New Zealand recorded the existence of the Auckland Old Men’s and Old Women’s Refuges, the Otago Benevolent Institution at Caversham which, with 102 beds was probably the largest charitable institution in New Zealand, the Ashburton Old Men’s Home, and a fifteen bed refuge at Nelson. The list is apparently not complete, for it does not include the Napier Refuge and a small casual shelter at Christchurch, the Armagh Street Depot. Other small local refuges may also have escaped official notification. Most of these refuges were not strictly ‘old people’s homes’: on 1 January 1887, for example, the ‘Otago Benevolent’ contained forty children and 119 adults. The children were educated at the Institution’s own school and, from 1888, as many as twenty-five women passed through its lying-in ward each year. The Napier Refuge did not accommodate children for any length of time. But it certainly had its lying-in ward for unmarried mothers, and it doubled as a casual shelter for unemployed itinerant men. Descriptions of individual cases in the

4. Statistics of New Zealand, 1885, p.72. This does not include orphanages and women’s rescue homes.
Refuge's 1887 report show that it provided temporary work suited to the trades of men capable of working.6

Shelters such as the Napier Refuge seem, therefore, to have functioned initially as general 'almshouses'. They remained dumping grounds for the crippled and infirm, but gradually began to exclude children and able-bodied adults. From the 1890s the annual reports of the Department of Hospitals and Charitable Institutions came down firmly against the mixture of children, unmarried mothers and old persons in these institutions. The young and healthy were to be separated out from the old and the sick. In response to such pressure, the Napier Refuge, 'old dilapidated, unlined, infested with bugs', was replaced by a new building, unambiguously entitled the 'Park Island Old People's Home'.7 Efficient institutions providing only for the elderly and infirm, well disciplined, and perfectly under the control of a trained nurse—this was the Departmental ideal, and the passing of the overcrowded, verminous, and dilapidated Napier Refuge was a sign of the new order. A similar process can be observed in the Otago Benevolent Institution, which excluded children from 1894, experienced a slow decline in the number of maternity cases passing through its wards, and in the first decade of the new century, had new facilities constructed for the chronically and incurably ill.8 As Table 1 shows, the proportion of inmates aged sixty-five and over rose steadily in these older institutions from the 1880s.9

Not only were the few existing shelters taking on the character of old people's homes, but from the late 1880s further homes were opened. They too were usually located in whatever building happened to be available when the need arose, and were only gradually replaced by new and more sanitary structures. Immigration barracks were first used in Timaru, the Wanganui institution was located in a disused school, and Christchurch's Samaritan Home, in the old Addington gaol. The Napier Refuge had first served as troop quarters, and the Ashburton home as immigration barracks. Conditions in the latter were so bad that it was described as a 'moving mass of bugs'. One elderly blind inmate begged the police to charge him with vagrancy, so that he might sleep in his cell undisturbed by vermin (presumably he had no previous acquaintance with the police cells). Members of the Ashburton and North Canterbury Charitable Aid Board visiting the Home at night were obliged to carry an umbrella to protect themselves from the bugs which dropped from the

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9. Where, as in the case of the Alexandra Home, there is a relative decline in the over sixty-fives after 1915, this may reflect the influence of the First World War, and the consequent pressure on hospital beds. Many boards shifted house in need of long term nursing care to the infirmary wards of the old people's homes. Even so, there were few inmates aged fifty-five or younger.
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<th>Institution</th>
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*First named institution replaced by second during period.

Source: *Statistics of New Zealand, 1885-1920*
ceiling. The Home's committee even considered erecting tents for the inmates to sleep in during summer when the problem was at its worst. Nevertheless, the Ashburton Home was not replaced by a new institution, the Tuarangi Old Men's Home, until 1902.

Conditions in other institutions were apparently little better in the nineteenth century. The Auckland Old Men's Refuge had first been a lunatic asylum, and the Women's Refuge was the old provincial hospital. Both were located in the public hospital grounds, the Men's Refuge on a notoriously dank and unhealthy site. It was so wretched that in 1886 the Auckland Board's executive committee recommended it be vacated and moved or, if it could be decently hidden by shrubs, used as a fowlhouse.\(^\text{10}\)

Faced by increasing numbers of homeless elderly, the hospital and charitable aid authorities sought other expedients. A few temporarily located their elderly poor in cottages, and kept them supplied with food and tobacco under minimal supervision. Others boarded them out, often with a boarding-house keeper who would tender for the task of accommodating them. In Wellington the Benevolent Trustees boarded out their old men until the construction of the Wellington Benevolent Institution, or Ohiro Home, in 1892. Problems were immediately apparent, for the practice simply concentrated the old men in one place and exposed them to one another's ill humour without the control and regimentation that could be exerted in a fully institutional setting. At least one of Wellington's boarding houses had a central city location, far too close to public houses for sobriety and order to prevail. The Trustees racked their brains for schemes which would keep the old men occupied and prevent them from discrediting their benefactors by 'lounging about the streets'.\(^\text{11}\) Stonebreaking and gorse-cutting were considered 'nice light work', it was thought, until a doctor pronounced all the old men unfit for such activity.\(^\text{12}\) Finally the Trustees hit upon the solution of hiring the old men out as advertising 'sandwich men', thereby advertising the old men's indigence as much as the products concerned. Even this proved counter-productive. When the old men were allowed to keep their earnings on condition that they buy warm winter clothing, they promptly spent the lot on drink and created a disturbance that the Trustees long remembered as an example of supreme ingratitude.\(^\text{13}\)

As numbers increased, boarding out became more trouble than it was worth for most charitable aid authorities, who realized that better care and control might be achieved in a proper institution. From early in the new century there was an increasing tendency for the old makeshift arrangements to be superseded by new buildings. While the Inspector-

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12. ibid., 3 February 1886.
13. ibid., 7 July 1890.
General of Hospitals commended the gains in efficiency and cleanliness, the elderly paid the price of greater regimentation and inflexibility. However squalid, the informality and small scale of the early institutions and cottages may have been more congenial to their residents than the structures which replaced them.

The inmates’ opinion of the new institutions was seldom a crucial factor in either their location or design. This can be seen in the construction of the Costley Home, which replaced the Auckland Old Men’s and Old Women’s Refuges in 1890. Financed largely from a bequest by an Auckland businessman, Edward Costley, its 191 beds made it the country’s second largest charitable institution after the ‘Otago Benevolent’ (226 beds in 1890). The Costley Home for the Aged Poor was designed to impress, with its ornamental balustrades, grand staircase, corinthian columns, main vestibule, and large upstairs hall. Separate quarters for men and women allowed strict segregation of the sexes, who even ate in separate dining rooms. Most of the floor area was taken up by four women’s wards and six men’s wards, with an attached day room, quarters for the master and matron, and a verandah for exercise. More revealing of institutional life for the elderly were the small cancer ward, the straw shed (straw was used for bedding), the large laundry in which inmates were to undertake washing from the Costley Home, the nurses’ home, and the public hospital, and the refractory ward at the rear of the building, for those ‘accustomed to ramble out ... in quest of treble XXX’. 14

Despite its grandiose scale the building was badly designed and abysmally equipped. It soon became clear that the laundry equipment was obsolete, the hot water supply inadequate, conveniences badly situated, and plumbing primitive. Drainage was deficient and insanitary, all pipes emptying into a cess pit outside. The contents of the cess pit were later spread over the garden or emptied into a handy volcanic fissure nearby—public health was not a major concern before 1900. 15 Close to the main building were the piggeries. These functioned until the war years when the Board finally conceded that the problems caused by flies outweighed the profits to be made from its prize pigs. 16

As one of New Zealand’s largest charitable institutions, the Costley Home was not necessarily typical. The experiences of inmates in homes of less than fifty beds may have been quite different from those in large complexes, and a kindly manager no doubt compensated for many defects in structural arrangements. But some features of the Costley Home were duplicated elsewhere: the segregation of the sexes, dormitory sleeping quarters, refractory ward, and inadequate sanitation were

features of institutions all over the country. Some concessions to inmates’ comfort were apparent by the 1920s, however. Smoking rooms and libraries were often provided, and sometimes ‘married quarters’ for spouses who did not wish to be separated. The straw pallet disappeared, to be replaced by iron bedsteads and proper mattresses. After 1909 all hospital boards were required to gain ministerial approval for capital works costing more than £250. This gave the Department of Health and Hospitals more influence over proposed institutions, including the old people’s homes, and appears to have resulted in a more rational and uniform design.

Departmental influence was certainly a factor in the siting of the new homes. From MacGregor’s time the Department encouraged a rural location, arguing that this would provide land for cultivation and would isolate inmates from those corrupt urban influences which, it was felt, had so often been their downfall. Most boards were in agreement, possibly because land in such locations was cheaper than an inner city site. As the executive committee of the Auckland Board wrote in 1886: ‘It has been urged that a building maintained some few miles from the city on a line of railway would be best for . . . such an institution, placing, as it would, a barrier of distance between the inmates and the temptation to drink, which in many instances has brought its occupants to their present condition.’ The rural, or semi-rural location of Ashburton’s Tuarangi Home, Hawke’s Bay’s Park Island Home, and Southland’s Lorne Farm all reflected this sentiment, and MacGregor’s successor, T. A. H. Valintine, commented with approval on the much improved discipline among inmates after their removal from the town. Unfortunately, the town in the normal process of expansion often caught up with these ‘isolated’ institutions and, in any case, inmates proved familiar with tram and rail timetables. They tended not to appreciate the ‘pleasant and park-like’ surroundings in which they were placed. Rural sites were often undeveloped, far from urban amenities, and were not necessarily suitable for cultivation. The inmates of the Auckland Refuge even tried to sign a petition urging that the Costley Home be built on an inner city site, but were prohibited from an act so subversive of discipline. They were supported by visitors who appreciated the extent.

17. Information regarding conditions in the homes is based on the records of the Auckland, Palmerston North, Wellington, North Canterbury Hospital Boards, on the Annual Report of the Department of Health and Hospitals, and on formal investigations reported in the press, or in AJHR.
18. New Zealand Statutes, 1909, Hospitals and Charitable Institutions Act, 1909, Cl. 61 (3).
19. Executive Committee’s Report on Institutions to the Auckland Hospital and Charitable Aid Board, NZH, 29 June 1886.
21. Auckland Hospital and Charitable Aid Board, Minutes, 13 August 1888, Auckland Hospital Board.
to which a distant location would discourage visiting. And hopes that the old inmates would spend their last days productively engaged in the cultivation of their own foodstuffs proved sadly unfounded. As one Auckland Board member said of the Auckland Refuge inmates, they were 150 specimens of decaying humanity, and he had no hope of getting any work out of them! Other sources suggest that the inmates much preferred, if they could, to remain inside enveloped in a fug of tobacco smoke, or huddled around the fireplace.

Reference has been made in this article to ‘old men’s homes’ as well as to ‘old people’s homes’. This is in keeping with contemporary usage, for the term ‘old men’s home’ was popularly used of the charitable institutions, even when they contained a number of female residents. In contrast with the situation in modern residential homes for the aged, men formed a clear majority in the homes of the early twentieth century. In the 1909—1910 year, for example, 81 per cent of the 1813 persons accommodated in hospital and charitable aid board homes for the elderly were men. In the 1920—1921 year the proportion of men was still high at 79 per cent. Three of the hospital board institutions in existence by 1910 were for men only, and eleven of the remainder had less than one third the number of beds for women that they provided for men. MacGregor had put his finger on the reason for this imbalance when he referred to the number of persons who had grown old without contracting family ties. At the turn of the century the over sixty-fives were the most rapidly increasing age group in New Zealand’s population. Their numbers increased by 51 per cent between 1896 and 1901, while the population as a whole increased by only 10 per cent. Whereas those aged sixty-five and over had constituted only .86 per cent of New Zealand’s population in 1867, they comprised 2.96 per cent in 1896, and 4.74 per cent by 1911. This alone may have made society more aware of the special needs of the elderly, but the composition of the elderly population was another factor

22. NZH, 24 April 1888.
23. In 1913 a reporter noted that all of the inmates at the Otago Benevolent Institution disliked fresh air and much preferred to lounge around inside. Evening Star, 22 January 1913, Otago Hospital Board, Press Cuttings Book, Vol.5, p.58.
26. The only home which catered predominately for women and contained only a handful of male inmates was the Queen’s Jubilee Memorial Home at Woolston. Significantly, the Department’s Annual Report on Hospitals often singled the Home out for favourable comment on its ‘homeliness’ and good management. Women appear to have settled in to institutional life far more satisfactorily than the men.
27. See footnote 3.
29. ibid., p.220.
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which prompted special provision, and, in this case, special institutional provision for old age.

Men predominated among the over sixty-fives (roughly a ratio of sixty males to every forty females in the 1890s and 1900s). Since males aged sixty-five and over were several times more likely than females to come into the ‘unmarried’ category, this rapidly increasing elderly population contained a high proportion of unattached men. Observers agreed that these unattached men featured among the inmate population, and did much to influence the character of the homes well into the twentieth century. Grace Neill, the Assistant Inspector of Hospitals wrote, for example, that most of the inmates of the old men’s homes were of the ‘pioneer or gold digger class who never had wife or family’. A reporter visiting the Otago Benevolent Institution in 1913 noted the high proportion of elderly miners there, men susceptible to rheumatic ailments. ‘Unmarried and poor’, they were forced into the Institution by sheer helplessness. Charitable aid board records and case histories suggest that elderly women were more likely to be able to maintain an acceptable domestic situation outside the institutions, or to find board with a family and assist with household chores and child care. Lone elderly males were most likely to be pressured into the charitable institution, sometimes through the withdrawal of outdoor relief.

There is also evidence that such elderly men were increasingly unable to compete in the labour market. In New Zealand a relatively high proportion of men aged sixty-five and over (84 to 87 per cent) remained ‘actively employed’ until 1906, when the census first records a drop. The proportion declines steadily thereafter, though a marked decrease, from 67 per cent to 47 per cent between 1921 and 1926 was due in part to changes in the census instructions, which gave more detail about the word ‘retired’. However, the real extent of this ‘active employment’ needs to be questioned, even before 1906. Early Labour Department reports show a special concern for the plight of the elderly unemployed. It may be that these older workers had only very tenuous connections with the workforce, and figured prominently in seasonal unemployment. Certainly the mobility which characterized inmates of

30. In 1901, for example, 4.34 per cent of females in the 60-65 year age range were unmarried, compared with 18.51 per cent of males. In the 65-70 age range the proportions of unmarried females and unmarried males were 4.21 per cent and 23.37 per cent respectively. ibid., 1901, p.210.
34. ibid., 1926, Part 9, p.8.
the charitable aid board homes suggests an elderly, inefficient sector of the workforce. These old men regarded themselves as employable, but needed assistance and shelter over part of the year. In 1908 the *Lyttelton Times* specifically referred to the ‘annual rush for the [Ashburton and North Canterbury Board’s] homes by old people, who are able to support themselves in one fashion or another during the warmer months of the year’, and to ‘the usual influx of old people from the country’ in winter months when the weather had broken.

The Industrial Conciliation and Arbitration Act provided for the issue of ‘under rate’ permits whereby aged, infirm and incompetent workers could be employed at a lower rate than prescribed in the award, and this may have prolonged the participation of elderly men in the workforce. However, there is some suggestion that the unions opposed liberal application of these permits, and the enforcement of award rates may eventually have pushed the elderly, inefficient worker out of the workforce. In the 1920s the Palmerston North Board’s relieving officer claimed that many of the elderly men applying to his office had lost their position because employers were reluctant to pay them award wages. ‘He is old and gone in the legs and I am sorry to say that no one will employ him as they have to pay the award rate of wages’ is a typical comment. Such remarks suggest that the retirement ethos of old age as a period of rest and ‘disengagement’ was even then not firmly established. Many of these old men were willing to work, and expected to work, even into their eighties. Employers, on the other hand, were seeking a more efficient return for the wages they paid, and might also have required a higher level of skills than in the past.

The infirmity which forced these elderly workers out of the workforce pushed some of them into the local home. An examination of the records of one institution, the ‘Otago Benevolent’, confirms the male predominance, advancing age and infirmity of the inmate population.

In the year April 1909—March 1910 294 men and 116 women made use of the Institution. Of these 410 persons, 297 were admitted as ‘old and

38. Charitable Aid Officer’s Report to Executive Committee, Palmerston North Hospital Board, Minutes, 10 September 1925, Palmerston North Hospital Board.
40. Information in this and the following paragraph is derived from the Otago Hospital and Charitable Aid Board’s Benevolent Inmate Books, 1909-1920, held by the Hocken Library.
past work’. Most of the others exhibited a range of disabilities. Only forty-five inmates were aged forty-five or under, and these were persons whose disabilities were seen to approximate those of old age: they were crippled and paralysed, ‘imbecile’ and of weak intellect. While many of the inmates were pitiful long-term cases, others were distinguished by the shortness of their stay in the Institution. Of 191 cases admitted to the Institution during the 1909—1910 year, 108 were noted as having left before the end of that year, only two of them to the Seacliff Asylum, and one to the public hospital. The majority of those leaving within the year were in the ‘old and past work’ category, and may have repeated the entrance and exit process until death or infirmity overtook them.

This mobility is less in evidence by 1920. Of 120 admissions to the Institution during 1920, seventy-nine were no longer in residence by the end of the year. However, only thirty-one of these had ‘left’, thirty-three had died (a reflection of the Institution’s growing importance as a home for the chronically and incurably ill), and no reason for discharge was given in fifteen cases. Only twenty-two of the 279 persons using the Institution in 1920 were aged forty-five or under, and most of these appear to have been persons permanently incapacitated or terminally ill. The Otago Benevolent Institution had become an old persons’ home, and many of those entering were unlikely ever to leave it.

Incapacitated or not, the indigent aged provoked an ambivalent response from their contemporaries. The distinction between the deserving and undeserving poor was always blurred by an appreciation of the part played by ‘old pioneers’ in New Zealand’s development. Seddon capitalized on this feeling when he pushed for Old Age Pensions, arguing that the poverty of the aged could just as easily be attributed to the hardships of colonial life as to personal moral failings.41 Reporters visiting homes for the aged elderly produced sentimental pieces with such titles as ‘Becalmed in the Benevolent’, and sympathetically contrasted the inmates’ present impotent state with their vigorous and sometimes dissolute prime. There was always the ‘old identity’, now fallen on hard times, or the ‘industrious contributor to our city’s development’ to point to.42

But individuals who became ‘characters’ and ‘poor old chaps’ when restrained in an institution experienced rather less tolerance if they exposed their idiosyncrasies to public view—if they were observed drunk, if their colourful language offended the ears of decent citizens, and if, as occasionally happened, they caused damage to public property, or spent their days collecting and hoarding rubbish. At the very least they served as uncomfortable and highly visible reminders of New Zealand’s frontier past. These ‘hardy pioneers’ proved decidedly out of place in the respec-

41. New Zealand Parliamentary Debates (NZPD), XCV, 626, 15 September 1896.
42. See, for example, Auckland Weekly News, 9 June 1894, p.38; Evening Star, 22 January 1913, Otago Hospital Board, Press Cuttings Book, Vol.5, p.58.
table urban environments to which they migrated in old age. Public order as much as public sympathy demanded that they be rescued from their own dirt and dissipation, and placed in structures determinedly labelled ‘homes’. In old age, at least, they might be subdued and domesticated.

Unfortunately these old men were the individuals least likely to settle into institutional life. Far from being the tranquil havens rightly or wrongly associated with the care of the aged today, the early institutions were often turbulent places which, when not torn apart by periodic crises and public investigations, functioned in a simmering state of hostility between management and inmates. Typically male, unmarried, and friendless, many of the institutionalized elderly were likely to be of an unruly disposition. It was often this very characteristic which had brought them to the authorities’ attention, and precipitated their placement in a home. It will not do to regard them as victims who passively accepted their fate: as a member of the Wellington Hospital and Charitable Aid Board remarked, old age did not always bring a return to innocence and simplicity, and some inmates were certainly not angels.

The internal organization of some of the old people’s homes reveals the sheer fractiousness and perversity of the inmates, and the often domineering and inflexible response of the institutions’ management.

Lengthy lists of rules and firm discipline were features of the homes well into the twentieth century. ‘Inmates Must Not’ was the uncompromising dictum, and as the Department of Health and Hospitals provided model by-laws, the inmates’ day ran to a rigid and increasingly standardized routine. Situations likely to lead to disorder were carefully circumscribed, inmates were required to do all work demanded of them, and to act in total obedience to the master of the home. Hours of rising and sleeping, visiting times and meal times were closely defined in the rules of each institution. Even the composition of meals might be laid down for each meal, every day of the week. Inmates were constantly reminded that they resided in a charitable institution, and on entering the home were required to sign a declaration that they were destitute persons, without the financial means and physical ability to support themselves, and without relatives to aid them in their distress. Any future income and possessions, including pensions, were to become the property of the institution, and inmates were required to surrender all existing belongings. They were to avoid intoxicating liquor, to refrain from obscene and profane language, and to bath at least weekly.

Rigid proscriptions invited rebellion. The more active old men displayed considerable ingenuity in circumventing rules, in concealing their pension certificates and, above all, in obtaining liquor. Drunkenness was undoubtedly one of the most prevalent offences in the homes.

43. Minutes, Reports of Proceedings, etc., of the Hospitals Conference, June 1911, AJHR, 1911, H—31, p.244.
44. See series of by-laws in File H69/708, Health Department.
Inmates bribed staff to obtain drink for them, they spent their allowances on it and pawned their clothes to pay for it (at the Costley Home the two charges of ‘drunkenness’ and ‘pawning clothes’ were commonly associated in the 1890s). In 1913 the institutions committee of the North Canterbury Hospital and Charitable Aid Board was dismayed to learn that the old men of the Tuarangi Home made regular trips into Ashburton to buy up meths and chlorodyne. The master was urged to immediately stop the weekly allowance of any inmate caught in the act, but at Tuarangi, as at other institutions, attempts to ‘put down drunkenness’ created further hostility.

Drunkenness in the institutions was frequently associated with other forms of disorder—assault, refusals to work, and ‘insubordination’. Inmates of the Costley Home were disciplined for fighting, for foul and abusive language, for going out on leave without permission and, on the odd occasion, for such destructive behaviour as breaking windows. At the Tuarangi Home there was at least one stabbing, when an elderly Austrian objected to his room-mate’s snoring (he was acquitted by an understanding jury). The North Canterbury Board’s officials took this incident and the usual fights well in their stride. In 1916 one persistently violent inmate of the Tuarangi Home laid open another’s head with a stick. The Board’s secretary wrote to the local police superintendent requesting a cautionary visit from one of his men. ‘Perhaps a visit from a Police Officer may impress the old man with the need of endeavouring to control his temper’, he mildly suggested.

The bolder spirits in the homes were not backward in making counter-accusations about staff dishonesty, immorality, and bad language. The managers of the homes had reason to sigh when the old men ‘took to letter writing’. Their letters occasionally appear in the Health Department’s records, respectful, written in a very shaky hand, and invariably giving as much detail about the writer’s health as the cause of complaint. They were usually followed up by a routine inquiry from the Inspector-General. Typical is a letter written by an inmate of Palmerston North’s Awapuni Home to the Governor-General in 1917, ostensibly about a lost money order. The state of his corporeal health was most distressing, the complainant ended. He suffered from ‘dipsomnial’, malaria, scurvy, asthma, leprosy, and cancer of the gums. Nonsense, said the Board’s secretary. The man was in the pink of health and was fit enough to walk into town each day. Unfortunately he suffered from delusions and had received a message from the Almighty telling him not to work.

45. Costley Home Committee Minute Book, 1890-1896, Auckland Hospital Board.
46. North Canterbury Hospital and Charitable Aid Board, Minutes, 22 October 1913.
47. Press, 4 October 1887.
49. Inmate to Governor-General, n.d.; Secretary, Palmerston North Board to Inspector-General, 17 April 1917, H75/7/4, National Archives.
Though inmates could be loud in their complaints about staff morality, food, lack of warmth, and other inmates, they seemed seldom to grumble about hygiene standards, or the lack of opportunity to bath. It was on this count that outsiders judged the institutions, however. MacGregor painstakingly identified in his annual reports those institutions with dirty closets, smelly urinals, and shabby bedding. For many years the Costley Home fell short. Whereas other institutions were shown to be grubby and ‘bug-infested’, inmates of the Costley Home were alleged to be harbouring lice. Evidence given to the 1903 Costley Home Commission highlighted conditions in which the bedridden, in particular, must have suffered considerably. Staff and other witnesses gave evidence of lice and bugs in the bedding, the sick left lying on soaking straw palliasses, and bed linen and clothing left unwashed in the wet weather, when washing from outside the Home had priority. It was claimed that many inmates were in a lousy state, vermin literally dropping off them, and that cancer patients lay dying in stinking conditions with neglected open sores. The Commissioners themselves noted that baths were lacking, that even fresh linen appeared half washed, that inmates’ clothing and bedding were thin and dirty, and that food was served up cold and inadequately cooked. The general condition of the Home they found to be spartan and comfortless, inmates had no individual lockers, and there was a lack of armchairs. Overall, they concluded, the general well-being of inmates was sacrificed in the interests of economy.¹⁰

This last charge could equally have been made of other institutions, but the Costley Home was the largest in the country, and consequently the most difficult to supervise. It was not unknown for lice and fleas to be introduced into other homes by new inmates: this was one reason why some charitable aid boards placed ‘casuals’ in detached cottages away from the main institution. Many of the older structures were notoriously ‘bug-infested’, and one supposes that inmates used to infestation before their committal found other aspects of institutional life more distressing than this. When managers did try to improve hygiene standards some inmates proved stubbornly uncooperative, and avoided even the minimal requirement of a weekly bath. In 1909, William Law, an inmate of the Costley Home, successfully brought charges against the manager, who had forced him ‘in an unduly rough manner’ to take a bath. The manager claimed that the only damage done to Law was that the dirt was taken from his skin, but Law won his case and £5 in damages. This minor victory threatened a whole spate of refusals to bath in the Costley Home. An eighty-year-old inmate, William Garrick, decided after eleven years’ compliant residence that he too would no longer bath. At this point the Chairman of the Board was brought in and ordered Garrick’s removal to the bathroom. The manager refused to force the old man, stating that the

last bath of this sort had cost him £120 in legal fees. Finally the medical officer despatched a telegram to the Inspector-General of Hospitals: ‘William Garrick declines to have a bath. What shall we do?’ Inspector-General Valintine was not going to stand any nonsense. By return telegram came the terse reply: ‘Turn him out.’

Unfortunately, as managers of the old persons’ homes had discovered, discipline problems were not so easily solved. If rewards such as an extra tobacco ration or monetary allowance did not encourage obedience to the rules, and if imprisonment in the refractory ward failed to have the desired effect, the wrongdoer would usually be expelled from the institution. Invariably, however, he would have to be readmitted as a public nuisance who was obviously in need of care. Opinion was increasingly against placing such elderly delinquents in prison, and some magistrates were refusing to commit them there.

The Department of Hospitals blamed such problems, in part at least, on the management of the old people’s homes. In the later nineteenth century a married couple was usually appointed master and matron. This meant that the wife’s services could be acquired as part of a ‘package deal’ which included their keep and the wife’s services at a rate considerably below that of a single woman. The husband’s ability to maintain order and discipline seems to have been the deciding factor in these appointments, but if the wife had experience as a nurse or boarding-house keeper, so much the better. Mrs Mee, matron of the Otago Benevolent Institution for over thirty years, had experience as a laundress at the Seacliff Asylum and then as head nurse at the Ashburn Hall Private Asylum. Mr Edward Mee, her husband, had what must have been almost impeccable qualifications for the position of master. He had been a member of the local mounted police force, head warder at Seacliff, then surgical warder at the public hospital.

Husband-and-wife teams were seldom both as well qualified as the Mees, however. Nor did their usual disciplinary bias lead to tact and skill in handling old people and some managers, insecure in their positions of authority, overreacted to the old men’s restiveness. Although hospital boards and management committees could claim a higher social status than the inmates, it seems that within the homes the gap between keepers and kept was distinctly narrow. The managers might regard themselves as more ‘respectable’ than their charges, but some of the domestic and ward staff certainly had little over the inmates in terms of social status,

51. NZH, 10 August 1909.
52. See letter from W. Haselden S.M. to Colonial Secretary, 19 September 1900, IA 1900/3311, National Archives. The problem of ‘refractory inmates’ led to the 1929 Rest-homes Act. This gave the state authority to establish ‘state rest-homes’ for troublesome aged and infirm persons who would otherwise end up in prison or in a mental hospital. Depression intervened, and the homes were never built. New Zealand Statutes, 1929, pp.189-95.
53. Cyclopaedia of New Zealand, Christchurch, 1905, IV, p.150.
sobriety and general good humour. In the 1890s, for example, staff of
the Costley Home were disciplined for intemperance and violence
towards inmates. They were always characterized by high turnover. The
result was a continual round of charges against the managers of this and
other homes, some of which led to magisterial inquiries. Valintine
blamed such charges on the masters’ tendency to adopt the attitude of a
policeman, an attitude which, he maintained, was precisely calculated to
goad fractious inmates into defiance. His solution was to place a single
woman, preferably a trained nurse, in charge of such institutions. A
capable woman, trained in the management of the sick, should have no
trouble handling the comparatively healthy, he reasoned. This was no
small endorsement of the new generation of professional, hospital-
trained nurses and of women’s supposed capacity to combine tact with
unrelenting firmness.

Valintine’s arguments had added force, since the homes were no
longer inhabited only by the ‘comparatively healthy’. Initially much of
the work in the institutions had been carried out by inmate labour. In the
1890s, for example, inmates of the Costley Home are recorded as tending
the vegetable garden, working in the laundry and the kitchen, pumping
water, pouring concrete, and tending their bedridden fellows. Though
there was something to be said for activity which allowed exercise and
mental stimulation to elderly inmates, the main aim of the tasks per-
formed was economy and cost-cutting. They also stemmed from a linger-
ing work ethic which held that the poor should earn their keep and be
kept from idleness. But as the able-bodied were excluded from the insti-
tutions, inmate labour proved increasingly inadequate for the demands
placed upon it. It was least of all suited to the care of the bedridden, who
demanded advanced nursing skills, and MacGregor constantly de-
nounced the evils of ‘pauper nursing’. The problem was compounded
when some of the larger homes built infirmary wards for the chronically
and incurably ill. With the amalgamation of hospital and charitable aid
boards in 1910, persons requiring long-term nursing care were increas-
ingly likely to be removed to the local charitable institution or old
people’s home. Here they were cared for at a considerably reduced cost
to the board which was then forced to appoint more nursing staff to the
institution. Nursing staff in hospital and charitable aid board homes rose
from nearly 10 per cent of total staff in 1910, to 25 per cent in 1919, and
30 per cent by 1928. Such moves can be seen as advancing the link
between old age and incapacity and, as if to emphasize the point,

54. Annual Report on Hospitals and Charitable Institutions, AJHR, 1909 (S.2),
H—22, p.8.
55. Costley Home Committee Minute Books, 1890-1909.
56. For example, in his Annual Report, AJHR, 1901, H—22, p.2.
57. Annual Report on Hospitals and Charitable Institutions, AJHR, 1910, H—22;
Appendices to the Annual Report (Hospitals and Charitable Institutions Statistics) 1919,
1928.
Auckland’s Costley Home became the ‘Auckland Infirmary’ in the 1920s, and Southland’s Lorne Farm, the ‘Lorne Infirmary’.

Not only was there a gradual shift in the management of the homes, but from 1898 a number of inmates were no longer ‘indigent persons’ in any strict sense of the term. Seddon had insisted that residence in a charitable institution should not render applicants ineligible for the old age pension, and pensioners in the homes were very much aware that their allowance covered the cost of their keep. In practice many inmates did not meet the moral and residential requirements of the Act, and in most homes less than one third to one half of inmates were pensioners. The pension did little to advance good relations in the homes, as the favoured minority insisted on their superior status and laid claim to more consideration than their fellows. Although the immediate impact of the pension was probably to enable inmates to leave the homes, it was claimed that in the long term it made old persons more willing to enter them. In theory, at least, they no longer became charity cases on admission. As the secretary of the Ashburton and North Canterbury Charitable Aid Board pointed out, an old age pension might enable a man of sixty-five to get by with a few additional earnings, but that same man at seventy-five was often physically incapable of caring for himself. The pension may therefore have played a part in breaking down prejudice toward the homes. With one third to one half of all inmates paying their own way, they were more likely to be characterized by physical and mental infirmity than by poverty or moral failings.

By 1920 there were twenty old people’s homes under the jurisdiction of hospital and charitable aid boards. The Catholic Little Sisters of the Poor also operated three homes for the elderly, in Auckland, Christchurch and Dunedin, and in 1918 the Presbyterian Social Services Association had opened the Ross Home for the Elderly in Dunedin. The Salvation Army received elderly derelicts into its Prison Gate Homes, rescue homes, and workingmen’s hostels, but did not start its Eventide Homes until the 1920s. Prisons and mental hospitals still

58. ‘Memorandum for Mrs Neill’s consideration’, Ashburton and North Canterbury United Charitable Aid Board, Minutes, 22 March 1899.  
59. See discussion at Conference of Delegates of Hospital and Charitable Aid Boards and Separate Institutions, Wellington, 9th, 10th, 11th June 1908, AJHR, 1908, H—22A, p.37.  
64. John C. Waite, Dear Mr Booth. Some Early Chapters in the History of the Salvation Army in New Zealand, Wellington, [1964], p.75.
received their share of the distressed elderly. For the most part, however, the residential care of the elderly remained a hospital board responsibility. The churches’ energies were more likely to be channelled into other forms of social work, especially with the young. One suspects that the elderly reprobates in the hospital boards’ homes provided somewhat barren ground for Christian endeavour.

The importance of residential care for the elderly must be kept in perspective. The 1916 census showed that only 4.22 per cent of persons aged sixty-five and over were institutionalized in homes, hospitals, and asylums. Then, as now, the majority of the elderly still lived in the community, and certainly the advent of the old age pension touched the lives of many more of the elderly poor. However, the 1916 statistic becomes more significant when placed against a recent estimate of 6.2 per cent in institutions, a figure regarded as one of the highest in the industrialized world. It seems, therefore, that New Zealand was placing its aged in institutions of various kinds from a relatively early period. If so, it may well have been the legacy of a generation of elderly, unattached males, many of whom were regarded as distinct threats to public order.

The origin of the first old people’s homes as charitable institutions was not easily surmounted. Physical conditions in the homes had improved by 1920, reports of scandal and disorder were less frequent, the gap between staff and inmates had widened, and discipline was exercised more subtly than in the past. But there was still a feeling that the inmates’ condition would be far worse outside the institutions and that they should be grateful for any assistance beyond total neglect. When complaints were made about the Costley Home in 1892, the Auckland Board’s chairman had pointed out that the Home was a poorhouse supplied by the rates. He had, he said, been taught to dread a spoilt child and a spoilt pauper, and the latter was the worse. Such attitudes provided an unfortunate heritage for the old people’s homes of the twentieth century.

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67. NZH, 23 September 1892.
68. Only in 1947 did the Department of Health stop referring to hospital board homes for the elderly as ‘charitable institutions’ in its annual statistics.