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ECHOES OF THE PAST: ELDERLY CARE AND INSTITUTIONS IN LATE 19TH AND EARLY 20TH CENTURY OSIJEK*

Abstract

In the late nineteenth and early twentieth centuries, elderly care in Croatia predominantly relied on familial support, resulting in a lack of official data on their well-being. However, recognizing the gradual decrease of familial care during this period, the Town of Osijek instituted a formal social care system for the elderly. This study delves into the essential aspects of this system, focusing on the Town Poorhouse and its pivotal role in elderly care.

Drawing from primary sources in the State Archives of Osijek and limited relevant literature, the research aims to amplify the voices of elderly individuals from that historical era. It also sheds light on the involvement of Osijek's town government and established foundations in the financing of elderly care initiatives during the late nine-

* The paper is result of a scientific project at the Faculty of Law, J. J. Strossmayer University in Osijek (Development of private legal institutes in the Croatian legal tradition in the context of its integration into the European legal culture (IP- PRAVOS-17)).



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teenth century. The overarching objective is to widen the knowledge on unexplored historical facts and documents related to social welfare in Croatia by scrutinizing formal elderly care structures, as evidenced in previously untapped archival materials.

Keywords: *town poorhouse, local government, elderly social care, welfare foundations*

1. INTRODUCTION

The specific time frame from the late nineteenth to the first half of the twentieth century, covered in this research, reflects pivotal shifts in the trends of care for the elderly and vulnerable individuals as a direct consequence of societal changes. Once dominated by an agrarian society¹ that provided older individuals with a certain status and adequate care within extended family communities (Tomečak *et al.*, 2014, 38–39), the emergence of capitalism, industrialization, the breakdown of family cooperatives, and family fragmentation compelled a redirection towards institutional care. The establishment and organization of such institutional care for the elderly in Osijek are the focal points of this study.

Defining elderly age during this period proves challenging due to variable life conditions. In 1890, 6.9% of the Croatian and Slavonian population was over 60, with old age often determined by utilitarian concepts emphasizing societal usefulness and work ability. In rural Croatia, life's value was measured by traits like 'healthy,' 'strong' and 'good worker' with little emphasis on wealth or poverty as a dominant criterion. Aging and death were viewed as natural aspects of life (Belicza and Vondraček-Mesar, 1997, 288).

Osijek's institutional care for the elderly is intricately linked to the establishment of the first hospitals, serving as both health facilities and social institutions for the elderly, destitute, and ailing. Following the introductory part, the research shifts focus to the development of healthcare in the Slavonian Province, specifically examining the founding of the Town Poorhouse and the care it provided. Financial challenges within the system are explored, with particular attention to funding from the Town and private foundations.

Drawing on original materials from the State Archives in Osijek, notably the Town Council of Osijek fonds and Case Files series, alongside limited literature published by archival research pioneers in the field, such as Živaković-Kerže and Sršan, this research solely relies on formal documentation. The objective is to amplify the voices of elderly individuals from the late nineteenth and early twentieth centuries and trace the professionalization of elderly care in Osijek through available documents.

¹ According to the 1900 census, 81.8% of the population worked in agriculture (Puljiz *et al.*, 2008, 5).

2. LEGISLATIVE FRAMEWORK AND ORGANIZATION OF SOCIAL WELFARE IN THE TOWN OF OSIJEK

In the Kingdom of Croatia-Slavonia, pauperism, an independent administrative branch, was intricately linked to guardianship, falling within the autonomous affairs. Poor relief, governed by homeland law, was under the jurisdiction of municipalities. Poverty, indicating a lack of financial resources (and the means to acquire them independently), was deemed perilous to the state's legal status, prompting state intervention, as Žigrović-Pretočki (1911, 268) explains.

State government both addressed poverty through poor relief and aimed to eliminate its adverse societal consequences. Depending on whether neediness resulted from an individual's behavior such as extravagance or indolence (subjective circumstances) or from causes beyond the individual's control (objective circumstances), poverty was categorized as either blameworthy or unblameworthy. True paupers were those physically incapacitated, excluding those capable but lacking opportunity or willingness to work (Lachner, 2017, 246).

Since the mid-18th century, Osijek shouldered the responsibility of providing material assistance (outdoor relief) to the poor and infirm from the town treasury. By the late nineteenth century, this assistance evolved into a permanent town budget line, ensuring continual financial support. Since the care for the infirm fell under the jurisdiction of local self-government, specifically individual municipalities as outlined in their regulations (Žigrović-Pretočki, 1911, 270),² the statutes endorsed by town councils and sanctioned by the government likewise detailed special institutions and the means of poverty relief foundations, subsidy distribution, and overall management.

During the session of 28 November 1902, the Town Council of Osijek approved a proposal by town representative Hugo Spitzer to establish a statute regulating poor relief in Osijek and allocating necessary funds. Spitzer, justifying the proposal, highlighted the diminishing annual poor relief funds against the anticipated increase in needs. A

² In terms of poverty and poor relief in the Kingdom of Croatia and Slavonia, a relevant legal provision is Art. 72 of the Townships Organization Act of 21 June 1895. This Article empowered town representation to oversee the relief of the poor. In addition to this law, relevant provisions are found in the Homeland Relations Act of 30 April 1880, especially the Internal Affairs Department Decree of 11 December 1874, regarding poor relief institutions in the competent municipality, public poorhouses, and health institutions (Collection of Laws and Orders valid for the Kingdom of Croatia and Slavonia (SZ), year 1875, no. 1), and the Decree of 4 May 1881 (SZ, year 1881, no. 41). The establishment of municipal poor relief foundations, funded by fines and under the supervision of poor relief guardians, was regulated by the Royal Provincial Government's Decree No. 23058 of 9 February 1877 (Internal Affairs Department Decree No. 11790 of 21 March 1882). Contributions (charitable donations) were also collected for public and other general purposes based on the Internal Affairs Department Decree No. 15241 of 8 March 1898.

review of the 1903 Town of Osijek budget unveiled a deficit, with revenue from regular funds inadequate to address the pressing demands for poor relief. The existing revenue structure was projected to further decline, partly attributed to the unpredictability of individual spontaneous contributions. Notably, a significant portion of budget revenue from fines had been redirected from local poverty relief foundations to the correctional facility development fund. Anticipations also included a decrease in other budget revenue sources, such as entertainment permits, traditionally covering poor relief expenses (The State Archives of Osijek, City Administration of Osijek-6, Town Statutes, box no. 5909) (hereinafter: HR-DAOS, GPO).

In accordance with the Poor Relief Statute of the Free Royal Town of Osijek, the township committed to supporting destitute native township residents or town residents upon request or proposal, as outlined in Art. 9 and 11 of the Townships Organization Act of 21 June 1895. Likewise, natives of other homeland townships or municipalities, residing continuously in Osijek for at least ten years from the onset of poverty and paying public dues, could receive relief from town funds through the Town Council. In urgent cases, the town was obligated to support all destitute homeland natives,³ with a right of reimbursement against the respective homeland municipality, applying the principle of reciprocity for the relief of the poor from foreign countries (Žigrović-Pretočki, 1911, 273).

The township's responsibility for poor relief activated when beneficiaries received no support from poverty relief charities and institutions, and there were no third parties obligated to poor relief under existing regulations or contracts. In cases of guardian failure to fulfill support obligations, the township would take over, reserving the right of reimbursement against the guardian. Decisions on this matter rested with the Town Council, holding the authority to determine the existence of such entities and the order in which they were legally called upon for support. Appeals against these decisions could be made to the Royal Land Government.

To maintain records of the poor supported by town funds, a central register of the poor was established and managed by the Town Council. Relief from town funds was determined by the township-designated poor relief bodies, with the township's duty being subsidiary. According to the Townships Organization Act of 21 June 1895 and the Statute, the municipality provided three types of poor relief: indoor, outdoor, or in-kind relief.

Indoor relief encompassed essential provisions, free medical care, and a dignified burial. This type of relief was designated for those unable to work, individuals above 30,

³ In the context of this Statute, the term 'poor' refers to someone incapable of self-sustainment and care for dependents, as required by law, through their own means (Art. 4); see: Poor Relief Statute of the Free Royal Town of Osijek (HR-DAOS-6, GPO, Town Statutes, box no. 5909).

patients unfit for hospital or sanatorium care or discharged due to incurable diseases, as well as the mentally ill, deaf-mute, and blind. Depending on available space, adults, especially those incapacitated by physical weakness, incurable illnesses, or disability, were to be housed in the Town Poorhouse or a designated institution, funded by the township. If unfeasible, the township would cover the costs of placing them under the care of approved individuals, subject to daily and unconditional inspections by poor relief authorities. These guardians were obliged to furnish appropriate housing, clean bedding, suitable clothing and footwear, and nutritious meals, all of which were integral to the contractual agreement with the guardian. The Town Council delineated regulations for the poorhouse, and residents' compliance was overseen by a committee appointed by the Town Council (Art. 1–25, HR-DAOS-6, GPO, Town Statutes, box no. 5909).

Outdoor relief, be it temporary or permanent, aimed to supplement the inadequate means of support for those in need. Elderly individuals were entitled to this aid if temporarily unfit for work or experiencing a significant reduction in work capacity, rendering them unable to sustain themselves fully (Art. 25–29, HR-DAOS-6, GPO, Town Statutes, box no. 5909).

In-kind relief was granted to individuals in need, lacking essential provisions like food, clothing, footwear, and housing. This type of aid was typically provided in kind, and exceptionally in cash. The township was obligated to support both foreign and native poor, ensuring both groups had access to free medical care and medication (Art. 33–42, HR-DAOS-6, GPO, Town Statutes, box no. 5909).

Poor laws influenced legal and administrative processes by providing the poor with exemption from revenue stamp fees through a destitution certificate.⁴ According to the 1882 Internal Affairs Department Decree (No. 29.041, dated 27 July 1882), an individual qualified for fee exemption if their income from property, capital, or earnings fell below the average daily wage in their place of residence. Town and municipal authorities issued these certificates, requiring certification by the relevant guardian, such as a pastor, parish priest, or rabbi (Žigrović-Pretočki, 1911, 273).

3. MUNICIPAL POOR RELIEF ADMINISTRATION AND COMMITTEES

In the execution of poor relief, the municipal poor relief administration, comprising the town government and poor relief committees, acted on behalf of the Town Council. The Town Council retained significant rights in the realm of indoor poor relief, encom-

⁴ Art. XLV.-1887 of the Hungarian-Croatian Parliament Act regarding revenue stamp fees and duties, SZ, no. 31, 1887.

passing support in institutions funded by municipal authorities or foundations entrusted to town government.⁵ These rights included supervision over the Town Poorhouse, oversight of the poor relief foundation and charitable foundations of the town government, decision-making on admitting town residents to the poorhouse, and approval of indoor or outdoor relief as specified in the Statute. The Town Council also held authority over proposals for fundamental transformations in poor relief regulations, the selection of committee members, and scrutiny of poor relief budgets and invoices (Art. 43–44 HR-DAOS-6, GPO, Town Statutes, box no. 5909).

The town government, functioning as the executive body of the Town Council, managed the municipal poor relief foundation, other charitable foundations, and poor relief revenues entrusted to the township government. Operating in dual roles, it maintained the register of the poor, negotiated contracts with support beneficiaries, conducted necessary inquiries, and supported voluntary charitable organizations. Town accounting and the treasury handled all poor relief-related financial transactions, examined committee accounts, and made disbursements. The mayor managed discretionary in-kind relief fund (Art. 45 HR-DAOS-6, GPO, Town Statutes, box no. 5909).

In addition to the town government, the municipal poor relief administration comprised poor relief committees responsible for ensuring lawful support for entitled individuals. Six committees, representing different town areas, were appointed by the Town Council for six-year terms. Poor relief councilors, serving honorary and unpaid roles, managed these committees, with half retiring every three years. Any male resident over 24 years within a committee's jurisdiction could be elected, forming an independent relief organ. Poor relief councilors within each committee elected a chairman, deputy chairman, secretary, and treasurer.

Councilors assessed situations and acted based on their observations and convictions when approached by a destitute or when they learned or were informed of someone in need, seeking guidance from the town government if unsure of aid necessity. They could reject applications, propose them for committee resolution, or provide emergency aid, up to 10 kruna or, with the committee chairman's co-signature, up to 20 kruna. Aid to an ineligible elderly person required immediate reporting to seek reimbursement from the native municipality (Art. 48–59 HR-DAOS-6, GPO, Town Statutes, box no. 5909).

Poor relief councilors oversaw the support of the elderly, addressing minor deficiencies through guidance. In cases of significant threats to the elderly's well-being, prompt

⁵ In addition to establishing foundations in the township, the Circular of the Imperial-Royal Croatian-Slavonian Regency, of 18 May 1858, regulating poverty in Croatia and Slavonia, stipulated the creation of foundations in each parish named "poor relief foundations" under the management of the poor relief institution with the parish priest at the helm, and a few poor relief guardians appointed by the district office.

reporting to the committee chairman and his consultation with the government's rapporteur were mandatory. Urgent actions could be taken by councilors with retroactive approval from the respective town government's poor relief committee. The committee chairman supervised councilor activities, instructed new members, visited the elderly, and represented the committee to the township. They co-signed financial transactions and monitored disbursements in the central poor relief council (Art. 66 HR-DAOS-6, GPO, Town Statutes, box no. 5909).

Monthly committee sessions, with the committee chairman authorized to convene special sessions, covered reports on operations, decisions on proposals, retroactive approvals, adjustments to permanent and temporary outdoor relief, indoor relief (outside the Poorhouse), and establishing the caregiver's indoor relief fee. Elections for chairman, deputy, treasurer, and secretary were conducted. Sessions also discussed poor relief improvement for the committee's area (Art. 67-71, Poor Relief Statute of the Free Royal Town of Osijek, HR-DAOS-6, GPO, Town Statutes, box no. 5909).

The poor relief council members, led by the mayor, comprised the town government's poor relief rapporteur, the poor relief commission's legal rapporteur, the town physician, four town representatives elected by the Town Council, the chairmen of the poor relief committees, one chaplain from each religious association in Osijek, and one member from each charitable society and institution in Osijek. The central poor relief council aimed to promote charity, deliberate on improving poor relief regulations, provide opinions on proper support of the poor, and strive for harmonization of poor relief through the participation of all entities (Art. 72-74, Poor Relief Statute of the Free Royal Town of Osijek, HR-DAOS-6, GPO, Town Statutes, box no. 5909).

4. CARE FOR THE POOR WITHIN THE FRAMEWORK OF HEALTHCARE DEVELOPMENT

The 1739 plague, a pivotal moment in Slavonia's history, triggered a transformative shift in healthcare strategies. Skenderović (2003, 162, 164) highlights the severe impact of the epidemic on the suburbs of Osijek, Požega, and Požega Valley villages, leading to the establishment of sanitary cordons as a primary protective measure. Health checks at borders and information gathering about neighboring regions became essential measures (Skenderović, 2005, 128). Atalić (2007, 4) notes the comprehensive protection strategy, encompassing preventive measures against disease spread both regionally and to the West. Sanitary commissions initiated in Osijek during the early 18th century, played a crucial role in epidemic prevention, focusing on the Slavonian military border area and civilian Slavonia, addressing human and livestock epidemics (Dugački and Regan, 2019, 46; Skenderović, 2005, 128).

The interconnected network of sanitary commissions facilitated rapid communication and timely preventive actions during epidemic outbreaks. In response to neighboring epidemics, authorities tightened control with border guards and quarantine measures. Despite these efforts, the plague managed to infiltrate Slavonia, demonstrating the challenges of containment due to covert entries from infected regions (Skenderović, 2003, 161).

Upon ascending the throne in 1740, Maria Theresa directed considerable efforts towards establishing an administrative apparatus for healthcare reforms across the Monarchy. Public health protection, a nascent concept at the time, required significant development, as there was no pre-existing state healthcare system in the Monarchy before her reign (Skenderović, 2005, 129). In Slavonia during the first half of the 18th century, healthcare was mainly overseen by priests, makeshift surgeons, and barbers, with Franciscan and Jesuit doctors, particularly in Osijek, Virovitica, and Požega, playing a significant role, operating pharmacies within their monasteries (Skenderović, 2005, 116, 118).

The limited progress in medical science during this period was a major contributor to high mortality rates. Doctors often struggled against various diseases, and the lack of accurate disease descriptions in historical records poses challenges for identification. Commonly cited causes of death, usually described by rectors, included fever, diphtheria, and smallpox (Skenderović, 2005, 122, 123).

Slavonia, characterized by its extensive marshes and proximity to plague-prone Ottoman regions like Bosnia and Serbia, earned a reputation as an exceptionally unhealthy area within the Habsburg Monarchy. It was also deemed underdeveloped, lacking healthcare facilities, and facing a substantial shortage of medical personnel. Friedrich Wilhelm von Taube's 1777 account in "O Slavoniji i Srijemu" (*On Slavonia and Sirmium*), as cited by Sršan (2012, 136), vividly portrays this grim reality:

Poorly organized police in all of Illyria is particularly felt by those traveling through these wild lands. Slavonia is a kingdom without shelters for the poor and hospitals, lacking nursing homes and lazarettos, without correctional facilities and asylums, without inns, orphanages, midwives, and fire extinguishing institutions. In short, it lacks everything that even a moderately organized police force would promptly establish as necessary and essential.

Amidst these challenges, a significant population increase was not anticipated, heightening the importance of healthcare reform in Slavonia beyond that of any other region in the Monarchy.

4.1. MILITARY AND CIVILIAN HOSPITALS

During Franz Joseph I's early reign in Osijek, the town boasted two functioning hospitals and pharmacies: a military hospital (*castrensis*) located in the baroque fortress Tvrđa and a civilian hospital (*civilis*) situated in New Town (Mažuran, 1965, 50). The military hospital, likely established immediately after the town's liberation from the Ottomans in 1686, was definitively mentioned in 1726 (Nujić, 2014, 100). A successor to the original hospital, featuring two wings (south and west), served the community until the early 1990s. Presently, the historic building on Franjo Kuhač Street houses the Faculty of Food Technology (Firinger and Utvić, 1970, 5).

The civilian hospital, established in response to a plague epidemic in 1741, found its beginnings in a building purchased by the Inner Town (Tvrđa) Magistrate, as confirmed by a 1749 document. Initially functioning as a poorhouse, it commenced operations as a medical facility, attending to the town's destitute residents (Firinger and Utvić, 1970, 10). Positioned in the former house of Wolfgang Signer Aigner, known today as 2 Martin Divalt Street, this location in New Town doubled as a quarantine station during the epidemic (Atalić, 2012, 696). However, due to its unfavorable proximity to Gradski vrt (Town Garden) with a ballroom on one side and the town shooting range on the other, the baroque single-story structure faced challenges. Noise disruptions from both sides led to considerations about its appropriateness as a hospital (Firinger and Utvić, 1970, 53). Under the administration of the Town Council, the hospital staff of five, appointed jointly by the Tvrđa Municipality Council and the Town Council, received a salary of 100 forint each.

In the 18th century, the purpose of hospitals in Europe was often multifaceted, leading to uncertainty about their specific function – whether as homes for the elderly, disability homes, shelters for the infirm, poorhouses, or hospitals (Firinger and Utvić, 1970, 8). The Osijek hospital, in line with this trend, functioned as a *Spitall* (for the destitute), *Nosocomium* (for the sick), *Gerontocomium* (for the elderly), and *Xenodochium* (for foreign nationals) (interestingly, it was common for healthier patients to care for the more ill and even perform household chores). It uniquely operated as both a charitable and profitable institution, evident in its diverse revenue sources. Principal income sources included leasing various assets, like the inn, property, garden, and fields, which were repurposed as capital for interest-bearing loans. In one such example, in 1762 the hospital was leased to innkeeper Maximillian Thiell for 116 forint per year (Firinger and Utvić, 1970, 10–12). Additionally, income was generated through bequests, civil rights fees, civil penalties, and leasing the hospital tavern (Skenderović, 2005, 138).

Despite its designation as a hospital, records suggest it operated more as a home for the elderly and a poorhouse, with the Town Council of Osijek determining residents' financial capacity to pay a monthly fee of three forint (Firinger, 1970, 6). Key financial contributions came from notable local nobility – the Pejačević Counts of Retfala and

the Prandau Barons of Valpovo (Firingier and Utvić, 1970, 16, 17). The hospital, as recorded in the Slavonian Counties' Report of 1773, had modest bed capacity, with two beds for men and three for women (Skenderović, 2005, 139) – a predicament shared with the Požega hospital. The limited bed count is emphasized by Maksić (2017, 15), who suggests that, given the population of over 200,000 in the Slavonian Provincial, the hospital's 11 beds is noteworthy.

This hospital's dual role as a welfare and health institution, accommodating destitute and abandoned town residents, mirrors the broader context where many institutions in Croatia and Hungary integrated hospitals and poorhouses due to constrained working conditions and underdeveloped healthcare services (Atalić *et al.*, 2021, 294).

The hospital faced challenges meeting the rising population demands in Osijek and its surroundings. Although expansion plans were conceived, they remained unrealized until 1 September 1865. On this date, a building in the Tvrđa Franciscans' garden was leased and adapted, enabling the hospital to accommodate 50 patients (Atalić *et al.*, 2021, 295). The Civilian Hospital, known as *Varoški špitalj* in New Town, ceased operations in 1874 when a new hospital was established in Lower Town: the General Public Hospital of the Huttler-Kohlhofer-Monsperger Foundation (Živaković-Kerže and Pavić, 2020, 262).

4.2. THE IMPORTANCE OF THE HUTTLER-KOHLHOFFER-MONSPERGER FOUNDATION IN FUNDING HEALTH PROTECTION

In the historical context, healthcare financing presented a significant challenge, with hospitals traditionally relying on pious foundations, often established through town residents' bequests (Skenderović, 2005, 138).

Christian Monsperger, an Osijek Jesuit, initiated the idea in 1782. Innkeeper Johann Kohlhofer and the owner of the leather factory Josef Huttler, inspired by Monsperger, donated their life savings to establish an orphanage (Sršan, 1997, 9). The Osijek Town Council formalized the Huttler-Kohlhofer-Monsperger Foundation in 1806, valued at 54,537 forint (Sršan, 1997, 9). That Osijek became a free royal town three years later allowed the Hungarian Royal Chamber to move the entire foundation to Buda. Over time, the foundation grew sevenfold with regular interest, prompting its relocation to Vienna (Atalić *et al.*, 2021, 296). Relentless efforts by Josip Juraj Strossmayer, Bishop of Bosnia and Sirmium, spanning 1857 to 1867, led to its repatriation, enabling the orphanage's establishment in 1870 (Sršan, 1997, 9).

As the foundation's capital flourished with interest and remained ample after establishing the orphanage, the imperative arose to determine the most optimal use of funds.

The pressing need for a suitable hospital to serve the civilian population of Osijek, its surroundings, and the broader Slavonia region emerged as the foundation's optimal allocation. Consequently, the Imperial Court Chamber approved 120,000 forint for the construction of the Huttler-Kohlhoffer-Monsperger Foundation Hospital (Vranješ and Glavina, 2009, 27).

5. ESTABLISHMENT OF THE TOWN POORHOUSE

On 21 November 1874, the Osijek Town Council closed the Civilian Hospital, converting the existing 1,437.30 m² brick building (with a tiled roof and wood ceiling) to “prevent homelessness of infirm elderly individuals” (HR-DAOS-6, GPO, From the Chronicle, box no. 6233). The equipment and instruments were to be transferred to the Huttler-Kohlhoffer-Monsperger Foundation Hospital (Živaković-Kerže and Pavić, 2020, 262). This single-story retreat for the elderly, unable to take care of themselves, featured sewage facilities and a chapel with a tower. The hospital complex, west of the residential buildings, included a 24.51 m² mortuary, south of which stood an open kitchen and a pigsty with two enclosures. Surrounding the poorhouse yard were three wells, enclosed by a 152-meter wooden fence (two meters in height) and a 69-meter brick fence (HR-DAOS-6, Osijek Town Council Archive, Construction Office, box no. 6233).

5.1. CONTRACT WITH THE COMPANY OF THE DAUGHTERS OF CHARITY

After initial management by a private contractor, the Town Poorhouse transitioned to the care of the Company of the Daughters of Charity of Saint Vincent de Paul in Zagreb upon the contractor's death. A contract, established on September 1, 1890, bound the Daughters to “support and care for the poor and infirm in the Town Poorhouse and the Mijo Cseh Support Institution in Osijek's New Town for six years,” extendable for another six years after each term. In 1899, resident Mijo Cseh's testament created a foundation, amalgamating Mijo Cseh Support Institution with the Town Poorhouse. The nuns, as outlined in the Contract, pledged inclusive support, detailing provisions such as the ‘decent bunk’ for each resident (HR-DAOS-6, GPO, Transcript of the Contract, box no. 6233). Township obligations, under this Contract, involved continuous maintenance of the poorhouse and the Mijo Cseh Institution, covering medical treatment and funeral costs, as well as chimney cleaning, cesspit maintenance, well repairs, and building, garden, and courtyard upkeep. Additionally, the municipality committed to providing and cutting 50 cubic feet of firewood annually for heating and cooking.

In 1931, addressing the surge in the poor and infirm, the nun count increased from eight to nine. As per the 1931 Assembly Minutes Excerpt, each nun received 750 dinar monthly for sustenance, while 9 dinar per day were allocated for supporting the poor-house residents (amount subject to variations based on circumstances and market prices). The Assembly also sanctioned the township covering salaries for up to three maids in the poorhouse, not exceeding 300 dinar each. Prioress Philomena Massy served as the first director (HR-DAOS-6, GPO, Contract, box no. 6233). The Contract meticulously detailed food quantity and quality for residents, with wartime modifications considered (HR-DAOS-6, GPO, Contract, box no. 6233).

Between 1890 and 1896, the Town Poorhouse admitted 80 individuals (HR-DAOS-6, GPO, Chronicle, box no. 6233). An Excerpt from the 1929 Town Council Assembly Minutes discussed poorhouse capacity and expansion plans. Approval was granted to utilize the ground floor of residential building No. 1 on Upper Street in New Town and a separate building in its backyard leased from Ivan Schwaner. The monthly rent paid to the landlord was 1000 dinar, providing accommodation for residents beyond the poorhouse's capacity. After two years, residents were relocated to Vlado Ivakić's house for almost four years until the poorhouse expansion (HR-DAOS-6, GPO, Opening of the Osijek Branch, Case Files, box no. 6233). In 1936, an additional floor was added to the existing poorhouse building (HR-DAOS-6, GPO, Chronicle, box no. 6233).

The number of individuals under care steadily rose, reaching 90 by the close of 1941 (HR-DAOS-6, GPO, Foundations of Osijek, box no. 6402). However, in 1952, the work of the Daughters of Charity of St. Vincent de Paul faced prohibition, and Živaković-Kerže and Pavić (2020, 273) note that, amid the advent of communism, their educational and healthcare institutions were seized, compelling them into labor on farms. Transitioning in 1964, the erstwhile poorhouse evolved into a Home for the Elderly and Infirm, now under the Osijek Municipality Assembly – Social Welfare Center's purview.

5.2. TOWN POORHOUSE ADMISSION CRITERIA

Admission of the poor and the infirm to the poorhouse required the Town Government's approval, as outlined in the Contract (HR-DAOS-6, Town Administration Osijek Fonds, Contract, box no. 6233). Records detailing requirements for admission to the poorhouse indicate that most of the elderly, often childless or with financially struggling children, sought refuge (HR-DAOS-6, GPO, Minutes, box no. 6233). The Poor Relief Statute obligated the municipality to support those lacking familial assistance, with the right to reimbursement (*zavrata*) against financially capable children (Lachner, 2015, 174).

In 1917, prospective poorhouse residents submitted applications to the town administration, detailing personal information like name, age, address, occupation, marital status, number of children, and the reason for seeking admission. Despite unclear admission criteria, Lachner (2015, 172) underscores the need to differentiate between those physically incapable of working and those perceived as unwilling. Only those physically incapacitated to work could claim poor relief; preventive or repressive measures were to be taken against those capable of work.

Numerous archival records shed light on the particulars sought from the poorhouse placement applicants. One such record details the reason for admission as given by Leopold Reider, a childless septuagenarian widower and former innkeeper from 26 Sveti Rok Street: "Due to my age, lack of assets, and inability to provide for my basic needs independently, with no one legally obligated to support me, I request placement in the Town Poorhouse." (HR-DAOS-6, GPO, Record, box no. 6233).

Subsequent to such requests, a detailed report, encompassing information crucial for the Town Government's decision, was compiled. This included the applicant's birth details, religious affiliation, marital status, asset information, employability, data on supportive family members, and their relief recipient status. The applicant's propensity to beg received particular attention, with Gelo (2016, 65) highlighting the charitable nature of Osijek residents, while Pejić (2015, 165) underscores the frequent penalties imposed for begging or idleness around the turn of the century in Osijek.

The 1927 Town Poorhouse Rules reflect this strict stance on begging, warning that residents caught begging or pestering Osijek residents during their leave would face extended denial of leave, potentially indefinite if repeated.

The record, including the doctor's assessment, indicated that incapacity for work due to old age and lack of support were key criteria for poorhouse admission. Individuals often accompanied their record and report with letters to the "Glorious Town Administration", detailing their hardships and reasons for no longer being self-sufficient. Many emphasized their longstanding settlement in Osijek, asserting themselves as indigenous residents, aligning with bequests exclusive to Osijek town residents (HR-DAOS-6, GPO, Horning Josip and Jelisava for the Poorhouse Residents, box no. 6403).

Addressing Osijek non-native Osijek residents, the Statute allowed support if residents, at least ten years since being impoverished, had settled in Osijek and fulfilled public duties (Lachner, 2015, 174). The municipality had an obligation to support destitute homeland natives, with a right of reimbursement from their native municipality. Additionally, the Huttler-Kohlhoffer-Monsperger Foundation Hospital and third parties also submitted requests for poorhouse admission (HR-DAOS-6, GPO, Management of Huttler-Kohlhoffer-Monsperger, box no. 6233).

5.3. TOWN POORHOUSE RULES

The 1902-penned and 1927-adopted poorhouse regulations (HR-DAOS-6, GPO, Poorhouse Rules, box no. 6235) prescribe in Art. 1 the acceptance of poor and elderly Osijek residents, mandating a formal admission notice to the management for inclusion in the register of the poor. Art. 2 to 16 detail the support provided to residents, including clothing, meals, accommodation, rest schedules, and resident involvement in daily tasks. Residents, besides the infirm, were tasked with room ventilation, bed tidying, personal cleanliness, and, as physically able, performing assigned minor duties.

Food specifics were outlined in the Town Council-Daughters of Mercy Contract. Complaints on food quality triggered intervention by the town physician and institution doctor. In 1931, residents' grievances about bland soup led to a Town Council investigation. Town Secretary Matija Bešlić, after inspection, directed the Town Poorhouse management to comply with clause 10, which mandated residents receive 0.3 liters of nutritious soup or hot boiled milk for dinner (HR-DAOS-10, Town Council of Osijek, Case Files, box no. 6235). The rules strictly prohibited food waste, gifting or selling, allowing outside food only with valid reasons, and denying meals to tardy residents.

Poorhouse residents received weekly supplies of clean shirts, underwear, socks, and a handkerchief, along with clean bedding every two weeks. Damaging Institution-owned clothing and bedding intentionally was prohibited. Unauthorized leave from the poorhouse was not allowed, except for regular leaves on Thursdays, Sundays, and holidays. Residents on leave had to return by lunchtime, except on Sundays and holidays, when they could stay until 6 p.m.

During authorized leaves, poorhouse residents were prohibited from getting intoxicated, begging, or engaging in indecent behavior. Violations resulted in temporary loss of leave privileges, with repeated offenses leading to a complete prohibition. Disruptive behavior, such as cursing, fighting, or non-compliance with rules, led to punishment by the town physician and the poorhouse superintendent, involving a reprimand and house arrest. Quarrels among residents were managed by the institution's management, while complaints and pleas were addressed by the town supervisor during scheduled visits (HR-DAOS-6, Town Council of Osijek, Poorhouse Rules, box no. 6235).

5.4. EXPANSION OF THE TOWN POORHOUSE

As the Institution expanded and resident numbers grew, the necessity for additional nuns and an extra floor became apparent. Town representatives Jakob Rennich, civil engineer Ljudevit Freundlich, town secretary Matija Bešlić, technical supervisor

Dragoljub Mudrovčić, and construction officer Antun Vuksan convened to assess the options (HR-DAOS-6, GPO, From the Chronicle, box no. 6233). Their evaluation favored adding a floor to the existing poorhouse building, primarily for economic reasons, and this proposal, covered by the Franjo Gottschalk Foundation, received approval, with the remaining cost incorporated into the town budget (HR-DAOS-6, GPO, Remarks on the Basis and the Bill of Quantities, box no. 6233).

Concurrently, the consideration of introducing central heating was underway. Funds for this endeavor, expected to accrue through firewood savings over several years, were to be included in the town budget or secured through a loan from the Town Savings Bank. Despite the higher upfront cost, hot water heating offered long-term advantages, maintaining warmth even after boilers were off and necessitating fewer repairs due to the water-filled system, as opposed to steam heating (HR-DAOS-6, GPO, From the Chronicle, box no. 6233). Beyond economic considerations, the decision leaned toward hot water heating for its comfort and health benefits, contrasting with the dryness and potential health issues associated with steam heating, especially concerning elderly residents. Plans included a courtyard boiler room with a chimney (HR-DAOS-6, GPO, Town Statutes, box no. 6235), and strategically placed radiators in rooms for efficiency and minimal disruption to residents (HR-DAOS-6, GPO, From the Chronicle, box no. 6233).

In October 1930, minutes proposing the expansion of the Town Poorhouse were submitted to the construction office, outlining plans to convert the chapel into living quarters and reconfigure rooms used by nuns (to be transformed into a chapel with a street entrance for use by other Osijek residents). The suggested expansion included 5 x 4 m rooms (HR-DAOS-6, GPO, Expansion Minutes, box no. 6235). Authorization for the expansion was granted in November. However, structural issues led to a new ceiling requirement, and plans for central hot water heating, with a boiler room, were priced at 197,255 dinar. During the December 8th Town Council session, 342,000 dinar for the first-floor expansion and 197,255 dinar for heating were allocated in the 1931 town budget. The expansion would offer five large and four small rooms on the first floor, with a corridor and a separate entrance to the attic. Three large and one small room were designated for the nuns, while the remaining rooms were for the residents. (HR-DAOS-6, GPO, Construction Bill of Quantities, box no. 6235).

Despite budget approval, economic challenges of the early 1930s delayed the completion until 1936. By then, the upgraded Poorhouse, with nine rooms on the first floor, was at full capacity, caring for 85 residents. The improved facilities demonstrated the positive impact of foundations on the well-being of Osijek's elderly residents. In the next chapter, we delve into specific foundations pivotal in securing financial resources for elderly care.

6. POOR RELIEF FINANCING

Poor relief costs were sustained through diverse channels, including the interest from town-run foundations, township administration, and charitable endowments. Additional revenue streams included fines determined by the Town Council, fees for dance and late-hour permits (for taverns and cafés), voluntary contributions, donations, and bequests.⁶ In cases where the expenses surpassed the aforementioned sources, the poverty tax covered the outstanding costs (Art. 72–87, Poor Relief Statute of the Free Royal Town of Osijek, HR-DAOS-6, GPO, Town Statutes, box no. 5909).

The primary financial pillars supporting the poor were the Town of Osijek Foundation and the Town's Poor Relief Fund.⁷ In tandem with the poor relief treasury, private foundations, operating by preserving the initial capital and utilizing interest and income for relief, were also crucial. The Town Council, facilitated by poor relief committees, oversaw the distribution of these funds. Croatia boasted 220 registered foundations at the start of the twentieth century, each independently managed and contributing funds for diverse causes (Sršan, 2005). The forthcoming sections will delve into the roles of select foundations in Osijek during the nineteenth and twentieth centuries, specifically those dedicated to the well-being of the elderly and infirm.

The Hutler-Kohlhofer-Monsperger Foundation, a prominent and financially robust entity, as examined in previous sections on healthcare, notably contributed to the establishment of an orphanage and a modern hospital in Lower Town. Originally designed as a poorhouse, its transformative impact has been underscored (Sršan, 1997, 291–293). Another noteworthy financial powerhouse is the Adele Desathy (née Horning) Foundation, which, in 1885, bestowed 80,000 forint for the 'poor of the town of Osijek and for the Town Poorhouse' (Sršan, 2006, 472, 485–486). Of this, 17,520 forint were earmarked as the capital under 'The Foundation of the Poorhouse of the Town of Osijek in New Town of Josip and Jelisava Horning' (HR-DAOS-6, GPO, Horning Josip and Jelisava for the Poorhouse Residents, box no. 6403). Reserved exclusively for 'Osijek's poor and infirm native residents,' the foundation's income, channeled through the Town

⁶ The collection of charitable donations for public and general benefit was regulated by the Decree of the Internal Affairs Department Decree of the Land Government No. 15241 of 8 March 1898. Collection required prior permission, granted by the town government for the capital, Zagreb, and the town governments of Osijek, Varaždin, and Zemun (Art. 102 Townships Organization Act of 21 June 1895).

⁷ For example, based on data on the activity of the Town Poor Relief Foundation from 1940, 332,290 kuna were spent on poorhouse upkeep, 15,000 kuna on building upkeep, and 10,000 kuna on medication. An amount of 2,000 kuna was allocated for burials, and 37,500 kuna for heating. The budget for that year was 761,790 kuna (HR-DAOS-6, GPO, Case files, Town Poor Relief Foundation, box no. 6402). In 1941, the Foundation allocated 453,500 kuna for poorhouse upkeep, 15,000 kuna for medication, and 50,000 kuna for heating. The total budget for the same year was 961,500 kuna.

Council, effectively covered all costs related to the poorhouse residents, contributing to the Town's Poor Relief Fund. In the 'Disclosure of Assets of the Josip and Jelisava Horning Foundation for the Poor (1890),' a fascinating detail emerges: the annual support of one poorhouse resident amounted to 365 kuna.

In March 1899, Osijek resident Mijo Cseh bequeathed a substantial endowment of 92,800 forint to the Town of Osijek, leading to the establishment of the Support Institution (Živaković-Kerže and Penava Brekalo, 2021, 79). The existing Town Poorhouse faced overcrowding issues and insufficient facilities, as detailed in Town Council records from 1900 (namely, lack of distinct dining space, noise concerns with proximity of mentally ill patients' area to rooms for elderly males, inadequate staff space, and an excessively small mortuary) (HR-DAOS-6, GPO, Town Council Minutes, box no. 6235; HR-DAOS-6, GPO, Town Council File, box no. 6235). The financially robust Mijo Cseh Foundation proposed an expansion in August 1899, aiming to accommodate 60 people with additional rooms and amenities (ten double rooms, three triple rooms for patients, an inspection room, two bathing rooms, a clothing storage chamber for the poor, and rooms for nuns, a shared dining room, adjacent to the guard's room, and a mortuary, planned to extend into the existing winter garden). However, despite Chief Engineer Konstantin Čuturković's efforts and detailed plans, the Town Council only approved 20,000 kuna from the foundation in July of the following year (HR-DAOS-6, GPO, Correspondence to Town Engineer Konstantin Čuturković, box no. 6235). The bill of quantities outlined costs for room construction, refurbishment, and furniture (10,000 kuna for the rooms, 3,500 kuna for three patient rooms, 1,500 kuna in refurbishment work, 1,000 kuna for furniture) (HR-DAOS-6, GPO, Letter to the Town Council 7.8., box no. 6235). Čuturković reviewed and urged reconsideration of the wing construction, requesting on-site assessment of the budget deficiency (HR-DAOS-6, GPO, Letter to Town Council 27.8., box no. 6235). After challenges and discussions, the Town Council decided to utilize the funds to build a separate structure for those with incurable but mild mental illness, extending the southern wing of the Town Poorhouse towards the west in the garden. After approving the cost estimate and design, Mayor Konstantin Graff's committee allocated 20,000 kuna from the foundation's 92,800 kuna for construction. The Town Council Minutes (1901) assigned the remaining capital for mentally ill care, planning a building next to the poorhouse with 10 cells, two patient rooms, one bathroom, and toilet (HR-DAOS-6, GPO, Excerpt from Town Council session, box no. 6235). By June 20, 1902, the completed building, intended for mildly mentally ill residents, was realized under the direction of builder Antun Schramm (HR-DAOS-6, GPO, Decision of the Town Council, box no. 6235).

In their 1960 joint will, Jovan and Marija Trandafil allocated the income from their Osijek property to Osijek, Novi Sad, and Samobor Hospitals. Upon their death, the Town Council endorsed the will, directing the legacy, including houses on Khuen Hed-

ervaryj Square and Šamačka Street, towards the Jovan and Marija Trandafil Foundation for the Town Poorhouse, established in 1915 with a capital of 24,900 kuna (HR-DA-OS-6, GPO, Trandafil Jovan and Marija Foundation for the Poorhouse, box no. 6403).

Following his 1929 passing, Franjo Gottschalk bequeathed his house to the Foundation, earmarking the income for the Town Poorhouse's poor and infirm residents. He also left 30,000 dinar for constructing the Croatian Hall in Osijek (Živaković-Kerže and Penava Brekalo, 2021, 84).

In 1908, the heirs of merchant David Herrmann donated 10,000 kuna in securities, specifying that accommodation for the poor should be created from the funds. Half the spaces were to be reserved for Israelites, the rest for others, all accommodation named after David Herrmann. Later, an additional 5,000 kuna were added, and the foundation was named after David and Nettika Herrmann (HR-DAOS-6, GPO, Herrmann Foundation, box no. 6407).

7. OTHER ELDERLY CARE INSTITUTIONS

In Osijek, several societies emerged in the late nineteenth and early twentieth centuries, aiming to directly assist the elderly and infirm town residents. Predominantly led by women from higher social strata, these charitable institutions marked an early instance of women's active engagement in social life, receiving support for their direct focus on community issues. The societies, often distinguished by religious affiliations, addressed various social challenges.

The 'Catholic Women's Society,' established in 1855 by Countess Franciska Pejačević, Baron Gustav Prandau, and Bishop J. J. Strossmayer, stands as the oldest among them. Dedicated to supporting poor Catholic families and individuals, the society, with 360 members, engaged in activities such as caring for orphans, establishing homes for the elderly, and running soup kitchens. Their property income (from a house on Pejačević Street, where a women's orphanage existed until 1925), membership fees, and events like the flower parade directly funded their initiatives. To enhance support, the Society constructed an Art Nouveau building on Ivan Gundulić and Dubrovačka streets, aiming to alleviate dietary challenges for the needy and offer accommodation for new workers (HR-DAOS-6, GPO, Foundations of Osijek, box no. 6402; Benyovsky, 1998, 82; Ivanković, 2022).

The Russian Women's Charitable Society, led by President Katarina Rikovskaja and headquartered at 20 Vukovar Road, provided in-kind relief to the elderly, the ill, and children. In 1940, funds totaling 14,479 kuna, sourced from memberships, charitable contributions, and events, supported individuals with groceries and medication (11,565

kuna in cash and 2,914 kuna for medication) (HR-DAOS-6, GPO, Foundations of Osijek, box no. 6402).

The Jewish Maintenance Center on Vukovar Road in Lower Town annually cared for around 300 elderly and infirm Jews, boasting a substantial budget of 166,400 kuna in 1940 and 186,400 kuna in 1941, primarily allocated for food (HR-DAOS-6, GPO, Jewish Welfare Center, box no. 6402).

Notably, the Croatian Red Cross in Osijek played a vital role, particularly in aiding the elderly through soup kitchens and various initiatives. Founded in the early 1880s by influential town residents, the Osijek Red Cross engaged in fundraising, supporting the poor, and assisting disaster victims before World War I. During World War I, its activities shifted towards accommodating and caring for the wounded, collecting clothing, food, and other essentials (HR-DAOS-6, GPO, Foundations of Osijek, Case files, box no. 6402).

8. CONCLUSION

This study aimed to chronicle the origins of institutional elderly care in Osijek spanning from the mid-nineteenth to the mid-twentieth century. Thorough research required delving into archival materials, unveiling the establishment of pertinent institutions and shedding light on the personal struggles of individuals compelled, by age, illness, and financial challenges, to seek assistance.

While legislative and administrative aspects of social care are well-documented, records of hospital and poorhouse activities are regrettably less preserved. The emergence of hospitals in Osijek followed the final plague epidemic in Slavonia, coinciding with Maria Theresa's initiatives in organizing the Habsburg Monarchy's state health care system. Hospitals, crucial for elderly care development, doubled as welfare institutions, catering to the elderly, the destitute, and the ailing, both local and foreign. The first civilian hospital in Osijek, *Varoški špitalj*, established in 1741, concurrently served as a poorhouse, at 2 Martin Divalt Street. In 1874, the General Public Hospital of the Huttler-Kohlhofer-Monsperger Foundation replaced *Varoški špitalj*, with its former building becoming the Town Poorhouse. Initially under private management, it later transitioned to the care of the Daughters of Charity of Saint Vincent de Paul from Zagreb through a contract with the town in 1890. The associated poorhouse rules offer valuable insights into residents' daily lives. Funding challenges were prominent in poorhouse organization and healthcare institutions, historically relying on (pious) foundations instead of the state treasury for financial support. Endowments, notably from philanthropists Franjo Gottschalk and Mijo Cseh, significantly contributed to increasing the Town Poorhouse capacity.

This study endeavors to amplify the voices of marginalized groups, historically and presently overlooked. Through the personal narratives disclosed in elderly individuals' applications for poorhouse admission, it becomes evident that industrialization contributed to their diminishing status. Despite abundant resources and favorable living conditions, elderly individuals grappled with poverty. The increasing individualization of property, coupled with early retirement due to limited job opportunities for the elderly, shifted wealth to younger generations (Tomečak *et al.*, 2014, 39). Concurrently, societal changes, such as specialization, education, productivity, and the division of labor, led to a decline in extended families, creating an environment where the elderly no longer held exclusive knowledge. This transformation nurtured biases and stereotypes against this demographic.

As capitalism strengthened, new economic structures emerged, resulting in the dissolution of family cooperatives by the mid-twentieth century. Consequently, the responsibility for elderly care transitioned from families to institutions. Despite the formalization of social work as a profession in Croatia only in the 1950s, traces of social work practices are observable across historical periods. In addition to numerous charitable societies, this study underscores the charitable and social work of the Daughters of Charity of Saint Vincent de Paul. Predominantly operating in poorhouses, orphanages, and soup kitchens, their mission extended beyond providing meals and shelter. They aimed to cultivate relationships and establish inclusive spaces where individuals affected by misfortune could find acceptance and protection.

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ODJECI PROŠLOSTI: SKRB I INSTITUCIJE ZA STARIJE OSOBE U OSIJEKU KRAJEM 19. I POČETKOM 20. STOLJEĆA

S a ž e t a k

Krajem devetnaestog i početkom dvadesetog stoljeća skrb o starijim osobama u Hrvatskoj pretežno se oslanjala na potporu obitelji, što je rezultiralo nedostatkom službenih podataka o dobrobiti tog dijela populacije. Prepoznajući postupno smanjenje obiteljske podrške u tom razdoblju, grad Osijek uspostavio je formalni sustav socijalne skrbi za starije osobe. Ovaj rad istražuje bitne aspekte ovog sustava, usredotočujući se na gradsku ubožnicu i njezinu središnju ulogu u skrbi za starije osobe.

Oslanjajući se na arhivsku građu iz Državnog arhiva u Osijeku kao primarni izvor i ograničenu relevantnu literaturu, istraživanje ima za cilj dati glas starijim osobama navedenog povijesnog razdoblja. Također se osvjetljava uključenost osječke gradske vlasti i osnovanih zaklada u financiranje inicijativa za skrb o starijim osobama tijekom kasnog devetnaestog stoljeća. Sveobuhvatni cilj je proširiti znanje o neistraženim povijesnim činjenicama i dokumentima vezanim uz socijalnu skrb u Hrvatskoj pomnim proučavanjem formalnih struktura skrbi za starije osobe, o čemu svjedoči dosad neistražena arhivska građa.

Ključne riječi: *gradska ubožnica, mjesna uprava, socijalna skrb za starije osobe, zaklade socijalne skrbi*