

"BOTH ORNAMENTAL AND USEFUL":
THE LANCASTER COUNTY ALMSHOUSE AND HOSPITAL

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February 1990

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CONTENTS

List of Figures iv

Preface v

I. The Architectural Context of the Lancaster County

Almshouse and Hospital 1

Setting and Current Appearance 1

Construction 13

Changes in the Structure 17

Early Almshouses and Hospitals of the Lower Delaware Valley 20

II. The Social and Cultural Context of the Lancaster County

Almshouse and Hospital 38

English Antecedents and Early Pennsylvania Poor Relief 38

General Functions of the Almshouse 45

The Almshouse and the Community 59

Occupants of the Almshouse 65

Conclusions 79

III. Recommendations for Future Use 80

References 84

LIST OF FIGURES

1.	Map of the location of the Lancaster County Almshouse.	2
2.	Environmental view of the Lancaster County Almshouse, 1990.	3
3.	Basement floor plan, Lancaster County Almshouse.	4
4.	Sketch of the probable appearance of the Lancaster County Almshouse, <i>circa</i> 1800.	6
5.	North elevation, Lancaster County Almshouse.	7
6.	South elevation, Lancaster County Almshouse.	8
7.	First floor plan, Lancaster County Almshouse.	10
8.	Second floor plan, Lancaster County Almshouse.	11
9.	Attic floor plan, Lancaster County Almshouse.	12
10.	Portion of an engraving of the Lancaster County Almshouse <i>circa</i> 1869.	15
11.	Engraving of the Lancaster County Almshouse and Hospital <i>circa</i> 1869.	18
12.	Philadelphia Bettering House, <i>circa</i> 1767.	21
13.	New Castle County Poor House, <i>circa</i> 1806.	24
14.	Site plan, New Castle County Poor House, 1843.	26
15.	Floor plan, Lebanon County Almshouse, 1835.	28
16.	Site plan, Lancaster County Almshouse and Hospital, 1886.	30
17.	Floor plan, Montgomery County Poor House, 1834.	32
18.	Site plan, Montgomery County Poor House, 1834.	33
19.	Site plan, Chester County Home and Insane Hospital, 1900.	35
20.	Landscape painting of the Berks County Poor House, 1895.	36
21.	Berks County Poor House, prior to 1930.	37
22.	Dates of initial construction for selected almshouses in the eastern United States.	41
23.	Estimated average daily population of the Lancaster County Almshouse House of Employment, 1808-1867.	69
24.	Estimated average daily population of the Lancaster County Almshouse Hospital, 1808-1867.	70
25.	Population of the Lancaster County Almshouse, 1890-1910.	72

PREFACE

The documentation of the Lancaster County Almshouse and Hospital was funded by a gift from the Edward Hand Medical Heritage Foundation to the Delaware Valley Threatened Buildings Survey at the University of Delaware. The research and documentation was conducted by a team from the Center for Historic Architecture and Engineering, College of Urban Affairs and Public Policy, University of Delaware. Fieldwork, measured drawings, and architectural analysis were completed during the summer of 1989 by Dr. Bernard L. Herman, Nancy Zeigler, and Gabrielle Lanier. Large-format photographs for the Historic American Buildings Survey documentation were taken by Dr. David L. Ames. Research into the daily activities, conditions of life, and general policies of the almshouse was conducted by Nancy Zeigler and Monique Bourque in the fall of 1989.

We are grateful to Dr. David Wiley, Dr. William Atlee, and the members of the Edward Hand Medical Heritage Foundation for their support, encouragement, and participation in the documentation of the Lancaster County Almshouse and Hospital. We hope this report will lead to the preservation, restoration, and interpretation of this historically and architecturally significant structure.

I. ARCHITECTURAL CONTEXT OF THE LANCASTER COUNTY ALMSHOUSE AND HOSPITAL

Setting and Current Appearance

Situated on the eastern edge of Lancaster Borough (Figure 1), the Lancaster County Almshouse and Hospital (originally known as the House of Employment) was erected in response to "an act to provide for the erection of houses for the employment and support of the Poor in the Counties of Chester and Lancaster," passed February 27, 1797.¹ Begun in 1799 and completed by 1801, the Almshouse and Hospital consisted of a 150 by 42 foot block conceptualized as a three part plan (Figure 2).

The building is made up of a two-story, five-bay center block flanked by two symmetrical "wings." The center block contained four rooms clustered around the quadrants defined by two intersecting passages (Figure 3). Each of the two symmetrical wings had a center entry on the front and a stair likely situated in the back corner adjacent to the central mass. The three integral units were connected by a passage running the full length of the building. Similarly a shed-roof porch or piazza ran the length of the rear of the building, while the front entries were gained only by small porches. The basement contained the almshouse kitchen and, as surmised from parallel buildings, a paupers' dining area, and cells for the insane.² The overall appearance was described in 1801:

The house is two stories high in front and so raised that the cellar windows appear (twelve in number) above ground; the back is three stories high with a piazza. There are twelve windows in the first story and fifteen in the second with nine doors and windows four chimneys at the ridge of the roof and the tops of four others appear at the back of the building (from the road). Part of the lower story is used as a kitchen part of it made about two or three feet lower used as a cellar and weavers shop, the bottom all rocks and the kitchen part paved with brick; in it are fixed their kettles on Rumford's plan; its clean and in good order. The building appears substantial and well-constructed divided

¹ Ellis and Evans, p. 211.

² The second floor differed from the first by having either one or two front rooms in the central block; the attic was open and unfinished.

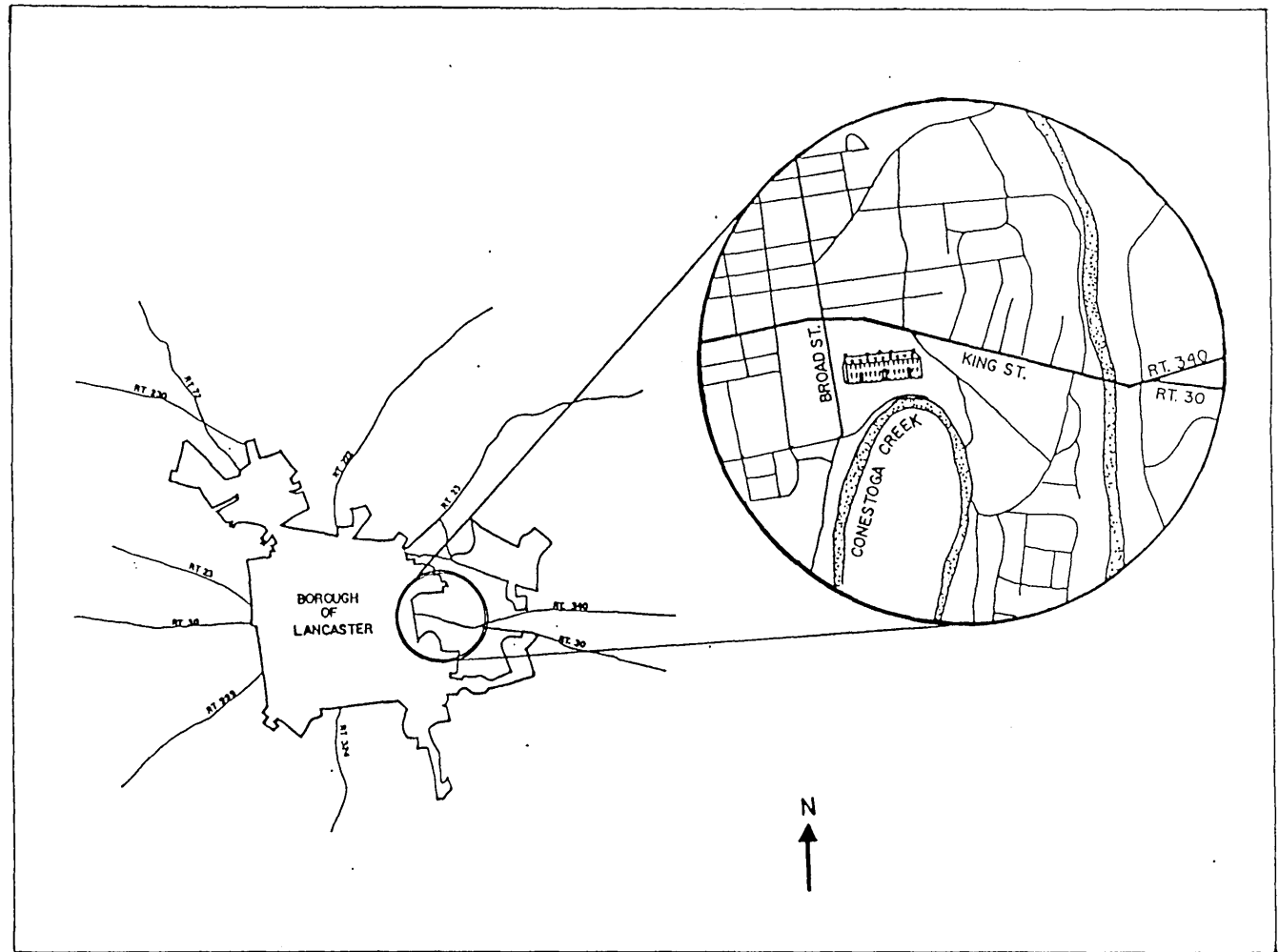


Figure 1
Map of the location of the Lancaster County Almshouse.
Drawn by Nancy Zeigler, 1990.



Figure 2
Environmental view of the Lancaster County Almshouse.
Photographed for the Historic American Buildings Survey
by David L. Ames, 1990.

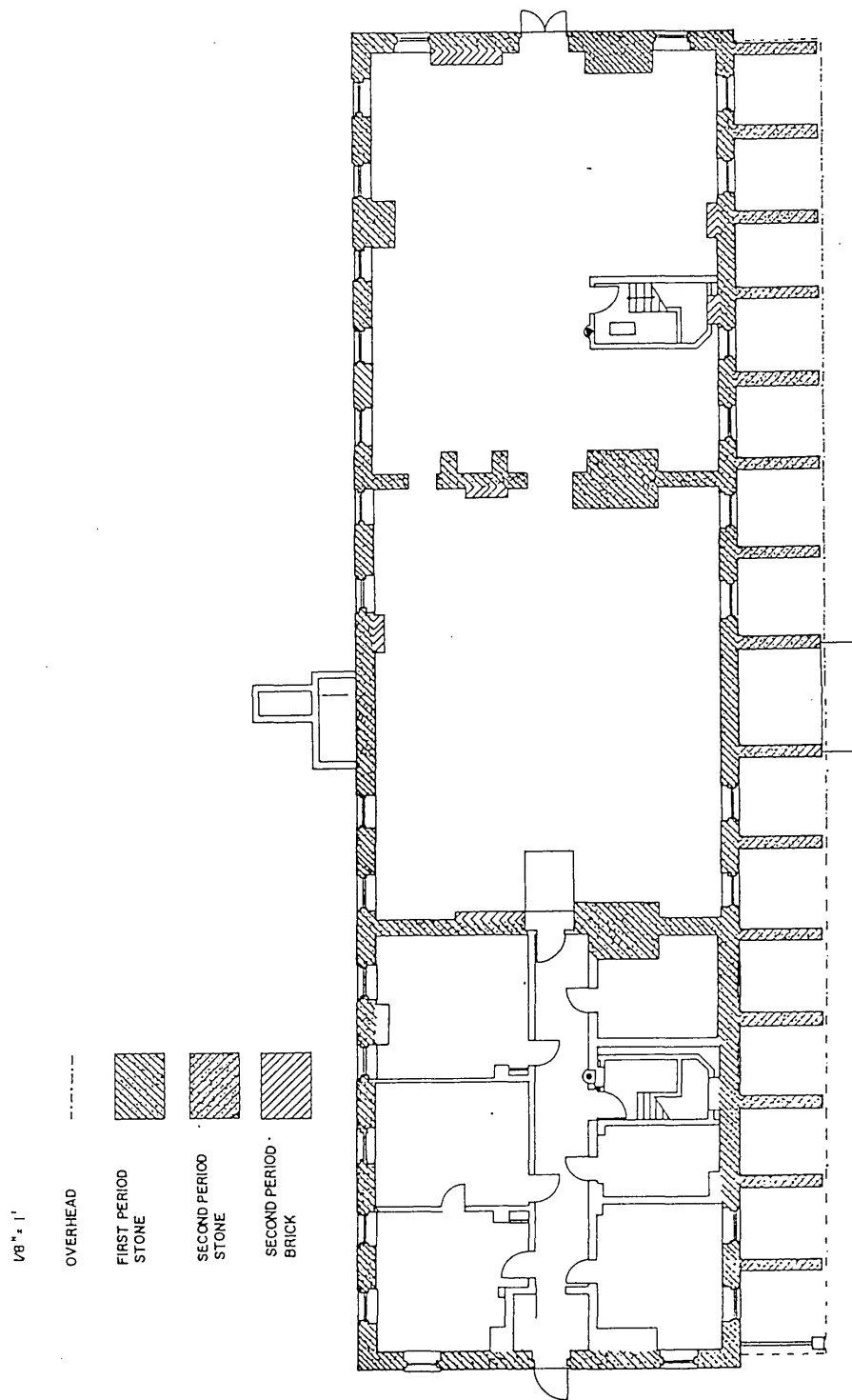


Figure 3
Basement floor plan, Lancaster County Almshouse.
Drawn by Nancy Zeigler, 1989.

into large and small rooms, clean and airy, with well contrived entries in the second and third stories the garret is not plastered.³ (Figure 4)

If the Lancaster County Almshouse and Hospital had been erected as originally conceived by its builders, the tripartite design would have been dramatically emphasized by means of a slightly projecting and probably pedimented front similar to those recorded for the New Castle County, Delaware, and Boston, Massachusetts, houses of employment. The Lancaster County Overseers of the Poor rejected this aesthetic amenity of a central projection, choosing to let the proportional distinctions be made by the scaled-down secondary doorways for the wings, the four chimneys at the ridge, and the even rhythm of the fifteen-bay elevation.

Exterior

The north, or front, elevation (Figure 5), constructed of uncoursed limestone quarried on the almshouse property, was originally roughcast, but now displays a whitewashed brick veneer. A masonry belt course runs the entire fifteen-bay length directly under the second story window sills. Like the front of the Almshouse, the west elevation was also roughcast with white stucco, and the belt course continued under the second story windows. The basement rises above grade on both the west and east elevations. Although the raised basement is present in the east elevation, the roughcasting is absent, allowing the original stone to be seen, along with the belt course.

The south, or rear elevation, retains its original exposed stone surface but lacks a belt course (Figure 6). The ghost of a previous porch marked by white paint remains on the wall from the top of the first floor windows to grade. Brick infill between floors at the sixth and tenth bays indicates the former presence of windows and possibly original stairwells.

A simple flat-roofed porch extends the entire length of the north facade on the first floor. Slender Tuscan columns support the porch and are linked by a scroll splat balustrade and railing. A centrally placed stair with a railing leads to the lawn. A mid-twentieth century *porte cochere* extends off the first floor central bay on the south elevation.

³ Mast, pp. 49-61.

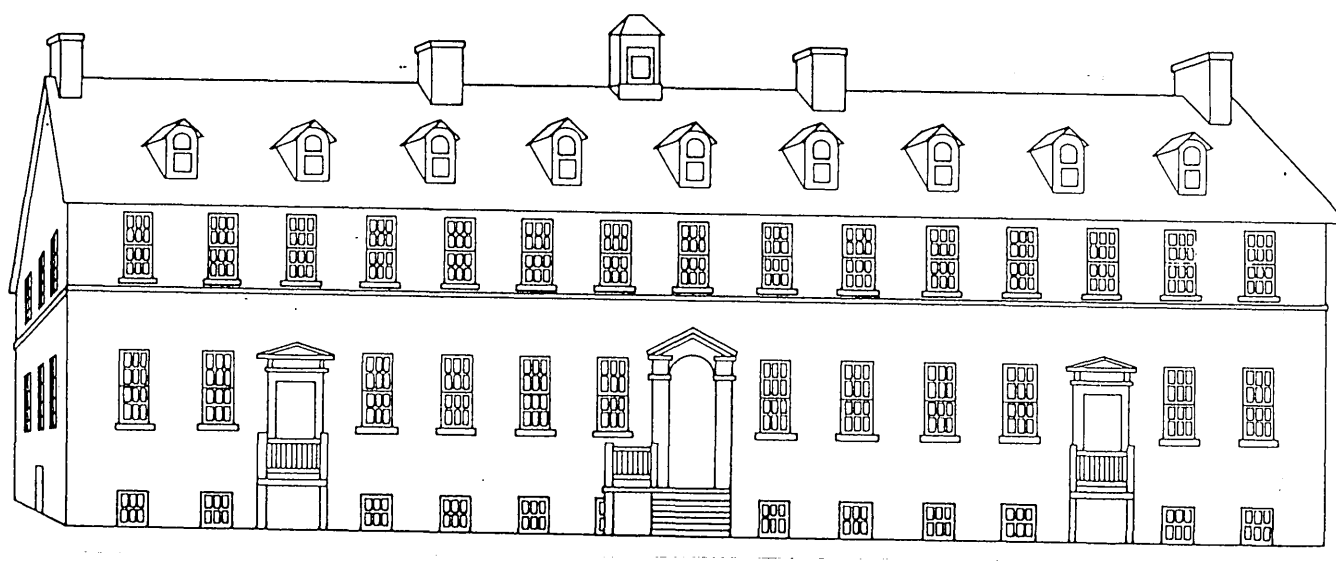


Figure 4
Sketch of the probable appearance of the Lancaster County Almshouse
circa 1800. Drawn by Gabrielle Lanier, 1989.



Figure 5
North elevation, Lancaster County Almshouse. Photographed
for the Historic American Buildings Survey by David L. Ames, 1990.



Figure 6
South elevation, Lancaster County Almshouse. Photographed
for the Historic American Buildings Survey by David L. Ames, 1990.

Doorways are located in the third, eighth, and thirteenth bays of the northern facade. The decorative central doorway is the only entrance still in use on the front of the building. The architrave of the door is characterized by a red, white, and blue stained-glass fanlight enframed by a pediment that has been truncated by the later porch ceiling. Less decorative architraves decorate the two flanking doorways. The south elevation has a central back door leading to the *porte cochere*. Twentieth century steel basement-level doorways are present on the east and west elevations in the central bay. The original twelve-over-twelve sash windows were replaced in the late nineteenth century with six-over-six double hung sash windows surrounded by a pegged, single-faced moulded architrave. All of the windows have flat-arch stone or brick lintels.

Interior

The interior of the Lancaster County Almshouse has undergone extensive renovations yet still retains much evidence describing its original layout. Like the exterior, it is divided into three pavilions. The basement retains most of its original construction, with the exception of the eastern end, which was thoroughly renovated in the 1980s. A seven-foot-wide central hallway runs east and west through the building on the first and second floors which are identical (Figures 7 and 8). Lining both sides of the central corridor are 28 rectangular rooms, each measuring approximately 9 by 15 feet. Three narrow passages run north and south through the center of each pavilion, marked on the exterior of the first floor by the flanking doorways. Although the central Victorian staircase that leads from the first floor to the attic survives, recent renovations have completely covered up most of the original construction and Victorian additions on the first and second floors. Renovations resulted in a narrow central passageway, lowered ceilings, and original plaster and lath walls covered with modern drywall.

The attic retains almost all of its original fabric. Four major chimney stacks mark the gable ends of the building and the divisions between the three sections (Figure 9). Openings for the original dormer windows and storage cupboards remain along the north and south sides of the attic. Late nineteenth century plaster-covered riven lath walls with cut nails surrounded the openings. In each section, 18 collar beams braced original rafters.

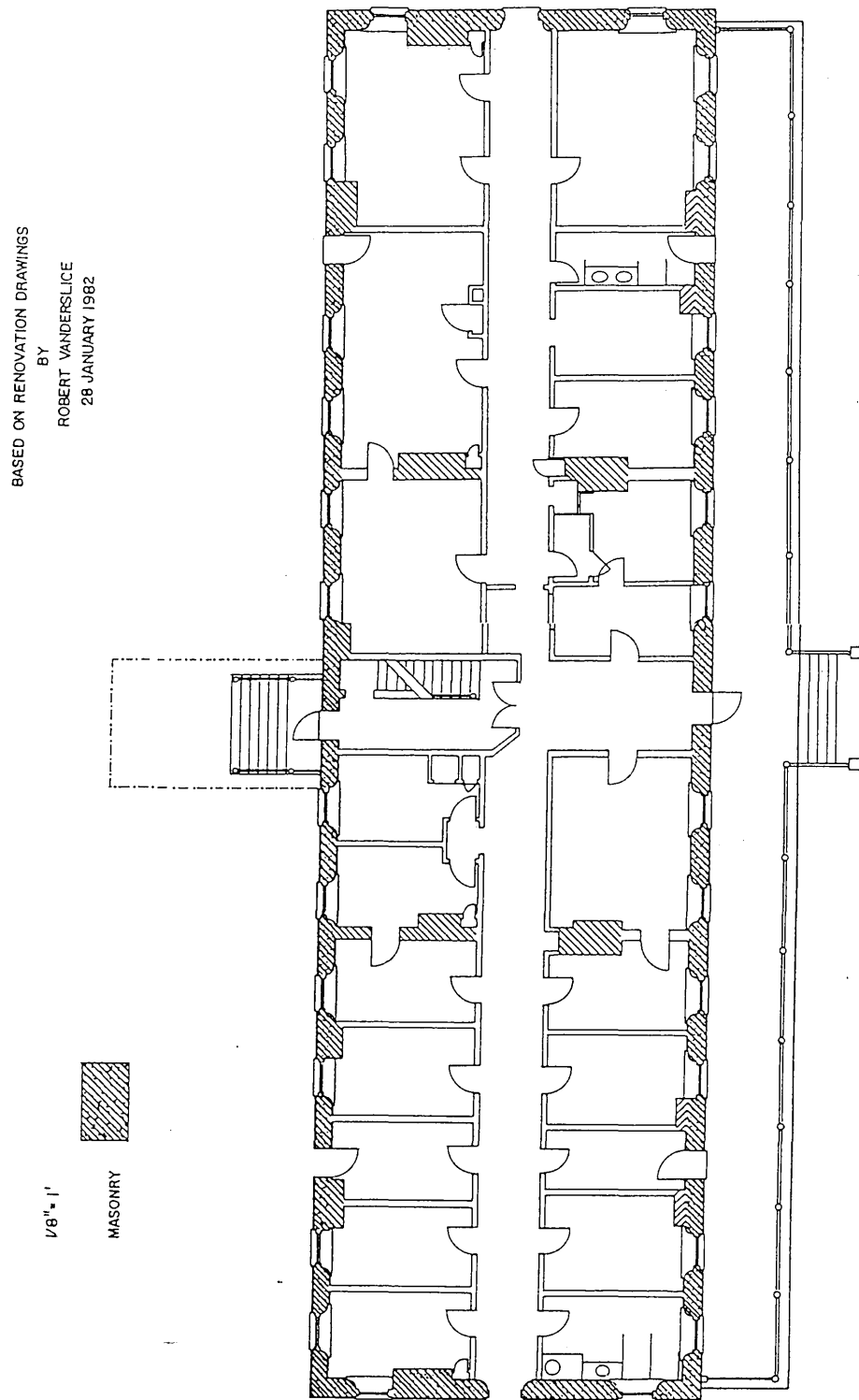


Figure 7
 First floor plan, Lancaster County Almshouse.
 Drawn by Nancy Zeigler from R. A. Vanderslice (1982), 1989.

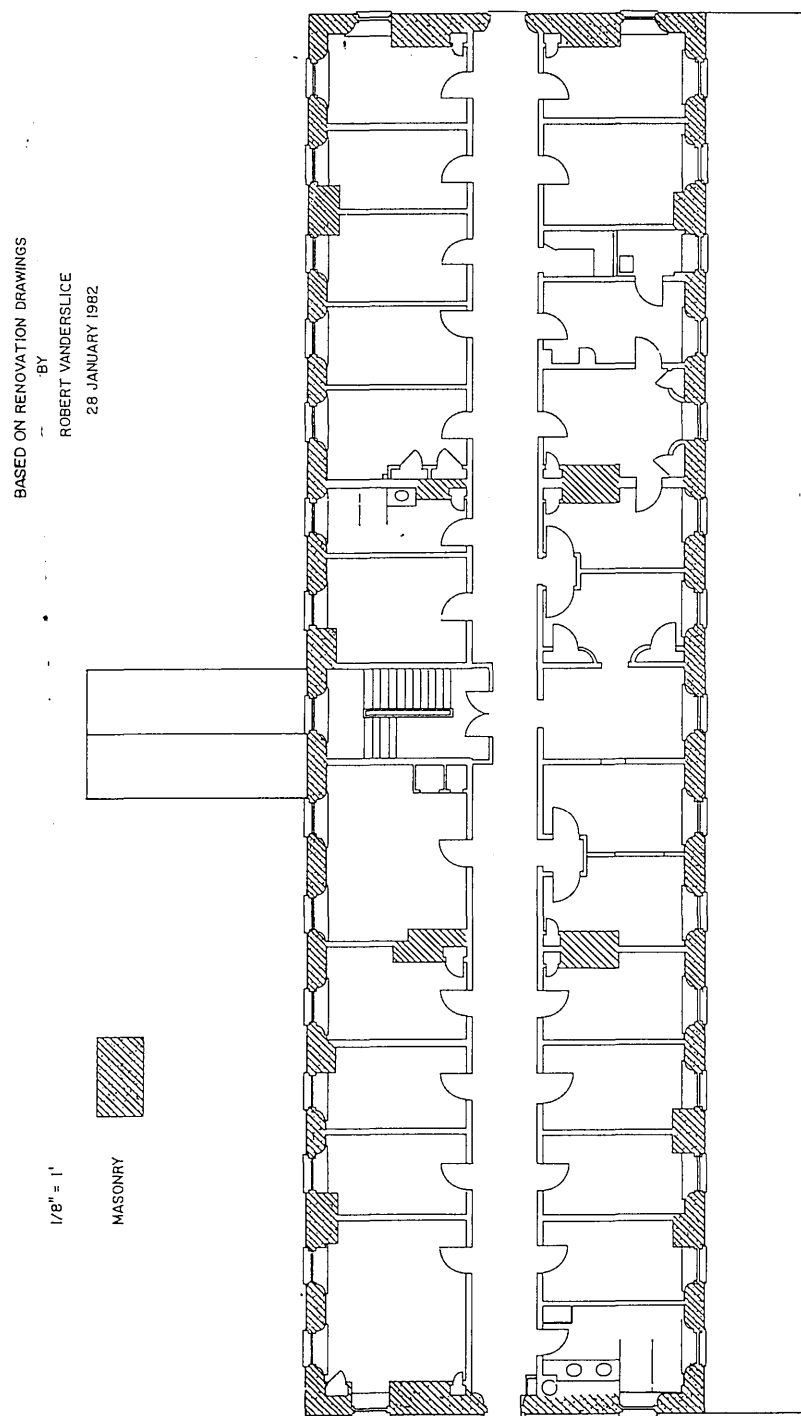


Figure 8
Second floor plan, Lancaster County Almshouse.
Drawn by Nancy Zeigler from R. A. Vanderslice (1982), 1989.

BASED ON RENOVATION DRAWINGS
BY
ROBERT VANDERSLICE
28 JANUARY 1982

1/8" = 1'
MASONRY
MISSING

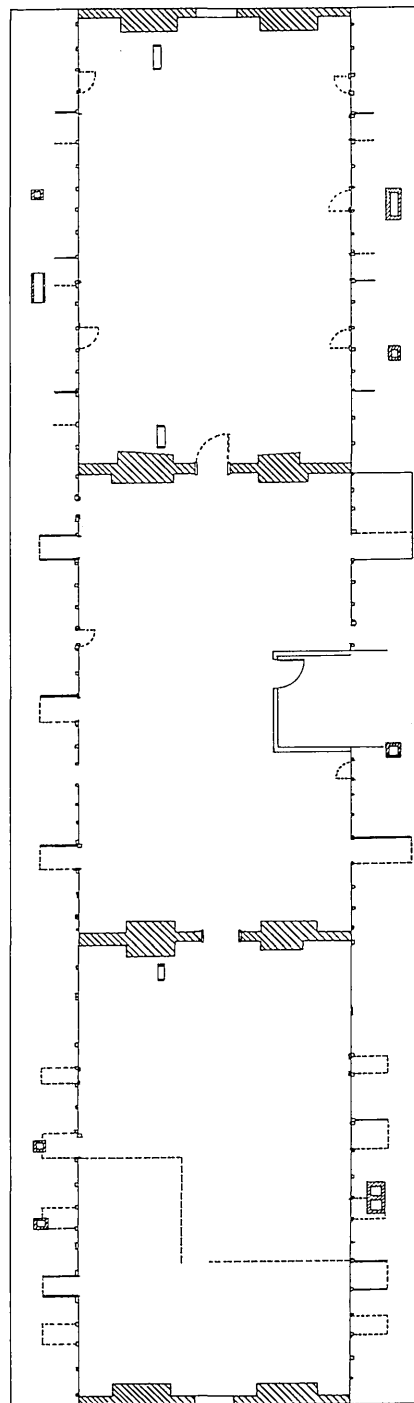


Figure 9
Attic floor plan, Lancaster County Almshouse.
Drawn by Nancy Zeigler from R. A. Vanderslice (1982), 1989.

Construction

On August 21, 1799, the Minutes of the Lancaster County Directors of the Poor recorded the purchase of 89 acres from Matthias Slough, to be used as the site of the new Lancaster County Almshouse and Hospital.⁴ Minutes from the meetings of the Directors of the Poor record details of the construction of the building. On June 21, 1799, William Alexander was contracted to "quarry stones on the land" for the new Poor House. William Hensel and George Brungard were hired as the carpenters, and Charles and Thomas Wilson as the masons for the new building.⁵ Hensel (1755-1842) and Brungard (?-1831) were both joiners residing in the Lancaster Borough. Brungard was working in Lancaster as a joiner and carpenter by 1788 and later in life speculated in real estate. Hensel's career in carpentry in the Lancaster Borough can be traced back to the early 1780s.⁶

Many of the original specifications and instructions for the Poor House given in the minutes were carried out, including the proposal for a two-story building with a first story 9½ feet high, and a second story 9 feet high. The minutes also specified a "sash of windows" with 24 lights, each measuring 8 by 10 inches.⁷ Although the original windows do not survive in the 2½-story stone building, the structure still retains its 1799 fenestration of 15 bays on its north and south facades.

Windows were one area where the Directors of the Poor practiced economy. On December 18th, 1799, the directors told the carpenters to "only jam-case the windows of the four central rooms, of the lower and middle part of the house and no more, it being deemed unnecessary and expensive to case any other part there of."⁸ Costs were also cut when treating the surface of

⁴ LC Minutes, August 21, 1799.

⁵ LC Minutes, June 21, 1799.

⁶ Snyder, p. 1.

⁷ LC Minutes, June 21, 1799.

⁸ LC Minutes, December 18, 1799.

the building. Money was allotted to "rough cast," or apply textured stucco to, the exterior of the front of the building and the west end.⁹ These were the sides of the building visible from the road; the rear walls were left untreated. The decision to rough cast the only two visible sides of the almshouse and the selective casing of the four central room windows reflect the directors' and builders' interest in the hierarchy of finish. Areas that were seen by the public were given the most attention and detail, while those less exposed were left in a plainer condition.

In 1801 John Ash received £3.2.6 for "plastering the piazza" which ran the entire length of the southern rear elevation.¹⁰ Although the porch does not survive, the whitewash paint that remains on the stone rear wall of the building identifies its placement and size.

The first story of the north facade contained three doorways--in the third, eighth, and thirteenth bays. The central doorway was conceived as the primary entry, decorated with an ornate pedimented architrave. Two flanking secondary doorways were less decorative and originally did not permit access from the outside, functioning more like French doors with small balcony-like projections (Figure 10).

The east and west facades retain their original fenestration, with three windows on each of the first and second floors. The attic level probably displayed a single center window, which has since been replaced by a rectangular ventilation opening.

The original roof contained nine dormer windows. According to John Pearson, four chimneys originally appeared at the ridge of the roof, one of which remains today at the west end.¹¹ Four additional chimneys could be seen from the back of the building, and their stacks are still visible in the basement (Figure 4).¹² Many chimney flues and fireplaces existed within the

⁹ LC Minutes, December 18, 1799.

¹⁰ Treasurer's Report, November 15, 1801.

¹¹ Mast, pp.49-61.

¹² Mast, pp. 49-61.

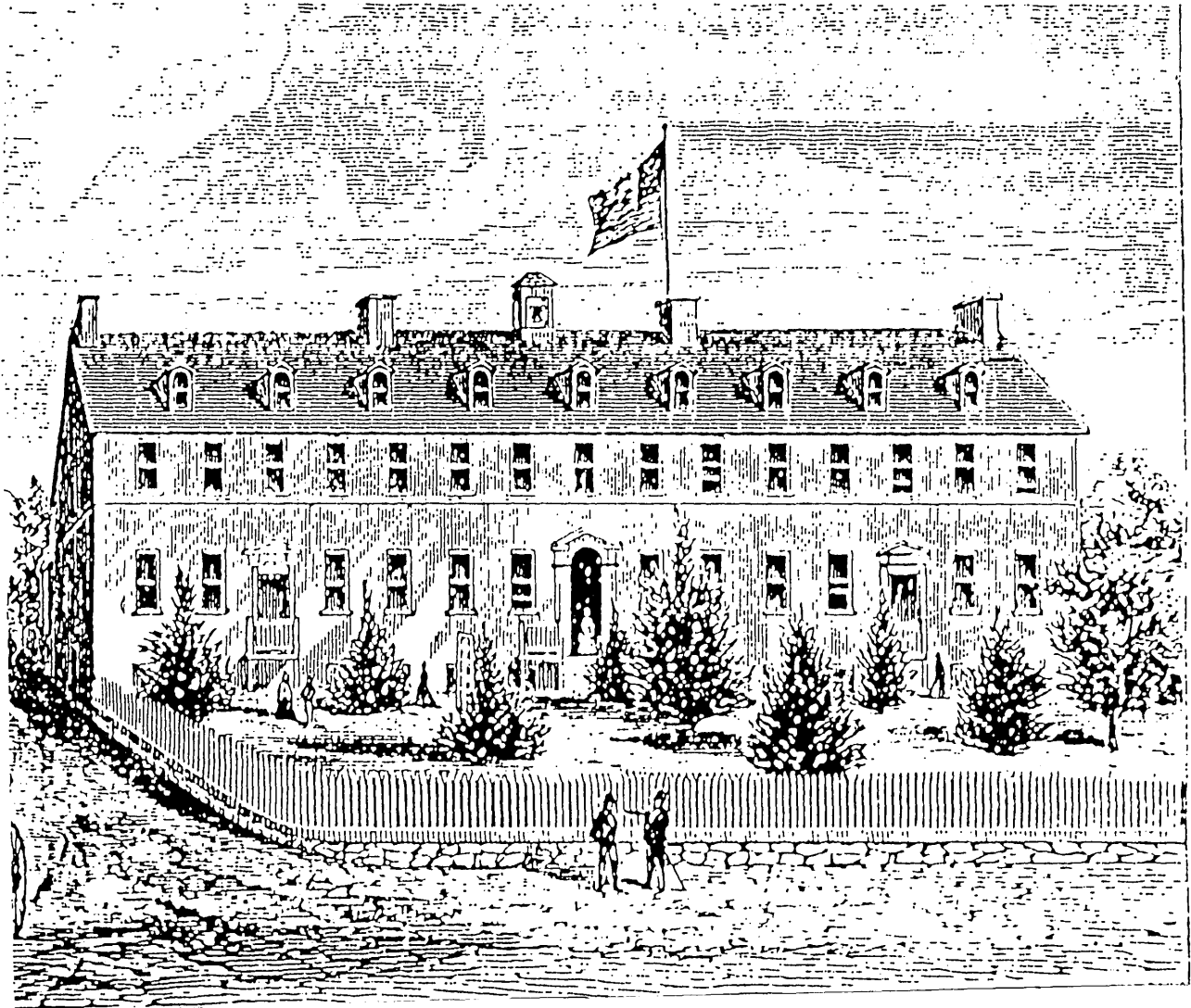


Figure 10
Portion of an engraving of the Lancaster County Almshouse *circa* 1869.
From J.J Mombert, An Authentic History of Lancaster County,
pp. 442-443, 1869.

building's interior; in 1815 Ben Johnson was paid for sweeping 29 chimneys.¹³ The number of chimneys and flues suggest that most, if not all, of the inmates had heat in their rooms. This is supported by the Minutes of the Directors of the Poor for March 5, 1827, following an apparent fuel shortage:

In order to prevent too great a waste of fuel in the future, and to limit the quantity to be used in the lodging rooms, it is resolved that a convenient close shed built to store the wood, and to have under the direction of the Steward, distributed daily a certain portion of wood to each room, sufficient to keep the same warm and comfortable; and that no person be permitted to carry any wood away from said shed beyond their allowance.¹⁴

The exact placement of the chimney flues in the individual rooms needs more investigation; recent renovations have completely covered up most of the evidence.

Despite extensive renovations, the interior arrangement of the Lancaster Almshouse has maintained much of its original form. In Pearson's description, the basement of the almshouse contained a kitchen and weaver's shop.¹⁵ While the eastern third of the basement has been completely renovated, most of the original relieving arches for the chimney stacks are present in the central pavilion as well as the western end (Figure 3). Of the four main stacks Pearson described, three retain their original form, although infilled with brick and plastered over. The main chimneys were located on each gable end of the building and at the divisions between the central and outer pavilions. Four smaller chimneys that were visible from the rear of the almshouse have also been filled with brick and covered with plaster. Positioned along the southern part of the structure, the chimneys could only have been seen from the back of the building.

An original central hallway runs from east to west through the first and second floors. Small rooms, which were "clean and airy," lined both

¹³ Treasurer's Report, September 13, 1815.

¹⁴ LC Minutes, March 5, 1827.

¹⁵ Mast, pp. 49-61.

sides of the hallway on the first and second floors.¹⁶ Although well-lit and usable, the attic was not finished.¹⁷ It has since been renovated, and plaster-covered riven lath walls have been added. Original divisions between three similar attic sections are marked by chimney stacks and central doorways joining the three areas. The attic was never used as a dormitory area; it provided a place to store personal belongings of the residents.

In December 1799, money was set aside to build a fence on the almshouse property.¹⁸ Pearson describes a "white pine board fence" with "locust posts six or seven feet high" that enclosed the land in back of the House, from the building down to the Conestoga River.¹⁹ Additional fencing was also built for the new County Hospital erected next to the Lancaster County Almshouse circa 1805-06. A small enclosed walkway joined the structurally similar buildings, which shared the same administration. An engraving from 1869 is one of very few representations of the County Hospital, demolished in the 1960s (Figure 11).

Changes in the Structure

Two major periods of renovations have masked, but not destroyed, much of the architectural information that would allow reconstruction of the original interior arrangement in greater detail. The first renovation occurred around 1870, the second in 1982.

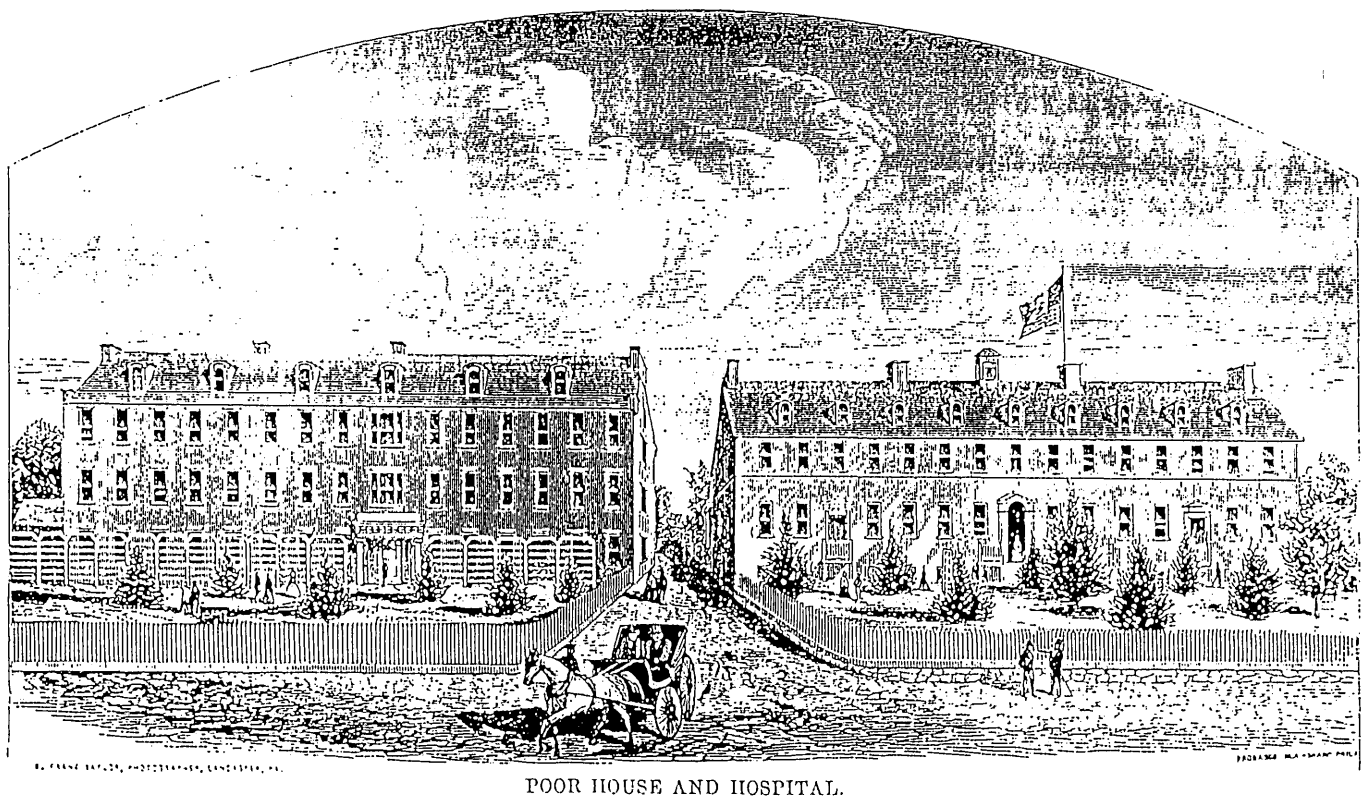
The Lancaster County Almshouse remained fairly unchanged until around 1876, when the new County Home was built. The County Home became the residence for the paupers, and the almshouse admitted only the sickly. Major renovations took place at the almshouse around this time. The old interior decoration was replaced with Victorian architectural elements. Although the floor plan remained basically the same, new woodwork was installed, including a central stairway leading from the first floor to the second. In the attic,

¹⁶ Mast, pp. 49-61.

¹⁷ Mast, pp. 49-61.

¹⁸ LC Minutes, December 18, 1799.

¹⁹ Mast, pp. 49-61.



POOR HOUSE AND HOSPITAL.

Figure 11
Engraving of the Lancaster County Almshouse and Hospital circa 1869.
From J.J Mombert, An Authentic History of Lancaster County,
pp. 442-443, 1869.

evidence from robbed walls and cut nails in the eastern gable end section point to the existence of a records room built during the last quarter of the nineteenth century.²⁰ A new porch was added to the north facade during the second half of the nineteenth century, and the old porch was taken off the rear. Oral history indicates that the new porch was actually the old porch moved to the front of the building; builders likely reused the Tuscan columns and added the Victorian balustrade. It was also at this time that the front elevation acquired the whitewashed brick veneer that remains on the building today.

The Lancaster County Almshouse was left almost untouched until 1954, when Hurricane Hazel tore off the roof covering, including the nine original dormer windows on the front of the building. The chimneys were also damaged. The rooftop was rebuilt without its dormer windows and chimney stacks, except for one remaining chimney that sits at the west gable end. The original rafters remain intact, but the chimney stacks were cut off at the attic level.

By the 1960s the almshouse was no longer used as a hospital, but as a children's bureau. In 1969 the opening of Conestoga View, an extended care facility, ended the almshouse's claim of being the second oldest hospital in the United States still in use. The 1876 County Home was demolished in the 1960s, along with several other buildings constructed during the nineteenth century on the original almshouse property.

The most recent alterations to the almshouse, undertaken in 1982, were the renovation of the first and second floors and part of the basement into modern office space. The original corridors were narrowed approximately two feet on the northern end of the hallway, and several of the small rooms on the northern side of the building were enlarged; both changes required the removal of some historic fabric. Ceiling heights were dropped and new wall surfaces created over the old, simultaneously masking and preserving signs of earlier chimney stacks, stove flues, and period wall finishes. Certainly, potential information yielding a more detailed understanding of the building awaits investigation behind these modern finishes.

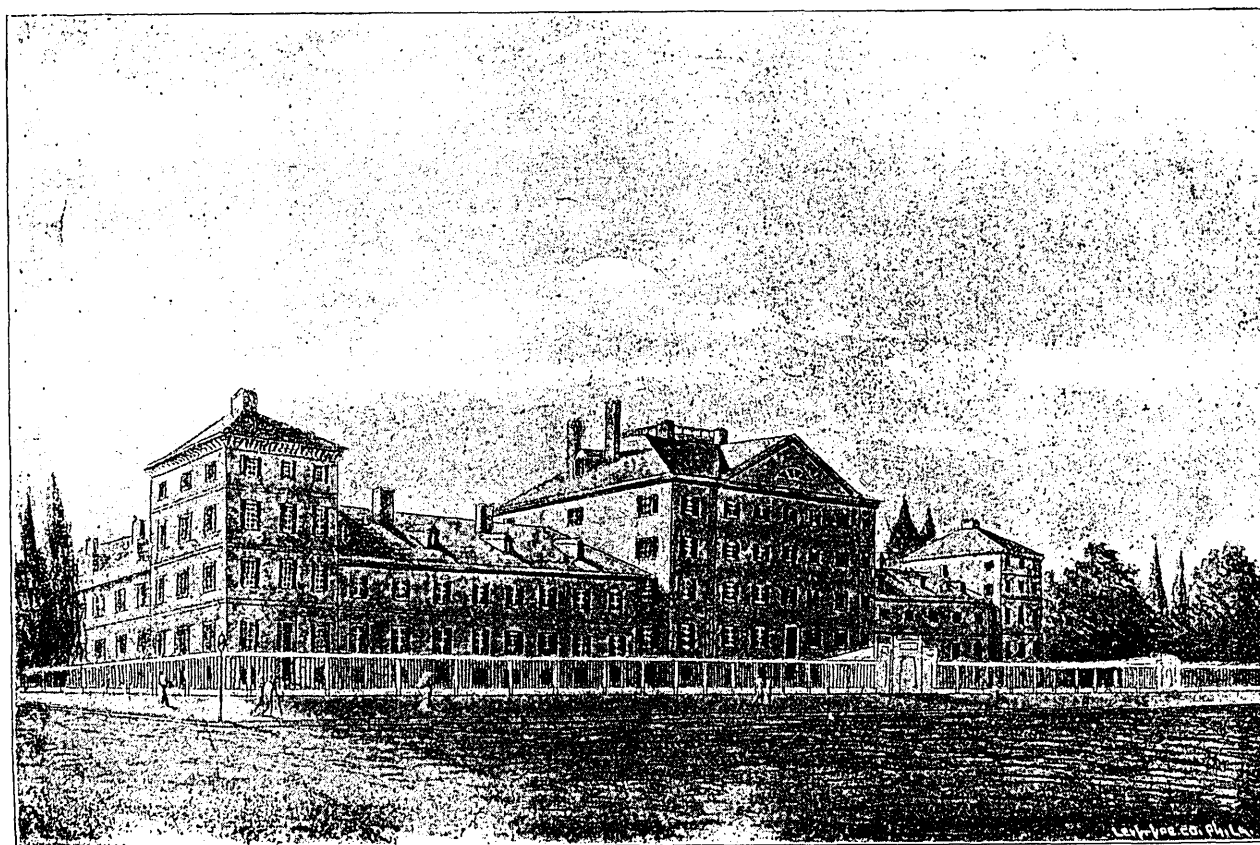
²⁰ Reverend Charles Wonderly, interview, August 1989.

Early Almshouses and Hospitals of the Lower Delaware Valley

The Lancaster County Almshouse and Hospital was one of a number of such buildings commissioned and erected in the decades following the American Revolution. Although the Lancaster County building is the earliest institutional almshouse in the region from the early National period, we can gain a good sense of its architectural place in the Delaware Valley landscape from a variety of pictorial and documentary sources. When we examine these materials, three clear trends emerge. First, despite similarities in scale and function, the almshouses displayed considerable, often subtle, variation in their plans, fenestration, and detailing. Second, despite their variation, the standing almshouses and hospitals represented a collective reference "library" for the design delegations sent out from each community intending to build such structures. Third, almshouses built before 1810 generally included hospital functions.

The immediate functional design source for Delaware Valley almshouses and hospitals was the 1767 Bettering House situated on the then still rural block defined by Tenth, Eleventh, Spruce, and Pine streets in Philadelphia (Figure 12). The architectural concept governing the physical organization was that of a compound containing two central residential and administrative buildings surrounded by many smaller work structures. Priscilla Clement, historian of the Philadelphia Bettering House, observes, "in Philadelphia, according to the original plan, one building, called the house of employment, was to accommodate the working poor, while, the other, known as the almshouse, sheltered the helpless."²¹ In Lancaster County, both invalids and those capable of productive labor were housed in the same building. Visually, the Philadelphia Bettering House does not appear to have exercised as profound an effect on regional almshouse architecture as did a popular tradition of public building design tempered by the force of local vernacular building traditions. While Philadelphia may have provided many of the organizational principles in the operation of the Lancaster County Almshouse, examination of other lesser almshouses will permit a better comprehension of

²¹ Clement, p. 83.



SPRUCE STREET ALMSHOUSE, 1767 TO 1834.

Figure 12
Philadelphia Bettering House, circa 1767.
From Charles Lawrence, History of the Philadelphia
Almshouses and Hospitals, following p. 34, 1905.

the place of the Lancaster County Almshouse and Hospital in the Mid-Atlantic region.

These trends, so clearly reflected in the fabric and history of the Lancaster County Almshouse, can only be recovered from the documentary record for other regional almshouses. The closest parallel to the original design of the Lancaster County Almshouse is the long-demolished New Castle County, Delaware, Poor House.

New Castle County Poor House

Construction of the New Castle County Poor House was begun in 1791, following a series of meetings conducted by the Overseers of the Poor.²² Like the Lancaster County Almshouse and Hospital, the New Castle County building was intended to provide care for the impoverished, the sick, and the insane. Again, like the Lancaster County Almshouse, the Delaware building was built according to plans and specifications that arose from the intended functions of the building, regional precedent, and local involvement in the design process. The Minutes of the New Castle County Overseers record a planned committee visit "to go and view the Bettering House in the City of Philadelphia in order to report a Plan for an Addition to the Poor House of this County."²³ A month later the minutes recorded that the committee "postponed their Journey; and they were the more induced to do that, upon being there informed, that some Workmen and other Members of the Community were interesting themselves so much in the Business of this Institution, as to be preparing Plans for an Addition to the Poor House."²⁴ Like the Lancaster trustees, the New Castle County overseers advertised for bids in the Wilmington newspaper, *The Delaware Gazette*.²⁵ Meanwhile, the involvement of local builders and rising community interest in the project had transformed the New Castle County Poor House from an addition to a fully

²² NCC Minutes, March 3, 1791, p. 5.

²³ NCC Minutes, March 3, 1791, p. 5.

²⁴ NCC Minutes, April 4, 1791, p. 5.

²⁵ NCC Minutes, April 5, 1791, p. 6.

developed late-Georgian institutional building. The concerns of both the overseers and the community combined to produce a building that was at once functionally efficient and a symbol of civic pride.

Thus, in back-to-back meetings in July 1791, the New Castle County Overseers reached two decisions influencing the final design of the building. First, they noted

having considered the great Advantage it would be to the Institution, to have the Ovens, Boilers, and other necessary parts of the Addition now building to the Poor-House, constructed in a compleat a manner as possible, they had directed the Mason and Carpenter to go and view the Bettering House in the City of Philadelphia for that Purpose.²⁶

Second, the people of Wilmington and the surrounding countryside proposed erecting a Cupola on the Poor House and of furnishing the same with a Bell, provided the middle part of the Building would be raised a Story higher than had been agreed on...the Cupola and Bell would be both Ornamental and Useful; that the additional Story would be very Suitable for an Infirmary.²⁷

The New Castle County Poor House was recorded in a map inset prior to its destruction by fire in 1806 (Figure 13). Like the Lancaster County Almshouse, the Delaware building was based on a three-part design composed of a central pavilion with symmetrically fenestrated flanking wings. Although the minutes recording the discussions leading to the final design and construction of the Lancaster County Almshouse were not as precise as in the New Castle County building, it is very likely that the process of visiting existing buildings and soliciting community involvement were much the same. In his research on the Lancaster County Almshouse, John Snyder recognized the architectural outcome of this design process, observing stylistic connections between the Lancaster County Almshouse and other broadly contemporary institutional buildings (such as those designed by Robert Smith).²⁸ The connection between the specific requirements for an almshouse and the general aspect of public buildings cannot be

²⁶ NCC Minutes, July 26, 1791, p. 19.

²⁷ NCC Minutes, July 27, 1791, p. 20.

²⁸ Snyder, p. 1.

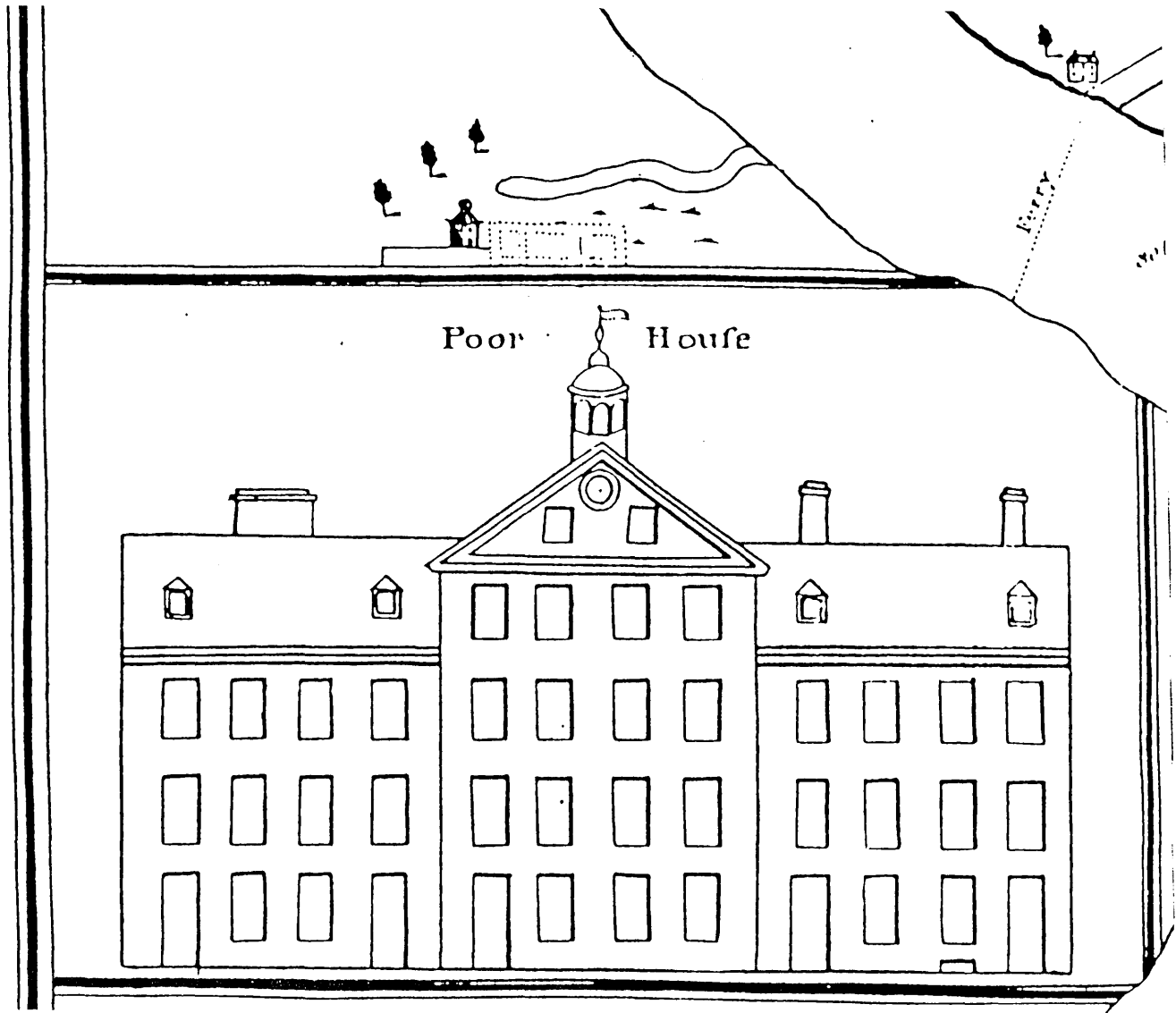


Figure 13
New Castle County Poor House, *circa* 1806.
From "Plan of Wilmington and Its Environs", 1809.

underestimated. As cultural markers of emerging national sensibilities and as public professions of cosmopolitan aspirations, poor houses and other educational, civic, and commercial buildings informed and confirmed the direction of a changing American landscape. As late as 1868, when the trustees of the Bucks County Almshouse began the deliberations for their new asylum, for example, they sent a delegation to inspect Lancaster's existing buildings.²⁹ In each instance the conjunction of both the "ornamental and useful" was a necessary element.

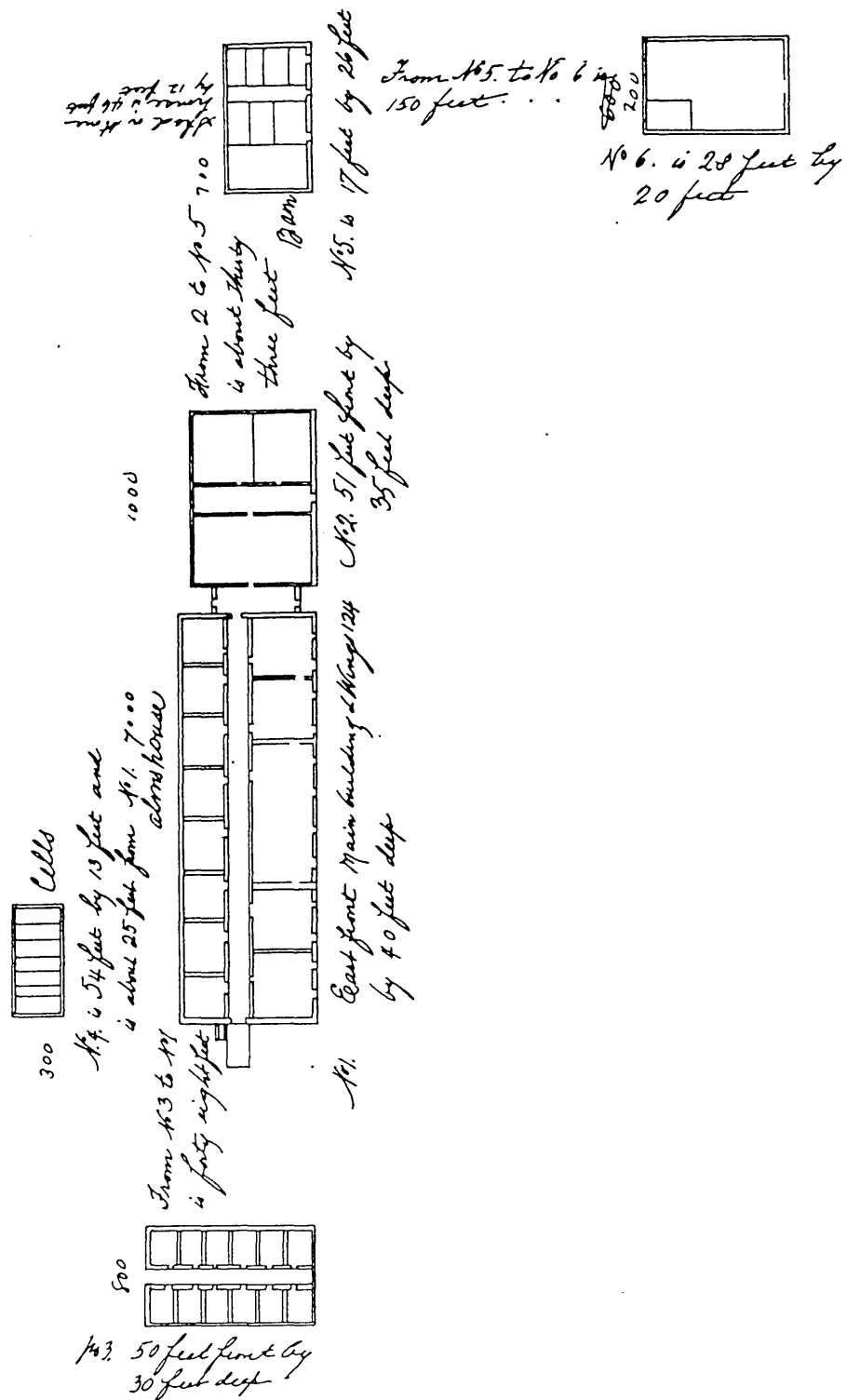
The documentary evidence for the New Castle County Poor House also provides a sense of how the Lancaster County Almshouse and Hospital may have been used prior to the construction of a separate hospital building in 1840 and the remodeling of the interior in the 1870s. A detailed architectural description and sketch plan made in 1843 reveal little change following the 1806 remodeling (Figure 14).³⁰ The ground floor plan for the 124-by-40-foot structure indicates a paved entry bisecting the full length of the building. Across the front was a large central room containing a staircase, cooking fireplace, and boilers with pipes "for carrying off the steam." On either side of the central room, ranging across the front of the building, were two rooms (among them a dining room and wash house). Along the rear of the ground floor was a range of eight rooms, including six cells for the "insane patients" and a second kitchen. The cooking and dining functions recorded in the ground floor of the New Castle County building appear to have been contained in the banked basement of the Lancaster County Almshouse; evidence for the quarters of the mentally ill, however, is not readily apparent.

The upper floors of the Delaware example were significantly different from the Lancaster building. Pearson's description of the newly constructed Lancaster County Almshouse in late 1799, expenditures for firewood and chimney cleaning, John Snyder's architectural description in 1979, and Robert Vanderslice's 1982 renovation drawings all strongly suggest that the Lancaster building was provided with ranges of heated apartments on both the first and second floors. While some common or shared spaces must have been

²⁹ Wiley, p. 14.

³⁰ FICS, New Castle County Poor House, November 8, 1843.

Old King Road, and 400 on boundary of the City of Wilmington leading from the Hotel to the Lancaster Turnpike Road.



present on the first floor, the overall arrangement in Lancaster seems to have addressed emerging nineteenth-century sensibilities about separate living spaces. The Delaware example, in contrast, was fitted with a second floor containing an irregular arrangement of rooms facing the longitudinal passage and comprised three large wards, three intermediate sized rooms (one of which served as an apothecary) and four heated seven-by-nine-foot apartments.

Associated with the New Castle County Poor House were a number of satellite buildings.³¹ The largest of these--a 35 by 50 foot, two-story, center-passage brick house of unspecified function--was attached to the main building by a "small stairway and Platform." A two-story stone barn stood thirty feet to the north; 150 feet to the east of the barn was a 20 by 28 foot, story-and-a-half brick carpenter's shop and granary. To the south and west of the poor house proper were two additional buildings divided into cells heated by coal stoves and intended, at least in part, to house an overflow population of "insane patients." These cells, like those in the main buildings, were secured with iron window grates, masonry partitions, heavy doors, and unusually thick board floors.

By the 1850s, the New Castle County buildings were already undergoing major renovations or being torn down and replaced.

Lebanon County Almshouse

The Lebanon County Almshouse, erected circa 1830, was extensively described in 1835. Built as a 113-by-40-foot block with two 16-by-17-foot wings, the U-shaped brick building incorporated the same functions found in both Lancaster and New Castle counties, but it accomplished this in a somewhat different fashion. Where the Lancaster County Almshouse and the New Castle County Poor House were designed as tripartite compositions with central pavilions and flanking wings, the Lebanon County Almshouse presented a considerably simpler elevation composed of a single central entry flanked on either side by six symmetrically placed windows (Figure 15). Each floor possessed a narrow passage running the length of the building and connecting the main block to the two small wings. On the main floor the longitudinal

³¹ FICS, New Castle County Poor House, November 8, 1843.

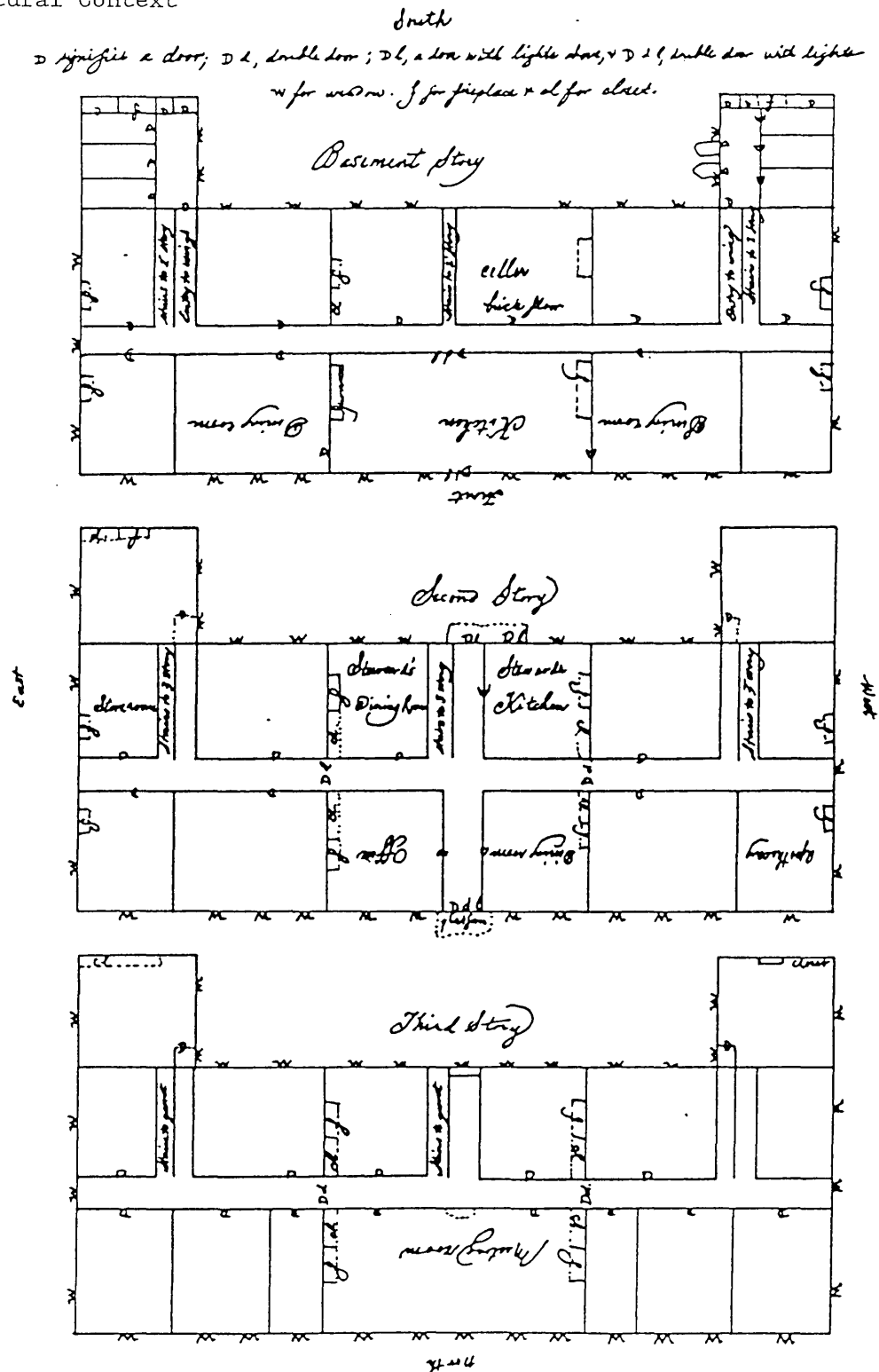


Figure 15
 Floor plan, Lebanon County Almshouse, 1835.
 Franklin Insurance Company Survey, June 24, 1835.

passage was crossed by a broad entry hall opening onto a centrally placed stair leading up to the second floor and down to the basement.

Like the Lancaster and New Castle county buildings, the Lebanon County Almshouse contained intricately divided spaces through three full stories to house and care for the poor, the infirm, and the mentally ill. The basement was subdivided into "13 main apartments" described as "1 Kitchen, 2 dining rooms, 1 Schoolroom, 1 cellar & 6 various the two wings in this story are subdivided each in 6 smaller apartments, exclusive of 2 vaulted cells under Ground."³² Central to this arrangement was the kitchen with a paupers' dining room on either side. On the main floor the central spaces were occupied by a steward's dining room and kitchen, a second dining room, and an office. The rooms at either end of the first floor passage were fitted with shelves as an apothecary and a storeroom. The remaining first floor rooms most likely accommodated the inmates. The same pattern extended to the third floor, where all but one of the 15 apartments recorded in the insurance plan were lodging rooms. The exception was a large meeting room occupying nearly a third of the space along the front elevation and described as "being appropriated for Divine service [and] is finished seats, ect, accordingly."

Again, the grounds around the main building were occupied with numerous support structures. Chief among these buildings was a "2 story brick House used as an Hospital." The remaining buildings--a bake and smokehouse and vaulted milkhouse--were built of native limestone and evoked a sense of domestic organization typically associated with local dwellings. The presence of outbuildings on the grounds of both the Lebanon County and the New Castle County poor house/hospital compounds would suggest that a similar arrangement existed in Lancaster County. The 1886 Sanborn Insurance map for the Lancaster County buildings reenforces this supposition, showing the location of a slaughterhouse, a wash house, a stone breaking yard, and numerous sheds (Figure 16).

Montgomery County Poor House

An 1834 insurance survey for the stuccoed stone Montgomery County Poor House (built in 1808) is more incisive than the surviving descriptions for

³² FICS, Lebanon County Almshouse, June 24, 1835.

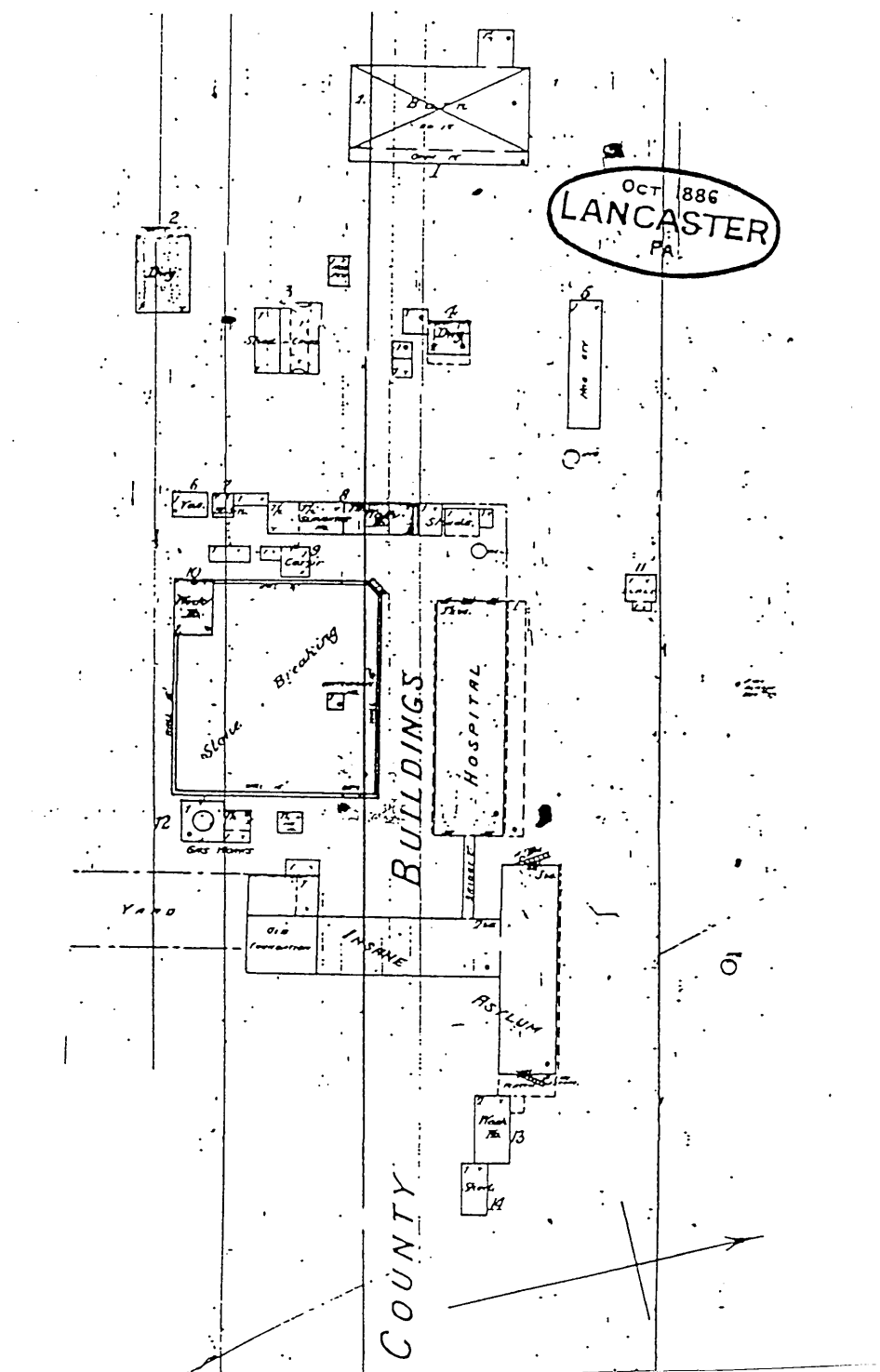


Figure 16

Site plan, Lancaster County Almshouse and Hospital, 1886.
 From Sanborn Insurance Survey map in Henry A. Showalter,
Sesqui-Centennial of Lancaster Co. (Pa.) Hospital, 1951.

the early nineteenth-century Lancaster and New Castle county almshouse and hospital enclaves.³³ The 100-by-40 foot structure stood 2½ stories high and was skirted on three sides by eight-foot-deep shed porches with a small washhouse enclosed in the northwest corner (Figure 17). On the interior, the typical full-length longitudinal passage divided the building on an east/west axis. The north end of the main floor was occupied by a kitchen containing a large fireplace and a stair to the second floor. The south end of the almshouse contained the best rooms, finished with "washboard, surbase, plain wood mantels & side closets." The second floor continued the location of the best-finished rooms in the south gable farthest from the kitchen and washhouse functions in the north end. In plan, the second floor continued the arrangement of a full-length passage with a range of five rooms on either side. To provide space for additional accommodations in the upper story of the Montgomery County Poor House, the builders utilized a "double broken pitch" or gambrel roof. Like the floors below, the garret contained a full length passage with five rooms on either side.

The Montgomery County Poor House, like the other examples, was the working center of a more extensive facility (Figure 18).³⁴ To the north of the main building stood a 26-by-56-foot center-passage-plan hospital containing stone-walled cells, kitchen, and lodging room in the basement and a large ward-like room on either side of the central hall in the upper stories. Between the hospital and almshouse was a much smaller building labeled the "Black Hospital." The northeastern corner of the grounds was occupied by a large bank barn with stables below and threshing floor and hay mows above. Between the barn and the hospital was a stone wagon house and shed. The presence of a barn and other farm buildings describes a pattern of site development observed in other almshouse settings where both public relief and gainful employment were offered.

Bucks County, Berks County, and Chester County Poor Houses

The general characteristics of almshouse architecture and site

³³ FICS, Montgomery County Poor House, January 11, 1834.

³⁴ FICS, Montgomery County Poor House, January 11, 1834.

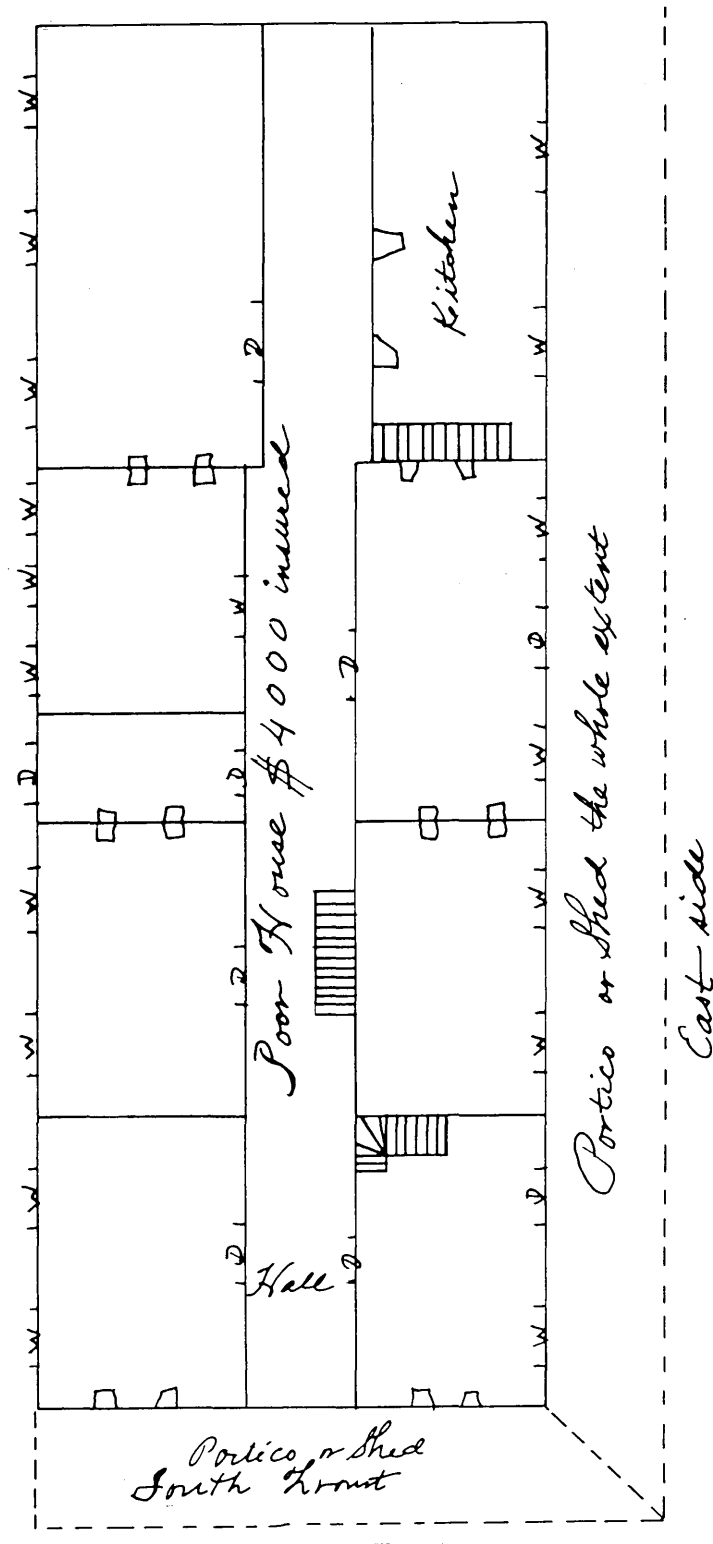


Figure 17

Floor plan, Montgomery County Poor House, 1834.
 From Franklin Insurance Company Survey, January 11, 1834.

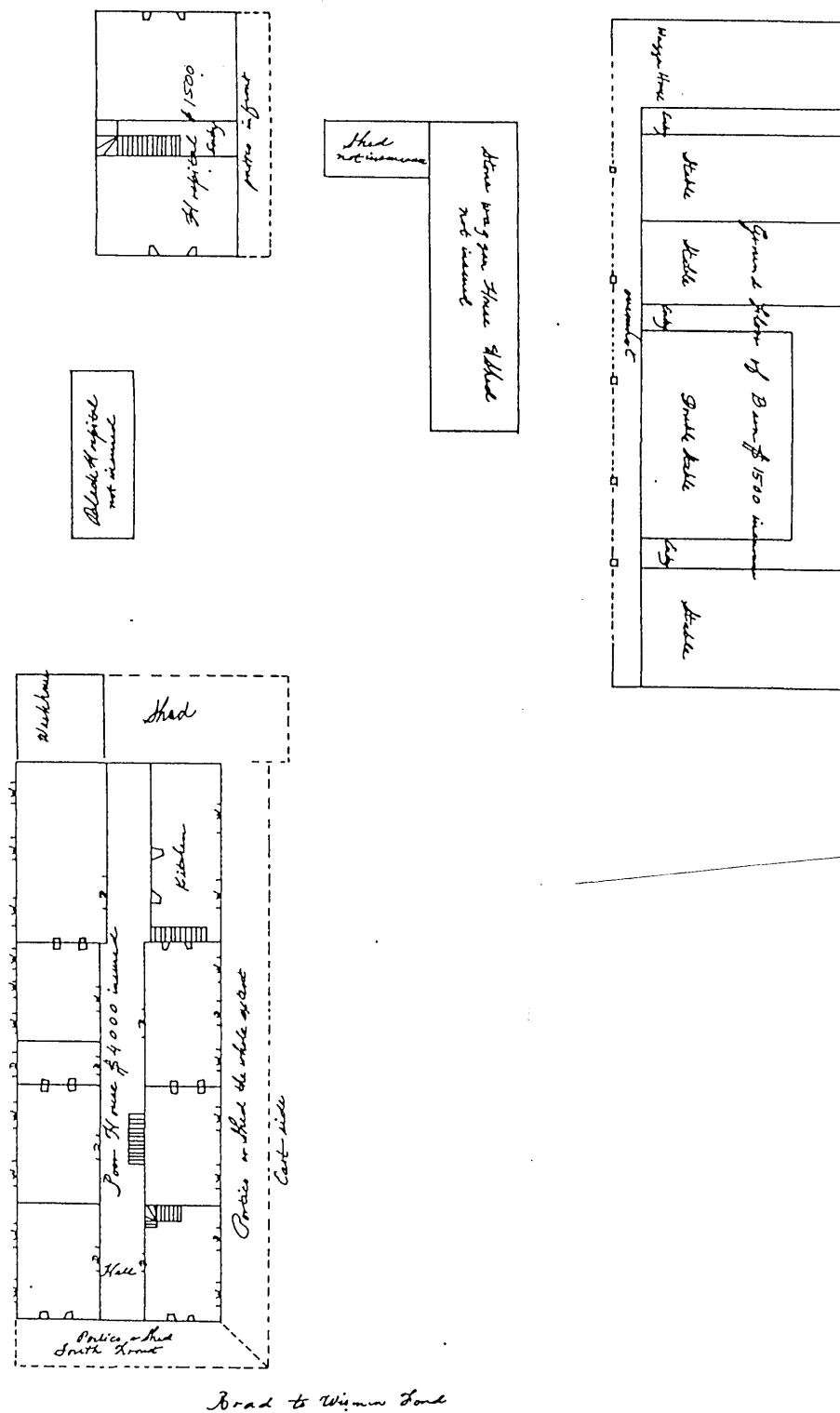


Figure 18
Site plan, Montgomery County Poor House, 1834.
From Franklin Insurance Company Survey, January 11, 1834.

organization discussed in the context of the poor houses for Lancaster, New Castle, Lebanon, and Montgomery counties are found in other neighboring counties. In 1808, the Bucks County Directors of the Poor visited the Delaware County Almshouse and drew up plans and specifications for a two-and-a-half story stone structure with an irregular eleven-bay fenestration.³⁵ Although the exact interior arrangement of the building is currently unknown, the overall layout did include a full length passage, chimney wall partitions, and an attic floor lit by a range of five dormers on each elevation in a manner reminiscent of both the Montgomery County Poor House and the mid nineteenth-century Lancaster County Almshouse. Similar in scale was the 100 by 40 foot, three-and-a-half story Chester County Poor House erected in 1800 and demolished in 1853 (Figure 19). A nineteenth-century landscape painting and an early twentieth-century photograph of the Berks County Poor House grounds clearly illustrate the architectural density achieved by these institutions through the periodic construction of improved facilities (Figures 20 and 21).

³⁵ Battle, p. 225.

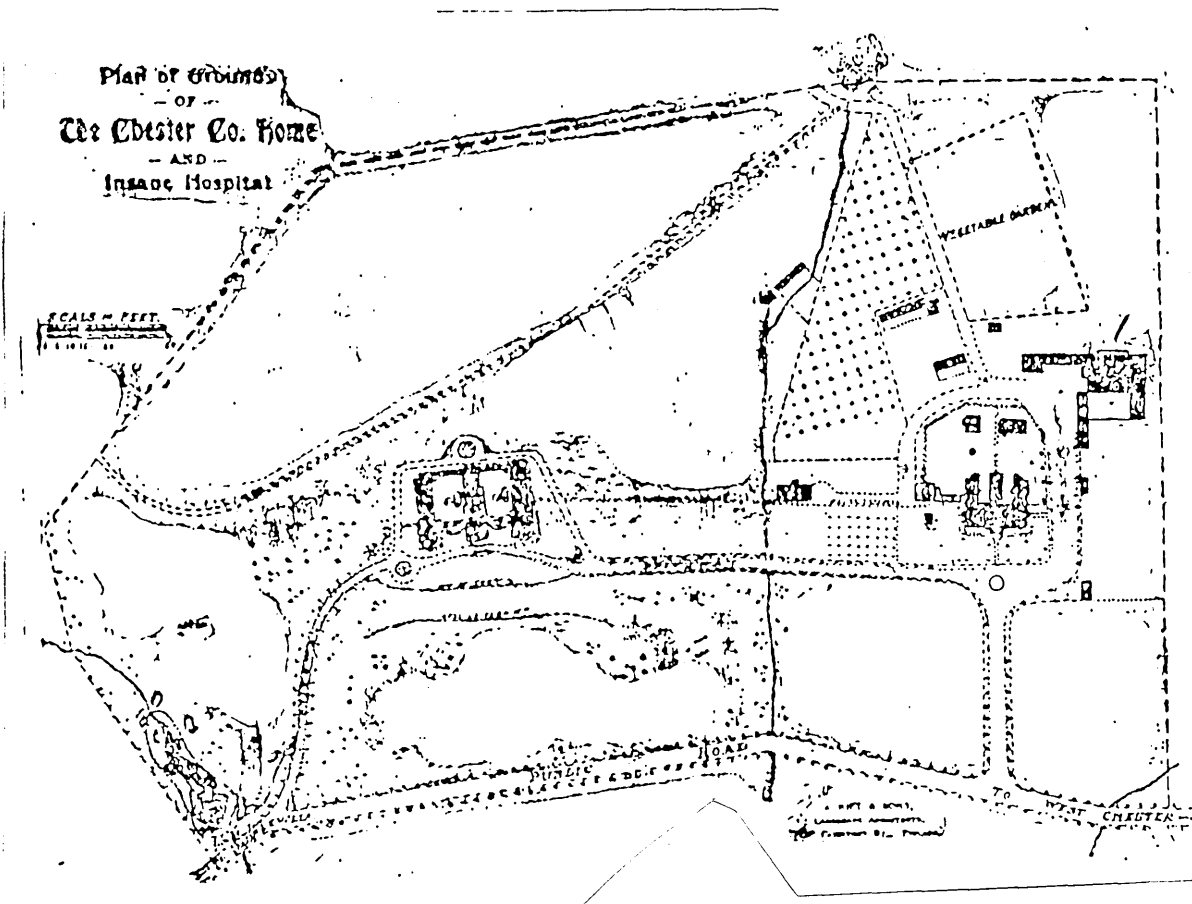


Figure 19
Site plan, Chester County Home and Insane Hospital, 1900.
From an unidentified newspaper clipping, March 7, 1900.

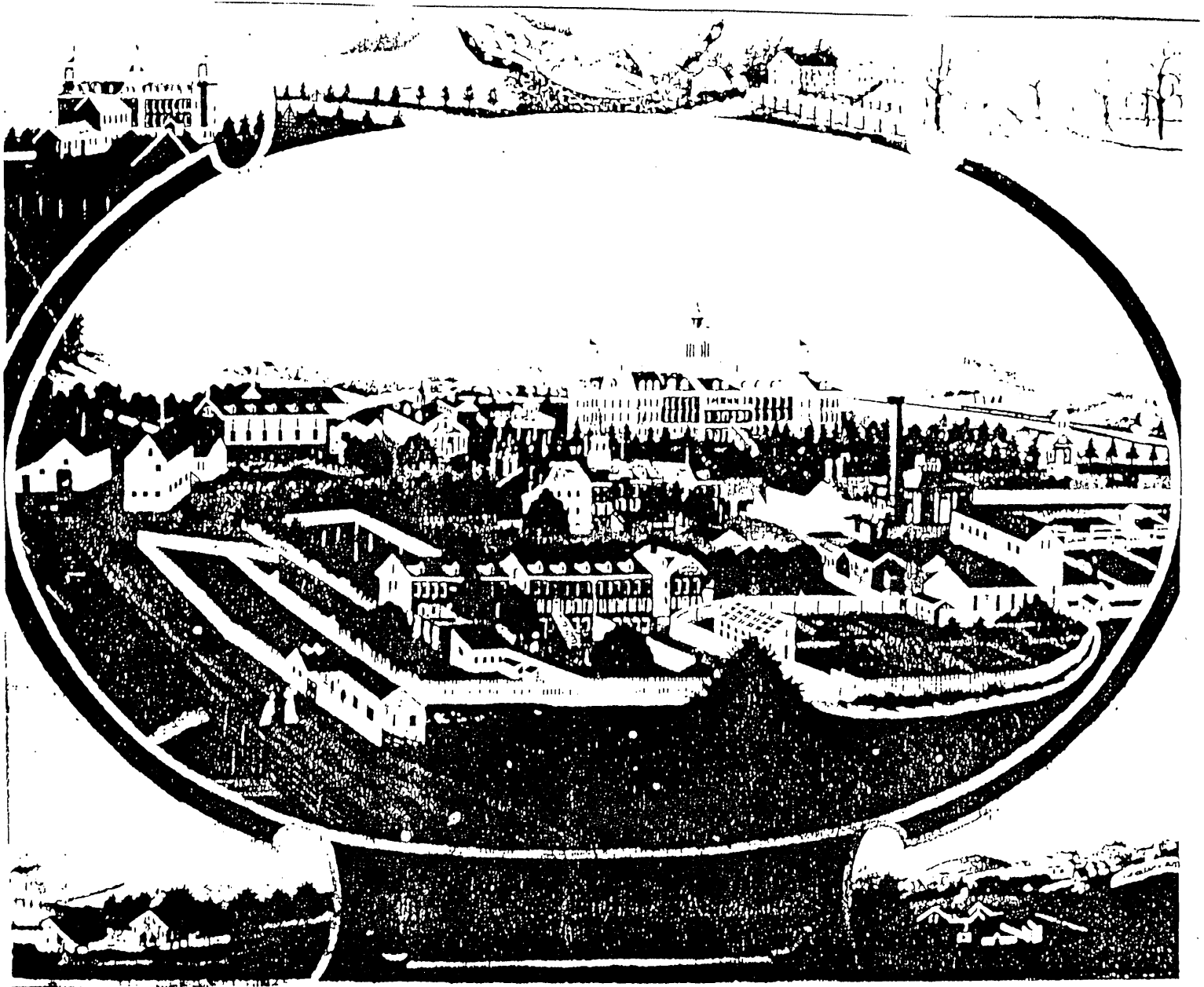


Figure 20

Landscape painting of the Berks County Poor House, 1895.

From Graeff and Meiser, Echoes of Scholla Illustrated:
Choice Bits of Berks County History and Lore, p. 110, 1976.

Published courtesy of Hagley Museum and Library.

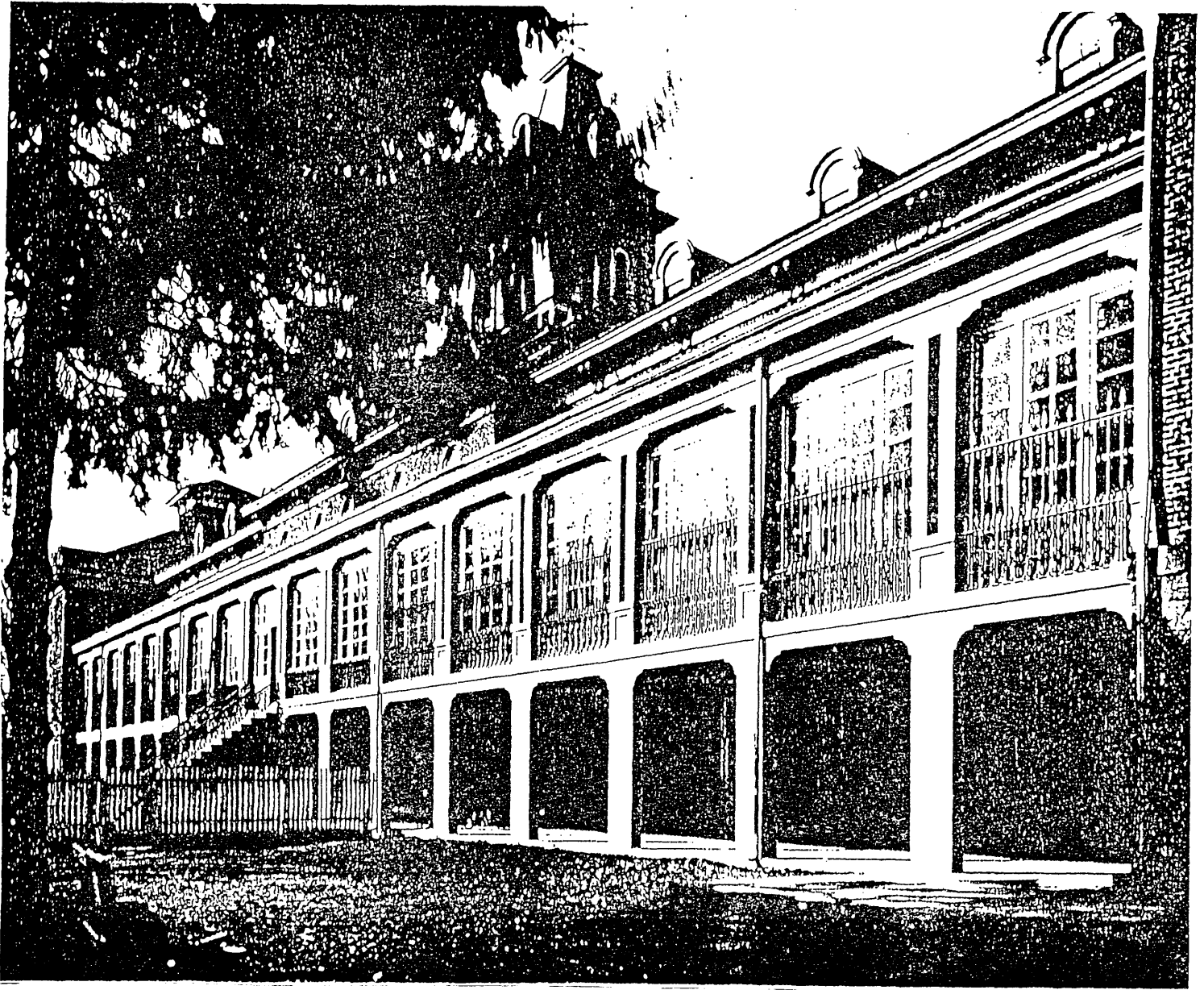


Figure 21

Berks County Poor House, prior to 1930.

From Graeff and Meiser, Echoes of Scholla Illustrated: Choice Bits of Berks County History and Lore, p. 111, 1976.
Published courtesy of Hagley Museum and Library.

II. The Social and Cultural Context of the Lancaster County Almshouse and Hospital

English Antecedents and Early Pennsylvania Poor Relief

While care of the poor has been a social problem for centuries, historians of American poor relief generally trace the beginnings of the American system of welfare administration to England, and specifically to the Poor Law of 1601, a reenactment of a similar act passed in 1597.³⁶ Just as attitudes about poverty and the poor were shaped by colonists' European antecedents, so was the earliest administration of poor relief influenced by the poverty legislation in Europe. While not all Americans involved in forming and administering the relief system in the colonies were from England, England was the first country to grapple with the problem of poverty in a systematic, centralized, bureaucratic manner. Some of the earliest poverty legislation in America, such as that in eighteenth-century Pennsylvania, was modeled on the English Poor Law. The principles involved in the English Poor Law have continued to animate American welfare policy into the twentieth century. While the almshouses in Lancaster, Bucks, and other Pennsylvania counties participated in the system of poor relief in different ways, they were part of a centuries-old tradition of relief granted by religious and secular authorities.

The Poor Law of 1601 was not the first attempt at legislation addressed to problems caused by the ever-increasing number of poor. The sixteenth century had seen efforts to restrict the physical mobility of the poor and the lower strata of the working classes aimed at reducing vagabondage, at limiting begging, and at providing "work relief for the able-bodied unemployed."³⁷ Historian Walter Trattner has argued that what made the Poor Law of 1601 distinctive was that it placed the administration of poor relief for the first time primarily in the hands of civil, secular authority rather than those of the church as it had traditionally been. The law established

³⁶ See for example Trattner, Chapter One; Goggin, p. 794.

³⁷ Trattner, p. 9.

a system for the raising of taxes for the support of the poor, with the wardens of the church working with a board of overseers of the poor (appointed by the justice of the peace) composed of "substantial citizens," to raise and distribute the funds. For the first time a "single coherent statute" provided for work relief for the unemployed, indoor or outdoor relief for the elderly or infirm, and for the apprenticeship of children.³⁸

The problems that prompted legislative action to deal with the poor in England were not unfamiliar to the American legislators of the late eighteenth century: large-scale unemployment, a growing population of transient poor (which caused difficulties in terms of both controlling their behavior and allotting relief), and an increasing number of poor likely to become essentially permanent charges on the state (the old, the chronically infirm, children). When Englishmen moved to the colonies, the problems of helpless poor citizens, unemployment, and transient poor essentially moved with them, as did ideas about addressing these difficulties. The English Poor Law was taken as a model for the system of poor relief in colonies such as Virginia, Massachusetts, and Rhode Island. British almshouses were examined by Americans as examples of relief administration in the late eighteenth and early nineteenth centuries, before the reform movements of the 1830s caused a reexamination of American institutional care for the insane and for criminals as well as the poor. The American colonies initially adopted systems in which poor relief was essentially outdoor relief--a combination of cash relief, support of paupers in the homes of members of the community, and relief in the form of handouts of necessities such as food or firewood. The transition to institutional care for marginal groups and especially for the poor has traditionally been seen as an effort to render the giving of aid more efficient and to quell complaints about rising poor taxes.

English ideas about the causes of poverty and about proper ways of easing the plight of the poor were first adapted to life in the colonies, and then left behind altogether, as poverty began to play an important (albeit negative) role in the process of American self-definition in the decades

³⁸ Trattner, Chapter One.

after the American Revolution. As traits like ambition and self-advancement became integral to the "ideal" American personality, poverty was increasingly seen as a condition which was generally self-caused, and from which paupers could be lifted by their own determination with a minimum of aid from others. The tension between blaming paupers for their condition and the conviction that a democratic society owed help to its less fortunate members showed itself in the administration of poor relief from the Revolution onward.

Population growth was a major factor in the colonies' decisions to adopt a primarily institutional relief system--that is, to build and administer almshouses in preference to the earlier system of primarily outdoor relief. The different colonies (and later, the different states) reached the crisis point at different times, and built almshouses that differed considerably in appearance in spite of the apparent similarity in ideas about poverty and the proper operation of the relief system. Opinion among historians has varied about the immediate causes for the shift to institutional care for the poor. It is, however, significant that the first "boom" in almshouse building in the United States occurred in the late eighteenth century rather than as a result of the reform movements of the 1830s and 1840s (Figure 22). This indicates that regardless of whether Americans were developing a more positive attitude about the potential for paupers' self-improvement, the proliferation of poor in the late eighteenth century demanded a practical administrative response.

The growing number of poor folk in the colonies and the new republic in the late eighteenth century included a variety of people: former soldiers now collecting military pensions (often largely incapacitated by injuries); runaway indentured servants; "freed" slaves who had been turned out by their masters for being old or infirm; laborers and craftsmen rendered jobless by seasonal fluctuation in work availability or in the economy; the insane, who would continue to be a special problem for caregivers throughout the nineteenth century as ideas changed about proper care for the mentally afflicted; abandoned wives; abandoned or orphaned children; the elderly; the sick or injured; and recent immigrants. A growing proportion of the poor were transients--people in more or less constant motion from town to town in

<u>Location</u>	<u>Initial Construction Date</u>
Boston, MA	1664
New York, NY	1700
Philadelphia, PA	1731-32
Baltimore, MD	1772
New Castle County, DE	1785
Kent County, DE	ca. 1791
Salem County, NJ	ca. 1796
Burlington County, NJ	1799
Lancaster County, PA	1800
Chester County, PA	1800
Bucks County, PA	1806
Montgomery County, PA	1808
Berks County, PA	1825
Cumberland County, PA	1830
Lebanon County, PA	ca. 1830

Figure 22
Dates of initial construction for selected
almshouses in the eastern United States.

search of employment or charity.³⁹ These "strolling poor" were a particular headache for almshouse administrators, who were hard-pressed enough caring for the poor already resident in the community. Overseers of the poor responded to this potential drain on resources by stiffening residency requirements--lengthening the period of time necessary for persons to have lived in the community in order to qualify for charity. Some communities passed laws providing for fines for harboring non-resident paupers or those deemed likely to become charges on the community. All people entering a town were required to report to the authorities and, if they seemed likely to become regulars on the relief rolls, would be "warned away."⁴⁰

Such measures were intended to reduce the number of vagrants in the community at any given time in large part because the transient poor were widely believed to cause outbreaks of crime and disease. This was particularly true in the case of immigrants, against whom some of the harshest restrictive measures were aimed. In addition to being subject to the stricter residency laws, some of the port cities such as Philadelphia could, and sometimes did, turn away ships that contained deported criminals, large numbers of immigrants, people who seemed likely to become dependent upon charity (in some cases this included persons earmarked for indentured servitude), or ships upon which disease was evident.⁴¹ In many cases these ships then discharged their human cargo in neighboring ports such as Wilmington, Delaware, increasing the number of transients in these areas and encouraging them in turn to adopt more restrictive residency measures.

It is probable that many of the transient poor in the countryside were "runoff" from cities such as Philadelphia. Primary sources such as almshouse admission records, however, suggest that regional almshouses such as the Lancaster County Almshouse served in large part a clientele of poor who were more or less permanently transient, but who remained within a relatively restricted geographic area--say, two or three neighboring counties. Concern

³⁹ Nash, 1976, p. 16; Goggin, p. 794; Jones, pp. 28-29.

⁴⁰ Jones, pp. 42, 46-48; Goggin, pp. 796-798.

⁴¹ Goggin, p. 794; Smith, 1977, pp. 872-875.

about restricting the movement of these potentially diseased folk is evident in the increasingly harsh residency requirements in late eighteenth century Pennsylvania, Delaware, and Massachusetts. Another obvious worry was that of keeping total welfare costs under control. The residency requirements may have caused as much trouble as they relieved, however; in southeastern Pennsylvania, almshouse directors invested large amounts of time in "deporting" non-resident paupers, and in haggling with one another over the liability of any given almshouse for the cost of support of paupers who were admitted to one county's almshouse but who qualified as residents of another county.

Regardless of their commitment to the poor in their midst, the construction of an almshouse could create controversy, as it did in Bucks County in the 1790s, where the location of the almshouse played a part in a heated debate over the relocation of the county seat. Resentments arising from the dispute smoldered in the community for years and probably had a role in the charges of mismanagement and corruption brought against the Directors of the Bucks County Almshouse in 1819 (the investigation of the Directors was called as the result of a petition drawn up by citizens of the community).⁴² Inhabitants of some communities may have objected to the presence of an almshouse in their midst because of its probable contribution to an increase in the number of transient poor in the neighborhood. Other residents may have welcomed the advent of an almshouse and its contracts for supplies and labor. Either way, these institutions must have been significant entities in community affairs from their very construction.

In urban areas such as Philadelphia, Baltimore, and New York, administrators attempted to address the tension between blaming and helping the paupers by attaching "houses of employment" to almshouses, where inmates were to learn useful basic skills or employ those they already possessed to

⁴² Battle, p. 224. Battle credits the investigation to a "wide-spread disposition to criticize the management of public charity" arising from the ill-will created in the conflict over the almshouse location. A reading of the Minutes of the Visitation suggests that there was certainly some basis for the charges of mismanagement. The managers were eventually cleared of corruption, but were sharply criticized for sloppy bookkeeping.

manufacture items such as clothing for the use of the house. In some almshouses a "credit" system was established: by working at tasks such as spinning or weaving, the paupers could work off their debt to the institution. Little attention has been paid to the workings of the houses of employment, so it is not certain how many of their inmates actually did learn skills by which they could support themselves after release, or how many did so rather than becoming part of the population of "frequent customers" or permanent almshouse residents. It is probable that this was not of great concern to almshouse administrators; in the late eighteenth century and after, when the "self-made man" became an American hero and when a devotion to work was considered vital to self-improvement, work was increasingly seen as virtuous in and of itself, as holding the promise of moral and spiritual improvement if not betterment of the worker's financial prospects. For many almshouse administrators, the primary purpose of manufacturing and farming facilities was almost certainly to keep the inmates physically occupied. Regardless of its effect on their characters, keeping the paupers at work could keep them out of trouble, and if through their labor they helped reduce the charge on the community for their support, this was as it should be.

Almshouses in less urban areas maintained farms as well as houses of employment, keeping numbers of paupers employed in tending stock and raising produce for the consumption of the institution's inhabitants. Agricultural labor was, like work in the weaving shop or at a spinning wheel, a potential instrument of self-improvement for the paupers. All labor on the property was conducted according to strict schedules, erasing the traditional distinction of farm work as seasonal or task-oriented as opposed to the schedule-oriented manufacturing work. Thus work on the poorhouse farm was as likely as any other kind of task to teach the paupers regular work habits.

Historians such as Herbert Gutman have made much of the subjection in the late eighteenth and nineteenth centuries of a traditional, seasonal or task-oriented labor system to the demands of an emerging factory system and the rigid schedules and orientation toward production which this system

demanded.⁴³ It may be argued that in the context of almshouses, the major characteristics of both farming and the nascent factory system were made subservient to the larger demands of social control.

General Functions of the Almshouse

The structure of the Lancaster County Almshouse and Hospital both reflected and was imitated by other poorhouses in the region: its Board of Directors made use of the example of the Philadelphia Almshouse when constructing the main buildings in Lancaster, and the Boards of Directors of other southeastern Pennsylvania almshouses viewed the structures of the Lancaster County Almshouse for the same purpose. Its functions were also part of an administrative web which closely connected these institutions. The almshouses of the late eighteenth and early nineteenth centuries operated under the influence of certain assumptions about the poor and according to rules of operation that were strikingly similar in wording as well as intent. While differences between rural and urban poorhouses and poor relief policies have not yet been subjected to intensive study, it seems clear that the managers of almshouses in small urban and rural areas related more intimately to both their communities, and to individual paupers, than did those in larger urban areas such as Boston, New York, Philadelphia, and Baltimore. The Lancaster County Almshouse played an important role in the political, commercial, and social life of the community for much of the nineteenth century. Its Board of Directors consistently balanced concerns of financial and political expediency, administrative smoothness, and genuine concern for the welfare of the inmates. Like other almshouses both urban and rural, they struggled with lack of funds, community politics, and uncooperative paupers.

The inmates were male and female, old and young, diseased and healthy, sane and insane, skilled and unskilled: a cross-section of the local population, with the exception of the community's small commercial elite. Some came to escape illness, destitution brought on by unemployment, or desertion by a spouse or parent; others, particularly the insane, were committed by relatives or concerned members of the community. Once in the

⁴³ Gutman, Chapter One.

institution, inmates received food, medical care, and adequate clothing; the able-bodied were given tasks to perform. Children and adolescents might be bound out; in the meantime, they might receive instruction in simple reading, writing, and arithmetic. When inmates died, they were buried at the expense of the county.

The records that survive, and through which the lives of these paupers may be traced, span most of the life of the institution, in varying degrees of detail. The minutes of the meetings of the institution's Board of Directors, together with the institution's financial accounts, are the most informative as to the daily activities within the almshouse. Because the financial records cover primarily the first thirty years of the nineteenth century, and the Board of Directors' minutes cover only 1799 to 1866, the institution is best documented for the first half of the nineteenth century.

The greatest difficulty in constructing a history of the institution is documenting the late nineteenth and early twentieth century. The availability of some inmate records in this period makes it possible to identify administrative changes indirectly by charting patterns in the inmate population. But records that would clearly delineate administrative decisions are absent for precisely the periods in which the institution might have been expected to be undergoing major changes: the 1870s, when the House of Employment (still standing) underwent large-scale renovations; and the late 1880s to 1940, the years between Progressive reformers' interest in the poor and the state welfare programs of the New Deal, when the institution became part of a modern bureaucratic welfare system. Just as little secondary literature is available about the administration of poor relief in smaller urban and rural areas before 1850, little attention has been paid to how individual institutions made the transition into the twentieth century and modern administration of poor relief. Admissions and outdoor relief books supply the most detail on individual paupers, often including precise ages as well as county (or country) of origin, race, and state of health. With careful reading and comparison of all these materials it is possible to describe the almshouse experience.

In the eighteenth and nineteenth centuries, the major question in the formation of poor relief policy was one of "indoor" (institutional) relief

versus "outdoor" relief (relief in the form of cash payments, or provision of food, firewood, clothing, or medical aid). Debate over which form of relief was preferable centered around the extent to which the poor were deserving of relief in the first place and the extent to which consistent relief corrupted its recipients by encouraging them to become dependent upon it. Outdoor relief was generally recognized as cheaper in terms of total expenditure, and indoor relief as more effective in shaping the behavior of its recipients. Though the Philadelphia Almshouse temporarily ceased cash relief payments between 1835 and 1837 as part of a cost-cutting effort, most institutions in the eighteenth and nineteenth centuries dispensed a combination of indoor care (either in institutions or subsidized in private homes), cash relief, and periodic distributions of food, clothing, and firewood. Cities such as Philadelphia and New York maintained dispensaries that granted medical care to the poor free of charge.

Many almshouses experienced great difficulties in meeting the financial requirements of the charity they dispensed. Most experimented with ways to cut expenditures, reducing outdoor relief payments or stiffening requirements for admission to the almshouse or to outdoor relief lists, in addition to requesting increased funds from the legislature. The Bucks County and Lancaster County almshouses borrowed money from local banks to help them through needy periods, hoping to pay back the debt later through the proceeds from the sale of items produced on the premises and (possibly) with additional state funds. The directors of the Lancaster County Almshouse seem to have found it necessary to do this only twice. The Bucks County directors, however, borrowed money on a number of occasions, sending themselves into a spiral of ever-increasing debt and attracting the censure of the public; in 1819 they were the subject of an investigation called by the Court of Quarter Sessions, in which all aspects of their management of the institution were called into question.⁴⁴

Like all almshouses, the Lancaster County Almshouse operated under a set of specific guidelines designed both to facilitate the functioning of the institution and to shape the behavior of the inmates. The paupers lived on

⁴⁴ Minutes of the Almshouse Visitation, especially p. 13.

a strict schedule, defined by the ringing of a bell in one of the buildings. They rose early, worked regular hours much like those of any working person, and retired at set hours according to the season. The able-bodied worked around the institution breaking stone in the quarry, collecting sand for sale, weaving one of several types of fabric, making simple garments for the use of the paupers, cleaning, making or mending shoes, helping with the cooking or baking, tending children and animals, raising produce, and contributing to the upkeep of the buildings. It is likely that the able-bodied paupers were also occasionally hired out for tasks around the neighborhood, including the building and maintenance of roads. Like the Chester County Poor House, the Lancaster County Almshouse depended on the growth of its produce to supply much of the inmates' diet. Work on the farm, it was hoped, would promote the inmates' health through exercise and teach them regular work habits, as well as contributing to their own upkeep and that of the institution.

The aims of these institutions were straightforward: to relieve the poor, and to do so in such a manner as to encourage as large a number as possible to provide for themselves once released from the almshouse. Accordingly the paupers were to be taught habits suitable to their station, especially as applied to work: temperance, frugality, industry, and deference to superiors. Punishment and reward were also straightforward: good behavior was rewarded with handouts of food, tobacco, or liquor, occasionally with cash or clothing, and most often with the mere absence of punishment. Misbehavior could be punished by the withholding of meals, confinement in the "dark cells" on bread and water for up to 48 hours, and in extreme cases by discharge from the institution. Unruly behavior, disregard of authority, and laziness were the most serious offenses the inmates could commit; others for which confinement in the "dark cells" was recommended included feigning illness and smoking in bed. Begging from visitors merited missing a meal.⁴⁵

Within the house of employment, the rules for governance provided for separation of men and women and suggest that children were kept separate as well. Those sick with infectious or "foul and unclean" disorders were to be

⁴⁵ LC Minutes, December 18, 1799.

kept separate until cured; after the erection of the first hospital in 1807, presumably most of the ill were segregated. While information on the quarters for the insane is more difficult to piece together, it is clear that after 1837 they were kept in a separate building. Before that time there seems to have been at least one separate insane ward in the main hospital building. The distinctions between inmates in the house of employment, hospital, and insane quarters are, however, far from clear. "Deranged," "feeble," or "silly" inmates appeared in both the house of employment and hospital, as did those who were "subject to fits," both capable and incapable of productive labor, and healthy as well as ill. It seems probable that the mildly mentally impaired and those with chronic conditions rather than possibly contagious diseases would have mingled with the healthier paupers in the house of employment, while the more seriously impaired and those with potentially communicable diseases would have been kept strictly in the hospital facilities.

While it is difficult to say what the living quarters were like for inmates of these institutions, it is certain that they would have been very simply furnished. A few almshouses, such as Montgomery County's, allowed paupers to have some personal belongings with them in the institution; it is not clear whether or not the Lancaster County Almshouse did so. Scattered references to inmates' belongings suggest that they might have done so on occasion. Entering the almshouse with property did not mean that an inmate would leave with that property. Some of it might be taken in lieu of payments for the inmate's support, or if the property in question consisted of clothing or small articles, it might be appropriated for the use of other inmates. When Mrs. Catherine Curry was discharged in 1828, she was allowed three dollars for the replacement of "sundry articles which were used and worn out in the House of Employment during the time she resided therein."⁴⁶

Some of the insane would have been kept in the main hospital facilities in a separate wing, divided into male and female wards, probably in

⁴⁶ LC Minutes, March 3, 1828. Of course these items may have been used up by Mrs. Curry herself, in which case the Directors were merely seeing that she left no worse off than she came.

conditions much like those of the inmates of the house of employment. Confinement would have been necessary for those difficult to control. It has been suggested that the violent inmates at the Lancaster County Almshouse were kept chained in the basement of the original hospital building, but this has not been substantiated. It seems unlikely that Lancaster County cared for its insane in the callous manner that briefly brought fame to the Chester County Poor House in 1841, when it was revealed that one female inmate (released after an expose revealing her treatment was published) had been

imprisoned for nearly a year in a small dimly lighted room with no furniture, and no heat or ventilation; she was strapped into a wooden chair with her feet fastened by iron fetters to the floor...When she was released...she maintained the same position, bent and mute from imprisonment.⁴⁷

In 1865-66 a new brick building was constructed at the Lancaster County Almshouse near the site of the original hospital for the care of the sick and insane (primarily the latter). In 1937 the basement of the original hospital structure was converted into a workshop to provide healthful occupation for the mental patients; here men were "taught to make mattresses, various types of rugs, etc.," and female patients were instructed in "sewing, knitting, and other arts and handicrafts."⁴⁸ In the New Castle County Poor House in Wilmington, Delaware, at least some of the insane (presumably the most violent) were kept in separate cells behind the main building (Figure 14). It is uncertain in what way, if at all, these cells differed from those cells used for confinement of the sane but unruly. At other institutions, such as Boston's House of Industry, the insane were crowded into rooms adjoining the quarters for blacks, which were not infrequently also at a distance from the main building.

Unlike many other almshouses of the eastern United States, including New Castle County, Lancaster's Board of Directors do not seem to have segregated the black inmates. It is not clear why some almshouses chose to segregate black inmates and others did not. It may in part have been a matter of cost, since it was more expensive to construct separate facilities.

⁴⁷ Jensen, p. 74.

⁴⁸ Showalter, p. 108.

To integrate the black and white inmates may have been an expression of enlightened racial attitudes or, as traveller Edward Abdy suggested of Rhode Island's Dexter Asylum, either insensitivity to inmates' feelings or part of a calculated plan:

Blacks form a large proportion of the inmates...and take their meals and work with the whites...whether this regulation is to be ascribed to a more liberal spirit than generally prevails elsewhere, or to a desire of making a retreat to the almshouse more repulsive and degrading to the eyes of those who might be disposed to prefer its accomodation to scanty fare at home, I did not inquire.⁴⁹

While it may not be possible to determine how many of the main building's hundred-odd rooms were in use at any given time as living quarters for paupers, it seems likely that the paupers quartered in the main building did not suffer the overcrowding and lack of proper heat with which urban almshouses such as those in Philadelphia and New York were charged. The population in the House of Employment seldom greatly exceeded one hundred persons, and an 1827 reference in the minutes to an attempt to ration wood fuel in the lodging rooms suggests that most or all of them had fireplaces at that time. Nor does the Lancaster County Almshouse ever seem to have undergone the administrative upheavals endured by almshouses such as those in Philadelphia and Bucks County, whose managers were charged early in the nineteenth century with corruption, mismanagement of funds, mistreating the sick and dying, and poorly nourishing the healthy. Organized groups of inmates brought charges of abuse against the managers of both the Philadelphia and New Castle County almshouses. No indications appear to have survived of inmate complaints about their treatment at the Lancaster Almshouse. This is probably less remarkable than it might seem, as the minutes indicate that a separate record of such matters was to be kept by the steward, to be reviewed by the Board in the same manner as the institutions's account books. This record has not survived.

The Lancaster County paupers were given a diet that was intended to be nourishing, but not so lavish as to "operate as an inducement for others to

⁴⁹ Abdy, vol. 1, p. 187.

envy the condition of a pauper."⁵⁰ This included vegetables, most of which were grown on the almshouse farm; a variety of meats including beef, pork, and fowl; rye or barley coffee as well as the genuine article; tea; chocolate; grains such as barley, wheat, and corn; milk; "sourcrout" which was made on the premises every fall; and occasionally sugar for the fortification of the tea, especially for those involved in outdoor labor. Outdoor laborers also received allowances of liquor, as did those assisting at funerals, and on occasion it was ordered for the consumption of the sick. Since one of the most basic ideas about poverty in the first half of the nineteenth century was that between 75 and 95 percent of poverty was caused by intemperance, the Directors of the Almshouse made a number of attempts to restrict the amount of liquor consumed on the premises, eventually confining it to a single barrel (for medicinal use) in the doctor's shop in the hospital building,⁵¹ and finally ordering that it be phased out altogether.⁵²

The operations of the House of Employment and Hospital were overseen by a steward, sometimes with the help of an assistant. Primary responsibility for the women's department of the House of Employment and, later, the Hospital, was taken by a matron. The steward's family generally lived on the premises; the matron's family usually did not.

The steward's duties were generally administrative, including ordering supplies of all sorts for the house of employment and farm, keeping regular accounts of all expenditures for these as well as any profits accruing to the institution for the sale of produce and manufactured items, keeping records on the inmates (particularly demographic information and dates of admission and discharge), and implementing disciplinary measures in the event of misbehavior. He was specifically charged with maintaining order among the paupers at mealtimes and with ordering their daily schedules by means of a bell. The steward's assistant, when he had one, was ordered especially to keep guard on the doors in order to prevent either unauthorized admissions

⁵⁰ LC Minutes, April 9, 1811.

⁵¹ LC Minutes, April 2, 1827.

⁵² LC Minutes, August 7, 1826; May 17, 1827.

or escapes. Later in the nineteenth century, an assistant was also occasionally put to work supervising the operations of the farm.

The matron's duties, as might be expected, were more domestic in nature. She was in charge of the proper preparation of the inmates' food and of maintaining reasonable standards of cleanliness in the house and on the inmates' persons. This included seeing that the floors were swept; that windows were "frequently opened for airing the House"; that tablecloths and dishes were washed regularly; and that "the straw in the beds be changed once a month at least in the summer season and kept clean from vermin."⁵³ The inmates themselves were to be "decent and neat in their apparel," changing their underclothing once a week. Each inmate had two shirts or shifts marked with their names so that one could be worn while the other was washed; the spare undergarments and all other clothing not in active use was to be kept in the Matron's custody.⁵⁴ It is safe to assume that this was done in order to prevent theft of the extra clothing; elsewhere inmates frequently absconded with spare garments, and in the Philadelphia Almshouse the more hardened inmates frequently made enough money for a drunken spree by absconding with others' clothing and selling it (or even their own) on the outside.

The six members of the Board of Directors, also known as the Board of Commissioners of the Poor, served two-year terms. This group oversaw the smooth functioning of the institution, hired the steward and matron and other minor posts such as the wagoner, conducted elections to determine offices such as president and treasurer on the board, made decisions as to the selection of doctors for the institution, and contracted for both occasional tasks (such as construction of outbuildings) and for regular services (such as tinsmithing, weaving, and the supply of food items and raw materials for manufacture). At various times in the nineteenth century the Board of Directors included a number of prominent local businessmen.

⁵³ LC Minutes, December 18, 1799.

⁵⁴ Ibid.

The Board of Directors experimented with a variety of medical arrangements for the institution's inmates. Initially one doctor was hired to add the institution's practice to his own rounds; the Board also tried several arrangements of multiple doctors, settling on a rotating arrangement with a different doctor to attend the house for each quarter year. Almshouses and hospitals for the poor in Philadelphia, Baltimore, and Boston all benefited from association with medical schools in the nineteenth century, attracting enterprising medical students with the prospect of patients to practice on who were unlikely to protest vigorously at new treatments. Historians have speculated as to whether this practice resulted in higher-quality medical care for the poor. While the Lancaster County Almshouse doctors had no nearby medical school or university from which to recruit interns, they did invite the "numerous young gentlemen, who are now students of medicine in the City and County of Lancaster" to visit the almshouse on the days the authorized physicians were scheduled to make rounds, "that they may be enabled to advance themselves in the study of a science not only important to the aspirant for medical and surgical fame but to a community which must become dependent on their skill."⁵⁵ Later, repeated resolutions that medical students not be allowed to attend the sick or administer medicine in the absence of the attending physicians, suggest that the offer did attract some responses.⁵⁶ As early as 1829, however, the Hospital appointed George B. Kirfoot as "medical resident pupil." Much like an apprentice or an indentured servant, he was to receive at the end of his term of one year "a compliment of a new suit of clothes...provided the Board is satisfied with his attention."⁵⁷

It is clear that the almshouse doctors made concerted efforts to remain abreast of current medical technology and to form administrative relationships with other medical and relief facilities that would benefit the inmates. The doctors periodically ordered sets of surgical instruments,

⁵⁵ LC Minutes, January 6, 1849.

⁵⁶ See, for example, LC Minutes, February 4, 1840; January 1, 1859.

⁵⁷ LC Minutes, February 4, 1828.

special equipment such as a "dispensatory eye instrument, and measure glass," and an "Instrument for Obstetrical purposes," and sent such equipment to Philadelphia for repair or replacement.⁵⁸ Quarters for the sick were improved by modifications in the facility as well as new instruments, including building additions and in 1825 the installation of a "ventilator" in each of the hospital rooms "sufficient to conduct or admit of the purpose out, the heat and other Noxious air incommodating the sick."⁵⁹ The presence of references to surgical instruments in the Board of Directors' minutes suggests that some surgical procedures were performed in the hospital facilities, but there is nothing in the surviving records to indicate what these might have been. Beginning in 1838, a separate log of attending physicians' visits was kept, with details on each patient's case including demographic details, diagnosis, and treatment. These records, if they could be located, might clarify the treatment of both ill and insane at the Lancaster County Almshouse and contribute substantially to the little that is known about institutional medical care in the early nineteenth century. They also might help to answer the question of whether or not pauper patients in institutions associated with medical students (and therefore with experimental care) tended to receive better medical care. If they did not, they would certainly provide interesting and poignant insights into the lives of the institutionalized poor, as do some of the medical notations for the inmates of the Philadelphia almshouse, from Rachel Ward, "a Common Hussy" with the Venereal Disease, which "now effects her eyes so that she is almost blind", to Susanna Jones, "an Infant who was born" in the Almshouse the previous winter, "haveing taken the Smallpox in the Natural way before the General Inoculation of the Children" in the institution, and died there at the age of less than one year.⁶⁰

⁵⁸ See, for example, LC Minutes, January 3, 1829; February 4, 1837; September 6, 1845; March 30, 1854.

⁵⁹ LC Minutes, December 5, 1825.

⁶⁰ Daily Occurrence Docket, December 14, 1789; May 23, 1790.

This paucity of medical records is particularly unfortunate in that the inmates at the almshouse and hospital were attended in the nineteenth century by several of the most prominent doctors in the region, including Dr. Samuel Humes and Dr. John R. Atlee, who, it is said, "revived the operation of ovariectomy in 1843, and was the first to remove successfully both ovaries at one operation."⁶¹ It is no doubt due to doctors such as Atlee and Humes that the almshouse formed administrative relationships with medical institutions elsewhere in the region, such as the Deaf and Dumb Institute in Philadelphia and the State Lunatic Hospital in Harrisburg. The almshouse doctors sponsored the transferral and temporary support of inmates to these institutions where it seemed appropriate. The Deaf and Dumb Institute was designed to teach inmates simple skills by which they could become productive members of society, supporting themselves rather than continuing indefinitely as wards of the state. Lancaster County sent both black and white inmates to benefit from this instruction. They also not infrequently transferred insane to the State Lunatic Hospital at Harrisburg; it is unfortunately not at all clear whether they were sent there with an intent that they be cured or because they were too difficult (due to violence or other special difficulty) to retain at the county institution. Since a number of these patients were to be sent there temporarily and then either removed and cared for by "friends" or returned to Lancaster County, it seems likely that at least some improvement in the patients was expected. One patient was even transferred as far as the New York Hospital; her malady was not described, but the doctor in charge of her case believed that at the New York Hospital "her case could be better attended to and probably be cured."⁶² Other innovative measures included the installation of an early water closet in the hospital "for the health of the inmates" in 1850.⁶³

The Lancaster County Almshouse suffered occasional outbreaks of serious

⁶¹ The Lancaster City and County Medical Society, vol. 52, no. 2 (October 1976).

⁶² LC Minutes, May 1, 1858. For transfers to the State Lunatic Hospital, October 1, 1953; and April 5, 1956.

⁶³ LC Minutes, August 8, 1850.

disease in addition to the standard seasonal ailments, though seldom in epidemic quantity. The major exception was cholera, which usually struck the Almshouse in years of severe outbreak in Philadelphia, as in 1832. The most serious occurrence of the disease was in the late summer of 1854, killing a total of twelve of the "old inmates" of the House of Employment and fourteen in the Hospital, in addition to eight cases which were "brought from Columbia during the prevalence of the cholera there," a week or two earlier. Of the total number of those infected in the two buildings, attending physician John L. Atlee confessed himself unable to obtain a reliable account.⁶⁴

Dr. Atlee, who was at the time conducting his own research into the etiology of the disease in hopes of isolating the source and process of infection, made several significant observations about the spread of the disease in the Almshouse buildings. Atlee noted a connection between slow or stagnant water and disease, in that the spring fever cases in the city of Lancaster as a whole had congregated in the "eastern and southern extremities" which were closest to the Conestoga River, and in the Almshouse buildings greatest mortality from the cholera was in the insane ward of the Hospital, at the end of the building overlooking the river.⁶⁵ Atlee saw the low level of the river in the late summer as a factor in the progress of the disease, as did Dr. T. Heber Jackson when reporting on the epidemic in Columbia, though Jackson and Atlee disagreed sharply about the mechanism of infection and the process of contagion.⁶⁶

In both cities the river was low, near Columbia in particular where for some distance it was diverted into a canal, being "very low and highly charged with putrefying animal and vegetable matter".⁶⁷ For both physicians a south or southeast wind played an important role in the outbreak of disease; Jackson, leaning toward a "miasma" theory of causation, held that the wind promoted the sudden spread of disease by carrying the "emanations

⁶⁴ Loose, pp. 114-115.

⁶⁵ Loose, p. 113, 115.

⁶⁶ Loose, p. 117, 123-125.

⁶⁷ Loose, p. 117.

from the river" to the town, where some "modification of the atmosphere favorable to the extension of the disease in the town ...appeared to be connected with some local condition," which he did not identify.⁶⁸ Dr. Atlee was more precise, discussing cholera in relation to the types of seasonal fevers, and explaining the severity of the outbreak as a combination of factors including changes in the atmosphere caused by the wind (relative moisture, for instance), "bad air" from the river, and inadequate diet and poor constitutions on the part of most of those infected and all of those who died. He also blamed the structure of the Hospital in particular for the deaths there, which in spite of the installation of "ventilators" in 1825 was apparently incapable of proper air circulation, and "want of personal cleanliness" in those afflicted.⁶⁹

The two doctors also differed somewhat in their approaches to treatment of the disease. In keeping with his holistic view of the affliction, Dr. Atlee added to the "ordinary means" of treatment (the administration of camphor, capsicum, opium, and catechu) a diet "rigidly restricted to good, wholesome bread, rice, tea and coffee, and animal broths."⁷⁰ He believed that such treatment was affective in arresting the disease in its early stages. Dr. Jackson employed more heroic methods, including standards such as the application of opium "or some one of its preparations in conjunction with a mineral or vegetable astringent," "large opiate enemata," and preparations of mercury. Jackson also had occasion to administer animal broths, and expressed conviction in the efficacy of hot salt-baths in shocking into revival the systems of those in the middle and later stages of the disease, sometimes to the extent that the patient eventually recovered.⁷¹

While it is tempting to depict the disagreements of Atlee and Jackson as a conflict between older and newer ideas of medicine, the issues involved are really more complex. Jackson, to his credit, expressed disapproval of

⁶⁸ Loose, p. 128.

⁶⁹ Loose, p. 115, 117.

⁷⁰ Loose, p. 115.

⁷¹ Loose, pp. 130-131.

bloodletting, though it was employed by a very prominent colleague in Columbia with whom he worked during the epidemic, and he cautioned against over-use of stimulants.⁷² The reports of Atlee and Jackson on the outbreak of cholera in 1854 are not so much a story of a progressive physician in opposition to a traditionalist, as an opportunity for a case study in the development of medical opinion in regard to cholera in particular and to contagion and the "malignant fevers" in general.

The Almshouse and the Community

The relationship between the community and the Lancaster County Almshouse was close, even intimate, and not always smooth. Local residents in the lower economic strata worked for the Almshouse as well as spending time in the institution as inmates. Some of the weaving and making of clothes for the inmates was contracted out to local artisans such as Daniel Jacobs, "a deserving pauper," who was "allowed a donation of five dollars for his industry in making clothes for the use of the house."⁷³ The description of Jacobs' financial status suggests that he may have been one of those who moved in and out of the almshouse as dictated by the fluctuations in availability of work. It is not clear in this instance whether Jacobs was an inmate at this time or not; probably the sum was granted as temporary relief. Sometimes the institution made use of inmate labor after releasing them as well, neatly combining both purposes of a house of employment. An early example of such work relief was James McCloskey, a weaver, who "having made restitution for his expenses to the House by weaving--the Board agreed to continue him and he is to work on the shares from the above date."⁷⁴ This sort of arrangement helped to defray the mounting costs of poor relief as well as fulfilling the purposes of the institution, and the Board came to similar agreements with inmates possessing job or craft skills on a number of occasions. In another case of

⁷² Loose, pp. 130-131.

⁷³ LC Minutes, August 1, 1829.

⁷⁴ LC Minutes, June 4, 1810.

administrative flexibility, the Board agreed that

Hugh Boyle, Shoemaker, be allowed for the making and mending shoes for the use of the House, the customary prices in the Country and his wife for spinning, and that he pay 17/6 per week Boarding for himself, wife, and child and to conform to the rules of the House.⁷⁵

Hugh Boyle does not seem to have been an inmate of the house when the agreement was made; rather, this entry implies that Boyle and his wife were willing to live in the almshouse in exchange for steady work at current rates. The Board, for its part, was spending money on wages rather than relief, and would thus have products for the use of the House to show for the expenditure.

The Board conducted regular inspections of the cloth woven in the almshouse, and occasionally rejected the producer as well as the product. Hugh McGrann was criticized for producing cloth "uniformly so bad and almost unfit for use" that the Board were "of the opinion that he ought to be dismissed from his employ."⁷⁶ Good production might be rewarded with cash, as was George Fisher (another "deserving pauper," possibly an inmate at the time) when he received five dollars as "a reward on account of making new shoes and mending shoes for paupers in the House."⁷⁷ Fanny Duffy, another "deserving pauper," received twelve dollars to purchase clothes in partial recognition for her "having performed the business of Bakeress in the House a considerable time."⁷⁸

Cash rewards were less frequent as money became tighter after the first quarter of the nineteenth century; this may also have been due in part to an increasing conviction on the part of the directors that generosity not dispensed according to strict rules was generosity exploited. Thus, in the late 1820s they began to attempt to exert better control over outdoor and temporary relief, beginning as part of an overall effort to cut costs. It

⁷⁵ LC Minutes, March 5, 1810.

⁷⁶ LC Minutes, December 26, 1811.

⁷⁷ LC Minutes, May 3, 1819.

⁷⁸ LC Minutes, June 7, 1819.

is noteworthy that the Lancaster County Board of Directors promoted cost-cutting by combining reductions in quarterly amounts for some of those on the outdoor relief list with salary cuts for the steward, clerk, and acting physician. They cited not growing numbers of paupers as reason for the cuts, but "the present reduced price of agricultural produce, and proportional increase of the value of money."⁷⁹ They also complained, for neither the first nor the last time, of the failure of the Commissioners to provide the necessary sums "to meet the expenses of the institution, as well as to discharge the debts already incurred," which were "accumulating to an alarming degree."⁸⁰

In 1825 the situation became desperate enough that the Board resolved to accept "no applications for outdoor relief or assistance in money," stating that "all such persons as are indigent, aged, or infirm, and unable to provide for or maintain themselves and claiming relief from the institution...must repair to the Poor and House of Employment, to be maintained and supported therein."⁸¹ Temporary relief sums continued to be granted, however, and temporary relief expenditures grew considerably in the period between 1825 and 1866. Outdoor relief crept back into expenses and was apparently fully in place again by 1860. It is not clear if, in the interim, the dispersal of relief "in kind" increased in company with temporary relief expenditures. Temporary relief clearly took up some of the slack in available relief after outdoor relief was abolished, as admission figures show for the years immediately following. It is also clear that many either did without help or sought relief somewhere else. In 1850 the Board extended its efforts to control expenditures with the decision that

no more coffins for out door paupers will be paid for, except upon the express order from a Justice or Director, credence to be produced also that the person for whom the coffin is wanted was poor and without means.⁸²

⁷⁹ LC Minutes, January 5, 1821.

⁸⁰ LC Minutes, March 5, 1821.

⁸¹ LC Minutes, June 6, 1825.

⁸² LC Minutes, November 2, 1850.

Presumably the measure was intended to encourage those receiving outdoor relief to be admitted to the House, as well as to prevent the receipt of coffins by those not entitled to them, and to reduce costs in general.

The majority of artisans employed on the Almshouse property were weavers, but the Board of Directors provided employment for a wide variety of local artisans, laborers, and businessmen, from the provision of coffins and services (such as butchering of the farm's animals) to the provision of whiskey, firewood, snuff, and tobacco, and the teaching of the institution's children. The decisions on suppliers for almshouse requirements for both goods and services seems to have been reached on the basis of competitive bidding by would-be contractors.

In the first half of the nineteenth century at least, the almshouse did a brisk business in indentures, sending male and female children of a variety of ages out into the community for employment as apprentices and assistants at farming and domestic chores. Ever anxious to make extra money to help meet expenses, the Board turned to the community for income when it occasionally held sales of "supernumery articles" which had "accumulated in and about the House of Employment."⁸³ Presumably it was to the residents of Lancaster that the Board attempted to sell goods of almshouse manufacture and farm surplus, when such things were available. Occasionally the institution made money from the sale of effects of inmates who had died, or even those who had not, as in 1819 when were offered for sale

at public vendue the goods and effects of Mrs. McFaden and Mrs. Smith, two paupers who died in the Hospital and also the goods and effects of Mr McElwain, now a pauper in the House.⁸⁴

After 1850 at least, the Directors occasionally attempted to raise money by selling plots of almshouse land, such as that sold in 1868 to the Trustees of the Home for Friendless Children (also possibly the Children's Home of other accounts). The almshouse leased a house and land near the farm to a succession of Lancaster residents and looked to locals for assistance during

⁸³ See, for example, LC Minutes, August 2, 1824.

⁸⁴ LC Minutes, May 3, 1819.

haymaking season, when the able-bodied paupers were insufficient for the task.⁸⁵ The almshouse also sold sand and stone quarried from the property to local builders, sometimes renting "quarry rights" and sometimes employing inmates to do the work.⁸⁶ When the Board decided to borrow money to augment their allowance from the Commissioners, they turned to a local bank, the Farmers' Bank of Lancaster.

The relationship between almshouse and community could be difficult when debts to the institution for the stone or sand were not paid, when stone was quarried without leave, when charges for support of relatives or dependents were not paid, or when masters were suspected of mistreating those indentured to them.⁸⁷ The subject of the installation of plumbing in the House of Employment and hospital caused considerable friction between the almshouse Board and the members of the city Water Committee as they argued about settlement for damage done to almshouse land by the breaking of the ground for the laying of pipe and about the amount of the institution's annual water rents.⁸⁸

Almshouse property was occasionally vandalized as well: fences were torn down, and stone and sand stolen. In 1850 the steward was directed to

procure an officer to arrest anyone who may be found hereafter trespassing the lands of the Institution and committing destruction upon the property belonging to the Institution.⁸⁹

When a section of rail and fence near the farm were torn down, handbills were posted threatening prosecution. In 1856, after losing the first of two barns to possible arson, the Directors briefly considered moving the almshouse to

⁸⁵ See, for example, LC Minutes, November 10, 1832.

⁸⁶ See, for example, LC Minutes, June 4, 1821; March 26, 1849.

⁸⁷ See, for example, LC Minutes, February 6, 1841; June 5, 1826; August 7, 1826; February 7, 1829; February 4, 1837; July 1, 1854.

⁸⁸ See, for example, LC Minutes, October 5, 1839; January 2, 1847; August 2, 1851; October 24, 1851; November 10, 1851.

⁸⁹ LC Minutes, August 3, 1850.

another site further from the city.⁹⁰ The removal of sand and stone from the property was a particular problem, as it was not infrequently contracted for but the bill unpaid. This led to measures such as insisting on payment in advance.⁹¹ The sand could also be employed in improving community relations, as in 1827 when the Directors decided that

the building committee of the German Lutheran Church in the city of Lancaster have leave to take away as much sand, from the Poor house farm gratis as much as will be sufficient to finish the brick work of their new church now erecting.⁹²

The Montgomery County Poor House was also plagued by fire. The poorhouse burned in 1821 and a barn and outbuildings in 1867. As with the Lancaster County Almshouse fire of 1856, the second Montgomery County fire prompted the discovery that the buildings were inadequately insured.⁹³

Settling debts due the institution was a perennial problem. The directors spent considerable time over individual debts, writing letters requesting payments, sending "committees" of two or individual board members to debtors with legal action. At one point the Board attempted to enlist the help of the clerk in debt collection by authorizing him to collect all sums due the institution, receiving 5 percent commission on each debt collected.⁹⁴ Many cases ended with the Board filing suit for payment of the debts. These debts were generally amounts due for support of inmates for which the debtors were responsible--relatives, servants, or ex-slaves. Usually the debtors were individuals; occasionally however, disputes occurred with the boards of other almshouses.

⁹⁰ LC Minutes, April 11, 1856.

⁹¹ LC Minutes, February 6, 1841.

⁹² LC Minutes, January 1, 1827.

⁹³ Lichtenwalner, pp. 8-9.

⁹⁴ LC Minutes, July 2, 1810. He was also encouraged to keep good indenture records by the receipt of one dollar from each person taking on a child, in exchange for his trouble in filling out the paperwork, the blanks for which were provided at his own expense.

The Lancaster County Almshouse was connected to other poorhouses in southeastern Pennsylvania, Delaware, and Maryland by distinct administrative relationships as well as by mutual concerns with the governance of the poor. The Lancaster County Almshouse Board of Directors met regularly with the directors for almshouses in Cumberland County, Wilmington, and Baltimore to settle accounts for their support of individuals with residence claims in other areas. Most frequently they met to settle accounts with representatives from almshouses in Berks, Bucks, Montgomery, and Lebanon counties, and in Philadelphia. Usually these accounts were settled quickly, and presumably without acrimony. Occasionally the Board did sue the managers of other almshouses, as in 1825 when they brought suit against the Overseers of the Poor of the Borough of Carlisle for refusing to pay the support of a Lancaster County Almshouse inmate whose legal place of residence was Carlisle.⁹⁵ Each settlement necessitated several communications, and often more than one meeting between the committees representing the two almshouses; these meetings were generally held either at one of the Directors' homes or at a tavern.

The interactions of the various Boards of Directors took place within a clearly defined administrative structure in which the goals and the methods of poor relief were mutually understood. This structure had to be imposed upon the recipients of poor relief, who did not always fit neatly into categories of neediness and did not necessarily meekly accept the restrictions that went along with receiving either outdoor or indoor relief. The inmates of the Lancaster County Almshouse may have found ways to make themselves comfortable within the boundaries of the relief system, even as they accepted the authority of the Board of Directors over portions of their lives that extended beyond the confines of their tenure in the poorhouse.

Occupants of the Almshouse

Surviving records from the Lancaster County Almshouse give no indication of inmate rebellions, and complaints about the unruliness of the poorhouse inhabitants do not feature largely in the minutes of the institution's Board

⁹⁵ LC Minutes, November 21, 1825.

of Directors, as they did in those of the Philadelphia Almshouse and the New Castle County Poor House. The steward's books are the records most likely to shed light on the interactions between inmates and authority, but they have not survived. The minutes of the Board of Directors show us these relationships from the perspective of the directors, and indicate that they believed their paternal role legitimately included aspects of the inmates' lives which had little direct connection with the institution.

In addition to indirectly supervising the treatment of children who had been indentured under their auspices and undertaking punitive measures against harsh masters, the directors interceded with the masters on behalf of slaves who had been "freed" or abandoned and acted in the execution of estates of inmates who had died in the almshouse and left property behind (though often the property was being held elsewhere). Occasionally they involved themselves in the cases of inmates who had been cheated out of inheritances or who had money owed to them for other reasons. The fact that the directors could and would exert such influence in the community on their behalf may have been one reason why those who lived on the edge of subsistence were willing to enter the institution. Eventually the directors were imbued by the law with certain rights over inmates' property, such as suing for property on behalf of an inmate, applying either the property or the proceeds from the sale of the property to the inmate's maintenance, and execution of inmates' estates. The directors were also allowed according to the County Court to "borrow on or mortgage the real estate" of inmates.⁹⁶ It is clear that the authority for these actions was granted gradually; the process by which it occurred is not, though it could presumably be traced through court records.

The Directors of the Lancaster County Almshouse may not have been as concerned about an influx of needy immigrants as the Directors of urban almshouses in cities like Philadelphia and New York, but they shared the concern of almshouse administrators everywhere with monitoring the moves of possible dependents as well as those already under their care. It is not clear whether anyone on the Lancaster County Almshouse Board of Directors had

⁹⁶ Showalter, p. 115.

any direct influence on the formation of legislation affecting the poor, though in 1845 the Board appointed two members of the Board to go to Harrisburg to "urge the passage of a bill before the legislature relating to our Poor Laws."⁹⁷

The Board did concern itself with the dissemination of information on the subject, causing extracts from the current laws to be printed in 1826 in both English and German papers "for the general information of the citizens relative to harbouring strangers likely to become chargeable."⁹⁸ In 1837 they gave notice in two newspapers "cautioning persons from marrying paupers."⁹⁹ In 1838 they again caused extracts from the poor law to be printed in English and German newspapers; this time it was the section "relative to the keeping of persons not residents, or taking sick and not giving notice."¹⁰⁰

In 1845, the directors attempted to simplify the complicated business of settling accounts between the various almshouses by petitioning the legislature to repeal the law "which subjects the districts in which Paupers have gained a settlement, to certain expenses for maintenance, etc., when they come into districts wherein they have no settlement," and deciding that the Clerk write to the several Counties in the Commonwealth, and ask their cooperation."¹⁰¹ How the other almshouses responded to this was not indicated.

As was true in almshouses in larger urban areas, men outnumbered women in the institution, while women dominated the outdoor and temporary relief list. In reference to larger urban areas, this pattern is usually explained as being the result of conscious intent on the boards of directors: they believed that men should properly be supporting their families, so they

⁹⁷ LC Minutes, February 7, 1846. The specific provisions of the bill are not clear.

⁹⁸ LC Minutes, November 6, 1826.

⁹⁹ LC Minutes, February 4, 1837.

¹⁰⁰ LC Minutes, January 6, 1838.

¹⁰¹ LC Minutes, December 6, 1845.

tended to deny men (except the aged, crippled, and insane) outdoor and temporary relief in order to force men who desired relief to go into the almshouse. There these men could be taught habits that would allow them to lead productive lives when they came out.

It is not clear if this was true of the Board of Directors for Lancaster County; probably it was. This same consideration was operating at least in part when in 1825 the Board of Directors cut off outdoor relief payments, citing the necessity of cutting costs and the burgeoning outdoor relief lists. The populations of both the House of Employment and the Hospital show a sharp rise in 1825-26, as might be expected when the needy were faced with a choice of entering the institution or finding other sources of relief (Figures 23 and 24). The populations resume their former patterns with a rapidity that can be only partially explained by the fact that temporary relief payments continued when outdoor relief had been cut off, and showed significant increases in the years after 1825. The outlay on temporary relief must have absorbed some of those who were taken off the outdoor relief lists, yet were determined to stay out of the almshouse.

Temporary relief payments had earlier tended to serve in many cases as a transition from receiving no relief to receiving regular, if not permanent, relief. Paupers solicited help in emergencies and continued to be needy; when they had received temporary relief (intended to be employed as a one- or two-time cash payment which would become unnecessary as the recipient's situation improved) on several occasions, many paupers would be moved to the more regular (quarterly) receipt of outdoor relief. Cases were supposed to be reviewed every quarter or two to insure the system was not abused by its clients. While the Board did occasionally review individual cases, it is unlikely that they could have instituted or maintained any kind of detailed supervision on such a comparatively large scale.

The amounts of relief handed out per quarter to paupers on the outdoor relief list and per request to those applying for temporary relief tended to be about the same. Single men (or male heads of households--it is difficult to tell as this is not specified) received more than single women, as did women with children. From the outdoor relief list, paupers might be moved to the almshouse (with or without their cooperation) or stricken from the

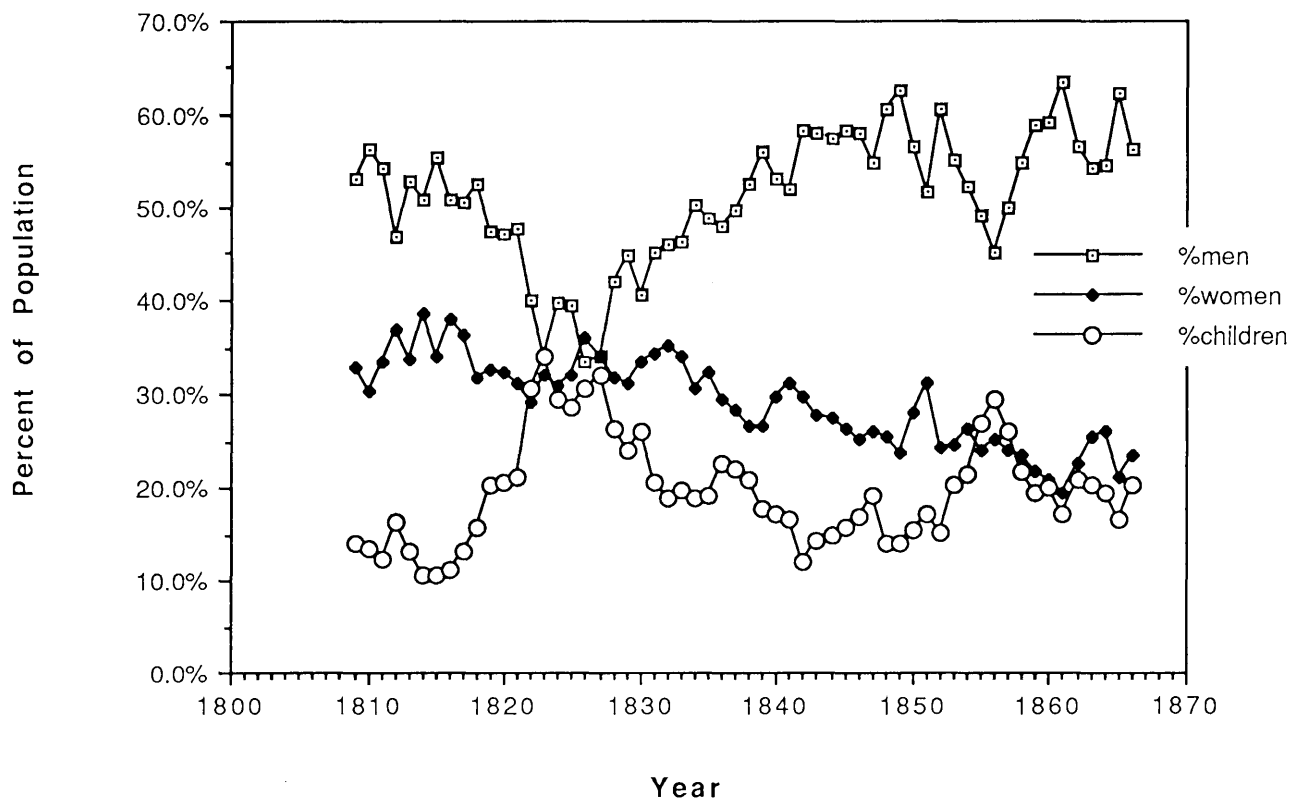


Figure 23

Estimated average daily population of the Lancaster County
Almshouse House of Employment, 1808-1867.

Source: Minutes of the Lancaster County Board of County Commissioners.

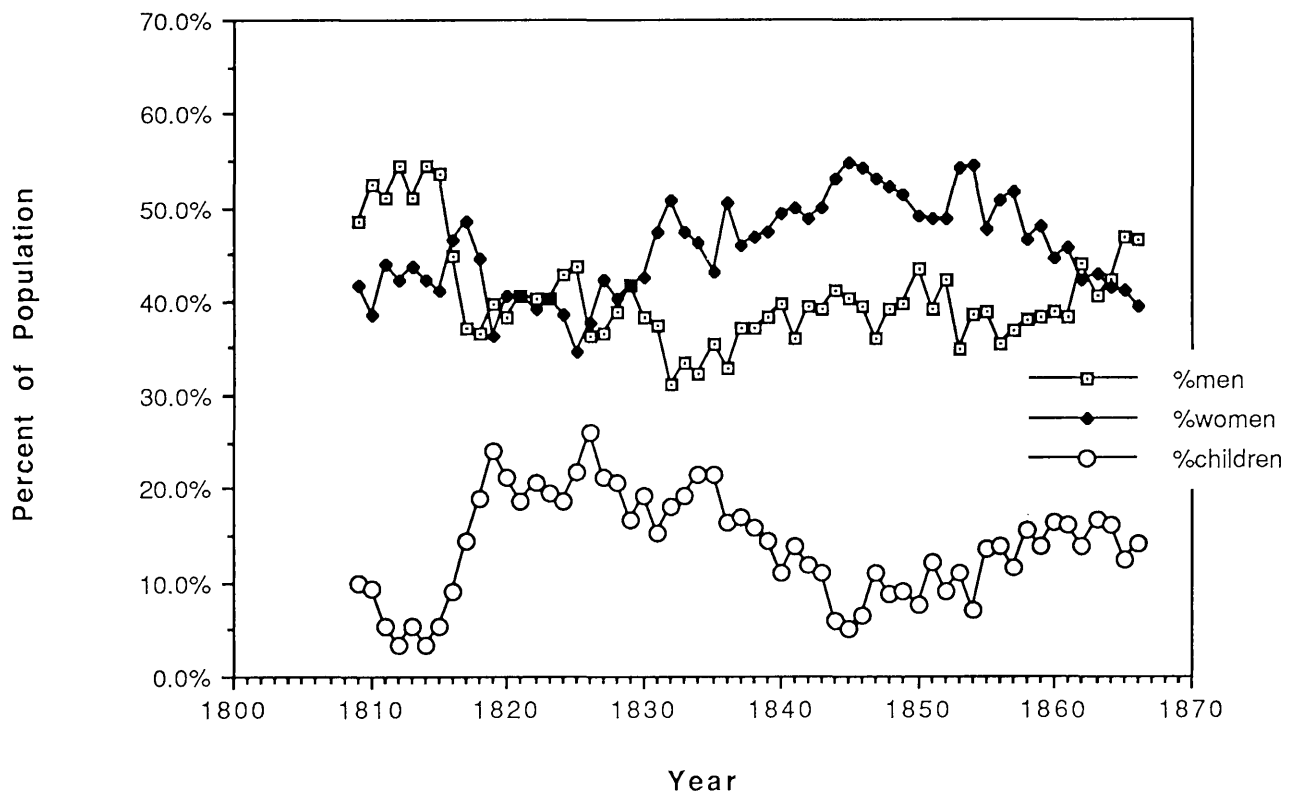


Figure 24
Estimated average daily population of the Lancaster County
Almshouse Hospital, 1808-1867.
Source: Minutes of the Lancaster County Board of County Commissioners.

list altogether should their circumstances be judged to have improved sufficiently. As outdoor relief was cut off in 1825, some of the directors may have been willing to allow sums of temporary relief on a more or less regular basis.

More difficult to explain is the sudden change in the proportion of men to women and children in the population of the House of Employment after approximately 1824. Examination shows that the sudden increase of men compared to women and to children holds true in terms of real numbers as well as proportions in the years sampled. Since women dominated the outdoor relief list, it is they who might be expected to crowd the House of Employment after outdoor relief was cut off. Instead, their numbers seem to have been almost constant, maintaining the regular but gradual increase one might expect with the growth of Lancaster as a city.

Women continued to be the most numerous recipients of temporary relief. Since in terms of absolute numbers the female population did not decrease sharply, this suggests that men were finding reasons to come to the Almshouse that they had not before. Is it possible that some men who were now coming into the almshouse had been indirectly receiving benefits of outdoor relief from female family members in whose names it had been requested? This would suggest not only that considerations of gender were operating strongly in the admission process, but that the potential recipients were aware of it. In this light, the fact that the Hospital population did not show the changes in sex ratios previously mentioned makes sense: the primary consideration for Hospital admission was illness, not individual entitlement to relief, and judgements about gender would therefore have been much less likely to play a significant part in evaluation of the individual case and the admission process.

Data on the population of the almshouse is much sketchier for the period after 1866, and possibly less reliable. But several interesting changes occurred (Figure 25). Children are not present at all in admission records for the period 1890-1910; presumably this is because by then they were being sent to the Children's Home built sometime in the late 1860s. It is also possible that some were still living in the almshouse, but as appendages of their parents and therefore not counted as individuals. While there were

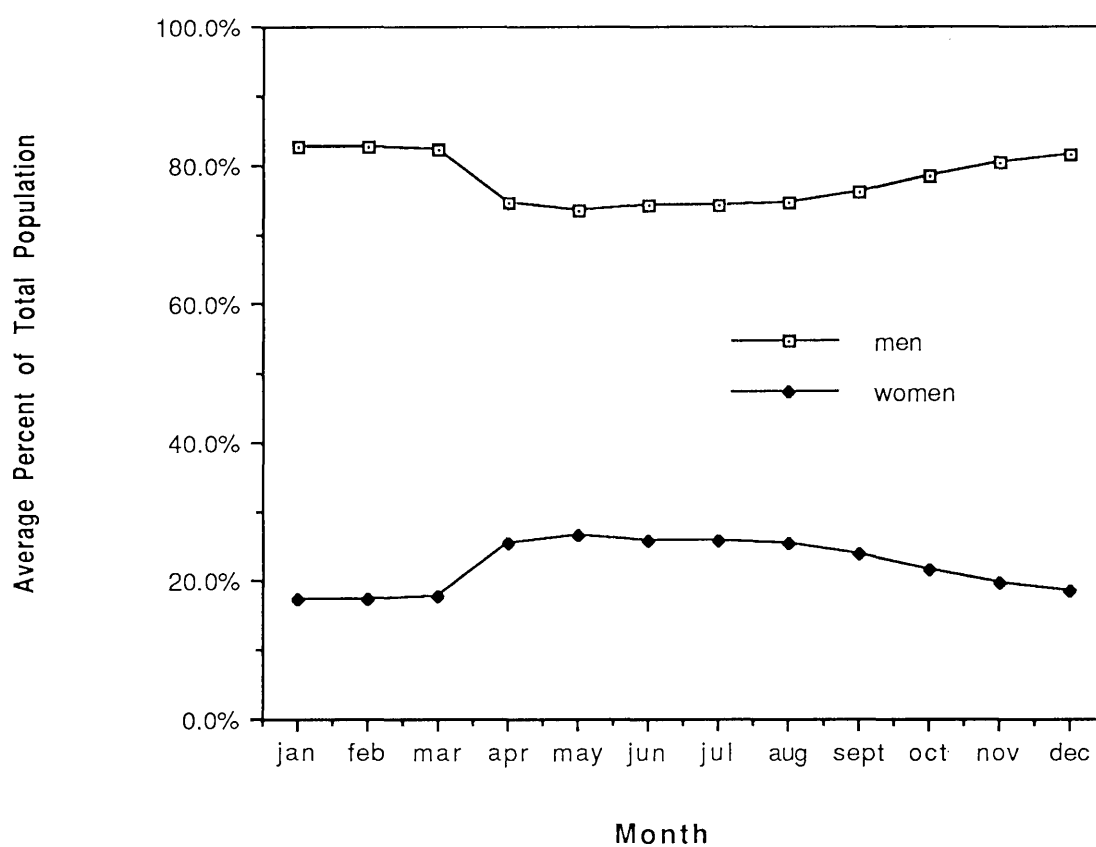


Figure 25

Population of the Lancaster County Almshouse, 1890-1910.

Source: Minutes of the Lancaster County Board of County Commissioners.

still more men than women in the later period, the proportional difference between them is more pronounced.

The gender ratio shows a pattern of seasonal variation variation that was probably true of the earlier period as well: the proportion of men to women decreases in the summer months, when more men might reasonably be expected to have found employment as unskilled labor or, tired of the restrictions of institutional life, be enjoying a summer holiday in the open air. The variation in the population is also greater in the summer, though it is not clear how significant the variation is. Because the decrease in the number of male inmates in the summer months is both proportional and absolute, the proportion of female inmates increases on the average while the absolute number of women remains almost exactly the same. For the years around the turn of the twentieth century the proportion of men to women in the almshouse remains almost constant; this again suggests a density-dependent relationship between the two variables, that is, that the number of male and female inmates already inhabiting the almshouse was a consideration in decisions about admission of new applicants. Unfortunately, the figures for the House of Employment and Hospital are not separately available in surviving records, so it is not possible to look for the differences in population in the separate departments that characterized the earlier period, and which might help clarify the relationship.

Little information is available about the origins of paupers in the Lancaster County Almshouse during the nineteenth century. A steward's report from 1835 does provide a breakdown of the places of birth of paupers admitted between April 4 and May 5, 1835.¹⁰² A variety of places of origin are indicated; the majority of paupers listed here are, however, from Lancaster County. Of a total of 37, eight came from foreign countries (specifically Ireland and Germany). The rest came from Chester County, Philadelphia, Maryland, New York, and Connecticut. This is the sort of profile one might expect in an area such as Lancaster County, which received traffic from Philadelphia but was far enough away from the city to avoid receiving a large proportion of the newly emigrated transients.

¹⁰² LC Minutes, May 2, 1835.

It is unwise to generalize very much from such a small and chronologically narrow sample. It does seem likely, however, that for much, if not most, of the nineteenth century many of the almshouse occupants came from Lancaster, if for no other reason than because the Directors of the Lancaster County Almshouse were part of a network of regional almshouse administrators who were quick to send paupers who were not legal residents of the county back to the counties and townships where they belonged. The Directors of the Lancaster County Almshouse regularly paid individuals from the city of Lancaster to transport paupers to Philadelphia who belonged there or to pick up from the Philadelphia Almshouse people who were properly in the charge of Lancaster County; occasionally they advanced travel expenses to paupers wishing to leave, who lived considerably further away. Thus Elizabeth Hilliston was discharged and the Board allowed her five dollars "as an assistance to travel to Pittsburg," and a Mrs. Selig was allowed five dollars "to enable her to remove her family out of state." Prudence Bateman, "a poor Woman belonging to New Jersey," was given two dollars "as an assistance for her to travel home."¹⁰³ Thomas Adams was even sent to England, though "in the cheapest manner possible."¹⁰⁴

The Board of Directors' involvement in the lives of the poor who came under their influence was much more extensive than seeing that they were where they belonged. The directors regularly involved themselves in the personal affairs of inmates and ex-inmates, from monitoring the treatment of the indentured to participation in the settlement of estates and personal and financial quarrels. In 1825 the directors loaned a recently released inmate, James Laughlin, "a side of sole leather" as "a beginning to him to follow his trade of Shoemaking." Laughlin promised to repay the loan "in a reasonable time" and in fact did so.¹⁰⁵ Typical cases that year and the following two included attending to "the complaint of Mrs. Smith against her husband Arnold Smith," and to the complaint of William Bartick, "late an apprentice to Jacob

¹⁰³ LC Minutes, March 5, 1821; September 2, 1848; March 7, 1825.

¹⁰⁴ LC Minutes, October 21, 1858.

¹⁰⁵ LC Minutes, April 4, 1825; October 2, 1827.

Akerman and who states that he has not received the conditions of his indenture," and to the complaint of Philip Eberman "against his apprentice, Kitty Boody."¹⁰⁶

Supervising indentures alone would probably have sufficed to keep the Board of Directors busy. While local residents seem to have been eager to take advantage of the availability of indentured labor, they were sometimes reluctant to honor in full the terms of the indenture contract. In addition to the occasional abuse of the apprentices and servants so employed, it was apparently not unusual for masters to return the indentured children after employing them for a length of time on a trial basis, obtaining their labor free and incurring no debt to the county for their care in the meantime.

The Board of Directors made several attempts to set and enforce stricter rules for the indenture process in addition to following up any complaints about ill treatment, whether they originated with the indentured themselves or from concerned members of the community. In 1837, the Board decreed that "all person or persons taking from said House [the almshouse] any child or children upon trial, shall have him, her, or them, for the space of one month and no longer free of charge."¹⁰⁷ Children were to be returned or indenture papers signed within two weeks of the expiration of that month, or those who continued to hold them would be fined.

It is important to note that the directors actively encouraged the indenture of children taken into the almshouse, regardless of the administrative difficulties involved; at one point this took the form of reducing the cash amount due to females at the expiration of their indentures.¹⁰⁸ It is tempting to ask whether this decision in particular was wise, as the most dramatic cases of abuse evident in the records seem to be those connected with females.

The minutes describe some situations which for the indentured can only be termed grim; a case in point is that of the Reverend David M. Carter, a

¹⁰⁶ LC Minutes, August 2, 1824; March 7, 1825; August 2, 1824.

¹⁰⁷ LC Minutes, October 7, 1837.

¹⁰⁸ LC Minutes, May 7, 1821.

teacher of the Borough of Strasberg, who had apparently kept one Catharine Stigewald in service without signing indenture papers beyond the one-month period allowed by the Board. It was decided that he would not be held responsible for the charges normally congruent upon such a delay, on condition that he keep, under indenture, a girl named Christianna Aaron. The reason for the directors' eagerness to settle Christianna in a stable position becomes clearer in subsequent entries: she was blind in one eye. Her situation is chilling in light of the directors' decision that her master would be released from the terms of the indenture "provided said Christianna, during her apprenticeship, becomes blind in her other eye, from accident or otherwise."¹⁰⁹

"Phillis," a slave, was apparently abandoned by her master and died of an unidentified illness in the almshouse. Mrs. Graff's black servant girl was abandoned by her to the care of the almshouse on at least two occasions; on the second she was denied admission until expenses for her previous stay (for the birth of a child) were paid by Mrs. Graff. There is no indication in the minutes whether Mrs. Graff ever paid the bill or not.¹¹⁰

One of most complicated cases was that of Rebecca Ramsay, an insane inmate. She was apparently admitted to the almshouse at the behest of George H. Bomberger, then clerk of the almshouse, who had previously had some connection with the handing over of her "plate" (presumably a set of silver, though exactly what it contained cannot be determined) to her family. Bomberger had some sort of connection to her after her admission, as he was on several occasions warned by the Directors "not to bring any sweetmeats, such as candies," as "it was an injury to her health, and it was, and is yet, the opinion of the Directors that it was done in self-interest." The Directors decided that this attorney would therefore "examine the account of said George H. Bomberger when filed for settlement, and object to all such items which are not for neccessaries of life."¹¹¹ Since it does not seem

¹⁰⁹ LC Minutes, July 5, 1845; August 2, 1845.

¹¹⁰ LC Minutes, August 7, 1826.

¹¹¹ LC Minutes, February 3, 1841; April 5, 1845.

likely that Bomberger would profit directly from feeding Rebecca Ramsay to death, the most feasible explanation seems to be that the clerk was suspected of padding his accounts. Bomberger's connection with the almshouse was severed shortly thereafter. Ramsay did eventually die in the almshouse, of causes not indicated.

Some of the most interesting interventions of the Directors in the lives of the inmates are those involving the settlement of inmates' estates or claims due them. These cases are interesting in part because they highlight an acceptance by the Board of Directors of at least some people as deserving of relief even though they were not actually destitute. Inmates may or may not have been allowed to bring possessions with them into the almshouse, but they were allowed to maintain them elsewhere. For the most part these "possessions" seem to have consisted of money owed to them from unspecified sources: inheritance, interest or pension income, or plots of land.

The Board regularly intervened in cases where inmates had not been paid money due them or had been cheated of sums due to them. Sometimes such intervention involved appointing fact-finding "committees" of one or two people who apparently worked out arrangements with those involved or turned them over for legal action when necessary. Thus one of the directors was appointed to contact one David O'Donnell for the purpose of demanding a sum of money due inmate Elizabeth Hamilton, as O'Donnell had recently returned from a trip to Ireland to collect that money and now delayed in surrendering the money to Hamilton. The case of Michael McNulty, who had possibly been cheated into signing over his yearly pension of \$60.00 to a William Edwards of the Germantown area, was also investigated. The Board demanded restitution on behalf of Elizabeth Kauffman, an insane inmate, for money belonging to her but held by her guardian.¹¹²

Some of these cases turned out well, as when Patrick McGuigan transferred to the almshouse \$560.00 due to Edward McColgan, an inmate of the almshouse.¹¹³ Inmate Barbara Markley likewise received the interest income

¹¹² LC Minutes, October 4, 1814; May 1, 1809; May 7, 1831.

¹¹³ LC Minutes, November 13, 1815.

due her on a certificate held by Mr. Charles Cook of Philadelphia (she had been willed the income by the late Mr. John Cook, of Philadelphia, for reasons unknown).¹¹⁴ But the outcome, as well as most particulars, for most of such cases is unclear.

It is possible that the Board of Directors involved themselves so intimately with inmates' financial affairs for the express purpose of appropriating a portion of any gain in the name of maintenance costs for the inmate to whom the money belonged. Speculation about their motives is not, however, useful. More important is the simple fact that inmates allowed the directors to exercise that kind of power.

This is particularly significant in light of the structure of poor relief in Lancaster, which seems to have consisted basically of the almshouse and its distributions of outdoor and temporary relief. The Children's Home, built in the late 1860s or early 1870s, may have served as an additional source of refuge for children. Adults, however, seem to have lacked access to a network of benevolent associations that supplemented institutional relief in Philadelphia, at least until late in the nineteenth century.

The acceptance by inmates of such wide-ranging influence of the directors on their lives suggests, if not actually a sort of trust on the part of the inmates, a sense that they understood the way in which the system would function and an expectation that they would in some way benefit from it. This in turn suggests that, even if the poor in areas like Lancaster did not feel that they had a much of a voice in creating the structure of the society in which they lived and received relief, they at least had a clearly defined place within that structure which could occasionally be influenced in their favor. It seems almost certain that this was a factor of the area in which they lived, of the close relationship between almshouse and community, and the movement of a not-insignificant number of the local working population into and out of the Lancaster County Almshouse.

¹¹⁴ LC Minutes, March 1, 1845.

Conclusions

Records on individual inmates give valuable information on administrative processes as well as the paupers themselves and the significant ways in which they differed from the urban poor served by almshouses in Philadelphia, Baltimore, and other large cities. Records such as those surviving from the smaller county almshouses, and study of the surviving buildings, can provide a basis for the consideration of very contemporary questions about the poor and poor relief, as well as historical ones: How have assumptions about the nature of poverty and about the poor shaped the bureaucratic structures with which we address poor relief? How have these structures and the administration of poor relief been affected by individuals and by communities? How and why have urban and rural poor relief differed, even though the assumptions upon which they relieved their poor have been the same? How have all of these issues been affected by the major social and demographic changes of the nineteenth and early twentieth centuries, especially urbanization and industrialization?

The advantage of studying records from the smaller, regional almshouses in order to examine the lives of their inmates is that in addition to records on individual patients that are often more detailed than those of city almshouses, it is possible to begin to discuss the role of the almshouse as a public institution in its community. Administrative records reveal not only the way that local officials approached the task of poor relief, but also the way in which the process of relieving the poor impacted upon the local community. Documentation of minor structures, such as outbuildings often no longer standing, as well as major ones that may or may not survive, contributes to the interpretation of the surviving structures both in terms of realizing the relationship of structures within the context of a site and illustrating the functions of those structures. The records of poor houses such as those of Lancaster County, Bucks County, New Castle County, and Chester County can provide important information for the interpretation of both specific sites and the communities they served. By providing documentation of the impact of local social and economic decisions on the lives of the "lower sort," these records can also contribute to the larger study of economic development in the Mid-Atlantic region.

III. Recommendations for Future Use

The Lancaster County Almshouse and Hospital is a building of unquestionable architectural and historical significance. The building's design and history relate it to the advent of American public health care and welfare in the first generation of the early national period. The earlier sections of this report established the context for the Lancaster County Almshouse and Hospital in relationship to other similar and now vanished structures as well as demonstrating how the operation of the institution paralleled other county and municipal operations with comparable goals. Today the Lancaster County Almshouse and Hospital stands as an extraordinarily rare example of a building that symbolized civic pride and changing attitudes in the care of the weakest and most vulnerable members of early American rural and urban society.

The foremost objective is the physical preservation of the Lancaster County Almshouse and Hospital in a manner that insures no further loss of historic fabric through remodeling or renovation. Present indications are that much of the building's historic finishes, plan elements, and other details are masked by modern alterations undertaken through the last twenty years. With the exception of walls that have been removed, the modernization of the building appears to be reversible. The scale and level of modern investment in the Lancaster County Almshouse and Hospital, however, indicate that a full restoration is not the most advantageous approach. Any set of recommendations should retain the core goal of maintaining the structure as a useful working building and simultaneously developing interpretive displays and public educational programs. The recommendations that follow are offered with this dual goal in mind.

The most advantageous approach to the utilization of the Lancaster County Almshouse and Hospital will incorporate the restoration of key rooms within the building for museum and historical education. Historical and architectural research suggests that the portions of the building most suitable to museum and interpretive functions are located in the central block of the building. The two north rooms located on each side of the first

floor entry passage most likely contained the original administrative functions and public rooms. Currently those rooms reflect considerable alteration in their reuse as a reception area. Careful investigation of historical documentation and the architectural fabric behind modern wall surfaces would enable researchers and architects to reconstruct the original arrangement. The other area possessing the greatest interpretive potential is the central block of the basement level. In the Lancaster County Almshouse and Hospital, as in other similar structures erected throughout the region, the basement contained the major cooking, dining, and work functions. On the second floor above the entry, the building contained the first of ranges of individual and dormitory-like rooms.

Because the greatest, most varied, and most representative range of functions relating to the historic operation of the building are contained in the central block, the rooms around the entry from basement through the second floor present the greatest opportunity for a series of related exhibits on the history of medicine, public service, poor relief, and public architecture. Rooms restored for interpretive purposes should be designated in such a way that each of the Lancaster County Almshouse and Hospital's major periods of significance are represented. Periods of significance can be identified through the connection between the architectural development of the building and administrative and functional changes in its operation. The identification, investigation, and restoration of historically significant spaces within the building is the first and highest priority for the preservation of the Lancaster County Almshouse and Hospital.

Besides the centralization and consolidation of interpretive and display areas, the dedication of the central block to museum functions frees a limited portion of the building for adaptive reuse as office space. The functional separation of the building in terms of historic and contemporary usage is facilitated by the existence of multiple entries at both basement and first floor levels. The ideal occupants for such office space would be those with an interest and commitment to the restoration and interpretation of the primary museum spaces within the building. Moreover, because the museum aspect of the building will involve collections of historic artifacts, it is recommended that the occupants of the building include parties willing

to be responsible for meeting curatorial needs and providing security for the collections. If the present owners and occupants are unwilling to accept these responsibilities, it is also recommended that a third party tenant be found who will assume care, protection, and interpretation of collections--including the historic fabric of the Lancaster County Almshouse and Hospital.

Current office space rededicated to museum functions can be recaptured in two key areas that would add to the overall utility of the building. First, it is recommended that the central section of the presently unfinished and unused attic be remodeled for meeting space enabling it to serve both the museum and other resident functions. Renovations to the attic should include the replacement of all the lost dormer windows based on the architectural evidence of surviving fabric and historic views. Furthermore, in the course of replacing the dormer windows, the original chimney stacks along the partition walls and across the back should be rebuilt to their historic appearance. The reinstallation of dormer windows would provide natural lighting to the interior of the building and restore the exterior to its original appearance. The two side rooms at the east and west ends of the attic would remain as storage and continue to house modern duct work. Second, the west room of the basement floor could be remodeled in a manner consistent with renovations already undertaken for the eastern third of the structure. Again, consideration should be given to ways in which to render any renovations sympathetic to historically and architecturally defined museum functions.

Additional recommendations for the renovation and conservation of the structure include the removal of the present rear or south porch. As a modern addition to the building, the south porch can be characterized as architecturally discordant. The decision of whether or not to remove the front or north porch and relocate it to its original position along the south wall is one that should be resolved through the thorough examination of the existing porch and the building's use. An alternative recommendation regarding the porch arrangement would involve reconstructing the original (circa 1799) arrangement across the south elevation while leaving the relocated porch in place across the north elevation. Attention should also be paid to the careful preservation of the building's exterior fabric. As

noted in the preceding report, the two major periods of historic architectural activity focused on the construction of the building (circa 1799) and its first major remodeling (circa 1876). The 1870s changes clearly possess the greatest degree of architectural integrity. Therefore, any exterior renovation and preservation efforts should strive to reproduce the later nineteenth-century appearance of the building which is still very much in evidence.

To accomplish the core goals identified above, it is further recommended that a working committee be established. The charge of the committee is to determine the feasibility and costs involved in realizing the goals. The membership of the committee should include representatives from the county (including a county commissioner, planning office staff, and current occupants), county historic preservation groups, local museum professionals, and members of appropriate county historical societies such as the Edward Hand Medical Heritage Foundation. The committee should pursue the identification of the best and most effective use of the building in a manner recognizing contemporary needs and historical value. Finally, the committee should establish a definite timetable within which it will work to produce a final set of recommendations and implementation schedule.

In closing, it is absolutely vital that the viable preservation and interpretation of the Lancaster County Almshouse and Hospital's architecture and history remain the primary concern for the future.

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