

Incurable Defects: Physical Disability and the Philadelphia Outdoor Relief System, 1790-1840

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“How are the poor to obtain relief, but by becoming mendicants? And when their physical powers are prostrated by age, sickness or accident, what shall be done with them? Humanity forbids us to answer – *let them linger and die like beasts upon our pavements*,”¹ queried C.D. Colden, mayor of New York City in 1820. Quoted by Mathew Carey in the *Appeal to the Wealthy of Philadelphia*, Colden’s assessment of poverty in New York mirrored the issues facing every American city at the time. How might fledgling city governments manage rising poverty rates? Who was responsible for the care of the poor? And what form should care take? These questions created the basis of welfare debates in American cities across the early nationalist period. Although few scholars have recognized it, the intersection of physical disability and poverty shaped urban healthcare reforms throughout the late eighteenth and early nineteenth centuries. Despite overarching trends towards institutionalization, however, I argue that this process was not merely a top down strategy to control the poor, but rather a multifaceted political struggle over definitions of disability and dependency. This paper follows the lives of disabled individuals seeking medical care and welfare support during the healthcare reforms of the early 1800s. It also details the confusing interplay between dependency and disability in the early republic. Recreating a patient-based narrative, it offers new methodological approaches that borrow from disability studies. I argue that disabled bodies, at the heart of these welfare debates, shaped public policy through their interaction with doctors, government officials, hospital systems, and fellow citizens.

Philadelphia, the medical center of North America, provided the first state-funded hospital and experimented with numerous tax-funded projects to support its disabled denizens. Taxpayers engaged in frequent debates about the efficacy of government provisions for the

¹ Matthew Carey, *Appeal to the Wealthy of the Land, Ladies as Well as Gentlemen* (Philadelphia: L. Johnson, 1833), 35.

impaired during the early nineteenth century. Those in charge of the city's public health system, however, prioritized universal access to medical services. By granting access to dispensaries, doctors, nurses, and hospital systems, Philadelphia's city government became a proxy patriarch for disabled individuals lacking economic capacity or kin connections. Across the early nationalist period, numerous groups invested themselves in debates over welfare and medicine. Government officials, professional doctors, taxpayers, and the physically disabled entangled themselves in such discussions. Each group had its own interpretation of disability, poverty, health care, and government intervention. The complex interplay of characters draws attention to the fact that disability is a negotiated social status, rather than an inherent biological marker. The confusion surrounding physical impairment, debates over medicalization, and resulting welfare legislation detail the process through which the concept of disability took shape in America.

This paper describes clashing interests in medical reform and a widening gap between the lived reality of the poor and the vision of poverty held by wealthy citizens. Focusing on the late 1790s and early 1800s, this narrative captures a central public debate spurred by rapid urbanization. As scholars like Gary Nash have explained, Philadelphia experienced rapid industrialization and exponential population growth during this time period.² Industrialization created high demand for able-bodied workers while simultaneously producing disabilities due to technical accidents. Under the wage labor system, the "poor found themselves disengaged from a traditional system where support had rested in paternalism and the household, and now confronted the perilous whims of a wage-labor economy and the frayed public safety net of poor

² Gary Nash provides an overarching description of these changes in *First City: Philadelphia and the Forging of Public Memory* (Philadelphia: University of Pennsylvania Press, 2001). Philadelphia's population exponentially increased due to migration from rural to urban areas. Immigration, especially from Ireland and Germany, and the movement of free blacks and runaway slaves to Philadelphia spurred growth. At the same time advances in technology, transportation, and manufacturing positioned Philadelphia as a main port city central to international trade routes.

relief.”³ Mounting visibility of poor populations settled in city slums, particularly around the wharves, alerted city leaders to the dangers of rising poverty rates. The city was evolving rapidly before the eyes of its inhabitants, exciting fears about the current state and future vision of the urban center.

Responding to these economic and demographic changes, the city’s welfare and medical systems evolved drastically. During these transformations disabled individuals tried to retain agency despite increasing government control, doctors promoted rehabilitation narratives, citizens bemoaned rising taxes, and government officials navigated competing interests.⁴ In the midst of such changes, institutionalization was neither an inevitable nor obvious outcome. As historian Michael Katz explains, “always, policies and practices have emerged from a choice among alternative possibilities.”⁵ Institutionalization co-existed for decades alongside other forms of welfare support, and the choice to prioritize institutionalization above all other forms of care deserves greater scrutiny. My approach situates a narrative of evolving medical care in wider debates about public policy, arguing that institutionalization was brought about due to extenuating circumstances rather than insular debates within the hospital structure.

This paper also makes an intervention into the field of disability studies by grounding the evolution of the term disability in the early nineteenth century. Pensioners in Philadelphia during this time period advanced their own medical claims, performed disability during their interviews, and demanded that the government acknowledge the intersectional nature of impairment and

³ Bruce Dorsey, *Reforming Men and Women: Gender in the Antebellum City* (Ithaca: Cornell University Press, 2002), 7. For further reference, see Paul Johnson, *A Shopkeeper’s Millennium: Society and Revivals in Rochester, New York, 1815-1837* (New York: Hill and Wang, 1978).

⁴ I rely here on the modern term “disability” as an all-encompassing phrase for physical variance. There is no language that groups together those with physical impairments in the early republic. While the modern term incorporates multiple conditions, this paper focuses on physical impairment alone.

⁵ Michael Katz. *In the Shadow of the Poorhouse: A Social History of Welfare in America* (New York: BasicBooks, 1996), xii.

economic vulnerability. Disabled individuals actively described the interplay between impairment and economic viability, revealing the ways in which the term “disability” came to define more than bodily difference. “Disability” therefore emerged from interpersonal relationships in which individuals with physical impairments demanded recognition for their differences and government agents legitimized their restricted physical capabilities.

In addition to disability studies, this work also builds off recent scholarship in both urban and poverty studies. Historians like Mathew Katz and Charles Rosenberg have called social historians to use official records, city directories, patient histories, court records, and other alternative source bases to reconstruct histories of the lower classes. This essay likewise insists that health care reform needs to be studied from a patient perspective. It follows the lead of Katz's *Poverty and Politics in American History* to assess the role of outdoor aid and government intervention. Since this landmark publication in 1996, few historians have attempted to reclaim the voice and perspectives of the medical patient in the American welfare system.⁶ Priscilla Clement's work *Welfare and the Poor in the Nineteenth-Century City* detailed the efforts of the Guardians of the Poor and offered tax analysis on the city's welfare system.⁷ Debates continue over the efficacy of outdoor aid in early Philadelphia and the cost of institutionalization as opposed to other forms of welfare. Recent scholarship has offered quantitative studies on the poor as well. Billy Smith presents a clear view of the city's poor including their material possessions, life expectancy, family arrangements, settlement patterns, and occupational patterns

⁶ Charles Rosenberg “The Therapeutic Revolution: Medicine, Meaning, and Social Change in Nineteenth-Century America” *Perspectives in Biology and Medicine*, Vol 20 No 4 (Summer 1977): 485-506.

⁷ Clement and Klebaner have disagreed over the extent to which the government supported the outdoor aid program. Both historians use cost analysis of the city's welfare system to pose arguments about the trend of institutionalization. Debates about the efficacy of the system continue, but this paper assesses the relationships between the Guardians of the Poor and their disabled pensioners. Priscilla Clement, *Welfare and the Poor in the Nineteenth-Century City: Philadelphia, 1800-1854* (Teaneck NJ: Fairleigh Dickinson University Press, 1985) and Benjamin Klebaner, “The Home Relief Controversy in Philadelphia, 1782-1861,” *The Pennsylvania Magazine of History and Biography* 78, No. 4 (1954): 382–99.

in “*The Lower Sort*.”⁸ Historians like John Alexander, Priscilla Clement, Matthew Katz, and Billy Smith have studied the city’s poor in detail, providing depth and nuance for the analysis of early American welfare strategies.⁹ The poorhouse and similarly poor laws have been investigated by many, and case studies exist beyond the city limits of Philadelphia. Similarly, the movement towards institutionalization in medical care has been charted extensively.¹⁰

Few of these historians, however, have analyzed the ties between welfare and the city’s medical landscape. This essay combines the two phenomena by focusing on the participation of disabled individuals in Philadelphia’s welfare system. Disabled individuals played an important role in constructing the narrative of dependency. When beneficial, individuals claimed impairments, put forth their own diagnoses, and argued that their disability impeded their ability to work. Claiming disability, they demanded that the government provide basic necessities on a public scale that was unprecedented. As the system began to prioritize institutionalization, disabled persons resisted attempts to classify, rehabilitate, and remove their bodies from the public gaze as well.

Disabled individuals advocated for themselves and the mere category of the disabled body posed a threat to common understandings of dependency. Disabled bodies posed visible challenges to the medical rehabilitation movement and the moral reform movement that targeted

⁸ Allen Davis and Mark Haller, *The Peoples of Philadelphia: A History of Ethnic Groups and Lower-Class Life* (Philadelphia: University of Pennsylvania Press, 1998); Billy Smith, *The “Lower Sort” Philadelphia’s Laboring People, 1750-1800* (Ithaca, NY: Cornell University Press, 1994); Seth Rockman, *Scraping By: Wage Labor, Slavery, and Survival in Early Baltimore* (Baltimore: Johns Hopkins University Press, 2010) offers a similar view of Baltimore and its poor classes in the 1830s. For a broad review of poverty in early American cities see Billy Smith, ed. *Down and Out in Early America* (University Park: Pennsylvania State University Press, 2004).

⁹ John Alexander, *Render Them Submissive: Responses to Poverty in Philadelphia, 1760-1800* (Amherst, MA: University of Massachusetts Press, 1980) reviews the changing rhetoric surrounding dependency in the late eighteenth century. Alexander argues that poor relief was centered around an elite quest for control and power. Priscilla Clement muddles this narrative in *Welfare and the Poor*, arguing that poor relief policy addressed three other goals: political advancement, economic depression, and benevolent aims.

¹⁰ See Walter Trattner, *From Poor Law to Welfare State, 6th Edition: A History of Social Welfare in America* (New York: Simon and Schuster, 2007).

the able-bodied poor. Physical impairment gave this minority a claim on taxpayer money, and a right to access welfare in a manner that allowed for the holistic combination of kin aid, individual adaptation, and public assistance. Records reveal that disabled actors advocated for themselves as well as their dependents. The disabled poor were not passive recipients of public relief, but rather proactive characters in welfare and health care reforms.

To explain the functions of the pension system for the disabled, this essay combines approaches of medical and social history. Using medical records and city records, this essay reconstructs the opportunities available to the disabled poor in Philadelphia from 1790 to 1835. An analysis of records from one especially well-documented year, 1829, offers vivid insights into the lives of the impaired.¹¹ I argue that disabled people form a minority that deserves classification and study throughout the early nineteenth century. When classified as a minority, trends emerge in settlement patterns, kin networks, and economic opportunity. These trends describe how the disabled poor managed their homes, families, careers, and bodies. Disabled individuals were intelligent, well connected, and savvy people who acted strategically when dealing with government officials. This paper traces their ingenuity and describes the parallel medical reforms that gained strength across the century.

The Disabled

Who were the disabled poor? What were their daily lives like? How did they use outpatient support? Records predating 1828 detail little about pension recipients. After the passage of the 1828 poor law reforms, however, an increase in record keeping and a systemization of information shows a heightened devotion to government transparency and

¹¹ Although the outpatient pension system began in 1782, detailed records begin in 1828. While previous entries to the pension list exist, the records for 1828-32 show a rise in information gathered and a systemization of interview questions. Within this time span, 1829 is the best documented year.

desire to surveil pensioners. Guardians of the Poor (the main city agency that dealt directly with the poor) were trying to determine the root of poverty while providing transparency to secure public approval. Through their efforts to assess rising poverty rates, the Guardians collected a vast amount of data hoping that an obvious solution would emerge. The following section will provide analysis of the disabled population of Philadelphia for the year 1829. With this breakdown in mind, the second half of the paper will incorporate the disabled individual in a larger analysis of poverty reform.

Many scholars of disability studies argue that medical records embody the goals of the medical profession to entirely eradicate disability as a form of diversity. However, these documents illuminate the lives of the urban poor and allow historians to recreate a class of disabled individuals who left behind no written records. Beyond a basic understanding of the handicapped, these records lay out the politics surrounding charitable relief and welfare reforms in early America. Conflicting attempts to categorize causes of poverty highlight miscommunication between Guardians of the Poor and Managers of the Almshouse, each an advocate for a different health care system. While the modern term “disability” aims for inclusivity, the records of 1829 show that physical impairment was a fluid, undefined, and multifaceted category. Disabled individuals, doctors, and Guardians of the Poor all struggled to define the interrelated issues of health, independence, and economic power. While there was no set definition for “disability,” those who claimed physical impairment interacted with the state in a similar manner, thus classifying as a minority and offering a basis for the modern-day identity. Disability in the 19th century remained a vague category that allowed individuals to claim economic aid. The elusive nature of this category helps to explain the process through which disability was constructed, applied, and stigmatized across American history.

The outpensioner records from 1829 offer more data about pensioners than any previous set. As part of a wider welfare reform movement that will be discussed later in this paper, records in 1829 included detailed information in the hopes of tracing the root cause of poverty. These records note the district, name of pauper, age, monetary pension, race and marital status of each individual on the poor relief register. They also include the birthplace of the pensioner, their address (noted for future home inspections), and occupation. Records pay special attention to kin networks, especially the status of children (living at home, attending school, or dependent). Relatives' addresses are recorded as well, raising questions about the limits of familial accountability and the duties of the state. These records show an effort to provide monetary relief in tandem with preexisting systems. In instances where kin-based care did not exist, the government took over this responsibility. Each entry also included a "remarks" section where a Guardian noted the reasons for poverty, usually in the form of a quasi-medical diagnosis.

The records for 1829 categorized 748 persons as disabled, a group that accounted for 71% of the total number of pensioners (1,056). The average age of recipients was 71 and the clear majority were widows or widowers. Only 99 of the 748 were listed as married, while another 78 were listed as single (having never been married). These records list all children of recipients, as well as their ages and schooling. Any pensioner put on the list, however, lacked the financial support of kin. Pensioners were rarely listed as living in the city center. Only 28% came from the Northern or Southern city districts. The largest groups came from Northern Liberties (28%) and Southwark (20%) which were emerging as sectors of poverty in the city. Outlying areas including Kensington and Penn Township make up another 20% of pensioners while another 10% of pensioners are unlisted.¹²

¹² All data presented in this section has been gathered from Visitors of the Poor, *Register of Relief Recipients (1828-1832)*. Register. The Philadelphia City Archives, 35-3-28.1.

The vast majority of individuals on the list, seen in Figure 1, were elderly. Old age and the natural physical limitations made up a major category within the records. Age was cited as cause for relief 107 times in these records, implying that old age warranted government support. The willingness of the government to support these individuals shows a shift from kin-based care to government-supported aid. These pensions show that kin-based reliance was not stable, which makes sense when considering the high transience rate of young individuals looking for work in Northern American cities. On average, pensioners had 1.7 living children. While some had large families, 248 pensioners had no children whatsoever. The majority of children listed in these records lived in other states. This evidence forces us to revise our vision of familial life in the city. Instead of imagining multi-generational family units, we must also consider the reality that elderly individuals remained behind while family members move in search of work.

Figure 1. Age Range of Outpensioners, 1829

Age	Number of Claimants	Percentage
Unknown	3	0%
10-29	41	5%
30-49	119	16%
50-69	282	38%
70 +	303	41%
Totals	748	100%

Adult children in the records were often listed as poor themselves, hinting at the struggle of seasonal workers to find jobs in an industrializing city as well as the cyclical nature of poverty over multiple generations.¹³ Elizabeth Glenn, listed as “feeble, poor, not able to support herself,” had six adult children living in the city. In the remarks section of her file, her children were also noted as poor, insinuating a failure of kin networks to create economic stability. Despite having a large family in the city, Glenn continued to receive financial assistance because her family was

¹³ Billy Smith, *The Lower Sort*, 139-173.

unable to support her. Simply because blood relations existed did not mean that they accepted responsibility for all kin. Immigrants who remained in Philadelphia into old age could not maintain households on their own. Meanwhile, their first-generation children moved to find work while their parents remained in the city they had emigrated to, either unwilling or unable to move to a new region. The pension system therefore allowed the government to step in as proxy patriarch for those whose circumstances did not match expected familial dependency. Age, and the physical limitations associated with the elderly, were acknowledged by the state as legitimate causes for dependency.

In the 1829 records, men rarely applied on behalf of their dependents. Charles Kingley was a widower who worked for a brewing house. Applying on behalf his blind toddler, Kingley was the only man on record who applied on behalf of a child. Women, however, often applied on behalf of disabled children. In these instances, women were positioned as the heads of their households. Applying for city aid obviated the need for male assistance. Monetary pensions allowed women to take charge of their own homes while continuing their roles as caregivers. Moreover, claiming a pension on behalf of a disabled child implies that the state saw caregiving as a profession itself. Women were able to argue that disabled children put a strain on family economics and argued that caregiving required time that they might otherwise spend working. Applying for a pension on behalf of a disabled dependent (be it a handicapped child, or in some cases, a parent who was disabled) allowed women to gain wages for tasks that were previously considered familial and gendered responsibilities.

The pension system simply couldn't provide oversight equivalent to that of a male head of household. Because the system offered monetary pensions as well as services, women had full control over the spending of their pensions and could allot the money to whatever goods were

necessary for their household. Furthermore, these pensions allowed women to carry on jobs of their choosing. Rather than being forced to work at a particular task in the House of Employment (a ward of Blockley Almshouse), women receiving pensions could decide about how to spend their time and could fit jobs into their schedule when possible. The pension allowed women to maintain their own homes, working hours, and manage family needs – granting them greater freedom over their lives and ensuring that their dependents would not be taken from them.¹⁴

While physical impairment created a legitimate basis for dependency, the pension system also called into question the interrelatedness of health, economic capability, and dependency. In some cases, pensioners subverted the common patriarchal kinship structure using the outpatient program. Through pension supplements to their household incomes, women could act as single heads of household despite physical limitations. Moreover, recognition from the government that physical impairment lowered economic opportunities for individuals encouraged pension applications. As the 1828 poor law reforms attempted to cut off able-bodied pensioners from monetary poor relief, disabled individuals were privileged with access to the pension lists. While they were dependent on the state for aid, pensioners might claim permanent disability in order to maintain greater forms of independence. Claiming a monetary pension allowed disabled individuals to maintain households and to resist the trend of institutionalization.

The average level of financial assistance in 1829 ranged from 50 to 62 ½ cents per week. When a couple applied, the pension was split between the two. Upon the death of a spouse, the widow or widower's pension limit increased to the combined rate mirroring the previously allotted payment. This implies that pension money primarily supported housing costs, and

¹⁴ Children admitted to the Almshouse could be indentured out anywhere in the city in order to bring in revenue. Although this might happen outside of the Almshouse as well, women on outpensioner support could better control their children's employment.

insinuates that pensions were not dependent on the number of individuals in residence.

Furthermore, it seems that the Guardians assessed each situation based on family size, income, and necessary expenses such as rent, groceries, fuel, and clothing. There is no apparent pattern implying racial, ethnic, or gendered discrimination in the monetary allotments.

Despite the large numbers of elderly persons on the pension lists, the majority continued to work. While all citizens faced limited job opportunities and poor wages for piece work, individuals who were physically impaired were at a severe disadvantage. Contemporary poverty reformist Mathew Carey explained that the poor “can barely support themselves while in good health and fully employed; and, of course, when sick or unemployed, must perish, unless relieved.”¹⁵ The able-bodied could find day labor for a variety of tasks, but the majority of male dominated labor depended on strength, stamina, and good health. The sheer number of available laborers in the city narrowed the job market for handicapped individuals. Physical impairment irrevocably changed one’s ability to labor at certain tasks.

Pensioners represented over thirty-one occupations ranging from piecemeal work (i.e. spinning, quilting, and sewing) to visible jobs (i.e. selling goods in market, sailing, and day laboring). Some jobs like nursing, carpentry, and shoe binding demanded a high level of skill. Individuals were innovative in the types of work they sought in congruence with their impairment (which generally took the form of limited mobility). Tasks such as sewing and spooling could be done from one’s home with little mobility necessary. Some couples worked in producing and selling goods themselves. Susanna Hahn (aged 76 and diagnosed as infirm) made matches, which her husband, Christian Hahn (aged 74 and nearly blind), sold at market. These individuals held service jobs that connected them with the market economy implying that they

¹⁵ Carey, *Appeal to the Wealthy of the Land, Ladies as Well as Gentlemen*, 5.

retained somewhat mobile and most definitely visible lives in the city. Engaging with the market economy, these pensioners proved that disabled individuals could work in the city and run their own households when provided extra pension support. Their efforts to get by in the city prove that institutionalization was not inevitable, and that the city had a working system that incorporated disabled peoples into economic sector.

Top Occupations	Number of Listings	Percentage
None	287	34%
Sewing	191	23%
Other	119	14%
Washing	160	19%
Market vendor	40	5%
Spooling	36	4%
Total	833	100%

Pensioners needed to continue working while they received pensions, as their household costs rose above that which the pension covered. While most held jobs in congruence with their pensions, day labor was a severely underpaid endeavor, especially for women. Mathew Carey in his *Appeal to the Wealthy* evidenced several examples where poor families fell into financial debt, despite women working continually throughout the year. Piecemeal jobs were often the only form of labor for women, “unfit for any other occupation” due to decreased mobility.¹⁶ Acknowledging the volatility of the market, the pension system allowed women to continue working from home with limited physical capabilities. In contrast to institutionalization, this system allowed disabled workers to participate in highly visible market economies. Despite heroic narratives of rehabilitation presented by the Almshouse, government officials knew that it was cheaper to support individuals with a pension compared with the much higher costs of

¹⁶ *Statement by Several Philadelphia Ladies*, June 5, 1830 cited in Carey, *An Appeal to the Wealthy*, 14.

institutionalization. Support of the pension system for disabled individuals shows that Philadelphia's government remained skeptical of the power of medicine, even after large investments were made to hospital systems.

As documented by the records of 1829, the Guardians also tried to utilize medical terminology to describe disability. The "remarks" section of their records signifies the first time that the physical impairments were detailed in the pension list records in a systematized manner. The process of diagnosing an individual was tied to efforts to describe the root causes of poverty. Guardians had to explain why pensioners deserved tax aid to a skeptical, even scornful, public. Physical impairment suggested little culpability (unless it was tied to intemperance or venereal diseases) and therefore all pensioners who presented medical issues held righteous claims.

Category of Terms	Number of Records
Sickness	493
Unrelated to health	182
Limb impairment	171
Other medical diagnosis	110
Sensory impairment	87

In the records for 1829, over fifty different terms were used as diagnostics. The lack of consensus is striking. Interviewers used a variety of descriptive terms to show the rationale behind admittance to the pension list. The number of diagnoses, both medical and otherwise, evidences a range of medical knowledge held by the Guardians. Guardians usually gave multiple explanatory tags to each applicant, unless the disability was visibly apparent and well known. The largest category of diagnosis included a vague use of medical terminology. They noted diagnoses such as "infirmity, sickly, feeble, weakly, confined to bed, debilitated, chronically ill, defective, incurable, inwardly weak, and bad health" to describe those whose impairment was difficult to determine. They used precise medical diagnoses (such as blindness, rheumatism, and

consumption) only 368 times in the records, constituting 27% of all diagnoses. Guardians were more concerned with the capacity of recipients to perform labor rather than the importance of accurate diagnoses. During interviews with the Guardians, pensioners were expected to forward their own arguments for pensions. While it is impossible to verify whether each diagnostic came from a personal narrative or was inscribed upon the body by the interviewer, the fact that pensioners organized interviews and actively forwarded their own arguments is important. Some pensioners likely stated the diagnostics with which their case was marked. Moreover, pensioners explained their medical conditions to a layperson who had no medical knowledge – cementing the importance of self-diagnosis and self-reporting. Disabled pensioners were able to claim medical issues in order to secure economic recompense through a government agency on a scale that was unprecedented outside of war pensions.

Guardians were laypersons rather than medical professionals, thus untrained and unable to formulate consistent diagnoses. Instead, they relied on individuals to disclose their impairments, which in turn gave power to the applicants to define themselves. Claiming impairment is acknowledged as a major part of creating a disabled identity in current theory.¹⁷ Applicants might define their disability in rhetorical terms to gain sympathy or could offer vague explanations that were impossible to verify. Disability was therefore a mix of performative aspects (such as visibly showing symptoms) and patient descriptions of their physical limitations. As opposed to the medical gaze, claiming disability for oneself allowed pensioners to make sense of their health in relation to their community. Petitioning for pensions, these individuals argued that they remained citizens of a system that was supposed to uphold their wellbeing.

¹⁷ Simi Linton, *Claiming Disability: Knowledge and Identity* (New York: New York University Press, 1998), 8-33.

Unlike medical professionals at the Almshouse, Guardians were unable to make any diagnostic claims or deny the reality of pensioner testimony. The monetary pension did not rely on the degree to which an individual was impaired, and the Guardians did not scrutinize patient bodies in the outpension system. A dichotomy between able and unable to work was more useful than any specific diagnosis. The Guardians also used other factors in congruence with medical diagnoses to highlight the deserving quality of individual pensioners. Terms like “old age,” “poverty,” “deserted,” “unable to work,” “children poor,” and “helpless” evoked pity. These morally tinged words draw attention to the purpose and use of these records. If they were merely for the use of the Guardians to keep track of pensioners, these non-medical terms would have no purpose. If, however, these records were shown to other government officials to defend the pension system, these moral terms could highlight the deserving character of pensioners. Disabled pensioners formed a unique group because of their legitimate moral claims to monetary pensions. Government officials could neither attack their morals nor deny their health problems, setting the disabled apart from the “undeserving poor.”

Despite the supposed support for removal of paupers whenever possible, there are only twelve pensioners out of 748 in the 1829 records who were removed from the pension lists and placed at the Almshouse. This implies that the Guardians were reluctant to remove anyone to the Almshouse, despite the 1828 reforms. Disabled individuals could not benefit from hospitalization. Instead, they could maintain active lives when allotted pensions. While removal to the Almshouse was preached by taxpayers and doctors as the most viable solution, Guardians did not enforce the policy until well into the nineteenth century. Guardians likewise remarked

that disabled individuals actively resisted their pleas to enter the Almshouse.¹⁸ By refusing removal, disabled persons defended their right to be incorporated fully into society.

The Welfare System in Early Philadelphia

The city first took up the challenge of welfare by establishing the Guardians of the Poor in 1705. Originally given the title Overseers of the Poor, these elected officials appropriated city tax revenue to finance the building of Blockley Almshouse in 1732. This was the first publicly funded facility devoted to feed, clothe, house, and provide medical care to the poor in the colonial city. Paupers could apply for medical assistance due to pregnancy, acute illness, or physical impairment. Doctors took on their cases pro bono, volunteering at the Almshouse for a set number of hours each week. Fully supported through poor taxes and government aid, Blockley Almshouse stood at the center of the city on the corner of Spruce Street and Third Street. Founded years before Pennsylvania Hospital, the Almshouse provided free hospital care to the poor and supported able-bodied paupers alike. Throughout the eighteenth century, patient rates continued to rise and the hospital sought funding for expansion. In the 1760s there were about 220 individuals in the Almshouse along with 150 out-pensioners.¹⁹ These numbers continued to rise parallel with overall population increases during the nineteenth century.

Individuals seeking placement on the pension list or admittance to Blockley were expected to meet with two Guardians of the Poor for a home interview. Each Guardian had a duty to provide for his ward and the latitude to meet sudden needs. Conducting interviews in the homes of paupers themselves, Guardians had a vision of a private space generally hidden from

¹⁸ In official reports to the managers of the Almshouse, Guardians of the poor noted that married couples refused admittance due to “the want of proper apartments fitting for such to lodge together...who can not in discretion be urged to go in to live in a separate state.” County Tax Assessment Ledgers, Overseers, 1768-74 Vol 1. Philadelphia City Archives.

¹⁹ Charles Lawrence and Charles Bradley, *History of the Philadelphia Almshouses and Hospitals: From the Beginning of the Eighteenth to the Ending of the Nineteenth Centuries, Covering a Period of Nearly Two Hundred Years* (Philadelphia: C. Lawrence, 1905), 21–22.

view. During interviews, petitioners described their efforts to find work, their capabilities, and reported details about their lives. In the interview pensioners argued that they were unable, despite their best efforts, to reach economic security. Guardians of the Poor were expected to dispense charity only to those considered to be ‘deserving poor’.²⁰ These interviews codified what it meant to be a member of the deserving poor and set loose parameters defining the category. Disability was therefore a tool that could be used to reinforce welfare claims.

Disabled individuals rhetorically argued that their impairment limited their job search and their ability to perform certain jobs. Furthermore, pension applications highlighted the connection between impairment and workforce marginalization. Building from European precedents and pauper regulations, Philadelphia’s city government reviewed welfare provisions under a new scope. Integrating debates on disability with new debates on the future of medicine, the city government refocused the historical debate in a manner that targeted disabled bodies. Within the new definition of “deserving poor,” disabled individuals inhabited a complex position that allowed them to advocate for tax aid while also advocating for full community inclusion. This complex position centered disabled bodies in the debate, changing the questions inherent to welfare reform away from the broad “how do we raise employment rates” to “how do we provide medical care and support bodies marginalized in the wider economy.” The qualitative nature of interviews, in which disabled individuals could explain the connection between impairment and economic sustainability, proves that the government saw disabled bodies as forming a sort of collective in the early republic.

²⁰ The term ‘deserving poor’ applies to those whose poverty was perceived to stem from misfortune but not moral failure. Generally the deserving poor were disabled individuals, widows/widowers, the elderly, and the very young – minorities of the population that were most at risk for sickness, loss of employment, etc. due to outside factors. See *Render Them Submissive* Chapter 3 “Perceptions of ‘The Other Half’: The Increasing Quest for Control” for details

When admitted to the Almshouse, paupers were assessed by the Guardians and divided between the hospital wards or the general almshouse. Within Blockley Almshouse, able-bodied inhabitants worked in the House of Employment at piecemeal tasks. Inhabitants were charged with picking oakum, weaving, and sewing clothing to bring in revenue. Although this source of funding was never enough to defray costs, it was meant to encourage paupers to take pride in their labor.²¹ Outpensioners simply received a wage without performing work for the establishment. The different expectations of the dual system contributed to political unrest over the form and nature of welfare. The outpension system seemingly allowed for paupers to easily commit fraud, collecting taxes from hardworking citizens while failing to give back to the city. As analyzed in section one, however, these assumptions were entirely false. Outpensioners supplemented their incomes with poor tax relief, but the vast majority continued to hold jobs in tandem with their pension. Despite this reality, the general rhetoric surrounding the debate between in-patient and out-patient systems continued to forward an image of the pensioner as a lazy fraud.

Compared to the pension system, the in-patient hospital system offered a high degree of surveillance and a regimented effort to rehabilitate paupers to active citizenship. Managers of the Almshouse boasted of the efficacy and importance of the Almshouse from its inception through its expansion in the 1830s., shaping public opinion. In 1775, Managers claimed:

Surely such great numbers of helpless destitute poor people, comfortably supported or casually and properly relieved in so easy a manner, ought, one should think, give rise to the most pleasing reflections...[the institution] is not only an Asylum for the poor, old and emaciated, as an Alms-House; but it is

²¹ Katz *In the Shadow of the Poorhouse*, Chapter 1 “The Origins and Failure of the Poorhouse.” Katz describes the efforts of 19th century reformers to target the moral character of the poor. Critics of welfare argued that paupers would have no incentive to work if given aid and believed that forcing them to labor in the almshouse would help to cement a concrete work ethic. Reformers thought that a forced labor would also prevent abuse of the system. They believed lazy paupers liable to take advantage would not bother to apply if day labor was demanded.

likewise really and fully an Hospital, in every sense of the word...for curables and incurables of all ages and sexes, and in every Disease and Malady.²²

Despite such boasting, the Almshouse was incapable of taking in large numbers. In comparison the outpensioner program allowed the city to reach a far larger number of those in need, including disabled individuals whose physical condition would not improve in the hospital. When applicant rates spiked in the Almshouse (as they often did during summer epidemics and winter months) Guardians were advised to remove individuals and admit them to the outpension system. The inability of the Almshouse to care for large numbers gave disabled individuals the ability to claim outpension support and halted the progress of institutionalization in the early 1800s. The eventual expansion of the Almshouse in 1835 reflected public demand for a one-solution system, but it was not a predictable progression.

The government administrators who managed these two forms of care – the pension system and Almshouse admittance – were called the Guardians of the Poor. The Guardians were a popularly elected group of middle-to-upper-class men who were assigned stations in their own residential districts.²³ After serving a year on the Board, a Guardian might gain the lucrative position as Manager of the Almshouse.²⁴ The Guardians were charged with levying and collecting poor taxes throughout the city. They interacted directly with patients and inmates; they were stationed at the Almshouse, conducted pension interviews, attended weekly meetings, and

²² Minutes of the Managers of the Philadelphia Almshouse and House of Employment (Nov 15, 1775) quoted in Lawrence, *History of the Philadelphia Almshouse*, 35.

²³ Priscilla Clement has conducted analysis of the men who made up the Guardians. She found that through the 1700s 33% came from the upper classes and the majority were businessmen and artisans in the upper-middle class. Median age was late 30s, and only 16% served for more than one year. *Welfare and the Poor in the Nineteenth Century City* Chapter 2 “Evolution of the Public Welfare System.” Serving on the Board of Guardians brought no substantial income, and fees could be charged if one were to turn down the appointment.

²⁴ The Managers of the Almshouse could offer lucrative supply contracts to friends in the merchant class. Merchants supplied the Almshouse with all goods that could not be produced by the paupers – including groceries, textiles, basic housewares, and medical goods. Clement’s analysis shows that from 1800-1828 the Managers were far more likely to come from the elite than the Guardians who managed outdoor aid. Clement, *Welfare and the Poor* 43-45.

distributed material goods.²⁵ Within the outpension program they distributed money, provisions, clothing, fuel, and medications.²⁶ These were delivered to individual homes by Guardians and distributed at advertised meeting centers. Newspaper advertisements detailed provisions and scheduled deliveries, ensuring that the public knew where and how to access welfare services.²⁷

The Guardians held a more personable relationship with their constituents on the outdoor relief system. They “tended the poor in their neighborhoods . . . [gaining] an appreciation for the particular difficulties faced by the needy, especially during frigid winters and summer months marked by epidemics.”²⁸ They met people while collecting taxes, listened to interviews in a one-on-one setting, delivered goods, and inspected homes. During the interview process they assessed the health of an individual, the quality of their living arrangements, and the abilities of their kin networks to provide aid. Guardians formed concrete judgments on applicants through the interview process, but these judgments were based solely on subjective interpretation. Guardians lacked educational training to make formal medical diagnoses and resulting welfare decisions. Their lack of training, the invisible nature of some disabilities, and the performative nature of illness all contributed to public backlash of the outpatient system.

The outpensioner system also granted medical provisions including doctors, nurses, and midwives to households on the pension list. Beginning in 1780, the Guardians hired doctors to provide outpatient care. This system quickly grew to include twenty-four physicians, “who for a very small compensation dispensed an amount of professional relief truly wonderful.”²⁹ These

²⁵ Weekly distributions were delivered house by house (in which case the Guardian could regulate what kind of goods were apportioned to each) or at common centers. See “The Guardians of the Poor,” *The Pennsylvania Packet and Daily Advertiser*, Issue 3431 (Jan 28, 1790), 3 for an example of contemporary welfare advertisements.

²⁶ Board of Guardians of the Poor., *A Manual for the Guardians of the Poor of the City of Philadelphia, the District of Southwark, and Township of the Northern Liberties*, 1817, 8.

²⁷ “The Guardians of the Poor,” *The Pennsylvania Packet and Daily Advertiser*, Issue 3431 (Jan 28, 1790), 3

²⁸ Clement, *Welfare and the Poor*, 44.

²⁹ W. A. Newman Dorland et al., *History and Reminiscences of the Philadelphia Almshouse and Philadelphia Hospital*, IV, 144 (Philadelphia: Detre, 1890) 7.

medical professionals were “engaged in visiting the sick poor in the secluded lanes and alleys of this metropolis,” providing home care for those who could not benefit from hospitalization. This medical system allowed the disabled greater leverage in deciding when to call upon a doctor, when/if to take prescription medications, and how to manage their physical conditions. The latitude granted to disabled individuals by the pension system, both in managing their finances and health conditions, allowed for a greater degree of independence and agency. While this agency was carefully protected by disabled individuals who demanded the pension system function in tandem with hospital systems, this degree of agency was also a cause for scorn and public backlash.

A Revolving City: Health Care and Welfare Reforms

Philadelphians avidly debated about the nature and proper form of welfare during the early 1800s. Guardians of the Poor, Managers of the Almshouse, doctors, citizen taxpayers, and pensioners held diverse goals for the city’s health care network. Major debates in the 1820s led to an official policy supporting institutionalization despite resistance from pensioners. Disability factored into these debates as a major paradox – incapable of being cured, able to sustain family life with limited monetary support, and capable of working, disabled people posed a major problem to the solutions offered by the institutionalization movement. The eventual government funding and support for institutionalization marks the creation of an ableist medico-welfare system and the stigmatization of disability from an economic perspective.

The crux of the welfare debate stemmed from the lack of transparency in the system. Middle- and upper-class citizens wanted to know where their money was being spent, how the system functioned, and who was benefiting from it. The early 1800s saw both a national and

international push to investigate welfare systems and to target the actions of the poor.³⁰ The rising numbers of pensioners implied inevitable tax increases which caused panic; the poor taxes were already high and even more families would fall into poverty should the taxes spike continually. In the light of these mounting fears, an institutionalization movement that promised lowered costs and transparency seemed promising. Beyond the sheer expenses of the dual system, taxpayers distrusted the Guardians to make proper judgement calls. Taxpayers wanted to grant charity based on their own definitions of need and dependency.

Beyond these large-scale critiques of the system lay social and cultural tensions. Distrust of ethnic others, general scorn for poverty, and the American dream myth all shaped critiques of the welfare system. Some citizens found it unacceptable that the Guardians of the Poor could levy multiple taxes that would support recent immigrants. Job competition and market realities caused even greater scorn for the relief system, which distributed aid primarily to immigrants and recent settlers in the city. Xenophobia, racism, and other external factors led to internalized fears about poverty. Michael Katz explains that “despite real reasons for poverty which could easily be seen and proven, most who spoke and wrote on welfare blamed the poor for their dependence.”³¹ Charity leaders and government officials alike came to focus on the attitudes of the poor rather than the causes of poverty themselves. Poverty could be managed, reformers imagined, by cutting down expansive pension lists to grant support only to those with the highest moral character.³² More detailed screening of paupers and surveillance was necessary; requirements which the outpension system failed to supply.

³⁰ Trattner explains the parallel poor law reform movements in London, Boston, and New York City during this same time period. Walter Trattner, *From Poor Law to Welfare State*, 53-73

³¹ Michael Katz, *Poverty and Politics in American History*, 183.

³² Contemporary reformers also promoted temperance, prevention of vice, and religious and educational interventions in order to cure the moral ills that supposedly caused poverty. Klebaner, “Poverty and Its Relief in American Thought,” 9.

Critics of the dual welfare system attacked the abilities of the Guardians of the Poor as well. The Guardians could levy poor taxes multiple times through the year, putting pressure on middle- and lower-class families. The Guardians created the weekly pension system for paupers in 1782, but in 1796 the city solicitor reminded them that they had no legal right to lay multiple taxes for pension support.³³ Despite supposed efforts to terminate the weekly pension system, the number of outpensioners continued to climb and poor taxes rose as a result. In 1823 Guardians spent \$52,000 to provide for 1,225 paupers in the Almshouse, but collected \$120,000 in poor taxes to support 1,552 family units receiving pension relief.³⁴ The majority of monetary aid by 1823, therefore, funded the outdoor relief system. A contemporary comparison between the welfare systems of major American cities claimed, “every family in Philadelphia pays for the support of the poor \$1.94 more than a family of the same size in New York, \$1.27 more than a family in Boston, and \$2.85 more than a family in Baltimore!”³⁵ These taxation rates were unacceptable and unnecessary in the eyes of the average citizen.

As the Guardians continued to support the outdoor pension system, citizens labeled aid recipient as “undeserving.” They believed fraudulent claims were proliferate and demanded an end to such practice. A citizen committee formed in 1821 interviewed Guardians of the Poor and doctors at Blockley Almshouse, inquiring about the moral condition of patients. Doctors reported that “the instances of persons returning who have been cured of disease induced by vicious habits, are not only very frequent, but that some of them return several times in a year,” and of this class the “enormous consumption of spirituous liquors in the House may be almost

³³ Klebaner, “The Home Relief Controversy in Philadelphia, 1782-1861,” 413.

³⁴ While there were 1225 paupers listed in Almshouse records for this year, most stayed for short periods in the Almshouse. The Almshouse accepted 1225 overall but turned most of them back into the city. The pension lists, however, were more permanent. *Philadelphia in 1824 Or, a Brief Account of the Various Institutions and Public Objects in This Metropolis: Being a Complete Guide for Strangers, and an Useful Compendium for the Inhabitants* (Philadelphia: H. C. Carey & I. Lea, 1824), 36.

³⁵ Thomas Cooper, *Lectures on the Elements of Political Economy* (Columbia, SC: McMorris & Wilson, 1829), 317.

altogether attributed.”³⁶ This focus on intemperance cast suspicion on all outpensioners. The Medical Department of the Almshouse forwarded evidence of intemperate patients, and yet this same department prescribed a variety of liquors to be used as pain relievers. Despite this paradox of alcohol as remedy and vice, the attacks held public sway. The argument that some individuals were abusing the system was enough to mar the reputation of all pensioners.

The outpension system was too easy to infiltrate and take advantage of. The 1821 citizen commission proposed that Guardians were incapable of properly assessing the physical state of pensioners. Furthermore, they argued that Guardians failed to follow up with pensioners and surveil their cases over time, a fair charge when considering that each Guardian had about 126 pensioners to track. Easily fooled by petitioners, the Guardians were surely allotting pensions to able-bodied individuals. With no time limits to pensions, the system seemed too open. Without continual oversight, it was unclear whether pensioners were living up to the moral standards thought necessary of the deserving poor.

The Guardians tried to address public complaints first by drafting up new limitations for the governing board in 1805. Under the system proposed in 1805, officials would be limited to lay one estate tax and one poll tax per year.³⁷ While this system would have addressed the main public complaint, this proposal could not support both Almshouse and outpatient systems. Normally, extra taxes were raised as needed throughout the year, often corresponding seasonal fluctuations in Almshouse or outpension admittance. While many restrictions like singular taxes were proposed throughout the early 1800s, few laws were adopted or followed by the Guardians until the 1828 poor law reforms across the entire state.

³⁶ Report of the Committee Appointed at a Town Meeting of the Citizens of the City and county of Philadelphia (Philadelphia: Clark, 1827), 5.

³⁷ Ibid, 6.

The recommendations made in 1805 also addressed public unease by increasing supervision of paupers. The plan first called for greater oversight in the Almshouse: “A committee, of at least two of their number, to go to the house and visit the apartments daily, to see that the paupers are properly employed, and that order is maintained.” The proposal also demanded frequent visits to outpensioners: “Once in every three months...a committee of their body should visit the outdoor pensioners, to satisfy themselves of the personal condition of that class of poor.”³⁸ Guardians providing outdoor relief were expected to apprehend all beggars and send them to the Almshouse. They were expected to keep careful books and to hire a clerk to oversee all financial transactions and allotments.³⁹ Under this system, pensioners would be surveilled more closely and the Guardians would be held accountable for their choices. While these provisions were adhered to, the growing number of pensioners made it impossible to keep taxes low.⁴⁰ Efforts to assuage public worry worked temporarily, but costs to the system continued to rise.

As public debates over the efficacy of the Guardians continued, the Guardians and Managers of the Almshouse fought over institutionalization. The Managers of the Almshouse proposed extensions for the building in 1805 and made similar arguments until 1828, when the Managers finally won monetary backing for expansion. Claiming that extensions to the Almshouse would enact “more effectual relief” of the poor as well as “the means of decreasing the number of Paupers, and diminishing the Poor tax,” arguments for institutional expansion

³⁸ Ibid, 10.

³⁹ This individual would collect vouchers detailing the aid given to each household from every Guardian.

⁴⁰ This total number includes pensioners of every disposition, but most pensioners were disabled. Disabled pensioners made up 71% of the pension list, while the remaining 29% belonged to groups like widows/widowers/deserted mothers. Data presented on page 27. The 1828 poor law required outdoor aid to be given only in cases of absolute need, and disability was seen as a valid basis for claims. Clement, *Welfare and the Poor*, 57.

were attractive. Forwarding politicized narratives about the moral quality of pensioners, the Managers of the Almshouse split from Guardians on the issue of outpatient care.⁴¹

The Guardians continued to distribute goods and health care services in the city, implicitly arguing that outpatient care was cheaper because individuals supplemented their pensions with their own work.⁴² Furthermore, the pension system functioned alongside kin networks to provide care for the disabled. Guardians understood that institutionalization would break kin networks and deter labor because individuals would never benefit personally from good produced at the Almshouse. Managers, however, felt that any monetary pension allotted would incur mistreatment of the system. In the end, the arguments posed by the Managers gained public traction enough to spur welfare reform.

Outside of the narrow lens of the government, welfare debates were commonly discussed by average citizens as well. Public discussions on welfare were printed in newspapers, and government debates on the issue led to multiple investigations and citizen commissions. In 1817 a citizen committee was formed to investigate poverty in the city, contributing to the poor law reforms passed in 1828. Prominent figures like William Tilghman, Roberts Vaux, and Robert Ralston, joined nine other men to form the committee. They distributed a circular with questions aimed at the nature of poverty in the city to all taxpayers.⁴³ Their reports echoed the cries of previous reformers, and the commission made a “dramatic declaration that poverty could be traced almost entirely to the intemperate behavior of the poor.”⁴⁴ Following the general trend of

⁴¹ Ebenezer Hazard, *A Plan for the Government of the Alms-House* (Philadelphia: Kimber, Conrad, & Co., 1805), 1.

⁴² Klebaner, “The Home Care Controversy,” 420-23.

⁴³ O. A. Pendleton, “Poor Relief in Philadelphia, 1790-1840,” *Pennsylvania Magazine of History and Biography*, vol. 70, issue 2 (April 1946), 165.

⁴⁴ Dorsey, *Reforming Men and Women*, 57-58.

reform movements in the early 1800s, this commission likewise blamed poverty on individual failings rather than institutionalized oppression.

Another committee, formed in 1821, investigated the record books of the Guardians of the Poor across the span of several years.⁴⁵ In 1825 this commission made its report to the state legislature, and by 1828 its recommendations for revising the state poor laws were passed into law.⁴⁶ The citizen committee criticized outdoor relief, arguing

The relief, which the law awards to the necessitous, is unblushingly demanded as a right, and is ungraciously granted, because it cannot be refused...the rich and the poor, are alike dissatisfied and exasperated; the former, by the sense, that if they have already given much, more is still to be required from them; and the latter, by the consciousness, that all they have received has not been enough, and that they are still uncomfortable, needy and dependent.

The commission also printed tracts detailing their criticism of the welfare state. The system didn't incentivize labor, was frequently taken advantage of, lacked proper oversight, and cost far too much.⁴⁷ In 1827, a year before the poor law reforms took place, the committee published the following criticism of outdoor aid:

The facility of obtaining relief is a bounty on pauperism; it presents a temptation, in moments of despondency, to the industrious poor man, too strong to be resisted; once yielded to, his honest exertions are paralyzed-his partner has the prospect of being a beggar for life, and their children vagrants. The plea generally urged in behalf of out-door relief, which is in violation of law, calculated to extend pauperism, and destructive of industrious habits among the poor, is the want of accommodation in the Alms House. How far this plea may be available hereafter, must depend on the decision of the Legislature upon the remedies proposed. The committee present the subject to the consideration of the public, as embracing a large portion of the evils of the system.⁴⁸

⁴⁵ The investigation also targeted public schools, the Almshouse, and the county commissioners to investigate the causes and rising extent of pauperism in the state. William Heffner. *History of Poor Relief Legislation* (Doctoral dissertation submitted to the History department of the University of Pennsylvania), 157.

⁴⁶ A full text of the commission's report can be read in *Hazard's Register of Pennsylvania* Vol II, No. 4 August 9, 1828, p 149-155.

⁴⁷ *Hazard's Register of Pennsylvania* Vol II No. 4, 40

⁴⁸ *Report, &C.* (Philadelphia, 1827), 8.

Yet from the statistics proposed in Section 1, it is clear that most paupers on the outpatient system were hard-working citizens. The majority were elderly and suffered from moderate to severe physical impairments. Incapable of supporting themselves fully with decreased economic possibilities, these paupers represent the deserving poor and yet are wholly passed over in citizen complaints. There was clear dissonance between the perceived character of the pauper and the individual on poor relief, and perhaps even a public willingness to turn a blind eye to the truth.

This dissonance marks a rising system that came to oppress disabled bodies in early America. While disabled bodies represented a flaw and challenge to the hospital system, their lack of representation in general writings on welfare highlight the ease to which the average citizen disregarded their true numbers. Even though the majority of paupers receiving pensions had medical issues, reports by citizen commissions prove that physical impairment was downplayed or wholly passed over. Medical issues were acknowledged as an identifying factor of the “deserving poor,” yet when the number of disabled inhabitants in the city rose, these very characters became blurred. Citizens agreed that medical issues warranted monetary support but did not want to acknowledge the degree to which individuals were economically depressed by their impairments.

Citizens did not have a clear picture of the recipients of pensions. They believed that the Guardians dispensed monetary pensions without scrutiny. The *Committee to Consider the Subject of the City* in 1827 claimed “Out-door paupers have nearly the same amount of wages allowed them without work, that could have been obtained by independent labourers by hard work; the pauper having in addition to the money payments, frequent allowances of clothes from the parish, and payments on account of rent, and ‘other advantages!’”⁴⁹ Highly critical of the

⁴⁹ 1832 Royal Commission of Inquiry into the operation of the Poor Laws, page 218 as quoted in Carey, *Appeal to the Wealthy of the Land, Ladies as Well as Gentlemen*, 25.

dual system of pension and hospital care, this commission advocated for a separate hospital to be built that would entirely remove the able-bodied in the almshouse from the disabled. A hospital system, they posited, would provide greater oversight of both the government agency and the pauper population. This assessment ignored the critical issue at the heart of the outpension system: the system supported those who would not benefit from acute medical attention.

The 1828 poor law reform reorganized the Guardians of the Poor as well, splitting duties between three groups: a twelve-person management group (which retained the title “Guardians of the Poor”) to estimate poor taxes and make final decisions on applicants, “The Directors of the Poor Tax” to levy and raise the poor tax, and “visitors of the poor” to collect information on applicants. The law also cut off all able-bodied pensioners from outpension relief and planned for the construction of a larger Almshouse to incorporate those who be cut from the narrowed pension list.⁵⁰ The poor law reforms of 1828 also demanded an overall shift from monetary pensions alone to a mixed pension of cash relief and material goods. The reforms disrupted the application process of pensioners, who were instructed after 1828 to apply to a new board.⁵¹ Under the new system, a pensioner would make his or her case to a visitor of the poor, who in turn would write down notes to present to the management board. If the board voted in favor of the applicant, he/she would then be placed on the pension list. This system created disjointed the disabled applicant from the final review board, forcing them to go through another level of bureaucracy in order to secure a pension. No longer was the system local, personal, and intimate. Instead the new system created a hierarchical and complex application process.

⁵⁰ Heffner, *History of Poor Relief Legislation*, 172-179.

⁵¹ The overall makeup of the Guardians changed, shifting to a more elite force than the artisan/merchant groups that previously dominated. Pensioners were also expected to apply before a board of “visitors to the poor” at a set meeting place, removing the personal relationship between government employee and pension applicant. Clement, *Welfare and the Poor*, 61.

While the outpension system was a failure in the eyes of citizens, taxpayers believed that Blockley Almshouse could provide for the poor while also maintaining the necessary oversight to promote upstanding citizens.⁵² Doctors advanced similar rhetoric, praising the turnover rates of Pennsylvania Hospital and the medical wards at Blockley. Benjamin Rush, the most prominent physician in Philadelphia, wrote in 1811 that “in the present state of morals, and government, the stock of private sympathy can never be commensurate to the mass of sickness and distress which occur in our world. Hospitals of course become necessary to relieve them.”⁵³ Rush proposed a highly idealized view of hospital life throughout his career. He argued that a proper hospital should include a garden to supply fresh food, a library, schooling for all ages, and religious services. Despite Rush’s vision of health care, such luxuries would prove too expensive for Blockley Almshouse. Citizens backed the support of the hospital because they thought it would provide economic relief from burgeoning poor taxes, and they believed that individuals could then be rehabilitated. For those with disabilities, however, the restitution of health was impossible. Capitalizing on the promises made by medical officials, taxpayers played into an ideal vision of medicine that was inherently incompatible with reality.

Hospital wards allowed doctors continual access to disabled bodies and offered the ability to assess and reassess their symptoms and abilities. While the outpatient system allowed disabled individuals to offer self-diagnoses, Blockley Almshouse did not allow for self-determination. The home-care system permitted individuals to accept doctors into their homes on their own terms. Doctors could be called upon when necessary, but it was up to the patient to follow through on their medical instructions. Outpatient visits offered individuals control over their

⁵² Proposals and expectations for the new Almshouse can be found *Hazard’s Register of Pennsylvania* Vol II No 5. August 16, 1828. 66-69

⁵³ George F. Lehman. *Notes on the lectures of Benjamin Rush, 1810-1811 Vol 1*. The College of Physicians of Philadelphia, MSS 10A 239, 183.

bodies, as well as their interactions with doctors. Dr. Benjamin Rush warned his students that patients were often ungrateful and unwilling to follow orders. He claimed that doctors faced “disobedience of patients to his prescriptions; in their petulant complaints of his supposed neglect in attending them, or of the operation of his medicines.”⁵⁴ Patients within their homes had more confidence to question therapeutic methods. They had power to accept or reject the merits of heroic medicine (bleeding, purging, cold baths, etc.) and turn to less intense treatments.

Patients with chronic impairments, moreover, had a different relationship with medicine than those who fell temporarily ill. Issues such as rheumatism and gout responded to what we might consider alternative therapeutics. Under the pension system, patients retained freedom and agency. Unlike those at the hospital who were expected to follow strict orders about food, dress, sleeping patterns, and leisure activities, pensioners were free to disobey recommendations without consequence. They could choose to spend their pensions on alternate forms of medicine, completely disregarding the advice of doctors. As the 1828 poor law reforms went into effect, those on the 1829 pension records used their disability status to claim right to a monetary pension as opposed to hospitalization. Physical disability thus became the main factor that assured an individual right to a monetary pension, or more broadly right to welfare services.

Blockley Almshouse did not expand its wards until 1834, years after these debates had begun. The Guardians went back and forth in their support for the outpension program, responding to citizen complaints that the system was inherently corrupt. In February 1824 the Guardians “decided to eliminate incidental relief...except when the applicant was confined to his chamber by illness or disabled by an accident.”⁵⁵ A year later in May 1825, the board reversed its

⁵⁴ George F. Lehman. *Notes on the lectures of Benjamin Rush, Vol 1*. The College of Physicians of Philadelphia, MSS 10A 239, 214-215.

⁵⁵ Klebaner, “The Home Relief Controversy in Philadelphia, 1782-1861,” 415.

stand and proclaimed outpensioners support would be fully cut off. By June 1826 this had again reversed to allow aged, infirm, and disabled a pension of seventy-five cents a week. May 1826 marked the start of a regular pauper list, hence the careful record data for 1829 shown earlier.⁵⁶ The Guardians wavered on their decision to provide outdoor relief, changing opinion from year to year, while continuing to supply pensions. Despite the fragmentation of relief, it is clear that disabled individuals continued to apply to the outpensioner system without fail. While public debates raged over the theoretical basis and future of welfare, in day-to-day life it remained a viable option.

Conclusions

Physical disability, or rather the inability of an individual to meet economic expectations due to bodily impairment, played a major role in deciding who received a pension. The outpension system allowed disabled individuals to merge traditional forms of care with the modernizing welfare system, offering a choice divergent from institutionalization. Family members could petition on behalf of their disabled dependents, proving that family care for the impaired was preferred to hospital alternatives. The Guardians correctly assessed that family care for disabled dependents was far cheaper than life-long institutionalization. By granting pensions, the city government acknowledged the monetary value of family care. The welfare program acknowledged the economic expenses as well as time required to care for disabled individuals. Building off the historic norm of family-based care, pensions ensured that disabled individuals remained a part of their families. Rather than institutionalizing those with disabilities, this form of care asserted that they could find valuable roles within a predominantly able-bodied society.

⁵⁶ Ibid, 416.

Likewise, by applying to the outpension system, detailing their economic issues through the interview process, and refusing to be removed to the Almshouse, disabled people affirmed the principle that they deserved holistic care. The outpatient program allowed disabled individuals to support themselves using a mix of adaptation, tax relief, and medical support. No longer were charities capable of providing relief, instead an impersonal system of care rose as the dominant welfare system.

Disabled pensioners were able to combat the normative stereotypes assumed about the poor. Unlike unemployment or alcoholism, physical impairments implied no culpability on the part of the disabled, except for conditions like venereal diseases that were linked with prostitution and licentiousness. Disability disrupted the reformist narrative of poverty, because diseases and work accidents might befall anyone at any time. Impairment was a reality that many citizens had to face, especially as the human body aged, and such bodily states could not be blamed on moral contingencies. Impairment with age seemed natural, and no one could be faulted for sudden illness that left them with residual symptoms. Physical impairment was the one category of poverty that held no other contingencies, giving privilege to disabled actors.

As the data proves, there was dissonance between the image of a pensioner in the public eye compared to reality. Members of the public were critical of the pension system, but they did not have any clear sense about how it functioned or the people it served. Adopting the common rhetoric of moral degeneracy and skepticism about the deserving nature of the poor, citizens popularized a rhetoric of censure. Although the *Guardians* did not attack this logical fallacy, they continued to allot pensions in the face of such pressure. The fact that the public vision of the system was so untethered from the social reality of poverty in Philadelphia helps explain why they did so despite rising criticism. Their carefully collected data, based on direct encounters

with individuals, often in their homes, revealed truths about poverty that the political debates failed to acknowledge.

The choice to prioritize institutionalization above all other forms of health care was not inevitable. Even as the wave of institutionalization took off during the early 1830s, the actual provision of care remained multifaceted as disabled individuals clung to old forms of community care and government officials wavered on their decision. Reading this history as a mere disfranchisement is too narrow, and such view occludes a history of resistance and agency constructed by disabled persons. Teasing out the confusion, insecurity, and individual identities of those involved in the system proves that the American health care system was not predetermined. The system grew from the concentrated efforts of health care professionals, the uncertainty of government officials, and general confusion surrounding the nature of poverty.

As a collective, disabled people experienced government intervention, increased surveillance, public critique, and a reformist narrative that posed their bodies as curable. In a modern world embroiled with similar debates on health care, welfare, and government intervention it is important to acknowledge the actors who resisted and attempted to mold the system. Disabled persons applied for pensions, utilized medical rhetoric to gain sympathy, and posed a threat to the narrative of moral reform simply through their existence. These historical debates around welfare show that minority advocates adapted to, resisted, and reformed systems of power.