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PERCEPTIONS, REALITIES AND OLD AGE:
A COMPARISON OF THE REALITIES OF OLD AGE WITH GOVERNMENT
STATEMENTS ABOUT THE ELDERLY AND THEIR FAMILIES IN
LATE-NINETEENTH-CENTURY ONTARIO

DOCTORAL THESIS

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PRECIS

This thesis examines statements made in the later part of the nineteenth-century by Ontario government officials concerning the aged and their families and compares these statements with information about the lives of elderly people as revealed in various documents such as letters, diaries, genealogies, autobiographies, newspapers and certain institutional records. This study demonstrates that much of the information about the aged contained in government documents was inaccurate. As a result, public policy towards the aged and their families was often based upon false information, assumptions, and myths.

Government documents indicate that the aged population of Ontario during the 1890's was growing and that within this group destitution and dependency were widespread. As a result, the annual reports of institutional administrators claimed, the aged were being sent to public institutions at an ever increasing rate. This situation was blamed upon Ontario's families. Officials regularly argued that families were refusing to care for their aged and that they were only too willing to "foist them upon the government." In response, policies were initiated which restricted access to institutions for any aged person who had living relatives. Old people with families were deemed ineligible for public support regardless of whether their family was able to care for them or not.

In reality the situation was very different. Although the aged population of the province was growing, it was growing at a slower rate by the 1890's than it had been during earlier decades. Also there is little evidence that poverty, destitution or dependency were increasing among the aged. More importantly, it appears that when aged individuals did need care or support their families provided it. Instances of old people being abandoned by kin were rare. Those people who did end up in institutions usually had no relatives. Patient case-files reveal that even when a family did place an aged person in an institution it was normally because the person was impossible to care for at home. Families generally made every attempt to care for their elderly relatives and gave up only when they were left with no alternatives.

The overall picture which emerges from this study is that the statements public officials made concerning the aged revealed more about the government's desire to justify reductions in government spending on the aged than they revealed about the aged themselves. The panic that the government experienced over population aging was based not upon a true understanding of the situation and needs of the bulk of the aged population, but upon the false assumption that in their destitution and dependency the institutionalized minority of the elderly population was representative of the entire aged population.

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INTRODUCTION

PAST AND PRESENT:
MYTHS, ASSUMPTIONS AND PUBLIC POLICY TOWARDS THE AGED

According to newspapers, Statistics Canada - or any one of a number of publications about pensions, health care, or the economy - our society is currently faced with a major crisis. The crisis of an aging population. Politicians, economists and journalists across North America and Europe have noticed that their societies are aging and they have responded with shock, treating the growth of the aged population as an unprecedented crisis of alarming proportions.¹ This is particularly significant given the dismal state of Western economies. It is frequently assumed that present day economic difficulties are at least partly the result of growing numbers of aged people, who as "heavy consumers of welfare services", make unreasonable demands upon public funds.² The elderly, it is reported, are "busting the budget".³ As a result, they have been described as a "major reason for the United State's economic problems."⁴

Similar trends are evident in Canada.⁵ Entire fields of study, such as social gerontology, have emerged as national concerns about the social and economic consequences of population aging have fueled increased funding for social science research concerned with the elderly.⁶ Much of this research, unfortunately, has focused upon the potential problems associated with what many people feel shall be an increase in the proportion of non-productive and dependent persons in their midst.⁷ For this reason, current literature on the aged often describes the elderly in terms of their needs as recipients of various forms of welfare and social assistance.⁸ The general conclusion of this body of literature is usually

that providing services to these dependent old people is costing society a fortune.

The tendency to blame the aged for the miserable state of the economy has become somewhat of a national pastime.⁹ Susan McDaniels argues that demographic aging has emerged as an important guiding paradigm in Canadian public policy discussions and research.¹⁰ Consequently the aged have become a popular subject in magazines, newspaper articles and talk shows. More importantly, the problem of our aging population has taken on greater significance as various government officials and public agencies have responded to public fears and the over-all sense of panic that has come to characterize much of the public policy debate surrounding the provision of services for the elderly. The problem is that much of the information upon which these debates are based views old people almost entirely in negative terms. They are most frequently portrayed as a largely dependent, ill and helpless group who require extensive support and health care services all of which are becoming increasingly expensive to maintain.¹¹ Another problem with this information is that much of it is inaccurate. Often it is based on false assumptions about who the elderly are, how they live, and what they need. Unfortunately popular opinion and even public policy are frequently based upon these faulty assumptions. The result is that policies intended to prevent what is perceived to be a potential crisis could actually end up making the situation worse.

There is ample evidence to confirm that many of the gloomy predictions being made concerning the impact of population aging on society are simply not true. Most of the time, this is because they are based on assumptions which can easily be

proven wrong. This is especially true in regards to statements being made about the rising cost of providing health care to the aged. Taxpayers are regularly reminded that the implications of population aging on the Health care system will be staggering. They are told that "the future is bleak" for "silver threads threaten to strangle the system".¹² In a publication entitled **The Impending Crisis of Old Age**, R.F.A. Shegog reported, that in Britain, people over the age of eighty-five, require six times more resources from the health services than the average for the rest of the adult population.¹³ This group, Shegog continued, will experience a startling growth in numbers which will pose a challenge to society. "If this pre-destined tide is disregarded, there will be great personal distress, physical and mental, and there will be public resentment of what will be seen as a blot upon our society."¹⁴ It is clear, however, that the tone of impending doom which pervades these predictions is the result of these authors making several inaccurate assumptions about both the current and the future condition of the aged population and their use of the health care system.¹⁵

In the first place, these reports seem to assume that the bulk of the aged population and certainly all people over the age of eighty-five require prolonged, intense and expensive services from the health care system. Based on this it is asserted that any growth in the numbers of old people will result in a corresponding increase in health care costs. The fact is that while there is a clear association between old age and disability, the vast majority of aged people are able to care for themselves either entirely without help or with only minimal support.¹⁶ Even among the very old, a recent study discovered that only one third of the population required more than minimal assistance.¹⁷ It has also

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been suggested that in the future the old may not require such varied or prolonged health care as many do today.¹⁸ Most significantly, it has been demonstrated that the rising health care costs so frequently blamed upon the growth of the aged population are largely due to a variety of trends within the medical industry which are rarely related to demographic change or any increase in the number of infirm old people. The availability of new technology, the manner in which services are delivered and a tendency to over-medicate and over-hospitalize the aged, as well as dramatic price increases in the pharmaceutical and medical industry have all contributed to rising health care costs and all are factors which are largely independent of population aging.¹⁹

It is easy to target the elderly as the cause of rising health care costs because such statements both agree with and reinforce commonly held views which perceive old people, as weak, feeble and in need of constant care. Similarly, it is assumed that the aged are completely dependent upon the state for financial support. As a result it is easy to convince the public that the growth of the aged population is a grave "social problem". This assumption permits commentators to depict every increase in the size of the aged population as an automatic cause for alarm because it is assumed that such growth will bring with it enormous penalties in terms of human suffering and financial costs.²⁰ By the simple, but mistaken translation of demographic projections into social realities, people are encouraged to believe that the problem of social dependency exists just because the numbers in a particular age group are increasing.²¹

This type of information is what Stephen Katz has labelled "alarmist demography."²² Frequently, he explains, authors use demographic statistics to convey images of

impending doom which tend to create panic among the general public. While the message of these writers is popular, mainly because it preys upon the public's fear of financial insecurity, these seemingly "objective statistics are regularly used to "to forward an ill-founded thesis." ²³ The usual formation of this demographic argument is "highly misleading," at best. ²⁴ In fact, this type of information is regularly employed for reasons other than to present objective information about current circumstances and historical trends. ²⁵ Katz, points out that many of these "alarmist" writers,

misappropriate statistical data to project the growing dependency of non-productive retirees on producing workers and then disguise such projections as inevitable facts. ²⁶

These facts are often merely assumptions. They are accepted by the public, however, because they confirm many people's fears concerning the growing burden of public welfare. This is especially true during periods of economic crisis and rising costs when public opinion towards welfare harden and any increased costs to taxpayers are seen as unacceptable. The aged are particularly vulnerable in times of fiscal difficulties because they tend to be the largest single group in receipt of government assistance. The provision of services to the aged may not be the cause the nation's economic crisis. Nevertheless, it is easy to convince the public that they are an unreasonable burden upon the public purse and that population aging is the basis of all the problems in society, even if such arguments are not necessarily correct or based in empirical analysis. What becomes more important than scientific validity or determination of causality, Susan McDaniels asserts, is the setting in place of population aging as the unifying explanatory framework for previously inexplicable or unlinked problems. ²⁷ More importantly, this type of argument is used to justify public policies which cut-back on services to the aged in the name of fiscal restraint and austerity.

John Myles contends, however, that cut-backs to services for the aged will not alleviate the economic problems of the nation. This is mainly because it is not growth in the aged population, but the structure of the entire welfare state and the economic crisis of capitalist economies which is the real cause of our current financial difficulties.²⁸ Nevertheless, when the public demands that something be done to curb the burden of supporting society's dependent population, the aged become scapegoats because they have become the most visible and hence the most easily targeted beneficiaries of the welfare system.²⁹

While most "alarmist" writers assume that the current situation is unique, this too is incorrect. As early as the seventeenth century, European societies had to deal with population aging and the welfare costs associated with it. While the recent growth of the aged population seems "unprecedented" in relation to the nineteenth century, investigations of early periods indicate that the situation is not new. In England, at least, it was the unusually high fertility rates of the nineteenth century and the resulting youthful age structure, which was unique and unprecedented. It appears that the twentieth century's population aging, rather than being abnormal, is merely a means by which the population can return to the demographic composition which was prevalent in earlier centuries.³⁰

It is also apparent that on its own, population aging was not often a cause of concern among the public or among government authorities. Sheila McIntyre discovered that concern over the social consequences of population aging has been prevalent during some periods and virtually non-existent in others.³¹ It is also evident that the concept of the aged as a social problem is based on

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people's attitudes, perceptions and assumptions rather than upon actual facts.³² This claim is supported by the findings of Brian Gratton, who studied the aged in the United States and Jill Quadagno, who examined public policies towards the elderly in England, who both discovered that intense public concern over growth in the size of the aged population arose independently of any significant alterations in the demographic status of the elderly.³³ It has also been pointed out that debates over population aging have often borne little relation to the actual condition of the aged population. McIntyre argues that this is because a social problem consists of two components, an objective condition and a subjective definition. Once an issue is perceived to be a problem by the public, policy makers or administrators, the objective condition is often of secondary importance.³⁴

In England during the latter decades of the nineteenth century the aged became a subject of intense public concern. Considerable subjective evidence was generated which supported the contention that an increasing portion of the elderly population was dependent upon public assistance. Jill Quadagno discovered, however, that much of this evidence was in fact mere political rhetoric. In truth, the portion of the total aged population on public relief declined throughout the period.³⁵ This situation arose again between 1920 and 1960. Pat Thane reports that declining fertility rates caused concern over the "menace" of population aging.³⁶ She elaborates that throughout this period discussions of the social consequences of an aging population described the elderly negatively in terms of their economic capabilities and the level of their social contributions. The dependency of the aged was emphasized and old age was depicted as a period of loneliness and misery even though it was

admitted that most old people were not poor or alone. It is also significant that while most of the studies carried out in these decades shared the gloomy outlook and sense of doom that pervades the current literature, few of the predictions made by these earlier studies ever materialized. ³⁷

In Canada, a similar period of intense interest in the social consequences of population aging swept the country beginning in the 1890's. While neither the cause of this concern or the validity of the statements made by social commentators or public officials have been studied in any detail, the work of Sheila McIntyre, Jill Quadagno and Pat Thane suggests that much of what was said about the aged during this period may have actually had little relation to the actual condition of the elderly population of the day. It is also clear that just as many of the gloomy predictions made by English commentators in the 1950's were proven inaccurate, many of the predictions made by late-nineteenth-century officials in Canada never came to pass. It is quite likely that this was because the predictions were based on inaccurate information and faulty assumptions. This should serve to caution society that predictions being made today may also be based on faulty assumptions and therefore, may be equally likely to be proven wrong.

Also, it has been proven that a knowledge of the historical precedents to current policy debates can help legislators appreciate that the options facing society today are very similar to those considered, tried and often discarded by previous generations which also had to decide how to care for the aged. ³⁸ More importantly, researchers in England have demonstrated that social policies initiated in the nineteenth century have had an enduring impact upon the content

and implementation of public programmes for the aged to this very day. For this reason, Jill Quadagno explains that:

It is only by understanding the legacies of social policy we have inherited that we can begin to make sense of present policy debates. In order to formulate policy change for the future we must re-evaluate the validity of assumptions imbedded in programmes that are a legacy from the past.³⁹

This is especially true of programmes directed towards the aged. Authors such as Allan Walker and Peter Townsend contend that the dependency of the aged today is not a natural occurrence due to the intrinsic characteristics of old age, but that it is a consequence of social policies, many of them first initiated during the final decades of the nineteenth century, which have created and reinforced the dependency of aged people.⁴⁰ As Townsend describes,

Society creates the framework of institutions and rules within which the general problems of the elderly emerge and are indeed, manufactured. Decisions are being taken every day, in the management of the economy and in the maintenance and development of social institutions which govern the position which the elderly occupy in national life.⁴¹

If the comments and opinions of Ontario's nineteenth-century government officials were inaccurate and based on faulty assumptions, the work of Walker, Townsend and Quadagno demonstrates that it is essential that these assumptions and the role they played in guiding public policy policies towards the aged be exposed. It is also obvious that a study of nineteenth century public policies towards the aged in Canada can reveal much about the content and direction of current policy debates about the aging of our population and the perceived problems associated with such demographic change. At the very least, an examination of how various assumptions guided public policies towards the aged, and the impact these policies had upon lives of Ontario's nineteenth-century

aged population, should cause current legislators to re-evaluate their own assumptions and beliefs before implementing legislation which may be based more upon perception than reality. Many people, in fact, may be surprised to discover how many of their own deeply-held convictions concerning the elderly are firmly based upon myth rather than fact.

In order to investigate these questions, and determine how the situation in Canada compared to that found in England and the United States, this thesis shall explore the statements made by public officials, government authorities and social commentators in late-nineteenth-century Ontario and then compare these statements with the actual condition of the elderly population at the time. It was decided to study this issue on a provincial rather than a national level because welfare, poor-relief and institutional care - the main public policy issues relating to the maintenance of the aged population - were, by the British North America Act of 1867, deemed to be provincial concerns. For this reason debates concerning the support and maintenance of the aged occurred at the provincial rather than the federal level. This point has been obscured by twentieth-century concerns over pensions and the development of pension legislation which have caused most attention to be focused upon federal policies. James Struthers, however, has pointed out that when a history of the aged in Canada is written, the bulk of the story will be local and provincial.⁴²

In this regard, Ontario has been chosen for this study for several reasons. During the period in question, Ontario was Canada's most populated and most industrialized province. It also boasted the nation's most developed government supervised public welfare system. As well, a comparatively rich variety of

easily accessible provincial and municipal sources exist which allow one to explore the lives, needs, and condition of the aged population at a local and personal level and compare these findings with the information presented in government reports.

There is, however, a distinct lack of Canadian research in this area. As a result, one must turn to studies carried out in other nations for inspiration. In this instance, research on the situation in England and the United States had been chosen. At the most basic level these countries were chosen because the bulk of the literature on aging and social policy in the nineteenth century has been produced by authors studying conditions in these two nations. Also, as Ann Shola Orloff argued in her study of the development of pensions in Britain, Canada and the United States, these three nations share "substantial similarities" which are commonly invoked when discussing issues related to social welfare policy. In particular, they share a common liberal culture and ideological heritage and democratic political systems.⁴³

More specifically, much of nineteenth-century Ontario's political organization and social policy was based upon British models. The majority of the men who created and implemented public policy in the province were of British origin and often they supported and encouraged the preservation of British traditions and values. Ontarian society and political culture was not however a re-creation of Great Britain. The proximity of the province to the United States and the economic, social and political links which developed between the two nations as a result also helped influence and mold the provincial identity. As a result, Gordon Stewart explains, Ontario's political culture and public policies were

based upon both British and American principles and philosophies. ⁴⁴

It is clear then that much could be learned by comparing and contrasting Ontario's public policies towards the aged with the approaches taken towards this group in both England and the United States. One cannot, however, assume that because British or American policies influenced Ontario's legislators that Ontario's social policies always followed exactly the course taken by either of these two nations. It is important to remember that while the trends and developments in Britain and the United States may be used as a guide for a study of Ontario's public policy towards the aged, Ontario's approach to any social issue was similar to both, but identical to neither. .

Another reason a study of nineteenth-century policy in Ontario must use British and American studies as a reference is that in many cases those countries possess more complete and detailed records than those available for Ontario. On occasion the existing records for Ontario do not permit a researcher to draw any firm conclusions. In this sense, one can often do no more than point out that the records in Ontario suggest that the situation was either similar or contrary to that discovered by researchers in England or the United States who were able to draw more specific conclusion based on more complete records.

Aside from the lack of Canadian research which might have guided this study, there are other methodological problems associated with studying the history of old age. The first is determining exactly who qualifies as aged. There has always been a wide variety of ages, ranging between forty-five and seventy, at which people were deemed to be old. ⁴⁵ Nevertheless, the most commonly accepted

point at which people have been considered old has been the age of sixty. John Demons, found that in New England this was the age at which exemption from civic obligations took effect and ministers regularly described as old those members of their congregation who were over that age.⁴⁶ Similarly, as early as 1789, sixty was the age at which residents of Ontario were exempt from militia duty.

Even once one decides that the aged population included all those persons over the age of sixty, it is still difficult to determine who was included in this group. To begin with, David Radcliffe points out that few people identified themselves as elderly by reference to their chronological age. Many, in fact, simply did not know their exact age.⁴⁷ For instance, George Emery notes that four hundred and twenty-one centenarians were listed in the 1871 census of Canada. The ages of only eighty-two of these people could be verified and, of these, only nine were actually over one hundred years old.⁴⁸

These discrepancies between a person's actual age and their reported age is easy to understand when one realizes that until recently there was little incentive for people to remember their exact age. It was only with the introduction of education and other age-based public services and benefits that both the recording of a person's age and their awareness of that age became significant.⁴⁹ A 1908 *Punch* cartoon illustrates this point well. An aged woman is asked the date of her birth by a pension official. The woman replies, "Sure, there was no such thing as dates when I was born."⁵⁰

It is commonly asserted that previously people had only a vague notion of their precise age. People described themselves or were described by others as old when

they felt old or when their infirmities or frailty made it impossible for them to remain active. Hence, a large number of people who felt older than they were simply exaggerated their age. This tendency most certainly was emphasized as a person's health deteriorated.⁵¹ It also appears that there was a class bias which determined how a person was referred to by others. The wealthy, although they may have been "advanced in years", were rarely described as old. Old, it appears, was a term reserved for the poor. This also could have reflected the fact that, as the term was related to one's health more than one's age, the wealthy were inclined to remain healthy longer than manual labourers who tended to become infirm at an earlier age.⁵²

Considering that the term "old" was based more upon qualitative than quantitative criteria, and that records which could confirm a person's age are not always available, it is often difficult to determine an individual's precise age. It is reasonable to assume however that anyone who perceived themselves to be old, or anyone who was perceived by others to have been old was treated as such by their communities, regardless of their exact chronological age. In this sense, the manner in which anyone who was described as being part of the aged population by their contemporaries was treated offers a valid indication of how old people were cared for or dealt with. For this reason, while anyone over the age of sixty shall be considered aged for the purposes of this thesis, those people who described themselves as old, or who were described as old by others, shall be included in this study, even if quantitative records indicate that they were not actually over the age of sixty.

Once it is determined who is to be studied, one must decide what sources can be used to study them. The availability of sources has, to a large extent, determined the content and direction of most historical studies of aging in Canada and indeed in the United States and Britain as well. Consequently, much of the historical literature on the aged in Canada presents a rather distorted image of what it meant to be aged in the past. This is mainly because most of the easily accessible sources in Ontario are government generated studies and reports relating to those aged people who required financial assistance, medical care or institutional accommodation. These sources have led historians to focus their investigations upon the destitute, infirm, and decrepid minority of the elderly population who were the recipients of public assistance and therefore the subjects of most nineteenth-century government policies and programmes. By relying on such information, historians have, perhaps unintentionally, conveyed the impression that this unfortunate group was representative of the entire aged population of the period. In reality, in their poverty, dependence and infirmity, these people were exceptional. Yet, these people dominate almost all studies of the elderly in nineteenth-century Ontario.

Few studies have questioned the validity of the government statements and institutional reports from which most of their information has been drawn. Rarely has anyone attempted to compare the actual condition of the aged population with the information found in government documents. Instead, authors have often accepted the statements of nineteenth-century officials at face-value and in this way, they have perpetuated and reinforced the perceptions of these individuals and the assumptions about the aged population upon which most of their comments and policies were based.

Sources do exist which allow historians to test these assumptions. Despite assertions that old people were usually infirm and mentally incapacitated, diaries, letters and biographies reveal that aged individuals frequently led active, productive lives. Census reports indicate that contrary to government statements concerning the rising portion of the aged population who required public assistance, the portion of the elderly population inside institutions or receiving public aid grew little. Information about income levels for aged people reveal that while the social workers and government officials decried the increasing incidence of poverty among the elderly, the bulk of the aged population had sufficient savings, property and income to provide themselves with an adequate living. More importantly all these sources provide testimony to the fact that contrary to government pronouncements concerning the tendency of families to refuse to care for their aged kin, relatives provided a substantial degree of care for the elderly.

Even traditional sources, usually used to support government claims, can be employed in new ways to reveal that many statements made by institutional authorities and social commentators were inaccurate. Petitions for poor relief, often used as proof that the aged were destitute and dependent upon public relief, also provide evidence of the elderly's self-sufficiency, and the degree to which the aged were cared for by family members, friends and neighbours alike. Institutional records, normally cited as evidence that families were abandoning the aged in Houses of Industry and Mental Institutions, contain a wealth of information to the contrary. These records demonstrate that families cared for the aged as long as they were able and resorted to institutionaliza-

-tion only when all other options had been exhausted. These records also show that what officials regularly regarded as acts of irresponsibility on the part of families were actually decisions forced upon families by the dictates of government policies, rules, and regulations which left them no alternatives.

What emerges from a study of these records is a description of a situation which was in many ways similar to that which exists today. The government of late-nineteenth-century Ontario faced an economic crisis. It was felt that this crisis was largely due to the costs of providing overly-generous social benefits to the population and it became evident that spending in this area had to be reduced. Attention was focused in particular upon the aged, since they were the most visible beneficiaries of this system. It was assumed that the aged population was growing rapidly and among this population poverty, dependency and infirmity were becoming steadily more widespread. In order to avert a crisis, it was decided that the government must abdicate much of its responsibility for caring for aged people. Instead, it was argued, families must bear a larger portion of the burden of providing for the elderly. This course of action was justified by using statistics and reports to demonstrate to the public that the aged had become a burden upon public funds mainly because their heartless families were "foisting them upon the government". Since few of these assumptions were based upon reality, the cost-cutting measures initiated by the government, while they created much suffering among the aged population and their families, did little to solve the economic difficulties of the province.

This thesis shall be explored through a study of the condition of the aged population of Ontario in the latter half of the nineteenth-century. The first

section of the thesis, will examine the role played by historians in perpetuating and dispelling various myths and assumptions about the history of the aged and the role of government policy in their lives. The discussion will continue by exploring how these various myths and assumptions compare to the historical evidence concerning the lives of old people. A demographic study of Brockville will examine how the size and composition of the aged population changed between 1851 and 1901. It will also reveal where the aged lived and with whom, highlighting the role of family members in their lives. To determine how dependent the aged were upon public support, the rates of employment and the levels of income of Ontario's elderly will be studied and compared to government statements concerning poverty and dependency among old people.

The second portion of this thesis shall examine the role of public relief in the lives of the aged. The evidence of a strong sense of communal responsibility for the aged during the middle decades of the nineteenth century will be compared to government pronouncements later in the century which stated that the aged were solely a family responsibility; the role government policies played in bringing about this change shall be reviewed. Finally, the impact of these policies upon the aged and their families will be explored through a investigation of the information found in the case-files of the elderly patients in the Rockwood Asylum in Kingston, Ontario.

ENDNOTES

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Chapter I
MYTHS AND REALITIES ABOUT THE ELDERLY:
POLICY, DEPENDENCY AND KIN

Literature on the history of the elderly in Canada is not plentiful. As late as 1984, David Radcliffe pointed out that despite a vast amount of scholarly attention being given to the issue of aging in Canada, a mere handful of the works produced contained any meaningful historical perspective.¹ The bulk of the existing research has, following the lead of current social concerns and policy issues, focused on the elderly as a social problem, describing the condition of the aged from the perspective of welfare policies, institutions, and dependency.

This is characteristic of works such as Richard Splane's history of social welfare in Ontario, or Rainer Baehre's "Paupers and Poor Relief in Upper Canada", where the aged appear in reference to welfare provisions made for the care of the destitute or deserving poor.² Often examples of public provision for the aged are described in terms which comply with the prevailing myths concerning the aged and their families, describing public policies for the support of the aged as a process by which the government gradually accepted more responsibility for the support of the aged in response to the general abdication of the responsibility on the part of nineteenth-century families.

The work of Richard Deaton best characterizes the view of the aged which dominates most Canadian writing on the history of old age. He advances that during the nineteenth century Canadian working class culture had little veneration for the aged.³ He argues that in Canada ageism has been a common element in "employment, retirement practices, social stereotypes, legislation,

income distribution, and the generally negative social attitudes towards the aged." ⁴ Deaton opines that the relative status of the aged has been declining because society has become increasingly youth-oriented and does not value the elderly as people." ⁵ He stresses that the condition of the aged in Canada has been characterized by their continuous impoverishment from at least the early nineteenth-century. Like Deaton, most Canadian researchers have emphasized the dependency and poverty of the elderly or strategies they used to avoid the threat of destitution which always loomed over their heads.

This is the theme of most demographic studies such as Michael Katz's, *The People of Hamilton, Canada West*, in which the urban aged are described as a group who were never far from poverty. ⁶ Unlike many studies which imply that family structures deteriorated in nineteenth-century cities, however, Katz asserts that family ties gained strength in urban environments as mutual dependencies reinforced the cohesiveness of the family unit. Studies of rural regions, such as David Gagan's *Hopeful Travellers*, and Bruce Elliott's *Irish Migrants in the Canadas*, present a slightly more positive account of elderly life. Yet, even these authors end up highlighting the dependence of the aged, ⁷ presenting a situation in which farmers with land, and who thus had something to offer their offspring in return for their care, were usually secure and could expect to be sheltered in their old age. Labourers without land, or aged widows, however, although they may have been cared for, lost all their freedom and became totally dependant upon their sons, son-in-laws, or grandsons. Only in the absence of kin were they provided for by the community. ⁸

The majority of the historical works on the aged in Canada have focused on those

elderly who were placed in Houses of Refuge, Asylums for the Insane, and Old Age Homes. While the dependency of the aged is only implied in many works on social welfare and demographic studies, it is the central issue in the literature on the institutionalized aged. For example, Wendy Mitchinson and Cheryl Krasnick Warsh provide information concerning the aged in insane asylums. Warsh and Mitchinson report that not only were several of the aged patients in the province's insane asylums not insane, but that asylum officials were often quite aware of this fact. Most elderly patients were merely confused, sick, or senile. They were placed in mental institutions mainly because they were difficult to care for at home.⁹ In the first study to deal specifically with the elderly residents of charitable institutions, Sharon Anne Cook compared the treatment of aged men and women in Ottawa's protestant Old Age Homes, studying the principles guiding the charitable institutions and the distribution of charity to the elderly. She concluded that the matrons of these institutions assumed that the elderly were a progressively degenerating under-class in society and beyond much improvement.¹⁰

The bulk of the available literature presents a similarly dismal view of the lives of the elderly in nineteenth-century Canada and suggests that families were often less than kind to their aged kin. Nevertheless, a few authors offer evidence which refutes this image. Recently some historians have presented evidence which indicates that during the last century, the aged, as a group, were not as despised or as miserable as is generally assumed and that Victorian families were far kinder to the old than has previously been admitted.

One such work is Kenneth Bryden's *Old Age Pensions and Policy Making in Canada*.

He highlights the financial security of many aged and the support networks that were available for others. He points out that in the early nineteenth-century the self-sufficient family unit provided security for the aged. Grandparents, he claims, "were an integral part of the family and sharing in the subsistence which it provided and also to the extent of their capacity, in the endless tasks to be performed." ¹¹ He also indicates that rather than being mainly dependent a large portion of the aged population was capable of supporting themselves. His statistics demonstrate that as late as 1921, almost half of the men in Canada over the age of sixty-five were employed. ¹²

Additionally, Stormi Stewart, in her study of the aged inmates of the Wellington County House of Industry, confutes the assumption that the aged found in provincial institutions were merely abandoned by their relatives. She discovered that many inmates simply had no kin, while others had relatives who were simply too poor to support them. Other people were placed in the House of Refuge because they were infirm or senile and their families were unable to care for them. ¹³ Contrary to theories about the breakdown of family support systems during the nineteenth-century, Stewart found that families incorporated the Work House into their survival strategies, turning to the institution as a temporary solution to temporary crises. Stewart explains that elderly parents often needed care just at the point in an adult child's life when they had young dependant children of their own to feed. Supporting children and an elderly parent often proved to be too great an economic burden for a family. When this was the case, inevitably it was the aged who were forced to seek public relief. She adds, however, that many aged people were retrieved from the institution once a families financial situation improved. ¹⁴

Similarly, Jane Synge's, "Work and Family Support Patterns of the Aged in the Early Twentieth Century," argues that families, rather than shirking their responsibilities, were a major source of support and care for the aged. Synge interviewed aged people who had grown up in or near Hamilton, Ontario to discover how they and their families had dealt with their aging relatives in the opening decades of this century. She discovered that most children cared for their aged parents as long as they were able. Families also apparently attempted to share the burden of this care between siblings, since aged persons often lived first with one child and then another. Synge explains that the bulk of the population of elderly person's who ended up as paupers in workhouses consisted of those individuals who never married or who had no surviving children.¹⁵

The most valuable aspect of Synge's work is that her statements about the life of aged come directly from comments made by the aged. Rather than relying on reports about the elderly from newspapers, medical journals, or government files, her article allowed the aged to speak for themselves about their own experiences and their observations about the lives of their parents and aged kin. Although oral history has its limitations, the most obvious being that one can only gather information about the rather immediate past, it is one of the most effective means of permitting a group under study to speak for itself. It also allowed Synge to focus on the experience of the aged within the family setting, an element which is conspicuously absent from most other works, which have focused instead upon only the aged who required public assistance.

The work of scholars such as Kenneth Bryden, Jane Synge and Storml Stewart

indicates that several assumptions have guided much of the historical literature on the aged in Canada. As a result our understanding of how the aged lived in the past has been dominated by myths rather than reality. Three myths in particular have led several historians to focus their studies upon the destitute, abandoned and miserable portion of the aged population. While some Canadian authors have begun to reveal the inaccuracy of these myths and the assumptions which accompany them, a study of British and American literature on the aged indicates that much more could yet be uncovered and that a detailed study of the actual conditions and circumstances under which the aged lived and survived in Canada during the last century could produce an image of the aged which differs substantially from the one that is now prevalent.

The three myths which dominate current discussions about the provision of financial support and care for the dependent aged in Canada are not always used in conjunction and they often contradict one another. Nevertheless decisions concerning policy towards the aged today are often based upon these myths and assumptions about the situation of the aged in the past. Until these myths are exploded it will be difficult for legislators to formulate effective policies which are based on reality instead of fiction.

The first myth asserts that the aged have only recently become a "social problem" because until this century the aged constituted only a insignificant portion of the population. The assumption is that in the past, the few people who lived to old age were easily cared for by relatives and thus did not become a burden upon their communities. The second myth proclaims that until recently the aged were totally dependent upon their families.¹⁶ The third myth argues that the current

levels of public support for the aged are the result of a steadily improving system of generous welfare benefits that have developed as the state has gradually been forced to assume the responsibilities for the support of the aged that families have, since the late-nineteenth-century, increasingly abdicated.¹⁷ As a result, the myth continues, the aged are far better cared for now through the provision of public pensions than then they were in the past when public support for the elderly was almost non-existent. Tied to this myth is the belief that state has the right or even obligation, in times of fiscal austerity, to return responsibility for supporting the aged to the family from whence it came.¹⁸

All these myths can be proven inaccurate by a careful study of the historical records concerning the care of the dependent aged in the past. Indeed, historians have done much to dispel myths concerning the insignificant size of the aged population in former times. However, in regards to other myths historians have not been as successful. While some historians have uncovered information which places many of the dominate assumptions about the aged in doubt, others, rather than laboriously pursuing the facts, have, perhaps unwittingly, tended to accept and perpetuate myths concerning the role of the family in the care of the aged and the degree to which public support of the aged has improved over the last century.¹⁹ These myths, reports Ethel Shanas, "serve to obstruct both thought and action by encouraging people to accept as fact that which may really be fiction".²⁰ Hence, this tendency to perpetuate rather than dispel myths has caused much of the current debate over the provision of services to the aged to be based on faulty information and disturbing assumptions about the aged, their families and the role of the community in caring for the elderly.²¹

The Size of the Aged Population in the Past

While many sociological writings have implied that there were few aged people in the past, historians have long debated precisely what portion of past populations were aged and how the number of old people in any given society affected the manner in which the aged were treated and the types of assistance made available to them. The basic conclusion one gains from the bulk of the North American, French and British historical writings on the topic is that despite claims that the current aging of our society is a unique and unprecedented occurrence, the aged have always been a visible and increasingly obvious element of the population. Various demographic studies have demonstrated that the rate at which the aged portion of society has changed has not always been steady - the portion of the population represented by the aged has grown slowly in some periods and rapidly in others. They have also shown that even in periods when the population was aging noticeably, it is likely that the magnitude of the apparent growth in the numbers of aged people often had more to do with overall fertility rates and immigration trends, which produced changes in the size of other age groups in relation to the size of the aged population, than with any significant changes in the elderly population itself.

Unfortunately, precise demographic details concerning the aged are difficult to compile. Demographic statistics for past populations are often unreliable or, in some cases, non-existent. Rarely are demographic sufficiently complete to permit exact calculations to be performed. Historians frequently disagree as to the value and meaning of most demographic information concerning past

populations. As a result studies concerned with ascertaining the exact size of the aged population in the past have produced a selection of widely divergent results. Nevertheless, most British and European demographers and historians have concluded that whatever the difficulties in defining and identifying them, the elderly certainly were not uncommon in the past. ²²

Early British demographer Gregory King found that as early as 1695, one in every ten persons was over the age of sixty. ²³ This trend continued until high fertility rates changed the demographic structure in favour of children in the latter part of the eighteenth-century. ²⁴ In his study of the aged in France, Peter Stearns concurred that the old were not rare. He surmised that they were present at all levels of society and in considerable numbers. ²⁵ This assertion was supported by the work of Troyansky who found that in eighteenth century France, people over the age of sixty formed as much as 15% of the population over the age of twenty, and up to one quarter of the over thirty population. ²⁶

There is less agreement about the size of the elderly population in North America. John Demos, based on his analysis of demographic studies of various towns in seventeenth-century New England, argues that the elderly made up between 4.1 % and 6.7% of the total population. This percentage rose even higher if one considered the aged as a portion of the over-twenty population, since by far the largest segment of New England's population at this time consisted of children. ²⁷ According to these calculations the aged formed from 8.5% to as much as 13.8% of the adult population in colonial times. ²⁸ Alfred Kutzik places the aged portion of the population, closer to the British standard of 10%. ²⁹ Meanwhile, John B. Williamson found that only 6% of the seventeenth-century

population was at least sixty years old and 2% was over the age of sixty-five.³⁰ Argued in a different way, Demos states that at birth 44.5% of the colonial population could expect to live beyond the age of sixty, and that 55% of the people who lived to twenty would reach old age.³¹

Other historians, such as David Hackett Fischer, argue that these figures are startlingly high.³² He argues that in 1750 only one in five people lived to old age.³³ Similarly, Carole Haber hypothesizes that only 5% of the colonial population lived to old age and that most people died before the age of forty.³⁴ These claims may be true, but only if one includes in these statistics all the infants who died. Calculations of this type are a misuse of life expectancy table since they almost certainly under-estimate the presence of aged people in any given population.³⁵

Average life expectancy charts often suggest that people in the past all died about the age of fifty, yet this was not the case. Averages rarely reflect what was reality for most people. Average ages at death are biased downward by the massive numbers of children who died before reaching the age of age of five. Life expectancy charts also provide an inflated impression of the increase in the average life-span in recent years, since the dramatic increase in life expectancy over the last century has mainly been due to a decrease in infant deaths, not a sharp increase in adult longevity.³⁶ George Emery asserts that it is a well-established view that the length of life past the age of sixty-five has changed little through time.³⁷ The only change is that a larger portion of the population is reaching sixty. For these reasons, Haber's figures, although they may not be inaccurate, are definitely misleading. Considering these figures and

despite assertions to the contrary, Peter Laslett argues, that in all probability, "a fair number of people reached the higher ages".³⁸

Historians such as David Hackett Fischer and John Demos have suggested that the degree to which old people were a common or rare element of the population determined the extent to which old people were a daily feature of life for the rest of the population. This in turn, they hypothesize, would influence how people responded to and behaved towards the aged. Some historians argue that people would think differently about the aged if they saw old people on a daily basis than if they were so few in number that they were seen only on rare occasions. In this sense Haber and Fischer maintain that few people lived to old age and hence the elderly were an uncommon element in colonial society. While Haber and Fischer draw different conclusions from this assertion, they both believe the relative dearth of old people played a significant role in forming people's attitudes towards the aged. Most contentions that age and the elderly were denigrated as the aged population grew depend upon the existence of a small aged population in colonial times. Yet, if there were fewer elderly people in the past than Demos or Laslett suggest, there is no reason to assume that a small number of old people could not play a actively daily role in the lives of a great many young people.

In a period when 36% of all families consisted of more than nine children³⁹ it is not unreasonable to assume that one man living to the age of eighty, could possibly have eight or nine living children, as many as forty or fifty grandchildren and possibly as many great-grandchildren. It was also likely that several of these descendants would live in the same town as this man, or in a

nearby town. In this way it would be possible for this one old person to make an impact on the lives of as many as ninety to one hundred younger relatives. Laurel Thatcher Ulrich recounts the case of one woman, who at the age of eighty had lived to see one hundred and seventy-seven of her children and her children's children.⁴⁰ These figures do not include the young non-kin these aged individuals may have had contact with merely by living in close proximity to them. It is clear the elderly population did not have to be large to ensure that a majority of the people in the colonial era had daily or at least frequent contact with the aged.⁴¹

These studies confirm that, in the United States and Britain at least, many assumptions concerning the size and longevity of the aged population in the past are inaccurate. There is little Canadian data on this topic. As the next chapter shall demonstrate, however, even a brief demographic study reveals that in Canada the aged were not rare, and many lived to advanced ages.

The Family Situation of the Aged Poor

Demographic figures are useful, but they tell us only part of the story. Statistics tell us how many elderly there were in the past. They do not, however, reveal what type of life these aged individuals or their families experienced. As Peter Laslett points out statistics may tell us what was common or uncommon but they say nothing about how people felt about their situation.⁴² They do not reveal what types of care or assistance the elderly needed and say nothing about who provided it. Since little is known about this aspect of old age history, myths rather than facts have been able to dominate people's perceptions of what

occurred in the past. As Carroll Estes and Robert Newcomer have pointed out, "the weaker the empirical basis of our knowledge concerning a particular problem, the greater the influence of social and political factors in what is accepted as knowledge." ⁴³

For many years the traditional image of the aged was that of a venerated and adored grandparent cared for in the bosom of a loving family. ⁴⁴ While many elderly people may have survived in such circumstances much recent historical scholarship has set out to demonstrate that lives of numerous aged people in the past did not fit this image. In doing so, historians have helped to create new myths by focusing attention upon those aged who, instead of being respected and cared for, were despised and ignored by society or abandoned and abused by their families. Numerous authors emphasize that the aged today enjoy a comfortable existence compared to the poverty and despair experienced by aged people in the past. ⁴⁵ In this regard historians have accepted and supported, perhaps unwittingly, the conservative belief - a belief that has guided government policy towards the aged for the last century - that family and kin ties were once, at some undetermined point in the past, more cohesive, and that it was the breakdown of these social ties that contributed to the dependency and poverty of the aged in the last century.

While this image is in accord with much of what government officials and institutional authorities were saying about the aged at the end of the last century, recent research has revealed that government reports may not have always presented an accurate picture of family care for the aged. Accounts of the development of old age policy which have taken these statements at face value

have produced an image of the past that is not only inaccurate but which has contributed to the often distorted impression which exists in our current society concerning the role of the state and the family in the care of the dependent aged.

North-American historians in particular have tended to accept nineteenth-century government statements concerning the declining amount of care provided for the aged by their families. Few studies have actually tested these statements by examining in detail the family's role in caring for the dependent aged, especially those who needed actual physical and medical care. More significantly, historians have rarely attempted to reveal how frequently government policies, rather than a family's apparent unwillingness or irresponsibility, were the cause of an aged person's poverty or the reason for their committal to an institution. Most studies of the history of the aged in North America have focused instead upon attitudes towards the aged, with little or no reference to the condition of the aged themselves, or their families, or the effects of government policies upon them.

Americans have been especially concerned with attitudes towards the aged. Historians such as David Hackett Fischer, W. Andrew Achenbaum and Carole Haber, whose work has dominated the study of the aged in North America, have examined how attitudes towards the aged became steadily more negative over time.⁴⁶ Citing the opinions of professionals such as doctors, sociologists, and welfare workers, these authors demonstrate how an image of the elderly which equated old age with disease, poverty, and decline came to dominate public perceptions.⁴⁷ Judith Husbeck comments that the decline in status of the aged was due the nineteenth-

century shift in the American economy from one focused on agriculture and land to one based on urban industry. This she asserts loosened the elderly's hold on valued resources, such as land, reducing the "great influence and authority of the aged in economic, social and political life".⁴⁸ These changes brought to an end the "long reign of the aristocracy of the elderly in the United States".⁴⁹

The common problem with these studies of attitudes is that they say little about behavior or actual living conditions. This has biased the work of American scholars in several ways, mainly because, as useful as studies of attitudes may be, they reveal little about how the aged actually lived. Nevertheless, historians have used these studies to create theories concerning how the aged were treated and how their daily lives changed over time. In doing so, however, most historians merely "assigned causal powers to attitudes rather than proving them".⁵⁰ Often, as when the actual condition of the aged or the way others behaved towards them is examined the findings do not necessarily support the theories. The main explanation for this dichotomy is that in studies of attitudes the aged appear only as the passive objects of other people's thoughts, actions, and research.

Studies of public opinion and attitudes are problematic in other ways. As Andrew Achenbaum points out "crucial alterations in elderly people's actual place in American society have not always coincided with key transformations in ideas about their circumstances." As well, shifts in conceptions of older Americans' status have not always been related to real changes in the aged's experiences.⁵¹ It is also possible that "the ideas typically expressed by observers did not really carry over into the realm of behavior."⁵² In this regard the relation

between attitudes towards the aged and the actual life of elderly people is questionable. Jill Quadagno explains that, in England at least, the rhetoric concerning attitudes towards the aged was often used as a political weapon by those who wanted to support or oppose changes to the poor law provisions or the introduction of pensions and was really not linked in any direct manner to the material conditions of the aged.⁵³ This is not to say that such studies do not have their value. It is, however, vital that researchers remain aware that it is easy to exaggerate the degree to which such attitudes truly reflected the daily existence of old people.

Many historians, for instance, have argued that during the onset of industrialization attitudes towards aged workers deteriorated contributing to the poverty and dependency of the aged by drastically reducing their employment opportunities. In this regard, historians have generally assumed that there was a dramatic distinction between the ability of the aged to support themselves in an agricultural society and their prospects for survival in an industrial economy. The traditional argument has been that old people were able to remain independent as long as the economy was based on working the land. Once industrialization altered this situation in the late nineteenth-century old age dependency suddenly became widespread.

Generally accounts of the development of retirement among the aged have assumed that in agricultural societies in Europe and pre-industrial America retirement was rare, since few could afford to survive without working. As a result, older men remained employed as long as they were able to work.⁵⁴ Infirmary was the only reason to stop working and, John Demos states, it was usually the inability

to work that forced people into dependency.⁵⁵ As S.J. Wright comments, the lists of the poor from the sixteenth-century on "provide graphic illustration of the association between advancing years, the inability to work, and poverty."⁵⁶ Most aged people, however, asserts Judith Husbeck, were either able to support themselves until shortly before their deaths by working their land, or they used their control of the land to compel their children to care for them. In this environment, argues Alfred Kutzik, the vast majority of colonial American elders required no public assistance.⁵⁷

It appears, however, that these historians exaggerate the degree to which the aged remained independent in agricultural societies. David Thomson confutes the idea that retirement was rare in agricultural societies. He advances that the aged were never particularly active even in the rural labour-force. There is, he claims, "no significant body of evidence to substantiate the claim of continued employment of the aged in the past". He explains that the aged of the eighteenth-century were hardly more robust, or more able to do manual labour than the aged of today. Retirement was a recognized feature of life long before the twentieth-century and it was, he asserts, rare for people to continue working long after the age of sixty-five. "Retirement from work before the onset of actual physical decrepitude," he contends, "seems to have been an accepted phase of life."⁵⁸

If the elderly were unable to support themselves because they did not work, Thomson asserts that they were maintained by their communities. Richard Smith supports this contention with evidence from early manorial courts. Retirement, he explains, "was a concept current and regularly observed."⁵⁹ In this sense,

he argues that, while it did not create a social problem, old age dependency was not uncommon in eighteenth-century England. The issue received little attention, not because the aged required no assistance, but because communities rarely questioned their obligation to provide it.⁶⁰ It is wrong, these historians argue, to assume that because poor-relief was not a problem that there were few poor.⁶¹

Nevertheless, historians and sociologists have long argued that industrialization and urbanization transformed the economy's occupational structure in ways that were "particularly detrimental to older members of the working class."⁶² According to this argument, usually associated with modernization theory, in an industrial system where workers depend upon wage labour the elderly were unable to compete. As a result they became obsolete as new machinery and a drive for higher productivity increased the pace of work in the latter decades of the century and older men found themselves unable to keep up.⁶³ William Graebner believes that these workers were driven out of the work-force as employers attempted to improve efficiency by eliminating unproductive or less productive workers. Those aged people who remained employed, he asserts, were concentrated in low paying clerical and sub-clerical occupations. He concludes that it was unemployment caused by age discrimination in the work place which led to high levels of old age dependency since few of these unemployed workers had access to alternate sources of income.⁶⁴ Andrew Achenbaum concludes that while this process forced few out of the labour force prior to 1890, unemployment among the aged became significant during the next three decades.⁶⁵

Other historians, however, have located evidence which refutes these claims.

Margaret Pelling, for instance, argues that in Norwich, England, an urban textile center, evidence from as early as 1570 indicates that "older men were not radically more likely to become unemployed than younger men."⁶⁶ Similarly, Brian Gratton concludes that aged men in the United States at the end of the nineteenth-century, "were quite likely to remain in the labour-force".⁶⁷ Howard Chudacoff and Tamera Hareven found consistently high employment rates for older men in Massachusetts during the final decades of the last century.⁶⁸ Meanwhile, in Britain as many as 66% of the men over the aged of sixty-five were economically active in the 1890's.⁶⁹

Even after the turn of the century, historians found little evidence of advancing dependency among the aged.⁷⁰ In New York State in 1901, Sue Weiller found the majority of aged men were married, employed, and heads of their households.⁷¹ Many, rather than being dependents themselves, had children or other relatives who were dependent upon them.⁷² Far from being destitute or decrepit most aged people were able to care for themselves.⁷³ It would appear, therefore, that not only has the degree to which the aged in the distant past remained self-sufficient been over-stated but that their rising poverty and dependency after 1890 has been greatly exaggerated.⁷⁴

This may be the result of historians accepting employment as the main indicator of independence. Those without employment, it is assumed were almost certainly left with no means of support. Many researchers assume that the ability to survive on non-employment income was rare prior to 1930. This has led some historians to see any decline in employment levels among the aged as a clear indication of their increasing impoverishment. Roger Ransom and Richard Butch,

however, explain that "the history of retirement in the United States needs to be reassessed. A significant misunderstanding which has influenced much recent work on contemporary retirement is the view that retirement was uncommon before 1940." ⁷⁵ Rather than having retirement forced upon them by agist policies which removed older men from the work-force, they advance that retirement rates for men were the same in 1870 as they were in 1930. They explain the discrepancy between their findings and the work of other historians by referring to the manner in which census officials recorded employment rates.

Ramson and Sutch note that calculations concerning decreasing employment levels among older workers in the United States rely on information found in various census reports. Earlier reports, especially the 1890 census are used as a reference point to highlight the degree to which the aged were forced out of the labour force prior to 1930. They point out, however, that the definition of employment used in these censuses provided a particularly high incidence of employment among the aged and that "a considerable number of persons who were retired or permanently disabled were reported with a gainful occupation." ⁷⁶ In 1870 and 1880 people were assigned their "habitual occupation whether it is being pursued at this time or not." In 1890 anyone was included as employed if they were "in pursuit of income". People living on investment income or pensions were, by this definition, often counted as employed. ⁷⁷

When the employment rates for older men are re-calculated counting only those people who were actually working, the decline in the levels of employment among aged men between 1870 and 1930 disappear. The higher levels of employment previously cited were due to more to changing definitions of employment than to

any alteration in the actual portion of aged men who worked. Ramson and Sutch argue that throughout the period, 64% of age men were gainfully employed. These findings, they advance, place in question arguments concerning the increased dependency of the aged. There was, they conclude, "a significant propensity to retire at the turn of the century."⁷⁸ This would indicate that not only were more aged people apparently able to survive while retired than was previously supposed, but there is also no indication of any decrease in their ability to support themselves through employment.

It is apparent, however, as William Graebner and Andrew Achenbaum advance, that many aged men, though employed, did experience what Ramson and Sutch refer to as "on the job retirement" in which they were moved, as they aged, to less demanding and lower-paid jobs. Rather than seeing this as evidence of forcing the aged out of the work-force Ramson and Sutch see these occupational transitions as a means of permitting the aged to retain some form of employment, and hence an income despite a decline in their ability to perform manual labour.⁷⁹ For many reduced employment was a transitional step on the path towards full retirement.⁸⁰

Further evidence that retirement was a possibility for numerous aged people in late-nineteenth-century United States is offered by a study carried out by Brian Gratton and Francis Rotondo. They affirm that "economic growth engendered by industrialization had very positive effects" for many aged people, and that the welfare of older people improved rather than degenerated during the industrial era.⁸¹ They explain that at the turn of the century, elderly people, using the earnings of their entire family could produce savings and investments which could

provide them with an average annual retirement income of \$308 a year for ten years. While these "life-cycle savings", as Ramson and Sutch refer to them were highly dependent upon inter-familial sacrifice, family work could permit the working class to build up considerable assets with which to ward off dependency in old age. In fact, they point out that many did more than that since the annuities produced by these savings would have provided a good standard of living for many aged people even if they no longer worked.⁸² This contention is corroborated by similar information concerning the savings British workers contributed towards nineteenth-century Friendly Societies. These organizations collected funds from workers and used these savings to support their members in periods of illness, or old age.⁸³

In addition, Gratton and Rotondo assert that aged men were twice as likely as younger men to obtain income from sources other than employment. They also point out that contrary to arguments concerning the declining ability of aged men to earn a living through employment, cost of living survey carried out by the United States Bureau of Statistics reveal that the economic fortunes of all workers rose between 1890 and 1917 and that older men fared as well if not better than younger men in the general improvement.⁸⁴ These findings certainly suggest that old people in the United States were far from being a helpless, dependent minority.

Rather than being an indication of increasing dependency, Brian Gratton and Sue Weiller have argued that the degree to which the elderly were being forced out of the American work-force prior to 1930 was exaggerated to create support for the implementation of social security programmes. Despite the stories of high levels of unemployment and dependency among the aged which were used to justify

universal retirement policies, old age pensions, they explain, created rather than reflected major changes in the work and economic situation of the elderly. Instead of rescuing an unemployed and impoverished aged population from dependency, social security was initiated mainly to remove the aged from the labour-force in order to open up jobs for unemployed younger men. The very fact that the aged had to be legislated out of the work-force suggests that their labour force participation was considerable. In this sense, Sue Weiller comments that the often cited decrease in the labour force participation of older men between 1890 and 1930 was more apparent than real and the rhetoric around the issue was concerned more with political debates than with the real needs or condition of the aged themselves. ⁸⁵

Aside from causing widespread unemployment and dependency among the aged, industrialization, historians have postulated, also caused fundamental changes in how families perceived the aged and their obligations towards them, causing children to "cut the ties of responsibility for looking after aging parents". ⁸⁶ Judith Husbeck, for example, reports that in industrial cities poor living conditions were compounded by the growing uselessness of the older generations. The helpless and destitute grandfather or grandmother, she advances, was regarded as a distinct burden to the household. ⁸⁷

A very different picture emerges however if one studies the actual behavior of families. ⁸⁸ Jill Quadagno found that families always supplied the bulk of the care for the aged, even when the aged could contribute nothing in return. The refusal of some children to maintain their aged parents was not, she insists, a symbol of family breakdown, but rather a response to economic hardship, which

in times of crisis effected all age groups, not only the elderly.⁸⁹ Contrary to assertions that the rising aged population in poorhouses and almshouses was evidence of families abandoning their elderly kin, Quadagno advances that the minority of the aged population who ended their days in such institutions were mainly those who had no children, no kin, and apparently no friends.⁹⁰

These trends were not only a British or European phenomenon, but were present in North-America as well. In one of the few American studies which focus on the aged and their place in the family and community, Tamera Hareven and Howard Chudacoff reveal that despite industrialization and urbanization and regardless of changing attitudes towards them, the lives of the aged during the nineteenth-century and well into the twentieth-century were characterized by a lack of marked discontinuity in work and family careers in later life, and the overwhelming significance of the nuclear family and household as a major locus of support.⁹¹

Refuting the assumptions concerning the quality of life of the elderly reached by studies based on changing attitudes towards the aged, Gratton, Hareven and Chudacoff, conclude, based on the family life, work force participation and income levels of the elderly, that the major alterations in the lives of the aged occurred only in this century.⁹² Previously, change was slow, and traditional patterns of family support and work for the old persisted beyond any of the supposed periods of transition or industrialization described by Fischer, Achenbaum or Haber. Daniel Scott Smith came to similar conclusions after examining the American manuscript censuses from 1880 and 1900. Smith submits that the research revealed that "change in the family status of the older population

has been low historically, with most of the change occurring only in recent decades." ⁹³ Ann Shola Orloff concludes that the history of the aged in the nineteenth-century is a picture of overall continuity. ⁹⁴

Although these studies all offer insights into the actual condition of the aged population in nineteenth-century North America, they are all based on demographic data, such as census reports and population statistics. They provide details of work-force participation and inter-generational co-residence, which certainly suggest much about the lives of the aged, but, with the exception of Quadagno, they do not reveal how the physically dependent aged were cared for, or how families responded to an aged individual's needs. These studies also do not inquire as to how social welfare policies aided or hindered families' efforts in this regard. In short these studies come closer to offering information that uncovers the details of how the dependent aged were provided for, but they do not provide sufficient data with which to answer the all the pertinent questions.

Public Welfare Policies and The Aged

The value of detailed studies of aged individuals and their families becomes especially clear when one considers the vast wealth of information which has been unearthed by examinations of poor-relief records especially specific case studies of elderly persons receiving this assistance. Such studies have put into question many of the assumptions concerning public support for the aged in the past and the role of the family in the care of the dependent aged.

Raymond Mohl contends that poverty in early America may have been substantially

more widespread than previously believed. ⁹⁵ Charles Lee, for instance, states that it is wrong to assume that because poor-relief was not a problem in colonial American that there were few poor. ⁹⁶ The poor, in fact, were far from rare and considerable municipal funds were expended in relief efforts. Also, despite the general belief that public support for the aged was non-existent or only given grudgingly and in minuscule quantities, a large portion of these expenditures went to towards the support of the aged. ⁹⁷ Historians of poor-relief have demonstrated that since at least the eighteenth-century a significant portion of the aged population in the United States and Britain has received a remarkable degree of financial assistance from public funds. In this sense the twentieth-century is not the first to deal with the problem of how to provide for large numbers of dependent aged. ⁹⁸ As David Thomson asserts, past societies could not ignore the issue of old age dependency and they had to create policies for it. ⁹⁹

Regardless of claims that our current situation is unique, David Thomson contends that in relation to the population of young adults, there was probably a larger portion of aged people in the British population before 1841 than after. ¹⁰⁰ Similarly, David Troyansky asserts that the aging of the seventeenth-century population in both England and Europe made for a noticeable and "rather complicated demographic transition". ¹⁰¹ Richard Smith supports this contention and argues that the relative burden of the care of the elderly was substantially greater in the late-seventeenth-century than in the nineteenth-century or indeed during the early twentieth century. There were in the mid-eighteenth-century four people between the ages of twenty-five and fifty-nine for every person over the age of sixty. By 1851 this ratio was five to one. ¹⁰² Thomson discovered that as early as 1700 many British parishes contained a large number of aged individuals

who had no surviving children, no children who lived near-by, or whose children were simply too poor to support them. All of these people had to be supported by public funds.¹⁰³ Similarly, in eighteenth and early nineteenth-century America significant amounts of out-door relief were given to aged people. The aged were, in fact, the recipients of the majority of the relief distributed. In Philadelphia for instance, 390 of the 549 people on relief in the mid-1830's were over the age of sixty.¹⁰⁴

In comparison to our current panic over distributing public funds to the aged, Thomson and others have located evidence that past poor-relief for the aged was "largely benevolent and sympathetic in operation".¹⁰⁵ While some historians have questioned Thomson's claims,¹⁰⁶ he asserts that nineteenth-century outdoor pensions for the aged were fairly generous, amounting to as much as between 70% and 80% of the average working class wage. Public Pensions today he points out rarely provide the aged with more than 40% of the average adult income.¹⁰⁷ Also, despite a lack of legal obligation, and in contradiction to the assumption that public pensions for the aged are a recent invention, Richard Smith asserts that most English communities made these pensions widely available to the aged to the degree that they were standard for many decades of the nineteenth-century. He advances that it was commonly accepted that the elderly had a valid claim upon their community for support.¹⁰⁸ David Thomson contends that during this period a majority of the elderly working class received regular poor-law out-door relief payments. In fact, he calculates, between 65% and 70% of all women over the age of seventy received some form of pension.¹⁰⁹

Various historians have also discovered that poor-relief payments were not made

only when the aged had no family nearby. Although it is often assumed that the presence of kin automatically rendered a person ineligible for public assistance, historians such as Jill Quadagno, David Thomson, and Richard Smith have pointed out that for the bulk of the nineteenth-century poor relief payments were distributed among the aged whether they had relatives or not and very little attempt was made to recoup any part of this expenditure from the relatives who were legally liable to contribute. Even children, they argue, were almost never forced to help support their parents prior to the 1870's. ¹¹⁰

Laws enacted in various forms in both Britain and America made families responsible for the support of the aged. While historians have often cited these regulations to prove that families were obligated to care for the aged, careful study of the court records led David Thomson to conclude that the degree to which these laws were actually used to force families to maintain the aged has been greatly overstated. Even according to the law, the legal responsibility of the family in Britain was quite limited. Once they married, for instance, daughters, had no responsibility for their parents. Men were not responsible for their in-laws, nor were siblings, aunts, uncles, grandchildren, nieces or nephews legally bound to support aged kin. As well, the courts had to prove that a relative was "of sufficient means" to pay support before any maintenance order could be issued. Even as limited as they were, these laws were, in fact, infrequently enforced and often disregarded. ¹¹¹

Similarly, in America, Blanche Coll found that officials understood that poor old people usually had poor relatives. Courts occasionally did order people to support an aged parent, but if this order was ignored, town officials usually

forgot the matter.¹¹² Rather than forcing a family member to provide for the aged, town officials would reach a mutual agreement in which the responsibility was shared. Similarly, Peter Laslett concludes that in England, during the nineteenth-century old people were supported by a wide range of expedients in which family and community collaborated.¹¹³ These findings cause Thomson to assert that in the case of family support for the aged statutory provision does not always provide a fair description of standard practice.¹¹⁴ Instead, when the aged found themselves in need, they turned not to their families, but to their community, and the Courts, instead of forcing families to provide for the aged, upheld the notion of community or public responsibility for their financial support.¹¹⁵

This does not mean that families were not vital to elderly people. While few families were able to provide financial support for their aged kin, children whether married or single played a considerable part in providing care for their parents.¹¹⁶ In her study of the aged in nineteenth-century Devonshire, Jean Robin, found that nine of every ten aged people had at least one unmarried child living with them. Daughters over the age of thirty were particularly evident.¹¹⁷ Similarly, Michael Anderson found that elderly spinsters received a great deal of care and support from kin.¹¹⁸ These findings have been supported by the results of the 1851 of England which found most aged people living together with their children. Various studies of American census reports revealed similar trends.¹¹⁹

While many government statements from the late-nineteenth-century affirm that families were providing less and less care for the aged, it appears that there

was no change in the amount of care or attention families provided for the elderly in either Britain or America. Instead what changed was the degree of public assistance distributed to the aged. Once this assistance was reduced the ability of families to care for the aged was greatly diminished. Public officials, however, refused to acknowledge that it was restrictive relief policies and not uncaring families which caused the noticeable increase in old age poverty and dependency in the latter decades of the last century.

Historians generally state that the elderly, along with everyone else suffered at the hands of poor relief reforms which occurred in both England and America during the 1830's. England's infamous Poor Law of 1834 with its harsh authoritarian and restrictive guidelines for providing assistance to the poor and unemployed has often been cited as an example of the way in which the destitute aged were treated by public poor relief officials. The image of the Work House always looms large in most accounts of poor relief in the nineteenth-century.

Yet, David Thomson argues that the harsh reforms of the 1834 Poor Law were never enforced, or even intended to be enforced against the aged. In his study of Ampthill and Bedford Poor Law Unions, he found little enthusiasm for poor law reforms that thrust responsibility for the aged upon their relatives. The aged, he argues were relatively unaffected by these reforms. Instead the benevolent attitude exhibited by public officials in earlier periods continued.¹²⁰ Despite frequent claims that the Poor Law led to the widespread institutionalization of the aged, Poor Law officials themselves stated that "it is not our intention to issue any such rule", that would force the aged to enter Work Houses in order

to receive relief. ¹²¹ Few aged, in fact, ever did enter Workhouses in the nineteenth-century. ¹²²

Similarly, in Philadelphia, as far as the aged were concerned, the idea that institutional aid should completely supplant all other forms of public aid was almost always rejected. ¹²³ The overseers of the poor declared that it would be cruel, unfair, and that it would make no economic sense to force people into institutions. In fact, Blanche Coll discovered evidence that civic officials advocated providing pensions which would keep poor people in their homes. Some even suggested paying family members to care for the aged. As result, although nearly every leading seaport in America had an Almshouse by the 1730's, most aged people were provided with out-door pensions until at least the middle of the nineteenth-century. As late as 1830, less than 10% of public assistance was given in institutions. Even when officials did restrict public relief to institutional aid, as they did in Pennsylvania in 1828, public opinion was so against the idea that outdoor relief was allowed to continue. ¹²⁴

The evidence provided by these historians indicates that the aged were not a "social problem" prior to the late-nineteenth-century. This was not because there were too few of them to constitute a burden or a problem. A significant portion of eighteenth and nineteenth-century populations in England and America were aged. Many of these people were dependent, yet most were not being supported by kin. Families and neighbours provided care for the dependent elderly, but few relatives were able to maintain them financially. The main reason the aged poor were not a social problem was that the bulk of them were being supported by public poor relief funds. ¹²⁵ The aged were treated as a community responsibility

and both public opinion and the courts upheld and accepted this situation. While other dependent groups, such as the unemployed, were treated with suspicion by poor relief officials and were often sent to institutions, the aged were generally treated benevolently and were permitted to remain within their communities being provided with assistance in their own homes. This situation changed, however, and the aged became a pressing social problem during the final decades of the nineteenth-century. This was not because their families suddenly refused to care for them, but because government officials, in an effort to reduce poor-relief costs, began to restrict the amount of public assistance being distributed to old people. In this regard, Government statements concerning the lack of attention paid to the aged by their families were not made in response to a decline in familial responsibility towards the aged but were instead an attempt to force upon families an increase in the level of their fiscal responsibilities towards the elderly.

Priscilla Clement asserts that three motives guided welfare policies in the nineteenth-century; genuine concern, social control, and fiscal restraint. All three of these affected policy, and none was ever totally absent, but the relative importance of the three varied considerably over time.¹²⁶ David Thomson adds that, regarding the support of the aged in particular, there has been a series of shifts between two loci of responsibility, namely the family and the community. The balance of responsibilities between these two poles has changed over time, shifting continually according to a multitude of social, economic, demographic and political pressures.¹²⁷ When genuine concern was the primary motive of poor relief policies the balance of responsibility for the aged has rested with the community. When fiscal restraint was the dominant consideration

policies have been enacted to shift the bulk of the responsibility upon the family.

During the late nineteenth-century, welfare policies in England and the United States underwent a dramatic shift in which fiscal restraint became the primary objective of poor-relief officials. As Raymond Mohl describes, outdoor relief came under attack virtually everywhere in the last three decades of the nineteenth-century. This was mainly because these decades were marked by three periods of prolonged economic depression which left far more people dependent upon public assistance than the system could support.¹²⁸ As Priscilla Clement points out, economic upheaval, more than any other factor, are decisive in promoting welfare change.¹²⁹ Depressions hardened attitudes towards the poor and increased the reluctance of officials to expend limited public resources upon relief. As well, in times of economic necessity out-door relief more than any other poor relief practice became the prime target of cost-cutting measures.¹³⁰ For instance, in New York during the late-nineteenth-century poor relief officials found that there was a steadily increasing demand for assistance which a lack of sufficient funds left them totally unable to meet. In response public out-door relief was abolished.¹³¹ During the same period, Providence, Rhode Island slashed out-door relief expenditures from \$150,00 in 1878 to \$4,700 two years later.¹³²

While such reductions in outdoor relief spending had occurred during earlier periods of economic crisis, such as the 1830's, such restrictive policies had normally only been applied to those deemed to be "able bodied".¹³³ After 1870, however, the elimination of outdoor relief was so severe that the aged, "the

core of public welfare commitment" and previously the one group left unaffected by restrictive relief policies, were targeted "in a way not seen before or since".¹³⁴ In England, the Poor Law budget was halved, the number of elderly people receiving pensions was halved and the value of the pensions that were distributed was also halved. Public relief was eliminated for aged people who had relatives capable of maintaining them. Court prosecutions for non-maintenance were increased and the legal concept of family responsibility was extended to include a larger group of relatives. As well, the notion of what constituted "sufficient means" was defined in a manner which left even very poor families liable to support their aged kin.¹³⁵ For those who refused to maintain the elderly, the threat of the Workhouse was employed to pressure relatives into providing support.¹³⁶

In a society in which the majority of the aged population was supported by poor relief payments, such actions could do little else but create a major social crisis.¹³⁷ Such policies initiated a huge transfer of responsibility for the support of the aged from the community to the family.¹³⁸ In doing so, however, these policies placed upon nineteenth-century families a burden which they were totally unable bear, creating among the aged widespread poverty and dependency. While these policies may have been initiated with the express intent of encouraging family affection, their main impact was to greatly increase the workhouse population and remove the aged from their homes.¹³⁹

Research has revealed that almost everywhere that court action was taken to force families to support their aged kin, the cost of such litigation was often equal to, and often in excess of, the amount of public assistance originally

being expended. Taxpayers, Edith Abbot demonstrated, were rarely, if ever, saved any money by these measures which caused great suffering among the former recipients of relief and their families.¹⁴⁰ Such actions were justified, however, as an attempt to force families to carry out their moral duties towards the aged. In reality, the frequently cited examples from the 1890's of starving aged people who it was assumed had been abandoned by their immoral and uncaring families were, in fact, mainly victims of the anti-out-door pension campaign which left them with no form of support. Hence, the aged as a "social problem" was not the result of irresponsible families or a decline in the level of care families provided for the aged. The problem was instead a creation of restrictive government policies.

Considering the significant amount of evidence indicating that many of the current beliefs about the lives of the aged in nineteenth-century England and America were based upon assumptions and myths rather than facts it is clear that a study of the actual condition of the aged population of nineteenth-century Ontario could reveal that the same misconceptions are prevalent in Canada as well. This process will begin with an examination of the size, composition and living arrangements of Ontario's aged population.

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CHAPTER II

HOME AND FAMILY:
A DEMOGRAPHIC PROFILE OF THE AGED IN NINETEENTH-CENTURY ONTARIO,
BROCKVILLE, 1851 TO 1901

The first myth described in the last chapter was that sociologists and historians have often assumed that the aged population in the past was insignificant and that most people died before reaching the age of sixty. As previously illustrated, however, historians have produced an amazing array of studies and statistics concerning the size and composition of the aged populations in the United States and Britain as well as parts of Europe from the early sixteenth century to the present day,¹ which have helped, at least in these countries, to dispel this myth. In comparison, unfortunately, relatively little is known about the demographic history of the aged in Canada prior to this century.²

Several investigations have charted the rise in numbers among the elderly population since 1900, but it has generally been accepted that prior to this date there was only a small population of old people in Canada and that their numbers remained fairly stable. Since major changes in the position of the elderly in society have occurred only in recent decades,³ demographers and some historians have assumed that demographic changes occurred only in this century.⁴ These assumptions have led people to conclude that there was no point in studying changes among the aged population in the last century. Several historians and demographers have used Census figures calculate the total number of aged people in any given decade of the nineteenth-century. Few studies, however, have attempted to study the growth of Canada's or Ontario's nineteenth-

century elderly population over time, or to chart changes which occurred in the composition of this group during the last half of the last century. Consequently, aside from some rather sparse details, almost nothing is known about who the aged in nineteenth-century Ontario were, how they lived, or with whom they resided.

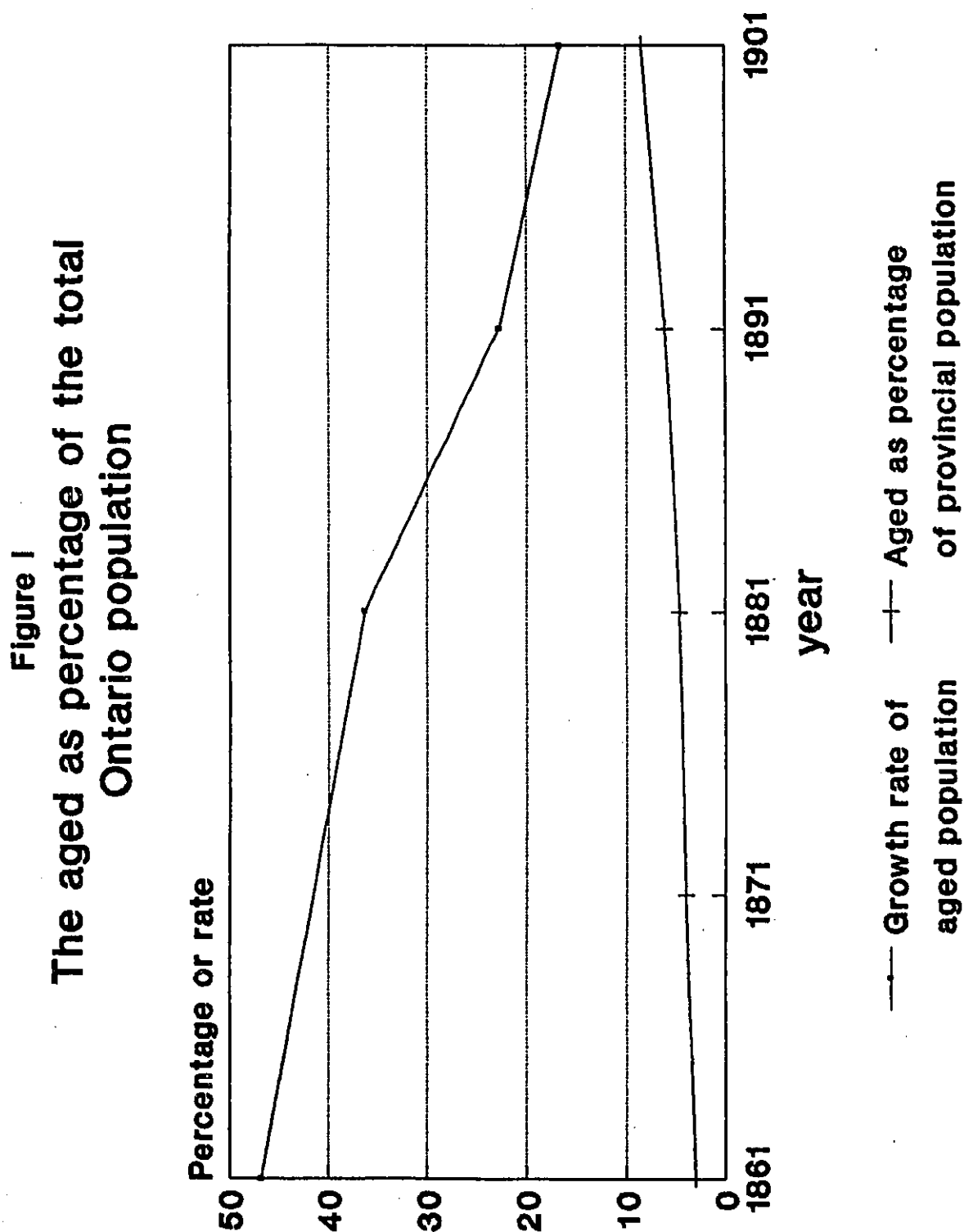
To answer these questions one must use census data, since this is one of the few sources available for such a study. Rather than merely counting the aged population, however, the following study employs census material to locate aged households and to analyze their structure as well as any changes in their composition which occurred between 1851 and 1901.

While census figures provide the only source with which to study changes in the province's aged population over time, there are problems associated with using this information. As an indicator of how many people were over the age of sixty, census data provides no more than a close approximation of the actual size of the population. For instance, the "population by age" statistics given in each census were not always divided into comparable age groups; in certain years the population was grouped into five-year age cohorts, such as sixty to sixty-five years, and in other years ten-year age groupings were used. In addition, these ten-year groupings could run from sixty to seventy, sixty to sixty-nine or from sixty-one to seventy-one. This makes it impossible to compare the figures from decade to decade with any precision. It is also evident that in the early census reports the population was under-enumerated. The aggregate census figures provide a general indication of the major trends and demographic patterns in the composition of the province's aged population .

In Canada West in 1851 there were 29,533 persons over the age of sixty and they formed 3% of the population. Ten years later, the 55,968 people over sixty constituted 4% of the population. By 1871 there were almost 75,000 aged people in Ontario comprising 4.6% of the total population. This number rose to 117,791 persons or 6.1% of the population in 1881 and 152,488 people or 7.2% of the population in 1891. By 1901 there were 182,735 people, or 8.4% of the total population of Ontario who were over the age of sixty.⁵

These figures reveal an important trend in the growth of the aged population. After 1881, this population was increasing but at a steadily slower rate. Even in absolute numbers the aged population grew by smaller and smaller numbers during the last three decades of the nineteenth-century. The aged population increased at a rate of 46.8% between 1851 and 1861, and 36.3% between 1871 and 1881. After that date the rate of growth fell to 22.7% during the 1880's and 16.6% between 1891 and 1901. In absolute numbers the aged population increased by 42,791 people in the 1870's, 34,697 during the 1880's, and only 30,247 between 1891 and 1901. It was during this last decade, however, that the size of the aged population came to be perceived as a "social problem" by the Ontario government. It is ironic this concern about the growth of the aged population developed after that growth had begun to slow down.⁶ (see Figure 1)

Figure 1-The Aged as a Percentage of the Total Population of Ontario compared to the Rate of Growth of the Aged Population Between 1851 and 1901.



This does not mean, however, that the aged were rare. In comparison to the current size of the elderly population, the nineteenth-century figures seem low. However, the increase in the portion of the population over the age of sixty which occurred during the twentieth century is not entirely attributable to growth in the numbers of old people. It also reflects the significant decline in the crude birth rate.⁷ Declining fertility rates, and the shrinking of the size of the population under the age of twenty automatically increase the portion of the population who are aged, even if the actual number of people in this group does not grow.

In the early period, Canada West was still in the process of being settled. In 1851 and even 1861 the province was, to a large degree, still a frontier community. The population of such regions is often composed of recent settlers who tend to be young. The region also experienced massive immigration during the 1830's and 1840's. This also increased the number of younger people in the population. A large population of young adults also produces a large quantity of children. In 1851, 56.8% of the total population of Canada West, or Ontario, was under the age of twenty. Even as late as 1901, children made up 42% of the total population of the province.⁸ These figures are similar to those discovered by American historians for the colonial period. In both regions, the high numbers of children tended to distort population figures making the aged population appear smaller than it was.⁹

The current aged population appears larger in comparison to colonial or early nineteenth-century aged populations mainly because there are far fewer children in the population today. The smaller proportion of young people exaggerates the

degree to which the current elderly population is larger than that of the last century. In this sense, it is preferable to eliminate children from the calculations¹⁰ before comparing the size of the aged population of the last century with that of today. By focusing only on what portion of the adult population was over sixty, a more accurate picture of how common the elderly were among the population can be gained.

In 1851, 7.2% of the over-twenty population was elderly. This percentage rose to almost 10% in 1861, and 10.32% in 1871. The elderly formed over 13% of the adult population in 1891 and by 1901 almost 17% of all people over the age of twenty were elderly.¹¹ These statistics, which are comparable to the findings of David Troyansky for eighteenth-century France and David Thomson for eighteenth- and nineteenth-century England,¹² indicate that in 1851, every fourteenth adult person was over the age of sixty, but by 1901, every sixth adult was aged. In 1901 one was more than twice as likely to encounter elderly people among the population as forty years earlier.

The elderly, therefore, were not an insignificant minority of the population of Upper Canada in 1851, and over the course of the latter half of the century, while their numbers may not have grown as fast as some reports suggested, they became increasingly visible. Also the distinction between the current size of the aged population and that of one hundred years ago is not as great as some demographic calculations may imply. As Peter Laslett points out, numbers and statistics, in and of themselves, are inadequate to describe the lives of the people being counted.¹³

The aggregate figures above provide a general impression of how numerous the elderly were in Ontario during the nineteenth-century and how the size of this population grew. They offer no information on other vital questions concerning where and with whom the aged lived, or what changes occurred within the aged population itself. While investigating these questions on a province-wide scale would require a massive research effort, one can obtain a profile of the aged in one community. No one community can represent the specific situation in the various other locations across the province. Every village and town was unique in some respect. It is possible, however, to study a town that was not strikingly atypical and hence, no less representative of the provincial standard than any other.

The town of Brockville in Leeds County is one such community. The town is large enough to provide a sample that is of an adequate size to study but is not unmanageable. The town of Brockville was economically, socially, and demographically unexceptional.¹⁴ It was a thriving medium sized town at a time when the vast majority of Ontario's people lived in or near similar towns.¹⁵ The elderly population in Brockville during the nineteenth-century was in all probability not unlike the aged portion of most of Ontario's towns and villages. At the very least, a study of Brockville's aged population between 1851 and 1901 will provide a valid example of the general demographic trends and living arrangements among the aged in nineteenth-century Ontario.

The census district of Brockville includes the town and the surrounding rural areas. A detailed study was carried out only on the town. A sampling of the information on the rural areas produced results that were similar to the results

of the town study. This is not to argue that the rural experience of the aged was identical to that of the elderly in towns. The differences noted in this one case, however, did not appear significant enough to warrant a comparative study. In addition, a sample, which included the Frontenac and Cataraqui Wards of Kingston and the central ward of St. Catharines, was taken from the 1901 census to allow a comparison of the demographic profile of Brockville at the turn of the century with that of other regions of the province. For the most part, these results confirmed the initial impression that the situation in Brockville was not unlike the general situation across the province.

The information required to piece together a profile of Brockville's aged population is found in the manuscript census data and the printed Census material. The reports of 1851, 1891 and 1901 have been chosen for this study. Although, in theory, these census reports provide a listing of every person who lived in Brockville in the years mentioned, there are several problems with these sources. ¹⁶ The printed census material offers population totals and breakdowns of the population by age group. Since these totals were obtained from the manuscript census data, the aggregate figures in the printed census material should duplicate the results obtained by totaling the names in the manuscript census. This, however, is not the case. In 1851, for example, the printed census states that there were one-hundred and five people over the age of sixty in the town. Unfortunately, the census report from one of the three sections of the town is missing from the manuscript census. Hence, it is possible to locate only two-thirds of the total households. In the printed census for 1891, the total population of the census district of Brockville, which was much larger than the town itself, is given as 15,853 people. Yet, the breakdown of that population

into age groups totals 17,333 people.

It is also likely that in both censuses several people did not report their correct age. Many people may not have known their age, while others, especially older people, may have purposely deceived the census takers, either out of spite or a wish to keep their actual age private. As the **Brockville Recorder** reported in 1851, the ladies of the community were quite indignant when the Receiver General announced that they would have to report their precise age to the enumerators. It was expected that few would comply with this request.¹⁷

It is obvious that the census data for Brockville in both 1851 and 1891 are not completely reliable. The 1901 census is far more accurate than any of the earlier censuses, but it is likely that this census too, contains errors, omissions and incomplete data. Nevertheless, it is not likely that the calculations described here are dramatically divergent from the actual situation. While a detailed and precise analyses of the aged population of Brockville in either 1851 or 1901 is not possible, the information is sufficient to describe the basic characteristics of the aged population and to assess which living arrangements were most common for this group. The specific numbers, percentages, and averages may not be completely accurate, but the trends and characteristics they portray are certainly representative of the true state of the aged population of Brockville.

An examination of changes in the size, composition and living arrangements of Brockville's aged population highlights three issues concerning the aged in nineteenth-century Ontario and the government's response to the them. Between

1851 and 1901, the elderly population in Brockville increased in both actual numbers and as a portion of the population. By 1901, a larger number of these people were very old and more of them were in categories social historians have normally associated with poverty and dependency such as widows and never-married individuals. However, the bulk of these changes occurred in the decades prior to 1891. During the 1890's when the most vocal concerns about the number of aged people in the population were being expressed, the rate of growth of the aged population was actually slowing down.¹⁸ The alarming trends that officials predicted never materialized, as change among the aged portion of the population was in most cases negligible between 1891 and 1901. The aging of the general population also did not have the social impact government officials predicted.

Despite claims that a larger portion of these aged people were becoming dependent throughout this period, the majority of the elderly people in Brockville headed their own household or were married to a household head. The number of aged people who lived with children or kin, increased both in absolute numbers and as a portion of the total aged population. Regardless of official statements concerning the role of the family in the care of the aged, the census data from Brockville indicates that rather than shirking their responsibilities towards the aged, Ontario's families became more, not less, significant to the aged over the course of the nineteenth-century.

General Demographics

In 1851, Brockville contained 3,236 residents. It is possible to locate only 1,916, or 60%, of these people in the manuscript census, since records exist for the East and West Wards only. The total number of aged people in the town is

given as one hundred and five; the surviving manuscript census includes seventy-three, or 70%, of these people. The figures from the surviving manuscript census will be those used to represent the town of Brockville in 1851. In total 3.8% of the population of the town was aged and these elderly people were dispersed among 18.5% of the community's households. These people were on average 65 years old. ¹⁹

By 1891, the population of the town had risen to 8,791 people, distributed among 1,602 households. The town's 498 aged citizens resided in 385 households. Thus, the aged were found in 24% of the households and formed 5.4% of the total population. Ten years later, in 1901, Brockville's 670 aged people made up 6.4% of Brockville's population. It is obvious that in the fifty years between 1851 and 1901 the aged population grew substantially, not only in actual numbers, but as a portion of the population. The result was that as the nineteenth century progressed, at least in Brockville, old people were present in more households and, as a result, became a common feature of daily life for an increasingly larger segment of the population. It does not seem that the size of Brockville's aged population was in anyway exceptional. In fact, in Kingston and St. Catharines in 1901, the aged represented an even larger segment of the total population than they did in Brockville. In the two largest wards in Kingston, Frontenac and Cataraqui, the aged made up, respectively, 6.3% and 7.6% of the population. In St. Catharines, meanwhile, elderly people accounted for over 8% of the population.

As well as becoming more numerous, the elderly were older in 1891 than they had been in 1851. While their average age was 65.6 years old in 1851, by 1891 their

average age had risen to sixty-eight. The aging of the population becomes even more obvious when one considers that in 1851 there were only three people over the age of eighty while in 1891 over 10% of the aged population was at least eighty years old. Meanwhile, 36.5% of the aged population was at least seventy years old.

Despite numerous reports of the increase in the numbers of very aged people in the population during the 1890's, between 1891 and 1901 there was actually no change in the percentage of the aged population who were very old. About 10% were over eighty and 36% were over the aged of seventy. In Kingston and St. Catharines the very old formed a slightly smaller portion of the aged population, people over the age of eighty forming less than 8% of the total sample, while approximately one third of the elderly people located were over seventy. This population did grow in absolute numbers, but as shall be demonstrated, the number of children and kin caring for these people also grew.

Over the last half of the nineteenth-century, the aged population changed not only in size and age, but in composition as well: the main change being that women, especially widows became more common. Men formed the majority of the population at mid-century; by 1901, women dominated. In 1851, the elderly population of Brockville consisted of forty-three males and only thirty females. In 1891, however, women outnumbered men, forming 52% of the population. Over the next decade the gender balance remained stable, with 53% of the aged population being female. Similarly in Kingston, women formed 54% of the aged people in Frontenac and Cataraqui Wards in 1901, while they constituted over 56% of the sample from St. Catharines. This would suggest that more women were living

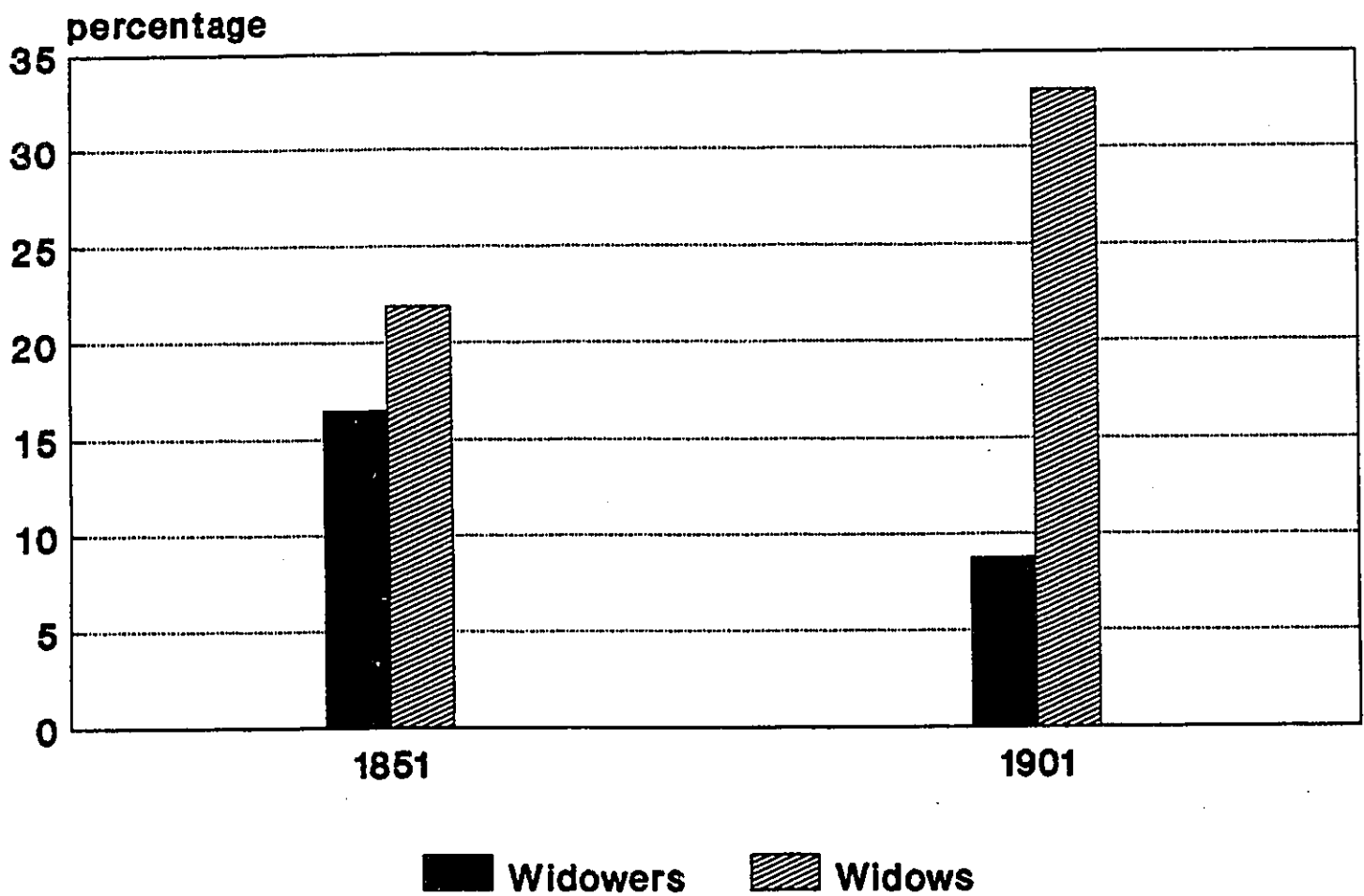
longer. Overall mortality trends during this period reveal that this was indeed the case.²⁰ Studies of mortality rates in Toronto and England concluded that there was a disproportionately rapid fall in female deaths over the nineteenth century.²¹ This trend would, in turn, impact upon the marital status of aged people.

If more women were living longer, fewer wives would pre-decease their husbands. This would be indicated by a decrease in the number of widowers and a corresponding increase in both the number of widows and married men. This was indeed what occurred in Brockville. Between 1851 and 1901 the portion of widowed men among the aged population fell from 16.4% to only 8.8%. During the same period widows who formed 21.9% of the population in 1851, came to comprise one third of the town's aged. There was also a steady increase in the number of married women; they formed 16.4% of the population in 1851, 18% in 1891 and 20% by 1901. The 1901 census for Kingston and St. Catharines reveals a very similar breakdown of the aged population by marital status. (see figure 2)

The fact that more women were living to old age is also suggested by changes which occurred in the age differential between elderly husbands and wives between 1851 and 1901. In 1851, most aged men were wed to much younger women. While the average age of these men was sixty-six years, the average age of their wives was fifty-two years. Almost three-quarters of the wives were at least ten years younger than their husbands. In at least two cases, twenty-six year old women were married to sixty-five year old men. Several of these were probably second marriages for the man.²²

Figure 2 -Widows and Widowers, 1851 and 1901
(as a percentage of the total aged population of Brockville)

Figure II
Widows and widowers, 1851 and 1901



In both 1891 and 1901 fewer men were married to such young spouses. On average there was only an eight year difference between couples. The shrinking age gap between aged couples becomes even more apparent if the exceptional marriages are eliminated from the total. When calculations are performed using the 80% of the marriages in which there was less than twelve years between the spouses, the average age difference in 1891 is reduced to 5.6 years. There were still some men who married much younger women. William Robinson, for instance, aged sixty, lived with his thirty-year-old wife Elizabeth, while eighty-year-old Joseph Thompson was married to a forty-year-old woman. Yet, unlike 1851 when age differences of at least ten years were the rule, such marriages were definitely exceptional in 1891 when only one in five aged men were involved in such unions.

This evidence combined with the increase in the number of married aged women suggests that fewer wives were dying young. This meant that fewer older men would have been required to take a second and usually younger wife. This would also mean that the wives of aged men would in general be older themselves. In 1891 the average age of older men's wives was sixty-years which was eight years older than the average in 1851. The longer that women lived, the more likely they were to outlive their husbands. This would account for the rise in the population of widowed women. This increase in number of aged women, not only resulted in a rise in the ages of the spouses of aged men it was also at least partially responsible for significant alterations in the living arrangements and family structure of the aged population as a whole. By 1891, where and with whom the aged lived, the relationship they had with these people, and the way the aged fit into the community had all been altered.

Households

Among the household's containing aged people, the most common type of household in Brockville in 1851, 1891 and 1901 was one headed by a male, between the ages of sixty-five and sixty-eight, living with a wife, aged between fifty and sixty years old, and including three or four unmarried children between the ages of fifteen and thirty-three.²³ While this broad portrait of the most common group of aged persons in Brockville implies that little changed among the elderly population during the latter half of the nineteenth-century, a great deal more change occurred than these averages would indicate. To reach a true understanding of how the aged population of 1901 differed from that of fifty years earlier it is necessary to look beyond these average traits and examine the aged population in detail.

Despite claims that the aged were becoming an increasingly dependent population, in every Brockville census schedule examined the vast majority of the aged lived independently and maintained their own homes. In fact, in each census year considered it was more common to find aged people heading households including other dependent people, usually their children, than to locate aged people living with others. In 1851, 71.2% of the households which contained an aged person, or 13.2% of the total households in Brockville, were headed by an aged person. Most of these household heads (83%) were male and over half of these men were married, while the remainder were almost all widowers. With one exception, all female household heads were widows.

In 1901, as in 1851, the majority of the aged people in Brockville were heads

of their own households. Almost three quarters of the homes in which an old person resided were headed by a person who was at least sixty years old. As in 1851, the bulk of these households heads (69%) were men in their mid-sixties. However, a greater percentage of these male households heads were married (86%), while the rest were mainly widowers. There were also more households (31%) headed by women. As in 1851, however, these women were mainly widows in their mid-sixties (94%). These changes again reflect the increasing number of elderly women in the population. There were more households headed by women and more widows, mainly because more women were living longer and outliving their husbands. There were also more married men, because more of their wives were living longer.

In all three census reports, the majority of aged households heads had children living with them. In 1851, however, there was a clear distinction between both the number and ages of the children in the homes of married household heads and those in the homes of widowed individuals. Since many of the married aged household heads in Brockville in 1851 had much younger spouses, it is not surprising that several of these elderly men also had children (four on average), who were fairly young, the average age being 15.5 years. Widowed people, on the other hand, usually had only one or sometimes two children living with them and these children were generally unmarried adults, although four households contained widowed children and some grandchildren. The average age of the children in the home of widowed individuals was twenty-two years.

By 1891, the reduction in the age differential between married couples and the decline in the number of May-December marriages had altered the family structure

of Brockville's aged men. As in 1851, the majority (67.8%) of the aged household heads lived with children. However, the children in these households were much older than the children had been forty years earlier. As well, there was no longer any distinction between the age and number of children in the homes of married male household heads and those in the homes of widows. This was mainly because there was no longer a difference between the ages of the wives of married men and the ages of widows. Hence, 70% of the households headed by an aged person who lived with children, or half of all households headed by an aged person contained only adult children, two on average. The average age of all adult children in these homes was 28.8 years. A typical example of this was Elizabeth Millroy, a seventy-year old widow, who lived with her three children Mary, aged twenty-nine, Rebecca, twenty-two, and John, thirty-two. All were single and employed.

Households with younger children usually contained only one or two children under the age of eighteen and others who were older. Very few homes headed by an aged person contained only young children. The household of sixty-seven-year-old Peter Poulin, a locomotive engineer, and his wife, Nellie, aged sixty-two, was not unusual. The couple lived with seven children; Peter, thirty-six, Mary, twenty-nine, Delli, twenty-five, Adele, twenty-six, Levi, twenty-four, Adolphus, twenty-two, and one younger child, Eva, aged fourteen. Rather than containing young dependant children, as they did in 1851, aged households in 1891 included children who were often employed and did not require a great degree of parental care. In those households where there was a child who may have required care, there were other adult siblings around who could assist.

Almost three-quarters of the adult children living in the homes of their aged parents in 1891 were daughters, most of whom were single and over the age of twenty-five, which was the age at which most women married in nineteenth-century Ontario.²⁴ The large number of unmarried daughters in these homes was probably due to a rising rate of celibacy among women in Ontario during the latter quarter of the nineteenth-century. Peter Ward explains this trend can be attributed to several factors, the main one being that the ratio of single men to women became less favourable over the course of the century. Also as the *Brockville Recorder* stated in 1892,

The failure of young men to marry has compelled hundreds of thousands of young women to earn an independent living. It is ... a grave social problem.²⁵

Ward admits, however, that alone, no one factor can sufficiently explain why many women in late Victorian Ontario never married. Also, when Ward calculates changes in the marriage market for women, he calculates the sex ratios only for younger single people. Ward has probably underestimated the degree to which the number of available men declined between 1851 and 1891 for he does not include in his calculations the effect of increased female longevity in his calculations. In 1851 many of older men would find themselves widowed and would, as a result remarry, usually to a younger woman. By 1891, given the declining death rates of married women, fewer marriages were terminated by the death of the wife, and hence, fewer older men were in need of a second, and usually younger, wife.

While some women remained single because they could not find a husband, Ruth Freeman and Patricia Klaus mention that in late-Victorian England and North

America many women preferred not to marry because they felt single women could lead happier, freer lives. ²⁶ The census data on aged households in Brockville supports this claim by suggesting one reason why remaining single became a viable option for women during this period. This was that they had a place to live which was not often available in earlier decades.

In the middle decades of the nineteenth century, fewer people lived beyond the age of sixty. Hence, as Ellen Gee explains, many women expected that before they reached the age of thirty their parents would be dead. ²⁷ Once a woman's parents were dead she had few options. Either she married or lived as a spinster aunt in the home of a relative, since it was rarely acceptable, or financially possible, for a single women to live alone. ²⁸ In 1891, however, more parents were living longer. A woman who did not wish to marry, or who could not marry, had the option of remaining in the home of her aged parents. Some of these daughters chose to remain at home to care for feeble or incapacitated parents because they felt it was their duty.

As a dutiful daughter, I simply did my job -I accepted the standard of the times that daughters belonged to their families. ²⁹

Other women may have been forced to remain at home by overbearing parents or siblings. ³⁰ In most circumstances, however, this arrangement quite likely offered many women a degree of freedom and financial security they could have never experienced in the home of a husband, or as lone women in a nineteenth-century town. In any regard, Marvin McInnis notes that for whatever reason during the latter decades of the nineteenth-century, remarkably large numbers of young women remained in their parental homes and did so to surprisingly advanced ages. ³¹

These trends gained strength during the 1890's so that by 1901 even more households headed by an aged person contained children (69.5%), and a greater percentage of these households (over 80%) contained only adult offspring whose average age was close to thirty-years old and more of these children (90%) were female, the majority of whom (69%) were single. Some aged parents housed married children and many others sheltered widowed daughters or sons, but the most common child living with aged parents was an unmarried adult daughter. This was particularly true if the parent was a widow. As in Brockville in 1901, single adult daughters were a common feature in the homes of aged people in Kingston and St. Catharines.

The fact that after 1891 aged couples had mainly adult children living with them created a situation in which households headed by aged people became distinct from the majority of the households in Brockville. In 1851, over half the population of Brockville consisted of children under the age of eighteen. Almost every household in the town contained young children. In this regard, an old man with a young wife and young children was the head of a family which was not unlike the majority of the other families. Forty years later, although most aged households still contained offspring, few of these were young. Although the "empty nest syndrome" had not yet affected many aged households,³² the structure of these aged households with only adult children was very different from that of the majority of the households of the era which still contained mainly young children. Hence, over the course of the century, households headed by aged individuals became more atypical and hence more segregated from the rest of the households than they had been earlier in the century.

In both 1851 and 1891, household heads who did not live with children generally lived alone, either as a single person or a couple.³³ While 25.9% of all aged household heads lived alone in 1891, only 21% of them did so ten years later. This would seemingly contradict arguments that the aged were being increasingly left alone to fend for themselves. While those people who did not live with their children were more likely to have unrelated lodgers in their home, few aged people had other kin or non-kin aside from domestics and servants living with them.³⁴ This does not necessarily indicate that these people were isolated or lonely for it appears that many aged people who did not live with their children lived near them. Although census data does not allow one to determine the relationship of one household head to another, the presence of neighbors with the same last name as an elderly couple and who are in the correct age group to have been their children, does suggest that many aged couples lived close enough to one or more of their children to ensure that they received the care they needed even though they lived alone. An examination of the wills of those aged people found in the 1891 census indicates that most of these people did indeed have offspring living in Brockville. As well, many wills mention siblings, nieces, and nephews who lived nearby and "showed affection", to their aged kin.³⁵

The number of aged people in need of some form of either physical or financial assistance probably increased between 1851 and 1901. We do not really know how many people comprised the dependent portion of the aged population. The only estimate available is the number of persons who lived in the home of another. This is the number used by researchers such as Howard Chudacoff and Tamera

Hareven. This calculation, however, is problematic. Living with another person does not necessarily indicate either physical or financial dependency or need.³⁶ Based on census data alone, one can only assume that those aged people, aside from wives, who lived in the homes of others, or non-heads, as they will be called from this point, were more likely than aged household heads to require assistance of some form.

Less than one third (29%) of the aged population of Brockville in 1851 lived as a non-head in the home of another person. The bulk of these people (90%) were widowed and most (60%) were female. They were generally older than household heads, being an average of sixty-seven years old, and almost all lived with sons³⁷ or sons-in-law.³⁸ The children who sheltered their parents were usually married and had children of their own.

There was a marked increase in the size of the non-head aged population between 1851 and 1891. In 1851 they formed less than 1% of the total population of the town. By 1891 almost 3% of the community fell into this group. During the next ten years, however, the portion of Brockville's non-head aged population shrank to less than 2%. In the sampled sections of Kingston and St. Catharines an equivalent portion of the total population, 1.9% and 2.1% respectively, fell into this group in 1901. It is possible that there were fewer aged people living in the homes of others because their families had sent them away to institutions, yet, as shall be demonstrated later, the proportion of the aged population being institutionalized during this period remained stable. Rather, it appears that the presence of unmarried adult daughters in the homes of the elderly parents encouraged some aged people to retain headship of their

household. If these daughters were not present, and fewer were in 1851, many aged people would have moved in with married children instead of retaining their own household. In this manner as the number of adult offspring who chose to remain in the home of their parents grew, the size of the non-head aged population shrank.

As in 1851, the majority of the non-head aged people in 1891 were widows. They tended to be a few years older than the non-heads had been forty years earlier, being 70 years-old on average. The aged men who lived in the homes of other people were generally even older than the women, being on average 76-years-old and they were often married and lived together with their wives. Females became even more common among this group in 1901, forming 66% of the dependent population. Three quarters of these women were widows, while the remainder were single. Over half were more than seventy-years-old, and another quarter were over eighty.

In 1891, the majority (65%) of the these elderly non-heads lived with their children, as they had in 1851. By 1901 the portion of dependent aged people living with their children dropped to 52.1%, but as mentioned this may have been due to the increase in the numbers of unmarried daughters who lived with their parents. Also, while the portion of dependents living with children decreased there was a corresponding increase in the portion who lived with other kin. While only 3% of the aged dependents were listed as living with kin in 1891, 19% lived with siblings, nieces, or nephews in 1901.

This change reflects the increase in the portion of single aged people who had

no children to live with.³⁹ As will be discussed below, however, the degree of change between 1891 and 1901 may have been exaggerated. As well many married people, approximately 15% of all couples at the turn of the century, remained childless.⁴⁰ As well, Ellen Gee notes that there was a steady decline in the number of children born to each married couple. This declining birth-rate was, in fact, the outstanding feature of demographic change in Canada in the latter half of the nineteenth-century. Meanwhile, child mortality rates remained high. Jane Synge reports that the combination of these trends resulted in a large number of aged people with no surviving children.⁴¹ It is clear, however, that in the absence of children other kin were willing to shelter an aged relative. When all family members are considered, a total of 67% of the aged non-heads in Brockville lived with a relative in 1891, while 71% lived with a family member in 1901. The situation in both Kingston and St. Catharines was comparable. In 1901, a total of 67.5% of all aged non-heads located in these communities lived with a family member, 80% of these relatives being adult children. These figures demonstrate that relatives played a not insignificant role in the lives of the aged and that this role may very well have increased in importance over the last decade of the nineteenth-century.

A total of 36.4% of the dependant aged in Brockville in 1891 were listed as lodgers in the homes of an unrelated individual. It is possible that several of these people were actually related to the household head, most probably as parents-in-law, but were not listed as such. This becomes evident when this information is compared to the 1901 census data which listed family relationships more accurately. The percentage of lodgers and boarders among the aged declined to 17.4%, a reduction of more than 50%. Either many more relatives

began sheltering their aged family members between 1891 and 1901, which would contradict everything the government was saying about a decline in familial responsibility for the aged during the final decades of the nineteenth-century, or many of the lodgers listed in 1891 were in fact related to the household head. In either case, these figures place in doubt any statements concerning a lack of familial support for the aged.

Conclusions

Despite their approximate nature, the above figures reveal the main trends in the composition of and the living arrangements of Brockville's aged population over the last half of the nineteenth century. These numbers and percentages present a picture of the aged population that often contradicts much of what was being said about them in newspaper articles, by government officials and by authorities. Despite claims decrying the prevalence of dependency among the aged, in 1901 the aged of Brockville were more, not less, likely to be living independently heading their own households than they were in 1891 or 1851. Also while institutional officials reported that decreasing amounts of care being given to the elderly by their families, adult children became more not less common in the homes of the aged, either living as dependents in their parents homes or housing their parents in their own homes. In addition, relatives other than children became more significant to the dependent aged as more old people were found in the homes of siblings, nieces or nephews. Despite reports of a population of impoverished, abandoned, and helpless old people, aged people who lived alone were exceptional in Brockville throughout the nineteenth-century. This situation echoes that found in the United States where Tamera Hareven discovered that throughout this period the nuclear family was the major locus

of support for the aged ⁴² and the incidents of family care increased, not decreased, over the final decade of the century.

endnotes

1. See Howard Chudacoff and Tamera Hareven, *Transitions: The Family and the Life Course in Historical Perspective* (New York, 1978). Christopher Conrad, "Old Age in the Modern and Postmodern Western World," in *Handbook of the Humanities and Aging*, eds. Thomas Cole, David Van Tassel and Robert Kastenbaum (New York; Springer, 1992):61-95; John Demos, "Old Age in New England"; Seamus Metress, "The History of Irish-American Care of the Aged," *Social Services Review* 59 no. 1 (March 1985):18-31; W. Newman Brown, "The Receipt of Poor Relief and Family Situation in Aldenham Hertfordshire, 1630-90," in *Land, Kinship and the Life Cycle* ed. Richard Smith (Cambridge; Cambridge University Press, 1984); Jill Quadagno, *Aging in Early Industrial Society: Work, Family and Social Policy in Nineteenth-Century England* (New York, 1982); Jean Robin, "Family Care of the Elderly in an Nineteenth-Century Devonshire Parish," *Ageing and Society*, vol. 4, no. 4 (1984):505-16.; Daniel Scott Smith, "A Community-Based Sample of the Older Population From the 1880 and 1900 United States Manuscript Census," *Historical Methods* 2 (1978):67-74; Stephen Smith, "Death, Dying and the Elderly in Seventeenth-Century England," in *Aging and the Elderly: Humanistic Perspectives in Gerontology*, eds. Stuart Spiker, Kathleen Woodward, and David Van Tassel (New Jersey, 1978); David Thomson, "The Decline of Social Welfare: Falling State Support for the Elderly Since Early Victorian Times," *Ageing and Society*, vol. 4, no. 4 (1984):451-82; David Troyansky, "The Older Person in the Western World: From the Middle Ages to the Industrial Revolution," in *Handbook for the Humanities and Aging*; David Troyansky, *Old Age in the Old Regime: Image and Experience in Eighteenth-Century France* (London; Cornell University Press, 1989).
2. This is largely due to the relatively late establishment of an effective system of national civil registration as well as the absence, in English Canada, of systematic parish records. See Risa Barkin and Ian Gentles, "Death in Victorian Toronto, 1850-99," *Urban History Review* 19, no. 1 (June 1990):14-29. p. 14. For a review of work done in Canada up to 1988 see David Radcliffe, "Growing Old in Ontario: A Grey Area," in *New Directions for the Study of Ontario's Past*, eds. David Gagan and Rosemary Gagan (Hamilton; McMaster University Press, 1988):179-86; Studies done since then have examined the aged in the nineteenth-century but rarely do they provide any sort of detailed information on family structures or any in-depth demographic analysis. For instance see Ellen Gee, "Demographic Change and Inter-generational Relations in Canadian Families: Findings and Social Policy Implications," *Canadian Public Policy* 16 no. 2 (June 1990):191-99; While Gee looks at an 1860 birth cohort and their parents the bulk of her comments refer to the twentieth-century. Also Stormi Stewart, "The Elderly Poor in Rural Ontario: Inmates of the Wellington County House of Industry, 1877-1907," *Journal of the Canadian Historical Association* (Charlottetown, 1992):217-34. Stewart provides details on one group of aged people but her work is of limited use in discerning broader trends and family structures. Other demographic works such as George Emery and Kevin McQuillan, "A Case Study Approach to Ontario Mortality History: The Example of Ingersol, 1881-1972", *Canadian Studies in Population*, vol. 15, no. 2 (1988):135-58, mention the aged but focus on changes which occurred in the twentieth century.

3. See Tamera Hareven, "The Last Stage: Historical Adulthood and Old Age," in *Aging, Death and the Completion of Being*, ed. David Van Tassel (Philadelphia; Temple University Press, 1979); and Daniel Scott Smith, "A Community-Based Sample of the Older Population From the 1880 and 1900 United States Manuscript Census," *Historical Methods* 2 (1978):67-74.
4. Studies such as George Emery, "A Case-Study Approach to Ontario Mortality History: The Example of Ingersol, 1881-1972," *Canadian Studies in Population*, vol. 15, no. 2 (1988):135-58; and Kevin McQuillan, "Ontario Mortality Patterns, 1861-1921," *Canadian Studies in Population*, vol. 12, no. 1 (1985):31-48; tend to highlight more recent demographic changes and as a result, and perhaps unintentionally, downplay changes which occurred before 1900. While these studies do not dismiss nineteenth-century developments they do leave the reader with the impression that these were insignificant compared to later demographic alterations.
5. See "Population by Age," in the Printed volumes of the *Census of Canada* for the years 1851, 1891 and 1901.
6. See Richard Splane, *Social Welfare in Ontario, 1793-1893* (Toronto; University of Toronto Press, 1966). pp. 106-107.
7. M.S. Marzouk, "Aging, Age Specific Health Care Costs and the Future Health Care Burden in Canada," *Canadian Public Policy* 17, no. 4 (1991):490-506. p. 490; for information regarding the nineteenth-century decline in Ontario fertility rates see Marvin McInnis, "Women, Work and Childbearing: Ontario in the Second Half of the Nineteenth-Century," *Histoire Sociale/Social History* (Nov 1991):237-62. p. 238.
8. See "Population by Age," *Census of Canada* (1851, 1891, and 1901).
9. See John Demos, "Old Age in Early New England," in *Aging, Death and Completion of Being*, ed. David Van Tassel (Philadelphia; Temple University Press, 1979). p. 131.
10. See Ellen Gee, "Demographic Change and Inter-generational Relations in Canadian Families: Findings and Social Policy Implications," *Canadian Public Policy* 16, no. 2 (June 1990):191-99.
11. As with the elderly portion of the population it is difficult to compare the size of the adult population with any precision due to the way in which the age groupings in the census material changed over time. In 1851 and 1861 the adult population includes all those over the age of 20, in 1871 all people over the age of 21 and in 1891 and 1901, all people over the age of 19.
12. See David Troyansky, *Old Age in the Old Regime: Image and Experience in the Eighteenth-Century France* (London, 1989). p. 10; David Thomson, "The Decline in Social Welfare: Falling State Support for the Elderly Since Early Victorian Times", *Ageing and Society*, vol. 4, no. 4 (1984):451-82; and David Thomson, "I Am Not My Father's Keeper: Families and the Elderly in Nineteenth-Century England," *Law and History Review*, vol. 2, no. 2 (Fall 1984):265-86.

13. Peter Laslett, "The History of Aging and the Aged," in *Family Life and Illicit Love in Earlier Generations: Essays in Historical Sociology* (Cambridge, 1977). pp. 187-89.
14. Lynne Marks, "Charity and Poor Relief in Late Nineteenth Century Small Town Ontario: The Mutability of Gender Role and the Intersections of Public and Private," (paper presented at a joint session of the Canadian Historical Association and the Canadian Political Science Association, Ottawa, June 1993). p. 1: Marks points out that most social history in Ontario has focused on the urban experience, especially that of Toronto. In reality, however, the bulk of Ontario's people lived in and experienced life and social issues in small towns. Brockville was one such town.
15. See Lynne Marks, "Charity and Poor Relief in Late-Nineteenth-Century Small Town Ontario."
16. See Peter Baskerville, "Mistaking the Census" (paper presented at the Demographic History Conference, University of Guelph, March 1993)
17. Brockville Recorder (1851) get precise quote
18. For evidence of a similar trend in the United States see Brian Gratton, *Urban Elders: Family, Work and Welfare Among Boston's Aged, 1890-1950* (Philadelphia; Temple University Press, 1986). p. 27.
19. All information on Brockville's Aged Households, unless otherwise stated was obtained from the manuscript census reports of Brockville for the years 1851, 1891 and 1901.
20. Ellen Gee, "Historical Change in the Family Life Course of Canadian Men and Women," in *Aging in Canada*, ed. Victor Marshall (Markham; Fitzhenry and Whiteside, 1987):265-87. p. 270.
21. Risa Barker and Ian Gentles, "Death in Victorian Toronto, 1850-99," *Urban History Review*, 19, no. 1 (June 1990):14-29. p. 14.
22. It is not possible to determine for certain if a wife listed in the census is a first or second wife. That a younger wife is a second wife is suggested in many cases by the presence of children in the household who are listed as the household heads offspring but who are obviously too old to have been the young wife's children. For instance, a 35-year-old wife living with a 62-year-old husband and his children who are aged 28 and 24 is almost certainly not his first wife. Also see Peter Ward, *Courtship, Love and Marriage in Nineteenth-Century English Canada* (Montreal, 1990). p. 112; Also for evidence that old men married younger women specifically as a coping mechanism for old age disability see Margaret Pelling, "Old Age, Poverty and Disability in Early Modern Norwich: Work, Remarriage and other Expedients," in *Life, Death and the Elderly: Historical Perspectives*, eds., Margaret Pelling and Richard Smith (London; Routledge, 1991):74-101. pp.88-89.

23. These broad trends are comparable to what has been found by Michael Anderson, "Households, Families and Individuals: Some Preliminary RESULTS from the National Sample from the 1851 Census of Great Britain," *Continuity and Change*, vol. 3, no. 3 (1988):421-38. According to his findings the portion of aged people who had adult children living with them in 1851 was lower (45%) than was the case for Brockville, this of course is most likely a result of Britain having a more mature demographic structure at the time.
24. Peter Ward. *Courtship, Love and Marriage in Nineteenth-Century English Canada* (Kingston; McGill-Queen's University Press, 1990). p. 181.
25. *Brockville Recorder* (Dec. 23 1892). p. 6.
26. See Ruth Freeman and Patricia Klaus, "Blessed or Not? The New Spinster in England and the United States in the Late-Nineteenth and Early Twentieth Century", *Journal of Family History*, Vol. 9, no. 4 (Winter 1984):394-414; also Michael Anderson, "The Social Position of Spinsters in Mid-Victorian Britain", *Journal of Family History*, Vol. 9, no. 4 (Winter 1984):377-93.
27. Ellen Gee, "Demographic Change and Inter-generational Relations in Canadian Families: Findings and Social Policy Implications," *Canadian Public Policy* 16, no. 2 (June 1990):191-99. p. 195.
28. See Katherine McKenna, "Option for Elite Women in Early Upper Canadian Society: The Case of the Powell Family", in *Historical Essays on Upper Canada: New Perspectives*, eds., J.K. Johnson and Bruce Wilson (Ottawa; Carleton University Press, 1991):401-24. p. 404; Marvin McNinnis, "Women, Work and Childbearing: Ontario in the Second Half of the Nineteenth-Century," *Histoire Sociale\Social History* (Nov 1991):237-62. p. 248; for a slightly contradictory account of a single woman's prospects see Jane Errington, "Single Pioneering Women in Upper Canada," *Families*, vol. 31, no. 1 (Feb. 1992):5-19.
29. Lucy Sprague Mitchell, cited in Emily Abel, *Who Cares for the Elderly? Public Policy and the Experience of Adult Daughters* (Philadelphia; Temple University Press, 1991). p. 26.
30. See Jane Errington, "Single Pioneering Women". p. 7. She comments that women often remained single due to expectations imposed upon them by their families; this idea is elaborated upon by Emily Abel, *Who Cares for the Elderly?* See Chapter 2, esp. p. 38.
31. Marvin McNinnis, "Women, Work and Childbearing". pp. 254-256; similar trends concerning increasing numbers of people remaining single and living with elderly parents are noted in R. Burr Litchfield, "Single People in the Nineteenth-Century City: A Comparative Perspective on Occupations and Living Situations," *Continuity and Change*, vol. 3, no. 1 (1988):83-100. p.98.
32. See Tamara Hareven, "The Last Stage: Historical Adulthood and Old Age," in *Aging, Death and the Completion of Being*, ed., David Van Tassel (Philadelphia; University of Pennsylvania Press, 1979).

33. In 1851 there were also a few single men who lived in hotels or inns. This population was very small.
34. Although a small number of household heads who lived with their children also lived with other relatives such as the household head's mother or sister, only 3.4% of the households headed by an aged individual contained only relatives other than children. Less than 3% of the aged household heads lived with non-kin and most of these were laborers or apprentices most likely employed by the household head.
35. AO: GS-2-84 and 84; AO: MS 857-989-1005: Surrogate Court Records, Leeds and Grenville Counties (1891-1915)
36. This definition has been used as well by Howard Chudacoff and Tamera Hareven, "From Empty-Nest to Family Dissolution: Life-Course Transitions into Old Age," *Journal of Family History*, Vol. 4, no. 1 (Spring 1979):69-82. p. 82.
37. In 1851, the specific relationship of a person to the household head is not recorded. Hence, a related person with the same last name as the household head is assumed to be a parent, while a related person with a different last name is taken to be an in-law. This assumption is supported by the fact that in 1901, when the precise relationship to the household head was recorded the portion of aged people found in the home of a younger person with the same last name who were indeed in-laws was not drastically different than the numbers calculated for 1851 based on these assumptions.
38. There were only four people who did not live with their children or in-laws. Two lived with other kin, one was a servant, and one was a lodger.
39. Ellen Gee, "Marriage in Nineteenth-Century Canada," *Canadian Review of Sociology and Anthropology* 19 (1982):311-25. p. 317; Ellen Gee, "Historical Change in the Family Life Course". p. 271; Marvin McInnis, "Women, Work and Childbearing". p. 238.
40. Ellen Gee, "Historical Change in the Family Life Course". p. 275; also see Stewart Tolany and Avery Guest, "Childlessness in a Transitional Population: The United States at the Turn of the Century," *Journal of Family History*, vol. 7 (1982):200-19.
41. See Risa Barkin and Ian Gentles, "Death in Victorian Toronto, 1850-99," *Urban History Review* 19, no. 1 (June 1990):14-29; Marvin McInnis, "Women, Work and Childbearing". p. 238; and Jane Synge, "Work and Family Support Patterns of the Aged in the Early Twentieth-Century," in *Aging in Canada*, ed. Victor Marshall (Toronto, 1980):135-44; also see Ellen Gee, "Historical Change in the Family Life Course". p. 275.
42. Chudacoff and Hareven, "From the Empty-Nest to Family Dissolution." p. 82.

CHAPTER III

DEPENDENCY, EMPLOYMENT, AND NEED
AMONG ONTARIO'S AGED: PERCEPTION AND REALITY

During the 1890's government officials regularly noted that there was a serious problem developing among the province's aged population. According to the Inspector of Prisons and Public Charities, poverty was becoming an increasingly dominant factor in the lives of Ontario's elderly. Consequently, growing numbers of aged people were ending their days in houses of industry, insane asylums or local prisons. Responding to government reports, newspapers publicized the plight of the aged poor creating in the minds of the general public the impression that most old people were living miserable lives of abject poverty.

Institutional administrators regularly lamented that most houses of industry were becoming "depositories for the decaying and the decrepid."¹ In Toronto, for example, the number of aged people seeking admission to the House of Industry increased steadily during the latter decades of the nineteenth-century. Some old people were literally dumped on the institution's doorsteps, as was one old woman who was "dropped from a wheelbarrow at the gates, by some friends".² By 1882, the establishment contained ninety people, "nearly all both aged and infirm."³ A decade later, the *Empire Toronto* declared that the institution was "simply an old folk's home, a place where poor old bodies, whose lives have apparently resulted only in poverty, find shelter in their dying years."⁴ Similarly, the *Toronto Mail* reported that the population of the institution was "composed of old worn out, broken down, decrepid, blind, paralyzed beings who, were it not for such a place, would die in the streets of exposure."⁵ Most of the people who

died in the institutions were elderly. Between 1866 and 1898 there was an annual average of ten deaths a year in the House of Industry. All but a handful of the decedents were over the aged of sixty, and several were over eighty years old. In 1899, sixteen people died; eleven were over seventy years old. ⁶ To the readers of the *Globe* it was obvious that the institution was mainly a residence for people "too old and poor to take care of themselves." ⁷ Similarly, Insane Asylum administrators complained that so many senile old people were crowding their institutions asylums were in danger of becoming "veritable homes for incurables". ⁸

Even more pitiful than the apparent hordes of aged people crowding institutions were numerous old people found in incarcerated in jails as "vagrants". In 1897 it was reported that almost half the "criminals" held in Ontario's various county jails were merely old vagrants. ⁹ In some counties jails were being used almost solely to maintain the aged poor. ¹⁰ The Inspector of Prisons commented in 1892 that these old people were "guilty of no crime but who on account of poverty and inability to earn for themselves a livelihood and having no friends to undertake responsibility of their care, have no other shelter." These "vagrants", he added, were committed from year to year, and frequently the aged found themselves in jail continuously for five or six years. ¹¹

Jails, being intended as a punishment for criminals, not as homes for the aged, merely provided the elderly with a cell. Poor old people were confined together with genuine criminals and the jail-keepers rarely had any knowledge of how to care for aged people. Consequently, newspapers reported, the elderly received no care in jails and some observers felt that once committed the old were treated

"worse than criminals".¹² Once inside a jail, the aged became prisoners and their lives were controlled entirely by the prison routine and the jail-keeper. As well, conditions in nineteenth-century jails, it was noted, were often "squalid and inhumane".¹³ One old man, for instance, arrived at the Rockwood Asylum from the Brockville jail. His eyes were cut, his face and neck were bruised and his clothes were "full of vermin".¹⁴

As a result of the horrid environment within some county jails, many feeble old prisoners suffered from depression and mental trauma while incarcerated. Insane Asylum reports verify that people who were reportedly sane when they entered a jail suffered from attacks of "mania", or were "put off base" while confined.¹⁵ In other instances, deaths of aged people could be directly attributed to the adverse conditions within jails. The Prisoner's Aid Association of Canada, publicized the plight of aged prisoners by describing the case of one eighty-five year old woman named Margaret, who died in the Whitby jail in 1894. An inquest concluded that "the deprivation of her liberty, and the loss of society unhinged her reason and her constitution broke down under the strain".¹⁶

Together these government statements and newspaper reports helped inform the public that the number of aged poor in the province was growing. This in turn created the impression that destitution, dependence, and infirmity were widespread among Ontario's aged. By virtue of their sheer numbers the aged poor came to dominate the public's understanding of who the aged were and how they lived. It was commonly understood that "the predominance of the aged in Almshouses is a sign of their increasing dependency."¹⁷ It was widely believed that the average elderly person was a likely candidate for pauperism. It was

asserted in the House of Commons that many Canadians "spend their declining years in penury and abject dependence upon others".¹⁸ Social workers attempting to secure assistance for these destitute old people emphasized their need and dependency to the degree that they too helped create in the minds of the general public the understanding that "old age, merely by that name, is a synonym for poverty."¹⁹

As well as being poor, the aged persons found in institutions, asylums, and county jails were usually feeble, infirm, or senile. This encouraged the idea that physical and mental incapacity were necessary attributes of old age. Medical journals and various social commentators regularly equated old age with illness, infirmity and senility to the point that old age itself became defined as a disease. The physical and mental weakness of the aged, it was assumed, made it impossible for elderly people to be anything but completely dependent.²⁰ Similar to the situation today, newspapers, public commentary, and official reports gave the public the impression that both the financial and physical dependency of the old were rapidly expanding and that they would continue to expand at an ever increasing rate. A major social crisis was predicted.

This crisis was frequently blamed on families. Government officials argued that the rising number of old people in institutions was largely a result of families refusing to care for their dependent elderly members. Old people were being "foisted upon the government" because their families were deciding in ever increasing numbers to transfer the burden of their care "from the home to the state."²¹ It was disgraceful, one asylum official reported, "to see how many so-called christians look upon parents in such a helpless condition as encumbrances

and are prepared to commit these harmless demented to an asylum simply to get rid of them." ²² The general impression, therefore, is that during the 1890's the aged population of Ontario was largely made up of miserable destitute people who were infirm, senile and helpless. Their families refused to care for them and as a result, these poor old people were mainly found in houses of industry, insane asylums or county jails.

It is clear, however, that the poverty and dependency as well as the physical and mental incapacity of the aged population were greatly exaggerated. As Carole Haber argues the percentage of inmates in public institutions who were elderly did not reveal that the old as a group were impoverished. By arguing that increases in the size of the aged population inside institutions reflected a rising incidence of old age dependency, officials and social commentators were confusing the growth in the absolute numbers of old people in Houses of Industry or Refuge with the unchanging portion of the aged population who were institutionalized. ²³ Even the work of Charles Booth, which did so much to focus attention on the aged poor, revealed that they were a rather small portion of the population. ²⁴ As this chapter shall demonstrate, most aged people lived outside institutions and despite reports of widespread destitution, the bulk of the aged population was not poor, mentally or physical incapacitated or dependent. As well the following chapter will reveal that families did not abandon the aged. Any crisis that existed during the 1890's was the result of government policy and not the irresponsibility of families.

Until recently most literature on the history of the aged, accepting the general argument of government reports, has focused on poverty and dependency when

describing the lives of old people in the past.²⁵ In fact, impoverishment theory dominates most writing about this group. Richard Deaton, for instance, asserts that "in British North America the condition of the elderly has been characterized by their continuous impoverishment from at least the early nineteenth-century."²⁶ Because welfare stands out as the signal characteristic of life for the elderly today, historians have been pre-occupied with the development of public support for the aged poor. By focusing their studies on welfare and poverty among the aged, historians have, perhaps unintentionally, helped to reinforce the association of old age and dependency.²⁷ They have also promoted the idea that twentieth century social welfare measures rescued a population of unemployed and uncared for aged people from certain destitution. The truth is that even during the 1890's no-one had any clear idea of how widespread destitute and need were among Canada's aged. No statistical studies were made of the elderly in this country. As late as 1928 Canadian officials were relying on extrapolations from the 1910 Massachusetts study.²⁸ The available evidence reveals, however, that during the nineteenth-century the vast majority of elderly people in Ontario lived independently and were capable of maintaining themselves.

One of the main problems involved in ascertaining the economic circumstances of the aged in the past is that the terms destitution and dependency are often confused and rarely precisely defined. Frequently the terms are used interchangeably and it is assumed that anyone who is destitute is also dependent and visa versa. For the purposes of this chapter, destitution shall refer to a complete lack of financial resources, while the term dependent will be used to describe those people who received financial assistance or physical support. As

an examination of census reports, employment records, and other documents such as wills demonstrates, destitute people could be independent. Meanwhile, some dependent people were far from destitute. It is also clear that people could be dependent upon another for either physical or financial support without being helpless.²⁹

As mentioned earlier, it has long been assumed that aside from land ownership, which declined in importance during the latter decades of the nineteenth-century, one's financial independence could only be maintained as long as one had an employment income. Hence, rising rates of unemployment among the aged have been accepted as confirmation of increasing levels of poverty and dependency. In this sense, it is frequently asserted that industrialization and urbanization, which were accelerating in Ontario during the 1890's transformed the occupational structure in ways that were "particularly detrimental to older members of the working class."³⁰ In an industrial system where workers depended upon wage labour, the elderly, it is argued, were unable to compete. As Desmond Morton asserts, in the industrializing economy of late-victorian Canada, old age was the "ultimate disaster".³¹ The aged were the most likely group of any age category to experience a decline in their employment status. As a result, the threat of poverty was never far off.³²

Only a detailed examination of the earnings, wealth holding and standard of living of Canada's aged could confirm or refute statements concerning levels of old age dependency in nineteenth-century Canada. Yet, no systematic investigation of the lives of the average aged people in nineteenth-century Canada has been carried out.³³ Almost all existing historical studies dealing with the aged have

been premised upon the assumption that Canada's aged, as a population, have always been needy and dependent upon others. Yet, even a brief examination of the living arrangements, work-force participation, and life-styles of Ontario's elderly in the last century provides considerable evidence that this was not the case. There is, for instance, no conclusive evidence of widespread unemployment among Ontario's elderly during the 1890's. Nor does the available census data confirm that those people who worked earned too little to survive. An examination of the wills of aged people indicates that even unemployed and apparently dependent aged individuals possessed assets which provided them with an adequate income. What evidence does exist supports the argument that at the end of the last century Ontario's aged population was composed mainly of independent, mentally capable people who either worked or supported themselves with savings or investment income.

Brian Gratton advances that "household headship provides a fairly valid and reliable measure of economic and social self sufficiency."³⁴ It has been claimed, however, that prior to 1940, few aged people achieved the minimum level of income required for independent living.³⁵ Yet, the demographic profile of the aged in Brockville, Kingston, and St. Catharines, described in the last chapter, demonstrated that, at any time between 1851 and 1901, at least 70% of those community's aged, lived independently, heading their own household.³⁶

Most of the aged men in these communities were employed. While a detailed examination of employment trends is beyond the scope of this chapter, a general survey of the census data reveals that as late as 1901, a decade after unemployment due to age discrimination was supposed to have had a significant

effect on old men's labour force participation, between 64% and 76% of the aged men in Kingston, Brockville and St. Catharines worked. Considering that forced unemployment due to the impact of ill health was most common among men over the age of seventy, it is significant to note that 41% of the aged men included in this survey fell into that age group. Although it has been noted that retired individuals were regularly recorded in nineteenth-century census reports as employed,³⁷ this was not the case with Canada's 1901 census which included a separate category for retired people. One can assume therefore that all older men listed as employed in the 1901 census were active in the labour force.

The 1901 census also permits historians to calculate how much working men earned. While these figures are most likely not entirely accurate, and many people did not reveal their income, an analysis of the incomes reported by aged men can provide at least a general indication of whether older men were earning enough to support themselves. In Kingston, St. Catharines and Brockville approximately two-thirds of the employed old men reported their income. Some reported annual earnings as high as \$2000 and others earned as little as \$90. Reported earnings between \$300 and \$600 were most common. The average income in the three communities ranged between \$389.00 and \$404.00. There was little variation by community or even within different sections of these towns. In all three locations and in every ward studied the average fell into this narrow range. These figures could be vitiated by the portion of working men who did not report their income. It seems, however, that failure to report one's income was at least equally prevalent among those people who most likely earned more than average as it was among men who earned less. People employed as accountants, doctors, and merchants were just as likely, and possibly more likely not to report an

income than were lower income people such as labourers, painters or carpenters. It is, therefore, possible that the average incomes could be higher than the recorded earnings would indicate. It is also interesting to note that a number of men who would normally be considered dependent because they lived in the home of another person, worked and earned what were sometimes considerable incomes. This suggests that even the dependent portion of the aged population may not have been destitute or totally unable to contribute towards their care or shelter.

To determine if the average incomes reported by older men in 1901 were sufficient to support an aged couple one must first know what the 1901 cost-of-living for two people might have been. Unfortunately, there are few reliable contemporary sources from which to construct cost-of-living estimates.³⁸ The result has been that historians have been able to do little more than discern general trends in the relationship between prices and income. As David and Rosemary Gagan report,

In spite of two decades of intensive research into the social history of late-Victorian Ontario, the standard of living associated with the growth of industrialization and urbanization is still an intriguing lacuna of our historical understanding.³⁹

The available information suggests, however, that the average income of \$400 reported by aged men in 1901 was indeed sufficient to support an aged couple. Brian Gratton reports that in the United States expenditures for people over sixty amounted to \$231.00 per person in 1891 and \$319.00 per person in 1917. While both these estimates indicate that an aged couple spent more than \$400.00 a year, Gratton notes that these expenditures included luxuries such as amusements, vacations, books, and newspapers. The aged he discovered, were not living at subsistence level.⁴⁰ In Canada, the Gagans calculated that an average working class wage in 1889 was \$450.00.⁴¹ Gordon Darrach, however, suggests that

during the 1890's, manual labourers earned no more than \$400 annually when they were fortunate enough to be fully employed, which was rare. ⁴² Terry Copp, meanwhile, remarks that a budget developed for a Child Welfare Exhibition in Montreal in 1912 determined that a family required at least \$550.00 a year to meet subsistence level. ⁴³ These amounts generally refer to the cost of maintaining a family of five. Few aged men were required to support this many dependents. Also, most cost-of-living calculations assume that a considerable portion of a family's income will be spent on rent. The aged, however, were more likely than younger individuals to own their home. This would reduce the amount aged couples had to expend on shelter. ⁴⁴ When one notes that in 1891 a family of five could subsist on \$65.00 worth of food a year, and considering that inflation was minimal between 1891 and 1901, ⁴⁵ it becomes obvious that an aged couple could, in all probability, survive quite easily on \$400.00 a year.

As well, as Brian Gratton and Francis Rotundo mention that aged people in the United States often survived on savings accumulated by combining the employment income of the entire family. Rather than creating widespread poverty among the aged, they argue that industrialization engendered economic growth which had "very positive effects" for many aged people. ⁴⁶ When the income of adult children living at home was pooled there was often not only enough to meet living expenses; there was a surplus. Parents used this surplus to provide themselves with savings upon which they could rely during their retirement.

It is also likely that many aged people in Ontario were able to supplement their employment income in this manner. In Brockville, Kingston and St. Catharines, as we have seen, large numbers of adult children lived in the homes of their

aged parents. A majority of these children were employed. While it cannot be determined what portion of their income, if any, these individuals donated to their parents, there is evidence of older people accumulating assets during this period. David and Rosemary Gagan, for instance, remark that more people were saving more money in the latter decades of the century.⁴⁷

In addition, Livio Di Matteo demonstrates that among decedents in Wentworth County, older people held the largest share of real-estate wealth.⁴⁸ This would support Gratton's claim that the aged were more likely to receive non-employment income such as annuities from savings and rents. As well, Michael Katz indicates that elderly people often sold their homes to obtain money with which to live in their old age.⁴⁹ This would mean that the average employment income of \$400.00 reported by Ontario's aged in 1901 was not necessarily their total income. It would also indicate, as Gratton and Rotondo have suggested, that those people whose employment income was most certainly too low to support them, such as the 13% of the aged men in St. Catharines, Kingston and Brockville who reported earnings of less than \$200.00 a year, or those people who reported no employment income, may have nevertheless enjoyed a comfortable existence.

This hypothesis is supported by an examination of the wills of the aged people dying in Brockville between 1891 and 1915.⁵⁰ A total of eighty-three wills, thirty from women and fifty-three from men, representing 17% of the aged population found in the 1891 census, was located. These wills indicate that aged people in Ontario did indeed accumulate substantial assets aside from employment income on which they could live even when unemployed. Combined, these estates represented a total accumulation of wealth of over \$650,600; an average of

\$7,830 for each estate. In reality, of course, this wealth was far from equally distributed among the population. The estates ranged in value from the \$130 worth of property possessed by a widow named Margaret Quinn to the fortune of Samuel Flint which was valued at \$79,550. Most people, a total of 41% of the decedents, left between \$1,000 and \$5,000 estates. A further quarter of the estates were assessed at between \$5,000 and \$10,000. In all 65% of the estates fell into the \$1,000 to \$10,000 category, or medium range. Wealthier people, those with estates of between \$10,000 and \$20,000, formed almost 10% of the decedents, while the wealthiest segment of the estates, valued at over \$20,000, comprised a further 10% of the total. Relatively poor people, with estates valued at less than \$999 made up 14% of the total.

Half of the total wealth represented by these estates, a total of \$320,550, was held in real-estate. Almost three-quarters of the decedents possessed at least one town lot. Some held vast real-estate fortunes. Samuel Flint, for instance, held over \$78,000 in buildings, lots, warehouses, and agricultural land.⁵¹ William Sherwood, a lawyer, owned \$25,000 in real-estate.⁵² Most people, over 60% of those people holding such property, owned between \$2,000 and \$6,000 in real-estate made up of one or two town lots and their residence.

Nearly one quarter of the decedents possessed no real-estate. Yet, these individuals were not necessarily poor. While 37% of the landless individuals had estates valued at less than \$1,000, another 12% possessed estates worth over \$10,000. Edward Jolling, for instance, owned no real-estate, but left an estate worth \$45,000.⁵³ Half of the landless individuals left estates of medium value, between \$5,000 and \$10,000.

The next most important category of wealth evident in the wills was savings or investment income which represented 31% of the total value of the estates. This type of wealth was distributed throughout a greater portion of the estates than was real-estate. A total of 78% of the decedents possessed savings, stocks, bonds, annuities, or life insurance. Most people merely saved money in the bank, but over 17% acquired stocks, bonds, or annuities, while an equal number purchased life insurance. These investments, valued at a total of \$205,291, represented a substantial amount of accumulated wealth, which provided income in the form of interests payments or dividends, on which the aged could survive. While half of this investment wealth was held by people with estates over \$10,000, each person possessing an average of \$9,250 in savings or investments, the bulk (two-thirds) of the people holding this type of wealth, had medium sized estates worth between \$1,000 and \$10,000. Each of these people held an average of \$1,600 in savings or investments. Even the among poorest group of decedents, 60% held some form of savings or investments, averaging \$477 for each person. Even this relatively small amount, is greater than the \$400 reported as the average annual income of elderly people in Brockville in 1901.

A third indication of accumulated wealth and savings among the aged is the degree of wealth held in the form of loans and mortgages. The ability to loan money to others indicates that a person had excess income to distribute. Mortgages testify that a person once held real-estate. They also represent a source of income. Over one third of the inventories in the wills of Brockville's aged decedents listed monies secured by mortgages, promissory notes, or loans due. These findings support Michael Katz's claim that aged people often sold

their homes or property and lived off the proceeds.

Together the information gathered from the wills of Brockville's aged citizen's indicates that the situation in Ontario was similar to that described by Brian Gratton and Francis Rotondo for the United States. A least a portion of Brockville's aged population possessed substantial amounts of wealth. Even the poor segment of the population held property, savings, or investments which would permit them to survive without employment income. Certain wills confirm that this was the case. Sisters Margaret and Ester McGibbon, spinsters were reported as living together in the 1891 census. Margaret died in 1897 leaving her entire estate, valued at \$1,000, to Ester. Ester was seventy years old, unemployed, and had no visible income. While she may have had savings of her own, she presumably relied mainly upon her inheritance. When she died in 1900, Ester left an estate of \$450.⁵⁴ It appears that \$1,000 was enough to support her for at least two years. Similarly, John Arnold, who possessed no real-estate, left his wife, Abigail, an estate of \$6,000 when he died in 1892. When she died four years later, her estate was valued at \$4,250.⁵⁵ Although she may have had another source of income, it appears that Abigail could survive on less than \$500 a year, even though she presumably had to pay for her rent or lodgings.

The wills also offer support to the idea that assuming that all aged non-heads are dependent is inaccurate. Sally Gates Booth and her husband David lived in the home of a friend. According to the census, they appear to have been an elderly couple without sufficient financial resources to maintain their own home. When Sally died in 1899 she left an estate of \$62,300, one of the largest in Brockville.⁵⁶ Obviously the Booths were not financially dependent and choose

to live with friend for other reasons.

Evidence of the contributions of employed adult children living in the homes of their parents is offered by the case of Nellie Poulin. She and her husband appeared in the last chapter as an example of an elderly couple living with several wage-earning adult children. One of these children, Peter, remained with his widowed mother, apparently contributing to her support, until his death in 1907, when he left her an estate valued at over \$11,000.⁵¹ Obviously, despite having no source of income, Nellie Poulin lived comfortably while her son lived and even after his death she possessed sufficient resources to permit her a comfortable existence.

The limited evidence offered here suggests that Gratton's hypothesis is correct and Ontario's aged did indeed manage to ward off dependency with more success than has been previously admitted. At the very least these findings reveal that reports of the widespread dependency of the aged during the latter portion of the nineteenth-century were most certainly exaggerated. The majority of these individuals lived independently and were employed. Of those aged people who worked, most earned enough to support themselves. In fact, there is evidence that some were able to accumulate savings and investments which they used to support themselves when they were no longer able to work. It also appears that children contributed to the support of their parents. This is not to argue that the aged were wealthy. While some, such as Sally Booth or Samuel Flint obviously enjoyed luxuries, and others, like Ester McKibbons, were merely able to cover their basic needs, it appears that most lived as John and Abigail Arnold, somewhere in between. In any case there is little evidence of widespread poverty

or destitution.

There were a few people who had no savings, no employment income, or an income that was inadequate to provide for their needs. These people probably did suffer poverty and deprivation. Rather than being exceptional, however, these instances of poor old people should not be understood as being evidence of some obvious association of age and destitution. Instead, these people were most certainly merely experiencing a continuation of the poverty they had experienced in their earlier lives. In a period when the bulk of the working class population lived at or just above the level of subsistence,⁵⁸ it should not be surprising that aged people suffered the same incidence of destitution as younger working class men. Rather than proving that old age was itself a cause of poverty and destitution this merely suggests that the aged were no more or no less financially secure than anyone else.

Dependency can be measured in ways other than financial need. The ability of the aged to participate in their community and inter-act socially is also an indication of independence and self-sufficiency. As Carole Haber mentions it was widely believed in the latter decades of the last century that the aged were mentally and physically unable to lead active or productive lives. An investigation of the information available in newspapers, letters, diaries and obituaries in Ontario suggests that this was not the case. It must be admitted that most information presented here represents the wealthier portion of the aged population. This group tended to remain healthy and active longer than working class individuals. It is also evident that people in clerical, professional, or non-manual occupations were able to pursue their careers longer

than manual labourers who were often forced by infirmity to give up their jobs. Nevertheless, evidence of active, productive and mentally capable older individuals of any class or income bracket certainly provides strong evidence that the public association of age with dependency due to senility or mental decay was inaccurate.

Ellen Osler (1806-1907) and Wilmot Cumberland (1811-93) were two active elderly women who lived in Toronto during the late nineteenth-century. Both were members of Toronto's privileged elite. Ellen was the wife of Rev. Featherstone Lake Osler, one of Upper Canada's early missionary workers and the mother of three of the most famous men in nineteenth-century Canada: the financier Edmund Osler, the surgeon William Osler and Briton Bath Osler the outstanding lawyer. Wilmot, meanwhile was married to Frederick Cumberland (1821-81), the famous engineer, architect and member of Parliament. Both these women remained active physically, mentally and socially well into old age. Their letters and diaries also indicate that they were not alone. Several of their aged friends and relatives were similarly active and alert. Rather than being dependent in any way both Ellen and Wilmot had others who required their care. Wilmot's husband Frederick Cumberland was bedridden for months before his death. Throughout his illness she was his primary care-giver. Ellen, meanwhile, even though she was in her eighties, spent several years caring for her invalid husband as he slowly deteriorated and died. While both women had the advantage of large families and servants to assist them while caring for their husbands, they shouldered the emotional trials involved in such an endeavour and a great deal of the physical burdens themselves. Yet, both remained active socially as well.

As Ellen wrote to her son William in 1886 "The days slip by so quickly, there seems not time to do half I would like and you know the house is always busy".⁵⁹ She pointed out to her sister Lizzie, who was also elderly, that "I hear now and then of someone who has nothing to do and cannot tell how to manage and rid themselves of the time. That is not you, nor me either."⁶⁰ Even at eighty-three Ellen had to plan her daily schedule to ensure that she accomplished all she wished. Even then "a steady stream of visitors kept her distracted all day."⁶¹ When she did feel unable to remain active all day long she was quite frustrated and commented that she "could not understand feeling old."⁶² It was not until she was over ninety however that she noted that "age and its many infirmities must excuse my many negligences."⁶³ As she approached her hundredth year Ellen fell ill and was bedridden. Even then she could not stand to be confined. Unable to leave her room, she felt that "she was in prison."⁶⁴

When over seventy, Wilmot Cumberland reported a hectic daily schedule which included French classes, charity works, attending meetings of the Board for the Home for Incurables, attending the Opera and dancing until 2 a.m.⁶⁵ She felt obliged to mention the days she remained at home and reported that "it was very dull and lazy of me."⁶⁶ Contemporaries of Ellen and Wilmot were equally active. Rev. William Griffin (1827-1917) reported on his eightieth birthday that "after a man has reached the age of eighty he might reasonably be expected to retire, but I wish it distinctly understood that I am not of a retiring disposition."⁶⁷ Amelius Irving the Treasurer of the Law Society of Upper Canada kept his position until he was almost ninety. Despite his age he seldom failed to put in an appearance at his office in Osgoode Hall every day it was open for business.⁶⁸ Meanwhile, upon his retirement at the age of eighty-four, George Cuddy of the

Canada Trust Corporation stated that he felt "rather young to be quitting."⁶⁹ While there is less documentation concerning the daily activities of non-elites there is evidence that an active old age was not confined to the wealthier members of society. Rev. William Cochrane, a rural minister who lived in constant fear of being unable to provide for his wife, reported visiting 325 families and travelling 11,920 miles the year he turned sixty-five.⁷⁰

The question remains then, why did the government encourage the public to believe that aged people were mainly ill, feeble minded and dependent upon public assistance, and why did the government blame families for this situation and insist that they were refusing to offer proper care to their aged relatives.

Several historians have discovered that the discrepancies between public perceptions of widespread dependency and crisis among the aged and the actual condition of the elderly population have usually been the result of political rhetoric. Jill Quadagno, for instance, advances that much of the emphasis on old age poverty and dependency in late nineteenth-century was of political origin. She explains that information concerning the living situation of the aged was a "theme with political significance", used in different ways by opposing sides in debates over various social welfare issues.⁷¹

In England, for instance, the advocates of public pensions, like American social workers, highlighted the plight of the destitute minority of the aged population in order to arouse public support for non-contributory pension legislation.⁷² Government officials, meanwhile, used the rising incidence of institutionalization among the elderly as evidence of widespread lack of concern for the aged

on the part of their families.⁷³ This information was presented to justify a reduction of public spending on the aged as a means of re-creating proper filial affections among the relatives of dependent older people.⁷⁴

Similarly Brian Gratton and Sue Weiller argue that the degree to which the elderly were being forced out of the American work-force prior to 1930 was exaggerated to create support for the implementation of social security programmes. Despite the stories of high levels of unemployment and dependency among the aged which were used to justify universal retirement policies, old age pensions, they explain, created rather than reflected major changes in the work and economic situation of the elderly. Instead of rescuing an unemployed and impoverished aged population from dependency, social security was initiated mainly to remove the aged from the labour-force in order to open up jobs for unemployed younger men. The very fact that the aged had to be legislated out of the work-force suggests that their labour force participation was considerable. In this sense, Sue Weiller comments that the often cited decrease in the labour force participation of older men between 1890 and 1930 was more apparent than real and the rhetoric around the issue was concerned more with political debates than with the real needs or condition of the aged themselves.⁷⁵

Similarly government officials exaggerated the degree to which families were failing to provide for their aged kin as a means of justifying cut-backs in social spending. As David Thomson describes, in England during the 1870's and 1880's, Poor-Law officials reduced the cost of out-door relief by cutting off payments to aged people and forcing their families to support them instead.⁷⁶ While these measures were introduced mainly to save money, government officials

explained that they were trying to recreate the sense of familial obligation between children and their parents which they insisted had been destroyed by the availability of overly generous public relief. "Only by cutting assistance to all," it was stated, "could the policy emphasizing self-responsibility be successful."¹⁷ It appears that a similar sentiment guided the Ontario Provincial Government.

It is clear that many of assumptions people hold concerning the dependency of the aged in the nineteenth-century and the role families played in their care are inaccurate. It is also evident that many of these false impressions were created or at least encouraged by government officials who manipulated public sentiment in order to justify policies of fiscal restraint. Families bore the brunt of the blame for what were often government initiated policies based not upon the needs of the aged, but upon political and financial considerations. In the following chapters shall elaborate upon how this process progressed in nineteenth-century Ontario and discuss the effects these developments had upon the aged and their families.

endnotes

AO = Archives of Ontario
AR = Annual Report of the Inspector of Prisons and Public Charities for
the Province of Ontario
CTA = City of Toronto Archives
MS = Manuscript Collection
RG = Record Group

1. Andrew Scull, **Museums of Madness: The Social Organization of Insanity in Mid-Nineteenth-Century England** (London; A lane Publishers, 1978). p. 40.
2. CTA: SC 35, Series F: **Annual Report of the Toronto House of Industry** (Toronto , 1866). p. 8.
3. CTA: SC 35, Series H: "Continuation of Mayor's Annual Inspection", **The Globe** (Feb. 6, 1882).
4. CTA: SC 35, Series H: "Our Christian Charities," **The Empire Toronto** (Nov. 6, 1892).
5. CTA: SC 35, Series H: "House of Industry," **Toronto Mail** (Circa 1888).
6. CTA: SC 35, Series F: **Annual Reports of the Toronto House of Industry** (see various reports between 1866 and 1899).
7. CTA: SC 35, Series H: "Continuation of Mayor's Annual Inspection," **The Globe** (Feb. 6, 1882).
8. Thomas Brown, "Living With God's Afflicted: A History of the Provincial Lunatic Asylum at Toronto, 1838-1911," (Ph.d Thesis; Queen's University, 1980) p. 24; also see AR (1893), Appendix, p. 6.
9. AR (1897), "Report Upon Common Gaols, Prisons and Reformatories"; also see Richard Splane, **Social Welfare in Ontario**. p. 102.
10. Richard Splane, **Social Welfare in Ontario, 1793-1893** (Toronto; University of Toronto Press, 1965). p. 102.
11. AR (1892), cited in **The Prisoners' Aid Association of Canada, County Paupers and County Houses of Industry** (Toronto; Dudley Press, 1894). p. 16.
12. CTA: SC 35, Series H: "Discussed Care of Aged Poor", **The Mail and Empire** (May 3 1898).
13. Thomas Brown, "Living With God's Afflicted." p. 108.
14. AO: RG 63, Series A-1, envelope 24 (file 970): Dr. Metcalfe to J.W. Langmuir (June 1879).

15. See Case-files of the Rockwood Asylum for the Insane AO: RG 10, Series F-20-1, especially cases 3110 and 1679.
16. Prisoners' Aid Association, *County Paupers*. p. 1.
17. Carole Haber, *Beyond Sixty-Five: The Dilemma of Old Age in America's Past* (Cambridge; Cambridge University Press, 1983). pp. 28-35; and Carole Haber, "And the Fear of the Poorhouse: Perceptions of Old Age Impoverishment in Early Twentieth-Century America," *Generations*, vol. 17, no. 2 (Spring-Summer 1993):46-50. p. 46.
18. Testimony given to the House of Commons Special Committee on Old Age Pensions between 1911 and 1913, cited in Kenneth Bryden, *Old Age Pensions and Policy Making in Canada* (Montreal; McGill-Queen's University Press, 1974). p. 42.
19. Brian Gratton, *Urban Elders: Family, Work and Welfare Among Boston's Aged, 1890-1950* (Philadelphia; Temple University Press, 1986). p. 126; also see Richard Deaton, *The Political Economy of Pensions: Power, Politics and Social Change in Canada, Britain and the United States* (Vancouver; University of British Columbia Press, 1989). p. 18.
20. Carole Haber, "From Senescence to Senility: The Transformation of Senile Old Age in the Nineteenth-Century," *Interdisciplinary Journal of Aging and Human Development* Vol. 19, no. 1 (1984-85). p. 44; Carole Haber, *Beyond Sixty-Five* p. also see W. Andrew Achenbaum, "The Obsolescence of Old Age in America, 1865-1914," *Journal of Social History*, vol. 8 (Fall 1974):48-62; for an account of similar trends in Germany see Hans Joachim Von Kondratowitz, "The Medicalization of Old Age: Continuity and Change in Germany From the Late-Eighteenth-Century to the Early Twentieth Century," in *Life, Death and the Elderly: Historical Perspectives*, eds., Margaret Pelling and Richard Smith (London; Routledge, 1992):134-64. p.138.
21. AR (1897). p. 211; and AR (1898). p. 151.
22. AR (1897). p. 4.
23. Carole Haber, "And the Fear of the Poorhouse." p. 48.
24. See Gertrude Himmelfarb, *Poverty and Compassion: The Moral Imagination of the Late-Victorians* (New York; Alfred Knopf, 1991). p. 148.
25. This trend has recently been reversed by the work of scholars such as Carole Haber and Brian Gratton, "Aging in America: The Perspective of History," in *Handbook of the Humanities and Aging*, eds., Thomas Cole, David Van Tassel and Robert Kastenbaum (New York; Springer, 1992):352-70. See other examples of their work cited throughout this paper.
26. Richard Deaton, *The Political Economy of Pensions*. p. 17.

27. See Brian Gratton and Francis Rotondo, "Industrialization, The Family Economy and the Economic Status of the American Elderly," *Social Science History*, vol. 15 (1991):337-62. p. 338; and Brian Gratton, *Urban Elders*. p. 98.
28. Ann Shola Orloff, *The Politics of Pensions: A Comparative Analysis of Britain, Canada, United States, 1880-1940* (Madison; University of Wisconsin, 1993). p. 148.
29. See Laurel Thatcher Ulrich, *Good Wives: Image and Reality in the Lives of Women in Northern New England, 1650-1750*. p. 37.
30. Judith Husbeck, *Old and Obsolete: Age Discrimination and the American Worker, 1860-1920* (New York; Garland Press, 1989). p. 1.
31. Desmond Morton, *Working People: An Illustrated History of the Canadian Labour Movement* (Toronto; Deneau, 1987). p. 6.
32. Michael Katz, *The People of Hamilton, Canada West: Family and Class in a Mid-Nineteenth-Century City* (Cambridge; Harvard University Press, 1975). p. 160-61.
33. James Struthers, "The Provincial Welfare State: Social Policy in Ontario," *Journal of Canadian Studies*, vol. 27, no. 1 (Spring 1992):136-46. p. 136-37.
34. Brian Gratton, *Urban Elders*. p. 40.
35. David Scott Smith, "Old Age and the "Great Transformation": A New England Case Study," in *Aging and the Elderly: Humanistic Perspectives in Gerontology*, eds., Stuart Spiker, Kathleen Woodward, and David Van Tassel (Atlantic Highlands, N.J.; Humanities Press, 1978). p. 96.
36. See The Manuscript Census of Canada 1901, Brockville, St. Catharines and Kingston. For St. Catharines a sample was taken using only the first Ward of the town. In Kingston the sample included Frontenac and Cataraqui Wards which comprised the largest segment of the city core.
37. Roger Ramson and Richard Sutch, "The Decline of Retirement in the Years Before Social Security: United States Retirement Patterns, 1870-1940," in *Issues in Contemporary Retirement*, eds., R.R. Campbell and E. Lazear (Stanford, C.A; Hoover Institution Press, 1988):3-37. p. 3; and Roger Ramson and Richard Sutch, "The Labour of Older Americans: Retirement of Men On and Off the Job, 1870-1937," *Journal of Economic History*, vol. 46 (1986):1-30. pp. 5-6.
38. See Gordon Darrach, "Occupational Structure, Assessed Wealth and Homeowning During Toronto's Early Industrialization, 1861-1899," *Histoire Sociale\Social History*, vol. 32 (1983):381-410. p. 398.
39. David and Rosemary Gagan, "Working Class Standards of Living in Late-Victorian Urban Ontario: A Review of the Miscellaneous Evidence on the Quality of Material Life," *The Journal of the Canadian Historical Association* (1990):171-93. p. 172.

40. Brian Gratton and Francis Rotondo. p. 351.
41. David Gagan and Rosemary Gagan, p. 176.
42. Gordon Darrach, "Early Industrialization and Inequality in Toronto, 1861-99," *Labour\Le Travailleur*, vol. 11 (1983):31-61. p. 41.
43. Terry Copp, *The Anatomy of Poverty: The Condition of the Working Class in Montreal, 1897-1929* (Toronto; McClelland and Stewart, 1974). p.33.
44. Livio Di Matteo and Peter George, "Canadian Wealth Inequality in the Late Nineteenth-Century: A Study of Wentworth County, Ontario, 1872-1902," *Canadian Historical Review*, Vol. 73, no. 4 (Dec. 1992):453-83. p. 469.
45. David Gagan and Rosemary Gagan. p. 183.
46. Gratton and Rotundo, "Industrialization, the Family Economy and the Economic Status of the American Elderly." p. 355; David Thomson suggests similar trends among the aged in England. See David Thomson, "The Welfare of the Elderly in the Past: A Family or Community Responsibility," in *Life, Death and the Elderly: Historical Perspectives*, eds., Margaret Pelling and Richard Smith (London; Routledge, 1991):194-221. p. 206.
47. David Gagan and Rosemary Gagan. p. 182.
48. Livio Di Matteo and Peter George. p. 470.
49. Michael Katz, *The People of Hamilton, Canada West*. p. 83.
50. See AO: GS-2-84 and 85, Surrogate Court Records: Leeds and Grenville Counties (1891-1901); and AO: MS 857-988 to 1006, Surrogate Court Records: Leeds and Grenville Counties (1901-1915).
51. See AO: MS 857-994 (#3879) Surrogate Court Records: Leeds and Grenville Counties (1905).
52. AO: GS-2-84 (#1956) Surrogate Court Records: Leeds and Grenville Counties (1892).
53. AO: GS-2-85 (#2768) Surrogate Court Records: Leeds and Grenville Counties (1898).
54. AO: GS-2-85 (#2666 and #3038) Surrogate Court Records: Leeds and Grenville Counties (1897 and 1900).
55. AO: GS-2-84 and 85 (#1998 and 2615) Surrogate Court Records: Leeds and Grenville Counties (1892 and 1896).
56. AO: GS-2-85 (#2978) Surrogate Court Records: Leeds and Grenville Counties (1899).

57. AO: MS 857-996 (#4055) Surrogate Court Records: Leeds and Grenville Counties (1907).
58. David Gagan and Rosemary Gagan, "Working Class Standards of Living." p. 190.
59. AO:MU 2294: The Osler Papers (Correspondence) Ellen Osler to William Osler: Sept 15 1886.
60. AO:MU 2294: The Osler Papers (Correspondence) Ellen Osler to Lizzie: Mar 1 1888.
61. AO:MU 2294: The Osler Papers (Correspondence) Ellen Osler to Chattie: Dec 1 1887.
62. AO:MU 2294: The Osler Papers (Correspondence) Ellen Osler to William: Jan 1887.
63. AO:MU 2294: The Osler Papers (Correspondence) Ellen Osler to William: June 1896.
64. AO:MU 2294: The Osler Papers (Correspondence) Ellen Osler to Britton Bath: May 1899.
65. AO:MU 3913: Diaries of Wilmot Cumberland (Jan 1881).
66. AO:MU 3910: The Diaries of Wilmot Cumberland (March 1893).
67. AO: Biographical Scrapbook, Vol. 1. p. 47 (1917).
68. AO: Biographical Scrapbook, Vol. 1, p. 524.
69. AO: Biographical Scrapbook, Vol. 1, p. 204.
70. AO:MS 409: Diaries of William Cochrane (Sept-Dec. 1896).
71. Jill Quadagno, **Aging in Early Industrial Society: Work, Family and Social Policy in Nineteenth-Century England** (New York, 1982). see Chapter 7 and p. 173;
72. Ann Shola Orloff, **The Politics of Pensions**. p. 138.
73. See Barbara Rosenkrantz and Maris Vinovski, "The Invisible Lunatics: Old Age and Insanity in Mid-Nineteenth-Century Massachusetts," in **Aging and the Elderly**, eds. Stuart Spiker, Kathleen Woodward and David Van Tassel (New Jersey: Humanities Press, 1978):95-125. p. 95.
74. Brian Gratton, **Urban Elders**. p. 126.
75. See Sue Weiller, "Industrial Scrap-Heap," p. 67; Brian Gratton, "Labour-Force Participation of Older Men, 1890-1950," **Journal of Social History**, vol. 20 (1987):689-710. p. 171; and Brian Gratton, **Urban Elders** (introduction).

76. See David Thomson, "The Decline of Welfare: Falling State Support for the Elderly Since Early Victorian Times," *Ageing and Society*, vol. 4, no. 4 (1984):451-82.

77. See David Thomson, "The Welfare of the Elderly in the Past: A Family or Community Responsibility," in *Life, Death and the Elderly: Historical Perspectives*, Margaret Pelling and Richard Smith (eds.) (London; Routledge, 1991):194-221. p. 217; David Thomson, "The Decline of Social Welfare."; also see Jill Quadagno *Aging in Early Industrial Society*. p. 200.

CHAPTER IV-

FAMILIES, NEIGHBOURS AND COMMUNITIES:
LOCAL SUPPORT SYSTEMS FOR THE AGED POOR IN NINETEENTH-CENTURY ONTARIO

By the final years of the nineteenth-century the reports of provincial officials and institutional administrators in Ontario were replete with statements lamenting a decline in the degree of care families were willing to provide for the dependent aged. Officials commented that it was because families were unwilling to accept responsibility for their care that the aged were becoming an increasingly visible segment of most institutional populations. These reports have fueled two of the most powerful myths which surround the history of caring for the aged, namely that prior to the advent of the welfare state families bore the entire burden of responsibility for the care of the aged, and that is was a general abdication of these responsibilities on the part of late-nineteenth-century families which made the provision of public support for the aged necessary.

Researchers in England and the United States have begun to destroy this image. Historians such as David Thomson, Jill Quadagno and Raymond Mohl have revealed that neither of these myths is correct. ¹ They report that families rarely bore the entire responsibility for caring for dependent aged people. Instead, this task was shared by families and the community. Local governments accepted that they had and responsibility to assist both the aged and the people who cared for them. ² These historians have also found that the amount of care families were willing to provide for their aged kin changed little during the latter half of the nineteenth-century. What changed was the amount of care families were expected to provide. Government reports were not an indication of declining

levels of family care, they were evidence instead of declining levels of government responsibility for their aged.³ The next two chapters shall explore this process in the context of nineteenth-century Ontario. The present chapter will investigate what amount of care local communities expected families to provide for the aged and the degree to which families managed to meet these expectations. The following chapter shall outline the process by which the definition of what was an acceptable amount of family care was altered.

An examination of municipal poor-relief records, and a variety of sources such as diaries, letters, newspapers, and genealogies reveals that during the latter half of the nineteenth-century families in Ontario provided the bulk of the physical care required by their aged relatives. Their local communities, however, were willing to assist with the task. Well before the advent of the modern welfare state, communal support networks which emphasized a social interdependence among families existed in most Ontario communities. These networks survived in one form or another until the final decades of the nineteenth-century when provincial policy decisions led to their eventual decline. Under such a system, which caused Susannah Moodie to describe Upper Canadians as "a truly charitable people",⁴ the dependent aged were viewed as a community responsibility. When old people lacked the resources to support themselves, neighbours and friends usually ensured that they were provided for in their own homes or cared for by others in a way that did not disrupt their lives unnecessarily.⁵

This is not to assert that life in nineteenth-century rural Ontario was necessarily characterized by love and kindness. Providing charity to one's

neighbours was not always an act of pure generosity. It was usually a combination of true benevolence and a strong sense of obligation which compelled people to help their neighbours. As Laurel Thatcher Ulrich explains, in eighteenth-century and nineteenth-century New England women were expected to be good neighbours. Being a good neighbour involved obligations of charity, helpfulness, and sociability. Charity, in particular, was understood to include personal responsibility for the well-being of one's nearby neighbours.⁶ As well, the concepts of individuality and self-reliance, as we understand them today, were unknown in these communities. To help any one member of the community was to help the entire community. In this way, providing food or clothing to a needy neighbour, even an unpopular one, was one way a person proved to be a useful member of the community. Ulrich also explains that this concept of "neighborliness" was not confined to rural New England but was recognized in many rural environments.⁷

The population of nineteenth-century Ontario certainly recognized a form of communal spirit and neighborliness similar to that described by Ulrich. Rather than assuming that families were to shoulder the entire burden of caring for their dependent members, neighbours and even municipal councils and magistrates understood that there were limits to the amount of care and financial support a family member could be expected to offer. Consequently, neighbours and friends were willing to supplement the assistance provided for the aged by family members and, in the absence of kin, neighbours fed clothed and cared for old people who were too ill or feeble to provide for themselves. The aged, as part of this communal support network, were not only the recipients of care. The aged people who were able to, often supported and cared for other people in need.

While communal support networks understood that few families were able to provide for all the needs of their dependent members, families were still a vital source of support and care for the aged. Friends, neighbors and public officials expected families to provide what care they could for their aged relatives. When families reached the limits of their ability to provide care, however, the community, represented by neighbours and friends, or, if necessary, the local government, was willing to offer assistance to needy aged people or their families.

Outside of Ontario's few cities, the poor-relief provided by municipal councils usually provided the central and often the only resource for the poor beyond the informal charity of friends.⁸ Hence, while little is known about poor relief in mid-nineteenth-century Ontario,⁹ petitions for relief received by local governments provide the main source of information concerning how the destitute and infirm were cared for in this period. During most of the nineteenth-century people in Ontario could petition their local government councils for assistance when they were no longer able to provide for themselves. The petitions for aid received by the Courts of the General Quarter Sessions of the Peace before 1850, and the various municipal and county councils after that date reveal much about families, communities and the care of the dependent aged in nineteenth-century Ontario. Although these records are often incomplete and cover a broad range of communities over the course of several decades, one common feature of all the petitions is the testimony they offer of an overwhelming sense of community responsibility towards the dependant aged.

For present purposes the term community shall be understood to encompass friends and neighbours as well as the local municipal, township or county government bodies. As Lynne Marks indicates the bulk of Ontario's nineteenth-century population experienced life in small towns; one third of the province's population in 1891 resided in towns with containing fewer than 5,000. Within these towns, the significance of personal ties and close social interaction blurred the divisions between the private, informal charity of friends and neighbours and the formal, public assistance offered by municipal councils and other local governments.¹⁰ Where possible informal private charity will be distinguished from public charity. Where the term community is used without qualification, however, the term should be understood to include both.

While English and American local governments had a variety of poor laws to guide their charitable actions, in Upper Canada, Canada West and early Ontario, there was no specific set of formal policies concerning the support of the dependent elderly or the poor of any age. Although the Cataraqui memorial of 1768 stated that "humanity will not allow us to omit mentioning the necessity of appointing overseers of the poor, or the making of some kind of provision for persons of the description, who, from age or accident, may be rendered helpless",¹¹ there was little official or legislative provision made in Upper Canada for the care of the indigent. This may have been because in most cases people in need could rely on the informal support of their community. Nevertheless, "from the earliest days of the history of Canada, the principle has been generally recognized that poor-relief may be granted legitimately from public funds."¹² Public relief therefore was seen as a legitimate and necessary extension of individual benevolence.¹³ Also as Mary Stokes has pointed out, the populace of mid-

nineteenth-century Ontario, trusted their local government to do what was "just" and "fair".¹⁴ Hence, with or without formal guidelines or official recognition of formal public responsibility for the poor, once their resources were exhausted, individuals, families or even entire communities felt justified in seeking assistance from public funds by petitioning local officials.

Petitions outlined the supplicant's situation and gave reasons why the local officials should grant the aid. Generally, these petitions assured officials that the individual in question had nowhere else to turn and that all other avenues of assistance had been exhausted. It was generally assumed that mutual support among neighbours had preceded and would accompany municipal relief.¹⁵ M. J. Heale explains that in early nineteenth-century New York State individual and neighbourly action was a characteristic of rural benevolence. He argues that charity created a sense of community among settlers binding them together by mutual ties and obligations.¹⁶ This was also one reason the amounts granted to petitioners were "spartan" and rarely sufficient to provide for all the needs of an individual. While David Murray has commented that Magistrates were "niggardly" in granting particularly small amounts of relief to individuals¹⁷ it is more likely that these men merely acting according to well established traditions of poor-relief and viewed the assistance they provided to the poor as being a supplement to communal relief systems, not a replacement.¹⁸ This included, it seems, viewing community support as being a complement to family based care rather than a replacement for it.¹⁹ Following a tradition that had survived in England since Medieval times, poor-relief was accepted, in most instances, as being merely one of several sources of support for the aged poor.²⁰ Hence, it was never the intention of the Magistrates that people could live

entirely on the relief they distributed.

Indeed, petitions for aid usually indicated that friends and neighbors had already assisted the applicant to the best of their ability. This is not to argue that the lives of the destitute elderly were pleasant or that they received all the care they needed. It must be remembered that the people who provided care for the aged were often poor themselves. ²¹ James Smith calculated that few households had more than a minimal amount of disposable income to redistribute to needy neighbours and kin. ²² The charity of neighbours, therefore, however generous it may have been, was always, "precarious and uncertain". ²³ Nevertheless, the petitions reveal that communities did their best to provide what care and financial assistance they could for those old people who were in need regardless of whether they had living relatives or not.

The fact that so many poor did survive on the meager poor relief payments suggests, as Jill Quadagno affirms, that, to a remarkable extent, the poor did indeed support each other. ²⁴ Communal support was also demonstrated by the fact that petitions were usually signed by several people who exhibited a concern for the individual in question by testifying that the applicant's statements were true and that their situation did indeed make them a worthy object of charity. Often these witnesses were friends and neighbours who had helped the applicant in the past and would, it was expected, continue to provide some assistance in the future. It must also be remembered that in most of the townships and municipalities across the province, the counsellors usually had personal knowledge of both the need and circumstances of the various petitioners and their neighbours. This knowledge was frequently relied on in determining what

amount of municipal relief would be just or fair in any given situation. In England, at least, E.W. Martin claims that the poor were usually well-served by this system.²⁵

In Upper Canada, before 1850, such petitions were made before the Courts of the General Quarter Sessions of the Peace held in each District. The magistrates of these courts were actually given no authority by legislation to provide aid to for the destitute.²⁶ The population in general, however, supported the extension of relief to the indigent. Consequently, Grand Juries encouraged Magistrates to "deliver such as are really in distress by making proper provisions for the same."²⁷ Among Magistrates as well, Allan Irving reports, there existed "the willingness ultimately to expend public funds".²⁸ As a result, courts frequently played an Ad Hoc role in assisting the destitute by voting expenditures to meet the needs of those people they deemed most worthy of support.²⁹ Similar to the situation David Thomson found in England, pleas for assistance from the aged or requests made on behalf of old people met with a favourable response in Upper Canada's courts.³⁰

The lack of legislative authority in these matters, however, did furnish some Districts with a convenient excuse which permitted them to refuse aid without having to explain why. The Magistrates of the Niagara District for instance frequently rejected applications for aid on the grounds that "no funds are provided by law".³¹ David Murray claims that the apparent unwillingness of the Magistrates to help the poor after 1829 was due to cold heartedness.³² Fran Thompson's research, however, suggests that the Magistrates' reluctance to help the poor in these cases did seem to have more to do with the depleted state of

the District treasury than with any callousness on the part of the Magistrates. ³³ It seems that although the general public frequently objected to the Magistrates refusal to support the poor, they did understand that the cost of such activities was a significant factor. For instance, when the question of erecting a public residence for the poor arose, the Grand Jury responded to the Magistrates' unwillingness to spend any funds on such an endeavour by announcing that "if the expense be a matter of consideration to council the citizens generally would sustain any action in the matter". ³⁴

Despite the apparent willingness of the populace to accept a degree of public responsibility for the care of the poor, official legislation regarding local poor relief was slow to develop. During the 1830's various municipalities were granted the right to distribute poor relief in their charters. In 1849, the **Municipal Incorporation Act**, officially granted responsibility for supporting the poor to newly formed county councils. In many cases, however, the Act restricted poor-relief, since it placed in question municipalities' rights to perform the relief activities they had formerly carried out on an informal basis. The power to formally grant outdoor relief, or monetary aid, was officially extended to town councils only a decade later. Originally, municipalities required the assent of the majority of the ratepayers to levy a special tax to raise money for the support of the poor. By 1866, however, municipalities were allowed to appropriate funds for poor relief from the general revenue. People seeking aid would petition these councils in the same manner in which they had previously sought aid from the District Courts. The legislation which brought about these changes, however, left the provision of aid by municipalities permissive rather than obligatory. ³⁵

The informal nature of most communal support systems makes the subject difficult to study. Petitions are among the few documents which provide any details concerning how communities cared for the aged. However, even the aid granted by local magistrates and municipal councils was often deemed to be peripheral to the activities of the municipality and hence few councils kept complete or detailed records of their responses to the various poor relief petitions they received. The records that are available include a selection of petitions from a variety of district Courts, county councils and municipal councils covering most of the nineteenth-century. None of these records are complete, and few provide a continuous selection of petitions from the same council for more than a decade. Often several petitions from one year will have survived, but the petitions for the next ten years are missing. Nevertheless, although only a few petitions might exist for any one region or period, once these scattered clusters of petitions from the several municipalities and districts of the province are combined, a large collection of information emerges.

There are certain limitations involved in using this varied assortment of incomplete records. Although sometimes the petitions are marked as having been rejected or accepted and some petitions even include a notation stating the amount of aid granted, most provide no indication of how the council in question responded to the request. For this reason it is not often possible to determine which petitions were granted and which were rejected or why. It is also not possible to ascertain if the relief granted was adequate. There were also cases in which a council agreed to provide support for an individual and issued a check for this purpose, only to have the treasurer, for any variety of reasons, refuse

to honour it.³⁶ Due to these caveats, a detailed analysis of how local officials responded to people's pleas for help is not possible, nor is any form of statistical analysis. Nevertheless, the petitions remain a valuable source of information; for regardless of whether the petitioners' requests were successful or not, or whether the aid granted was sufficient, the information in the petitions themselves reveals much about community support networks and the role they played in the lives of the dependant aged in nineteenth-century Ontario.

The basic sentiment revealed by the petitions is that at both the informal and the formal level communities accepted a large degree of responsibility for supporting the aged and the people who cared for them. The communities in which these aged people resided accepted the notion that they had a special responsibility to assist those elderly people who had served the community in one way or another. Petitions reveal that individuals and communities alike believed that serving as a local official, fighting in the army, or having provided care for others in need all qualified a person as especially worthy of financial support.

On several occasions communities petitioned local municipal councils on behalf of elderly people they felt were deserving of assistance. The people of East Gwillimbury, for instance, felt that Thomas Kelly had "strong claims upon his countrymen", since he had been a soldier for twenty-eight years and had fought with the Duke of Wellington in the Peninsular Wars.³⁷ Similarly, Isabella Lee of Burford Township was recommended for aid in 1850 because she was the widow of a British soldier.³⁸ Likewise, Elizabeth James, who at the age of eighty, became feeble and almost helpless, was found to be a proper object of public

charity because she had two helpless adult daughters, one blind, the other insane, who she had done "her utmost to support..while she was able". ³⁹

Being a long-time member of the community also qualified people for aid. It was felt that early settlers who experienced "the toils and privations peculiar to new and remote settlements" ⁴⁰ helped develop communities to the benefit of those people who arrived later. For this reason these people were considered deserving of community support. For example, twenty-eight residents of Raleigh Township petitioned the municipal council to provide aid for Mary Berkley, an elderly indigent widow, because she had been in the community "since the early days of settlement." ⁴¹ The same township also felt it was their "duty" to approach council on behalf of Mr. James, who was unable to work because he suffered from rheumatism and other ailments due to old age, because he was "one of our life long residents". ⁴²

Despite the willingness of communities to seek municipal aid on behalf of aged individuals, the most common factor among the petitions from aged people themselves, is that they had no desire to request public assistance. Older people, it seems, were determined to remain independent as long as possible. Most considered petitioning the local council for aid only as a desperate last resort once all other avenues of support had been exhausted. When they did apply for assistance, however, most aged people felt they had strong claims on community funds. Few, however, claimed that age alone entitled them to support. Instead, most old people appealed to principals of communal reciprocity and interdependence among neighbours. ⁴³ They felt that as the time they had spent raising their family entitled them to support from their children, the

contributions they had made to their community during their lifetime justified their request for communal support.

The "infirmities which accompany age" and not age in itself usually prompted people to apply for aid. The petitions reveal people did not think that they were deserving of public support, regardless of how old they were, as long as they were healthy enough to work and earn a living for themselves. For example, eighty-year-old Thomas Thrush stated that he had been determined to provide for himself as long as he could. He recalled that he had been, "for these many years tossed about from one place to another to obtain the small pittance which helped to sustain me". Only once he found himself too feeble to continue this type of life did he petition the Niagara Town Council for assistance. Even then he "found himself reluctant to sit down in (his) situation of want and necessity." but he hoped "some kind friend... would sympathize for (him)".⁴⁴ Similarly, Mrs. Gordon assured the members of the Pittsburgh Township Council that necessity brought about by age and its accompaniments, weakness and infirmity, and not "any irregularity or extravagances" on her part, had left her dependant upon the charity of council. She added that if her health would permit her to gain a maintenance, "she indeed would shrink from the idea of adding to their already onerous duties".⁴⁵

Even once they were too ill or too weak to work, few aged people applied for public aid until they had made every effort to find alternative means of support. For instance, in 1823, Spraug Frusley explained that after thirty years in the District of Newcastle he found himself with no choice but to request aid from the Magistrates since he was without home or property of any kind, and destitute

of any friends who were able to maintain and keep him now that he was, from old age and infirmities, "quite unable to do the last thing for a living".⁴⁶ Like Sprraig, most petitioners ask for relief only once they realized that they could not survive without it. Stephen Smith of Elizabethtown, for example, found himself in this situation. He had been crippled in an accident when he was fifty-six and could not work. Nevertheless, he managed to provide for himself, by one means or another, for a full ten years. By that point however, "he had exhausted all the means he ever had to support himself", and he was forced to request aid from the Leeds and Grenville County Council.⁴⁷

According to the principal of reciprocity, most aged people proved their request for aid was justified by listing the contributions they had made to the community during their more productive years. John Moore of the Niagara District, for example, recounted the story of his life to the Magistrates of the Court of the General Quarter Sessions of the Peace. In his petition of 1832 he explained that he had been a soldier in Portugal, a settler in New York State and finally a loyalist refugee in the Niagara region. He had acted as a Township Assessor for thirteen years, and taught school throughout the Niagara district. He was a school trustee and was responsible for encouraging the central government of the colony to fund schools in the region. Even once he was over the age of seventy, he continued to travel between several schools teaching to earn his livelihood. He discovered, unfortunately, that the pay he received was too low to permit him to save for his future sustenance. Hence, he found himself, "at the advanced age of ninety years, helpless, infirm (and) destitute of the means of existence". He hoped that the years of service that he rendered to the inhabitants of the District would be deemed sufficient to warrant granting him a small pension "to

preserve him during the brief remainder of his days".⁴⁸

Similarly, Elizabeth Thomson was left "in strained circumstances" when her husband, a member of Parliament, died while attending the Legislature. She believed that her husband's services to his community should entitle her to aid.⁴⁹ Edward Walker also felt he deserved assistance considering that he was wounded three times while fighting in the War of 1812. He hoped that in return "for all his services and wounds" he would be "granted a pension in his old age".⁵⁰ Likewise, Henry Hayes, petitioned the County Council of Leeds and Grenville in 1871. The independent ninety-year-old found himself "wanting of money" but did not wish the councilmen to provide him charity. He only wanted to secure the support he felt he was entitled to because of the services he had performed for his countrymen as a soldier in 1837. He had failed to obtain the proper paper work when he left the army, however, so he could not claim his pension. He also knew that tracking down the necessary records would require more money than he had available. Hence, he merely asked the council to help defray the expenses he would incur in trying to obtain his pension. Once acquired, he argued, the pension would allow him to support himself for the rest of his life, independent of the council's support.⁵¹

Communities, however, did not limit their generosity to only those old people who could prove they had contributed to the community in some manner. Friends and neighbours often petitioned their local councils for aid simply because an elderly person was in need and they felt unable to provide for that individual without formal municipal assistance. For instance, the neighbours of Charlotte Coogan were genuinely concerned for her well being and wished to provide care

for her. Unfortunately, they were unable to do so on their own. For this reason they petitioned the Leeds and Grenville County Council for assistance noting that Charlotte suffered from mental infirmity as well as the bodily infirmities of age and would often fall in the highway "exposing herself to the danger of a sudden and unprovided for death." The petitioners "craved a small donation from the council to enable them to provide for her some safe abode." ⁵² In another instance, twenty-three people petitioned their municipal council for aid, for Christopher Gallagher and his wife, who were both over seventy-years old, destitute, and "dependant upon the kindness of their neighbours". The entire neighbourhood, it was noted, "has for a long time rendered.. such relief as thought best". The community had done what it could, however, and hoped that the council would take over the responsibility of supporting the aged couple. ⁵³ Likewise, Larkin Parish, aged eighty-seven, "an old worn out soldier ...destitute of any support", was cared for by "the charitable and humane part of the community" until they found the burden too onerous and requested assistance from the local Magistrates. ⁵⁴ In another example, the inhabitants of East Gwillimbury suggested that the Council levy a special tax upon all the ratepayers in order to raise money to help Michael Carle, an old infirm man who was unable to support himself. ⁵⁵

While local communities accepted the principle that they had a certain responsibility to support the aged poor, local officials were not willing to do so unless it was absolutely necessary. Regardless of how deserving someone may have been, communities expected each member of the community, the aged included, to tend to their own individual needs to the best of their ability. Those people who could not provide for themselves were expected to turn to their relatives

before they requested either formal or informal communal support.

Community values upheld the notion that families were to provide a certain degree of care to their dependent kin. It appears, however, that most families did what the community expected. Prior to the 1890's there is little indication in public records, such as petitions for aid, that families were failing to provide what the community deemed to be sufficient amounts of care for their aged relatives. It is difficult, however, to determine exactly what type of care or what quantity of care families provided. Nevertheless, it is clear that caring for dependent family members, especially an aged relative, was fairly common. It was so normal, in fact, that few people thought it necessary to record their caring activities. Usually family care-giving was discussed only when a problem arose.

As a result, the existing records are biased towards the more problematic instances of family care where the family was forced to seek assistance, or cases where families were found to be providing inadequate care. In most instances, families caring for an aged person never arrived at the point where they had to apply for municipal assistance. While these records provide a useful image of care-giving activities and the various roles of the family, the community and the local government in the process of care-giving, one must remember that the bulk of the care-giving activities which occurred in the homes on a daily basis remain hidden from view. When discussing the role of the family in providing care for the aged it is necessary to supplement the information in the petitions with information found in a variety of contemporary sources. Together, these records indicate that families were not unwilling to assist their aged relatives.

Historians such as Michael Anderson have suggested that nineteenth-century families usually assisted only those old people who could reciprocate in some way, or those people whose dependency was short-term. Those people who possessed few reciprocal resources, or those whose dependency was likely to be progressive and prolonged, it is supposed, were in danger of being ejected from or abandoned by the family. ⁵⁶ Jill Quadagno refutes these claims. In her study of the Ribbon Weavers of Chilvers Cotton, England between 1851 and 1901 she determined that families did their best to care for the aged even when there was little possibility of them providing any form of reciprocal service. She argues that the instances of institutionalization she did locate were acts of necessity due to economic hardship and cannot be interpreted as evidence of any desire on the part of nineteenth-century families to abandon the aged. ⁵⁷

Nevertheless, while numerous studies have confirmed that popular notions that older people were frequently abandoned or neglected by their families are myths, ⁵⁸ it remains clear that several complex factors played a role in determining whether or not a relative felt able to provide care for an aged person. It is recognized today that most children accept that they should provide emotional, financial, and physical support for their elderly parents. It is often admitted, however, that some children do not feel capable of doing all they would like to. ⁵⁹

This problem is hardly new. Anne McDonnell, a relatively wealthy Upper Canadian of United Empire Loyalist descent, discovered this same dilemma in 1805 when she returned to New York State to visit her aging parents who needed care. Her diaries indicate that she loved her parents dearly and was well aware of the "duty incumbent on a child to parents in the decline of life." However, as often

as she asked herself, "how can I pain them by soon leaving them," she decided that, "I must go." When faced with the difficult choice of remaining to care for her parents or returning to her husband, Anne found that "the authority, the love of a husband even out does that of a parent." On her way home to her husband Anne concluded that, "if I did wrong to leave my parents, it is now too late to remedy it." ⁶⁰

Anne McDonnell's diary illustrates well the conflicts which could arise between the various responsibilities individuals had to their parents, their spouse, their children, and to other kin, as well as to themselves and their communities. As Emily Abel reports care-giving for the ill or disabled aged was usually a function performed by wives or daughters. Aside from the well-meaning but rarely sufficient help of neighbours and other kin, these women often had to shoulder the entire burden of what could amount to around-the-clock care for their aged kin. Few of these care-givers had any professional training or medical knowledge, and only rarely did they have sufficient access to people who did. ⁶¹ Even if a person required no specialized care, a family member was at the very least obligated to bathe them, wash their clothes and sheets, cook special foods for them, and prepare their medications. When these extra tasks were combined with the normal work of caring for a family and running a nineteenth-century household, it is easy to understand how the workload could become unbearable. ⁶² This was especially true if an aged person became senile and began to wander, became aggressive or began to exhibit inappropriate sexual behavior. ⁶³ Frequently, when an illness progressed to this stage the families and individuals who were providing care could simply could not cope. ⁶⁴

The decision to care for an elderly person in need of assistance required taking all of these factors into consideration. In certain circumstances one or more of these conflicting interests forced a person or even an entire family to decide that they could not provide the necessary care. Nevertheless, it appears that families whose conflicting responsibilities forced them to end their care-giving functions were always the exception.

Brian Gratton discovered this in his investigation of dependent aged people in Boston between 1890 and 1930. Even though economic and demographic considerations created a situation in which conflicting responsibilities and financial difficulties made it increasingly difficult for children to care for their aged parents, the portion of aged people found living with their children changed little. Rather than witnessing a decline in the degree to which families cared for the aged, the period after 1890 saw adult offspring and other kin working harder to maintain the dependent elderly. ⁶⁵ Gratton concludes that for every person forced to ask for public assistance many more relied on adult children or other relatives for their food, lodging and nursing care. ⁶⁶

Similarly, in Ontario there is no evidence that families became less willing to provide care as the century progressed despite the fact that it became increasingly difficult for them to do so. As in Boston, demographic changes over the course of the nineteenth-century, especially a steady decline in fertility, led to smaller families. ⁶⁷ This was at a time when the number of elderly people in the population was growing. People also experienced greater geographic mobility. As one newspaper commented, "keeping up the family attachment" was difficult when business and other pursuits scattered family members to distant

homes.⁶⁸ The result of these trends was that by the time parents reached old age they often found that there were fewer people near-by to provide them with care.⁶⁹ As a result, as Ann Orloff explains, "the proportion of adults at risk of supporting an elderly relative increased".⁷⁰ It also meant that kin and communal support networks, which had often been a source of support for care-givers, were weakened.⁷¹ Nevertheless, throughout the latter half of the nineteenth-century, the degree to which Ontario's families sheltered their dependent elders remained unchanged.⁷²

As the census schedules for Brockville, Kingston and St. Catharines revealed, throughout the latter half of the nineteenth-century, children and other kin played a significant role in assisting the aged. While the mere fact of living with a child or relative does not confirm that the aged were cared for, contemporary studies affirm that it is clear that if aged parents require assistance their children provide it.⁷³ While it is difficult to ascertain exactly what occurred within nineteenth-century homes, what evidence there is suggests that they too provided care when it was needed.

William George Waind reminiscences about his childhood in rural Ontario, for instance, contain several references to aged people being cared for by kin. One of them was his own grandfather.

My grandmother died and then my grandfather was left. He had a little money but not very much. The family had to keep him. There were five of them and they all had their turn.⁷⁴

A Neighbour, Waind reported, built his mother a log house between his own home and his barn. "He thought it was a good place to have her, because he could

visit her on his way to the barn and back." ⁷⁵

The genealogy of the Crawford Family, which extends from the middle of the nineteenth-century to the early part of the twentieth century, offers further indication of the degree to which Ontario families supported the aged. Benjamin Crawford had thirteen children. He died while living with one of them. Of the other children who lived to old age, five were living with their spouse when they died and six others died in the homes of their children or their siblings. ⁷⁶ Obituaries for aged people found in local newspapers often record that the deceased lived with kin. In one family, two sisters aged ninety-nine and ninety-four each lived with their sons. Another woman aged 101 had spent thirty-three years with her son. ⁷⁷

Ellen Osler's letters, written between 1870 and 1900, frequently refer to family members caring for elderly kin. She often lamented that her niece, Hattie, could never visit her. Every time Ellen invited her, Hattie replied that she felt "that she could not leave her mother just now, for she still requires attendance and much nourishment in the night." ⁷⁸ Ellen's letters also reveal the degree to which family members who did not reside with the aged assisted them and their care-givers. During the years she spent caring for her husband, Ellen's son William, who lived in Baltimore, sent her advice and instructions as to how to cope with her husband's deteriorating condition. As well, Ellen was frequently assisted in her care-giving activities by her daughter-in-laws, grand-nieces, and nieces who would take turns spending a few days with her. In the final years of her life, Ellen herself received care from these same people.

While the evidence suggests that most aged people who required assistance received it from their families, this was not the case for everyone. This was particularly true when aged people needed financial support. Although, families were usually the main source of physical support, such as lodging, or nursing care, they were rarely able to provide the aged with financial assistance. In England and America, however, it appears that this fact was recognized by local communities. Neighbours and municipal officials alike were willing to assist the aged with donations of food, fuel or financial support. Historians such as Peter Laslett have confirmed that in the majority of cases financial contributions received from what he calls the collectivity, which included the local government as well as friends and neighbours, were far more vital to the aged than similar support offered by family members.⁷⁹ Although families provided most of the care needed by their aged kin, when a family could no longer shoulder the financial burden of caring for an aged relative the community helped provide the assistance they needed.⁸⁰ In this sense community support networks played a vital role in the care of the aged. Communities recognized the limitations of family care and accepted responsibility for assisting the aged and the people who cared for them.

Studies of poor-relief practices across North America confirm this statement. Robert Cray found that during the eighteenth and most of the nineteenth-centuries local communities in the United States attempted as best they could to assist their destitute neighbours balancing compassion with economy and benevolence with discipline. Often, he asserts, the care of the poor involved a large segment of the community.⁸¹ Similarly, Virginia Burnhard found that the entire parish shared the responsibility for the aged poor, providing food,

clothing and shelter in manner that she and other historians have indicated, "was characterized by generosity and neighbourly warmth".⁸² It was also common for local authorities to issue small pensions, often referred to as "outdoor relief", to older people in need of assistance. As Priscilla Clement describes, this form of assistance was particularly useful since outdoor pensions were a humane way of dealing with poverty. They permitted the poor to remain in their community, in their own homes. They also helped people providing the aged with nursing care or shelter cover the cost of food or medicines.⁸³

Like sentiments guided Ontarians. The population of Upper Canada, it seemed, felt that it was their "duty as christians to join hearts and hands to furnish the means of subsistence to our fellow beings,"⁸⁴ and that "we should even incommode ourselves not a little" to aid a poor neighbour.⁸⁵ It seems most people reacted as Alice Patterson did when she commented that upon hearing of a poor girl in her neighbourhood "the conviction that I should do something for her forced itself upon me."⁸⁶ As well, Mary Gapper O'Brien recorded how her neighbours believed that they must "sacrifice" for "the benefit of others".⁸⁷ Together O'Brien's neighbours formed a communal support network which cared for those people who found themselves unable to provide for themselves. Several members of her community supported a man with "no visible means of support but the good offices of his friends."⁸⁸ While a poor Irish immigrant "lived on his neighbours" who had the "satisfaction of learning that (their) charity had not been misapplied" and⁸⁹ an indigent old man and his idiot daughter owed the cottage they lived in and the land they farmed "to the benevolence of a friend".⁹⁰

Communities exhibited a particular concern for the aged. Although families were

expected to provide what care they could, there was little evidence of communities forcing kin to care for the aged, or of people with relatives being excluded from receiving assistance. In a situation similar to that Jill Quadagno reports to have been the case in England prior to 1880, it was a general policy to allow small amounts of out relief to the aged "without specific concern about pressuring children to contribute".⁹¹ Usually, as was the case with a poor widow who was supported wholly by the "charity of those who knew her" because her relatives could not render her any assistance in a "pecuniary way",⁹² communities felt obliged to provide assistance for individuals when family members could not.

Communities were aware that few individuals possessed the resources necessary to provide for all the needs of a dependent aged person. While one particular relative or neighbour might assume the bulk of the responsibility for any one dependent aged person, the rest of the community usually assisted them. When the entire community finally felt unable to provide sufficient aid, they often applied as a group for support from their local municipal or county councils, or lent their support to the application of an aged person, to ensure that individual received the care they needed.

Friends and neighbours not only provided financial support, they also cared for those people who were too ill or frail to care for themselves. Although most aged people in need of care would turn to their families, those who had no kin could only appeal to the kindness of their neighbours. The petitions reveal that neighbours frequently took into their homes aged people who were simply too feeble or ill to live on their own or who had no means of providing themselves

with shelter. Many of these people were eventually forced to request public assistance to help defray the added costs of feeding and sheltering an extra person, however, they usually did so only after they had been providing care for a considerable length of time. George Docstatder of Haldimand, for instance, cared for Henry Hard, a destitute, blind and deaf, eighty-seven year old man for over a year before he asked for his municipal council to help him pay for Hard's maintenance.⁹³

Neighbours often assumed the care of individuals who were already being cared for by kin but who were left alone due to the death or illness of their caregiver. This was the case with widow Cushing of Pittsburgh Township. She was in a secure position being cared for by her son until 1859 when he was killed in an accident while performing his statute labour. As he was the woman's only source of support she was left dependant upon the charity of her neighbours. As a group, these neighbours petitioned the municipal council and obtained a grant for her support.⁹⁴ Similarly, when John Evans of Niagara was drowned, his neighbours urged the Magistrates to provide some form of support for his widow, Eleanor, a woman of "upwards of seventy years of age", who was left alone and destitute.⁹⁵

In other cases communities took over the care of an aged person because it was obvious their family was not caring for them adequately. Such was the case with Elizabeth Bowens. Her neighbours brought her appalling story to the attention of the Magistrates of the Northumberland District Courts of the General Quarter Sessions of the Peace in 1833. As a young woman, Bowens had been blinded and disfigured by smallpox and then abandoned by her husband. She found a home with

her father for several years until he died. After this, she was forced to turn to her brother for help. The aged woman signed over all the property to him; in return he promised to feed, shelter and care for her. The care he provided for Elizabeth consisted of confining her in a small unheated room allowing no-one to visit her. The blind old woman was forced to crawl over the ground in search of sticks and cow-chips to use as fuel to heat her room. Elizabeth finally managed to escape from her prison by feeling her way along fences until she found someone to help her. ⁹⁶ Her neighbours hoped that the magistrates would offer Elizabeth a weekly provision for her support so that she could be cared for within the community without being dependent upon her brother.

Several petitions reflect that the sense of communal responsibility towards the aged was not restricted to members of the community. Not only did people care for their relatives, friends and neighbours, they also were frequently surprisingly generous to complete strangers. Doctor McLeod of East Gwillimbury, attended upon a aged female vagrant for over three weeks before she died in his home. He provided her with medical care and hired an assistant to look after her. ⁹⁷ Similarly Alexander Ouellette of Essex County cared for, fed, and clothed an ill indigent man for over three months. ⁹⁸ More tragically an old man by the name of Surby took in a stranger who was afflicted with cholera. Surby generously provided what care he could for the man, only to die of the disease himself. ⁹⁹

As the case of Surby shows, the elderly were not always the recipients of care. They were also often care-givers for other dependant people. Widow Gibson had two orphaned and crippled grandchildren to care for. Gibson realized that if her

grandchildren were ever to provide for themselves they had to be educated, "for though deformed in their limbs, (they) are blessed with good mental capacity and a great desire for learning". She attempted to educate them herself, but found as she aged, that she was not able to continue. Knowing that she was near the end of her life, she urged the Magistrates of her district to help the children obtain the education she could no longer provide for them.¹⁰⁰ Equally devoted to caring for a helpless relative, Samuel Enslow, a man greatly advanced in years, devoted his life to caring for his insane son. His son required such constant care that Enslow was unable to earn a living to support his family. In 1849, his neighbours petitioned the district council for aid on his behalf.¹⁰¹ Eleven years later a census enumerator visited Enslow and found him still caring for this son who was by then so vicious that he had to be tied down. The old man, it was reported, was "going down physically by the loss of his rest". Enslow's wife, however, refused to allow the son to be sent to an asylum. The enumerator suggested that the municipal council pay for someone to help Enslow care for the deranged offspring.¹⁰²

While the aged frequently provided for family members, they also provided care for people who were not relatives, but were merely individuals in need of care. Pheobe Goodall, herself a widow "considerably advanced in life and of infirm health", took in an insane girl and cared for her, "consequently (exposing) herself and her family to the greatest privation".¹⁰³ One old man, Michael Kenny of Kitley township, "through compassion and kind feeling" took in Margaret Hunter, a poor blind widow with no home, no money, and no friends". Kenny's neighbours, however, noted that he and his wife were in "declining life" and were really unable to care for Hunter. Consequently they requested that the

county council remunerate Kenney for the care he had provided and remove Hunter to another location for the good of both Hunter and Kenny. ¹⁰⁴

Sometimes relatives applied for financial assistance when they found them overwhelmed by the burdens of providing care. Thomas Angleman, for instance, was unable to support all his dependent relatives. His parents were "old and feeble and dependant upon him for their maintenance". This couple had also been caring for an orphaned "idiot" grandson until they were no longer able to do so. While Thomas was "willing to support his parents to the utmost of his ability", he explained that he was simply not able to "bear the burden of all three, having a family of his own to support". Hence, while he sought no help for his parents, in 1835 he requested, that the Magistrates of the Niagara District provide a weekly allowance for his nephew's support. ¹⁰⁵ His request was granted.

Often, however, people caring for an elderly relative or neighbour never did request remuneration. The elderly individuals or the community as a whole, however, often requested that their local councils recognize the efforts of these kind people. Joseph Palmer, for instance, petitioned the county council of Leeds and Grenville on behalf of Mrs. Stevens, the woman who took him in and cared for him. As he explained, "but for the charity and kindness and attentions of Mrs. Stevens, I must have perished from want". ¹⁰⁶ Likewise, William Armstrong, "infirm in body and almost blind and being destitute of friends and home", found himself at the age of eighty-three, "under necessity of seeking a place among the humane and benevolent". He was eventually taken into the home of Daniel Burrowes where he was provided with shelter and care for over six years. In 1849, Mr. Armstrong requested that he be provided with some money with

which he could repay Mr. Burrowes for his kindness.¹⁰⁷ Meanwhile, the neighbours of John Burns and his wife felt that the couple deserved some financial aid in return for the trouble they experienced in taking care of an old and helpless woman.¹⁰⁸

Conclusion

It is frequently mentioned that the level of care people received from their neighbours was minimal. It was true that there was a definite limit to both the quantity and the quality of the care any of these people could provide. It must be remembered, however, that most of the care givers mentioned in these petitions were themselves poor. No matter how much they may have desired to provide sufficient care for a needy old person, their ability to do so was usually severely limited. Care in most of these instances consisted of providing the barest of necessities required to keep a destitute aged person alive. The information in the petitions suggests that although communities may have been willing to do their utmost for the dependant and the destitute, communal care was rarely more than barely adequate. This, however, does not alter the fact that to a large extent neighbours and friends devoted what amounted to a large portion of their own meager resources towards helping others. Despite the minimal amount of care they were able to supply, the generosity and kindness evidenced in the petitions should not be understated.

This generosity extended to aged people with families as well as those without kin. The petitions reveal that communities did not demand that families provide for all the needs of their aged members with no support or assistance from the

community. While families may have been expected to shoulder the major portion of the burden of caring for the ill or dependent aged, neighbours and friends were willing to assist with the task. The petitions also reveal that communities felt that families struggling to care or dependent members were deserving of assistance from public funds. It was this sentiment of community support for the aged and a sense of community support for people who were caring for the aged which allowed many aged people to remain in their own homes, or to remain in the homes of the people who were caring for them.

By the 1890's this was no longer the case. Gradually, throughout the final decades of the nineteenth-century, control over social welfare decisions was removed from the local municipal sphere and placed in the hands of provincial government authorities. As the province gained control over poor-relief practices, policies were initiated which placed a steadily increasing level of responsibility upon families. Government officials became unwilling to provide assistance to aged people with relatives and they refused to acknowledge that families caring for aged kin required support. Instead they demanded that families do more for their aged kin. The fact that families were regularly unable to meet these new demands is evidenced by the frequent complaints of government officials concerning "irresponsible families".

Despite these complaints, however, it is evident that families were no less willing to care for the aged at the end of the century than they had been earlier. What changed was not the amount of care families actually provided for the aged, but amount of care they were expected to provide. As the next chapter shall elaborate, provincial policies which accepted a decreasing degree of

public responsibility for the aged poor helped change concepts of familial responsibility towards the aged. These same policies also worked to undermine and even destroy communal support networks. The result of these trends was, that by the end of the nineteenth-century, families caring for the aged were forced to shoulder the entire burden of care with little hope of formal assistance from either the state or their local communities.

endnotes

AO = Archives of Ontario
 AR = **Annual Report of the Inspector of Prisons and Public Charities for the Province of Ontario**
 CTA = City of Toronto Archives
 MU = Manuscript Collection
 PAC = Public Archives of Canada
 RG = Record Group

1. See David Thomson, "The Decline of Social Welfare: Falling State Support for the Elderly Since Early Victorian Times," **Ageing and Society**, vol. 4, no. 4 (1984):451-82; Raymond Mohl, "Three Centuries of American Public Welfare, 1600-1932," **Current History**, vol. 65 (1973):6-10; Jill Quadagno, **Aging in Early Industrial Society: Work, Family and Social Policy in Nineteenth-Century England** (New York; Academic Press, 1982).
2. Raymond Mohl, "Three Centuries of American Public Welfare, 1600-1932," **Current History**, vol. 65 (1973):6-10. p. 8.
3. Lynn Hollen Lees, "The Survival of the Unfit: Welfare Policies and Family Maintenance in Nineteenth-Century London," in **The Uses of Charity: The Poor on Relief in the Nineteenth-Century Metropolis**, ed., Peter Mandler (Philadelphia; University of Pennsylvania Press, 1990):68-91. p. 72.
4. See Susannah Moodie, **Roughing it in the Bush**, cited in David Murray, "The Cold Hand of Charity: The Court of Quarter Sessions and Relief in the Niagara District, 1828-1841." **Canadian Law in History Conference** (Carleton University, June 1987): 201-38. p. 201.
5. Alfred Kutzik, "American Social Provision for the Aged: An Historical Perspective", in **Ethnicity and Aging**, eds. Donald Gelfand and Alfred Kutzik (New York; 1979). p. 33.
6. Laurel Thatcher Ulrich, **Good Wives: Images and Reality in the Lives of Women in Northern New England, 1650-1750** pp. 9, 14; also see Laurel Thatcher Ulrich, **A Midwife's Tale: The Life of Martha Ballard, Based on her Diary, 1785-1812** (New York; Vintage Books, 1991).
7. Laurel Thatcher Ulrich, **Good Wives**. pp. 14, 51.
8. Lynne Marks, "Charity and Poor Relief in Late Nineteenth-Century Small Town Ontario: The Mutability of Gender Roles and the Intersection of Public and Private," (Paper presented at a joint session of the Canadian Historical Association and the Canadian Political Science Association, Ottawa, June 1993). p. 7.

9. See Rainer Baehre, "Paupers and Poor Relief in Upper Canada", **Historical Papers** (1981):57-80; and David Murray, "The Cold Hand of Charity". p. 202.
10. Lynne Marks, "Charity and Poor Relief in Late-Nineteenth-Century Small Town Ontario." p. 2; see also Ann Shola Orloff, **The Politics of Pensions**. p. 13.
11. See Adam Shortt and Arthur Doherty, **Documents Relating to the Constitutional History of Canada, 1759-1791** (Ottawa, 1918). p. 943. Found in Richard Splane, **Social Welfare in Ontario**. p. 66.
12. Margaret Kirkpatrick Strong, **Public Welfare Administration in Canada** (Chicago; University of Chicago Press, 1930). p. 119.
13. David Murray, "The Cold Hand of Charity: The Court of Quarter Session and Poor Relief in the Niagara District, 1828-40," **Canadian Law in History Conference Paper** (Carleton University, June 1987):201-08. p. 215; for evidence of similar sentiments in America during the same period see Blanche Coll, "Public Assistance in the United States: Colonial Times to 1860", in **Comparative Developments in Social Welfare**, ed., E.W. Martin (London; George Allen and Unwin, 1972):128-58. p. 149.
14. Mary Stokes, "Local Government in the Shadow of the Law: The Municipal Corporation as Legal Actor in Canada West\Ontario, 1850-1870", (Unpublished paper: University of Western Ontario, 1987). p. 4.
15. Alfred Kutzik, "American Social Provision for the Aged: An Historical Perspective", in **Ethnicity and Aging** eds. Donald Gelfand and Alfred Kutzik (New York; 1979). p. 35; Blanche Coll, "Public Assistance in the United States". p. 145; Pat Thane, "The History of Provision for the Elderly to 1929", in **Ageing in Modern Society**, ed. Pat Thane (London; Croom Helm, 1983)..p. 192.
16. M.J. Heale, "Patterns of Benevolence: Charity and Morality in Rural and Urban new York, 1783-1830," **Societas**, vol. 3 (1973):337-50.
17. Murray, "The Cold Hand of Charity". (see pages 214-219).
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20. Thomas Wales, "Poverty, Poor Relief and the Life-Cycle." p. 388; Elaine Clark, "Some Aspects of Social Security in Medieval England," **Journal of Family History**, vol. 7, no. 4 (Winter 1982):307-20. p. 316.
21. David Murray, "The Cold Hand of Charity." p. 201.

22. James E. Smith, "Widowhood and Ageing in Traditional English Society", **Ageing and Society**, vol. 4, no. 4 (1984):429-49. p. 438.
23. AO: RG 21: Municipal Records, F-1566, Burford Township, Clerk Treasurers Records (1850).
24. David Roberts, "Dealing with the Poor in Victorian England", **Rice University Studies** 67 (1981):57-74. p. 60.
25. See Mary Stokes, "Local Government in the Shadow of the Law". p. 8; also for similar situation in England and America see E.W. martin, "From Parish to Union: Poor Law Administration, 1601-1865", in **Comparative Developments in Social Welfare**, ed. E.W. Martin (London; George Allen and Unwin, 1972):25-56. p. 35; and Robert Cray, **Paupers and Poor Relief**. p. 35-36.
26. See Mary Stokes, "Local Government in the Shadow of the Law". p. 9; and also David Murray, "The Cold Hand of Charity".
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29. Allan Irving, "The Master Principle of Administering Relief". p. 16; and Richard Splane. p. 23.
30. David Murray, "The Cold Hand of Charity". p. 204-05; and see David Thomson, "The Decline of Social Welfare: Falling State Support for the Elderly Since Early Victorian Times", **Ageing and Society**, vol. 4, no. 4 (1984):451-82.
31. AO:RG 22, Series 372, Courts of the General Quarter Sessions of the Peace, Niagara District, Box 36, file 16 (1839).
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33. see Fran Thompson Thesis U of O
34. **Niagara Mail** (Oct. 4 1848).
35. Kenneth Bryden, **Old Age Pensions and Policy Making in Canada** (Montreal; McGill-Queen's Press, 1974). p. 34.
36. See AO:RG 22, series 372, Box 33A, file 14 (Niagara District-Grand Jury Presentments, 1839) and discussion in David Murray, "The Cold Hand of Charity". p. 217.
37. RG 21, F 1628, East Gwillimbury Council Papers, BOx 3 (1859).

38. AO:RG 21 Municipal Records: Series F-1566, Burford Township, Clerk Treasurer's Records (1850).
39. AO:RG 22 Court Records: Series 372, Box 11 File 39, Court of the General Quarter Sessions, Niagara District (1832).
40. **Perth Courier** (Feb 26 1872)
41. AO:RG 21 Municipal Records: Raleigh Township (Box 2) Petitions (1903).
42. AO:RG 21 Municipal Records:Raleigh Township (Box 2) Petitions (1902).
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46. AO:RG 22 Court Records: Series 37, Northumberland and Cobourg Petitions, Box 1 (September 1823).
47. AO:RG 21 Municipal Records: Series F-1740, Box 21: Leeds and Grenville County Council Papers: Petitions (1867).
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49. PAC:RG 5 Upper Canada Sundry Documents, B 3, Vol. 9 (1097).
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51. AO:RG 21 Municipal Records: Series F-1740 Box 23, Leeds and Grenville, Council Papers (1871).
52. AO:RG 21 Municipal Records: Series F-1740, Box 16, Leeds and Grenville Council Papers (Petitions)(1857).
53. AO:RG 21 Municipal Records: Series F-1628, Box 3, East Gwillimbury Council Papers (1878).
54. AO:RG 22 Court Records: Series 372, Box 27 File 19, Court of the General Quarter Sessions of the Peace, Niagara District- Grand Jury Presentments (1837).

55. AO:RG 21 Municipal Records: Series F-1628, Box 3, East Gwillimbury Council Papers, Petitions (1859).
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57. Jill Quadagno, *Aging in Early Industrial Society: Work, Family and Social Policy in Nineteenth-Century England* (New York; Academic Press, 1982). p. 88.
58. See Ann Shola Orloff, *The Politics of Pensions: A Comparative Analysis of Britain, Canada and the United States, 1880-1940* (Madison; University of Wisconsin Press, 1993). p. 97; and Carolyn Rosenthal and James Gladstone, "Family Relationships and Support in Later Life," *Journal of Canadian Studies*, vol. 28, no. 1 (Spring 1993):122-38. p. 122.
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60. AO: MU 4563: Diaries of Anne McDonnell (July 12 to August 31 1805).
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62. For a detailed description of what duties housewives performed see Laurel Thatcher Ulrich, *A Midwife's Tale*.
63. Emily Abel, *Who Cares for the Elderly?* p. 31; also see P.A. Pollett, I. Anderson and D.W. Connor, "For Better or For Worse: The Experience of Caring for an Elderly Dementing Spouse," *Ageing and Society*, vol. 2 (1991):443-69. p. 457.
64. See Emily Abel, *Who Cares for the Elderly: Public Policy and the Experience of Adult Daughters* (Philadelphia; Temple University Press, 1991). Chapters 1 and 2.
65. Brian Gratton, *Urban Elders: Family, Work, and Welfare Among Boston's Aged, 1890-1950* (Philadelphia; Temple University Press, 1986). p. 52.
66. *Ibid.* p. 125.
67. Cheryl Krasnick Warsh, *Moments of Unreason: The Practice of Canadian Psychiatry and the Homewood Retreat, 1883-1923* (Montreal; McGill-Queen's Press, 1987). pp. 71-73.
68. "Keep Up the Family Attachment," *The Perth Courier* (September 27, 1872).

69. Ann Shola Orloff, **The Politics of Pensions: A Comparative Analysis of Britain, Canada and the United States, 1880-1940** (Madison, Wi.; University of Wisconsin Press, 1993). p.3.
70. Ann Shola Orloff, **The Politics of Pensions**. p. 104.
71. Cheryl Krasnick Warsh, **Moments of Unreason: The Practice of Canadian Psychiatry and the Homewood Retreat, 1883-1923** (Montreal; McGill-Queen's University Press, 1989).pp. 71-73; and Michael Katz, Michael Doucet and Mark Stern, **The Social Organization of Early Industrial Capitalism** (Cambridge, Mass.; Harvard University Press, 1982).(see Chapter 3; also see Emily Able, **Who Cares for the Elderly**. p. 78.
72. Similar findings were reported for England and Boston. See Jill Quadagno, **Aging in Early Industrial Society**; and Brian Gratton, **Urban Elders**.
73. Carolyn Rosenthol and James Gladstone, "Family Relationships and Support in Later Life," **Journal of Canadian Studies**, vol. 28, no. 1 (Spring 1993):122-38. p. 122.
74. AO: Manuscripts on Microfilm B-11: William Waind, "I Put it in My Memory: Reminiscences of William George Waind at Age 95." p. 38.
75. AO: B-11: Waind. p. 49.
76. AO: MU 757: Crawford Papers, Box 4 (genealogical material).
77. See the **Brockville Recorder** (Nov 17 1899) and the **Kingston Whig** (June 16 1898).
78. AO: MU 2294: The Osler Papers, Ellen Osler to Chattie (Sept. 7 1887).
79. See Peter Laslett, "Family, Kinship and Collectivity as Systems of Support."; and Thomas Wales, "Poverty, Poor-Relief and the Life-Cycle: Some Evidence from Seventeenth-Century Norfolk," in **Land, Kinship and the Life-Cycle**, ed., Richard Smith (Cambridge; Cambridge University Press, 1984). p. 383.
80. Richard Splane, **Social Welfare in Ontario, 1793-1893** (Toronto; University of Toronto Press, 1965). p. 17; and Andrew Scull, "A Convenient Place to Get Rid of Inconvenient People: The Victorian Asylum", **Buildings and Society**, ed. A.D. King (London; Routledge and Kegan Paul, 1980):37-60. p. 38.
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82. Virginia Burnhard, "Poverty and the Social Order in Seventeenth-Century Virginia", **Virginia Magazine of History and Biography**, vol. 85 (April 1977):141-55. p. 148-49; and David Schneider, "The Patchwork of Relief in Provincial New

York", *Social Services Review*, vol 12 (Dec. 1938):469-94. p. 465; and Seamus Metress, "The History of Irish-American Care of the Aged", *Social Services Review*, vol. 59, no. 1 (March 1985):18-31. p. 19; also for a detailed image of how community support networks functioned see Laurel Ulrich, *A Midwife's Tale*.

83. See J.B. Williamson, "Old Age Relief Policies Prior to 1900: The Trend Towards Restrictiveness," *American Journal of Economics and Sociology*, vol. 43, no. 3 (1984):369-84. p. 371; and Priscilla F. Clement, *Welfare and the Poor in the Nineteenth-Century City: Philadelphia, 1800-1854* (London; Associated University Press, 1985). p. 45; Joan Underhill Hannon, "Poor Relief in Antebellum New York State: The Rise and Decline of the Poorhouse," *Explorations in Economic History*, vol. 22 (1985):233-56. p. 234.

84. *Niagara Mail* (March 10 1847).

85. *Perth Courier* (Jan. 3 1862) and also AO: Mary Gapper O'Brien Diaries, Journal 28 (Jan 1830). p 6.

86. AO: MU 843 Dairies Collection, Anne Patterson (April 2 1881).

87. AO: Dairies Collection, Mary Gapper O'Brien (Jan 1830) p. 6.

88. AO: Dairies Collection, Mary Gapper O'Brien May 9 1829 p. 14.

89. AO: O'Brien Feb 1829.

90. *Ibid.* (1828) Journal 10. p. 4.

91. Jill Quadagno, *Aging in Early Industrial Society*. p. 123; also see Williamson, Shindul and Evans, *Aging and Public Policy*. pp. 39-40.

92. AO:RG 21 Municipal Records: Series F-1566, Burford Township, Clerk Treasurer's records, (1850).

93. AO:RG 22 Court Records: Series 372, Box 9 File 12, Courts of the General Quarter Sessions of the Peace, Niagara District (1831).

94. AO:RG 21 Municipal Records: Pittsburgh Township, Council Papers (June 1859).

95. AO:RG 22 Court Records: Series 372, Box 25 File 17, Court of the General Quarter Sessions of the Peace, Niagara District.

96. AO:RG 22 Court Records: Series 37, Northumberland and Durham (1841)

97. AO: RG 21, F 1638 East Gwillimbury, Council Papers Box 3 (1860).

98. AO:RG 21 Municipal Records: (MS 168) Western District Municipal Records (1846).

99. AO:RG 21 Municipal Records: (MS 178, Reel 5) Town of Niagara Council Papers (1852-58).
100. AO: RG 22 Court Records: Series F-1721, Box 7, Court of the General Quarter Session of the Peace, Johnston District (1847).
101. AO: RG 22 Court Records: Series F-1721, Courts of the General Quarter Sessions of the Peace, Johnston District, (1849).
102. AO:RG 21 Municipal Records: Series F-1740, Box 18, File 1, Council Papers, Leeds and Grenville (1861).
103. AO:RG 22 Court Records: Series 372, Box 33A File 14, Courts of the General Quarter Sessions of the Peace, Niagara District (1839).
104. AO:RG 21 Municipal Records: Series F-1740, Box 21, Leeds and Grenville, Council Papers (1860).
105. AO:RG 22 Court Records: Series 372, Box 20 File 14, Court of the General Quarter Sessions of the Peace, Niagara District (1835).
106. AO:RG 21 Municipal Records: F-1740, Box 12 File 13, Leeds and Grenville County Council (1850).
107. AO:RG 22 Court Records: Series F-1721, Courts of the General Quarter Sessions of the Peace, Johnston District, 1849.
108. AO:RG 21 Court Records: Series 372, Box 11, Courts of the General Quarter Sessions of the Peace, Niagara District (1832).

Chapter V

GOVERNMENT POLICY TOWARDS THE DEPENDENT AGED IN ONTARIO:
INSTITUTIONS AND THE IDEAL FAMILY

By the middle of the nineteenth-century a major transformation in poor relief policies was under way. The "great transformation of social experience," as Michael Katz, describes it, and the alterations in social policy which accompanied it during the middle and latter decades of the nineteenth-century had a significant impact upon the lives of the indigent aged in Ontario. As shown above, prior to Confederation, most elderly people were cared for by the community by communal support networks which consisted of the family care, as well as the informal assistance of friends and neighbours and formal support from local government bodies.¹

Over the course of the latter half of the nineteenth-century, however, as the provincial government developed the capacities for intervention regulation,² provincial officials used their powers against local relief efforts. As a result, communal support systems were eroded by a series of provincial policy decisions which gradually reduced the power of local communities and officials over social welfare issues and placed control in the hands of provincial authorities. Provincial welfare policy, rather than encouraging the continuation of communal support systems, focused on replacing these with centralized institutional care. Traditional welfare histories often argue that institutions became necessary because nineteenth-century families became unwilling to provide care for dependent kin. Institutional administrators regularly complained that many people, especially the aged, were institutionalized because their relatives refused to care for them. In reality late nineteenth-century families were no

less willing to care for their aged than families had been earlier. What changed over the course of the latter half of the century was the amount of care the government expected families to provide.³ Where once local communities were willing to share responsibility for the aged with families, provincial authorities refused to accept a similar degree of responsibility for the aged.

Upholding that the aged were solely a family responsibility, provincial officials refused to acknowledge that there were limits to the amount of care families could be expected to provide for the aged without some form of assistance. Throughout the Victorian era, therefore, there was a steady increase in the level of responsibility Ontario families were expected to assume for the aged. By the end of the century families were often forced to shoulder the entire burden of care alone; provincial policies dictated that only in exceptional circumstances were aged people with relatives eligible for public support which was usually provided in the form of institutional accommodation.

While one could argue that the government was simply unaware of the impact their policies had upon families, Eli Zaretsky asserts that governments in England and across North America purposely set out to force families to accept more responsibility for the aged and dependent. He explains that government policies encouraged institutions, not to help families care for those people they found themselves unable to provide for, but to reform families in order to make them more self-sufficient and hence less dependent upon public or communal support.⁴ The impulse to place more responsibility for the dependent upon families was part of capitalist society's emphasis on the "self-supporting" family. The middle class of the period cleaved to a "robust individualism" and as a group they did

their best to ensure that the ideals of self-reliance and independence were embedded not only in state policy but also in the hearts and minds of the working class.⁵ As a result, by the late nineteenth-century state policy dictated that individual families should necessarily provide for all the needs of each of their members. Each family, it was felt, should function as an independent unit. This ideology, Stephanie Coontz explains, implied that communal support networks in which friends and neighbors assisted families when they were unable to provide for the needs of all their members promoted an undesirable form of social interdependence among families which was incompatible with late nineteenth-century middle-class values. That elites and members of the middle class, who directly controlled social policy making in the period, generally favoured the establishment of institutions to care for the poor, while farmers and working men preferred the continuation of out-door relief, suggests that governments did indeed use institutions to promote middle-class notions of the ideal family and its proper role in society.⁶

According to this argument, the provincial government's disdain for outdoor relief could be seen as part of a movement against older traditions which encouraged social interdependence among families and their support for institutions could be interpreted as a means of promoting the self-supporting family. While this may seem a contradiction Coontz argues that "far from being opposed to the self-supporting family, these institutions arose to buttress it, refusing to let its casualties throw the concept into question or modify its internal arrangements".⁷ Institutions were a necessary component of a system which valued self-supporting families since the more the family was expected to fend for itself, rather than being able to rely on the support of their

neighbours and community, the more frequently families who are not economically, physically, or emotionally able to provide for all their members, required some type of formal public assistance. In the nineteenth-century, this help usually came in the form of an institution which removed from the public eye all those people who could not be cared for by their families.⁸

Institutions were specifically organized to foster among the poor a sense of independence and self-reliance to the detriment of sentiments which tolerated and understood charity, dependence or need. By encouraging the construction of and use of institutions the late nineteenth-century state both fostered and presupposed ideals of individual or familial autonomy. In structuring welfare in this manner, the state weakened the primary ties of social interdependence and signaled the decline of bonds of kinship and community which were the vital element of communal support networks which once had assisted families in their performance of various caring functions. Zaretsky concludes that institutions were one means by which the state helped re-organize families and communities making families increasingly responsible for the welfare and care of those people who could not care for themselves.⁹ The available evidence indicates that this is what occurred in Ontario.

In Ontario, until the last decades of the nineteenth-century, most aged people who needed public assistance received outdoor-relief which consisted of cash or donations of food, fuel, or clothing given to them in their own home. Prior to 1837, there simply were no institutional modes of relief to turn to. Even many years after that date, only Toronto and Kingston were served by institutions which accepted aged people and were capable of housing more than a handful of

people.¹⁰ Twenty years later, there were still less than twenty private charitable homes and sixty-one public institutions in the province; fifty-three of these were prisons, ten were hospitals and a further six housed only women and orphans. It was not until the 1880's that institutional care became the standard form of public assistance available for the aged. Nevertheless, the opening of the Toronto House of Industry in 1837 and the Toronto Lunatic Asylum in 1838, marked the first steps in a process that eventually eliminated outdoor relief, emphasized the notion that the aged were properly a familial as opposed to a community responsibility and forced the aged poor who could not be supported by kin to segregate themselves from their communities in order to receive public assistance.¹¹

One of the prime motives behind the initial construction of institutions for the care of the poor and disabled, was cost. Starting in the 1830's, massive immigration, combined with economic upheavals and transformations contributed to a substantial rise in the incidence of unemployment, and poverty in the province. The cost of providing relief to the masses of needy people escalated beyond the means of the private charity organizations who had previously managed to care for these people.¹² District Magistrates also found that they lacked the funds to distribute outdoor-relief, such pensions or grants, to all the aged and needy persons who petitioned them for aid.¹³ It was in this environment of fiscal desperation that the provincial government found itself compelled to assume responsibility for the destitute.¹⁴

The government could have provided financial assistance to private charities and local District and Municipal councils allowing them to continue providing

outdoor-relief to the poor and to people who were caring for the ill and the aged. Instead, the provincial authorities decided to focus poor-relief efforts on establishing and encouraging the use of institutions. This, Richard Splane elaborates, was largely due to the strength of the movement towards institutional care and away from out-door relief which was gaining ascendancy on both sides of the Atlantic.¹⁵ As well, as the incidence of destitute increased, so did popular distrust of the poor.¹⁶ As has been frequently explained, nineteenth-century attitudes towards the poor came to blame poverty and misfortune on personal faults. Hence, charity organizations felt that, not only would generous assistance harm the poor, but that the poor would take advantage of any assistance that was made too easily available.

It was felt that the poor needed reform. This reform usually consisted of attempting to instill in them ideals of independence and self-reliance. In most cases, institutions were chosen as the most effective means of implementing such values. As Allan Irving explains, Sir Francis Bond Head had been a strong supporter of the more restrictive aspects of England's 1834 Poor Law Reform and once in Canada, he set out to ensure that such principles guided Upper Canada's relief practices, especially the emphasis on institutions.¹⁷

After 1837 the provincial government was able to act upon its belief in institutional care. Private charities increasingly came to rely on government funding and municipal and district councils found themselves unable to cope with the demands for assistance they received. Under these circumstances the provincial government established an increasing degree of control over public assistance for the poor.¹⁸ As more control over poor-relief policy was placed

in the hands of the government, institutions increasingly dominated the poor-relief landscape.

Legislation, such as the 1838 **House of Industry Act** placed the authority over institutions into the hands of the province, thus reducing the influence of local authorities over poor-relief decisions.¹⁹ After 1834 various municipal incorporation acts defined the responsibilities of town councils towards the poor solely in terms of and in some cases specifically limited the provision of poor relief to institutional care.²⁰ In addition, the 1849 **Municipal Incorporation Act**, while it granted some authority relating to poor relief to County Councils, restricted municipal powers by putting in question the right of municipalities to tax themselves for the support of the poor.²¹ Together these actions effectively removed control of poor-relief efforts from local authorities and meant that the poor were increasingly subjected to the dictates of provincial policy decisions.²²

The province, meanwhile, refused to acknowledge any responsibility for outdoor-relief even after 1871, when the government had ample revenues to fund such activities.²³ Instead it chose to limit spending to the construction of provincial institutions, such as asylums, and to assist private charity groups who emphasized institutional care.²⁴ In fact, the Inspector of Prisons and Public Charities, J.W. Langmuir, declared that communal relief systems promoted ineffectual "unsystematic charity.". He advocated the elimination of outdoor-relief as a means of encouraging the construction of County Houses of Industry, which he felt should assume the burdens of municipal poor-relief.²⁵

The Government formalized its dedication to institution aid in 1874 with the passing of the **Charity Aid Act**, which focused provincial funding for private charity organizations upon those who provided institutional relief. In a move which put municipal out-door relief efforts at a distinct disadvantage, Provincial assistance was, in most cases, allotted solely on the basis of the number of people resident in any given charitable institution. Even institutions were not eligible to receive funding for any people they decided to assist outside of the establishment. ²⁶ As one report noted, "outdoor-relief seems to go for nothing, and the government assistance is given exclusively on the number of permanent paupers assisted. The more permanent these are so much greater the public help!" ²⁷

The government's bias against outdoor assistance was illustrated by the fact that the Toronto House of Providence, which provided only institutional care received more than twice as much in provincial subsidies as the Toronto House of Industry which assisted far more people, but provided the bulk of them with outdoor relief. ²⁸ Provincial policies ensured that institutions which attempted to continue distributing both types of poor relief, such as the House of Industry, found themselves, due to financial difficulties, unable to maintain there outdoor-relief programmes as effectively as their institutional care. J. P. Pell of the Toronto St. George's Society regularly criticized this aspect of the Province's charity policy. He complained that outdoor relief was "niggardly", mainly because most funding went to institutional care leaving meager resources to devote to outdoor relief programmes. ²⁹

This was of particular significance to the aged. One 1879 report declared that

of the applicants for outdoor relief in Toronto, a majority of the women were beyond middle age and nearly all the men were old and infirm.³⁰ It was clear that any reduction in outdoor-relief payments would affect the aged more severely than anyone else, and as a result force the aged, more than any other group, into institutions.

Yet, while provincial policies were increasingly forcing aged people in need of public assistance to enter institutions, few institutions were constructed specifically for the elderly. Before the 1890's, there was, in fact, only limited interest in establishing such institutions. A meeting held in 1883 to investigate erecting an asylum and hospital for the aged along side the existing House of Industry was so poorly attended that the idea was dropped and nothing was done for over a decade.³¹ Hence, the aged were included along with the deserving poor of all ages, types, and description as the intended residents of the province's Houses of Industry. As the century progressed, however, the size of the aged population in Ontario grew rapidly, and at a much faster rate than the number of beds in public institutions. Also, specialized facilities were established for other groups, such as children and women, leaving mainly the elderly in provincial Houses of Refuge and County Houses of Industry.³² As a result of these trends, most of these institutions "swiftly found themselves depositaries for the decaying and the decrepit".³³

Local authorities, meanwhile, could do little to combat the trend towards institutionalization. Mary Stokes has outlines how municipal authorities found that after the passing of the **Municipal Corporations Act** or "Baldwin Act", in 1849, their autonomy in many areas was reduced. Increasingly municipalities came

under the power of the central authorities, especially in regard to their spending. Using the powers granted to them by the "Baldwin Act" provincial authorities regularly imposed new responsibilities and, hence, expenses upon municipal authorities without offering any compensation.³⁴ This put additional pressure on municipal finances leaving less and less money available for discretionary spending such as out-door relief.

With little influence and limited finances, the counties and municipalities of the province found themselves less and less able to distribute funds within local communities to either help people care for those who could not care for themselves or to provide pensions which enabled people, many of them aged, to remain independent. In Perth, for example, municipal councilmen were claiming that "it would be extremely injudicious" for council to spend "any money that could possibly be avoided."³⁵ While municipalities never completely halted outdoor relief payments, evidence indicates that the portion of the population assisted by such funds declined drastically during the last quarter of the century. As non-institutional relief received no support from provincial authorities county and municipal councils were forced to seek cost saving methods of assisting the poor. In this regard Langmuir and other provincial officials promoted institutional relief as being more effective and less costly than outdoor relief. Hence reducing municipal poor relief spending became a strong catalyst for constructing institutions.

Reports of efficiently run institutions saving municipalities money met with interest. In 1877, for example, a debate ensued in Ontario County concerning the benefits of institutional relief for the poor after it was reported that the

Wellington County House of Industry cared for its inmates for less than seventy-six cents a week each. Based on this discovery, various municipalities within the county calculated that they could save between \$150 and \$200 a year on poor relief by sending the poor to an institution instead of providing out-door relief.³⁶

While some supported the construction of Houses of Industry because they genuinely believed the poor would be better cared for in an institution, most council members focused their arguments upon the possibility that "establishing a Poor House would be a great saving to the county".³⁷ Almost all the surviving municipal material concerning Houses of Industry is concerned with costs of running the institutions, not the quality of care being given to the residents. In the counties of Kent, Leeds and Grenville and Lanark, for instance most House of Industry correspondence was concerned with calculating how much each municipality owed the County Council for housing indigents and with expelling paupers from municipalities that did not contribute to the Institution's expenses.³⁸ Caring for the poor became second priority to ensuring that all "unjust impositions on this charity" were avoided.³⁹

It is evident that municipalities envisaged institutional relief as a replacement for rather than as a compliment to out-door relief. This becomes clear when one realizes that frequently municipalities drastically reduced their spending on outdoor relief once institutional forms of relief were made available. For example in Brantford, both the county council and the municipal council distributed funds for outdoor poor relief. Yet, once municipal funds were diverted towards maintaining a House of Industry, local assistance to groups

providing outdoor poor relief was reduced or halted. As the **Brantford Courier** reported, the construction of the House of Industry will "remove the Ladies Aid Society from any further responsibility in the matter of charitable donations, at least as far as the city grant is concerned."⁴⁰ Once the Ladies Aid Society municipal grant was eliminated the society was no longer able to assist the local poor by distributing outdoor relief. As a result, people previously being supported in their own homes were forced to enter the newly constructed House of Industry.

Two investigations of municipal poor-relief were carried out in 1874 and 1888. These reports indicated that the number of people assisted by municipal relief declined between the two dates despite the massive population growth experienced in most of the province.⁴¹ In addition, reports of the sums local county councils gave to each pauper during the same period reveal a general trend towards smaller disbursements. While the provincial average for outdoor relief payments was \$10.00 for each person in 1874,⁴² after opening a House of Industry in 1883, Welland County officials usually granted no more than six dollars in aid to any one person.⁴³ Other reports suggest that by the 1880's most municipalities distributed between three and eight dollars to each person on their charity list. It also appears that certain councils were less willing to provide aid to people who were caring for others. In Lanark County for instance, in 1862, five people received between twenty and seventy-six dollars each as compensation for caring for indigent or insane individuals.⁴⁴ By the 1880's there is little record of similar payments being made. These changes were certainly related to the establishment of county Houses of Industry most of which were constructed after 1874. While the information available from newspaper

reports and municipal records is far from conclusive, the existing evidence suggests that the amounts given as outdoor relief to the poor were most likely to decrease in localities which had recently constructed some type of institution to care for the poor.

Lincoln County, for instance paid between five and ten dollars a month in outdoor relief to each person on their destitute and insane charity list. In this manner the County Council distributed an average of \$1,078.65 a year on outdoor relief for the destitute and insane between 1882 and 1886. In 1887, however, the council spent only \$381.00 on poor relief and after 1888 spending fell to less than \$100.00 a year. ⁴⁵ The main reason for this drastic drop in out-door relief payments was the opening of the Lincoln County House of Industry in January 1887. Between 1884 and 1887 Council was assisting between fourteen and twenty people a year. Between 1888 and 1891 they assisted only one. (see Table 1) With the opening of a local institution, Lincoln county's recipients of poor relief were cut off from local relief payments and no new names were added to the list.

In effect the County ceased to distribute out-door relief once the House of Industry was constructed. Being the only source of public assistance available to them after 1887, people requiring support had no choice but to enter the institution. While the existing records list most persons entering the institution only as "an indigent", Mrs. Bowman, Elizabeth Howell and Mrs. Spears, who were receiving outdoor-relief prior to 1887 were listed as having been sent to the House of Industry between January and June of 1887. ⁴⁶ It is likely that several of the other "indigents" were also people formerly on the outdoor-relief list.

Table 1: Outdoor Relief payments in Lincoln County between 1882 and 1891

Year	1882	1883	1884	1885	1886	1887	1888	1889	1890	1891
	Jan	June	Jan	June	Jan	June	Jan	June		
Recipient										
Terryberry				*						
Caugh										
Shelley										
Isaubacker										
Burghart										
Gregory										
Howell										
Simmerman										
Bowmann										
Spears										
Cook										
Wilcox										
Finn										
Wilkinson										
Dolan										
Mellow										
Slough										
Turl										
Schwabb										*
Osbourne										

Source :AO:RG 21 Municipal Records, Lincoln County Clerk Treasurer's Letterbook (see expenses for Insane and Destitute (1884-91) ____=length of time person was receiving outdoor-relief
 *=died

The House of Industry was expensive to build, but the institution's daily maintenance did not cost the county much more than they had previously been spending on outdoor-relief. It also allowed the county to support a few more people. According to the 1891 census the institution housed twenty-one people. More significantly, however, while the province limited the amount the county could spend on outdoor-relief by refusing to offer provincial grants for such activities, the county received a \$4,000 legislative grant in 1891 to assist them with the expenses of maintaining the poor in an institution. ⁴⁷ Financially

institutionalizing the poor made a great deal of sense for Lincoln County. Little mention is made, however, of the quality of care people received in an Institution that was constructed specifically to save money.

While information in other counties is inconclusive, it seems likely that most counties did as Lincoln county and built institutions, not as a means of supplementing their poor relief efforts, but as a replacement for all other forms of assistance. In Brockville, for example, the debate over the establishment a local House of Industry centered upon whether the poor would be better served by the County spending its money on an institution or by distributing grants to various charities which provided out-door relief. It does not appear that the idea of supporting both forms of relief was discussed.⁴⁸

As municipalities provided less assistance for the non-institutionalized poor, and as people caring for the elderly found it more difficult to receive assistance from their local municipalities it became increasingly difficult for aged persons to remain in their own homes and for other people to provide care for them. As a result, outdoor-relief became a less and less viable means of support for the aged.⁴⁹

This process was exacerbated by the fact that the immediate impact of the government's refusal to recognize out-door relief as a legitimate subject of provincial support was to encourage the construction of new institutions at the expense of local communal relief systems. There were only four publicly assisted charity establishments in 1866, but there were thirty-three such facilities in 1893. By the end of the century this number has risen to nearly one hundred.⁵⁰

Since municipalities reduced or even eliminated their outdoor relief efforts once an institution was established near-by, each additional institution led to a further reduction in the amount of outdoor assistance available to the aged poor and their families. Basically, the insistence, on the part of the provincial government, on putting all public funds behind institutional care, effectively eliminated outdoor-relief, a major component of most communal support systems, as an option for anyone needing more than immediate temporary aid.⁵¹ The disappearance of outdoor aid, forced many persons who required long-term assistance, which was often the case with the elderly, to enter an institution.

It is certain that many people, the aged in particular, often required institutional care. Some people, such the senile, could often not be cared for within their communities. Nevertheless, numerous other old people could have lived independently while others who could not live on their own could have been cared for by their families, if only the government had chosen to make financial support available to them. Few governments, however, pursued such alternatives. In most cases the results of government support for institutional care were similar. David Thomson discovered that in England the availability of outdoor-relief had a large impact on rates of institutionalization. As the incidence of outdoor relief declined, institutionalization increased.⁵² For instance, Michael Anderson attributes increasing rates of institutionalization among the aged in Cambridgeshire after 1871 to the implementation of an anti-outdoor-relief policy.⁵³ During this same period, Jill Quadagno reports that Poor Relief Officials tried to reduce outdoor-relief expenses by deciding that old people should not live alone. People over the age of seventy who lived independently were cut off of outdoor-relief and sent to the workhouse unless they went to live with family

or friends.⁵⁴

While anti-outdoor-relief policies in Ontario were not as brutally enforced as those in England, the refusal of the provincial government to assist people outside of institutions still forced numerous aged people to enter Houses of Industry, Houses of Refuge and Old Age Homes. Insisting that institutions were the only way to provide public assistance to the needy increased the number of people requiring institutional care by eliminating other viable options.⁵⁵ It also created undue hardships for many poor people and their families because, while the provincial policies eliminated most alternative forms of relief, the government failed to provide sufficient institutional facilities to accommodate all the people who needed care.

While government policies directed all those in need of assistance towards institutions the province did little more than encourage counties to provide adequate facilities to accommodate all those in need. Often outdoor-relief was eliminated before anyone could ensure that the people who had formerly been assisted in this manner could be accommodated in an institution. In some municipalities for instance, out-door relief had been limited to people requiring temporary or emergency assistance before a House of Industry had been erected to care for those individuals who needed more long term support.⁵⁶ Once again this problem developed largely because of provincial funding policies. While the province agreed to assist establishments which provided institutional care for the poor they did not, until 1890, provide funds to assist counties with the cost of constructing institutions. Although Houses of Industry saved counties money in the long run, they were usually expensive to construct. Lincoln County, for

example, spent almost \$28,000 over a four year period to construct and prepare its House of Industry to receive residents.⁵⁷ This deterred many countries from establishing a House of Industry, while others reduced outdoor-relief expenditures in order to accumulate funds with which to commence constructing an institution. This limited the number of institutions able to provide care for the aged. Hence, in public institutions there were never anywhere near the number of beds required to accommodate all the aged people who needed care.⁵⁸ This forced the institutions that did exist to adopt rather rigid entrance requirements and to refuse entry to anyone who did not meet the specifications.⁵⁹

Despite restrictive admission policies, the aged came to constitute an ever increasing segment of the province's institutional population. This was mainly because provincial policies left elderly people with no-where else to go. Forcing the aged into institutions, however, had far more serious consequences than merely removing the aged from their homes and segregating them from their communities. The institutionalization of the aged population affected not only how the aged lived by also how they were perceived by institution administrators, government officials and the public in general. Institutions focused their attention on the desperate and needy elderly. This made the most decrepit and dependent segment of the aged population the most visible.⁶⁰ This both created and confirmed the image of the elderly as incapacitated, unproductive, and helpless.⁶¹ Often officials and administrators implemented policies towards the aged based on this impression. These policies which tended to have a significant impact on the future of many aged people and their families rarely bore any relation to the experience and situation of the vast majority of the aged population which resided outside of institutions. Government officials, however,

who tended to formulate policies based on what was visible to them, rarely saw the vast number of non-institutionalized aged people in one place at one time. They only saw the elderly who filled the rooms and corridors of the province's Houses of Industry and Homes of Refuge.

When one looked only at the institutionalized aged, it did appear that a larger portion of the aged population was destitute and without families able or at least willing to care for them. Despite attempts to limit the number of aged people admitted into institutions, both the number of aged people within their walls and the portion of the institutionalized population they represented grew steadily during the final decades of the nineteenth-century. It appeared to officials that there was no end to the number of aged people who needed public care. The main explanation officials could find for this increase in the number of aged people needing care was that families and communities were using institutions as a means of evading their obligations towards the aged. The fact was, however, that regardless of how many aged people crowded into the province's institutions, they were never more than a small minority of the total aged population.

It was easy for government officials to argue that that families were institutionalizing the aged at an ever increasing rate during the 1890's. At the beginning of the decade elderly formed a minority of the population within institutions. By the end of the decade, however, this was not the case. The number of old people in institutions grew and these people came to form a large portion of the province's institutionalized population. The fact that the institutionalized elderly population was increasing during a period when the

government was building more institutions, many specifically designed to shelter aged people added further weight to the government's argument.

Census reports indicate that in 1891 there were 152,488 persons in Ontario who were over the age of sixty. In September of the same year, the Inspector of Prisons and Public Charities reported that there were 1,260 beds available in government funded charitable institutions which were likely to shelter aged people.⁶² In addition there were some 3,318 beds in the various provincial asylums for the insane. This provided potential accomodation for a total of 4,478 aged persons. Even if every one of these beds had been occupied by someone over the aged of sixty, this number would have represented only 3.5% of the province's total aged population.

In reality, the number of elderly people in these institutions was much smaller. For instance, at no time did the aged constitute more than 20% of the insane asylum population. In fact, between 1888 and 1896, the elderly comprised only 15% of the total number of people admitted to all provincial asylums.⁶³ Also, as the table below demonstrates, an 1889 investigation indicated that aged people accounted for less than half of the residents of the province's County Houses of Industry.⁶⁴ (see Table 2) This meant that the old people in Ontario's institutions in 1891 represented no more than 2% of the total aged population of the province.

Table 2

Number of Aged People Reported as Resident in Houses of Industry in Ontario, 1889.

County House of Industry	Total Inmates	Aged Inmates	Percentage Aged
Brant	60	unknown *	unknown *
Elgin	109	46	42.2%
Lincoln	52	19	36.6%
Norfolk	75	19	25.3%
Middlesex	127	60	47.2%
Waterloo	118	72	61.1%
Welland	59	35	59.3%
Wellington	77	54	70.1%
York	157	78	49.7%
Total	774*	383	49.4%

* =Brant was not included in the total calculations.

Source: Ontario Sessional Paper, no. 61 (1889).

Over the course of the 1890's, however, the aged population within public institutions grew to the point that by the turn of the century the elderly constituted approximately 80% of the population of Ontario's Houses of Refuge and 70% of the province's County Houses of Industry.⁶⁵ This occurred even though the decade was a period of institution building. The number of Houses of Refuge, County Houses of Industry and other publicly funded charitable institutions in the province increased from sixty-two at the beginning of the decade to nearly one-hundred in 1901. In Houses of Refuge alone the number of beds almost double, increasing from 1,260 to 2,268. (see Table 3) In total provincial institutions could accomodate as many as 4,485 persons by the end of the century.⁶⁶ At the same time almost 2,000 new beds were added to provincial asylums for the insane. In all, this represented an 80% increase in the number of aged people who could be potentially housed in a public institution. When the aged population of these institutions grew despite their enlarged capacity it is not surprising that

government officials would conclude, at least initially, that the aged were being sent to institutions at an ever increasing rate. The truth was that thus was not the case.

Table 3

Number of Beds Available in Ontario's Houses of Refuge, 1889-99

Year	Total Number of Beds
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1889	1,260
1891	1,349
1893	1,706
1895	1,917
1897	2,120
1899	2,268

Source: AR (1889-1899) "Report of the Inspector of Prisons and Public Charities Upon Houses of Refuge".

The problem was that the newly provided accommodations in provincial institutions came no-where near keeping pace with the even more dramatic increase in the total number of aged people in the province. Between 1891 and 1901 the number of people over the age of sixty grew by over 30,000 to a total of 182,735 persons. The result of this growth was that even though the number of beds in provincial institutions was increased during the 1890's they could shelter no more than 3% of Ontario's aged population.

Thus, while officials blamed the ever increasing numbers of old people located in public institutions on the increasing willingness of families to abandon the aged, the truth was that the portion of the total aged population being sent to institutions changed little between 1891 and 1901. Despite government reports, even if the aged had filled every bed in every institution in the vast majority

of them would never have seen the inside of one of these places. Despite official claims reports about the apparent deterioration of the sense of familial responsibility towards the aged, a rough estimate indicates that for every aged individual in an institution there were at least thirty-three others being cared for by kin or living on their own.

This situation was similar to that discovered across North America. Various studies have confirmed that during the nineteenth-century the institutionalized aged population never formed more than 3% to 5% of the total number of people over the age of sixty. Carole Haber, for example, argues that in 1904 up to 98% of the aged population of Massachusetts lived outside of state institutions.⁶⁷ Barbara Rosencrantz and Maris Vinovskis demonstrate that only a very small portion of the aged insane were ever placed in asylums. They conclude that despite the rising numbers of aged people in asylums the aged were still the least likely of all insane people to be institutionalized.⁶⁸ Similar conclusions were reached by Brian Gratton⁶⁹ in his study of the aged in Boston, and David Thomson who studied the institutionalized population of nineteenth-century England.⁷⁰

Nevertheless Ontario officials acted on the assumption that aged people were being institutionalized needlessly. They argued that "the number of aged and infirm people who can work very little or not at all is not a large one. The number of those of this class who have no friends to support them", and hence may become candidates for institutionalization, "is still smaller."⁷¹ While this may have been true, the government assumed that anyone who had "friends", a term which referred to relatives as well as non-related people, was not a candidate

for institutionalization. Thus, even the minority of the aged population who sought the shelter of institutions because they truly needed assistance often found that restrictive admission policies denied them access to care. One observer commented that it was often so difficult to obtain admission to a House of Industry that it "was easier for an aged infirm pauper to get into jail than into (an) institution." ⁷²

It was common, for instance, for institutions to adopt policies which denied access to institutions to any person from outside the region served by the establishment. The Toronto House of Industry for instance declared that "the managers of this institution have unanimously resolved that in the future all cases coming from other municipalities be refused admission." ⁷³ This left people who lived in Counties which had no House of Industry with no place to go. Institutions also demanded that residents be easy to care for and that they behave appropriately. These requirements affected the aged more severely than others because the elderly were frequently suffered from illnesses or senility which made them difficult to care for or troublesome. As one House of Industry inspector pointed out, the aged residents were "in many cases most trying patients". ⁷⁴

It was not uncommon for institution officials to eject "troublesome" inmates once their behavior caused them to become a nuisance or they required medical attention that was beyond the usually limited capabilities of the establishment. ⁷⁵ This was especially true in cases of pronounced senility. It was frequently reported that other inmates were disturbed by the "gibbering idiots". ⁷⁶ One eighty-year old woman had been living in a House of Industry for several years.

Once she became demented, however, she was sent to an Insane Asylum since the attendants claimed they could no longer manage her. Similar reasons prompted the sisters of the Kingston House of Providence to regularly remove from the institution old women who became abusive or violent and send to the Rockwood Asylum for the Insane.⁷⁷ Gerald Grobb adds that financial considerations often prompted such actions. While an aged person remained in a local institution their care was paid for by municipal funds, once they were labelled senile they could be sent to an asylum where provincial dollars would pay for their care.⁷⁸

It was the aged with kin, however, who suffered the most from the fact that in an attempt to limit the number of elderly persons eligible for institutional care administrators increasingly began to express the view that the aged were not proper candidates for institutions. Instead, it was argued, they should be cared for by their families.⁷⁹ In a manner which reflected the new emphasis on the self-supporting family and the increased responsibility that late nineteenth-century society placed on individual families regarding the care of dependent individuals, officials began to argue that if public shelters were made accessible, it would "take away ... the filial obligation for the support of aged parents which is the main bond of family solidarity".⁸⁰

The assertion that the aged were institutionalized mainly because their families were neglecting them was often based on the assumption that families had cared for the aged in the past and, therefore, had no reason for not continuing to do so. These claims were often based on references to earlier decades when the aged may have been cared for at home, but not necessarily entirely by their family. Officials neglected to consider the fact that by the end of the nineteenth-

century the communal support networks which had supported families in their efforts to care for their aged kin had been undermined by provincial policy. The informal assistance of neighbours and friends never disappeared completely, but the formal support of local governments which was vital to communal relief systems had become negligible. As a result, families were usually forced to provide all the necessary care by themselves in a way that they had rarely been forced to do in the past. Nevertheless, the assumption that families had once cared for the aged on their own and could therefore do so again caused some institutions to refuse aged people access to their establishments. They did so without offering the aged or the families who were expected to care for them, any alternative forms of assistance. This had tragic consequences for many aged people and their families.

It is true that most aged House of Industry inmates had no family. In Wellington County, for example, the elderly females in the House of Industry "shared a paucity of kin".⁸¹ This finding has been confirmed by several studies of public institutions across North America and Britain. Michael Katz concluded that a lack of children, more than any other factor, led to an aged person's institutionalization".⁸² While this fact had been used to argue that when an aged person had relatives they usually cared for them, and this indeed was often the case, historians often ignore the fact that by the 1890's normal practice dictated that only people with no kin to support them were permitted into an institutions. This would mean that aged people with kin suffered the consequences of the self-supporting family ideology by being denied access to public institutions solely on the basis of their having living relatives. This ignored all the information which indicated that the majority of the institutionalized

aged people who did have relatives, came from families who were simply too poor to feed them. ⁸³ Increasingly, however, even poverty did not exempt people from the burden of caring for their aged kin. ⁸⁴

In the name of supporting familial responsibilities, institution officials often tried to locate relatives in order to force them to take responsibility for their aged kin. Often when relatives were discovered, inmates were discharged into their care as they were no longer seen to be fit candidates for public charity. This was the case with one destitute old woman in Ottawa, who had found refuge in the Protestant Orphan's Home. As Lorna McLean describes, the woman had lived in the Home for one year when it was discovered that she had two sons to support her. She was dismissed and sent to her children. ⁸⁵ Unlike communal support networks which recognized that families were not always able to care for an aged relative without community assistance, institutional care-givers demanded that families care for their aged regardless of their financial ability. These tactics ignored the fact that if a person's relatives were able or willing to provide care, they would probably not have arrived in the institutions to begin with.

Provincial policies worked to eliminate municipal outdoor-relief for the poor and aged, and in the process served to reduce the effectiveness of the communal support networks which had accompanied these formal relief systems. Institutional care was established to replace community relief but various fiscal restraints, combined with ideologies of familial responsibilities prevented many needy aged people from gaining access to these institutions. This left many aged people dependent upon relatives who were totally unable to care for them. Hence, the combination of the province's preference for institutional care and the emergence

of an ideology which emphasized the self-supporting family left many aged people with no form of support. These casualties of "the great social transformation" usually found themselves destitute and homeless. As one late nineteenth-century Canadian social commentator noted, "we build large buildings to accommodate unfortunates, but we initiate no system whereby the aged and the needy will be able to live without begging." ⁸⁶ When begging failed, many homeless old people found themselves imprisoned in local jails.

Nineteenth-century laws in Ontario permitted county Magistrates to confine homeless old people in the local jail as vagrants. While in earlier decades the aged formed only a small portion of jail inmates, by the later decades of the century it was clear that in many jails elderly vagrants comprised a large portion of the inmates. The increase in the number of old people in jails was almost certainly a direct consequence of provincial policies which limited public relief for the aged to institutional care at the same time as an increasing emphasis on familial responsibility for the aged limited the aged's access to institutions.

By discouraging the distribution of out-door relief, at the very time that many counties found it too expensive to construct institutions, the government assured that a certain portion of the aged poor had no where else to go but a jail. As one goal official noted:

I am led to believe that in many cases these old people are placed in gaol simply because it is cheaper for the counties thus to maintain them than to provide a respectable place for their care. ⁸⁷

It was not until 1899 that the Inspector of Prisons and Public Charities could state that the "County Homes which have been established of late for the care of old dependent people have materially relieved the crowding of our gaols by old people committed under the Vagrancy Act".⁸⁸

Even prisons would only accept the aged as long as they were not senile, or hard to manage. As with Houses of Industry, anyone who disrupted the daily routine or disturbed the other prisoners was removed of the institution. As early as 1836, when the Niagara Court of Quarter Session was told that one old man had to be removed from the local jail since he was "a great annoyance" to the other prisoners, up to the 1890's when gaol inspectors noted that "their presence is very annoying to those in charge on account of the extra care required by such old people," the aged were frequently ejected from jails.⁸⁹ Once the facilities were available, these individuals would normally be sent to an asylum for the insane.

These asylums were often the last hope for both the aged whose behavior prevented them from being cared for in any other institution and their families who were usually no more able to care for the senile or demented aged than the institutions which had ejected them. In the next chapter, an examination of the Rockwood Asylum for the Insane shall not only reveal why families could not always care for the aged themselves, but shall also further elaborate upon the impact of various provincial policies upon the aged and their families.

endnotes

AO =Archives of Ontario

AR =Annual Report of the Inspector of Prisons and Public Charities for
Province of Ontario

CTA=City of Toronto Archives

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3. See Bruce Bellingham, "Waifs and Strays: Child Abandonment, Foster Care and Families in Mid-Nineteenth-Century New York City," in **The Uses of Charity: The Poor on Relief in the Nineteenth-Century Metropolis**, ed., Peter Mandler (Philadelphia; University of Pennsylvania Press, 1990):123-60. p. 125.
4. See Eli Zaretsky, "The Place of the Family." pp. 197-200.
5. Philip Mandler p. 13.
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16. See Joan Underhill Hannon, "Poor Relief in Antebellum New York State: The Rise and Decline of the Poorhouse," **Explorations in Economic History**, vol. 22 (1985):233-56. p. 234.
17. Allan Irving, "The Master Principle in Administering Relief". pp. 15-17.
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21. Richard Splane, **Social Welfare in Ontario**. p. 74.
22. Elizabeth Wallace, "The Origin of the Social Welfare State in Canada, 1867-1900", **Canadian Journal of Economics and Political Science** Vol. XVI (1950):383-93. p. 384; also Philip Lee, and A.C. Benjamin, "Intergovernmental Relations: Historical and Contemporary Perspectives", in **Fiscal Austerity and Aging: Shifting Governmental Responsibility for the Elderly** eds, Carroll Estes and R. Newcomer (London; Sage Publications, 1983):59-83.p. 60.
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24. Kenneth Bryden, **Old Age Pensions and Policy Making in Canada** (Montreal; McGill-Queen's Press, 1974). p. 22.
25. Richard Splane, **Social Welfare in Ontario**. p. 109.
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27. CTA:SC 35, Series H: "Report on Asylums and Hospitals", **The Globe** (Feb 6 1877).

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34. See Mary Stokes, "Local Government in the SHadow of the Law: The Municipal Corporation as Legal Actor in Canada West\Ontario, 1850-1870" (Unpublished Paper; University of Western Ontario, 1987). esp. pp. 28-32 and endnote 70; also Mary Stokes, "Petitions to the Legislative Assembly of Ontario from Local Governments, 1867-77: A Case Study in Legislative Participation", **Law and History Review**, Vol. 11, no. 1 (Spring 1993):145-80. esp. pp. 169, 176.
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39. AO:RG 21 Municipal Records: Series F-1740, (1883) File 111B, Leeds and Grenville.
40. "Ladies Aid Society", **Brantford Courier** (Jan 19 1887).
41. Richard Splane, **Social Welfare in Ontario**. p. 109.
42. Richard Splane, **Social Welfare in Ontario**. p. 109.
43. See **The Newmarket Era** (March and April 1883); **Brantford Daily Courier** (Dec 20 1888); note in the Fall of 1887, the Burford Town Council gave out 123.00 an average of \$5.00 per person.

44. **Perth Courier** (Jan 7 1862).
45. AO:RG 21 Municipal Records: Lincoln County Clerk Treasurer's Letterbook (see payments for Destitute and Insane).
46. AO:RG 21 Municipal Records: Lincoln County - Clerk Treasurer's Letterbook (see expenses for the Industrial Home) pp. 166, 466 and 468.
47. AO:RG 21 Municipal Records: Lincoln County - Clerk Treasurers Letter Book 1882-1893; AO:RG 21 Municipal Record: Lincoln County - House of Industry, Expense Book.
48. See various entries in the **Brockville Recorder** between Dec 8 1892 and Feb 2 1893.
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58. Kenneth Bryden, **Old Age Pensions and Policy Making in Canada**. p. 35.
59. Stormi Stewart, "The Elderly Poor in Rural Ontario". p. 3.

60. Stephen Katz, "Alarmist Demographics: Power, Knowledge and the Elderly Population," *Journal of Aging Studies* Vol. 6, no. 3 (Fall 1992):203-25. p. 213.
61. Carole Haber, "The Old Folks at Home: The Development of Institutional Care for the Aged in Nineteenth-Century Philadelphia", *The Pennsylvania Magazine of History and Biography*, Vol. 110, no. 2 (April 1977):240-57. p. 249; also Carole Haber, *Beyond Sixty-Five: The Dilemma of Old Age in America's Past*. p. 126.
62. See AR (1891) Beds in institutions such as Orphanages, Lying-in Hospitals, Magdalen Asylums, Schools for the Deaf and Blind, and Reformatories were excluded from this total given that they were highly unlikely to house older individuals.
63. AR (1897).
64. See *Ontario Sessional Papers*, no. 61 (1889).
65. See AR "On Houses of Refuge for the Province of Ontario", (1896); and D.C. Park and J.D. Wood, "Poor Relief and the County House of Refuge System in Ontario, 1880-1911," *Journal of Historical Geography*, vol. 18, no. 4 (Oct. 1992):439-55. p. 446.
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74. AO:RG 21 Municipal Records: Series F-1551, Brant County, Correspondence (Jan 2 1905).
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81. Stormi Stewart, "The Elderly Poor in Rural Ontario". p. 17.
82. Michael Katz, *In the Shadow of the PoorHouse: A Social History of Welfare in America* (New York; Basic Books, 1986). p. 88; also see Brian Gratton, *Urban Elders: Family Work and Welfare Among Boston's Aged, 1890-1950* (Philadelphia; Temple University Press, 1986); Carole Haber, *Beyond Sixty-Five*. p. 86; and Jill Quadagno, *Aging in Early Industrial Society*.
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85. Lorna McLean, "Single Again." p. 144.
86. Norman Patterson, "Canadian People, A Criticism", *Canadian Magazine*, XII (1899):135.
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Chapter VI

**"FOISTED UPON THE GOVERNMENT":
INSTITUTIONS AND THE IMPACT OF PUBLIC POLICY UPON THE AGED,
THE ELDERLY PATIENTS OF ROCKWOOD ASYLUM, 1866-1907**

At the end of the nineteenth-century institutionalization rates soared and the cost of constructing and maintaining public institutions rose. Within these institutions the growth of the aged segment of the population was particularly acute. The Ontario Government, accordingly, sought to save itself money by halting the tide of institutionalization, especially among the aged. One way it attempted to do this was to shame families into taking on a greater share of responsibility for the dependent elderly. As a result, numerous public statements were made concerning the degree to which families were heartlessly abandoning their elderly in institutions. No-where are these statements more obvious than in the records of Ontario's provincial asylums for the insane. During the 1890's, in particular, the Medical Superintendents of these institutions argued that, rather than having legitimate reasons for placing aged relatives in an asylum, families merely used the institutions as a "convenient place to get rid of inconvenient people." ¹ An examination of asylum case-files for aged inmates indicates that this view was inaccurate.

In the view of most of the province's insane asylum administrators most of the old people sent to the asylums were not insane, they were merely suffering from the ravages of senility. As the inspector of the Hamilton Asylum reported in 1899, "many (patients) are old people suffering from mental senility; the family may be unable to provide the means of caring for them. They are sent to the asylum simply for safe keeping and to ease the burden upon the friends." ² These

senile persons were labelled as chronic cases which could not be treated and who would never recover.

Asylums administrators, however, felt that their prime mission was treatment. Consequently, few institutions willingly admitted incurable cases.³ For this reason, it was argued that the asylum was not a "place for the relatives of senile dementi to place their unfortunate under our care".⁴ One asylum superintendent was "outraged" by the common practice of committing harmless old persons. He argued that "cases of purely senile dementia should not be properly numbered among the insane".⁵ These people, it was reported, arrived at the institution not because they required care, but "through the importunity of their friends."⁶ The admission of feeble and senile individuals, it was argued, reduced the number of recoveries asylum doctors could produce and as a result kept the institutions from performing their proper functions.⁷

Nevertheless, as the number of elderly people in the overall population grew, the admission of senile old people into Rockwood increased. Asylum superintendents began to fear that mental institutions would fill to capacity with the incurable and the unwanted. As one administrator lamented, the asylum "is no longer a hospital for the insane, but a veritable "Home for Incurables."⁸ More importantly, officials questioned whether asylum funds could be properly used to maintain chronic cases, as the care of these people was, by 1897, becoming "an enormous tax upon the state."⁹ As the Medical Superintendent of the Hamilton Asylum reported, "a great difference of opinion has existed in regard to the best method of caring for the chronic insane, chiefly from an economic standpoint."¹⁰ As far as the admission of senile old people was

concerned, it was believed that the:

"very liberality of the Government in providing such ample accommodation at cheap rates, or even free, acts as a powerful stimulus in deciding to transfer the burden from the home to the state." ¹¹

It was asserted that Government was being called upon, with increasing frequency, to assume burdens which, "in all fairness, should be carried by the people." ¹²

Being both alarmed and dismayed at what they felt was the unacceptable size of the elderly population within institutions asylum administrators began to advocate admission policies which insisted that "until homes and refuges for aged people become generally established, the applications to admit victims of senility should be severely discouraged". ¹³ Family situation, it seems played a large role in determining whether an aged person was defined as senile or insane, and therefore eligible for asylum treatment. It is evident that authorities were more willing to accept a person as insane if they had no relatives. ¹⁴ When an aged patient had a family, however, that patient would usually be classified as being "merely senile" regardless of the behavior they exhibited, since it was assumed that families should be responsible for their aged kin. ¹⁵ Thus, at the very point when aged population was growing and their families experienced an increasing need for the services of the province's insane asylums, the hospitals, in an attempt to reduce costs by placing a greater portion of the burden of care for the aged upon their families, were endeavouring to restrict the aged's access to institutions.

It was common for asylum superintendents to blame the rising number of aged

admissions on a declining sense of familial responsibility. When asylums officials decided that they had to limit the number of aged people admitted into mental institutions they frequently used the ideal of the self-supporting family to justify their claims that the aged, rather than being placed in asylums, should be cared for at home by relatives. It was argued that families admitted their aged kin to institutions merely because they did not want to be bothered caring for them themselves. In England and across North America asylum Superintendents began to report that:

"There is not excuse whatsoever for their commitment - and it can be explained only on the basis of a loosening of natural family ties and a desire to be relieved of dutiful responsibilities." ¹⁶

The Pennsylvania Board of Charities reiterated a common sentiment among institutional authorities when they reported that most aged people:

Selfishly neglected by those who owe them everything, they are thrust into seclusion in order that they may not be burdens, and too frequently forgotten by those through whose veins flows the same blood. They must helplessly and hopelessly wait, receiving kindness and care from those who are neither kith nor kin. ¹⁷

Children, it was believed, were merely "unwilling to inconvenience themselves" and only too willingly "shirked their duties" by placing their "troublesome" parents away once they had become an "encumbrance" upon the family. ¹⁸ It was also argued that this growing willingness of families to institutionalize the aged meant that, by the final decades of the century, the aged were more likely to end up in an asylum than they ever had been. Government officials reported that:

There is a disposition among all classes now not to bear with the trouble that may arise in their own homes. If a person is troublesome from senile dementia, dirty in his habits, they will not bear with it now. Persons are more easily removed to an asylum than they were a few years ago. ¹⁹

In Ontario, too, asylum superintendents stated the senile are admitted merely because "the condition necessitates a certain amount of attention on the part of friends, and this I am forced to admit seems to be the cause of committal".²⁰ It was claimed by officials that these "ancient and senile adults, whose only crime was to become a burden", could have been cared for "as well, if not better at home".²¹ Yet, asylum inspectors reported, that there was a growing tendency among the relatives of the senile to "foist them upon the Government."²² Despite the demographic facts, the increase in elderly admissions to insane asylums was attributed to a growing indifference on the part of families towards their aged kin, rather than to a genuine increase in the number of old people in need of specialized medical care.

Also, while various explanations were presented as to why families were becoming so irresponsible, no-one acknowledged that various government and institutional policies played a large role in forcing families to send aged people to asylums, since they were the only alternative left to them. This aspect of the history of the aged and institutions shall be elaborated upon through a study of the case records of the aged patients of the Rockwood Provincial Asylum for the Insane in Kingston Ontario.

Rockwood Asylum for the Insane was established in Kingston in 1858 as a hospital for the province's criminally insane, but as early as 1862 it was noted that as well as those of the "criminal class" the asylum housed "lunatics of every description".²³ After confederation Rockwood became a Federal concern but it was returned to provincial control in 1872. Private mental hospitals never

housed more than a fraction of Ontario's insane during the nineteenth-century. As a result, Rockwood being one of the larger mental institutions in nineteenth-century, accounted for between 12% and 20% of the province's total insane asylum population in any given year. On average the hospital contained 13.8% of Ontario's institutionalized insane. Between its opening and 1907, a total of 4,204 patients,²⁴ which were in most years evenly divided between male and female patients, were treated at Rockwood.²⁵ Of these, a total of 315, or 7.4% of all cases studied, were at least sixty years of age.²⁶ Their average age was sixty-eight years, but many of these people were over eighty and at least one was over ninety years old.

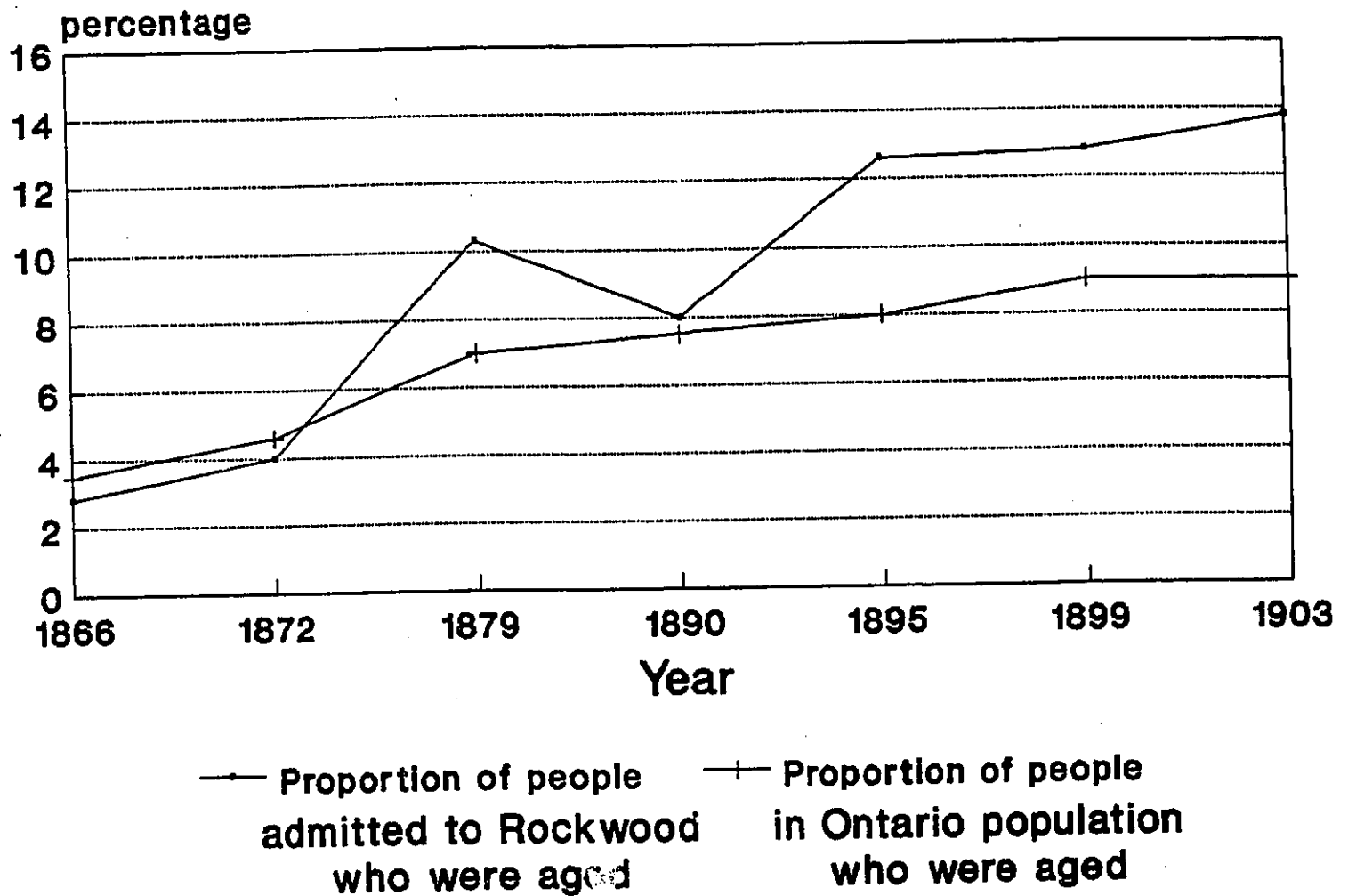
The numbers cited here do not include people who, while they may have been in the asylum as elderly people, had been admitted to the institution at a much earlier age. For the purposes of this study the term aged patients refer only to those people who were admitted to the asylum when they were over the age of sixty. Asylum officials would often cite numbers, such as the number of aged people who died in the asylum in any given year, which included all aged people in the asylum regardless of when they had been admitted, even though it was clear that people who were admitted when they were actually over the age of sixty often formed a minority of these deaths. In this manner, however, officials could provide the public with an inflated impression of the degree to which the aged were over-populating asylums. For instance in 1893 almost all of the aged people who died in the Toronto Asylum had been admitted to the asylum when they were middle aged or younger. One sixty-eight year old man had been in the institution for forty-five years.²⁷ While these people may have been in the asylum when over the age of sixty, they were admitted to the asylum before they

reached that age. Hence, one cannot justifiably use these people as a source of information concerning the admissions of aged people into institutions.

Aged admissions to Rockwood were not constant. Both the number of aged people in the asylum and the portion of the institution's population they represented changed over time. There were no aged persons admitted to Rockwood before 1866 and, until 1881, there were rarely more than two or three people over the age of sixty admitted in any given year. In total during the first twenty-three years of operation, thirty-six elderly persons were sent to the asylum. In the next sixteen years, however, 205 aged people were admitted. While the aged never formed more than 3% of the total admissions before 1879, they composed over 12% of the new arrivals in 1895, and almost 14% by 1903. (see Figure 1) Given that the aged formed 3.1% of the total population of the province in 1851, 7.2 % by 1891, and 8.4% by 1901, it appears that over the course of the century the aged came to represent a portion of the insane asylum admissions than was increasingly greater than their demographic presence in the overall population would seemingly justify.

Figure 1 -The aged as a portion of the total admissions to Rockwood

Figure 1
The aged as a proportion of total
admission to Rockwood



While it is true that the aged did become a larger presence in mental institutions during the latter years of the nineteenth-century and that their representation among the asylum population was out of proportion to their representation in the larger provincial population, the actual portion of the total aged population found inside insane asylums changed little between 1866 and 1906. This can be explained by the fact that while the aged portion of the asylum admissions changed dramatically over time, the increase in the actual number of patients involved was small. For instance, while the aged portion of the Rockwood's admissions grew between 1866 and 1906, from 3% to 14% of the total number of people committed, most of the growth taking place after 1890, the resulting increase in the aged population of the asylum was not significant. This group grew from two aged people in 1866 to a maximum of sixty-four between that date and 1901. Thus, the apparently alarming 11% increase in the portion of the asylums admissions who were aged led to the addition of only sixty-two elderly residents to the asylum population. (see Table 1) This pattern was similar throughout the various provincial asylums. At the same time the seemingly small increase in the aged portion of the total provincial population, from 7.2% in 1891 to 8.4% in 1901, masked the fact that the aged population actually increased by 30,000 people. The result of the very real growth in the size of the province's aged population combined with only minor increased in the number of aged people inside asylums was that although the aged were indeed more visible inside mental hospitals, a steadily larger segment of the total elderly population existed outside of these institutions.

Table I

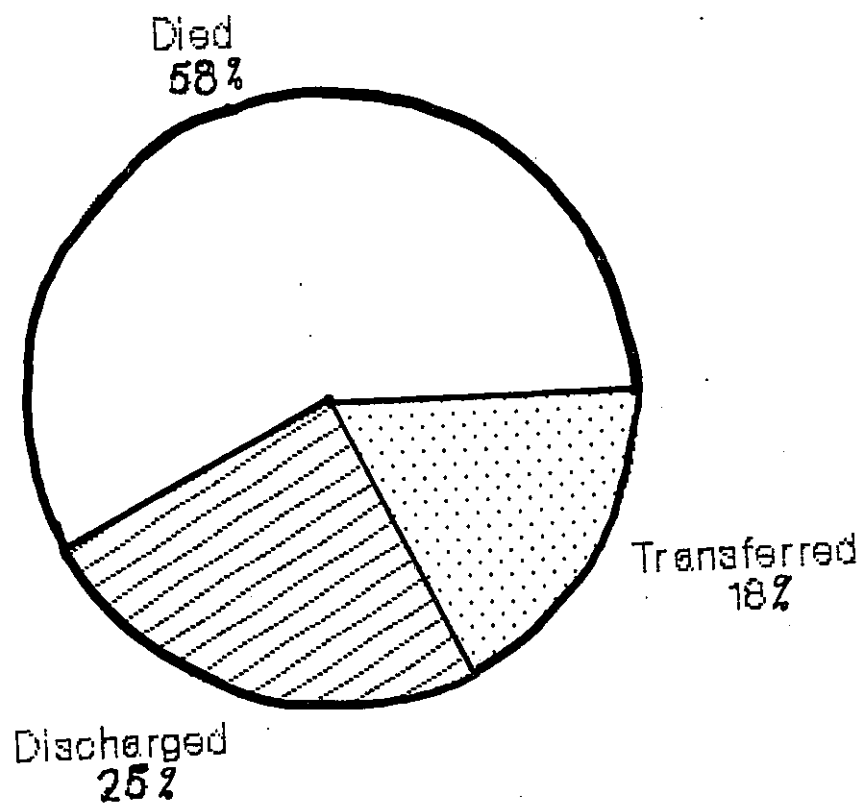
Aged Asylum Population Compared to The Total Population of Rockwood Asylum			
Year	Total Asylum Population	# of Aged Residents	Aged as % of Total
1887	681	56	8.2%
1890	674	56	8.3%
1895	565	54	9.6%
1897		64	
1899	558	46	8.2%

Source: AR (1887-1899) and also AO:RG 10: Series 20-F-1 Case-files.

Nevertheless, the argument that families were abandoning the aged in institutions in ever increasing numbers was promoted by the fact that once admitted to the asylum few aged people left alive. Only one quarter of the aged people admitted to Rockwood were eventually discharged. Most of these discharges, however, occurred around the turn of the century when hospital administrators were hesitant to admit and reluctant to retain chronically ill elderly patients. The bulk of the aged people who arrived at Rockwood remained there until they died (58%) or were transferred to another asylum (18%) where most eventually died. (see Figure II)

Figure II - Fate of Aged People Admitted to Rockwood

Figure II
Fate of aged people admitted to Rockwood



Considering that the aged comprised an ever increasing portion of the patients admitted to Rockwood, and as a result made up a greater portion of the total asylum population, and that once inside the institution most aged people remained until they died, it is easy to see why asylum officials argued that many families were refusing to care for their aged members. It is also easy to understand why some historians have supported these officials' arguments and perpetuated this claim in their writings. Andrew Scull, for instance, argues that the increase in aged admissions to asylums during the latter decades of the nineteenth-century was due to the fact that, as asylums became more common, the stigma attached to consigning burdensome relatives to asylums evaporated along with any sense of remorse over abandoning familial and kinship obligations. He contends, therefore, that asylums tended to decrease the tolerance families had for difficult relatives, and as a result, families became increasingly willing to institutionalize their aged relatives. Similarly, Richard Fox has claimed that families committed the aged to asylums because it was a convenient way to rid themselves of the burden of accommodating persons who had become bothersome and who were unable to contribute their share to the family production.²⁸ These arguments, however, take the official reports of asylum administrators and the various statistics they produced in defense of their statements at face value.

Fortunately, insane asylums produced far more complete records than most provincial institutions. Aside from recording general operational details, asylums kept detailed patient records. The information in these patient case-files, which often contradicts the statements made by asylum administrators concerning the motives of families who committed aged relatives to Rockwood, reveals that nineteenth-century asylum officials overstated the degree to which

families willingly placed their kin in institutions.

The case-files of the elderly patients at Rockwood hospital reveal that few families committed their aged members to the asylum by choice. Most did so out of necessity. These records also suggest that when aged people were refused admission to an asylum as a means of encouraging or forcing their families to care for them, on the assumption that they would be better cared for by kin, both the aged and their families suffered.

Unless otherwise indicated all patient files referred to here are from the records of the Rockwood Asylum in Kingston, Ontario. Individual cases have not been cited separately since according to the provincial **Freedom of Information Act**, it is not possible to reveal the names or case-file numbers of patients of Ontario's mental hospitals.

These records reveal that there were some harmless patients who really did not need to be placed in an asylum. A small number were in fact abandoned by relatives who just did not want the responsibility of caring for an elderly person and found the institution to be a convenient place to dump "granny". For instance, in 1885, a sixty-five-year-old woman with five children and a husband, was sent to the Rockwood Asylum from the Toronto Hospital for the insane where she had been confined after having been found living alone in the forest. She commented that she liked the asylum better than the bush.²⁹ Similarly a sixty-four-year-old man was sent to the asylum from a jail. When he died in 1906 his remains had to be buried by the asylum. Although he reportedly had six living children, his family made no attempt to contact the institution or claim his

body. Another woman was placed in the institution by her family in 1895. They never contacted her or the asylum again. As disheartening as these cases may have been they were exceptional. Most "harmless" individuals, rather than being abandoned, were people who simply had no relatives to care for them.

Many individuals were found homeless. For instance, one eighty-year-old woman had been jailed as a vagrant. She was sent to a House of Industry but was returned to jail because she swore and was unmanageable. Finally, she was sent to the asylum where, upon arrival, she thanked the Lord for now she had "come to a place where I can have a comfortable home for the rest of my days." Another woman arrived at the asylum after being found living "a lonely and solitary life by the lake shore". Similarly, sixty-year-old Mary had no home and was jailed after she was found wandering around town occupying deserted buildings. In a more premeditated manner, Patrick Maloney, aged sixty-one and "broken down by poverty and want", accused himself of burning a barn. Despite doubts as to whether he had actually performed the crime, he was placed in jail and later in the Rockwood asylum. Once secure in the asylum he stated that he confessed to the crime to ensure that he would be imprisoned and have a home.

A complete lack of family was a more frequent cause of committal than having been abandoned by relatives. This becomes obvious when it is noted that people with no immediate family were over-represented among the aged patients in the asylum. It is obvious in cases of never-married people. While less than 10% of the over-all population remained single in nineteenth-century Ontario, over 16% of Rockwood's elderly patients were single.³⁰ Another 26% of those admitted were widowed. This figure was also higher than the portion of widowed old people in

the general population. While, roughly half of the old people in Rockwood had a living spouse, married people formed a considerably higher portion (75%) of the general population outside the asylum. Among the aged alone, roughly two-thirds of the total population was married. (see Figure III)

It also appears that people with no living children formed a greater portion of the population inside the asylum than they did outside its walls. Although one quarter of the case files do not indicate how many children a patient had, over 30% of the patients for whom the number of children was reported had none. In a further 8% of these cases the individual had only one child.

When one notes who provided care for Rockwood's elderly patients before they were admitted to the institution the reasons people with no spouse and no children were over-represented in the asylum's aged population become apparent. Of the aged people admitted to the institution during the nineteenth-century, 134 or 43% of them had previously been cared for by a family member.

Almost three quarters of these people were cared for by a spouse or a child, mainly wives and daughters. (see Figure IV) Although siblings, nieces, nephews and even neighbors took care of single or childless people, in most cases the absence of immediate family members meant that an aged person had no-one to look after them when they became incapable of doing so for themselves. The patients of Rockwood bear testimony to the fact that having no relatives at hand to provide care greatly increased an old persons chances of being placed in an asylum.

Figure III -Civil Status of Elderly Persons Admitted to Rockwood (1866-1906)

Figure III
Marital status of elderly admitted
to Rockwood, 1866-1906

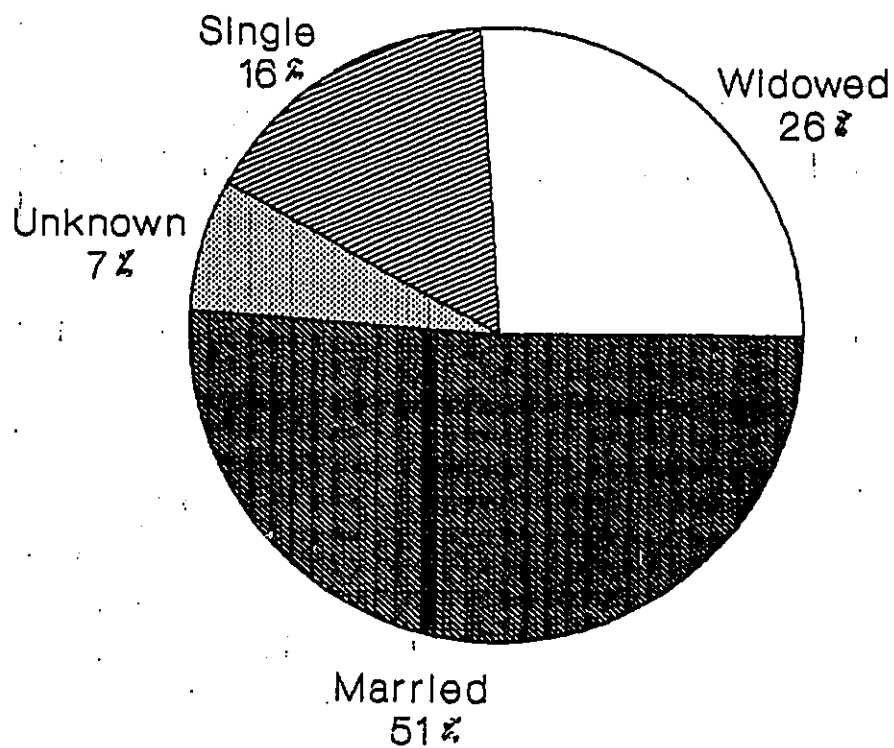
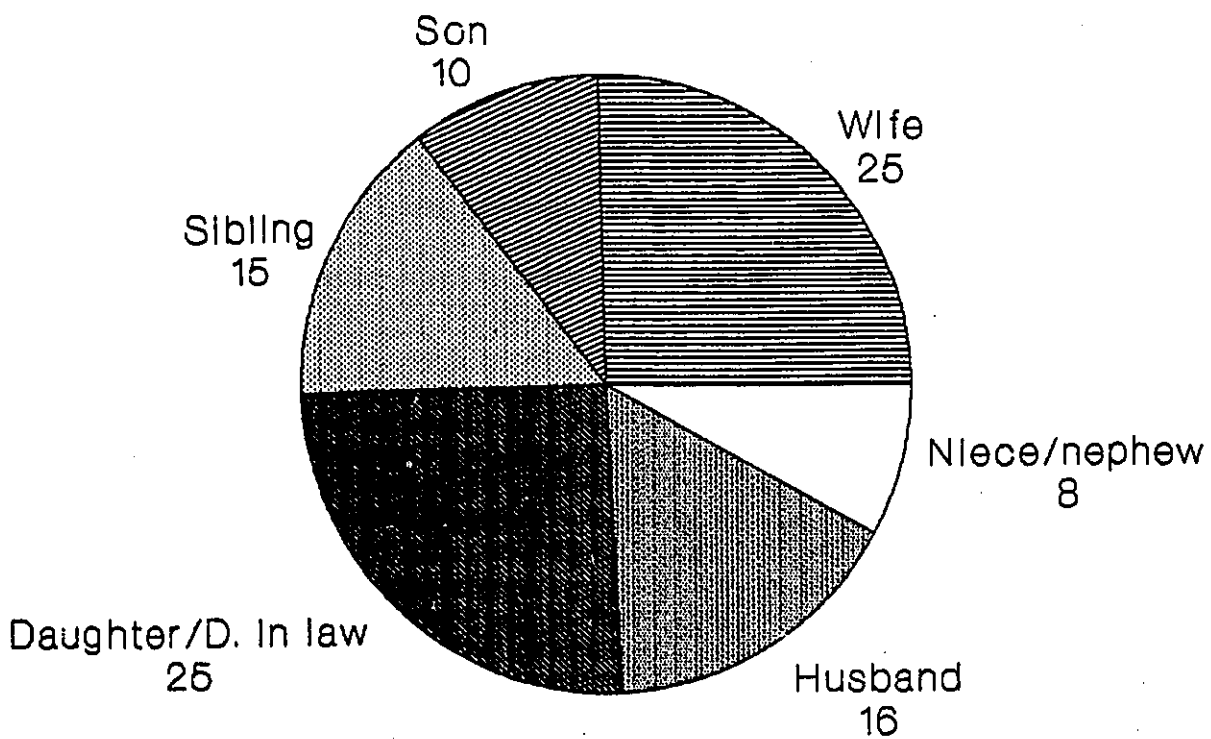


Figure IV -Persons Caring for Aged Before Their Admission to Rockwood ³¹

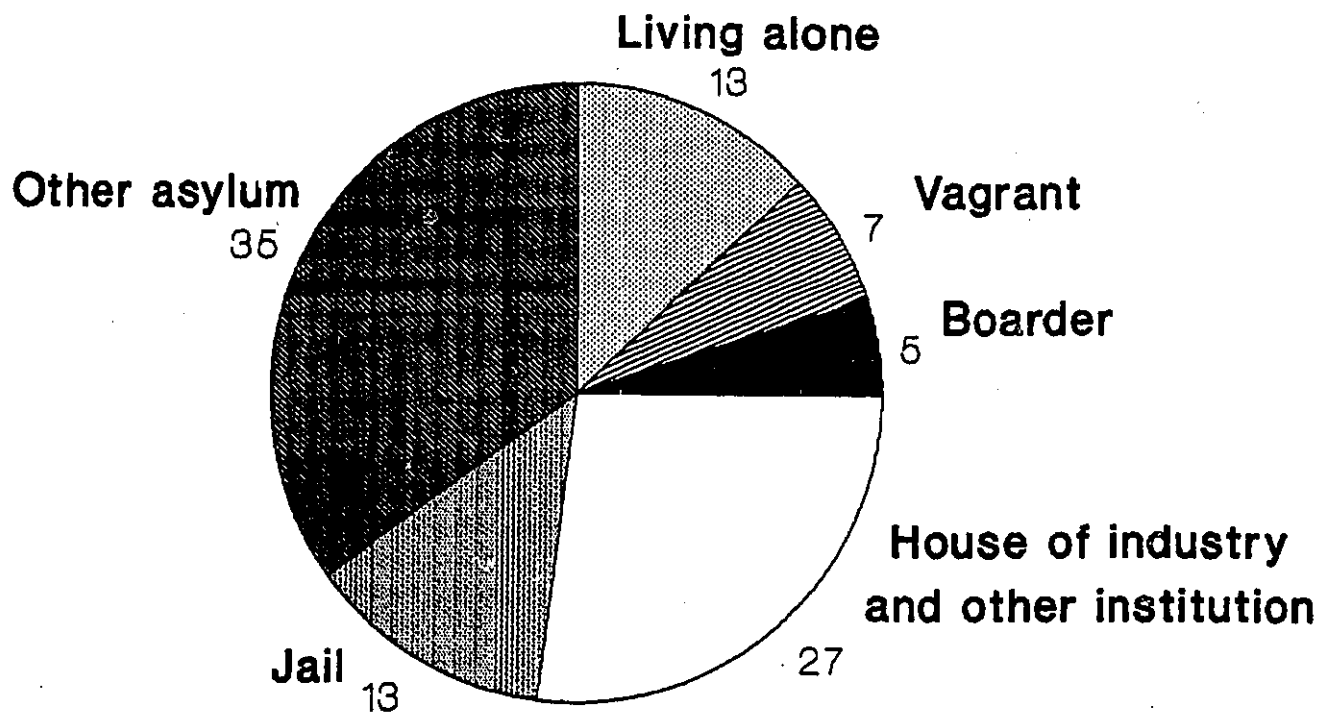
Figure IV
Persons caring for aged before
their admission to Rockwood



Of those people who were not cared for by their families before being admitted to Rockwood the bulk, excepting those transferred from other asylums, were sent there from Houses of Industry, Houses of Providence or Refuge and Hospitals. These charitable institutions for the poor were the only other organizations which dealt with the aged and destitute. It is clear, however, that these institutions refused to retain individuals who required extra attention or those who had become unmanageable. Although government policy intended that old people suffering from mild mental decay be cared for in Houses of Industry, this was not often possible as the other residents complained they were disturbed by the "gibbering idiots".³² It was certainly common in England for Workhouses and local administrators to send the people who were the most troublesome and expensive to maintain away to the asylum.³³ Similarly, both the Kingston House of Industry and the House of Providence frequently sent aged people to the Rockwood Asylum once their behavior exceeded what those institutions considered proper.³⁴ Once the House of Industry ejected someone, the insane asylum was the last resort. The patients who did not arrive at Rockwood from one of these institutions were, for the most part, on their own before their admission. Over 10% lived alone, 7% were homeless vagrants, and 5% were boarders. (see Figure V) These figures show that rather than being negligent towards their ill and aged relatives, or being eager to abandon them to the "tender care of the community", families, especially spouses and children, played a crucial role in providing care that kept many elderly out of institutions.

Figure V -Origins of Aged Patients who did not live with their family

Figure V
Origins of aged patients who
did not live with their family



Historians such as Gerald Grob and John Walton claim that rather than being institutionalized because their families could not be bothered to care for them, those aged people who did have relatives were usually committed to asylums because their kin lacked the resources necessary to maintain them and they had no other options.³⁵ As well, Walton confirms that rather than being merely inconvenient, people who were sent to asylums, were usually violent, disruptive and difficult to handle who were institutionalized.³⁶

People may have been willing to assist their kin but this did not mean that they were able to do so. The burdens of even minimal nursing care were frequently beyond the resources of nineteenth-century families.³⁷ Providing physical care for an elderly person, especially when mental illness or senility made them difficult to manage, was usually an arduous task. Some people were simply too ill or feeble themselves to undertake the care of another. For instance, one man explained in a letter that he could not care for his wife as he was poor, ill and in need of medical attention himself. Even people who were willing to look after an aged relative often found that they had conflicting responsibilities to other people, usually their spouses, children or employers.³⁸

Even when a person was potentially manageable at home, some families did not have the resources to cope with the financial burden. Almost all Rockwood's patients came from poor families. As one observer commented in 1885, "Rockwood's five hundred and five residents were paupers, with the exception of the very few who pay the cost of their own maintenance".³⁹ These people could simply not afford to halt their daily activities, especially work which provided their livelihood, to remain by an elderly person's side. One woman, for example, could

not remain at home because she could not be left alone. Her presence prevented her husband from going to work, which was something he had to do to survive. It is understandable that most people did not have the energy or the time to both earn a living and care for a family member. When the asylum officials requested that one woman remove her father from the asylum as he "was well enough to be cared for at home", she lamented that:

I cannot do for my father as I should like to. I work long hours to keep a roof over my head and food to eat. I have no means whatever to pay for an attendant on my father. I dare not stop work to wait upon him, even if I was strong enough to do it.

As the care required by an ill older person increased and began to demand more and more of a relatives, or even an entire family's time and energy, these compounded obligations often became more than many individuals or families could handle. ⁴⁰

Once a family had reached the limits of their power to care for someone there were few places they could go for help. ⁴¹ In Ontario, official attitudes towards assisting families who were caring for the ill and insane hardened noticeably in the latter decades of the century. For instance, the Superintendent of the Toronto Asylum for the Insane acknowledged in 1857 that there were in the asylum several senile old people "who with adequate legislative provision for their support may live locally" and might have been "permitted the continuance of the most prized of all human privileges, personal liberty". ⁴² By the end of the century, in contrast, it was felt that while assistance could be provided to individuals caring for unrelated people, "it would be unwise to pay relatives for the care of their own". ⁴³ Hence, there was little assistance or relief available for families caring for the senile. While families may have been

willing to care for their kin, with no form of financial assistance available to people attempting to cope with the "considerable demands" ⁴⁴ of care-giving, they had no choice but to institutionalize their dependent elderly relatives or face financial ruin. ⁴⁵ Others were forced to send their kin away to protect themselves from emotional trauma or actual bodily harm. While it may be easy to judge families harshly, by modern standards, for providing inadequate care or for relinquishing their caring functions, it must be realized that in the atmosphere of the late nineteenth-century many families may not have had other alternatives if the family was to survive. ⁴⁶ In this regard nineteenth-century families came to view institutions "as regrettable but indispensable necessities." ⁴⁷

Finding an institution that was willing to care for an aged person who required special care was not easy. As mentioned previously, most institutions such as Houses of Industry and Homes of Refuge refused to admit or retain aged people who were not able to conform to those institutions' expectations concerning proper behavior. ⁴⁸ Often insane asylums were the only place a family could send a senile or difficult to manage older person. For these reasons desperate families often had to resort to what could easily be interpreted as a form of "granny-dumping" or abandonment by placing their physically, emotionally, and mentally ill elderly people in insane asylums. Yet, regardless of the problems associated with sending the aged to mental asylums, this course of action was often forced upon families by public policies which left them no alternative but to utilize the resources the government made available to them. Whether they were adequate or not, insane asylums were the only places a confused or ill aged person could receive anywhere near the amount of supervision or medical care

they needed. ⁴⁹

From the moment a family sought to commit an ill relative to an asylum, their actions were regulated by government policies which forced families to treat their kin in a less than exemplary fashion. Regulations dictated that there were two methods by which a family could have a difficult to manage person admitted into an insane asylum: ordinary process and warrants. Families seeking to admit a relative through ordinary process needed three physicians to certify that the person was insane. Once a person had been certified, they would be eligible for admission into a hospital once a bed became available. Given the crowded state of the province's asylums during most of the nineteenth-century, it was almost impossible for a person to gain admission to an asylum in this way. People could wait for months and still see no vacancy appear. ⁵⁰

A more expedient process involved warrants. Public authorities such as justices of the peace, magistrates or jail doctors could confine a person in a local jail and then issue a warrant testifying that the person was a "dangerous lunatic", meaning that they posed a threat to themselves or their community. Asylums were forced to admit warrant patients regardless of the number of free beds. Hence, many families found themselves forced to have their kin imprisoned and declared insane and dangerous in order to secure them admission to an asylum. ⁵¹ As the Medical Superintendent of the Rockwood Asylum declared in 1882, "many patients sought admission through ordinary process, but owing to the crowded state of the asylum and our inability to receive them, promptly many of these applicants were afterwards committed to a jail and transferred to the asylum under warrant". ⁵² Under such a system it was almost impossible for a family to send their

relatives to an asylum in a humane manner. Hence, aside from the basic stigma attached to being treated for mental illness, ⁵³ the "indignity" of being committed to a nineteenth-century asylum often included being confined in one of the province's "squalid and inhumane" district jails. ⁵⁴ Almost one third of the elderly people in Rockwood arrived there from a cell in a county jail after having been labelled "dangerous lunatics". It is also obvious that many people were designated as "dangerous" merely because that was what was necessary to get them into the asylum.

Considering that a high portion of the aged residents of insane asylums had been placed first in local jail cells, it is understandable that Rockwood's Chief medical superintendent remarked in 1899 that the fact so many patients "should have had to pass through the gaols before reaching this institution is a reproach to the people of the district from which we receive admissions." ⁵⁵ What the superintendent failed to mention in this indictment of the populace was that once a person became unmanageable at home, a family often had no choice but to send them to a jail, since this was the only way to ensure that the person would eventually be sent to an asylum where they could, it was hoped, be properly cared for. As inhumane as this practice might appear it was a strategy forced upon families by government policy; a policy that the government did little to modify despite decades of protest from various doctors and magistrates.

Asylum officials scoffed at this process for another reason. They complained that many families used the warrants as a means of abandoning helpless old people for which they no longer wished to care. They claimed that aged people

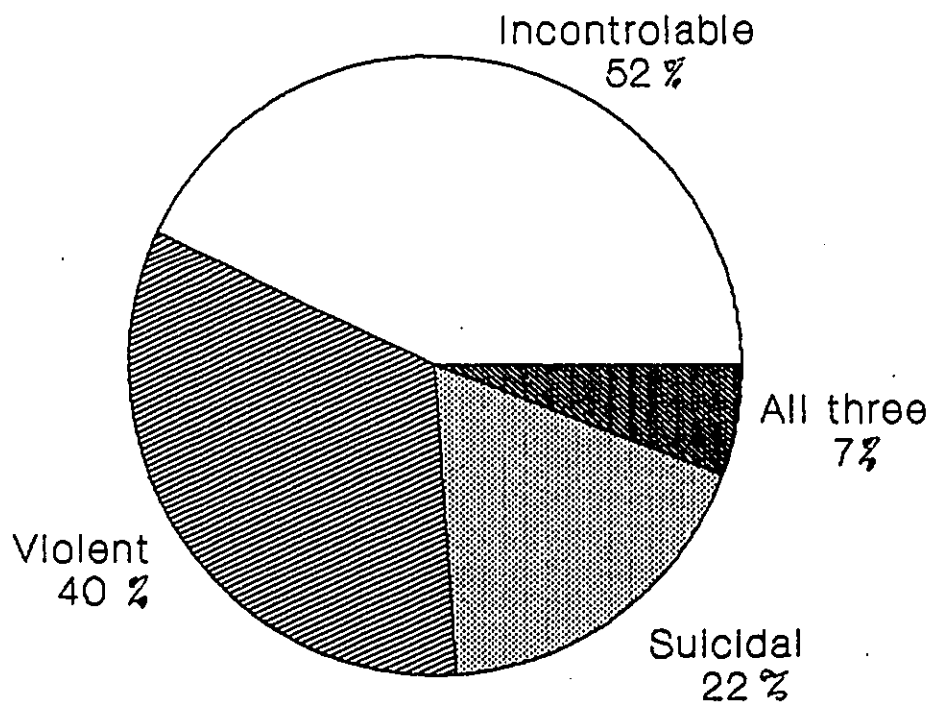
being merely "in their dotage", posed no threat to society and could, in most cases, be "easily cared for at home".⁵⁶ While it may have been true that most of these difficult to manage elderly people were suffering from the ravages of senile dementia and were not actually insane, this did not mean that they could be "easily cared for at home".

Senile old people regularly demanded far more care than most families could sustain either physically or financially. Some gerontologists have argued that the term senile is merely "a medical expression of despair applied to socially isolated old people for whom nobody will accept responsibility".⁵⁷ While this may have been true in some cases, in most instances, the Rockwood asylum patients described as senile were truly ill and suffering from a disease which caused "a complete disruption of the personality" the result of which was that "eventually nothing of the patient's former personality (was) recognizable".⁵⁸ Often symptoms of paranoia, especially delusions of persecution and unrealistic jealousies caused a person to become unpredictable, violent, abusive, and frequently dangerous.⁵⁹ These, indeed, were the reasons the vast majority of the aged people in the Rockwood Asylum were sent there. Almost all the aged people sent to the Rockwood asylum between 1858 and 1906 were described as "uncontrollable", "violent to themselves or others", or "suicidal". Many were all three.⁶⁰ (see Figure VI)

Figure VI

Portion of Aged Persons Admitted to Rockwood as Violent, Dangerous, or Suicidal

Figure VI
Proportion of aged people admitted
as violent, dangerous or suicidal



It is certain that these designations were, in some cases, exaggerations of the patient's actual condition. This does not mean, however, that the families did not have a legitimate reason for sending these aged people to the asylum. The fact that families and local officials sometimes lied about the actual "danger" certain aged people posed to society does not mean that they were not concerned for the well-being of that aged person. It merely indicates that families did what was necessary in order to conform to government policies and ensure that their aged kin received what was often the only form of care available to them.

The overall impression that emerges from these case-files is that rather than resorting to institutionalization at the first possible opportunity, nineteenth-century families used public institutions only as a desperate last resort.⁶¹ This was especially true when violence was involved. As the Medical Superintendent remarked in 1879, "patients are retained at home as long as they can be managed by the members of the household, they are at last sent to the asylum when they have become violent."⁶² Also even though a person's violence, or uncontrollable state may have been exaggerated, and while a person may not have actually been truly dangerous to society, this does not mean most families were able to cope with the actual degree of violence or unmanageability these people exhibited.

Uncontrollable, for instance, could mean that a patient merely required constant watching. Yet, this in itself could pose a major problem for many families. "Uncontrollable" could also mean that, aside from taking time and energy which many people did not have to spare, the care of a senile relative could prove emotionally taxing, frustrating, and disruptive to an entire family. Families

were regularly forced to commit their aged kin to an asylum to preserve not only their financial security but also their emotional and even their physical well-being. Several people, for example, were prone to wandering out of their homes and disappearing, putting themselves in danger, frightening their families and often disturbing their neighbors. Ann, aged seventy-five, would wander three or four miles before her family could find her. She had to be watched constantly to keep her from breaking the furniture or harming herself. She was also fond of standing in front of trains. Her son and neighbors finally could not cope any longer and committed her in 1888.

Other patients posed greater problems. For instance, Jonathan, admitted to Rockwood in 1897, tore down his daughter's stove pipes, turned on the gas and tossed her clothing out the window. Thomas was even more destructive, breaking doors and windows, tearing down fences, and tearing up clothing. Yet another man, aged eighty, repeatedly tried to burn down his home with his family in it. While Ellen was sent to the asylum after her actions threatened to ruin her son financially by destroying their geese and damaging her son's apple trees. Numerous aged people became suicidal and could not be kept at home because the moment they were not watched they would attempt to kill themselves. Many families simply could not provide the degree of surveillance necessary to prevent a tragedy. One daughter said of her mother that "it was impossible to do anything with her", she had tried to hang herself, poison herself and had attempted to drown herself three times. These suicidal people were often quite persistent and could become violent when their families tried to deter them from their purpose.

While most Victorians refused to consider suicide acceptable, many suicidal patients felt they had valid reasons for ending their lives. One woman wanted her throat cut because she had gone blind. Others feared being destitute and alone and felt that "they might as well go to Hell sooner than later." Still others were simply "tired of living". They were committed to Rockwood not only because it was assumed that anyone who tried to end their life was insane, but also because families felt that it was the only way to prevent their loved one from achieving their goal. Regardless of the precautions taken, some patients succeeded in ending life, even after being committed to the asylum. One woman hung herself with her bed-sheets, another jumped out a window, and yet a third drowned himself. Still others simply refused to eat and though they were usually forced-fed, most died after a short time.

More than being a nuisance several senile old people were institutionalized because they had become a genuine threat to the safety and well-being of their families. While officials did sometimes exaggerate the degree to which aged people were violent or dangerous, numerous patients were justifiably described as being "dangerous to their family and friends". The asylum doctors recognized and admitted that these people had become violent and abusive to the people around them. Most violence was focused on the very people who were doing the most to care for the ill person. This was the case with sixty-year-old Mary. Her husband tried to manage her for two years until she became so violent that he found that he could not sleep for fear his wife would kill him. Asylum officials reported that she was deceitful, vicious and hurt other patients. Similarly, seventy-year-old Catherine suddenly took a strong dislike to the daughter who had been caring for her. She became increasingly threatening until the daughter

was forced to commit her mother after she had attempted to harm her with a knife. In another instance, John began chasing his wife with a knife and driving her out of the house. After a short time she became too terrified of her husband to keep him at home.

Other people such as Barbara became a menace to her entire family. The seventy-six-year-old threw lighted lamps at her daughter, and tried to knock her down the stairs. She hit her grandchildren, threw dishes at them and finally tried to burn down the entire house. Another eighty-year-old woman threatened her grandchildren with a knife, and could never be left alone with children for fear she might kill them. One man began to drag his invalid daughter about by her hair, while another would lock his family in a room and try to sell the house, with them in it.

Violent and unpredictable aged people were not only impossible to care for but the emotional trauma caused by their actions provoked serious rifts between other family members. One man was said to be "highly disturbing to all members of his family". His "familial home unit has been destroyed by his threatening mood." Gerald Grob explains that "the internal disruption of the family that followed certain forms of behavior ultimately reached a crisis stage". Once this occurred the "decision to commit the person causing the crisis rested on the belief that the welfare of the family as a whole had to take precedence".⁶³

In other cases, the frustration, anger, and sheer exhaustion brought on by caring for a difficult to manage person could have even more tragic consequences.⁶⁴ Although we will never know the full extent of elder abuse in

the past, the records of Rockwood asylum indicate that in some cases the aged were treated violently by their care-givers. Eighty-year-old Rose arrived at Rockwood after having been "thrown forcibly against a pile of cord-wood". Daniel was admitted "terribly bruised and cut about the face, a gash existed over each eye and the nose was cut." The asylum reported that "this man has evidently been badly taken care of at home. He seems to bear the marks of direct violence." One woman told all the neighbours her sister "pounds her", while others were simply, "badly treated by... family."

It is clear that a number of old people were better off in an institution than they were at home. Although the asylum may have been able to provide no more than custodial care for the senile elderly, this in itself may have been more than some families could offer.⁶⁵ While some family members were truly abusive people, it is likely that in several instances, elder abuse was the result of a family member being expected to provide far more care than they were capable of giving. Also, in moments of frustration, the violence inflicted by family members upon the aged could have been a reaction to the abuse senile persons inflicted upon their care-givers. It is also likely that had there been some form of assistance available to these families sooner, the abuse may not have occurred. Also, despite scattered examples of abuse, in general it appears families provided as much care as they were capable.

Even when a family was willing to keep an unmanageable relative at home this often became impossible once the person began to disturb their neighbors. As Cheryl Warsh explains, middle-class Victorians felt that families had a responsibility towards the community to control potentially bothersome kin.

Disturbed individuals were not only a "cause of grief to their friends", they created "uneasiness and alarm" in the community. ⁶⁶ If a family could no longer prevent a confused older person from becoming a nuisance to the neighbors they were often obliged to remove the offending person to a place where they would not cause such problems. ⁶⁷

In several instances, the case files of elderly patients stress that they were sent for psychiatric care largely because their behavior had become intolerable to their neighbours and community. William, for instance, a once unobtrusive man, was committed in 1896 after he became a nuisance to his community; He was disturbing businesses by threatening lawsuits for no reason. A Napanee man arrived at Rockwood after the community complained that he hung around and "disturbed the ladies and chased young children". One woman, meanwhile, was described as "plaguing the neighbours" because she wandered into strangers homes at all hours and destroyed their property. Yet, another patient was committed in 1891 after reports that he terrified his neighbours by firing a gun at them. In an even more dramatic example, sixty-five-year-old Charles was described as "a terror to the ladies of Belleville", after he "exceeded the bounds of propriety" and chased about the streets any handsome young woman. Another patient was a "source of great disturbance to her neighbourhood". The seventy-six-year-old woman ran from one home to another seeking protection from imaginary dangers. All these patients became more than just a concern to their families. They were obviously disrupting the daily lives of their entire community. At this point their families had little choice but to commit these people.

In spite of the odds against keeping a senile relative at home the Rockwood case files indicate that relatives regularly provided care for as long as they could, even once an aged person became demented and difficult to deal with. Letters to the administrators of the asylum from the families of patients confirm that many families made every attempt to retain their elderly relatives at home as long as possible and gave up their kin out of necessity, not choice. Seventy-eight year-old Rebecca had been placed in the Hastings County jail in 1890 when she became violent and uncontrollable. Rather than have her sent to an asylum her daughter and son-in-law requested that she be released into their custody. Eventually, however, they too found her impossible to control and were forced to send her to Rockwood. One daughter had been her father's "constant attendant", but he was suicidal and had "put her through much distress" until she finally was forced to abandon her attempts to care for him at home. Eighty-year-old Mary became unmanageable. But, when one relative could not care for her any longer, she was sent to another. It was not until her entire family finally discovered that "no-one can manage her", that she was sent to Rockwood.

Even after placing a relative in Rockwood, most families did not give up on them entirely or abandon them. Some families changed their minds out of guilt or merely because they had had a month or two of rest, and insisted that their kin be returned to them, sometimes against the advice of the asylum doctors. Several patients were discharged "unimproved" at the request of their kin. For example, Frederick was admitted to Rockwood in January 1889 as uncontrollable and suicidal. By May his family decided they wanted to care for him and took him home although "the doctors do not consider it a good idea." Another woman was warned that her father would require constant care and that "unless someone is

prepared to devote most of their time to looking after him" it would be best to "leave him here". Some patients, such as William or sixty-nine-year-old Mary, were taken back by their families only to be returned a few months later when once again their families found them too difficult to manage. Other families took their kin out on two and three month probation periods. Still other families, knowing they were unable to care for their kin, insisted that their relative be returned to them once they heard that the patient was dying since, even if they could not be cared for at home, they did not wish their relatives to "die in the asylum".

All these cases offer proof that families did not abandon the aged in asylums. They used the asylum to help them cope with the terrible problem of providing care for family members for whom they themselves could not care. Sometimes caregivers only needed a short respite before they felt able to resume their duties, others relied on the asylum but provided periodic care. Some families could only visit their kin. Some families did eventually stop visiting their relatives in the asylum. Often, however, rather than being due to the family's lack of willingness, this was due more to the fact that asylum administrators often made family members feel unwelcome since they did not appreciate or encourage family intervention in patient care.⁶⁸ While families were willing to assist asylum doctors care for their relatives, asylum officials were rarely willing to do the same for families.

In some cases the asylum doctors insisted on releasing individuals to the care of their family, especially if the patient was aged and considered simply a chronic case, even though the family insisted that they could not handle the

person. The asylum officials would argue that patient was "quiet and harmless" and did not need asylum care. The family, however, would assert that at home the patient was unmanageable. John Walton reports that this practice was common in England where asylum officials tried to release quieter patients to workhouses or to the care of their families. Many of these patients "lost their tranquility" and had to be returned.⁶⁹ In Rockwood, William was one such case. He was admitted and discharged as "improved" several times only to be returned to the asylum a few months later by his family who insisted that he was not well. One explanation for this is that sometimes when a senile person had taken a dislike to a particular person, they would only become deranged in the presence of that individual. Once away from their spouse or child or other family member, these people would become calm. It does not seem, however, that Asylum officials were willing to accept that some people behaved differently around their family than they did around strangers. By releasing patients into the care of the very person or persons who caused them to become upset and frequently violent, officials caused a great deal of grief for both the patients and the hapless family member that had to deal with them.

That people were committed to Rockwood as a last resort and that they were committed for justifiable reasons does not mean that the asylum was necessarily a humane or safe place for the elderly. While families hoped that asylums would prove helpful to their troubled or senile relatives, nineteenth-century mental institutions could prove dangerous to old, feeble patients who frequently became victims of the more violent residents.⁷⁰ One such patient, it was reported, would "exercise his bloodthirsty propensities whenever the opportunity arises, upon our helpless and inoffensive inmates; and it is noteworthy that he selects

for his victims those who are unable to offer much if any resistance." ⁷¹ Felix, a man over seventy was one such helpless soul. He was attacked and beaten by the patients sleeping in his dormitory. He was left unconscious and died a few days later. Similarly another old man was knocked down and accidentally killed in 1868. Serious injuries were more common. For instance in 1885, Mary, "an old woman in wretched health" was "knocked about and kicked black and blue". Another patient, Anne was attacked with a chair in 1885, and then struck with a boot a year later.

Of course, a certain amount of damage was inflicted upon these people by other aged patients. Martha in particular was notorious for attacking, scratching and "pounding" other patients, most of them elderly. Similarly, Sarah was known for "committing assault often". In 1886, Sarah and Martha fought against each other. Sarah ended up with a dislocated hip. Sixty-five year old John was imprisoned and then sent to Rockwood for assaulting his wife and others. Once in the institution he continued his practices and often "assaulted other patients". There was also sixty-year-old Norah who was "always ready to do a little prize fighting". Of course, when most patients were committed to Rockwood because they were violent, dangerous or unmanageable, it is not surprising that the asylum was a violent and dangerous place. The instances of violent aged people confirms that not every warrant describing an old person as "dangerous" was inaccurate.

Since senile elderly patients were considered chronic and incurable, they were often shuttled from one asylum to another in order to make room for more treatable cases. These transfers uprooted confused old people from their familiar environment and placed them in strange surroundings miles away from

their old home. Old people were regularly transferred not once, but two, three and four times from one asylum to another and back again. It is doubtful that these peregrinations could have done much to improve the mental state of these patients. Lydia, for instance, arrived at Rockwood in 1878 at the age of seventy-five. She was transferred to the Toronto Asylum in 1889 when she was eighty-six-years-old. Similarly, Hugh began his asylum residence in London at the age of sixty-one. After five years he was transferred to the Toronto Asylum where he stayed for only six months before being sent to Rockwood in 1885. From there he was sent to the Hamilton asylum in 1888. In another example of a person who was moved about the province for little apparent reason, sixty-five-year-old Joseph was jailed in 1884 and sent to Rockwood. Six years later he was transferred to Toronto and then he was returned to Rockwood in 1895 where he died shortly thereafter.

The violence, despair and stigma of nineteenth-century insane asylums make it easy for twentieth-century commentators to judge the actions of nineteenth-century families harshly. It is difficult not to admonish the relatives who allowed their aged kin to be exposed to such horrors. It is easy for modern day readers to believe the asylum superintendent's reports that the aged were abandoned and abused by irresponsible relatives. Yet, the records of these same patients attest to the fact that families subjected their elderly to such cruelty because they had no alternative. Both the manner in which the aged were admitted to insane asylums and the fact that the asylums were the only place a senile old person could be sent were circumstances that were beyond the control of most families. They merely followed the rules and procedures dictated to them by various institutional policies and made use of limited resources supplied to

them by the government in order to obtain whatever care they could for their needy family members as well as to save themselves from what could amount to a life of "continual danger, dreadful anxiety, and the necessity of constant watching".⁷² If the care was inadequate or inhumane or insufficient, this was not due to the negligence of nineteenth-century families. As the case histories of Rockwood's aged patients demonstrate, these families regularly provided the whatever amount of care their private resources would allow. It is also unfair to remonstrate families for being unable to provide for all the needs of aged persons who required not only extraordinary amounts of care but care of a specialized nature which was well beyond the means of most nineteenth-century families and indeed remains beyond the capabilities of most families today.

The asylum was a final resource for desperate families rather than an easy option for the uncaring or irresponsible.⁷³ Hence, It was not a lack of concern for the aged which caused nineteenth-century families to subject their aged members to the unpleasant environment of mental institutions, it was public policies which ensured that once a family's private resources were exhausted their options regarding public assistance were severely limited, leaving them with no choice but to use the one option available to them.

endnotes

AO = Archives of Ontario

AR = Annual Report of the Inspector of Prisons and Public Charities for Province of Ontario upon Asylums (brackets indicate particular asylum report found in appendix of inspector's report)

CTA = City of Toronto Archives

1. This term was coined by Andrew Scull. See Andrew Scull, "A Convenient Place to Get Rid of Inconvenient People: The Victorian Lunatic Asylum," in *Buildings and Society*, ed., A.D. King (London; Routledge, 1980):37-60.
2. AR (1899): (Hamilton). p. 126.
3. John Walton, "The Treatment of Pauper Lunatics in Victorian England: The Case of Lancaster Asylum, 1816-70," in *Madhouses, Mad Doctors and Madmen: The Social History of Psychiatry in the Victorian Era*, ed. Andrew Scull (Philadelphia; University of Pennsylvania Press, 1981):166-97. p. 189.
4. AR (1903): (Brockville). p. 129; and Barbara Rosencrantz and Maris Vinovskis, "The Invisible Lunatics: Old Age and Insanity in Mid-Nineteenth-Century Massachusetts", in *Aging and the Elderly: Humanistic Perspectives in Gerontology*, eds., Stuart Spiker, Kathleen Woodward and David Van Tassel (New Jersey; Humanities Press, 1978). p. 116.
5. See Richard Fox, *So Far Disordered in Mind: Insanity in California, 1870-1930* (Los Angeles; University of California Press, 1978). p. 132.
6. AR (1896): (Mimico). p. 191.
7. AR (1897): (Hamilton). p. 126; also AR (1897): (Toronto). p. 3.
8. Thomas Brown, "Living with God's Afflicted: A History of the Provincial Lunatic Asylum at Toronto, 1838-1911," (Ph.d Thesis; Queen's University; 1981). p. 24; also see AR (1893): (Toronto). p. 6.
9. AR (1896): (Hamilton). p. 127; and AR (1897): (Kingston). p. 94.
10. AR (1899): (Hamilton).
11. AR (1898): (Hamilton). p. 151.
12. AR (1897): (Kingston). p. 93.
13. AR (1903): (Brockville). p. 129.
14. See Gerald Grob, "Explaining Old Age History: The Need for Empiricism," in *Old Age in a Bureaucratic Society*, eds., David Van Tassel and Peter Stearns (Westport, Conn.; Greenwood Press, 1986):30-46. p. 42.
15. Andrew Scull, *Museums of Madness: The Social Organization of Insanity in Nineteenth-Century England* (London; Allan Lane Books, 1979). p. 245.

16. Gerald Grob, "Rediscovering Asylums: The Unhistorical History of the Mental Hospital", in **Therapeutic Revolution: Essays in the Social History of American Medicine**, eds., Morris Vogel and Charles Rosenberg (Philadelphia; University of Pennsylvania Press, 1979):135-58. p. 147.
17. Gerald Grob, "Rediscovering Asylums". p. 147.
18. Andrew Scull, **Museums of Madness**.p. 253.
19. Andrew Scull, **Museums of Madness**. p. 243.
20. **AR** (1903): (Brockville). p. 129.
21. Patricia O'Brien, **Out of Mind, Out of Sight**. p. 139.
22. See **AR** (1898):(Brockville); **AR** (1897):(Brockville). p. 211 and **AR** (1897):(Toronto).
23. **AR** (1862): (Rockwood, Kingston).
24. Between its opening and 1899 there were 2,754 patients treated, all these case files were available. Between 1900 and 1907 a further 1,405 people were treated at the asylum. However, while the case files before 1900 are complete for both the male and female patients, after that date the male files are not complete. After 1905 the female files are missing certain cases. While the actual number of cases can be determined from the Annual Reports of the Asylum, the case records for certain files cannot be located. For this reason the totals used in the calculations that follow are based not upon the total number of cases treated at the asylum but upon the total number of case files located. The number of missing case files, especially files that pertain specifically to the aged is small and it there is no reason to assume that the results of these calculations differ in any significant way from the figures that would have been obtained had the complete series case files been available.
25. **AR** (1899)
26. This number was obtained by examining the patient case files of the Asylum. see AO: R 10-2-F, MS 717, reels 1-5. While some case files are missing, it is likely that if the missing files were to change the totals at all the percentage would have been higher since the total percentage for the period prior to 1900 for which all case files were located was 9%.
27. **AR** (1893): (Toronto). p. 1.
28. Richard Fox, **So Far Disordered in Mind** p. 139.
29. All references to cases, unless otherwise stated, are from the microfilmed case-files of the Rockwood Asylum for the Insane in Kingston Ontario. These records are located at the AO:R 10: Series 20-F-1. These files are restricted under the **Freedom of Information Act**. Under the stipulations of this Act only the first names of patients have been used and the case file numbers have been

omitted. To obtain the specific case-file numbers from the author one must first fill-in a **Freedom of Information** request form with the Archives of Ontario.

30. Peter Ward, **Love, Courtship and Marriage in Nineteenth-century English Canada** (Montreal; McGill-Queen's Press, 1990). p. 51-52.

31. These figures are calculated using information from all case-files for the entire period between 1866 and 1906. Due to the small number of files in some periods it is not possible to produce family-care statistics which would permit one to determine change over time. only aggregate figures are possible.

32. Michael Meacher, **Taken for a Ride: Special Residential Homes for Confused Old People: A Study of Separatism in Social Policy** (London; Longman Group, 1972). p. 2.

33. John Walton, "The Treatment of Pauper Lunatics". p. 169.

34. See various case-files from AO:RG 10 Series 20-F-1.

35. John Walton, "Lunacy and the Industrial Revolution: A Study of Asylum Admissions in Lancashire, 1848-50", **Journal of Social History**, Vol. 13 (1979-80). p. 17.

36. John Walton, "Casting Out and Bring Back in Victorian England: Pauper Lunatics, 1840-70," in **The Anatomy of Madness: Essays in the History of Psychiatry**, Vol. II, eds., W.F. Bynum, Roy Porter, and M. Shepherd (London; Tavistock Pub., 1985):132-47. p. 135.

37. Brian Gratton, **Urban Elders: Family, Work and Welfare among Boston's Aged, 1890-1950** (Philadelphia; Temple University Press, 1986). p. 153.

38. Emily Abel, **Who Cares for the Elderly? Public Policy and the Experiences of Adult Daughters** (Philadelphia; Temple University Press, 1991). p. 31.

39. D. Hack Tuke, **The Insane in the United States and Canada** (Chicago; Arno Press, 1973((Reprint of original 1885 publication) see report on Kingston Hospital.

40. John Walton, "Casting Out and Bring Back". p. 134.

41. Stephanie Coontz, **The Social Origins of Private Life: A History of American Families, 1600-1900** (New York; Verso Books, 1991). pp. 272-73; and Eli Zaretsky, "The Place of the Family in the Origins of the Welfare State," in **Rethinking the Family: Some Feminist Questions**, ed., B. Thorne (New York; Longman, 1982):188-224. pp. 191-198.

42. **Report of the Medical Superintendent of the Toronto Asylum for the Insane, Journal of Legislative Assembly of the Province of Canada, Appendix 12.** found in Brown, "Living with God's Afflicted". p. 179.

43. Horatio Milo Pollock, **Family Care of Mental Patients** (New York; Arno Press, 1976)(reprint of 1936 original). p. 44.
44. Idris Williams, **Caring for the Elderly in the Community** (London; Chapman and Hall, 1989). p. 219.
45. Richard Fox, **So Far Disordered in Mind**. p. 97.
46. Agnes Hatfield, "Families as Caregivers." p. 4.
47. Richard Fox, **So Far Disordered in Mind** p. 11.
48. Michael Meacher, **Taken For a Ride**. p. 2; also see AO:R 10 Series 20-F-1.
49. See The Report of the Medical Superintendent of the Provincial Lunatic Asylum at Toronto in the **Journal of the Legislative Assembly of the Province of Canada**, 1857, Appendix 12; found in Brown, "Living with God's Afflicted." p.179; also Richard Fox, **So Far Disordered in Mind** p. 44.
50. **AR** (1866)
51. **AR** (1891): (Toronto). p. 9; also Wendy Mitchinson, "Gender and Insanity and Characteristics of the Insane: A Nineteenth-Century Case," **Bulletin Canadienne d'Histoire de Medicine/ Canadian Bulletin of Medical History**, vol. 4, no. 2 (Winter 1987):97-117. p. 102.
52. **AR** (1882), "Report of the Medical Superintendent of the Rockwood Asylum, Kingston."
53. Charlotte MacKenzie, "Social Factors in the Admission, Discharge and Continuing Stay of Patients at Ticehurst Asylum, 1845-1917", in **The Anatomy of Madness: Essays in the History of Psychiatry**, vol. II, eds., W.F. Bynum, Roy Porter and M. Shepherd (London; Tavistock Publications, 1985):147-74. p. 155 (she reports that the shame experienced by Victorian families when one of their members became mentally disturbed could be very intense).
54. Thomas Brown, "Living with God's Afflicted". p. 108.
55. **AR** (1899). p. 101
56. See various files in AO:R 10: Series 20-F-1.
57. Michael Meacher, **Taken for a Ride**. p. 40.
58. Lance Tibbles, "Medical and Legal Aspects of Competency as Affected by Old Age", **Aging and the Elderly: Humanistic Perspectives in Gerontology**, eds. Stuart Spiker, Kathleen Woodward and David Van Tassell (New Jersey, 1978):127-52. p. 129; and also Idris Williams, **Caring for the Elderly**. p. 219.
59. Idris Williams, **Caring for Elderly People**. p.220.

60. Of all persons over the age of sixty admitted to Rockwood between 1858 and 1906, 52% were described as uncontrollable, 40% as dangerous or violent, 22% as suicidal, and 7% were listed as exhibiting signs of all three.
61. John Walton, "Casting Out and Bring Back".p. 141.
62. AR (1879). p. 351
63. Gerald Grob, "Abuse in American Mental Hospitals in Historical Perspective: Myth and Reality", in **Sickness and Health in America: Readings in the History of Medicine and Public Health**, eds. Judith Leavitt and Ronald Numbers (Madison; University of Wisconsin Press, 1985):298-313. p. 301.
64. See Agnes Hatfield, "Families as Caregivers." p. 16.
65. Wendy Mitchinson, "Reasons for Committal to a Mid-Nineteenth-Century Insane Asylum: The Case of Toronto," in **Essays in the History of Canadian Medicine**, eds., Wendy Mitchinson and Janice Dickin McGinnis (Toronto; McClelland Stewart, 1988):88-109. p. 104-105.
66. Rosencrantz and Vinovkis, "The Invisible Lunatics". p. 120.
67. Cheryl Warsh, **Moments of Unreason**. p. 71-73.
68. See Agnes Hatfield, "Family as Caregivers." p. 5.
69. Walton, "The Treatment of Pauper Lunatics in Victorian England." p. 189.
70. Thomas Brown, "Living with God's Afflicted". p. 276.
71. AR (1881). p. 375
72. Richard Fox, **So Far Disordered in Mind** p. 46.
73. John Walton, "Casting Out and Bring Back". p. 141.

CONCLUSION
MYTHS AND REALITIES:
GOVERNMENT, FAMILIES AND THE AGED

It is evident much of the information concerning the condition of the aged and the role their families played in their lives contained in late nineteenth-century government reports bore little relation to the true state of Ontario's elderly population. Reading newspapers or institutional reports from the 1890's one comes to believe that most old people were unemployed, destitute, homeless, ill, senile, and completely dependent upon others, usually provincial authorities, for their food, clothing, shelter and care. Vast numbers of aged people, it seems, were forced to live in Houses of Industry or provincial asylums for the insane.

Reality was quite different. Rather than being unemployed and destitute, census reports, employment records, and information on income and wealth holding reveal that the bulk of the province's aged population in the 1890's lived independently, and most aged men were capable of maintaining themselves. In fact, more than a minor portion of the aged population lived comfortable lives. While few were as wealthy as Samuel Flint or Sally Booth, many elderly people were, nevertheless, able to retire and live on savings, investment incomes and the proceeds of real estate sales. Rather than being physically or mentally incapacitated there is ample evidence in dairies, newspapers, and letters that active, alert and capable elderly people such as Ellen Osler, or Wilmot Cumberland were not rare. Rather than being dependent upon others many aged people, such as Pheobe Goodall, or Old Man Surby, were themselves care-givers. Many others had children, relatives, or neighbours who were dependent upon them

for financial support, lodging, or assistance. The institutionalized aged population consisted mainly of people without families. Even then, at no time during the nineteenth-century did Ontario's institutionalized aged population constitute more than 3% of the total number of aged people in the province.

Yet, these 3% were the people who posed a problem for society and the government officials who were responsible for social welfare issues. Although these aged people were exceptional in their poverty, loneliness and dependence, coping with the problems of this small group overwhelmed nineteenth-century public officials, institutional administrators and charitable organizations. The rest of the elderly population remained relatively invisible. Their problems and needs rarely came to the attention of policy makers. For these reasons public policy towards the aged focused on the poorest, most helpless, and most physically and mentally incapacitated portion of the aged population.

Not only did these policies both create and sustain the impression that all aged people were destitute, helpless, and alone, but they also served the needs of only a small minority among the elderly population, those who were completely dependent upon public assistance. The government had no sympathy for the larger group among the aged population who required only partial assistance. Provincial policy makers actually set out to purposely undermine local relief efforts which helped aged people who needed only occasional assistance or supported families struggling with the burdens of caring for an aged relative. The result of these policies was that by the end of the nineteenth-century only the small number of aged people who fit the government's idea of who should receive public support received help. The vast majority of the aged population, however, was deemed to

be ineligible for public support as were families caring for aged people. In this way, the bulk of the elderly people in the province were refused the assistance they required.

When this lack of public support created poverty, or suffering among the aged, the government blamed their families. Thus, not only did government policies create the myth that aged people were destitute and dependent, but government reports encouraged the belief that this was the direct result of families becoming irresponsible and refusing to provide proper care for their aged relatives. In this way families have borne the blame for circumstances that were mainly created by provincial government policies and which were, as a result, largely beyond their control.

In reality, the vast majority of aged people who became unable to care for themselves were cared for by their families. Despite demographic and financial factors which made care-giving increasingly difficult during the final decades of the nineteenth-century, Ontario's families exhibited a strong determination to provide whatever care was required by their aged kin. Throughout the period, the bulk of the aged population in need of physical care received it from their family. Regardless of government statements to the contrary, those families who found themselves unable to care for their aged kin were always in the minority.

Nevertheless, government reports stated that families were abandoning the aged in ever increasing numbers. The public was regularly informed about the "evil" and "growing custom" of sending the aged to institutions. Families, these reports noted, were becoming less willing to care for their ill or their aged. It was

reported that in "many cases," the aged, "which were formerly cared for at home, are now sent to the asylum."¹ Families, officials continued, were "forcing upon us" the care of their elderly.

If most families were caring for their elderly, and those who ended up in government institutions formed but a small portion of the total aged population, why was there such a discrepancy between the actual experience of Ontario's aged population and the information presented in government reports ? Why did the government encourage the public to believe that aged people were mainly ill, feeble minded and dependent upon public assistance, and why did the government blame families for this situation and insist that they were refusing to offer proper care to their aged relatives ?

In recent years, historians have postulated that the discrepancies between public perceptions of widespread dependency and crisis among the aged and the actual condition of the elderly population have usually been the result of political rhetoric. It certainly appears that much of the emphasis on old age poverty and dependency in late nineteenth-century was of political origin. As Jill Quadagno explains, information concerning the living situation of the aged was a "theme with political significance", used in different ways by opposing sides in debates over various social welfare issues.²

On one side, the advocates of public pensions in England and social workers in North America, highlighted the plight of the destitute minority of the aged population in order to arouse public support for non-contributory pension legislation.³ On the other, government officials presented the rising numbers

of institutionalized elderly as proof of a widespread lack of concern for the aged on the part of their families. ⁴ These figures were employed as justification for reductions in public spending on the aged, since, officials argued, such actions were necessary to re-create a sense of proper filial affections among the relatives of dependent older people. ⁵ It was argued that the proper sense obligation between children and their parents had been destroyed by the availability of overly generous public relief and "only by cutting assistance to all could the policy emphasizing self-responsibility be successful." ⁶

Self-responsibility and self-supporting families were important to late-nineteenth-century policy makers. As Stephanie Coontz explains, official policy upheld that families were supposed to be self-sufficient, independent units which could provide for the needs of all their members without outside assistance. ⁷ Using this argument the government justified putting more responsibility upon the family in time of increasing welfare costs by claiming that families who sought public assistance were deviating from the ideal and were in some way a threat to the moral fabric of society. At the very least, they were being highly irresponsible and it was in society's best interests to force these families to carry out their moral duties towards their parents and other aged relatives.

The discrepancies between the evidence found in the case-files of the Rockwood Asylum and the statements printed in the asylum's official reports indicate that the government was aware that families were not abandoning the aged. It appears that government officials purposely presented information in a manner that made families appear far more irresponsible than they actually were. While it is easy

to see why officials would feel initially that the rising portion of aged people found inside institutions was a clear sign that families were shirking their responsibilities, it is doubtful these administrators did not soon realize the truth. The government of the period was almost obsessed with tabulating facts and figures concerning issues such as population growth and rates of institutionalization. Census figures were available to government officials and various agencies were well aware of growth among different segments of the population. It is hard to image that these officials were not also aware that the rising numbers of old people in provincial institutions did not indicate that families were abandoning their aged.

These men did know, however, that statistics and figures could be used to support any argument one wishes to advance.⁸ Government reports and institutional administrators, for instance, repeatedly emphasized that admission rates among the elderly were increasing without mentioning the concurrent growth in the size of the aged population as a whole. In addition, admission figures and age breakdowns among institutional populations were used to create the impression that families were using institutions to get rid of troublesome aged individuals at public expense.⁹

This was a relevant point, considering that the government of the period found itself faced with a financial crisis.¹⁰ As a result, the portion of the provincial budget allocated for social spending was reduced.¹¹ Officials ignored the fact that the very economic situation which was causing the government's financial difficulties was also having a major impact upon workers. David and Rosemary Gagan explain that during the 1890's, working class incomes and

standards of living fell causing considerable individual and familial stress.¹²

As the government itself reported in 1895,

owing to the general depression in business and consequent hard times during the past years, the number of paupers has greatly increased.¹³

This certainly impacted upon families' ability to care for dependent relatives.

As Samuel Resnick explains, however, depressions and hard economic times have generally encouraged governments to adopt less charitable attitudes towards the poor and to re-evaluate the degree of responsibility they wish to assume for dependent members of groups such as the elderly.¹⁴ The Ontario Legislature demonstrated this when instead of increasing the space available in institutions to keep up with the growth of the aged population, and the increasing poverty and need of their families, it was decided to restrict access to those old people with no families, or to those who were actually dangerous. Those who had families or those who were senile, but supposedly, "easy to care for at home" found it increasingly difficult to gain admittance into an insane asylum or House of Refuge. If, as a result, families were forced to shoulder an increasing burden caring for those aged people who could not gain access to an institution, encouraging the impression that families had become irresponsible provided authorities with an explanation for their actions.

In placing a greater share of the responsibility for the aged upon the family the late-nineteenth-century governments of Ontario were not alone. Susan Watt illustrates that over the last century Canadian social programmes have been based upon several models. Each of these models has implied a different concept

of financial obligations and expectations on the part of the family. When economic times have been good, models which have accepted a large state or public responsibility towards the elderly have been employed. When economic conditions have deteriorated, however, more conservative models which placed a larger burden upon the family have dominated.¹⁵ This has been especially true during periods of panic over increases in the size of the aged population and the potential cost of maintaining this group. In times of economic crisis, therefore, governments have regularly reacted by limiting their responsibilities towards aged people and placing the burden of their care upon their families. Although the policies of the Ontario government during the 1890's provide a clear example of welfare policy based upon this latter model, they are hardly unique. As recently as 1986, despite reports that 90% of the care for the elderly in this country occurs within the family, the Canadian Minister of Health, in explaining that the government must reduce spending on health-care for the elderly, declared that family must take a larger part of the responsibility for the aged.¹⁶

It appears that public policy affecting the aged and their families has not yet escaped from the cloud of myth and political rhetoric which surround our knowledge concerning the condition of the aged. Assumptions concerning the dependency and needs of the aged, and the role of the family in their lives which influenced policy decisions in the 1890's, linger still, influencing policy decisions today in the same manner as they did one-hundred years ago. It is still commonly believed that the aged are destitute and dependent and that the bulk of the aged population is either physically or mentally incapacitated. Most aged people, it is asserted, are placed in institutions by relatives who

do not wish to care for them. As in the 1890's when growth in the size of the aged population caused social welfare expenditures to rise at the same time as the government faced a financial crisis, our government today faces a situation in which the cost of providing services to a growing aged population during a time of fiscal crisis is becoming unbearable. As in the 1890's policy makers searching for ways to reduce the costs of caring for the ill and dependent aged look towards their families suggesting that families are not doing everything they could and that government policy should encourage them to do more.

This study has demonstrated that such policies are based upon inaccurate assumptions. As in the past, solutions based on myths and assumptions concerning the condition of the aged and the role of the family in their lives rarely solve the problem at hand. Instead such ill-founded policies usually only cause further difficulties, without producing any meaningful reduction in costs. The myths and assumptions upon which policy is often based are not entirely incorrect. They are usually based upon some reality. The problem is, as with the case of the aged, the information upon which they are based is reality for only a small portion of the total population. The myth is that the minority represents the majority. In this way policies initiated to deal with the specific needs of a particular group are assumed to be appropriate for the entire population. In this manner, policy makers have assumed that the most destitute, incapacitated and helpless segment of the aged population, the group that was most visible to government officials, since they were usually gathered together in institutions under the control of public officials, was representative of the entire aged population. It was assumed that policies developed based on the circumstances and needs of this particular group would

adequately serve the needs of all aged people. As we have seen this was not the case.

Indeed, the most pernicious aspect of myths and assumptions is that they present policy makers with one image, a stereotype, which treats all people within a group, in this case the aged, as if they were identical, with identical problems and identical needs. Perhaps the most important point of this study has been that aside from their age, old people have rarely had much in common with each other. Variety has been the key element in the lives of this group. Active vital elders such as Wilmot Cumberland, who danced until 2 a.m., or John Moore who travelled across the Niagara region teaching, lived along side people like Sprraig Fusley who was "unable to do the last thing for a living." Some people, like Ellen Osler, remained healthy and mentally capable well into old age. Others deteriorated, either physically or mentally, to the point that they required constant care or supervision.

Certain old people, like "prize fighting" Martha, were violent and abusive to others, while other helpless individuals such as Mary, who was kicked black and blue, were the victims of these people. Many aged people were cared for by the "charitable and humane part of the community," while some, like Elizabeth Bowens were abused and neglected by cruel relatives, and others, such as Samuel Enslow, were chased or harassed by the deranged spouses or offspring for whom they tried to provide care. Wealthy seniors such as Edward Jolling, or Samuel Flint enjoyed fortunes and luxuries such as piano's, horses and carriages, and libraries of books, while others experienced the pitiful existence of eighty-five-year-old Margaret, who died in the Whitby jail where she had been forced

to seek shelter.

Just as all aged people were different, the families who cared for them rarely faced identical circumstances or identical dilemmas. Some, like the Oslers, were able to band together and provide around-the-clock care for their ill and dying elders. Other people, like Ann McDonnell, found that they simply could not handle the care of their aged relatives as well as performing their duties and obligations to other people, such as their spouses or children. Certain families were forced to give up their caring functions in order to survive either economically or psychologically. Nevertheless, considering the strains and demands care-giving placed on families, children, spouses and other relatives provided an amazing degree of support and care for the aged - a degree of support which changed little over the course of the nineteenth-century, despite government reports to the contrary.

It is clear that much of our current understanding about the aged is dominated by myths and inaccurate assumptions about the levels of dependency and need among the elderly population. It is also apparent that these assumptions have existed for generations, many tracing their origins to the early years of the welfare-state in the final decades of the nineteenth-century. The assumptions which nineteenth-century policy makers had concerning the aged guided the policies they developed for the care and support of the elderly population. These policies both created and sustained various myths about the composition of the aged population, their ability to maintain their independence and the role of their families in their lives.

Several historians accepted the statements of these early policy-makers at face value. Few questioned their accuracy or compared the information found in government reports with facts gathered through an examination of the actual lives of the aged population of the period. In this manner, historians helped perpetuate the myths which have clouded our understanding of the conditions of the aged. Only in recent years have historians begun to study the daily lives of elderly people in the past and compare this information with the statements found in government reports. In almost every instance substantial discrepancies have been revealed. It has become obvious that as far as the history of the aged is concerned much of what we currently accept as reality is in fact, merely myth.

It is also obvious that current policy makers must ensure that they formulate policies which are based upon facts. They must also be aware that policies which respond to the needs of only one portion of any population will never be successful. The aged have never been a homogeneous group with any one set of needs, nor have the families who have cared for them been similar in any way except in their willingness to assist their aged kin. Until all myths concerning the dependency, poverty, or incapacity of the aged are purged from our society and policies are developed which reflect the full spectrum of the experience of the aged and their families our society will always be creating solutions which do not reflect reality and therefore will enjoy partial or limited success at best.

Endnotes

AR = Annual Report of the Inspector of Prisons and Public Charities
For the Province of Ontario

1. AR (1898): (Kingston). p. 118; AR (1898): (Hamilton). p. 151.
2. Jill Quadagno, *Aging in Early Industrial Society: Work, Family and Social Policy in Nineteenth-Century England* (New York; Academic Books, 1982). p. 123.
3. Jill Quadagno, *Aging in Early Industrial Society*. Chapter 7 and p. 173.
4. See Barbara Rosencrantz and Maris Vinovski, "The Invisible Lunatics: Old Age and Insanity in Mid-Nineteenth-Century Massachusetts," in *Aging and the Elderly*, eds. Stuart Spiker, Kathleen Woodward and David Van Tassel (New Jersey; Humanities Press, 1978):95-125. p. 95.
5. Brian Gratton, *Urban Elders: Family, Work and Welfare Among Boston's Aged, 1890-1950* (Philadelphia; Temple University Press, 1986). p. 126.
6. See David Thomson, "The Welfare of the Elderly in the Past: A Family or Community Responsibility," in *Life, Death and the Elderly: Historical Perspectives*, Margaret Pelling and Richard Smith (eds.) (London; Routledge, 1991):194-221. p. 217; David Thomson, "The Decline of Social Welfare."; also see Jill Quadagno *Aging in Early Industrial Society*. p. 200.
7. Stephanie Coontz, *The Social Origins of Private Life: A History of American Families, 1600-1900* (New York; Verso Books, 1988). pp. 272-73.
8. See AR and also see Bruce Bellingham, "Waifs and Strays: Child Abandonment, Foster Care and Families in Mid-Nineteenth-Century New York," in *The Uses of Charity: The Poor on Relief in the Nineteenth-Century Metropolis*, ed. Peter Mandler (Philadelphia; University of Pennsylvania Press, 1990):123-60.
9. AR (1897): (Brockville). p. 211.
10. See David Gagan and Rosemary Gagan, "Working Class Standards of Living in Late-Victorian Urban Ontario: A Review of the Miscellaneous Evidence on the Quality of Material Life," *Journal of the Canadian Historical Association* (1990):173-93. pp. 172-80.
11. See Allan Moscovitch and Glenn Grover, "Social Expenditures and the Welfare State: The Canadian Experience in Historical Perspective," in *The Benevolent State: The Growth of Welfare in Canada*, eds., Allan Moscovitch and J. Albert (Toronto; Garamond, 1987):13-43. p. 19.
12. Patricia Rook and R. L. Schnell, "Childhood and Charity in Nineteenth-Century British North America," *Histoire Sociale/Social History*, vol. 15 (1982):157-179. p. 171; Gagan and Gagan, "Working Class Standards of Living." p. 180.

13. **Ontario Sessional Papers**, no. 11, "27th Annual Report on the Common Gaols, Prisons and Reformatories," (1895). p. xii.
14. Samuel Resnick, "Patterns of Thought and Action in an American Depression, 1882-86," **American Historical Review**, vol. 61 (Jan. 1956):284-306. p. 292; and Samuel Resnick, "Unemployment, Unrest and Relief in the United States During the Depression of 1893-97," **Journal of Political Economy**, vol. 61 (Aug. 1953):324-45. p. 332; also see Gaston Rimlinger, "Welfare Policy and Economic Development: A Comparative Historical Perspective," **Journal of Economic History**, vol. 26 (Dec. 1964). p. 556.
15. Susan Watt, "Models of Family in Health Policy for the Aged," **Canadian Review of Social Policy**, vol. 25 (May 1990):33-46. pp. 33-35 and p. 38.
16. See Sheva Medjuck, Mary O'Brien and Carol Tozer, "From Private Responsibility to Public Policy: Women and the Cost of Caregiving to Elderly Kin," **Atlantis**, vol. 17, no. 2 (Spring-Summer 1992):44-58. p. 45, and see quote in Ellen Gee, "Demographic Change and Inter-generational Relations in Canadian Families: Findings and Social Policy Implications," **Canadian Public Policy**, vol. 16, no. 2 (June 1990):191-99. p. 195.

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