POORHOUSE BEGINNINGS: THE CLEVELAND INFIRMARY, 1855–1910

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
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<tr>
<td>[illegible]</td>
<td>19</td>
<td>Ireland</td>
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This notation in the Cleveland Infirmary’s 1856 register tells us that this anonymous woman’s indigence resulted from her “seduction” and illicit pregnancy and that she lived among other homeless dependents in the Cleveland poorhouse. Although not intended as a shelter for unwed mothers, the Infirmary nevertheless became the city’s first institution for women pregnant out-of-wedlock, for whom it provided some medical attention and a temporary reprieve from poverty. During the 1880s the Infirmary became a less hospitable refuge for women, particularly those with children, and by 1910 the all-purpose poorhouse had become a showpiece of Progressive institutional reform and a home for elderly men.

The mid-nineteenth-century poorhouse sheltered all dependents, regardless of the cause of their indigence: illness, insanity, transience, old age, bad luck, or seduction. The sexual immorality of unwed mothers soon provided justification for their early eviction from this shelter and an end to substantial public aid.

POOR RELIEF AND POORHOUSES

The American poorhouse developed in response to the changing dimensions and perceptions of poverty. The institution ambitiously sought to reform both the traditional poor relief system and the poor themselves.
Poorhouse Beginnings

The English colonists had brought with them seventeenth-century poor laws that assumed that if a family could not take care of its members, the local government would. Government was responsible only for its own residents, and town fathers and overseers of the poor refused entry or warned away "strangers"—men, women, and children who might become public charges, especially unwed mothers.

Although commonly called outdoor relief, public assistance took several forms. The indigent who had homes received food, clothing, or fuel distributed by public officials. An able-bodied adult might be auctioned off to the lowest bidder, typically a private household for whom the pauper would work. A woman might be bound out as a servant, but her children might be placed elsewhere. All indigent parents, and especially women, were suspect, and state and local governments often took custody of children whose parents asked for public assistance. An 1811 Ohio law, for example, provided for the relief of abandoned women by permitting the court to bind out their children as apprentices.

During the first quarter of the nineteenth century, economic and demographic changes multiplied the number of people dependent on public aid. The commercialization of the economy encouraged migration from family farms and country villages to growing cities, where there were jobs in stores, the trades, and early factories. The fortunes of urban workers became linked to the prosperity of their employers and the national economy, and frequent recessions and depressions such as those that followed the War of 1812 or the land speculations of 1837 had immediate impact on vulnerable working people.

To worsen matters, the ranks of American paupers were swelled by new immigrants, particularly from Ireland and Germany after the 1830s. These too gathered in the growing cities, contributing to urban rioting and labor unrest. The poor relief system, designed for small, homogenous communities where public officials knew residents and where dependent people might actually find refuge with friends or even family at public expense, no longer worked.

The solution to this new dependence, more widespread and seemingly more disruptive than in earlier decades, was a single public facility that would house all homeless dependents: the poorhouse. Boston had built a poorhouse in 1662, Philadelphia in 1732, and New York in 1736. By the nineteenth century, poorhouses were "among the most important . . . residential institutions," touching more lives during this period than any institutions except jails. Poorhouses were only one of a host of new nineteenth-century caretaker institutions, including jails, orphanages, and insane asylums, whose purpose was to promote social stability by confining dependent and delinquent persons.
Like these institutions, the poorhouse reflected changing ideas about the cures and causes of poverty and delinquency. On the one hand, poorhouses represented humanitarian attempts to eliminate some of the callousness of outdoor relief. Auctioning off the poor allowed employers to brutalize and exploit their dependent charges and smacked too much of slavery, distasteful to northerners. In addition, the custom of shipping out nonresident paupers was particularly hard on their children, who might be shuttled from one township to another. On the other hand, although the poorhouse was meant to be a “refuge for the helpless,” it was also to be “a deterrent to the able-bodied.” Americans had come to believe that in the land of opportunity, the destitution of able-bodied adults must be the result of individual failings, and that outdoor relief simply fostered pauperism by allowing recipients to remain in their own homes, free to pursue the vices and bad habits that had made them poor in the first place.

The poorhouse, therefore, would serve several purposes. Within its walls officials could control and improve inmates’ behavior. Vices would be forbidden, and virtues, especially industry, would be encouraged. The absence of amenities and the rigorous discipline would discourage dependence upon the taxpayers, thereby saving money in the long run. Because illness was a primary cause of dependence, poorhouses were also hospitals where doctors and medical students provided free health care in return for clinical experience. And at the very least, poorhouses would keep the growing numbers of poor out of sight behind high fences or brick walls.

Dependence and Unwed Motherhood

Unmarried mothers and their children appeared on the poorhouse registers of many cities. Their admission into poorhouses tacitly acknowledged the close connections between female dependence and marital status.

All women had limited economic opportunities. In the agricultural economy of colonial America, most wealth derived from the ownership of land, and colonial proprietors, joint stock companies, and town fathers had granted land almost exclusively to men. Women most often acquired property through inheritance from fathers or husbands. Most women married because a wife’s labor was as essential to a husband’s success as his was to hers, but because common law assumed that a woman’s legal identity was subsumed in her husband’s, a married woman usually had to relinquish her property to her spouse. Her livelihood became bound up with his good luck and good will.
Urbanization and the development of a market economy in the nineteenth century created opportunities for some free women who followed their traditional domestic chores into the factory, the store, or the school. Most income-earning women, however, even in urban settings, were domestic servants. Moreover, the changing economy disrupted families and communities as husbands lost jobs or pursued them across the country and into cities, and even married women and their children lost the economic security of a spouse or extended family.

It is not surprising that women appear to have been the majority of those dependent on public assistance at mid-century. Some were married women whose husbands were disabled or absent. Most probably were husbandless, and certainly many were never-married mothers. Women who had children but no male breadwinners—widows, deserted wives, and unwed mothers—were at great risk of becoming dependent upon public support.

Pregnancy out-of-wedlock was interpreted as both sin and public expense. The prescriptive literature, secular and religious, emphasized the sinfulness of extramarital sex and pregnancy, the deviation from the primary purpose of sexual activity, procreation within the family. But public behavior recognized the practical implications of illegitimate birth. In the colonial period, an unmarried pregnant woman was required to identify her sexual partner, often while she was in labor, so that he could be punished and, more important, required to support her illegitimate child. If paternity was not established or the father could not support the child, the mother became financially responsible. An unmarried indentured servant, for example, was compelled to serve her master longer to compensate for the time lost during her pregnancy and for the child’s expenses. In early nineteenth-century Philadelphia, an unwed mother who had given birth in the poorhouse could not receive outdoor relief until she had identified her child’s father so that authorities could force him to pay for her lying-in expenses and for child support. Unmarried mothers with financial resources, on the other hand, won the legal right to custody of their children, and “governments . . . gradually lost interest in prosecuting sexual sinners so long as the children of sin were financially cared for.”

**The Cleveland Infirmary, 1855–1880**

Four of the thirty-three women admitted to the Cleveland Infirmary in the first quarter of 1856 were pregnant and probably unmarried. These
women received the same treatment as male inmates in this early, undifferentiated facility.

Although the city's commercial success created wealth for many, Cleveland's working people were often impoverished. Lake Erie and the newly built Erie and Ohio canals provided seasonal work for Cleveland men. Equally sporadic were the construction trades, even for skilled craftsmen. "Winter has truly been called 'the enemy of the poor'... as the accumulations of warmer and brighter days are steadily and rapidly decreasing... while the ring of the trowel is still, and the stroke of the hammer or axe is unheard," commented Infirmary superintendent Madison Miller in his 1857 annual report. National depressions affected Cleveland's economy. In the wake of the depression of 1873, the directors of the Infirmary explained that heavy demands were being made upon the institution by "the almost total cessation of work in all manufactories and other establishments which were the means of giving a livelihood to the laboring classes."  

Many of the poor were recent arrivals from northwestern Europe or nearby Ohio villages, and many lacked both money and skills for urban living. In 1854 the Infirmary director reported, "Whole families of emigrants from foreign countries, having wholly exhausted their limited means to reach a land of liberty and home for the oppressed, or fleeced of their hard earnings by sharks and cut-throats of the Eastern cities and while they were expecting in a few days more to reach a home on the prairies of the West, were dropped in our streets, with the assurance that their tickets would carry them no further." The city provided many of these transients with temporary shelter and train or canal tickets out of town.

Illness also caused destitution. Endemic malaria slowed the city's early settlement, cholera struck in 1832 and 1849, and smallpox scares hit in 1838 and 1845. The city's rapid growth caused overcrowding and exacerbated bad sanitation in poorer neighborhoods. Infirmary officials thus noted typical causes of indigence at the time of inmates' admissions: "sore leg," "debility," "consumption," "fever," "sickness," "sickness and misfortune," "sickness and age," "insane," or "idiotic." Ill health and the hazards of working-class life compelled many people to use the poorhouse as a temporary residence to tide them over hard times or a medical emergency, or until they found permanent housing.

Therefore, although the population of Cleveland multiplied two and a half times between 1850 and 1860, the numbers of the city's poor multiplied even more rapidly. The Ohio state legislature in 1816 had authorized township or county poorhouses to replace the earlier system of
contracting out the poor or providing them with outdoor relief. In 1827 the township of Cleveland opened the city’s first poorhouse, located on the future site of the Erie Street Cemetery. The small building housed “twenty-five inmates of both sexes and all ages, some infirm, a few insane or feeble-minded,” and was enlarged in 1837 to accommodate those impoverished by that year’s depression. In 1855 the city built an imposing brick structure and named it the Infirmary, suggesting its medical function. The Infirmary’s population grew from 40 inmates in 1855 to 240 just five years later.

In 1864 a reporter for the Cleveland Leader who accompanied the city council on its annual tour of the Infirmary described it this way: “Our infirmary is at once an asylum for the aged and infirm, a hospital, and a house of corrections. . . . In the basement . . . are confined the dangerously and violently insane. . . . Above there are the separate rooms for the little boys. . . . [Above them are] the old men, old women, and little girls.” The fourth floor housed the city workhouse.

Despite their occasional expressions of sympathy, Infirmary officials shared the prevalent negative attitudes about the poor. These are revealed in the Infirmary registers, which often attributed poverty to “bad management,” “dissipation,” or “bad habits.” Particularly noticeable are the frequent references to “intemperance” or “delirium tremens” that reflect not only the results of heavy drinking but popular temperance sentiments, which blamed a vast array of social ills, including destitution and dependence, on alcohol. An 1856 Infirmary report noted suspiciously that each applicant must be investigated thoroughly so that “no sum however small be expended upon an unworthy object.” In addition, “great care should be taken at the outset not to make the place so attractive as to invite the indolent to enjoy the luxuries which the charity of a liberal people has provided.”

Within the Infirmary, women and men were housed separately but were subject to the same strict regimen: “The bell is rung at half past four o’clock in the summer, and half past five o’clock in the winter. . . . No ardent spirits or tobacco will be allowed the inmates, except in special cases ordered by the physician.” In reality, both male and female inmates probably were disorderly and disobedient. Superintendent Miller bemoaned the difficulties of his job: “To enforce obedience to the rules of the house—to compel those to obey law who have spent their whole lives following their own inclinations regardless of all law—to compel the unclean to be clean, and the quarrelsome and turbulent to be gentle and quiet—the indolent to become industrious and the profane to cease their profanity.”
Although work was divided along gender lines, the Infirmary bylaws provided that all "inmates shall work as far as their health and condition permit, faithfully and diligently for the benefit of the Infirmary." The Infirmary maintained a farm so that inmates could produce their own food, and there were sporadic attempts at manufacturing, especially of clothing for the inmates. Men worked outside, and the women were responsible for much of the cleaning, sewing, and cooking.

Religious conversion was also considered a crucial means of control and an effective cure for dependence of both men and women. The third-floor hall was used as a chapel for occasional visits by ministers. Charged with neglect of the "spiritual needs of the poor," the Infirmary director conceded that only the Catholic priests were regular visitors and that he would "welcome sincere laborers belonging to any or all of the Christian denominations." In the meantime, he would strive "to improve and elevate the morals of the unfortunate." Missionaries from various women's organizations, such as the local Woman's Christian Association and the Woman's Christian Temperance Union, sought to teach female inmates virtue and convert them to evangelical Protestantism.

Neither men nor women got adequate medical care. The city physician was supposed to visit the institution "at least once each day and oftener if necessary," but an 1858 newspaper account claimed that although the Infirmary was "a very excellent and pleasant farm[,] at present there is no physician in attendance." Since the job paid little or nothing, it is not surprising that it was vacant. One heroic doctor served the entire Infirmary population from 1878 until 1891, when a medical staff was appointed. Inmates of the Infirmary or the workhouse, very possibly pregnant or newly delivered women, did the nursing.

The physical plant itself was simply not conducive to good medical practices. Dr. J. H. Marshall, acting health officer and city physician, on his first visit in 1864 found the Infirmary cramped and uncomfortable: "There were only two or three bedsteads for patients, no shades or blinds, and the stove and furniture was dilapidated to a woeful degree." In 1887 the Cleveland Medical Gazette charged that the wards of the Infirmary were so crowded that patients were lodged in bathrooms and some "poor sufferers" offered to sleep on the floor if only they could be admitted. The close relationship between the relief of poverty and the relief of illness stigmatized both, ensuring bad medical care for the poor and moralistic care for the ill.

The women who gave birth in this setting were probably not only dependent but unmarried. The evidence about their marital status is admittedly indirect but conclusive. The Infirmary registers, extant only
through 1882, are so severely water-damaged that the first names and sometimes surnames of inmates and often their discharge dates are missing. The registers do identify women whose cause of indigence was pregnancy. After 1857 the registers do not use the term "seduction" but describe as "near confinement" women such as the nineteen-year-old German girl, "three weeks in the city," who entered alone in 1856, or the twenty-six-year-old Irish woman with two children but no husband in tow.31

During the late 1860s and 1870s another record-keeper substituted "enceinte" for "near confinement" or "pregnant." Significantly, these designations are not pejoratives like "dissipation" or "bad habits," commonly used to describe other inmates, and may reflect the same tolerance evidenced in the changing laws regarding custodial rights of unwed mothers with financial resources. It must have been almost impossible, in any case, for Infirmary officials to determine which pregnant women had never married and which were simply deserted, so it may have seemed easier not to try. The practical difference was minimal; the women were likely to be destitute in either case. Only in 1882 did a scrupulous record-keeper distinguish one "Mrs." from the other women.32

In contrast to the descriptions of women pregnant but without spouses, the registers did clearly identify prostitutes. Public officials took them in grudgingly, "especially those cases whose poverty, want, and disease is brought on by frequenting theatres, saloons, and houses of ill fame. Their allowance of food and medicine should be such as to sustain life and health, but no luxuries, or even condiments, which can stimulate vicious habits, should be allowed," the superintendent advised.33 Prostitutes such as a sixteen-year-old "miserable diseased creature"34 may have entered the Infirmary specifically for medical treatment. Registers also contain frequent references to syphilis: eight of the thirty-three women in the Infirmary in early 1856 were syphilitic.35 The presence of prostitutes and syphilics almost guaranteed that few respectable married women, no matter how destitute, would bear their children in the poorhouse, and that the women who did were in fact pregnant out-of-wedlock.

The fragmentary evidence allows some tentative comparisons between those women and the male inmates. Both were almost exclusively working-class. The men were laborers and occasionally skilled artisans. When their occupations were listed, the women were almost always described as servants.

Like the men, the women were disproportionately Irish or German. (See Table 1.1.) The records from the mid-1850s to 1882 are full of Bridgets and Marys, Kates and Maggies: Bridget Carl, 28 years old, born in Ireland and a resident in Cleveland for two years, entered the Infirmary
Table 1.1
REPORT OF THE INFIRMARY SUPERINTENDENT, 1856

ADMITTED from Dec. 18, 1855, to April 1, 1856

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REMAINING on April 1, 1856

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NATIVITY

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<td>3</td>
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\(^a\) 19 had foreign-born parents.

Source: City of Cleveland, Annual Report, 1856 (Cleveland, 1856), 44.

February 10, 1859, but died in childbirth; her child was discharged two weeks later.\(^36\) Unmarried Irish women were encouraged to emigrate so that they could support themselves, and the resulting low sex ratios in Cleveland and other American cities made it difficult for immigrant women to find husbands. At the same time, although customs from the old country or among the native-born working class might have sanctioned sexual activity for couples considering marriage, the lack of restraints in the new urban environment might encourage a man to desert his pregnant fiancée.\(^37\) As late as 1880, 45 percent of Infirmary inmates were German- or Irish-born.\(^38\) There were almost no black inmates. In 1859 a forty-four-year-old blacksmith was admitted; for cause of indigence the record-keeper noted, apparently without irony, “coloured.”\(^39\)

Like the men, the pregnant women often were transients and temporarily homeless, particularly in the 1850s and 1860s. A poignant example is the thirty-year-old English immigrant who had been in Cleveland only one day and was admitted in 1857 “about to be confined.” In that same year the Infirmary admitted a young Irish woman who had arrived from Toronto only three days earlier; after a short stay she was discharged with her two children, one of whom had been born seven
months before in the Cincinnati Infirmary. City officials were supposed
to turn away nonresident paupers, but the appearance of these women on
the registers suggests that exceptions were made in the case of preg-
nant women.
There also were significant differences between male and female in-
mates. Men appear to have been generally older than women. Female
inmates came to the Infirmary in their childbearing or child-rearing years,
their twenties and less often their early thirties: “Sarah Jackson, 21, Tailoress, American”; “——— Sterling, 26, [no occupation], Ireland”; “———, 23, [no occupation], Ireland”; “———, 30, [no occupation], Bohemia.”
The crucial relationship between women’s dependence and their
child-raising responsibilities is revealed also in the differences in the way men and women entered the Infirmary and how long they stayed. Occasionally, whole families, usually in transit, entered together. Patrick and Margaret Ryan, en route from Buffalo and after only one day in Cleveland, ended up in the Infirmary in 1859. In that same year a thirty-one-year-old Irish carpenter, his twenty-eight-year-old wife, and
their five-year-old child were admitted; the parents were described as
“intemperate.”
More typically, men entered the Infirmary alone and, by the 1870s,
in far greater numbers than women. Men’s stays were also shorter be-
cause men could more easily be discharged to find work outside the Infir-
mary when the weather changed or their health improved. In 1873, al-
though 244 men and 102 women had been admitted, at the end of the
year there were in residence 87 men and 85 women. Women, on the
other hand, entered the Cleveland poorhouse with child—near confine-
ment or enceinte—or with children. ——— Murray was admitted in
1857 with her four children aged thirteen years to eighteen months, de-
scribed as orphans because, in the parlance of the day, they were consid-
ered destitute without a father to support them.
Without a male breadwinner, a woman might be in poverty year-
round, not seasonally. Cleveland’s changing economy offered women few
jobs in factories, which required physical strength, or in stores, which
required literacy. For that reason the Infirmary registers listed no occu-
pations for many women. Almost the only exception to “servant” was
“prostitute.”
Earning a living was doubly hard because women had to care for
their children. Of course, newborns often did not survive in the poor-
house. One of the few black women registered entered in 1867 enceinte
and gave birth to a stillborn son. Adeline ————, a twenty-two-year-old
German servant, gave birth in March 1875; she was hired as a “house-
wife” in June, but her infant son had died of pneumonia soon after his birth. On May 19, 1877, Mary O'Brien, daughter of Rosey O'Brien, died in the Infirmary, where she had been born eight weeks before. One page in the 1882 register recorded the deaths of three never-named infants. Given the total absence of prenatal care and the poverty of the mothers, it is remarkable that any infants survived.

Further, a woman unable to support herself and an infant might be forced to leave her child at the poorhouse. The Infirmary regularly placed out or indentured children: in 1867 the superintendent boasted, “Homes for twenty-one children born or left at the Infirmary have been secured in the past year. . . . [A] great benefit has been conferred upon the children, as also a large item of expense saved to the city.” Several children were sent to the orphanages, which generally housed destitute rather than orphaned children.

As the superintendent acknowledged, a woman’s responsibility for her child had serious economic consequences not only for herself but for the taxpayers of Cleveland. Although she most often took her child with her, a mother might stay months after her delivery until living arrangements could be made, or until she wore out her welcome. In February 1859, ——— Patten, a twenty-year-old Irish woman, was admitted although she had been in Cleveland only four days; her child was born in the Infirmary and lived there until December, and the mother stayed until January 1860. Later registers indicate that some stays lasted two to three months after confinement. In the 1850s the Infirmary even organized occasional classes for children. After that, only food and shelter were provided. Still, a woman in the poorhouse, because she had her children with her, was an expensive proposition.

EXIT WOMEN AND CHILDREN, 1880–1910

By the 1880s differences in the treatment of male and female dependents had become marked, and the Infirmary sheltered far more men than women. As relief costs rose, public disapproval of illegitimate pregnancy increased and the Infirmary began to specialize its functions. Women and their children became unwelcome guests, a trend encouraged by Progressive welfare reformers.

A serious business depression in 1873 and a subsequent scandal in the Infirmary first aroused concern about the costs of sheltering women. In 1878, a public official attempted unsuccessfully to reinstitute a policy of making inmates pick oakum, which would allow female inmates to earn money: “Some may shrink from the idea of exacting labor from women, but honest labor is no disgrace, and is it not more honorable for
a woman to earn a living than to be supported in the degraded and degrading character of a pauper.”50

The grudging tolerance for public support of unmarried women gave way to the “sexual politics” of the social purity movement in the 1870s and 1880s. The movement’s chief target was prostitution, but the once-clear line between prostitute and unmarried but enceinte became blurred—both represented the practice of sex outside of marriage. By the 1890s the social purity movement had gained considerable political clout.51 Public officials accordingly feared that sheltering unwed mothers implied their approval of illicit sexual behavior. At the National Conference on Charities and Corrections meetings in 1889, the secretary of the Wisconsin Board of Charities and Reform described the common practice in his state: “To receive these women in the last stages of pregnancy, and to discharge them as soon as they are able to work.” He was not complaining that the procedure was heartless. On the contrary, he argued, “the poorhouse, or the hospital, . . . thus becomes a convenience for lying-in women and an encouragement to licentiousness.” Like Charles Murray a century later, the secretary wanted unwed mothers “to stay and work long enough to pay for the care and expense to which they have put the public.”52

There also was swelling criticism of the poorhouse as a “charitable catch-all,” housing under one roof “idiots, epileptics, incurables, incompetents, the aged, abandoned children, foundlings, women for confinement, and a considerable number of the insane, the blind, and the deaf and dumb.” The growing number of public and private welfare administrators who gathered at the conventions of the National Conference on Charities and Corrections viewed the undifferentiated poorhouse as a careless institution that sheltered the worthy and the unworthy alike, the respectable elderly with debauched drunks and diseased prostitutes.53 Therefore, the Cleveland Infirmary in the 1880s began to divide its various populations into “departments” presumably requiring different treatment: the insane department; the “middle” department, which sheltered the indigent; and the hospital department. In 1889 the hospital department became a separate facility, City Hospital. By the 1890s more women gave birth at the hospital than at the Infirmary: in 1899, for example, there were twenty births at the hospital and only twelve at the Infirmary. By 1904 all births in a public facility were recorded at the hospital.54

Perhaps most important, women were removed from the poorhouse because their children were. Many Americans had come to believe that dependent children and adults should not be housed together. Accord-
ingly, scores of orphanages and county children’s homes were founded. Between 1850 and 1880, the number of children in almshouses dropped from seventeen thousand to eleven thousand, and the number in orphanages escalated from seventy-seven hundred to sixty thousand. From 1866 to 1899 the state of Ohio established fifty county homes (none in Cuyahoga County, where Cleveland is located). An 1884 Ohio law prohibited children from staying in an almshouse unless it had separate quarters for them. The Infirmary superintendent complained that the law made it difficult to provide for “an increasing number of illegitimate children” because there was no county home for them.

But the law also made it difficult for women who wanted to keep their children to stay in the Infirmary. A mother without resources now was forced to choose between shelter in the Infirmary without her child or a precarious existence on outdoor relief for them both after a short confinement in the hospital. Most dependent women chose or were forced to choose the latter. The declining use of the Cleveland Infirmary can also be explained by the availability in the 1880s of two private maternity homes: St. Ann’s Infant and Maternity Asylum and the Retreat. Furthermore, the Retreat, in the 1870s at least, received some public funding because the home housed destitute women who might earlier have been sheltered at the public facility.

The removal of women and children can be seen in the Infirmary’s changing sex ratio and birth rate. During the 1850s the Infirmary sheltered almost equal numbers of men and women and recorded relatively large numbers of births in proportion to its population. In its first few months, from December 1855 to April 1856, the Infirmary actually admitted more women than men—fifty and forty-seven, respectively, and there were four births. In 1880, 233 males and 161 females were admitted, and 10 children were born. By 1893, the population of 938 men and 404 women yielded only 28 births.

As women moved out of the poorhouse, they moved onto the outdoor relief rolls. Cleveland officials had remarked as early as the 1860s that outdoor relief recipients were often women “in the lowest state of destitution” or “widows with from five to ten small children.” That trend accelerated in the 1890s. In December 1883 the Infirmary sheltered 197 men and 150 women; during the year, it had given outdoor relief to 782 married persons, but also to 441 widows and 123 grass widows, a euphemism for women of undetermined marital status. In 1890 more than twice as many men as women were admitted to the Infirmary (383 and 181), but nearly twice as many single female heads of household (580 widows and 408 grass widows) received outdoor relief than did
married couples (499). The city annual report lamented that “desertions of families is [sic] on the increase,” but in fact husbandless women consistently received more outdoor relief, except when the severe depression of 1893 created massive unemployment for male breadwinners.60

CONCLUSION

In the first decade of this century, strategies for coping with dependence continued to change. Those changes further differentiated the public residential care received by men and women.

Progressive welfare reformers of this period supported greater public responsibility for the relief of poverty but in principle opposed the institutionalization of dependents. They proposed instead a variety of programs that would substitute flexible treatment of individuals, particularly children, for institutions. The best known of these programs was a system of juvenile justice that substituted probation for incarceration.61 Progressives were proponents of outdoor relief for similar reasons: it allowed for more individualized treatment of poverty, whether by public or private agencies.

Tom L. Johnson, Cleveland’s mayor from 1901 to 1909, personified the Progressive reform impulse for his contemporaries and for later historians. His energetic and flamboyant campaigning made him a popular political candidate, a four-time Democratic winner in a Republican town. He fought vigorously and unsuccessfully for publicly owned streetcars so that Clevelanders could get to work, and he improved public parks so that they would have places to play.

The Johnson administration also prided itself on its reformist efforts on behalf of the disadvantaged. The city’s 1902 annual report expressed a generous willingness to assume obligation for those who could not care for themselves. Some people were simply unable to work, the report said: the crippled, the blind, and “destitute mothers, left alone with a number of small children. . . . The fact of the congestion of the poor in districts by themselves makes it difficult for private charity to reach many who are in distress and want.” The city, therefore, must help: “Under present industrial and social conditions, no other method seems possible.”62

Even as it provided outdoor relief for these unfortunate, the administration built several new welfare institutions. In nearby Hudson the city purchased a 285-acre farm for a correctional institution for boys. Ten miles east of the city on 850 acres of rolling farmland and orchards, the city built Cooley Farm, named after Cleveland’s director of charities and corrections, the Reverend Harris R. Cooley. On the grounds was a new
workhouse where Cooley’s liberal parole program was implemented. The insane were transferred to a state institution, and the ill stayed at City Hospital on the site of the old Infirmary. The showpiece of this model welfare complex was the facility for those who were simply dependent. This handsome Spanish mission—style building with a red tile roof was informally referred to as the Old Couples’ Cottage because almost all the residents were elderly.

These welfare reformers, however, provided no shelter for dependent women who were not married and in fact gave them less outdoor assistance than had previous administrations. In contrast to the 1890s, in both 1905 and 1909 women without husbands—widows or grass widows—constituted less than half of the adult relief recipients. Moreover, the Johnson administration served poor men more generously than poor women. In 1903 the city spent $3.66 per capita on outdoor relief; most of that went to women and children. A stay in the Infirmary cost $133.55 per person, and most of those persons were male. In 1910 447 men and 48 women lived in the Old Couples’ Cottage. Like other poorhouses, the Cleveland Infirmary had become a home for old men.

The poorhouse in particular and institutions for dependents in general have few defenders today. Critics maintain that such institutions were haphazardly and stingily administered, repressive of individual liberties, and careless of inmates’ physical well-being. Much of the evidence from the Cleveland Infirmary bears out those criticisms. Historians like David J. Rothman have lamented that despite Progressive reforms, the “convenience” of institutions often won out over the “conscience” that urged their reform.

As early as the 1880s, however, Cleveland public officials found a way to satisfy both conscience and convenience. It was more convenient, and cheaper, to distribute outdoor relief to a woman and her children from the backdoor of the Infirmary than to house them inside. Conscience could be served too if the recipient of cheap relief was a woman pregnant out-of-wedlock whose sexual delinquency had clearly caused her dependence. Moreover, while the poorhouse may seem repressive to twentieth-century male historians, it may have appeared quite otherwise to a nineteenth-century woman—without husband or resources and pregnant or with children—whose probable options were homelessness and utter destitution.

The removal of women from the poorhouse also established the pattern of care for unwed mothers that persists to this day: no public shelter and minimal public relief, which can be cut in the name of political necessity or reform. Further, private residential care remained “in the shadow of the poorhouse,” in Michael B. Katz’s phrase. There
would be the same emphasis on work and moral improvement, and there would never be enough money. 67

By the second decade of this century, Americans no longer saw the public poorhouse as a cure for poverty or as a place where unwed mothers could bear and care for their children. In Cleveland, four private maternity homes would attempt to provide shelter, medical care, and spiritual reclamation for unwed mothers: the Retreat, founded by the Woman’s Christian Association; St. Ann’s Infant and Maternity Asylum; the Salvation Army Rescue; and the Florence Crittenton Home.