INSTITUTIONAL IMPERIALISM AND THE SICK POOR IN LATE-EIGHTEENTH-CENTURY PHILADELPHIA: THE HOUSE OF EMPLOYMENT VS. THE PENNSYLVANIA HOSPITAL

The terms historians use to describe the ideals that shaped public poor relief in eighteenth-century America have undergone a significant change within the last decade. In place of what was the standard view that humanitarian concern guided early welfare activities, one is now more likely to be told that a desire to control the poor and to do it at a low cost significantly influenced public philanthropy. Of course, few analysts say there was no humanitarian concern for the poor in this early period. Rather, the point is made that praise of humanitarianism must be tempered by the realization that a desire for social control and economy marched hand in hand with a humanitarian concern to aid the needy.¹ As we seek to understand the motives behind poor relief, and especially the motives that influenced how it was managed, it is important to stress that, at times, such general interests as humanitarianism, social control, or economy mattered less than concerns about pride. The institutional skirmishing that occurred in the 1790s between two Philadelphia institutions, the Pennsylvania Hospital and the House of Employment, offers an example of how pride and jealousy rather than humanitarianism, social control, or economy could influence poor relief. This case also illustrates that, when questions of personal and institutional pride surfaced, poor people could become mere pawns in a game of bureaucratic infighting.

The Pennsylvania Hospital and the House of Employment were founded for different, yet related, goals. The Hospital was chartered in
1751 to treat the insane and the "laborious" sick poor. It was to serve as a medical facility, not some form of almshouse. Conversely, the House of Employment, which replaced the old city almshouse, was designed as a combination workhouse-almshouse, not a hospital. According to its 1766 charter, the House was established to reduce the cost of public poor relief while making it more humane. Costs supposedly would go down because the able-bodied poor, including vagrants, would be forced to work in the House; the poor relief system would become more humane because the poor of greater Philadelphia would be better housed and maintained. Thus, each institution was to assist the poor, but each would aid a different segment of the poor.

The two institutions shared more than a commitment to assist the poor. The legislature chartered each institution as a private contributor-ship that elected its own administrators. Directed primarily by Quakers, the Hospital supported the creation of the House, which during the colonial period was also administered primarily by Quakers. The administrators of the two institutions found it easy to coexist into the 1780s. Indeed, the directors of the Hospital apparently were not bothered when, in 1775, the House managers told Philadelphia city officials that the House functioned as a hospital "in every sense of the word, and perhaps more extensively so than any other Institution on this Continent." This argument was offered in defense of the management of the House. Since the claim came from another Quaker controlled institution, the directors of the Hospital were probably not disturbed by this seeming challenge to the dominance of their Hospital.

Despite the assertions that the House functioned as a hospital, the managers clearly were not trying to attack the preeminence of the Hospital. As early as the summer of 1781, the managers asked the Hospital directors for permission to send some sick poor people to the Hospital as pay patients. The directors agreed and subsequently even allowed the House managers to run up a large debt for the care of their poor. The managers did, in May 1782, hire an attending physician to visit the House on a regular basis, but most of the adult sick poor were still usually transferred from the House to the Hospital. As the 1780s progressed, the managers, citing the high cost of maintaining people in the Hospital, attempted to reduce their dependence on the Hospital. But the managers continued the policy of routinely sending the insane poor to the Hospital and the Overseers of the Poor sent poor people with a variety of physical maladies to the Hospital. The managers also showed deference to the directors in April 1788 by readily agreeing to let the Hospital retain a poor relief patient with a venereal disease because it
The symbiotic relationship between the managers and the directors came under severe strain in the late 1780s and early 1790s. A restructuring of the way the House was run set the stage for changes that first produced bitterness and then warfare between the two groups. In May 1788, having long complained about how the House was managed, the Overseers of the Poor used a legal technicality to destroy the House contributorship and, thus, returned control of the House to public hands. The Overseers, now renamed the Guardians of the Poor, stressed the significance of their action by calling it a "Revolution." They also candidly admitted they had taken an "active & zealous" part in the conflict. The destruction of what was seen as a Quaker inspired institution angered some supporters of the Hospital or at least provided them with a convenient line of argument when, in later years, they wanted to attack the House administrators and did so by alleging mismanagement.

Right after the revolution of May 1788, the Hospital directors, who had been anxious to have the House accounts settled, asked the new managers to pay their debts or sign a note to pay them with interest in two or three years. The managers agreed to consider this request, but procrastinated and in August declared that the cost of maintaining their poor in the Hospital was too high. The directors agreed to lower the price for maintenance of the House's poor from 8/4 to 7/6 per week, but they also kept insisting that the past due accounts be paid. In March 1789, having used various delaying tactics and having paid only a small part of the past due debt, the managers requested a conference with representatives of the Hospital. At that meeting, the managers maintained that patients were not being admitted to the Hospital according to law and, by implication, that they should not be supported by public poor relief funds. The managers suggested that an "Amicable [legal] Suit" be undertaken to settle the issue. The Hospital directors were not interested in an amicable suit; they insisted upon immediate payment of the now long overdue accounts. Discussions of the question drug on until October when the House managers flatly said they were "not disposed to pay..." In December, with the disputed debt standing at over £900, the exasperated directors of the Hospital turned the matter over to their lawyers. The House managers had thus forced a suit, but not an amicable one.

When the case came to trial in February 1791, a court of common pleas jury decided the managers had to pay the past due account with the
Hospital. No decision was reached on the managers’ contention that the funds of the Hospital should be used “exclusively” for the sick poor of Pennsylvania. However, on May 31 the managers, concluding they probably could not get a favorable court verdict on the issue, conceded defeat. The Hospital directors thus could continue to follow their usual admitting practices; the managers would have to pay the overdue accounts and pay interest until that was done.

With the case over, both sets of administrators attempted, as the managers phrased it, to remove the “coolness” the dispute had produced. Despite efforts to restore some semblance of “harmony,” the legal battle left a legacy of distrust that helped keep the two groups at odds. In an effort to avoid running up more large debts to the Hospital, the Guardians of the Poor in January 1793 decreed that no poor person be sent to the Hospital unless the managers first authorized it. In May 1793, the directors raised the rate charged for maintaining poor people sent to the Hospital from 7/6 per week to 8/4 per week. In August, on the very day the House managers finally finished paying their old debt to the Hospital, the directors raised the rate for maintenance to 12/6. It seemed as if the Hospital directors were determined to drive the House back into debt—which they did. In mid-1796, the directors not only increased the weekly charge for maintenance to $3.00, they also announced that, save for accident cases or “some very particular case,” the Hospital would accept no more than thirty poor patients—all the rest would be pay patients. Although the House managers continued, as they long had, to view the Hospital as the proper place for the dangerously insane, they were also by 1793 developing attitudes the directors of the Hospital found threatening.

Supporters of the Pennsylvania Hospital praised their institution, and thus themselves, as being more than a charitable institution. In a 1791 report, the Hospital directors noted with pride that: “The advantage arising from the Institution is not confined to the unhappy Objects who receive immediate Relief and Assistance . . . ; but extends itself to various parts of the Continent, by affording an opportunity to young Students of being present at Operations and practical Lectures, which private practice would not so extensively furnish.” In 1792, the directors, anxious to expand their facilities, asked the legislature to allocate money for expansion. They were quite pleased when a legislative committee proclaimed the Hospital “a practical School, for a number of Students of Physic throughout this extended Continent; who are thereby qualified to be more eminently useful . . . .” The directors did not emphasize the Hospital’s teaching role merely to enhance a
request for funds; by limiting the number of poor patients to thirty in 1796, they demonstrated a desire to take cases that would be useful in advancing medical knowledge, and, not incidentally, the reputation of the Pennsylvania Hospital. Again asking the legislature for funds in 1797, the directors once more stressed the theme of advancing medical education. They reminded the legislature that “the numerous and various cases, which are attended in the Hospital, have been the means of alluring students from every State in the Union, and thereby spreading the Reputation of Pennsylvania with Medical Knowledge, to different parts of the World—” Thus inviting the legislature and the state to share the glory of the Pennsylvania Hospital, the directors, who would deny any such suggestion, implied that the principal goals of the Hospital were the advancement of medical knowledge and the reputation of Pennsylvania. Given their continuing quest for building funds, the directors of the Hospital certainly did not want its primacy as a hospital challenged. Yet that is what the managers of the House of Employment appeared to be doing in the late 1790s. The Hospital directors thus found themselves confronting what they probably perceived as institutional imperialism.

In June 1793, as they were systematically and quickly eliminating the debt owed to the Hospital, the House managers, supported by the general board of the Guardians of the Poor, issued a kind of declaration of independence from the Hospital. While conceding that the Hospital should house cases of “Lunacy or Madness,” the public poor relief officials declared that the House was “well calculated for the reception & use of every pauper labouring under any other infirmity, and at a much less expence to the publick.” In spite of these bold words, the managers had, by June of 1793, only slightly expanded the medical facilities of the House beyond what they had been in May 1788. The managers had added a resident apothecary and retained a salaried attending physician. A section of the House had been partitioned as a venereal disease ward; the managers had considered, and possibly, created a foundling hospital in the House. Still, as late as November 1795, the managers seemed unwilling to challenge the medical preeminence of the Hospital: they turned down a physician’s offer to work in the House because he wanted to have his medical students accompany him. The managers soon proved willing to act more adventurously.

In the spring of 1797, the managers took steps that signaled the start of a clear effort to turn the House into a hospital as well as a House of Employment. On 1 March, the managers visited the House en masse to watch as a Dr. Perkins “operated” with his “metallic points” on several
sick paupers. The managers, who had invited Dr. Perkins to demonstrate his invention, proclaimed that in “several” cases Perkins’s procedure appeared to give the patients “relief.” Perhaps moved by visions of attaining medical grandeur, but in fact having been taken in by a medical quack, the managers immediately arranged to buy Perkins’s patent right to the mysterious metallic points.28

As the invitation to Dr. Perkins to demonstrate his device suggests, the managers may well have contemplated altering the House’s medical function even before they obtained that device.29 And on 15 March, the managers committed themselves to enlarging the medical capabilities of the House. They based this commitment on what they said was the increasing number of sick and infirm in the House. Five days later, the managers decided the House needed a staff of not just one, but four salaried physicians. On 10 April the managers asserted that “great Advantages may be derived from a new Arrangement” in the “medical Department.” They asked the House physicians to submit a plan to accomplish this vaguely stated goal. A plan for “the Improvement & Government of the Medical Department” that included procedures for determining how the House doctors would be selected to do various operations was in place by early May.30 In June the managers opened an account with a London firm and began purchasing medicine and surgical instruments.31 A month later, the managers agreed to advertise for five nurses.32 These changes clearly made the House an attractive place for doctors to work: when one of the House physicians died in the fall of 1797, four doctors applied for his position. The expansion of the House’s hospital function continued apace. In January 1798, the managers decided to hire an assistant pharmacist.33 Soon the managers were sounding like the directors of the Hospital. In their May 1798 request for taxes, the managers stressed that “from the increased number of the sick, that are continually sent into the Alms House, it has become absolutely necessary to erect a Building for the Accommodation of Venereal Patients. . . .”34

The expansion of the House’s medical department seemed all the more threatening to Hospital supporters because the House managers were also displaying a less than deferential attitude toward the supposedly predominant Hospital on the continent. In 1798, a supporter of the Hospital argued that the House managers had behaved rather strangely for people who had proclaimed their desire to reduce public poor relief costs. He observed that in 1795 or 1796 the directors of the Hospital had offered to admit, free of charge, a House pauper who needed an amputation. Yet, to please the House doctor, the operation took place in
the House. In the spring of 1797, a similar proposal by the directors was also spurned. The directors made an even more generous offer the following winter. They proposed to take six or eight House patients free of charge "if the cases were [deemed] proper" for the Hospital. The offer was also rejected, supposedly "because the [House] doctors would not consent to let the physicians of the hospital come to the house to select the cases." The managers seemed to be impinging on what the Hospital directors considered their prerogatives.35

The available records do not reveal how the administrators of the two institutions responded to the offers described above. But in 1799 another attempt by the Hospital directors to obtain patients from the House clearly intensified the acrimonious relations between the managers and the directors. In late April the directors again offered to take six patients from the House without the regular charge for their maintenance, provided the Hospital doctors "shall think fit, after examination" to admit them to the Hospital. At first the managers agreed to this suggestion. But they quickly drew back and sent only one patient and an explanatory letter to the Hospital directors. In the letter of 6 May, the managers noted they had agreed to transfer six patients on the assumption the Hospital doctors would select "lunatics." But the Hospital doctors did not want lunatics; the doctors wanted patients who should, as the managers saw it, remain in the House. The House managers proposed to split the difference; if the Hospital would take three of the especially troublesome insane from the House, the Hospital doctors could then select any other three House patients they wanted. Although the Hospital was founded in large part to treat the insane and although it was considered a leading institution for the treatment of the mentally ill, the directors rejected the managers' proposal. Instead, the directors appointed a six-member committee to meet with a House committee to discuss the situation. As soon as they received this proposal, the managers appointed half their number as a committee of three and suggested the two committees meet at the Hospital in thirty minutes. The directors declined this offer. They proposed instead that the House committee be expanded to six members and that the two committees meet at a later date. Not pleased, the managers fired back a huffy letter. It stated that a six-member committee would equal the entire membership of the House board. Clearly miffed, the managers, declared that the whole board of the House was certainly not going to meet with a mere Hospital committee. Taken back, the directors said they had intended no insult and agreed to have their committee meet with the three-member House committee. When the meeting finally occurred in mid-May, the
representatives of the Hospital rejected what they called the "unreasonable terms" offered by the managers' committee.\textsuperscript{36}

Five weeks later, the long smoldering dispute between the directors of the Hospital and the House managers burst into newspaper warfare. Because they used nondescript pen names, the authors of the twenty-three major essays that formed what one of them called the "newspaper controversy" cannot be positively identified.\textsuperscript{37} However, internal evidence shows that the authors had direct ties to the institution each championed.\textsuperscript{38}

The battle began on 21 June 1799 with the publication of "No. I. To the Managers of the Alms-House & House of Employ." In this and following essays, the author presented a scathing attack on how the House of Employment was administered. "No. I" expressed horror that the 1798–1799 annual account of the House revealed that a large number of adult paupers had been able to produce a profit from manufacturing of only £87-6-4—a paltry 4/- per adult for the whole year. He implied that the "Enormous" poor taxes were being used "improper[ly]," that the House was becoming "a nursery for idle itinerants," and, thus, "a disgrace to the city." Although he later denied doing so, "No. I" raised the specter of a taxpayers' revolt unless the managers of the House showed "good economy" and "extorted" "a reasonable share of labor . . . from all those [in the House] who can work."\textsuperscript{39}

To support his claim that there had been an "obvious" decline in the amount of work done in the House, "No. I" presented detailed statistics showing that impressive amounts of manufacturing occurred in the House from 1770 through 1776. In doing so, he revealed that the memory of the so-called revolution of 1788 still festered. He pointedly said he offered these illustrations from "old times, [so] that we may see what the public have gained by the late famous revolution in your house."\textsuperscript{40}

The three authors who sought to defend the management of the House had no choice but to deal with the arguments "No. I" advanced. As they offered a variety of counter-arguments designed to prove "the happy success and noble purposes" of the managers, it did not take the pro-House authors long to conclude that the reasons for "No. I's" missives should be traced to the Hospital directors' desire to thwart the expansion of the House's medical department.\textsuperscript{41} "W" wrote the first two pro-House articles. Although he did not say so, he may have believed that what he called "No. I's" "malicious, envious design" sprang from a possible connection with the Hospital. Certainly "W," in his second
essay, drew an unflattering picture of the Hospital. He described its directors as haughty “rulers” and claimed that the House’s paupers were maintained for only about a third of what the Hospital charged its poorest patients.42 “CHARITAS,” who produced the next three pro-House essays, went even further. He argued that the author of the “No. I” essays was directly tied to the Hospital and that “No. I’s” efforts were rooted in “jealousy, Rivalship, or some other equally predominant passion. . . .”43 The third essayist who defended the managers was yet more explicit. He maintained that a significant increase in the House’s medical activities began right after the revolution of 1788 and that the “pride and insolence” of the Hospital directors had led them to undertake “artful and persevering attempts . . . to destroy” the hospital function of the House. As he denounced the “malevolence” of “No. I” and argued that “No. I” represented the Hospital, this author felt he had “conducted the war into the enemy’s country.”

Believing that Pennsylvania Hospital supporters aimed to crush the medical department of the House, the pro-House essayists launched a counterattack on the Hospital. As these authors saw it, the inadequacies of the Hospital had produced the ever-expanding medical activities of the House. The simple fact, they observed, was that the Hospital accommodated no more than 120 patients, most of whom were paying patients.45 Alternately offering some praise and then scorn for the Hospital, one author accounted for the small number of sick poor in the Hospital by stressing that its “ponderous but narrow doors move slow and sullen to receive distress.” He noted that to enter the Hospital, a sick person had to obtain a certificate from a Hospital doctor that had to be signed by two directors; in addition, a bond was required to cover the costs of clothing and, if necessary, funeral expenses. “The difficulty of complying with all these formalities” naturally “swell[ed]” the number of sick who entered the House because there they were “so easily received.” And the vast majority of these sick poor had to be helped in the House since the Hospital charged the Guardians of the Poor so much that sending the sick poor to the Hospital would quickly bankrupt the public poor relief system. Thus, said the defenders of the House, to meet the needs of the sick poor, the House had “from necessity”—indeed “out of absolute necessity”—become “an infirmary or hospital.” In fact, the argument went, the “Alms House may now more properly be called an Infirmary, than a House of Employment.”46

Despite such assertions, the principal defender of the House conceded that other concerns moved the House managers. He noted “with pride” that the House was already well on the way to becoming a medical
school, that is would soon rival the “very best” of such institutions, and that great doctors and surgeons would “proudly” work at the House. Another pro-House advocate, “CHARITAS,” even boldly suggested that the legislature should pass a law to turn the House into a hospital, to make the managers life officers during good behavior, and to pay them a salary.47

“No. I” responded vigorously to the invidious comparisons drawn between the Hospital and the House by the House’s defenders.48 Using rather creative and misleading accounting techniques, he argued that it cost the House managers more to maintain a person in the House than in the Hospital. Moreover, he said, the sums charged by the Hospital to maintain the poor were so low that the Hospital had, in just the last three years, donated over $7,000 worth of charity care to the city of Philadelphia. Proclaiming that he had “proved” that it cost less to maintain a person in the Hospital than in the House, he added: “if it is asked in which institution the most care is taken of the patients, I would recommend my fellow citizens to visit both houses and they will be able to judge.”49

“No. I” supplied the comparison for those who did not choose to visit the two institutions. Seizing upon a House defender’s claim that 261 of the House’s occupants were sick, he tore into the physicians for allowing this to occur. He compared the “humanity” of the House doctors to that of “the owner of a Liverpool slave ship” who denied sufficient air “to a miserable crew, that are panting for breath.” He insisted that the House doctors had to deny the House had over two hundred hospital cases “or submit to the charge of inhumanity and cruelty in their mode of practice.” Rising to a rhetorical flourish, he asked: “Is the poverty of our fellow citizens a crime that should condemn them to be smothered in such a wretched place? Wretched do I say; yes, miserably wretched. . . .”50

“No. I” was, nevertheless, willing to concede that the House could “in a very small degree” function as a hospital. But he quickly added that the laws of the state said the House should be a House of Employment, not a hospital. And the evidence proved to “No. I’s” satisfaction that the public poor relief officials and the House doctors were engaged in the “ridiculous scheme” of trying “to graft a public hospital” onto the House. Why was it, he asked, that the Hospital directors’ offer to take accident victims was declined? “Because,” he said, “it will not support the absurd and extravagant idea of connecting a Hospital” with the House. Similarly, supposedly merely “to please the [House] doctors,” the managers turned down a proposal from the Hospital to take—free of
charge—all people who needed amputations. This, argued "No. I.," forced such people to live in "crowded" conditions that annoyed the other paupers in the House. And why was the recent directors’ offer to take six patients free of charge also refused? "Because," he asserted, "it had been alleged that they are curious [cases], and therefore your doctors wished to retain them." In sum, as "No. I" saw it, the cause of these illegal, inhumane, and outrageous actions could be traced to the "vanity" of the managers and "the whim and caprice of projecting physicians."

This "newspaper controversy" came to an abrupt end on August 13, 1799. It is not clear why the mudslinging stopped. Perhaps, and if so ironically, the outbreak of yellow fever drove the combatants out of the city.

Although the minutes of the Hospital directors and of the House managers contain no direct references to the controversy, some changes in the way the House was managed seem to have come as a direct response to the charges of "No. I." His first two essays appeared on June 21 and 28. At their July 8 meeting, the House managers decided to hire a records keeper. On the 22nd, they ordered that a new weekly account be kept of those House paupers able to work. If they did not labor, they were to be punished. And, to insure that good economy was followed at the House and that the able-bodied did work, the managers agreed that some of them would visit the House three times a week rather than twice a week as had been customary. These changes were obviously designed to counter claims that the House was not well managed. Beyond this the managers would not go. They and subsequent managers continued to expand the hospital function of the House. By 1804, in a petition to the legislature, the managers openly trumpeted the glories of the House as a hospital and a school of medicine while denigrating the value of the Pennsylvania Hospital. In 1834 a new almshouse, with a separate hospital building, was opened. The Philadelphia General Hospital traces its roots to that institution and, the House of Employment, having been transformed, did in time eclipse the Pennsylvania Hospital as a medical institution.

The events surrounding the battle between the supporters of the Hospital and the House of Employment that boiled to the surface in 1799 suggest that we cannot explain the actions of the two groups by focusing on concerns about humanitarianism, economy, or social control. Although the administrators of both institutions generally were concerned about controlling the poor, there is no evidence to suggest a quest for social control influenced the debate over the hospital functions
of the House. Concern with efficient, economical operation also fails to explain what happened. If the Hospital directors were driven by a desire to reduce costs, they would not have made repeated offers to take some patients from the House free of charge. If the managers of the House wanted to save the taxpayers money, they would have quickly and cheerfully sent to the Hospital any and all patients the directors would accept free of charge. And there is little evidence that, in this case, humanitarian concern for the sick poor motivated the administrators of the two institutions. If the managers of the House were, above all, interested in the welfare of the sick poor, they would have accepted the offers to transfer some sick patients to the Hospital; it was, as even a defender of the House admitted, the better medical facility. If the directors of the Hospital were moved by simple humanitarianism, they would not have demanded the right to select patients with "curious" problems which were medically interesting and which, thus, might increase the Hospital's reputation as a center of medical education.

To understand the roots of the controversy, we must accept the fact, as the newspaper antagonists did, that pride and vanity were crucial to the administrators and supporters of both institutions. The directors of the Pennsylvania Hospital wanted to take some of the sick poor from the House to advance medical knowledge, to keep their institution the acknowledged leader in Pennsylvania medicine, and to keep money flowing from the legislature. They feared that the House would become a rival medical institution that might, as it ultimately did, undermine the Hospital's status as the preeminent Pennsylvania medical institution. For their part, the managers of the House of Employment did have good reason to expand the House's medical facilities. However, the managers were also motivated by a desire to justify their stewardship and a desire to build a great medical center that would bring praise and status to their institution, and, not incidentally, themselves. In this case of what the Pennsylvania Hospital directors could see as the institutional imperialism of the House of Employment managers, the sick poor became mere pawns in a game in which pride and vanity guided poor relief policy far more than any concern about social control, economy, or humanitarianism.

Notes

A slightly different version of this essay was presented at a session of the 1983 meeting of the Organization of American Historians held in Cincinnati. Walter I. Trattner was commentator for that session. The author also wishes to thank Michael Zuckerman for his comments on the earlier version of this essay.

2. The charter, from which the quotation is taken, is given in Thomas G. Morton, assisted by Frank Woodbury, *The History of the Pennsylvania Hospital 1751–1895* (Philadelphia, 1895), pp. 10–11. See also Williams, *America's First Hospital*, pp. 2-4, 8–15.

3. This institution was divided into two sections. One was to accommodate those who could not work; the other was to house those who would be put to work. The entire institution was thus, officially, the Alms House and House of Employment. But it was normally called the House of Employment or bettering house. See Alexander, *Render Them Submissive*, pp. 86–90, 206.

4. *Ibid.*, pp. 88–90, 92–93 and Williams, *America's First Hospital*, pp. 4–6, 17–18. The administrators of both institutions were called managers. To avoid confusion, the administrators of the Hospital will be referred to as the directors and the administrators of the House will be referred to as the managers.


6. Minutes of the Board of Managers of the Pennsylvania Hospital: March 4, 1777-April 26, 1784, p. 247 (hereafter referred to as MBMPH: 1777-1784) and “Minutes” of the Board of Managers of the Pennsylvania Hospital: May 10, 1784-April 29, 1794, pp. 145, 148, 170, 195, 198 (hereafter referred to as MBMPH: 1784–1794). I worked with the microfilm copy of the minutes prepared by the American Philosophical Society. Permission to use and cite the records of the Pennsylvania Hospital was graciously given by Ms Caroline Morris, the Librarian-Archivist of the Pennsylvania Hospital.


11. On anger and the later line of attack, see below pp. 11–12. Because Quakers were prominent in the ranks of the contributorships that created the two institutions and because both institutions had a similar management design, some Quakers could have been infuriated by the “Revolution” even though Quakers no longer dominated the management of the House in 1788. See Williams, *America's First Hospital*, pp. 5, 14, 17; Gary B. Nash, “Poverty and Poor Relief in Pre-Revolutionary Philadelphia,” *William and Mary Quarterly*, 3d ser., 33 (January 1976): p. 15, n. 38; Alexander, *Render Them Submissive*, p. 103.

13. MMAH: 1788–1796, pp. 137–38, 150–52, 160–61, 165–66, 205 and MBMPH: 1784–1794, pp. 263, 265, 266, 268, 271, 273, 283 with quotation from p. 273. Williams (America’s First Hospital, p. 101) implies that the idea for a suit originated with the Hospital directors and that the suit was an amicable one. These points are not supported by the records. After they initiated the suit, the directors did try to find a way to avoid going to trial. However, this effort failed. See MMAH: 1788–1796, pp. 216, 271, 273 and PCCA, Minutes of the General Board of the Guardians of the Poor for 1788–1795, entry of 4 January 1790 (hereafter referred to as MGBGP: 1788–1795).


19. Minutes of the Board of Managers of the Pennsylvania Hospital: May 5, 1794–May 7, 1804, p. 121 (hereafter referred to as MBMPH: 1794–1804). The title page to this volume carries the incorrect label of “Minutes began 1795.”

20. MMAH: 1788–1796, pp. 150, 161, 355, 440, 455. By 1795 however, some mentally ill people were being retained in the House. See n. 29 below.


23. On the almost continuous efforts of the Hospital directors to obtain funds from government sources and on their desire to keep the Hospital the preeminent hospital in the state, see Williams, America’s First Hospital, pp. 31–37, 75–76, 88–92, 93–97, 102–3.


25. The managers who took over the House in May 1788 at first used a group of physicians who donated their services. But the managers returned to the use of a single salaried physician in May of 1790. See ibid., pp. 8, 10, 15–16, 243, 247, 337, 391, 524 and n. 27 below.


27. MMAH: 1788–1796, pp. 516, 517, 518, 524. The managers had, under pressure from the doctors who served without pay, reluctantly allowed medical students in to the House in late 1788 or early 1789. This practice apparently stopped in June of 1790 when a salaried attending physician was appointed. See ibid., 8, 10, 36, 37, 41, 44, 47–48, 55, 135, 140–41, 158, 236, 237–38, 239, 243.

28. MMAH: 1796–1803, entry of 6 March 1797. The doctor involved was surely Dr. Elisha Perkins. His metallic points were not discredited until the nineteenth century. See the entry on Perkins in the DAB and Howard A. Kelly and Walter L. Burrage, American Medical Biographies (Baltimore, 1920), pp. 907–8.

29. As early as February 1795, the managers were no longer sending all mentally ill paupers to the Hospital; by the late 1790s, several insane paupers were living in the House. See MMAH: 1788–1796, p. 478 and n. 35 below.
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30. MMAH: 1796–1803, entries of 15 and 20 March, 10 and 17 April, and 8 May 1797.

31. Ibid., entries of 19 June and 6 November 1797 (which is misdated as 6 November 1798). The managers had purchased such supplies before this, but they had not had a regular account with any firm. See, e.g., MMAH: 1788–1796, pp. 4, 70, 247.

32. MMAH: 1796–1803, entries of 10 July and 4 August 1797. Although nurses were hired, both before and after this period women paupers were also used as nurses. See ibid., entry of 8 July 1799.

33. Ibid., entries of 23 and 30 October 1797 and 15 January 1798.

34. Ibid., entry of 14 May 1798.

35. "A CONTRIBUTOR," Claypoole's American Daily Advertiser, 6 April 1798. (This and all other newspapers cited in this essay were published in Philadelphia.) The author of this item was a partisan supporter of the Pennsylvania Hospital and so his account may slant the interpretation in favor of the Hospital. The accuracy of his remarks cannot be verified by recourse to the minutes of either the managers or the directors because the minutes do not mention the events described in the newspaper essay. On the managers' concern for keeping the cost of poor relief down, see the sources cited in n. 58 below.

36. MBMPH: 1794–1804, pp. 307–10, 313 with quotations in order of appearance from pp. 308, 313. A far less detailed account of these events is given in MMAH: 1796–1803, entries of 29 April and 13 May 1799. On the Hospital's special role in treating the mentally ill, see Williams, American's First Hospital, pp. 2, 4, 58–59, 81–82, 117, 120–22 and Morton, History, p. 10.

37. The quotation is from "CHARITAS," Gazette of the United States, & Philadelphia Daily Advertiser, 17 July 1799. Because all of the essays that produced the newspaper debate appeared in the Gazette of the United States during 1799, the citations that follow to individual essays will merely list the author and the day and month the item appeared in the Gazette. Two authors wrote attacking the management of the House and defending the management of the Hospital. "VERITAS," (16 July) produced only one item. Eleven essays were penned and numbered in sequence by an author who wrote under the title "No. I [-XI]. To the Managers of the Alms-House & House of Employ." These essays appeared on 21, 28 June, 5, 8, 15, 17, 20, 24, 26 July, 3 and 13 August. The authors of the pro-House items were: "W," 22 and 29 June; "CHARITAS," 11, 13 and 17 July; "No. I" through "No. VI," 22, 23, 27, and 31 July, 8 and 10 August. Minor items in the debate were "Motto," 24 July and two short items by "No. I. To the Managers," 24 June and 13 July.

38. As indicated in the preceding note, the author of the "No. I. To the Managers" series was the vital anti-House, pro-Hospital author. He revealed, probably inadvertently, his direct connection with the Hospital when, in referring to patients in the Hospital, he spoke of "our patients" (15 July). Thus, he was either a director of the Hospital or at least a member of the Hospital contributorship. "VERITAS" (16 July) said his publication was based on Hospital records. But, given the limited nature of this author's efforts, I cannot offer a firm judgment on how closely he was connected with the Hospital. All three of the pro-House scribes published material that could have been known only by the House managers or been supplied by people exceedingly well informed about how the House was managed. "W," for example, presented details of the May 1799 confrontation between the administrators of the two institutions and their committees that are not recorded in the minutes of the House. However, he implied, perhaps disingenuously, that he was not a House manager by saying he had "lately heard of" the events he described (29 June). "CHARITAS," whom "No. I. To the Managers" claimed (26 July) was a House manager, knew the 1782 rate as well as the then current rate for boarding the House's sick in the Hospital; he knew of the added costs for the bedding and clothing of such persons; he knew, as the managers had noted in their recent dispute with the Hospital directors, that
the directors had refused to take "maniacs" even though the Hospital had room for them; he knew that the House contained what the managers considered to be three or four "desperately insane" paupers. (See 13 and 17 July with all quotations from the 13 July essay.) "CHARITAS" was also aware of the fact that a person had been gathering records to begin a series of essays to defend the managers of the House and he ceased publication once the principal defender of the House ventured into print. (See 17 July.) The author of the "No. I" series, that both championed the management of the House and assailed that of the Hospital, presented detailed statistics then only available to the House managers. (See especially "No. III," 27 July.) Thus, "W," "CHARITAS," and "No. I. [For the Managers]" were either House managers or were writing with the aid of the managers who supplied them with information for the newspaper war.

39. All quotations are from the 21 June essay; cf. also his 5 July essay. On the denial, see his 13 July essay.

40. 8 July.

41. Quotation from "CHARITAS," 11 July. The pro-House authors maintained that the poor in the House were physically capable of doing only a very little work and, given this, produced all that could reasonably be expected of them. It was also noted that the House's poor did far more work than "No. I" implied. Stress was placed on the fact that, contrary to the situation in the 1770s, vagrants who could be expected to work were no longer sent to the House. The high costs of poor relief were traced to the increase in Philadelphia's population, the visitations of yellow fever, and the sums spent by poor relief officials other than the House managers. These writers also appealed to civic pride in praising the House and its managers. (See especially, "W," 22 and 29 June; "CHARITAS," 11, 13 and 17 July; "No. I," 22 July; "No. II," 23 July; "No. III," 27 July.) These arguments, which ironically are strikingly similar to those voiced by the House managers of 1775 when they were accused of not wringing enough work out of the poor, are generally supported by the record of the management of the House. See Alexander, Render Them Submissive, pp. 97-100, 115, 117-21 and John K. Alexander, "The Functions of Public Welfare in Late-Eighteenth-Century Philadelphia: Regulating the Poor?" in Social Welfare or Social Control?: Some Historical Reflections on Regulating the Poor, ed. by Walter I. Trattner (Knoxville, 1983), pp. 15-34.

42. "W," 22 and 29 June with all quotations from the 29 June essay.

43. 11 July.

44. Quotations from "No. IV," 31 July and "No. V," 8 August. See also "No. II," 23 July.

45. This claim was correct. See Williams, America's First Hospital, p. 151.


48. "No. I" also continued his assault on the supposed shoddy management of the House in his essays of 28 June, 5, 8, 24 and 26 July.

49. "No. I" arrived at a per person, per week cost to maintain a pauper in the House of $1.72 by adding debts owed by the managers to the cost of running the House for a year. And despite the fact that the House managers were charged $3.00 a week for each person they had maintained in the Hospital (exclusive of clothing, bedding, and possible funeral charges), "No. I" claimed that the actual cost to the managers of keeping sick poor in the Hospital was only $1.15 to $1.18 per week. I do not know how he arrived at these figures, but they do not reflect the rates set by the Hospital directors. Quotation from 17 July essay and see also his 15 July essay.
50. 3 August.
51. Quotations and arguments from the essays of 20 July and 3 August.
52. The minutes of the House managers note that yellow fever was present in some parts of the city by 1 July. As regularly happened in yellow fever times, attendance at board meetings quickly dwindled as people fled the city. At a meeting in late August and at a meeting in early September, only two of the six House managers were present. Five managers did meet on 25 September, but the board did not again meet until 4 November. See MMAH: 1796–1803, entries of 1 July, 26 August, 2 and 25 September, 4 November 1799.
53. Ibid., entries of 8, 22 and 29 July 1799.
54. This petition is reprinted in Charles Lawrence, History of the Philadelphia Almshouses and Hospitals . . . (N.P., 1905), pp. 49–50.
55. On these later developments, see ibid., pp. 84–102, 132, 136 and Williams, America’s First Hospital, pp. 102–3, 147.
56. On the desire for social control, see Williams, America’s First Hospital, pp. 7–14, 65–66, 114, 148–49 and Alexander, Render Them Submissive, pp. 116–21.
57. The concession on the medical quality of the two institutions was made by “No. VI” (10 August).
58. On the desire for justification, see MMAH: 1788–1796, pp. 52–53; Alexander, “Functions of Public Welfare,” pp. 27–29; a most revealing illustration of how both the House managers and the Overseers of the Poor, acting together as the General Board of the Guardians in 1802, were deeply concerned about obtaining recognition and “Credit” for their activities and of the response by the Hospital directors is given in MBMPH: 1794–1804, pp. 472–74 with quotation from p. 472.
59. Concerns about pride also influenced the relations between the House managers and the Overseers of the Poor at various times in eighteenth-century Philadelphia. See Alexander, Render Them Submissive, pp. 90–116 passim, 121; MMAH: 1788–1796, pp. 486ff.; MGBGP: 1788–1795, entries of 2 and 31 March 1795.