

themselves, the “able-bodied” unemployed were not admitted. Consequently, though the demand was made for hard labor, inmates who were elderly, infirm, crippled, blind, deaf, or insane could not provide it. In 1838, a statewide flurry of interest in silk cultivation resulted in legislation enabling eight counties to embark on that profit-making scheme in their almshouses (Chapters 77, 90, 160, 170, 192, 221, 231, and 296, Acts of 1838). Several counties planned to use profits to hire a teacher for the children of almshouse inmates, but no evidence indicates the scheme was implemented. As in farming, the trustees overestimated the abilities of their work force.

Almshouses survived in Maryland until after 1940 with little change except in the demography of their clientele. The poor and destitute perceived them as a last resort. Inmates were plagued by filth, vermin, inadequate diet, and the crowding together of persons with totally different needs. An 1877 report by the Secretary of the State Board of Health referred to one county almshouse as “a mockery of charity and a nursery of pollution.” Almshouses provided relief to people who had no family or friends to support them in the community. Most commonly they were mothers and children, the elderly, insane, feeble-minded, alcoholic, blind, deaf, and other physically handicapped. Vagrants and lunatics, if not in the almshouse, were likely to be confined in the county jail. Almshouses reflected the optimistic faith of the early nineteenth century in the efficacy of institutions in solving, or at least hiding, societal ills. That belief led to the creation of more specialized institutions which eventually reshaped almshouse populations. Children were the first to leave. An 1886 law prohibited the presence in an almshouse of any child aged three to sixteen years of age for more than ninety days, provided of course that the child was not “an unteachable idiot, an epileptic, or a paralytic, or otherwise so disabled or deformed as to render it incapable of labor or service.” (Chapter 262, Acts of 1886). Those children removed from almshouses were to be placed by the Trustees of the Poor with a respectable family or in an institution. The trustees previously had authority to bind out pauper children and the children of free blacks and mulattoes as apprentices. Towards the end of the nineteenth century, as the State built institutions for the insane, the feeble-minded, and incurables, and training schools for the deaf and blind, these groups also gradually moved out of the almshouses. As early as 1817, counties could have committed their insane to the Maryland Hospital, which became exclusively a hospital for the mentally ill in 1838. The number of insane persons confined in county almshouses and jails did not diminish, however, even after the second State hospital for the insane was built in 1894. The dependent insane finally were removed to State hospitals in 1911 (Chapter 435, Acts of 1908).

From 1900 to 1940, almshouse residents increasingly became the elderly and chronically ill. In 1906, perhaps to relieve the stigma, almshouses were renamed as county homes (Chapter 32, Acts of 1906). Changing the name did not alleviate the problems. Special commissions reported to the Governor and legislature in 1931, 1933, 1938, and 1940 that conditions in almshouses were a disgrace to a civilized country, jeopardizing the health of their inmates. Nonetheless, until the State built its first chronic care hospital in 1950, almshouse residents had no place to go.

The counties and Baltimore City bore the financial burden of their almshouses and out-pensioners alone, although the General Assembly passed all laws relating to their administration. The State took no direct fiscal responsibility for the poor and destitute; relief came from county taxes. In 1816, an unusual statewide measure for the temporary relief of the poor due to “the awful calamity of a scarcity of grain” enabled counties to borrow, levy, or appropriate funds for their suffering citizens, but no State monies were provided (Chapter 192, Acts of 1816). State funds built a few public institutions in the late nineteenth century, but they were far outnumbered by private charities. The legislature, recognizing the public service of these private institutions, haphazardly granted annual appropriations to a select and favored few, requiring no accountability or efficiency in return.

*Private Charities.* Private philanthropy grew profusely, paralleling the growth of private fortunes in the nineteenth century. In Baltimore City especially, private citizens and religious bodies supported soup kitchens, orphanages, hospitals, schools, nurseries, and old-age homes. Private charitable institutions developed to meet public welfare needs not met by almshouses, out-pensions, and the few existing State institutions. Due in part to the multiplicity of charitable institutions, out-pensions in Baltimore City ceased around 1862, and, until outlawed by the legislature, City government instead appropriated funds to private charities. Baltimoreans early realized that while private charitable donations and institutions were more than adequate to aid the City’s poor, distribution was chaotic and inadequate. Two organizations, the Baltimore Association for Improving the Condition of the Poor (1849) and the Baltimore Charity Organization (1881), were formed to organize philanthropy according to tenets of “scientific charity.” Their efforts ultimately professionalized social work but also categorized the poor as worthy and unworthy. To avoid duplication of resources, both organizations used a central registry of recipients and investigated applications for assistance. Their concerns focused more on solutions to underlying causes of poverty than relief of immediate needs.