The Decline in Family Care for the Aged in Nineteenth-Century Ontario: Fact or Fiction*

EDGAR-ANDRÉ MONTIGNY

Abstract. Two myths exist concerning the care of the aged in the past. The first purports that the aged were cared for by their families and that public assistance for the aged destroyed familial responsibility towards the elderly. In response to this contention, a second myth, which argues that the aged were not cared for by relatives, highlights the sufferings of abandoned and destitute aged people in institutions. In nineteenth-century Ontario, while the aged were not always cared for by kin, they were rarely willingly abandoned by their families. Evidence from diaries, letters, and institutional records indicates that families regularly provided whatever amount of care their resources would allow. However, financial restrictions, or the illness or senility of an aged person, often made it impossible for a family to cope with the demands this care entailed. When this occurred, many families institutionalized their aged in a House of Industry or an Asylum. While families have been blamed for subjecting the aged to the harsh conditions of these institutions, in most instances, they did so out of necessity and not by choice. It was the lack of public assistance and adequate facilities for the care of the aged, and not the irresponsibility of families, which caused the suffering which was so common among the aged poor during the last century.

Résumé. Il y a deux mythes qui prévalent sur la question de savoir qui s'occupait des personnes âgées dans le passé. Le premier de ces mythes veut que ce soient les familles qui aient pris soin de leurs aînés et que l'assistance publique ait détruit cette responsabilité familiale à leur égard. En réponse à cette affirmation, un second mythe, selon lequel la famille ne prenait pas soin de ses aînés, insiste sur les souffrances subies par les personnes âgées, démunies et abandonnées dans les institutions.

S'il est vrai qu'en Ontario, au cours du XIXe siècle, les familles n'ont pas toujours pris soin de leurs aînés, elles les ont, par contre, rarement abandonné délibérément dans les institutions. Les témoignages fournis par les journaux intimes, par la correspondance et par les registres officiels établissent que les fa-
milles ont régulièrement pris soin de leurs ânés dans la mesure où leurs moyens le leur permettaient.

Cependant des restrictions financières, la maladie ou la sénilité d’une personne âgée ne permetaient souvent plus à la famille d’assumer les exigences que ce soin impliquait. Lorsque c’était le cas, un bon nombre de familles plaçaient leurs ânés dans des institutions. On a blâmé les familles pour avoir soumis les personnes âgées aux durs traitements de ces institutions, mais dans la plupart des cas, elles l’ont fait par nécessité et non par choix. Au siècle dernier, ce sont le manque d’assistance publique et de soins nécessaires aux personnes âgées et non pas l’irresponsabilité des familles qui ont été la cause des souffrances qui étaient si répandues chez les ânés démunis.

During the 1890s government officials in Ontario regularly noted a serious problem developing among the province’s aged population. In almost every annual report the Inspector of Prisons and Public Charities commented upon the situation. He argued that the aged, defined here as persons over the age of 60, 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.”

Institutional administrators echoed this sentiment. It was disgraceful, one asylum official reported, “to see how many so-called Christians are prepared to commit these harmless dementes to an asylum simply to get rid of them.” It was argued that families became willing to “[shirk] their duties” over the course of the nineteenth century as institutions became more common and the stigma attached to consigning burdensome relatives to the asylum evaporated along with any sense of remorse over abandoning familial and kinship obligations.

According to official reports, therefore, there was a definite decline in the amount of care families were willing to provide for their aged and dependent relatives during the latter decades of the nineteenth century. As a result the elderly increasingly were forced to seek shelter in provincial institutions such as Houses of Industry, Houses of Refuge and Providence, and Insane Asylums. This article is an attempt to demonstrate that, despite the reports of government officials and institutional administrators, no such decline in family care occurred in Ontario during this period. There is ample evidence to suggest instead that the numerous reports of declining levels of family care for the aged are gross exaggerations of the actual situation. In reality, even though it became increasingly difficult for families to offer care-giving services, the level of care they were willing to provide for the aged changed little over the course of the nineteenth century. Only a tiny portion of Ontario’s aged population entered institutions such as Houses of Industry or asylums. Most of these people had no families to care for them, while others came mainly from families who were too poor to support them or who were
simply incapable of caring for them. In short, the often-reported decline in family care for the aged appears to be nothing more than a myth.

CONFLICTING FAMILY RESPONSIBILITIES

Those families who did place their aged kin in public institutions should not automatically be understood to represent instances of familial neglect or a lack of concern for their aged. While some old people were abandoned by irresponsible kin, such cases were exceptional. Normally, families institutionalized an elderly relative because a series of conflicting responsibilities or a lack of physical or financial resources left them with no alternatives. As Gerald Grob explains, some families reached the point where they decided that the welfare of the family as a whole had to take precedence. Families in these circumstances were not unwilling, but merely unable, to care for the aged. When the question of caring for a dependent elderly relative arose, several complex factors often determined whether or not a relative felt able to provide this care.

Anne McDonnell, an Upper Canadian of United Empire Loyalist background, discovered these conflicts in 1805 when she returned to New York State to visit aging parents who needed her care. Her diaries indicate that she loved her parents dearly and that she 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 she concluded that "if I did wrong to leave my parents, it is now too late to remedy it."

Anne McDonnell's diary illustrates well the conflicts which could arise between the various responsibilities to parents, children, husbands, and other kin, as well as to the individual and the community. As Emily Abel reports, care-giving for the ill or disabled aged was usually performed by wives or daughters. Aside from the well-meaning, but rarely sufficient, help of neighbors and other kin, 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. Even if the aged 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 be-
come unbearable. This was especially true if an aged person became senile and began to wander, became aggressive, or began to exhibit inappropriate sexual behavior. Frequently, when an illness progressed to this stage the families and individuals who were providing care simply could not cope. 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 a family to decide that they could not provide the necessary care. As one woman lamented to the superintendent of the Rockwood Asylum for the Insane, "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." 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 meant that conflicting responsibilities and financial problems made it increasingly difficult for children to care for their aged parents, the proportion of aged people found living with their children changed little. Instead of a decline in the degree to which families care for the aged, the period after 1890 saw adult offspring and other kin working harder to maintain the dependent elderly. 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.

Similarly, in Ontario, no evidence indicates 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. At the same time, 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. These trends meant that by the time parents reached old age they often found fewer people nearby to provide them with care. As a result, as Ann Orloff explains, "the proportion of adults at risk of supporting an elderly relative increased." Kin and communal support networks, which had often been a source of support for care-givers, were also weakened. Nevertheless, throughout the latter half of the nineteenth century, the degree to which Ontario's families sheltered their dependent elders remained unchanged.
Census information from one Ontario town, Brockville, reveals no evidence of a decline in family care for the aged; in fact, involvement of kin in the lives of the elderly increased during the last decade of the nineteenth century. In 1891 65 percent of the aged non-household heads lived with one of their children, while another 3 percent lived with other kin. The next decade saw a decrease in the number of aged non-heads who lived with their offspring. Rather than demonstrating a decline in children's willingness to care for their parents, this decrease more likely represents the number of aged people with no living children to care for them. For instance, by the end of the nineteenth century, there were more people who had never married and who simply had no children with whom they could live. As well, an estimated 15 percent of all married couples at this time remained childless. In addition, Ellen Gee notes, the number of children born to each married couple steadily declined, although child and young-adult mortality rates remained high. The combination of these trends resulted in a large number of aged people with no surviving children. Yet, in the absence of children, other kin were willing to shelter an aged relative: when all family members are considered, a total of 68 percent of the aged non-household heads lived with a relative in 1891, but 71 percent lived with a family member in 1901. Thus, over the last decade of the nineteenth century, relatives became more, not less, significant with respect to the living arrangements of the aged.

Although the mere fact of living with a child or relative does not mean that the aged received care, current studies show that if they require assistance, children provide it. It is difficult to ascertain exactly what occurred within nineteenth-century homes, but some evidence suggests that then families also provided care when it was needed. William George Waind’s 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.” A neighbor, 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.” Similarly, the genealogy of the Crawford family, which extends from the middle of the nineteenth century to the early part of the twentieth century, indicates the degree to which Ontario families supported the aged. Benjamin Crawford had 13 children. He died while living with one of them; of the children who survived 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. As well, obituaries for aged people found in local newspapers often record that the deceased lived with kin. In one family, two sisters aged 99 and 94 each lived with their sons. Another woman, aged 101, had spent 33 years with her son.

The letters of Ellen Osler, written between 1870 and 1900, also 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 could not leave her mother just now, for she still requires attendance and much nourishment in the night." Ellen's letters also reveal the degree to which family members not residing with the aged contributed to their care. During the years she spent caring for her husband, Ellen's physician-son William, who then 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 daughters-in-law, grandnieces, 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.

The case histories of insane asylum patients themselves reveal that families, rather than committing their elderly relatives at the first opportunity, usually went to extraordinary lengths to keep them out of institutions. For example, 78-year-old Rebecca G. had been placed in the Hastings County jail in 1890 when she became violent and uncontrol-able. Rather than have her sent to an asylum as a dangerous lunatic, her daughter and son-in-law requested that she be released into their custody. Eventually, however, they found her impossible to care for and were forced to send her to the asylum. Similarly, when 80-year-old Mary P. became senile and the relative with whom she lived could no longer care for her, she was sent to another. It was not until her entire family found that "no-one can manage her" that she was sent to an asylum.

INSTITUTIONAL CARE FOR THE AGED

Even institutional records, which government officials cited to illustrate the degree to which Ontario's families were abandoning their aged, do not support the contention that aged people were being institutionalized at an ever-increasing rate. Instead, these records reveal that the portion of the aged population placed in institutions remained fairly stable throughout the final decades of the nineteenth century. Census reports in 1891 identify 152,488 persons in Ontario who were over the age of 60. 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 likely to house aged people,
an additional 3,318 beds in the various provincial asylums for the insane, the province had accommodation for a total of 4,478 persons. Even if every one of these beds was occupied by an aged person, there was room for only 3.5 percent of the province’s total elderly 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 percent of the insane asylum population. In fact, between 1888 and 1896, the elderly constituted only 15 percent of the total number of aged people admitted to asylums. Also, as Table 1 shows, an 1889 investigation demonstrated that aged people comprised less than half of the residents in the province’s County Houses of Industry, the institutions most closely associated with the institutionalized aged. This meant that in 1891, institutionalized old people represented no more than 2 percent of the total aged population of Ontario.

Table 1

<table>
<thead>
<tr>
<th>County House of Industry</th>
<th>Total inmates</th>
<th>Aged inmates</th>
<th>Percentage aged</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brant</td>
<td>60</td>
<td>unknown*</td>
<td>unknown*</td>
</tr>
<tr>
<td>Elgin</td>
<td>109</td>
<td>46</td>
<td>42.2</td>
</tr>
<tr>
<td>Lincoln</td>
<td>52</td>
<td>19</td>
<td>36.6</td>
</tr>
<tr>
<td>Norfolk</td>
<td>75</td>
<td>19</td>
<td>25.3</td>
</tr>
<tr>
<td>Middlesex</td>
<td>127</td>
<td>60</td>
<td>47.7</td>
</tr>
<tr>
<td>Waterloo</td>
<td>118</td>
<td>72</td>
<td>61.1</td>
</tr>
<tr>
<td>Welland</td>
<td>59</td>
<td>35</td>
<td>59.3</td>
</tr>
<tr>
<td>Wellington</td>
<td>77</td>
<td>54</td>
<td>70.1</td>
</tr>
<tr>
<td>York</td>
<td>157</td>
<td>78</td>
<td>49.7</td>
</tr>
<tr>
<td>Total</td>
<td>774</td>
<td>383</td>
<td>49.4</td>
</tr>
</tbody>
</table>

* Brant was not included in the total calculations.

Source: *Ontario Sessional Papers*, no. 61 (1889).

Over the course of the 1890s, however, the aged population within public institutions grew to approximately 80 percent in Ontario’s Houses of Refuge and 70 percent in County Houses of Industry. This growth occurred even though the decade was a period of institution building: the number of Houses of Refuge, County Houses of Industry, and other provincially-funded charitable institutions in the province increased from 62 at the beginning of the decade to nearly 100 in 1901. In Houses of Refuge alone, the number of beds increased from 1,260 to 2,268. In total, provincial institutions could accommodate as many as 4,485 persons by the end of the century. At the same time, almost 2,000 new beds were added to the provincial asylums for the insane. This rep-
resented an 80 percent increase in the number of aged people who could potentially be sheltered in a public institution. When the aged populations of these institutions grew despite their enlarged capacity, it is not surprising that officials would conclude, at least initially, that the aged were being sent to institutions at an ever-increasing rate. In truth, this was not the case because the newly provided accommodations in provincial institutions came nowhere near to 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 in Ontario over the age of 60 grew by over 30,000 to a total of 182,735 persons. Thus, even though the number of beds in provincial institutions increased during the 1890s there was still room in these institutions for no more than 3 percent of the province’s aged population.

Table 2
Aged Asylum Population Compared to the Total Population of Rockwood Asylum

<table>
<thead>
<tr>
<th>Year</th>
<th>Total asylum population</th>
<th>Number of aged patients</th>
<th>Aged as percentage of total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1887</td>
<td>681</td>
<td>56</td>
<td>8.2</td>
</tr>
<tr>
<td>1890</td>
<td>674</td>
<td>56</td>
<td>8.3</td>
</tr>
<tr>
<td>1895</td>
<td>565</td>
<td>54</td>
<td>9.6</td>
</tr>
<tr>
<td>1897</td>
<td>565</td>
<td>64</td>
<td></td>
</tr>
<tr>
<td>1899</td>
<td>558</td>
<td>46</td>
<td>8.2</td>
</tr>
<tr>
<td>1903</td>
<td>589</td>
<td>42*</td>
<td>7.1</td>
</tr>
</tbody>
</table>

* Due to missing case-files this number may be slightly low.
Source: Annual Reports of the Inspector of Prisons and Public Charities on Asylums, 1887-1903; and also AO, RG 10, Series 20-F-1 (case-files).

These trends become clear when one examines the aged population of provincial asylums for the insane. While it is true that the aged had a larger presence in all of the province’s mental institutions during the 1890s, the proportion of the total aged population found in asylums changed little. Increases in the actual number of patients was small over time. For example, the aged portion of admissions to the Rockwood Asylum in Kingston grew between 1866 and 1906, from 3 percent to 14 percent of the total number of people committed with most growth taking place after 1890; but the resulting increase in the aged population of the asylum was not significant, accounting for two aged patients in 1866 and up to 64 aged patients between 1866 and 1901. Thus, the apparently alarming 11 percent increase added only 62 elderly residents to the asylum population (see Table 2). At the same time, the seemingly small increase in the aged portion of the total provincial population, from 7.2
percent in 1891 to 8.4 percent in 1901, masked the fact that the aged population actually increased by 30,000. Again, although the aged were more visible in mental hospitals, a steadily larger segment of the total aged population existed outside these and other types of institutions.

Thus, while officials worried that the aged were forming an ever-increasing portion of the province’s institutionalized population, the truth was that even if the aged filled every bed in every institution, the vast majority of Ontario’s aged population never entered an institution. Despite officials’ panic over 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 33 others being cared for by kin or living on their own.

**REACTIONS OF PUBLIC OFFICIALS**

Yet, it was the destitute and decrepit old people entering provincial institutions who alarmed public officials. The image of old-age dependency and the perception of family abandonment these individuals created influenced government officials and legislators and fueled convictions that old people were being institutionalized needlessly. This convinced officials that institutional care for the aged should be limited to curtail the irresponsible actions of families who might attempt to “foist” their elderly kin upon the state. Despite the numbers of aged people found in public institutions, government authorities believed 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 who therefore qualify as legitimate candidates for institutionalization, “is still smaller.”

In addition, the government assumed that anyone who had “friends,” a term which referred to relatives as well as non-related individuals, was not a proper candidate for institutional care. Thus, officials argued that even the minority of the aged population who sought the shelter of institutions was made up largely of people who were not truly in need of assistance. Based upon this assumption, provincial authorities advocated the adoption of restrictive admission policies which often barred many aged people from entering institutions.

It was common, for instance, for institutions to deny access to any person from outside the region served by the establishment. Such was a long-established policy in the Toronto House of Industry, where “the managers of this institution have unanimously resolved that in the future all cases coming from other municipalities be refused admission.” This policy left people in counties having 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 they frequently suf-
bered from illnesses or senility which made them difficult to care for or troublesome to the administrators. As one House of Industry inspector pointed out, the aged residents were "in many cases most trying patients." It was also not uncommon for institutional 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. This was especially true in cases of pronounced senility. It was frequently reported that other inmates were disturbed by the "gibbering idiots." One 80-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 her attendants claimed that they could no longer manage her. Similar reasons regularly prompted the Sisters of the Kingston House of Providence to remove from the institution old women who became abusive or violent and to send them to the Rockwood Asylum. Gerald Grob adds that financial motives 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 insane and sent to an asylum, their care was charged to the provincial treasury.

It was the aged who suffered most from the government's belief that Ontario's families had to be forced to accept responsibility for their aged relatives. In the name of family care, government officials argued that if those aged people with living kin were permitted to enter public institutions it would "take away... the filial obligation for support of aged parents which is the main bond of family solidarity." Institutional authorities and government policy makers assumed that anyone who truly wished to provide care for their aged relatives could do so and that families who sought institutional care for their kin were being highly irresponsible. It was felt that it was in society's best interest to force these families to carry out their proper and rightful duties by restricting the access of all aged people with living kin to public support. This logic failed to recognize that most House of Industry inmates had no family. In Wellington County, the elderly female House of Industry population "shared a paucity of kin." Studies of other Houses of Industry and Poor Houses in both England and North America confirm that the bulk of the destitute aged found in public institutions of this sort had no living relatives, or at least no children. Michael Katz, for example, found that a lack of children, more than any other factor, led to an aged person's institutionalization. The minority of aged people in North American Almshouses and Houses of Industry who did have kin usually came from families who were simply too poor to feed them.

In reality, poverty, and not any lack of affection for their elderly members, led families to abandon their care-giving functions. As
Stormi Stewart points out, the period of greatest potential need for the elderly often coincided with the “child poor” stage in the life cycle of their married children. The support of both young children and aged parents could often prove to be more than a family could bear, especially in periods of under- or unemployment. When a financial crisis did occur, it was usually the elderly who were forced to seek public relief first. Although families often expected an aged member would return home once the crisis was over, many families never did overcome their problems and their aged members languished in the House of Industry until they died.46

Nevertheless, institutions which housed the aged poor often attempted to locate relatives of inmates and attempted to force them to take responsibility for their elderly kin. Often when relatives were found, inmates were discharged from the institutions as unfit candidates for public charity. This was the case of one destitute elderly widow who had found refuge in the Protestant Orphan’s Home in Ottawa. 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.47 These tactics often ignored the fact that if relatives were able or willing to provide care, the elderly person in question would probably not have arrived in the institution to begin with.

Government officials, however, rarely understood that many families, especially among the working class, did not have either the physical or the financial resources required to care for an aged relative. Government officials, for the most part, belonged to elite families, and they based their ideas of family care upon the situation found in their own families. As with many of the traditional views of family life in the past, the ideal image of family care for the aged was the reality for only wealthy families. This image included a large family which was able to “easily manage” the care of an infirm, ill, or senile aged person because several kin were available to help care for those relatives who needed assistance. As Michael Katz pointed out in his study of nineteenth-century Hamilton, only the wealthy could afford large households.48 Also, unlike the majority of the population, the wealthy were able to provide care for ill kin without worrying about the financial strain such actions might place on the family.

The Cumberlands and Oslers are examples of such families. Wilmot (1811-93) was the wife of Frederick Cumberland (1821-81) (famous Canadian engineer, architect, and Member of Parliament), and Ellen (1806-1907) 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 physician William Osler, and Britton Bath Osler, the outstanding lawyer. These women represent the life experienced by the elder members of Ontario’s privileged elite.

Both these women led active, productive lives. Free from financial need, and with the assistance of servants, they maintained substantial households, entertained large groups in their homes, travelled, worked for charity and social organizations, and spent their days visiting relatives and friends or receiving visitors in their own homes. Ellen Osler and Wilmot Cumberland kept up hectic social schedules for the bulk of their old age. Even though she was over 60, Mrs. Cumberland attended French classes, weekly meetings of the Home for Incurables, and was a regular visitor at the Opera House. Her social life was a constant round of visits with her large circle of friends, and more than once she mentions having been “dancing until 2 a.m.” She felt obliged to mention in her journal those rare days which she never left home. When over 70, she still felt that it was “very dull and lazy of me” to have been at home all day. Ellen Osler, similarly, wrote to her son, telling him about the constant flow of nieces, grandchildren, and cousins who visited and lived in her home. As she put it, “there were always crowds.”

Since both Ellen Osler and Wilmot Cumberland spent nearly every day in the company of numerous relatives and friends, they never had to fear being alone. They could lead active lives secure in the knowledge that there was always someone near to provide help when they needed it. There was almost always a relative living in the Osler home who could assist with the daily management of the household. For instance, during the final years of his life, Featherstone Osler needed almost constant attendance. Ellen Osler was able to devote herself completely to his care because she had relatives to assist her and the resources to supply all her husband’s needs without compromising her own. When Mrs. Osler herself needed care, her daughter and niece lived with her and cared for her. Even when Mrs. Osler required more care than her family was able to provide for her, she did not have to go without, since her family possessed the financial resources to hire a nurse to do what they could not. This was a standard of care which few working-class families could emulate. Government officials, however, refused to acknowledge this. Instead, they interpreted any instance of a family’s inability to care for their aged relatives as a sign of a general decline in the sense of filial obligation among the population.

The main reason government officials were unwilling to recognize that working-class families had legitimate reasons for sending their relatives to an institution was that blaming families for rising public welfare costs provided a convenient way to reduce government spending. During most of the 1890s the provincial government faced a financial
as a result, the portion of the provincial budget allocated for social spending was reduced. Officials ignored the fact that the very economic situation which was causing the government's financial difficulties was also having a major impact on workers. David Gagan and Rosemary Gagan explain that during the 1890s, working-class incomes and standards of living fell, causing considerable individual and familial stress. 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." 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. 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 decided to restrict access to those old people with no families or to those who were actually dangerous. Those people 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 a House of Refuge. Poor families were forced to shoulder an extra burden caring for those aged people.

Encouraging the impression that families had become irresponsible provided authorities with an explanation for their actions. The public was thus 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 and their aged. It was reported that in "many cases," the aged, "which were formerly cared for at home, are now being sent to the asylum." Families, officials continued, were "forcing upon us" the care of their elderly. These statements were used to strengthen the government's argument by appealing to the middle-class sentiment, common at the time, which held that proper or ideal families did not require assistance to care for their members. Using this argument, the government could justify putting more responsibility upon families in a 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.

Both in arguing that families were shirking their responsibilities and in placing a greater share of the burden of caring 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
programs have been based upon several models. Each model has implied a different concept of financial and social obligations and expectations on the part of the family. When economic times have been good, models which have accepted a large degree of state or public responsibility towards the elderly have been employed. In periods of economic crisis, however, more conservative models which have placed a larger burden upon the family have dominated. This is especially true during periods of panic over increases in the size of the aged population and the potential cost of maintaining this group. Governments have regularly reacted by limiting their responsibilities towards the aged and placing the burden of their care upon their families. As recently as 1986, despite reports indicating that 90 percent of the care for the elderly in Canada occurred within the family, in explaining that the government had to reduce spending on health-care for the elderly, the Minister of Health declared that the family must take on a larger share of the responsibility for the aged.

It is apparent, therefore, that late nineteenth-century government reports which described dramatic decline in the amount of care families were willing to provide for the aged greatly exaggerated the actual situation. It is likely that the government created the impression that families were shirking their duties towards the aged in an attempt to justify reductions in social welfare spending. There is in fact little indication that Ontario’s families became any less willing to provide care for their aged kin. It appears that despite demographic and financial circumstances which made it increasingly difficult for people to care for their aged relatives, the amount of care offered by the province’s families remained fairly stable throughout the final decades of the nineteenth century.

NOTES

* An earlier version of this paper was presented to the “History in the Making Conference” at Concordia University, Montreal, 12 March 1994. I would like to thank the reference staff at the Archives of Ontario.
1 There has always been a variety of ages, most ranging from 50 to 70, at which people have been considered “old” or “aged.” Until recently, however, 60 was commonly accepted as the point at which old age began. In Colonial America exemptions from civic obligations began at 60. In nineteenth-century England, Boards of Guardians of the Poor defined people over the age of 60 as old and in Canada and Great Britain men were excluded from military duty after they reached the age of 60. For more details see Edgar-André Montigny, “Perceptions and Realities: A Comparison of the Realities of Old Age with Government Statements Concerning the Elderly and Their Families in Late-Nineteenth-Century Ontario,” Doctoral Thesis, University of Ottawa, 1994, p. 12-13.
3 AR, 1897, p.4.
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6 Diaries of Anne McDonnell, 12 July to 31 August 1805, Archives of Ontario (hereafter AO), MU 4563, envelope 1.


10 Abel, Who Cares for the Elderly?, chaps. 1 and 2.

11 See Patient Case Files, 1905-12, see AO, RG 10-2-F.


13 Gratton, Urban Elders, p. 125.


18 Similar findings were reported for England and Boston. See Jill Quadagno, Aging in Early Industrial Society: Work, Family and Social Policy in Nineteenth-Century England (New York: Academic Press, 1982); and Gratton, Urban Elders.

19 See Manuscript Census Reports (Brockville, 1891, 1901). For a detailed analysis of this material see Montguy, “Perceptions and Realities,” chap. 2.


25 Waind, AO, B-11, p. 49.

26 Genealogical material, AO, MU 757, Crawford Papers, Box 4.

27 See the Brockville Recorder, 17 November 1899, and the Kingston Whig, 16 June 1898.

28 Ellen Osler to Hattie, 7 September 1887, AO, MU 2294, Osler Papers.


30 AR, 1891. Beds in institutions such as orphanages, lying-in hospitals, Magdalene asylums, schools for the deaf and blind, and reformatories were excluded from this total given that they were highly unlikely to house aged people.

31 "Report upon Asylums," AR, 1891.

32 AR, 1897.

33 Ontario Sessional Papers, no. 61 (1889).


35 AR, 1901.

36 "Provision for the Poor," The Globe, 20 October 1877, City of Toronto Archives, SC 35, Series H.

37 Leeds and Grenville, October 1853, AO, RG 21, Municipal Records, Series F-1740, no. 15, envelope 7.

38 Correspondence, 2 January 1905, AO, RG 21, Municipal Records, Series F-1551, Brant County.

39 For information concerning how this occurred in England see Scull, Museums #Madness, p. 245.


41 Inspector of Prisons, Asylums and Public Charities, AO, RG 10, Series 20-F-1; also see AO, RG 10, Series 20-F-1 (case-files).


49 Diaries of Wilmot Cumberland, 15-28 January 1881, AO, MU 3913.

50 Diary of Wilmot Cumberland, 12 January 1881.

51 Diary of Wilmot Cumberland, 2 March 1893.

52 Ellen Osler to William Osler, 24 October 1884, Osler Family Papers, AO, MU 2294, vol. 4.

53 "Mrs. Osler Dead in 101st Year," 1907, Osler Family Papers, AO, MU 2294, vol. 4.
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