Trends in Institutional Care of the Aged

by JACOB FISHER*

States making payments to recipients of old-age assistance, aid to the blind, or aid to the permanently and totally disabled who reside in institutions have been required since July 1, 1953, to designate an authority for establishing and maintaining standards in such institutions. How many of the Nation's aged persons do these institutions care for? In what ways do they differ from the older men and women in the general population? The article below describes trends since 1900 in the use of institutional facilities by aged persons and the size and composition of the aged institutional population in 1950.

CONCERN over the growing numbers of aged persons in city and county almshouses was one of the elements contributing to the passage of the Social Security Act in 1935. Public opinion had been aroused by reports of wretched conditions in almshouses and demanded the adoption of a program of cash assistance to old people that would enable them to live out their lives amid familiar surroundings, in dignity and with self-respect. With the enactment of old-age assistance laws in about half the States in the twenties and early thirties and the spread of such programs to the remaining States following approval of the Social Security Act, many persons came to believe that a large reduction in the aged almshouse population could be expected since institutional care of the aged was not only undesirable but seemed now to be unnecessary as well.

Condemnation of institutional care did not extend, to be sure, to homes for the aged under proprietary or voluntary—that is, private nonprofit—auspices, nor did it extend to mental hospitals, whose aged population was undergoing an even more rapid if unpublicized increase than that of almshouses. Disfavor attached to the latter only, but because almshouse care had become a symbol of institutional care few persons distinguished among the different needs served by the different types of institutions, and the anticipated reduction in demand was expected to affect the field as a whole.

To what extent has this forecast been correct? What has been the trend since 1935 in the use by aged persons of public institutional facilities? If their use has declined, has a compensating increase occurred in the population of private institutions? How do developments in both public and private institutions compare with trends in the preceding 35 years? How do the institutionalized aged differ from the aged in the general population? The present article considers these questions, making use of data newly available from the 1950 Census and data for earlier periods from the Bureau of the Census and other sources.

Summary

Between 1940 and 1950 the number of persons aged 65 and over living in institutions[1] increased at twice the rate of increase among aged persons in the general population. The growth in the proportion of the institutionalized aged reflects in part the more rapid increase in the number of persons in the very advanced ages than in the aged population as a whole. The largest relative growth in the aged population took place in homes for the aged and in nursing homes, but the number in hospitals for the mentally ill increased almost as rapidly. The institutionalization rate among the aged rises with age and is highest among those 85 years of age and over. Relatively more aged women are in institutions than aged men. In 1950, more than half the aged institutionalized population lived in homes for the aged and in nursing homes, while a little more than one-third were patients in hospitals for the mentally ill. Persons aged 65 and over comprised 92 percent of all residents in voluntary nonprofit homes for the aged, 83 percent of all patients in nursing homes, 53 percent of the residents of public homes for the aged, 44 percent of all patients in chronic disease hospitals, and 23 percent of the patients in hospitals for the mentally ill.

States vary widely in the availability of resources for domiciliary and nursing care and therefore in the relative number of institutionalized aged. There is some association between per capita income and institutionalization rates.

The proportion of persons aged 65 and over living in institutions remained relatively stable during the period 1900–50, fluctuating within the narrow limits of 2.5–3.1 percent. During these five decades, however, the relative importance of the different types of institutional care shifted radically. The proportion of aged persons in public homes dropped, while the proportion in hospitals for the mentally ill increased. The relative number in voluntary homes remained at approximately the same level throughout.

Changes, 1940–50

During the forties the number of persons aged 65 and over living in institutions increased at twice the rate of increase among aged persons in the general population—74 percent compared with 36 percent. As a result the proportion of aged persons in institutions rose from 2.46 percent in 1940 to 3.14 percent in 1950 (table 1).

The greater-than-average growth in the number of institutionalized aged persons would seem to be related

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[1] See Technical Note at the end of the article for definition of institutional population.

Table 1.—*Number of persons aged 65 and over and number and percent in institutions, by age and sex, 1940 and 1950*

Age and sex	All persons aged 65 and over			Persons aged 65 and over in institutions				
	1950	1940	Percentage increase, 1950 from 1940	1950	1940	Percentage increase, 1950 from 1940	Percent of total population aged 65 and over	
							1950	1940
Total	12,269,537	9,019,314	36	385,419	[1] 221,965	74	3.14	2.46
65–69	5,002,936	3,806,657	31	88,671	(2)	(2)	1.77	(2)
70–74	3,411,949	2,569,532	33	87,205	(2)	(2)	2.56	(2)
75–84	3,277,751	2,278,373	44	155,229	(2)	(2)	4.74	(2)
85 and over	576,901	364,752	58	54,314	(2)	(2)	9.41	(2)
Men	5,796,974	4,406,120	32	175,264	[1] 114,702	53	3.02	2.60
65–69	2,424,561	1,896,088	28	48,629	(2)	(2)	2.01	(2)
70–74	1,628,829	1,270,967	28	42,390	(2)	(2)	2.60	(2)
75–84	1,506,756	1,082,691	39	64,667	(2)	(2)	4.29	(2)
85 and over	236,828	156,374	51	19,578	(2)	(2)	8.27	(2)
Women	6,472,563	4,613,194	40	210,155	[1] 107,263	96	3.25	2.33
65–69	2,578,375	1,910,569	35	40,042	(2)	(2)	1.55	(2)
70–74	1,783,120	1,298,565	37	44,815	(2)	(2)	2.51	(2)
75–84	1,770,995	1,195,682	48	90,562	(2)	(2)	5.11	(2)
85 and over	340,073	208,378	63	34,736	(2)	(2)	10.21	(2)

[1] Excludes unknown number in tuberculosis hospitals. Persons aged 65 and over in tuberculosis hospitals in 1950 and included in the institutional population in that year numbered 6,592.
[2] Not available.
Sources: Bureau of the Census, *U. S. Census of Population: 1950*, vol. II, *Characteristics of the Population*, part 1, *U. S. Summary*, chapter B, pp. 90, 92, and vol. IV, *Special Reports*, part 2, chapter C, *Institutional Population*, p. 15; and *16th Census of the United States: 1940, Population, Special Report on Institutional Population 14 Years Old and Over*, p. 10.

to the more rapid increase in population in the very advanced ages, for whom the need for sheltered care is more acute than for the age group 65–74. Data bearing on this factor are presented in table 1.

The more-than-average percentage increase between 1940 and 1950 in the number of persons in the advanced ages was more pronounced for women than for men, and it is not surprising, therefore, that the expansion in the number of persons living in institutions was more rapid for women.

Data on changes during the decade in the number of aged persons residing in particular types of institutions are not readily available because the population of homes for the aged was not separately identified in 1940. Rough estimates indicate that the most striking development was an increase in the number of aged persons living in nursing homes and commercial homes for the aged from perhaps fewer than 10,000 to somewhat more than 90,000. The aged population of voluntary nonprofit homes for the aged may have gone up approximately 10 percent. The number of persons aged 65 and over in homes under public auspices seems to have remained at about the same level, however, as an increase in the number of residents of Federal and State homes for veterans and their survivors compensated for a decline of approximately the same magnitude in the aged population of city and county homes for the aged. The number of aged patients in hospitals for the mentally ill and mentally handicapped increased about 65 percent. Few changes, on the other hand, appear to have occurred in the number of aged persons in chronic disease hospitals and in correctional institutions.

Characteristics of the Institutional Population, 1950

The needs that institutions meet are selective factors resulting in a resident population with characteristics different in a number of important respects from those of the aged in general. These needs—for maintenance in a sheltered environment, for prolonged nursing care, for companionship—increase with advancing years as health fails, the marriage partner dies, or the home is given up; they are felt most acutely perhaps by individuals with few or no close relatives. Persons in institutions may be expected therefore to be somewhat older than the aged in the general population and to include relatively more widowed and single persons. In 1950, 2 out of every 100 persons aged 65–69 were institutional residents, but among persons aged 85 and over this proportion was as high as 9 percent (table 1). One-fourth of the aged men in institutions and one-third of the aged women had never married, in comparison with 8 percent and 9 percent in the total aged population. Widowed persons comprised 39 percent of the aged in institutions and 24 percent of those outside; for widowed women, the corresponding percentages were 58 and 54.

Women outnumbered men among aged institutional residents in 1950. The explanation does not lie entirely in the fact that there are more aged women than aged men. For every 100 of their sex aged 65 and over, there were 3.25 women in institutions and 3.02 men. This difference would appear to be related to major differences in the marital status and living arrangements of the two sexes. In 1950 more than 6 in every 10 men aged 65 and over were married and living with their wives; only one-fourth were widowed. Among aged women, on the other hand, no more than one-third still had a living husband, while a little more than half were widows. The higher incidence of widowhood among aged women results from the operation of two factors—husbands tend to be several years older than their wives and are therefore more likely to die first; and women, age for age, have a greater life expectancy than men. Persons who have lost a spouse are less likely to live in households of their own and are more likely to become candidates for institutional care. In 1950 almost 4 in every 10 women aged 65 and over but only a little more than 2 in every 10 men in that age group did not maintain their own households. It is this large, absolute difference in the number of widowed persons and in the number without households of their own that accounts for the higher ratio of aged women in institutions. When the comparison is confined to nonmarried persons, relatively more aged men than aged women were in institutions in 1950.

Little information is available on the economic status of the institutional-

ized aged. Few can have earnings—the major source of income of the aged in the general population. To judge from the findings of the national beneficiary survey made by the Bureau of Old-Age and Survivors Insurance in 1951, perhaps 6–8 percent were old-age and survivors insurance beneficiaries in April 1950, while another 1–2 percent may have been receiving benefits under the special retirement programs for railroad and government workers. (The comparable ratios for the aged as a whole were 17 percent and 5 percent, respectively.) A considerably larger proportion, perhaps as many as one-fifth, were recipients of old-age assistance. Since no residents of public institutions were eligible for old-age assistance in April 1950, the institutionalized recipients were to be found almost entirely in voluntary homes for the aged and in proprietary nursing homes and probably comprised half or more of the 92,000 aged patients in the latter type of home.

Still other aged persons in institutions were in receipt of income from investments, privately purchased annuities, industrial or union pensions, or contributions from friends or relatives, or they were drawing on savings, but the size of these groups is not known. Census returns suggest that fewer than one-third had any money income at all in 1949 and that among those who did the median income was about $700.

Table 2.—*Persons aged 65 and over in institutions, by type of institution, 1950*

Type of institution	Number	Percentage distribution
Total	385,419	100.0
Homes for the aged	217,536	56.4
Public	60,424	15.7
Federal-State	14,218	3.7
Local	46,206	12.0
Private	157,112	40.8
Voluntary (nonprofit)	65,204	16.9
Proprietary (including nursing homes)	91,908	23.8
Mental hospitals	141,346	36.7
Federal	2,674	.7
State-local	131,822	34.2
Private	6,850	1.8
Chronic disease hospitals	8,857	2.3
Tuberculosis hospitals	6,592	1.7
Correctional institutions	5,140	1.3
Homes and schools for mentally handicapped	[1] 4,184	1.1
Other	[2] 1,764	.5

Source: Bureau of the Census, *U. S. Census of Population: 1950, Special Reports*, part 2, chapter C, *Institutional Population*, pp. 16–18.

Table 3.—*Number of persons in institutions, number and percent aged 65 and over and aged 75 and over, by type of institution, 1950*

Type of institution	Total number	Aged 65 and over		Aged 75 and over	
		Number	Percent	Number	Percent
Total	1,566,846	385,419	24.6	209,543	13.4
Homes for the aged	296,783	217,536	73.3	145,151	48.9
Public	114,250	60,424	52.9	31,565	27.6
Federal-State	41,811	14,218	34.0	6,319	15.1
Local	72,439	46,206	63.8	25,246	34.9
Private	182,533	157,112	86.1	113,586	62.2
Voluntary (nonprofit)	71,249	65,204	91.5	47,936	67.3
Proprietary (including nursing homes)	111,284	91,908	82.6	65,650	59.0
Mental hospitals	613,628	141,346	23.0	54,732	8.9
Federal	59,847	2,674	4.5	788	1.3
State-local	537,413	131,822	24.5	49,918	9.3
Private	16,368	6,850	41.8	4,026	24.6
Chronic disease hospitals	20,084	8,857	44.1	[1]	
Tuberculosis hospitals	76,291	6,592	8.6	[1]	
Correctional institutions	264,557	5,140	1.9	[1]	
All other [2]	295,503	5,948	2.0	[1]	

[1] Not available.
[2] Children's institutions, homes and schools for the handicapped, and maternity homes.

Source: Bureau of the Census, *U. S. Census of Population: 1950, Special Reports*, part 2, chapter C, *Institutional Population*, pp. 15–18.

Types of Institutions

More than half the aged institutional population in 1950 lived in homes for the aged and in nursing homes (table 2). A little more than one-third were patients in hospitals for the mentally ill. The balance—about 7 percent of the total—consisted of patients in chronic disease hospitals, tuberculosis hospitals, and other medical institutions and inmates of prisons and jails.

Large differences exist among the major types of institutions in the proportion of residents or patients past age 65. As would be expected, homes for the aged have the highest ratio, while correctional institutions have the lowest (table 3). Among hospitals with specialized programs, large percentages were found in 1950 in hospitals for the chronically ill (44 percent) and hospitals for the mentally ill (23 percent).

Considerable variation in the age structure of the population may be noticed, surprisingly, among institutions devoted largely or wholly to meeting the needs of aged persons for sheltered care. More than 9 in 10 residents of voluntary homes and more than 8 in 10 in proprietary homes were past age 65, but only 1 in 3 residents of Federal and State homes were aged 65 or over. City and county homes occupy an intermediate position, with about 3 out of 5 of their residents in that age group.

The differences show up even more strikingly when attention is directed to the relative number of residents aged 75 and over. Such persons comprised two-thirds of the voluntary-home population but only one-third of the residents of homes under county or municipal auspices and one-seventh of the persons in Federal and State homes.

The explanation would appear to be, in part, that Federal and State homes, with few exceptions, are domiciliary institutions for elderly or disabled veterans, with either a liberal age requirement for admission purposes or none at all, while voluntary homes commonly set the minimum age for admission at 65, and some even require new residents to be at least 70 years old. City and county homes, in many parts of the country, still provide care for persons of all ages or have been converted to infirmaries for the chronically ill and admit patients in their late middle years as well as the aged.

State Differences, 1950

Table 4 presents State data on the number of aged persons in institutions in 1950 and the relation of this number to the total aged population.

Table 4.—*Number and percent of persons aged 65 and over in institutions, by State, 1950*

State	Number	Percent of population aged 65 and over
Total	385,419	3.14
Alabama	1,948	.98
Arizona	959	2.17
Arkansas	1,870	1.26
California	29,945	3.35
Colorado	4,094	3.54
Connecticut	8,525	4.82
Delaware	1,077	4.09
District of Columbia	3,766	6.64
Florida	4,095	1.72
Georgia	3,717	1.69
Idaho	1,061	2.44
Illinois	28,128	3.73
Indiana	10,142	2.81
Iowa	8,836	3.24
Kansas	5,154	2.65
Kentucky	4,417	1.88
Louisiana	2,748	1.55
Maine	2,634	2.82
Maryland	6,375	3.90
Massachusetts	22,406	4.78
Michigan	15,434	3.34
Minnesota	10,101	3.75
Mississippi	1,545	1.01
Missouri	11,590	2.84
Montana	1,321	2.60
Nebraska	4,559	3.50
Nevada	257	2.34
New Hampshire	2,808	4.86
New Jersey	13,024	3.31
New Mexico	383	1.16
New York	58,006	4.61
North Carolina	3,590	1.59
North Dakota	1,886	3.91
Ohio	23,541	3.32
Oklahoma	2,988	1.54
Oregon	4,481	3.37
Pennsylvania	29,669	3.35
Rhode Island	2,371	3.37
South Carolina	1,670	1.45
South Dakota	1,769	3.20
Tennessee	4,244	1.81
Texas	7,783	1.52
Utah	810	1.91
Vermont	1,289	3.26
Virginia	5,331	2.49
Washington	8,583	4.06
West Virginia	2,355	1.70
Wisconsin	11,721	3.78
Wyoming	413	2.27

Source: Bureau of the Census, *U. S. Census of Population: 1950, Special Reports*, part 2, chapter C, *Institutional Population*, pp. 55–71.

State variations in the proportion of aged persons in institutions are related to differences in the extent of facilities for care. Generally speaking, the low-income, rural States tend to have fewer facilities than the high-income, industrial States, although, as the table indicates, there are exceptions. States with below-average institutional rates for the aged are also States in which the number of beds in voluntary homes is by and large considerably less than the number in city and county homes. There appears to be some association between a high per capita income, relatively generous provision for care under voluntary auspices, and an institutional rate that is higher than the national average.

Trends, 1900–50

Perspective on the increase between 1940 and 1950 in the proportion of aged persons living in institutions is afforded by the data in table 5. The ratio in 1950 was higher than at any time since 1900 but still within the narrow limits of 2.5–3.1 percent of the total number of persons aged 65 and over.

This stability in the relative size of the institutionalized aged population is the product of several divergent trends that offset one another. During the half-century the proportion of older persons living in public homes for the aged declined, but the relative number in private homes for the aged and in mental hospitals increased.

The decrease in the proportion in public homes affected city and county homes as well as the Federal and State institutions for veterans and their dependents and survivors. The aged population in the latter group of homes at the beginning of the present century consisted largely of veterans of the Civil War. They have been replaced since then by veterans of the Spanish-American War and of World War I, but because the numbers involved in the war with Spain were small, and most World War I veterans are still under age 65, the replacement has been partial only.

The decline in the relative number of aged persons cared for in city and county homes is the result largely of changing standards of institutional care and the operations of the Federal-State old-age assistance program, which until October 1950 excluded from its benefits persons residing in any public institutions. Until relatively recent times, these homes—variously designated as almshouses, poorhouses, poor farms, county asylums, and county infirmaries—had housed, in proportions varying from State to State, the mentally ill, the feeble-minded, the epileptic, the blind, the deaf, the chronically ill, vagrants, petty criminals, prostitutes, unmarried mothers, abandoned and neglected children, and the enfeebled aged. The care given had often been of such a character as to shock public opinion when exposed.

Over the years the most disgraceful of these conditions were eliminated. Particular groups of inmates were transferred to appropriate medical and other specialized institutions, others were returned to individualized care and rehabilitation in their own homes, and substantial numbers of county homes were converted into county infirmaries and county hospitals. For the aged the major shift out of the county homes took place in the middle thirties, as old-age assistance legislation was adopted throughout the country under the stimulus of the Social Security Act. Homes in a number of States were closed; in others, consolidations were effected in the interest of economy and better service

Table 5.—*Estimated number and percent of persons aged 65 and over in institutions of specified types, 1900–50*

Year	Persons aged 65 and over in institutions					
	Total	In institutions primarily for aged			Mental hospitals	Other
		Total	Public	Private		
	Number (in thousands)					
1950	385	217	60	157	141	26
1940	222	118	58	60	88	16
1930	188	132	80	52	56	------
1920	133	102	71	31	31	------
1910	109	87	62	25	22	------
1900	78	65	47	18	13	------
	As percent of total population aged 65 and over					
1950	3.1	1.8	0.5	1.3	1.1	0.2
1940	2.5	1.3	.6	.7	1.0	.2
1930	2.8	2.0	1.2	.8	.8	------
1920	2.7	2.1	1.4	6	.6	------
1910	2.8	2.2	1.6	.6	.6	------
1900	2.5	2.1	1.5	.6	.4	------

Source: Estimated from the following sources—Bureau of the Census: *U. S. Census of Population: 1950, Special Reports*, part 2, chapter C, *Institutional Population; 16th Census of the United States: 1940, Population, Special Report on Institutional Population 14 Years Old and Over; Patients in Hospitals for Mental Diseases, 1933; Paupers in Almshouses, 1923; Patients in Hospitals for Mental Disease, 1923; Statistical Directory of State Institutions for the Defective, Dependent and Delinquent Classes (1919); Insane and Feeble-Minded in Institutions, 1910; Benevolent Institutions, 1910; Benevolent Institutions, 1904; Insane and Feeble-Minded in Hospitals and Institutions, 1904.* Bureau of Labor Statistics: *Homes for Aged in the United States*, Bull. No. 677 (1941); *Care of Aged Persons in the United States*, Bull. No. 489 (1929). Population of city and county homes in 1930 and 1940 estimated in part from annual reports of State welfare departments for 26 States, with data for varying numbers of years between 1923 and 1950.

to the residents. Rough estimates suggest that the number of persons aged 65 and over in city and county homes, which had risen to perhaps 75,000–85,000 in the early 1930's under conditions of widespread distress and in the absence of adequate public assistance measures, dropped to a little more than 50,000 in 1940. The 1950 Census counted 46,000 in such places. These figures represented 1.0, 0.6, and 0.4 percent of all aged persons in the population. That the decline has not been greater may be attributed to the continuing need of many residents for sheltered care, the limited facilities in many areas for care under nonpublic auspices, and the development of medical and rehabilitative services for the aged and chronically ill within the county institutions themselves.

The increase in the relative number of aged persons living in nonpublic homes is accounted for entirely by proprietary nursing homes. The gain in the number of residents aged 65 and over in voluntary homes for the aged has barely kept pace with the growth in the aged population as a whole; they comprised an estimated 0.6 percent of the total in 1900 and 0.5 percent in 1950.

The expansion that has taken place in nursing homes merits comment. Some of it was undoubtedly stimulated by the introduction of old-age assistance on a large scale in the middle thirties, although it was not perhaps until the forties that assistance standards in the area of medical care had been liberalized in enough States to make nursing-home care assume significant proportions. The assurance given nursing-home operators of a steady income from this source may be accounted perhaps the most important factor in the multiplication of nursing homes all over the country. Other influences have been the continuing decline in the size of the average American home and the gradual disappearance of the spare room for the aged parent; the increasing proportion of married women at work and therefore not available to care for an aged relative at home; the gain since 1940 in the relative number of aged persons with cash income of their own and able therefore to purchase nursing-home care; and the improved ability, as a result of better economic conditions, of relatives to buy such care for aged family members.

Over the half-century 1900–50, by far the most sustained growth, absolute and relative, in the institutionalized aged population has taken place in hospitals for the mentally ill. Some of the growth must be due to the steady increase in facilities for the treatment of mental illness, making it possible to institutionalize disturbed persons who in the earlier years of the present century were either kept at home or sent to the almshouse. How much of the tenfold increase in the number of aged patients between 1900 and 1950 was due to a corresponding increase in mental illness among the elderly or to the insufficiency of other types of sheltered care is a moot point. The rapid growth in proprietary nursing homes and the long waiting lists for admission to most voluntary nonprofit homes suggest the existence of a large volume of unmet need for domiciliary and simple nursing care.

To make this point is to invite speculation on future trends in the institutional care of the aged. The present age structure of the population makes it probable that in the next few decades the number of persons past age 65 will continue to increase at a more rapid rate than the population as a whole, and that the fastest growing segment will be persons over age 75. The need for sheltered-care facilities is therefore likely to expand even more rapidly than in the recent past. Meeting the demand will put community planning efforts to a severe test. A substantial expansion in Federal facilities may be anticipated as the 3 million or more living World War I veterans pass into their sixties and seventies, and as, later in the century, an even larger number of World War II veterans reaches those ages. The relatively slow growth in the past in voluntary facilities does not encourage much hope that substantial relief can be expected from this quarter. There remain proprietary nursing homes and hospitals for the mentally ill. Increases in the number of aged patients in both types of facilities may be expected. Recent experiments in some cities in boarding-home care for the aged suggest other possibilities.

Technical Note

The institutional population discussed in this article consists of persons, other than staff members and their families, living in places classified by the Bureau of the Census as institutions. For the purposes of the 1950 Census, certain dwelling places were defined as institutions if they "provide care for persons suffering from various types of disabilities, in which the length of stay is relatively long; in which, by virtue of the length of stay and disability, persons under care are classified as usual residents and excluded from the labor force; and in which some general public interest attaches to the type of disability involved. Specifically, it includes persons under care in correctional institutions, hospitals for mental disease, tuberculosis hospitals, homes for the aged and dependent, nursing, rest, and convalescent homes, homes and schools for the mentally and physically handicapped, homes for neglected and dependent children, training schools for juvenile delinquents, detention homes, and homes for unwed mothers."[2]

This definition of institutional population excluded, with some minor exceptions, patients in general hospitals, members of religious orders living in convents and monasteries, and persons in disciplinary barracks or in hospital facilities for mental patients maintained by the Armed Forces.

Places classified as homes for the aged comprise "a somewhat heterogeneous group of places, which have in common only that fact that a majority of the persons under care are older persons. It is clear that, in addition to age, economic dependency and various kinds of infirmity account for the presence of many of the residents of these places . . . Federal and State homes comprise, generally, domiciliary facilities operated by the Veterans Administration and old soldiers homes operated by the States. County and city homes represent the survivors of the traditional county home or county poor farm and still retain a considerable heterogeneity

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[2] *U.S. Census of Population: 1950*, Vol. IV, *Special Reports*, part 2, chapter C, *Institutional Population*, p. 4.

Table 2.—*Contributions and taxes collected under selected social insurance and related programs, by specified period, 1951–53*

[In thousands]

Period	Retirement, disability, and survivors insurance			Unemployment insurance		
	Federal insurance contributions [1]	Federal civil-service contributions [2]	Taxes on carriers and their employees	State unemployment contributions [3]	Federal unemployment taxes [4]	Railroad unemployment insurance contributions [5]
Fiscal year:						
1951–52	$3,594,248	$722,850	$734,990	$1,431,997	$258,945	$25,734
1952–53	4,096,602	744,646	626,050	1,367,806	275,825	25,066
1952						
July	183,710	[6] 362,539	16,470	140,718	5,257	10
August	438,539	33,338	89,162	242,286	16,772	214
September	238,153	35,447	54,349	9,312	121	6,057
October	206,991	33,978	13,898	113,675	3,216	33
November	538,335	33,548	88,471	199,304	15,147	237
December	272,815	37,834	52,909	8,571	1,389	6,033
1953						
January	118,136	43,098	14,173	77,047	15,680	70
February	491,734	25,407	89,381	170,926	181,750	534
March	428,978	35,297	51,761	8,367	14,024	5,837
April	233,630	34,782	12,599	150,230	1,713	39
May	524,532	33,082	89,581	240,818	19,578	813
June	421,048	36,296	53,297	6,553	1,178	5,189
July	213,774	37,474	14,608	160,096	3,946	103

[1] Represents contributions of employees and employers in employments covered by old-age and survivors insurance (beginning December 1952 adjusted for employee-tax refunds); from May 1951, includes deposits made in the trust fund by States under voluntary coverage agreements; beginning January 1951, on an estimated basis.

[2] Represents employee and Government contributions to the civil-service retirement and disability fund; Government contributions are made in 1 month for the entire fiscal year.

[3] Represents deposits in State clearing accounts of contributions plus penalties and interest collected from employers and, in 2 States, contributions from employees; excludes contributions collected for deposit in State sickness insurance funds. Data reported by State agencies; corrected to Aug. 21, 1953.

[4] Represents taxes paid by employers under the Federal Unemployment Tax Act.

[5] Beginning 1947, also covers temporary disability insurance.

[6] Includes contributions from the Federal Government.

Source: *Daily Statement of the U.S. Treasury*, unless otherwise noted.

Table 3.—*Total Federal cash income and outgo[1] and amounts for programs under the Social Security Act, fiscal years 1950–51, 1951–52, and 1952–53*

[In millions]

Classification	1950–51	1951–52	1952–53
Cash income [1]	$53,439	$68,093	$71,344
Social security	4,717	5,292	5,744
Federal insurance contributions	3,120	3,594	4,097
Federal unemployment taxes	234	259	276
Deposit in unemployment trust fund [2]	1,363	1,439	1,371
Other	48,722	62,801	65,600
Cash outgo [1]	45,804	67,956	76,572
Social security	3,821	4,476	5,203
Administrative expenses, Social Security Administration [3]	60	69	71
Administrative expenses, Bureau of Employment Security, Department of Labor	5	[4] 6	[4] 5
Grants to States [5]	1,392	1,395	1,564
State withdrawals from unemployment trust fund	848	1,000	913
Old-age and survivors insurance benefit payments	1,498	1,982	2,627
Administrative expenses, Department of the Treasury [6]	18	24	23
Other	41,983	63,480	71,369

[1] Cash income and outgo represent flow of cash, exclusive of borrowed cash, into and out of the general fund and trust accounts of the Treasury.

[2] Deposits by States of contributions collected under State unemployment insurance laws.

[3] Includes administrative expenses of the Bureau of the Census in connection with searching census records for old-age and survivors insurance.

[4] Excludes salaries and expenses for the Mexican farm labor program, beginning in 1951–52.

[5] Grants for employment security administration (including employment offices), for old-age assistance, aid to the blind, and aid to dependent children, and for maternal and child health and welfare services; and, beginning in the last quarter of 1950, for aid to the permanently and totally disabled.

[6] In connection with old-age and survivors insurance.

Source: Total Federal cash income and outgo from *Treasury Bulletin;* other data from *Daily Statement of the U.S. Treasury.*

AGED IN INSTITUTIONS

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with respect to types of persons under care. In some States they are in a period of transition from the traditional county home to the county hospital or, in some cases, county chronic hospitals. The category of private nonprofit homes comprises those rather stable homes for the aged operated by religious, fraternal, and nationality groups, and other types of nonprofit organizations. In general, these homes have operated over long periods of time and have acquired definite community recognition. Other homes represent a residual category covering commercial boarding homes . . . and nursing, rest, and convalescent homes operating on a commercial basis. It had been hoped initially to separate homes of this general type into commercial boarding homes for aged persons suffering from no serious physical disabilities from homes falling into the general category of nursing, rest, and general convalescent homes that provided care for older persons with various kinds of disabilities. On examination of the raw data, however, and of various lists of such places, it became clear that such a classification on the basis of health needs could not be made reliably. Therefore, the two groups were combined into a single category."[3]

A similar definition of the institutional population was used in the 1940 Census,[4] a major exception being the exclusion of patients in tuberculosis hospitals. The 1940 data differ also from those for 1950 in excluding institutional residents under age 14, a circumstance arising from the fact that the institutional data for 1940 were derived as a byproduct of the analysis of the labor-force characteristics of the population. The 1940 and 1950 reports stand by themselves in their unified treatment of the institutional population.

For earlier years the interested inquirer is dependent on special reports for particular types of institutions. For all or nearly all the major components—persons in correctional institutions, mental hospitals, children's homes, and homes for the aged, alliteratively grouped together until recently as the "delinquent, defective and dependent classes"—fairly comprehensive collections of data were made in 1933, 1923, 1910, and 1904. The coverage was roughly com-

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[3] Ibid, pp. 5–6.

[4] *Special Report on Institutional Population 14 Years Old and Over*, pp. 1, 2.

Table 17.—*Amount of vendor payments for medical care for recipients of public assistance, by program and State, May and June 1953*[1]

State [2]	Amount, May 1953					Amount, June 1953				
	Old-age assistance	Aid to dependent children	Aid to the blind	Aid to the permanently and totally disabled	General assistance [3]	Old-age assistance	Aid to dependent children	Aid to the blind	Aid to the permanently and totally disabled	General assistance [3]
Alaska				(4)	$8,414				(4)	$12,403
California				(4)	50,077				(4)	63,203
Connecticut	$153,240	$61,935	$2,736	(4)	(5)	$152,930	$61,695	$2,772	(4)	(5)
Delaware		*1,150*			(5)		*84*			(5)
District of Columbia	*110*			*$76*	132	*324*	*451*		*$677*	54
Hawaii	*8,040*	*29,095*	*388*	*4,908*	(5)	*8,028*	*29,840*	*400*	*4,832*	(5)
Illinois	1,544,075	167,731	43,735	144,813	366,997	1,531,293	161,910	43,506	148,646	371,847
Indiana	320,758	47,836	13,061	(4)	132,987	309,109	42,154	11,905	(4)	143,852
Iowa				(4)	151,027				(4)	142,441
Kansas	*154,656*	*24,383*	*2,212*	*20,386*	40,591	*148,437*	*27,056*	*3,522*	*22,296*	34,333
Louisiana	*75*	1,502	183	1,014	606	*13*	3,242	111	1,791	1,112
Maine				(4)	36,531				(4)	34,892
Massachusetts	668,715	80,606		330,356	138,586	694,672	59,047		330,797	127,361
Michigan	*97,754*		*878*	*17,419*	70,582	*97,404*		*1,122*	*17,941*	81,303
Minnesota	907,228	72,022	17,869	(4)	(5)	899,432	76,611	15,231	(4)	(5)
Montana					121,530					130,241
Nebraska	261,654	10,715	2,044	(4)	(5)	250,464	8,878	2,464	(4)	(5)
Nevada	3,061			(4)	44,200	3,165			(4)	46,716
New Hampshire	76,252	17,482	2,682	1,980	(5)	76,351	17,199	2,655	2,280	(5)
New Jersey		*13,091*			80,428		*15,305*			73,638
New Mexico	18,374	19,755	548	5,412	942	18,476	20,070	552	5,392	988
New York	1,606,727	504,061	71,667	538,010	(5)	1,599,530	476,977	72,675	555,742	(5)
North Carolina	9,698	4,643		2,466	117,745	10,246	6,318		2,781	143,910
North Dakota	29,609	4,164	17	3,695	21,831	27,927	2,945	509	5,545	17,079
Ohio	238,527	*11,728*	*5,704*		692,225	276,903	*6,314*	*5,682*		564,919
Oregon					134,656					189,854
Rhode Island	97,198	38,376	1,902	8,083	35,236	96,699	37,980	1,911	9,696	39,923
South Carolina					9,835					14,130
South Dakota					89,175					83,556
Utah	*808*	*436*	*8*	*288*	200	*1,270*	*888*	*42*	*288*	87
Virgin Islands	102	21	1	14	39	72	28	2	*5*	33
Virginia					5,723					8,560
Wisconsin	*413,027*	*118,141*	*10,571*	*8,684*	103,950	*479,170*	*87,354*	*9,354*	*29,992*	134,871

[1] For May data excluding vendor payments for medical care, see the *Bulletin*, August 1953; for June data, see the September *Bulletin*.

[2] Excludes States that made no vendor payments for medical care for May or June or did not report such payments. For the special types of public assistance, figures in italics represent payments made without Federal participation.

[3] In all States except California, Illinois, Louisiana, Massachusetts, Nevada, New Jersey, Utah, and the Virgin Islands includes payments made on behalf of recipients of the special types of public assistance.

[4] No program for aid to the permanently and totally disabled.

[5] Data not available.

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parable from one period to another, making it possible to construct a time series for selected types of institutions for the whole period 1900–50, as in table 5 of this article.

Despite the care taken by the Bureau of the Census to obtain complete coverage, there is some reason to believe that the Census institutional population for 1950 excludes an unknown number of patients in nursing homes too small to have been readily identified by the enumerator as such. (Similar gaps in coverage occurred in 1940 as well.) Some of these patients appear in the Census data as lodgers or boarders in households; still others — those living in quarters with five or more lodgers present—were considered by the Bureau of the Census to be residents of boarding homes and show up in the Census data as members of quasi-households other than institutions. The exclusion of these nursing-home patients from the Census count of persons in institutions creates problems of comparability when these data are related to data on the living arrangements of old-age and survivors insurance beneficiaries and old-age assistance recipients. The estimates presented in the article on the relative number of institutional residents receiving either old-age and survivors insurance or old-age assistance have been adjusted for this factor.