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SEPARATION OF RESIDENCE FROM WORKPLACE:
A KINGSTON EXAMPLE*

John E. Tunbridge

The separation of residence from workplace is a well-documented effect of industrialisation and associated changes upon urban structure.¹ It is known that the typical pre-industrial city was, and is, characterised by composite structures used flexibly for both dwelling and working, a feature attributed to small scale and high friction of distance in an unmechanised society. It is also known from everyday experience that the contemporary North American city is characterised by near-complete separation of home and work, the troublesome phenomenon of the journey-to-work being the direct result. Less is known, however, about the detailed patterns and processes involved in the transition from one state to the other. To what extent was it influenced by city size? In which activities did the separation first occur? How was the transition structured in both time and space, and what were its socio-economic ramifications? Much remains unresolved on questions such as these. An important related issue is the transition of elite groups from originally central to increasingly peripheral locations, and all that this means for the balance of economic and political power within the city.²

Canada is fortunate in possessing a series of city directories

* Inspiration for the present research comes in part from Ottawa based studies by J. McDonald, a graduate student presently with the Department of Geography at Carleton, and D. Cross, a former student.

See D. Cross, "Locating Selected Occupations: Ottawa, 1870," Urban History Review, No. 2-74 (October 1974), pp. 5-14.

¹The points made in this paragraph have been considered most recently by J. E. Vance, This Scene of Man: The Role and Structure of the City in the Geography of Western Civilisation (New York: Harper & Row, 1977), pp. 144-146, 152-153 and passim.

²The location of the elite in the preindustrial city has recently been discussed (following Sjoberg and Vance) by J. Langton, "Residential patterns in preindustrial cities," Transactions of the Institute of British Geographers, Vol. 65 (1975), pp. 1-27.

(now published by Might's), extending well back into the nineteenth century, which normally indicate both home and workplace of residents. It is therefore possible to trace the process of home-workplace separation, particularly for the higher echelons of society. (For employed people the location of work is not always made clear, although we may make certain inferences from existing literature).³

This study concerns a well-defined elite group, the medical profession, in the city of Kingston. Kingston is a small, lightly industrialised city which experienced such slow growth in the nineteenth century⁴ that it retained stability and environmental quality in its core and probably experienced a late residence-workplace separation. Given the old-world character of Kingston it was hypothesised that such a profession might still reveal home/office combinations, which is the case in many Western European cities.⁵ The fact that substantial older properties (of a sort typical of home/office combinations in European cities) exist just west of the CBD* gives substance to this hypothesis. Should the process of separation still be underway, one might hope by interviews to understand the motivation of 'movers' and 'stayers'; this might reveal a pattern of early and late 'adopters' (of the separation/decentralisation idea) closely relatable to diffusion theory.⁶ Should the separation be complete, it might be possible to infer any applicable diffusion model by reference to the changing rate of residential exodus over time.

³ See, for example, Vance, This Scene of Man, pp. 311-312. Spatial separation of lower income groups from the vicinity of work has normally been retarded by inability to afford either outlying property or early public transportation.

⁴ G. A. Nader, Cities of Canada, Volume 1 (Toronto: Macmillan, 1975), pp. 160-180.

⁵ Vance, This Scene of Man, p. 379, asserts that home/office combinations have "largely gone out in America."

⁶ See R. Abler, J. S. Adams, and P. Gould, Spatial Organization: The Geographer's View of the World (Englewood Cliffs, N.J.: Prentice-Hall, 1971), Chapter 11, "Spatial Diffusion: Meshing Time and Space."

* CBD: Central business district.

The initial time framework for this study used twenty-five year intervals from the earliest directory to the present time; each date would therefore depict a new generation, with some likelihood that the family cycle and quest for new homes would produce a modified home-office relationship. In practice, the data years were constrained by the availability of directories in the National Library. The first available was for 1857, which revealed an almost total coincidence of homes with offices; the year 1975 however revealed a pattern close to complete separation. The near-median year 1923 gave a pattern only slightly less coincident than 1857; ongoing research into the separation patterns and processes is therefore focussed upon the past fifty year period.

At this point it is appropriate to take an overview of the geography of Kingston's doctors throughout the 120 years in question. Kingston's internal structure reflects quite faithfully, if on a small scale, the components and differentiating forces well known to urban geographers; no doubt its gradual evolution, without major growth pressures or traumatic disturbances, has helped to produce its classic internal geography. The city is bisected by Princess Street, running roughly northwest-southeast towards the shore of Lake Ontario and forming the core of the CBD towards its southern end. The area to the northeast of Princess Street (excepting farther suburbs on the east bank of the Cataraqui River) is very clearly the 'wrong side of the tracks.' The eastern edge of the CBD (towards the port facilities) shows some discard characteristics and contains space-consuming activities including workshops and warehouses, whereas the western side rapidly shows quality characteristics as one moves towards Queens University. On this side one finds the major hospital facilities, linked to Queens, which form a specific localising influence on the medical profession, quite apart from the general environmental quality of southwestern Kingston. Throughout the study period the medical profession is almost exclusively concentrated on this side in both office and residential terms. Its spread in recent decades has been westwards (or northwestwards), dramatically in terms of residences but significantly also in terms of offices.

This pattern raises the question of access to a vital public

service; it appears that inequity of access is growing with time, as the western side of the city is favoured with an office distribution that tends to spread outward towards the suburbs, and the poorer districts (which may well contain disproportionate medical need) become relatively more isolated. It is unlikely that Kingston would show the marked inverse polarisation of medical facilities and medical need which has been demonstrated in some major U.S. cities,⁷ but the question clearly needs asking - is there a growing spatial inequity, which may reflect more serious inequities in larger Canadian cities?

This issue is sharpened by the dramatic growth in the medical population (in a notably slow-growth city), from 17 in 1857 through 42 in 1923, 56 in 1950, to 130 in 1975. That practically none of the latter number saw fit to locate across the Princess Street divide is an interesting point indeed, making due allowance for the close ties of many with the hospital complex in the southwest. Note also that the influx of so many newcomers inevitably hastens the demise of traditional home-work patterns; many are evidently junior partners in established, originally home-based practices which could not possibly provide residential accommodation for all whose names are now on the door, even if the newcomers were attuned to the notion of a home-based practice. This numerical growth factor helps to explain residence-workplace separation in general, as newcomers to expanding activities find neither the space nor any initial motivation to perpetuate traditional location patterns.

In 1857 (Figure 1) the limited number of doctors were clustered on or near one evidently prestigious street (King Street), quite close to the lakeshore and city hall, which to this day possesses quality residential structures. All combined their homes and office quarters with the sole exceptions of the surgeons to the military hospital, associated with Fort Henry. By 1923 the office cluster had extended westwards, and just four doctors had forsaken their offices to reside at or near the western edges of the city - foreshadowing the pattern to come,

⁷See "Access to Essential Public Services," Special Issue of *Antipode*, Vol. 3, No. 1 (November 1971). In particular, see P. Lankford, "The Changing Location of Physicians," pp. 68-72.

a radial diffusion outwards within the same sector of the city, neatly suggestive of the time-honoured sector theory of urban social evolution.⁸

By the latest reference year, 1975 (Figure 2), the office pattern had changed comparatively little: the broad cluster had extended westwards to include a large nucleation by the modern hospital facilities; smaller clusters (usually combined practices) had appeared in more peripheral locations on Princess Street, and isolated individuals had set up practices in far western suburbs. The striking change since 1923 is the near-complete separation of homes, to locations almost exclusively west of the office, in some cases several miles removed. Exceptions are: (1) two individuals residing in quality suburbs east of the Cataraqui, one of whom works at the eastern-most point of the western sector; (2) several individuals staffing the Princess Street clusters (the nearest approach to medical service for east Kingston), all of whom pointedly reside deep in the western sector and therefore have an aberrant north-south journey-to-work. There appears to be some residential clustering, which accords with the literature.⁹ More specifically, there is some evidence of association between particular residential streets and particular office nucleations: this will bear further investigation, since social motivation to live near close colleagues may prove an important element in the home-work separation process. A striking illustration is Alwington Place, an exclusive crescent near the lakeshore containing seven doctors, four of whom are specialists working in the hospital nucleation. Perhaps the most interesting statistic for 1975 is the fact that every doctor except one¹⁰ still residing at his workplace is identified as unmarried; it appears that the separation process is near its limit, leaving a probably irreducible minimum of individuals who

⁸Associated with H. Hoyt. See Nader, Cities of Canada, p. 53.

⁹See J. O. Wheeler, "Residential location by Occupational status," Urban Studies (1968), pp. 21-32. Residential association in high status occupations is demonstrated for Pittsburgh.

¹⁰One other appears to practice from a family home shared with a medical spouse who works elsewhere.

opt to remain at their workplaces, either because they need no more space or because they are at an early stage on the earnings ladder. Certainly the medical office area gives no environmental motivation for such individuals to leave.

What lies between these extremes in the separation process? The directories reveal that by 1950 nearly two-thirds had already separated their residences. We are not therefore simply concerned with a phenomenon of post-war affluence and NHA-sponsored suburbanisation, although the housing of the many post-1950 newcomers must be seen in this context. The roots of the issue go deeper, and data for available intervening years indicates that home-office separation has been a fairly gradual process over fifty years rather than a sudden wave (Figure 3). The lull during the 1930s may doubtless be attributed to the economic conditions of the period.

By 1950 the 'detached' two thirds were residing west of their offices but, predictably, less far removed than in 1975. Of the remaining twenty, nine shared the address with an apparent spouse - possibly more if (as suspected) the listing of wives was incomplete at that less enlightened time. Therefore the idea of an office-cum-family home had not yet died.¹¹ Interestingly, five of the 'stayers' were surnamed O'Connor, which suggests the possibility of a family spatial linkage in the inner areas. Two of these were father and son, appearing over a long period; a more detailed tracing of such family patterns (there are several) over the years, vis-à-vis other individuals, may cast further light on the 'detachment' processes.

This paper is essentially open-ended; to date the research has perhaps raised more questions than it has answered. The author's intention is to pin down more closely the temporal/spatial pattern of detachment of home from workplace in this profession, and to relate it to that of other occupations in Kingston at comparable and lower socio-economic levels. The most immediate question raised to date is probably how far the observed patterns reflect those of elite occupations in general, and

¹¹Two of the four instances in newer outlying areas are family homes.

Figure 3

**KINGSTON: (a) ALL DOCTORS AND
(b) DOCTORS COMBINING RESIDENCE WITH WORK PLACE**

Source: Might's Directories
(& predecessors) for specified years.

how far they may reflect the changing organisation of one particular profession.¹² To resolve this issue the medical data will be compared with that for other professions with generally similar space requirements but subject to differing locational pressures in detail. An obvious comparison is with the legal profession: lawyers have enjoyed comparable status and experienced probably comparable space demands for home and office, both factors encouraging early location in the spacious structures of western Kingston; on the other hand their differing functional linkages, with the courts in particular, and their differing professional evolution may well have prompted divergence in location patterns over time. The degree to which different occupational groups are mutually supportive or independent in their home-workplace patterns may in itself tell us much about the evolution of the contemporary city.

¹²The author is indebted to discussants at the Ontario Division Conference of the Canadian Association of Geographers (Sudbury, October 1977), for some clarification of future research direction.